Mothers, Madness, and Morality:

A Care Ethics Approach to Mad Mother Characters in Contemporary Young Adult Literature

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This thesis is submitted for the degree of Doctor of Philosophy.

Declaration

This thesis is the result of my own work and includes nothing which is the outcome of work done in collaboration except as declared in the preface and specified in the text. It is not substantially the same as any work that has already been submitted, or is being concurrently submitted, for any degree, diploma or other qualification at the University of Cambridge or any other University or similar institution except as declared in the preface and specified in the text. It does not exceed the prescribed word limit for the relevant Degree Committee.

Content Note

In its discussion of madness in family settings this thesis covers sensitive topics. This includes depictions of maternal violence (chapters one and four), domestic abuse (chapter two) and suicidal ideation (chapter three).

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Abstract

Every protagonist in young adult (YA) literature has a mother, whether they are loving, supportive, absent, dead or institutionalised. In the background of adolescent's stories, a mother character's neglect, selfishness, death, or other absence often serves the narrative function of enabling the protagonist's freedom for adventures, new experiences, independence and responsibilities, consistent with the common construction of adolescence in YA as a period of tests, challenges, and personal growth. However, many mad mother characters experience marginalisation and silencing such that maternal distress provokes adolescent protagonists to reconsider roles and responsibilities within the family, and the values and practices of the adult mainstream. In this study of the trend for mad mother characters in British and US YA since the 1990s, I depart from the focus of much YA scholarship on identity, personal growth, and experiences of particular characters. Instead, I utilise care ethics theory that centres attentiveness and the quality of relationships to examine how responses to needs are shaped by concepts of madness, independence and responsibility, and the consequences for well-being and social justice.

Care ethics is a political theory and moral framework that both critiques and offers an alternative to the contemporary Western individualistic paradigm. Care ethics takes relationality as ontologically basic, developing care theory, principles and practices from the starting point of inevitable interdependencies, vulnerabilities and needs for care that are necessary for the survival and flourishing of all. I utilise Joan Tronto's (1993) definition, principles and ethical elements of care, extending existing considerations of care in children's and YA literature to demonstrate care ethics that is not constrained to interpersonal concerns between family or friends, nor to gender roles or essentialised traits of virtue, self-sacrifice, or 'natural' inclination. Through representations of mad mothers, I explore how situations of maternal distress may complicate or problematise care ethics practices for those who are frequently marginalised, under-served, or over-looked by prevailing social values and political institutions.

Together with care ethics, I bring a Mad Studies approach to YA scholarship to offer new perspectives on mad mother characters and concepts of madness in the mad mothers trend that do not impose psychiatric terminology and concepts, but allow the quality of relationships and attempts at care to be centred in my study. I argue that concepts of madness matter because they determine responses by individuals, families, communities and political systems to experiences of distress, with varying consequences for well-being and the

possibility of social justice. Each chapter focuses on a concept of madness that occurs frequently in the trend for mad mothers, enabling critical examination of the contexts and concepts of distress, characters' responses to mad mother characters, and the consequences for well-being, social and political transformation. Through examining a range of representations and responses to madness using care ethics principles and practices, I offer new readings of contemporary YA at the confluence of mothers, madness and morality.

Contents

Abstract 5

She Was Always There in The Background: Introducing a Care Ethics Approach to Mad Mother Characters in Young Adult Literature 1

Mothers and Care 1

Mothers as Secondary Characters 13

Mothers and Madness 20

Chapter Overview 33

1. Growing Up Caring: Negotiating Adolescent Agency, Self-reliance, and Care 37

'She just needs someone to be kind to her': Young Carers, Mad Mothers, and Recognition 41

Fathers, Self-reliance, and Unmet Needs 53

Social Services and Medical Institutions as Potential Sources of Care 61

2. Incompetence, Vulnerability and Distress: Social Constructions of Mother's Madness 73

Inauthentic Mothering, Patriarchy, and Despair 76

'She's got her anxiety to worry about': Personal Responsibility, Distress and Care 81

Maternal Power, Madness, and Incompetence in a Patriarchal World 88

'What I did was the radical thing': Vulnerability, Care and Distress in Dystopia . 98

3. 'I can't end up like you': The Biological Self, Genetic Information and Mad Maternity 113

'It never made any difference anyway': Agency, Madness and Biopsychiatry 117

Moral Dilemmas and Mad Maternity 127

4. Mad Mother Love 139

Mad Motherhood 140

Rationality, Inattentiveness, and Freedom 147

Attentiveness in the Apocalypse 152

Relationality as Rebellion 160

Conclusion: Towards Caring Futures 169

Future Research Directions 179

Reference list 185

She Was Always There in The Background: Introducing a Care Ethics Approach to Mad Mother Characters in Young Adult Literature

Mothers and Care

The subject of mothers, care and madness can invoke stereotypical images, whether of maternal love and effortless self-sacrifice, or ambivalent maternal experiences of juggling domestic tasks and personal goals that may be colloquially understood as having a 'maddening' effect. Mothers in children's and young adult (YA) literature are often portrayed according to stereotypes and cultural ideals that seem to have little to do with 'the complexity of her [a mother's] position within a child's actual life' (Fraustino & Coats, 2016b, p. 3). In texts for younger children, good mothers are readily identifiable by their patient provision of warm hugs, delectable meals, clean clothes and tidy homes, while in YA even fraught and busy mothers may redeem themselves by providing support and guidance when it is really needed. Even more abundant are depictions of bad mothers in texts for child and adolescent readers, from fairytale wicked step-mothers who see their step-daughters as competition or threats to their power; while 'smothering' mothers' ongoing nurture is a sign of their selfish need for love and attention, often shown as over-feeding of child characters (Daniel 2006). Depictions of selfish, wicked, and bad mothers invoke cultural standards about what a mother 'should' do to reinforce the desirability of those standards through negative example. In texts for pre-adolescent readers, Vanessa Joosen (2018) discerns a pattern of depicting 'contrasting sets of adults to promote one type of adult behaviour and condemn another…to convey a didactic message to young readers' (p. 30). Similarly, Ann Alston (2008) finds that in English texts for younger readers 'the clear example of the bad or imposter mother teach[es] the child reader to distinguish between good and bad mothers' (p. 119). In general, 'good' mothers are typically attentive to their children's needs, while 'bad' mothers typically prioritise their own needs and interests. However, mothers are not the only characters who care in children's and YA literature. Many adult characters from mentors to grandparents, as well as other children such as siblings or friends, may care for, guide, protect and/or nurture child and teen characters, although mothers' responsibilities for children are subject to the clearest set of cultural standards and social values. In this study, I examine the YA trend for mad mother characters through a care ethics lens, to explore how concepts of madness, independence and responsibility shape responses to maternal distress within the family and by political and social institutions. In this introduction I discuss mother theory, care ethics, theories of distress and 'mad' terminology before providing an outline of this thesis.

The idealised image of a good mother's endless self-sacrifice, joy and fulfilment in meeting her children's needs or else fading into the background, emerged within a cultural context in which child-care responsibilities were distributed according to essentialising beliefs about gender, race, and class. In the 18th to 20th centuries in North America and Western Europe, these beliefs were reflected in the social ontology in which white, middle-class, heterosexual, cis-gendered, able-bodied men were constructed as superior to just about everyone except royalty, and as possessing superior traits, such as rationality and objective reasoning, suitable for positions of the greatest political, economic and social power. In this social order, women were constructed as the opposites to men and thus as lacking rationality and objective reasoning due to women's supposed emotionality, passivity, dependency and 'natural' maternity. In this system, child-care was one responsibility that was distributed by gender in the white middle-class through 'essentialised motherhood' (DiQuinzio, 1999, p. xiii) that 'construes women's motherhood as natural and inevitable' (p. xiii), constructing women as the best, if not only, people suited to caring for children due to women's supposed 'psychological and emotional capacities for empathy, awareness of the needs of others, and self-sacrifice' (p. xiii). In other words, essentialised motherhood underpins social expectations that being a 'good mother' comes 'naturally' as women will inevitably become mothers, a role in which they are constructed as predisposed to performing the necessary tasks of caring for infants and children. In this ideological construction of essentialised motherhood that defines women *as* mothers emotionally, psychologically and biologically, there is no one else who could – or should – take primary responsibility for child-care, and no one else who could be as competent at doing it.

The image of the idealised mother whose endless love and nurture is essential to the appropriate growth, socialisation and future success of her offspring is highly contested and contentious, despite its long tenancy in children's literature. During the 20th century, 'mother' was increasingly recognised as only one of women's potential roles as second wave feminists made significant contributions to deconstructing gender and exposing the function of mothering ideals in upholding patriarchal dominance. In the influential *Of Woman Born*, Adrienne Rich (1976/ 1986) draws a distinction between the two meanings of motherhood as 'the *potential relationship* of any woman to her powers of reproduction and to children; and the *institution*, which aims at ensuring that that potential - and all women - shall remain under male control' (p. 13; orig. emphasis). When conceptualised as an institution, motherhood is contextualised among other dominant social forces, such as heterosexism, that define which

people can be mothers or are capable of mothering, what mothers should do and how they should feel. Motherhood as institution rests on the construction of the ideal mother within dominant political and social systems, including medical and psychiatric authorities (more on this later), rather than growing from women's own experiences or the complex negotiations of reproductive capacities and challenges of child-rearing. The gender-based distribution of child-care responsibilities facilitates men's disassociation from direct care-giving, enabling fathers' continued participation in political, economic, social and artistic arenas; whereas the naturalisation of child-care as women's primary responsibility raises barriers to women's participation and devalues women's contributions to public life in which women are constructed as less competent. Rich and other second-wave feminists emphasised the lack of independence and autonomy that women could achieve under patriarchal motherhood; as long as women were essentialised as mothers, women's access to and power in political, economic, legal, social and cultural spheres would be constrained. Although there have been erosions to patriarchal systems and institutions of motherhood in recent decades, depictions of motherhood as institution continue to recur in dystopian fiction, including Lauren Oliver's (2011- 2013) dystopian YA trilogy that I discuss in chapter four.

In the post-war context of economic expansion, globalisation, and shifting family roles and structures, second wave feminists achieved important gains in the participation of women in all spheres of life. These significant cultural changes were represented in 1980s and '90s realist US and UK children's literature that engaged with increased opportunities for women in education and employment, as well as featuring family structures other than the idealised hetero-patriarchal nuclear family (Tucker and Gamble 2001). However, women's changing roles were frequently portrayed as having negative impacts on children. The 1980s 'abandoning mothers' trend in children's literature emerged in the context of feminist deconstructions of gender essentialisms to express cultural anxieties that, if free to choose, women would pursue their own goals and interests rather than motherhood. By depicting increasingly dissatisfied and incompetent mother characters who, when given the choice, followed their own dreams over domestic duties, child protagonists were left either uncared for, or to the care of relatives or foster systems in depictions of child character's abandonment, confusion and distress (Apseloff 1992). While these absent mother characters served the function of enabling protagonists' independent growth, they indicted the irresponsibility and narcissism of such mothers to re-assert underlying conservative social values that women should be full-time mothers (Wigutoff 1981). Lisa Rowe Fraustino (2016)

locates the trend for portraying flighty, narcissistic, inept and abandoning mothers in the context of the US backlash against feminism, and particularly against second wave feminist mothers who pursued interests beyond doting on their children. Fraustino (2016) theorises connections between children's literature's idealized mothers, real children's unmet expectations, and their mother's struggles for independence and authority in a patriarchal, racist and classist society. In the children's literature 'abandoning mothers' trend, it seems that 'bad' mother characters failed to find a balance between striving for their own personal goals and mothering ideals, or else prioritised their own goals by giving up on mothering.

The field of care ethics emerged in this context of feminist debate and cultural anxiety about the roles of women and responsibilities for childcare. While some feminists were theorising motherhood as central to women's oppression under patriarchy, other feminists were theorising maternity and motherhood as central to valuing women's experiences that could offer alternatives to mainstream political and ethical frameworks. In this second group, the works of three theorists are commonly cited as foundational to care ethics. Although care ethics has grown significantly as an area of moral and political theory since the 1980s, I start with setting out the foundational works and key principles of a relational moral framework to contextualise the care ethics theory and definition of care that I apply in this study of mad mother characters. I start with Nel Noddings as the care ethics theorist whose works have been most frequently applied in children's literature scholarship to date.

Nel Noddings's (1984) influential monograph *Caring: A Relational Approach to Ethics and Moral Education* theorises mother-child relations as the basis of a moral template for other political, social and ethical interactions. Noddings proposes a model of ethical caring for moral interactions 'as arising out of natural caring – the relation in which we respond as one-caring out of love or natural inclination' (Noddings, 1984, p. 4). Noddings's framework offers an alternative to mainstream 20th century moral theories in proposing personal relationships and emotions as *morally* important; this idea remains important to contemporary care ethics theories. However, Noddings's (1984; 2010) framework for ethical care is predicated on two binaries: the first is that caring relations are theorised as a two-person hierarchical dyad between the 'one-caring' and the 'cared-for'; and the second binary is between natural care, that arises out of 'love or natural inclination', and ethical care as a more '*formal morality'* (2010, n.p.; orig. emphasis). Noddings (2010) argues that mother-child relationships exist in a dyad of 'the carer' and 'cared-for', within which 'natural care' is the first and best type of care, only to be substituted with 'ethical care' when there is some

barrier or problem in ‘natural care’. Noddings’s dyadic ‘natural care’ between mother and child thus sustains essentialising cultural beliefs about women’s ‘natural’ inclinations towards maternity, childcare responsibilities, and fulfilment in attending to others’ needs through effortless loving self-sacrifice.

Although Noddings’s dyadic ‘one-caring’ and ‘cared-for’ framework is well-known, it has also been heavily critiqued. From a feminist point of view, Noddings’s essentialising construction of mothers’ ‘natural caring’ is problematic in that it obscures the material, interpersonal, social, economic, and political conditions that shape the ability of mothers, or anyone else, to carry out care (e.g. LaChance Adams 2014). The presumption of mothers’ ‘love and natural inclination’ decontextualises and dehistoricises maternity, motherhood and mothering, diverting attention away from the social and political processes that have systematically devalued care as ‘women’s work’ and in which maternity is not always wanted or chosen. The assertion that care begins in ‘love or natural inclination’ also sustains the devaluing of care by characterising care as an instinct or predisposition that requires no thought, moral engagement, or effort to engage with the complex practicalities and moral dilemmas of caring. The ‘natural’ starting point for care is also problematic in terms of extending care theory to moral consideration of strangers, those who are far away, and people who are not ‘like me’. Furthermore, the dyadic ethical framework ‘naturalises’ contemporary Western social structures that valorise individualistic ideals, ignoring ‘the fact [that] few societies in the world have ever conceived of child-rearing… as the responsibility only of the birth mother’ (Tronto, 1993, p.103). Writing in 1993, Joan Tronto, another influential care ethicist whose work I discuss throughout this thesis, finds that approaching care as ‘dyadic or individualistic …[results in] most contemporary authors dismiss[ing] from the outset the ways in which care can function socially and politically in a culture’ (Tronto, 1993, p.103). This still seems to be the case several decades on, as considerations of feminist or ethical theories frequently discuss Noddings’s work then dismiss care ethics as a potentially useful approach for developing theories of mothers (LaChance Adams 2014), autonomy (MacKenzie and Stoljar 2000), and ethics (e.g. Barker 2010). Noddings’s individualistic and essentialising framework upholds the current unequal distribution of care as a task assigned to those who are constructed as naturally good at care, such as women of low socio-economic status, excusing the privilege of the most powerful in society to ignore others’ needs because they are not ‘naturally inclined’ to care. These arguments and the consequences of theorising

dyadic relationships when the mother is in severe distress are explored further in the discussion of care ethics in this introduction and the following chapters.

The second foundational contribution to care ethics is Sara Ruddick's influential *Maternal Thinking* (1980) that theorises mothering as a thoughtful practice. Like Noddings, Ruddick proposes a theory of mother-child care as a potential model for more caring, ethical political and social relations. However, Ruddick's theorises mothering as a practice that includes tasks and goals that require thought and attention to particular children, rather than relying on assumptions about gender roles, emotions, feminine instinct or virtue. Ruddick argues that mothering actions are informed by the thoughtful consideration of children's changing needs as they grow, specific to each child and situation. That is, 'maternal thinking' leads to particular mothering practices that are aimed at how best to raise children with respect to 'preservation, growth, and acceptability' (Ruddick, 1980, p. 348). The emphasis on these three goals of child-rearing changes in response to children, requiring mothers' ongoing thought and attention from ensuring the survival of babies and infants (preservation), to growth and development through childhood and adolescence, and socialization to mainstream values and systems (acceptability). In theorising mothering as a practice that takes place through thoughtful consideration of particular others, their situation and needs, Ruddick's work is an important departure from essentialisms as it can be applied to a range of caring relations that do not necessarily include biological mothers or take place within isolated dyads. Anyone who puts thought into how they can influence or shape the preservation, growth and socialization of children can practice mothering, 'dislodging the gender essentialism that grounds and structures [motherwork]' (O'Reilly, 2004, p. 297). Ruddick's concept of mothering practice is useful for considering mother characters' roles in the 'socialization' of adolescent protagonists as mothers can experience conflicts between mothering tasks of socialisation, and awareness that adolescents are moving towards an adult mainstream that is unequal, oppressive, and unjust. I discuss Ruddick's model of the tensions between caring mothering and socialisation in more depth in chapter two.

However, feminist theories of motherhood, mothering and maternal experience in the late 20th century that emphasised patriarchy as central to oppression of women's independence and freedom to participate in political and social life were swiftly critiqued by feminists of colour. Rather than offering universal feminist theory, many second wave feminist arguments were critiqued and revealed as relevant to white, middle-class women, as mothers who are Black, from ethnic minorities and/or immigrants experienced maternity and

mothering quite differently. Women scholars of colour broadened feminist theory by arguing that the over-emphasis on patriarchy as the primary source of injustice and oppression excluded other structural inequalities as '[m]otherhood occurs in specific historical contexts framed by interlocking structures of race, class, and gender' (Collins, P., 1994, p. 56). Patricia Hill Collins's influential theories demonstrated that feminism based on a binary structure of gender differences and the separation of the male, public sphere from the female, domestic sphere of white, middle-class motherhood excluded and failed to account for women's experiences that were also significantly shaped by racial oppression and/or economic disadvantage. Patricia Hill Collins (1994) challenged the universal applicability of two underpinning assumptions of the white, middle-class models of feminism in the twentieth century: 'that a relative degree of economic security exists for mothers and their children' (Collins, P., p. 60) and that 'all women enjoy the racial privilege that allows them to see themselves primarily as individuals in search of personal autonomy' (p. 60). In other words, the patriarchal oppression embedded in the stereotypical image of the bored and lonely middle-class housewife, trapped at home and expected to find fulfilment through domestic chores and child-rearing, is conceptualized as an oppression of women's pursuit of their self-interest as autonomous agents in the public sphere. Rather than arguing for an extension of feminist theory to 'include' non-white, working class or other marginalised mothers within a supposedly universal theory, Patricia Hill Collins adeptly argues that theorizing mothering for women of colour needs to begin from a different set of assumptions, one that takes account of both the range of women's experiences and recognizes these as shaped by historical, political and social contexts beyond unequal gender relations.

Patricia Hill Collins argues that women of colour (a term in which she includes indigenous women, Latinas and other ethnic minorities) are primarily concerned with striving for their children's and the community's 'survival, power, and identity' (1994, p. 61). Patricia Hill Collins demonstrates that the concerns of non-white and economically disadvantaged mothers, limited in employment opportunities by racist as well patriarchal structures, were not centred on the thwarted pursuit of their creative endeavours after they were married or had children, but with survival, including creating and sustaining community, and with the challenges of maintaining self-hood and identity in the face of overwhelming racial violence and an absence of social support. The ways that mothers care for their children, whether sharing child-care within the community or including children while they work, are shaped by the structures that determine social roles, power and relations by gender, race and class

(Collins, P. 1994). The interconnection between these urgent everyday concerns, experiences and mothering practices can be represented in children's and YA literature. For example, in an analysis of picturebooks, Dorina K. Lazo Gilmore (2016) demonstrates that characters she terms as 'minority mothers', rather than experiencing either endless self-sacrifice or anguish in attempting to prepare children for patriarchy, are portrayed to show 'resilience, confidence, strength …compassion for their communities, and … equip their children to survive racial oppression' (2016, p. 99). Gilmore shows that minority mother characters are depicted as raising child character's awareness of oppression and its mechanisms, and meeting their children's best interests by preparing them to survive these systems of injustice and oppression. Furthermore, rather than mothers' striving for independence and autonomy on the same basis as the dominant group, Gilmore's analysis highlights the importance of community. Community is not only a source of support for mothers and children in terms of friendships or informal child-care, but is also recognised and sustained as an important source of identity, power, resilience and resistance in the context of marginalization and oppression.

From its grounding in feminism that began with women's experiences to develop moral theory, the third foundational text of care ethics examined moral decision-making through empirical research. Carol Gilligan's (1982) highly influential *In A Different Voice* found that women in her study were more likely than men to consider relationships and social contexts when thinking about everyday moral dilemmas. Gilligan applied a psychoanalytical model of gendered development to suggest that girls identified with mothers as carers and fathers as love-objects, whereas boys separated from mothers, also on the basis of gender. Gilligan's theory countered mainstream 20th century philosophy that posited the necessity of moral decision-making by rational, detached, objective agents who applied rules and principles rather than accounting for contexts, experiences and relationships. Instead, Gilligan argued, women were not incapable of moral reasoning, defined in mainstream philosophical theory in terms of rational abstraction and objectivity, but rather women approached moral decisions from a 'different' perspective that took account of relationships and situations. Although taking disparate views of maternity, mothering and moral decision-making, Noddings, Ruddick and Gilligan theorised particular types of moral thinking and practices as arising from contexts and relationships with others. Attention to relationships, situations and contexts remains central to contemporary care ethics.

A Contemporary Care Ethics Framework

The inevitable interdependencies of life provide the starting point for care ethics, which takes relationality as ontologically basic. In care ethics, relationality is more than a perspective that humans are social creatures or that social interactions and contexts shape (inter)subjectivity. The starting point of relationality means that life on this planet is impossible without interdependencies through which emerge the possibilities for flourishing. All human life exists because of care. Newborn human beings cannot survive without other humans who provide them with food, shelter, and protection at a minimum, and good care would attend to flourishing as well as meeting basic needs (e.g. Held 2006; Barnes 2012). Although there is no single care ethics theory, a relational approach to morality is a fundamental principle shared among contemporary care ethicists, along with concepts of responsiveness to the other; the importance of context and particularity; crossing moral boundaries; and emotions as informative and motivating moral tools (Engster and Hamington, 2015, p. 3-4). However, there are important differences in how the relational ontology and universal need for care are developed into moral and political theory by care ethicists. For Noddings, maternity offers a universal model of caring and a relational morality that develops 'from the original caring relation established by maternal instinct to natural caring' (Noddings, 2010, p. 24). However, in this study, representations of maternal distress produce many unmet needs within YA families that cannot be satisfactorily addressed within a dyadic relation, nor one that develops care practices from 'maternal instinct'. Indeed, the presumption that mothers are 'natural' carers who do not need support when in a dyadic caring relation with a child contributes negatively to maternal distress, processes of pathologization and/or labelling mothers in despair as 'failures', as I detail below. I depart from Noddings's framework and existing care ethics research in children's and YA literature by utilising the definition of care, care ethics principles and practices theorised by Joan Tronto (1993), and further applied by Marian Barnes (2012), who takes care for persons in severe distress as a particular focus.

Berenice Fisher and Joan Tronto (1990) proposed what has become a widely-used definition of care as:

> 'a *species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible*. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web' (Tronto, 1993, p. 103; orig. emphasis).

This definition allows for contexts, practices and values of care without universalising or essentialising care or carers. Although offering a very broad definition, Fisher and Tronto locate care within inevitable connections and interdependencies that are recognised as important to the possibility of flourishing and well-being. Care is not endless self-sacrifice to someone else's needs, yet, equally, ensuring our own well-being is not separate from maintaining or enhancing others' experiences and/or the quality of our world. The relational activities of care are more expansive than isolated care acts and are 'not linked to gender or "women's work"' (Barnes, 2007, p. 63). In Fisher and Tronto's definition, care does not suddenly begin when someone falls ill or is injured, nor is it limited to 'special' types of relationships such as between mothers and children, nor to particular groups of people who are assumed to be 'naturally' inclined to care. The emphasis on what '*we do'* underscores that care involves everyone in caring practices that begin in relationality. All adults remain interdependent, even in the individualistic context of contemporary Western Europe and North America, as most people 'no longer cultivate [all] their own food, sew their own clothes, or bury their own dead' (Mol, 2008, p. 4). This is the case throughout everyone's lives, not only in infancy and childhood, old age, or during periods of illness or injury. By locating care activities as essential to creating and sustaining a 'complex, life-sustaining web', the definition of care conceptualises multiple simultaneous caring relations as we 'negotiate caring needs, responsibilities, caregiving, and care-receiving in many directions at once' (Tronto, 2015, p. 35). In contrast to isolated dyads, complex networks of relations with both strangers and those familiar to us are more relevant to lives and encounters in complex 21st century societies, and to the political potential of care ethics as an alternative to dominant social ontologies. Everyone is involved in and dependent on relations with others, to lesser or greater degrees, such that everyone has a moral responsibility for care. From the starting point of relationality, everyday encounters become the site for moral action.

Following on from the definition of care, Fisher and Tronto propose four stages or principles of care:

- 'caring about': the potentially complex task of identifying that someone has needs;
- 'caring for': 'accepting responsibility and realizing that something has to be done' (Tronto, 2015, p. 5);
- 'caregiving': that is the actual task or practice of care, which may involve more people than the person originally caring about and caring for, for example if the person needs medical assistance; and

- ‘care-receiving’: which involves on-going attention to ensure that the care provided has been successful in meeting needs, including responsiveness to the care-giver.

These stages highlight that care is frequently a complex and challenging practice in which the self needs to be de-centred. In Tronto’s care ethics framework, de-centring the self does not mean unrequited or ‘virtuous’ self-sacrifice. Instead, the principles of care develop from a recognition that relationality is not only inevitable but essential to the possibilities of flourishing in an ethical framework in ‘which the emphasis is on connection, and the relationship itself, rather than the individuals in it’ (Robinson, 2011, p. 30). In centring a relational approach to creating the conditions for flourishing for all, practicing good care starts from paying thoughtful attention. That can include attention to one’s own needs; however, in terms of care for another, it requires paying attention to their needs. Identifying that a person has needs and thinking about how best to address them requires considering ‘the other’s position as that other expresses it … not simply by presuming that the other is exactly like the self’ (Tronto, 1993, p. 136). In many relationships this can become routine; parents will buy presents for small children that they would not like to receive themselves, for example. Similarly, adolescents may realise that the activities they find enjoyable or relaxing may not appeal to their fraught and stressed mothers, and vice versa.

Finally, an *ethics* of care adds a moral consideration to the principles or stages of care from which ‘arise four ethical elements of care: attentiveness, responsibility, competence, and responsiveness’ (Tronto, 1993, p. 127). From a care ethics perspective, morality begins in noticing others, which requires attentiveness, with care practice taking place through the moral principles of responsibility, competence, and responsiveness through all stages of care. Although responsibility and competence cannot be treated as entirely separate when thinking about care, who should look after children and when are broadly questions of responsibility, and questions of how well children are looked after or brought up are broadly questions of competence. In Tronto’s care ethics framework, responsibilities and competences at caring for children need not determined by motherhood, social conventions, or gender roles. A relational moral framework centres interdependencies and vulnerabilities, with moral action originating in attentiveness and taking responsibility for attempting to address needs, such that responsibilities are ‘distributed based on the assumption that all persons are bearers of responsibilities to care for others’ (Robinson, 2011, p. 83). The concept of distributed or shared moral responsibility for needs and care practices differs significantly from more familiar concepts of personal responsibility that arises from a particular role, duty, obligation,

formal or implicit social contract. However, as care requires effort and is frequently challenging and complex, all social groups, from families to communities to nations, must make decisions about the distribution of care. There are various ways that social groups can make decisions about who is responsible for what, from international treaties to implicit cultural practices between friends, that are each produced within political, legal, social and cultural contexts. Often the distribution of roles and responsibilities is unequal, not due to differences in abilities or needs, but according to the stereotyped traits of different culturally constructed groups, such as gender, race, class, religion or sexuality. In the contemporary Western context, concepts of personal responsibility for 'me and mine' typically underpin judgements about mothers' goodness or failure on the basis of whether they live up to cultural standards or family expectations of maternal roles and duties. In contrast, in care ethics moral responses begin from the recognition of inevitable interdependencies and vulnerabilities, and the moral principles that guide good care by individuals, social groups and institutions. Care ethics demands the common practice of attentiveness and engagement with the moral dilemmas arising from negotiations of needs at a societal or even international level. The relational ontology of care ethics produces widely distributed responsibilities for care, including by social and political systems and institutions that create the conditions that enable or prevent good care, and thus shape the possibilities of flourishing for all.

Mary Jeanette Moran (2008; 2014; 2016) remains at the forefront of applying care ethics theory in children's and YA literary criticism, drawing primarily on Noddings, Gilligan, and Ruddick. In leading the field, Moran provides a starting point for others to consider care ethics as a critical approach, as in Roberta Seelinger Trites's (2018) monograph *Twenty-first Century Feminisms in Children's and YA Literature* which includes a short section on care ethics theory. To date, care ethics in children's and YA literature has analysed representations of caring relationships (e.g. Myers 2020) and the development of adolescent protagonist's 'moral caring' (Averill 2012), based on Noddings's theories. The use of care ethics in children's and YA scholarship is still growing, with focus to date on white adolescent protagonists with the notable exception of Wesley Jacques's (2020) article that fruitfully explores Noddings's dyadic model and the Black feminist theory of Patricia Hill Collins. However, the limitations of Noddings's care dyad have also been discussed by both Jacques (2020) and Lisa Sainsbury (2013) who includes care ethics in the rich and detailed discussions of the different ethical frameworks deployed by various characters in her monograph *Ethics in British Children's Literature*. In the analysis of mother characters,

Moran (2016) explores maternal care theory in a study of mothers in children's fantasy, including an assessment of patriarchy as a political and social 'system that depends on care yet also views that care as a threat to autonomy' (Moran, 2016, p. 182). I make an original contribution to children's and YA scholarship in utilising Tronto's care ethics framework to examine the trend for mad mothers, and the complications for care that arise in situations of maternal distress. In Tronto's framework, responsibility and competence as moral practices do not apply only to mothers caring for children. Adolescent protagonists can and do practice care, demonstrate competences at many different care practices, take responsibility for addressing the needs of others, and reflect on the importance of the quality of relationships. Applying Tronto's framework to representations of responses to maternal madness and the unmet needs of children and adolescents by social and political systems and institutions in YA constitutes a new critical perspective. Rather than assessing characters' mothering acts in terms of gender expectations, social roles or duties, I utilise relational morality to open up new readings of representations of and responses to maternal distress, and to examine the consequences for well-being and social justice.

Mothers as Secondary Characters

21st century popular images of mothers are no longer confined to the idealized self-sacrificing biological mother, nor to chastising mothers if they fail to fit stereotyped roles. The important critiques of feminist theory that expanded beyond white middle-class motherhood have been fundamental to the rapidly growing and flourishing field of maternal theory that theorises and gives voice to the needs, oppressions and experiences of mothers including those who are women of colour, working class, lesbians, non-cisgender, migrants, women with disabilities, and mothers of children with disabilities. Deconstructing, challenging and complicating mothering expectations and experiences has taken place through mothers' own reports and writing such that 'the mother's subjectivity, her ability to reflect on and speak of her experience, has become an important ingredient in altering myths and changing social reality' (Bassin, Honey and Kaplan, 19994, p. 2). Examination of the breadth of socio-cultural contexts in which mothering and motherhood have been differently constructed highlighted 'that differences among women were as important as commonalities …[and] brought alternative constructions of mothering into the spotlight' (Glenn, 1994, p. 3). There is now a wealth of studies, narratives and theory about mothers that reveal the myriad experiences, contexts and complex challenges with respect to having and raising children.

The maternal lens brings into focus complex maternal, parental and family challenges shaped by economic necessities; social values, cultural and personal beliefs; biotechnologies including testing for medical conditions during pregnancy, surrogacy, egg and sperm donation, and IVF; and the availability of support for children's well-being, education and safety (e.g. Bassin, Honey and Kaplan 1994; Green and Pelletier 2015; Browne 2021). The diversity of maternal experiences and contexts that shape mothering practices are depicted in numerous television series, films and 'momoirs' that centre mothers' experiences, including surrogacy, queer parenting, celebrity and 'reality' television mums, that are being explored in scholarship, such as *Textual Mothers/Maternal Texts* (Podnieks and O'Reilly, eds. 2010) and *Mediating Moms* (Podnieks, ed. 2012). Narratives of maternal distress, however, are typically not included in scholarship on mothers' experiences, presenting an opportunity to address this gap in a study of representations of mad mothers in YA.

As secondary characters, YA mothers are often portrayed without first names or voices, posing a potential challenge for analysing the mother as 'a subject, rather than as subjected' (Bassin, Honey and Kaplan, 1994, p. 2). Mothers in children's literature are usually presented from the perspective of a child or adolescent character who often knows very little about what their parents say, do and think when the children are not around (Joosen, 2018, p. 22). This is particularly the case when narratives are focalized through the first-person adolescent protagonist, as in the majority of contemporary YA. As such, Vanessa Joosen (2018) warns against the pitfalls of the 'mimetic trap' (p. 18) in analysing adult characters in terms of real-life experience, that is, in treating a literary character as if they represent an actual person. Literary disability studies, feminist studies, queer theory, race and post-colonial theories have done important work to highlight that many literary tropes and stereotypes have little to do with the lived realities of women, non-white, queer people and/or those with disabilities. An alternative to the mimetic approach is to treat characters as discursively constructed by a text, its author, and readers to serve particular plot demands, aesthetic functions and/or genre conventions by taking 'a semiotic approach' (Nikolajeva, 2002, p. 15). A child or teen character's perspective on their mother may be fleeting to meet the needs of the narrative, rather than to represent maternal experience. Whereas Maria Nikolajeva (2002) regards the mimetic and semiotic approaches to characters in children's literature as 'fundamentally incompatible' (p. 15), Joosen suggests a more nuanced approach, noting that 'even characters that are constructed according to certain plot-related needs can nevertheless be loaded with ideological meaning' (Joosen, 2018, p. 20). In literary disabilities

studies, Michael Bérubé (2005) points to the crucial difference between characters with disabilities who serve a plot function that is derogatory or ableist, compared to characters with disabilities who serve a plot function that figuratively explores questions relevant to disability. A mad mother character may serve a narrative function, but interpretation of the represented maternal experience can reveal taken-for-granted assumptions about mothers, distress and care.

As a general pattern in YA, the function of mother characters is to enable adolescent protagonists' learning, growth and development. YA narratives often revolve around tensions between resistance and compliance; between standing on the outside to critique social norms and accepting a place within mainstream systems; or between awareness of the injustice that the protagonist experiences and ongoing ignorance of other oppressive systems within the fictional society. Parents frequently occupy marginal positions, representing an authority or form of institutional power that teens must accept, consider, critique, rebel against or reject completely. In *Disturbing the Universe*, a well-known analysis of submission and rebellion in YA, Roberta Seelinger Trites (2000) finds that parents are typically absent, oblivious, selfish, authoritative or in some way antagonists that 'usually serve more as sources of conflict than as sources of support [for teen protagonists]' (p. 56). In terms of these general narrative patterns, the madness of mother characters could simply be interpreted as another type of parental absence, abandonment or inadequacy necessary for protagonists' adolescent development towards adulthood. In *Power, Voice and Subjectivity in Literature for Young Readers*, Maria Nikolajeva (2010) argues that the 'removal of parents is the premise of children's literature' (p. 16). Getting rid of parents enables child adventures to take place within a Bakhtinian carnival structure (Nikolajeva, 2010, p. 10) that reasserts adult normativity, or 'aetonormativity' (p. 8), at the plot resolution, returning child characters to socially acceptable activities and roles. In exploring the tensions and possibilities of adolescent power, agency, resistance and socialization, YA often conceptualises adolescence as a temporary, liminal yet important developmental stage in which 'identity begins to be crystallised, cognitive skills sharpen, social roles are adopted or anticipated, and solipsism gives way to a more inclusive moral outlook' (Waller, 2011, p. 30 -31). As such, the growth of adolescent protagonists and the ability to recognize that their mother is a person with her own experiences, needs, and goals are often co-constructed. In YA mother-daughter narratives, the protagonist's development towards 'recogniz[ing] a mother's subjectivity and that her mother has a life of her own … is frequently used as a marker of a daughter's

maturity' (Crew, 2000, p. 247). As I shall discuss in the following chapters, while a mother's despondency or institutionalisation effectively removes mad mothers to enable protagonists to take on responsibilities and manage new situations, depictions of madness present challenges and moral dilemmas for care that are also relevant to protagonists' growth and understanding of the adult mainstream.

The removal of mothers in YA to facilitate adolescent development also participates in the cultural construction of motherhood that sets the standards against which mothers are judged as deviant or failing. The cultural categories that essentialise women as mothers also construct women as labile and irrational, and thus as posing a danger to children from too much, too little, or the wrong sorts of mothering, such that mothers are disciplined to enact the 'right' sort of mothering. The disciplining of mothering practices takes place through social discourse and formal advice to mothers, including from psychological and medical professionals, that hold women to cultural mothering ideals through a 'regulatory discourse' (Åström, 2015, p. 115). Notably, medical and professional advice to mothers is not objective and universal, but changeable and dependent upon social systems and cultural conventions. Professional, medical and psychoanalytical advice on the best sort of mothering changes in response to socio-historic contexts, such that the dominant advice for any particular time, culture or social group is typically that which reinforces the status quo. In *Mom: The Transformation of Motherhood in Modern America*, Rebecca Plant (2010) draws on a range of sources, including letters, journals, media articles, public lectures, court cases, poems and popular films, to explore how mothering ideals shifted from the 19th century as anxieties over mothers' influence and attachment to adult sons became perceived as a danger to infants, men, and a risk to national security. Mothers were blamed particularly during the 1940s for the distress of conscripted men and servicemen such that, Plant (2010) explains, psychologists and psychiatrists advised that veterans should seek support from girlfriends and wives and encouraged both physical and emotional distance from mothers. However, this distance between mothers and adult children needed to be reconciled with a re-emerging school of thought that physical contact was important for babies' and infants' well-being. As a result, during the 1950s 'psychological experts … counselled mothers to provide intensive care during infancy, while continuously striving to lesson children's emotional dependency as they grew' (Plant, 2010, p. 113). The model of mothering that consumes the mother during a child's early years yet ensures adolescent and adult independence is known as 'new momism' in the US or 'intensive mothering' and prevails in 21st century mothering ideals.

Intensive mothering occupies a troubled territory between essentialising ideas about women, and mothers in particular, and the breadth of maternal and parenting experiences in contemporary societies. Despite policy shifts that support equal pay, childcare or more flexible working arrangements, Western cultural ideals still anticipate that '[m]others are to be the child's primary attachment figure, regardless of whether she works outside the home or not' (Green, 2015, p. 199). Tensions in women's dual roles as both self-sacrificing, ever-present mothers who put their children first, and as proactive and productive in the workplace are explored by Sharon Hays (1996) in *The Cultural Contradictions of Motherhood.* In the neoliberal context towards the end of the 20th century Hays posits a 'cultural contradiction' in the social roles of women as individual agents engaged in the competitive pursuit of self-interest, and as self-sacrificing mothers who expend energy on doing more than simply meeting children's basic needs. Hays questions why, in an individualistic context, women would engage in 'intensive mothering' as a cultural ideal that is less financially and socially rewarding than a career, as this type of mothering is '*child-centred, expert-guided, emotionally absorbing, labor-intensive*, and *financially expensive*' (Hays, 1996, p. 8; orig. emphasis). From Hays's perspective, the dual expectations on women reveal conflicting ideologies of intensive mothering and individualism.

However, intensive mothering and individualism are reconciled by other feminists and scholars who explore neoliberal political and social systems that emphasise self-reliance, choice and empowerment to sustain long-standing cultural ideas about mother's primary role and responsibility for childcare. In the context of individualism, the construction of the successful mother as able to handle numerous competing needs, pressures and constraints alone constructs these struggles as choices, intractably rooted in the contemporary emphasis on personal responsibility, autonomy, and freedom. Angela McRobbie (2004, 2013) interprets the seemingly contradictory pressures on mothers in terms of 'postfeminist' attitudes that assume feminism has been 'taken into account in order to suggest that equality is achieved' (McRobbie, 2004, p. 4). White, middle-class maternalism has been a key site through which postfeminism endorses women's competitive pursuit of careers, as well as their responsibilities to practice good management of their bodies, appearance, relationships, household and children (McRobbie 2013). Neoliberal concepts of individualism and the popular rhetoric of 'choice' and 'empowerment' construct intensive mothering 'as a mode of investment …[by] the mother who now directs her professional skills to ensuring the unassailable middle class status of her children' (McRobbie, 2013, p. 130). An emphasis on

autonomy and choice masks the unequal distribution of care by conflating the assumption that, if a person or a couple chooses to have children, then they have also implicitly 'chosen' the disadvantages and struggles that accompany attempting care in a society structured to best serve independent, autonomous, self-interested agents. As such, within the contemporary neoliberal context 'it is the caretaking itself, not the gender of the caretaker, that is inherently disadvantageous … When men do care work, they also suffer costs' (Fineman, 2004, p. 47). In this context, responsibility for child-care remains the purview of the self-contained family, within which child-care responsibilities are most often assumed by mothers who feel social pressures to fulfil mothering ideals.

There are moral implications from the continuing perspective that mothers bear primary responsibility for child-care, as well as bearing the blame for anything that goes wrong. From a deontological perspective, division of roles, duties and obligations by gender, race, class, sexuality, ability, and so on, suggests that what is the 'right' thing to do for a mother is different from the 'right' moral action of a father. However, the differentiation of social obligations and duties according to culturally constructed categories problematizes the notion of a principled and therefore objectively moral act. Critical examination of moral dilemmas that arise through strictly delineated gender roles and expectations in children's literature illuminate that 'moral conditions are frequently different for boys and girls, problematizing Kant's insistence on a "completely cleansed" morality' (Sainsbury, 2013, p. 137). Many moral judgements about fathers and mothers do not reflect universal, objective, rational rules and principles, but assessments of actions with respect to differential roles, responsibilities and competences according to culturally constructed categories. A 'bad' mother who forgets to make her children's packed lunch is judged differently from a father who is assumed not to have responsibility for noticing his children's needs in the first place, while a mad mother who serves her children rotten eggs to keep the demons at bay is judged differently again.

Many fictional and actual mothers are judged as 'good' or 'bad' on the basis of social expectations and rules, rather than on the quality of the relationship or accounting for the contexts in which mothering takes place. The example of the most critically examined representation of a distressed mother in children's literature, Liza Tillerman, reveals the implicit moral frameworks that are often used to judge the actions of distressed mother characters with respect to gender expectations, roles and personal responsibility, with less attention to experiences of distress and the political and socio-economic contexts of

mothering. Liza Tillerman is the single mother of four children whom she abandons in a carpark in Cynthia Voigt's *Homecoming* (1981). Although most scholars note that Liza Tillerman abandons her children not due to selfishness but because of 'her desperation' (Gamble, 2001, p. 27), because she is 'emotionally disturbed' (Apseloff, 1992, p.102) or has 'lost her mind' (Fraustino, 2016, p. 221), she is nonetheless grouped with other 'abandoning' mother characters of the 1980s (Apseloff 1992; Maxwell 1994; Gamble 2001; and Fraustino 2016). As such Liza Tillerman receives short shrift as 'a pathetic woman overcome by life's difficulties' (Maxwell, 1994, p. 64), 'who lets life happen to her instead of planning and making decisions' (p. 63). This suggests that women in distress are failures as mothers if they cannot cope alone with their children's demands, an interpretation that rests wholly on the assumption that a woman alone *should* be fully responsible and competent in fulfilling all aspects of child-care, regardless of available resources, circumstances, or distress. In turn, this reinforces the constructed isolated mother-child dyad as the 'natural' or default caring relation with the mother is a 'carer' without recourse to either support or networks through which she might be 'cared for' in turn, or the time and space through which to address her own needs. However, some critics have drawn attention to less prevalent condemnation of the many absent father characters in children's literature. As Fraustino (2016) notes in her study that includes Voigt's *Homecoming*, there is a dual meaning of 'abandoning mothers': the lack of social support for mothers means that society is abandoning mothers, too.

In drawing attention to the stresses and strains, inequalities and injustices that can ensue from caring responsibilities, care ethics does not argue that mothers do not bear any responsibility to carry out child-care or to be competent in child-care practices. On the contrary, feminist care ethics argues against the individualist assumption that mothers, or any carer, should bear this responsibility without support under the threat that this will mark them out as a failure and/or harm the child. Cooperation and complex networks of care have always been fundamental to human survival and 'anthropological investigation undermines the idea that what is needed is one carer, ideally the mother, for the psychological stability of the infant' (Hogan, 2019, p. 240). What is oppressive about Western mothering ideals and patriarchal motherhood is not the fact that children have needs but that 'we, as a culture, dictate that only the biological mother is capable of fulfilling them' (O'Reilly, 2004, p. 6). In contrast to mainstream assumptions about gender roles and expectations, duty and obligation, care ethics conceptualises responsibility and competence very differently to highlight the importance of relationality and addressing unmet needs in carer's motivations and

responsibilities. Beginning with care that is grounded in attention to needs and relationships can help to discern 'the characteristics of care and how these can be realised in different types of relationship' (Barnes, 2012, p. 8). Care ethics offers a framework for interpreting and responding to maternal distress by starting in attentiveness to needs, in contrast to making moral judgements of failure that sustain hierarchical social orders. Instead, responsibility and competence are important 'ethical elements' of care in identifying needs and informing the skilled, thoughtful, attentive practices of meeting needs as the other person would wish.

Mothers and Madness

The judgement of women who fail to fulfil the culturally constructed role and social expectations of 'good mothers' not only has moral implications, but also political force in sustaining injustice and inequality. Mothers who are unconventional, disruptive or inconvenient in showing too much or too little interest in their children risk being labelled as 'mad' and subjected to processes of coercion and control that aim to produce conforming behaviours. Foucault's (1971) social archaeology *Madness and Civilization* argues that the changing political and social contexts from the 17th to early 20th centuries in Europe led to the development of institutions designed to confine, separate, punish and discipline people or groups who were perceived as immoral, mad, disruptive or failing to contribute to society. Since the 17th century in Europe and the US, madness has been used to label strange, eccentric, troubled, creative, unconventional and/or disruptive people, to separate and confine and, Foucault argues, to discipline under systems of power that aimed to coerce individuals into economically productive citizenship. People were syphoned into asylums for reasons such as poverty, physical disability, gender, sexuality, or race, or for being disruptive and inconvenient, under a broad concept of madness that rested on 'the identification of a heterogeneous troubling segment of the population' (Gomory and Dunleavy, 2017, p. 117). Foucault argued that asylums developed systems of 'treatments' and observation, designed both to enact direct institutional discipline and, more insidiously, to instil an awareness of continuous surveillance that would produce conforming behaviours through self-policing without the need for costly direct government intervention (Foucault 1975/2012). Importantly, these 'socialization processes at work in the asylum and prison' (Cushman, 1995, p. 98) reinforced the norms of the mainstream society beyond the asylum walls. These institutions thus not only separated and confined non-conforming individuals, but also subjected them to systems of control and coercion that aimed to sustain the status quo.

Although asylums were originally constructed to separate and confine, by the late 19th century medical professionals had asserted their authority over the domain of insanity (Rashed 2019; Barnes and Bowl 2001). The patriarchal violence behind the 'diagnosis' and institutionalisation of unconventional or inconvenient women was examined in Phyllis Chesler's (1972) widely known *Women and Madness.* Chesler begins her account by examining the medical records, letters, and other documented evidence of four women who were institutionalised in the 19th and start of the 20th centuries by their husbands or male family members for being resistant to these men's wishes. The women's 'treatments' had the explicit goal of coercing the women into accepting the men's demands and were developed by male physicians, not through objective medical assessment, but in collusion with their patient's husbands (Chesler, 1972). The fact that women were sent to asylums simply for being inconvenient or resisting limiting gender roles did not prevent their abuse in the name of 'treatment,' including beatings, being left strapped to beds, and forced baths. The disciplinary processes in asylums aimed to coerce conformity to socially acceptable gender roles and behaviours, such that '[m]adness and asylums generally function … as penalties for being "female", as well as for desiring or daring not to be' (Chesler, 1972, p. 56). Women at the time were not oblivious to this function of asylums, nor to the precarity of their social position that rested on men's satisfaction with their performance of gender-stereotyped roles. 19th century women strove to contest and change asylum practices while they were institutionalised and after their release to raise public awareness and change laws to protect women from institutionalization and abuse (St-Amand and LeBlanc 2013). This early activism both exposed the violence within asylums that were making claims to be medical institutions, and demonstrated the agency and competence of the 'mad' women who had been confined within them.

As the asylum's coercive practices upheld mainstream patriarchal as well as classist, racist, heterosexist and ableist systems, women were bound by the emotional, physical and mental constraints of patriarchy and social norms *before* any diagnosis or treatment. The disciplinary effect of culturally constructed categories that rest on beliefs about essentialised traits is sustained through systems and processes that 'regularly punish those who fail to do their gender right' (Butler, 1999, p. 178). Indeed, abusive treatment and the stigma, marginalisation and coercion that resulted from being labelled as 'mad' were essential to the control of those who may otherwise speak or act outside of their culturally constructed category. The use of madness as a pejorative label to marginalise, coerce and punish can be

viewed as one cultural process through which society punishes and disciplines unconventional women. In the YA novel *The Dark Descent of Elizabeth Frankenstein* (Kiersten White 2018b), published at the 200-year anniversary of Mary Shelley's (1818) *Frankenstein; or the Modern Prometheus*, the protagonist Elizabeth is constantly aware that she must perform her assigned gender role to stay in the good graces of the Frankenstein family. After she is dispatched to an asylum by her husband, Victor Frankenstein, the novel deploys familiar tropes of dishevelled madwomen in white frocks who are ignored, beaten, bound to beds and left in isolation until they agree to conform to institutional rules, such that Elizabeth reflects '[i]f not mad already upon internment, surely no mind could withstand the torment of this hell' (White, Kiersten, 2018b, loc. 3447). Elizabeth attempts to gain her freedom by following social rules by performing conventional femininity, such as through self-silencing and sitting 'perched on the edge [of the stool] with my back straight and my chin held at a demure angle' (White, Kiersten, 2018b, loc. 3359). However, women's lack of power, credibility and voice in the patriarchal institutions of both marriage and asylum create the conditions in which no feminine speech or action can countermand her husband's orders, or the male physician's view that anything Elizabeth does is evidence of madness. Whether mad before the asylum or because of it, whether embodying idealized femininity or the raving, raging madwoman, non-compliant women were constructed *as* mad, while their confinement and 'treatments' sustained the patriarchal order.

By the mid-20th century feminists were theorising the ways that misogyny oppressed women not only in physical and social terms, but also psychologically. In their highly influential *The Madwoman in the Attic*, Sandra M. Gilbert and Susan Gubar (1976/2000) draw on Freudian psychoanalytic theories of dramas and disorders that result from accommodating oneself (or not) to the Symbolic order as one develops a sense of self and subjectivity, learning to distinguish the Self from Others. Psychoanalytical approaches highlight that, with few political, economic and social opportunities available to them, Victorian women's frustrations and rage were expressed within the prevailing ideologies of the time as symptoms of diseases that 'appear to be either an exaggeration of or a veiled rebellion against the social roles and activities accorded Victorian women' (Cushman, 1995, p. 107). Gilbert and Gubar draw upon psychoanalytical theories to point to the construction of women as Other, relegating women's voices, experiences and writing as subordinate to the dominant phallocentric discourse. For women writers in the 18th and 19th centuries, Gilbert and Gubar argue, attempts to write within and beyond a patriarchal social structure and male-

dominated literary tradition repeatedly led to the emergence of a madwoman figure that was in 'some sense the *author's* double, an image of her own anxiety and rage' (Gilbert & Gubar, 1976/2000, p. 78; orig. emphasis). As a result of the conflict between women writer's sense of self and desire to write, and the construction of women as inferior and their exclusion from male literary 'authority', the madwoman figure offered a representation of the authors' 'fantasies in which maddened doubles functioned as asocial surrogates for docile selves' (Gilbert & Gubar, 1976/2000 p. xi). The 19th century literary madwoman figure transgressed oppressive standards of femininity that required women's docility, physical and mental weakness, and submission, and expressed the rage, sense of confinement and danger experienced by women writing within a patriarchal order.

Around the same time that Chesler and Gilbert and Gubar were developing psychoanalytical accounts of women's distress under patriarchy, madness itself was being deconstructed. The influential work of theorists Thomas Szasz, R.D. Laing and Erving Goffman during the 1960s and '70s theorised the importance of labels, stigma, and socially constructed concepts of 'madness' as central to processes of oppression, abuse and institutionalization (e.g. Lewis, 2017). Although taking different approaches, these theorists each deconstructed madness as independently existing disease, and their influential works would become loosely grouped as the foundational texts of 'anti-psychiatry' (e.g. Lewis, 2017; Donaldson 2005). From the 1960s to '80s, activism, social constructionist theories, that posit distress as a product of social contexts and personal experiences, and theories of labels and stigma clashed with the authority that medical, psychiatric and therapeutic professionals had claimed in diagnosing and treating madness. Dramatizations of the unethical practices of doctors and medical and psychiatric institutions, if left unchecked, became sources of fascination and horror in numerous 20th century novels and popular films. Well-known examples include the oft-cited 1975 movie *One Flew Over the Cuckoo's Nest,* and *Girl, Interrupted*, a film based on Susanna Kaysen's (1993) novel-memoir of her institutionalization as a teen in the 1960s. Depictions of dubious diagnosis, forced restraint, electroshock and lobotomy engaged the 20th century public imagination through films in which psychiatric institutions 'are almost exclusively portrayed as oppressive and unsalvageable institutions' (Donaldson, 2005, p. 32). Psychiatric authority to diagnose and treat madness was being challenged, while therapeutic accounts of distress offered alternatives to psychiatric intervention.

The mid-20th century context of deconstructionism, competing therapeutic approaches, and scandals that revealed routine abuse in asylums posed theoretical, practical and financial challenges to psychiatry. In response the American Psychiatric Association (APA) sought to align psychiatry with physical medicine by emphasising a biologically-based, or biomedical, framework for 'mental illness' (Jacobs 2014). This tactic was achieved in the third edition of the *Diagnostics and Statistical Manual of Mental Disorders* (*DSM*), which is the taxonomy of diagnostic categories for mental disorders published by the APA (e.g. Jacobs 2014; Price 2010; Aho 2008). *DSM*'s third edition (*DSM-III*) promoted the shift to biopsychiatry by presenting a new biomedical framework for psychiatric disorders. However, this was not achieved through new discoveries of diseases or their aetiology but was 'merely a new way to classify mental disorders' (Jacob et al. 2014, p. 11). In other words, the shift to biopsychiatry as the dominant way of treating and diagnosing distress took place *before* the discovery of evidence that the symptoms or diseases of 'mental illnesses' are physical abnormalities in the brain, genes, and/or hormonal or chemical imbalances. Forty years after the publication of *DSM-III* in 1980 and millions spent on research funding, 'there is really no convincing evidence that all the research in genetics, neuroscience and neuroradiology has done anything much at all for our patients' (Bracken & Thomas, 2017, p. 104). Despite the well-funded research quest to justify the biopsychiatry framework, there are still no identified biological markers for any 'mental illness' (e.g. Cutcliffe & Riahi 2014; Coppock & Hopton 2000), with the unsurprising result that 'no "treatment"… has been proved to work on specific symptoms of a mental illness, or as an ultimate "cure"' (Cohen, 2017, p. 3). Psychotropic drugs, including SSRIs that are prescribed as anti-depressants, are no more effective than placebos in randomised control trials, change moods rather than working on diseases, and there is a concerning lack of transparency around side effects (e.g. Moncrieff 2008; Ussher 2010). The ascent of biopsychiatry has not occurred through scientific discoveries of disease, but despite their absence.

Psychiatric concepts and terminology have become hegemonic in popular discourse through co-opting the familiar language of 'illness' and 'health' from physical medicine, successfully creating the general belief in 21st century Western societies that psychiatry operates on a similar basis to physical medicine in terms of evidence for its diagnoses and treatments. In this sense the disease model of 'mental illness' is ideological in that it disguises its political, financial and social interests by presenting 'itself as an objective, impartial body of knowledge … whereas it actually conveys a partial view … motivated by particular

interests' (Moncrieff, 2008, p. 217). The biomedical model of 'mental illness' as ideological presents a universal framework, with its apparent neutrality reinforced by claims of biological causes of distress, and its characterisation of thoughts, emotions and behaviours in terms of symptom and disease. In the contemporary Western context, the routine use of the language of 'mental illness' and 'mental health' and terms like 'depression' or 'anxiety' in the belief that these refer to objectively identifiable diseases are such that 'psychiatric discourse remains hegemonic' (Burstow, 2013, p. 81). The contemporary belief in the disease model of 'mental illness' is hegemonic because it is repeated in everyday media and discourse, the strategies and policies of nations, organisations and businesses, and is sustained by millions in funding for research efforts (Burstow 2013). In other words, the existence of a 'mental illness' is not determined by biological markers, measurements of hormones or chemical imbalances but is (re)produced through ideological discourse. Indeed, the discourse of 'mental illness' has proven so resilient that even recent warnings against the overemphasis on the biomedical framework by the President of the APA and lead authors of *DSM-III* and *IV* (e.g. Messent 2013; Jacobs 2014); from the field of critical psychiatry by psychiatric professionals (e.g. Bracken & Thomas 2017); and growing evidence of ineffective or harmful 'treatments' have little effect on public acceptance of psychiatry's legitimacy (e.g. Coppock & Hopton 2000; Burstow 2013; Tseris 2017). Contemporary psychiatric discourse informs popular perceptions that distress and unpleasant or unwanted thoughts, feelings, and/or behaviours are identifiable illnesses that can be accurately diagnosed and effectively managed through medications and other physical interventions, such as the continuing practices of electro-shock and psycho-surgery.

Yet, if experiences of distress, despondency, hearing voices or seeing visions are only framed in terms of 'mental illness', this becomes a universalising discourse, 'silencing what madness has to tell us about both our individual lives and the societies we live in' (LeFrançois et al., 2016, p. 5). Articulating and conceptualising distress and unwanted thoughts, emotions and behaviours on terms other than 'mental illness', and thus opening avenues to critical consideration of the hegemonic discourse and practices of contemporary psychiatry, requires the use of language and concepts outside of psychiatric and psychotherapeutic frameworks. In this thesis I use 'mad' as an expansive term for a range of distressing or disturbing thoughts, emotions and behaviours that remain open to competing interpretations and responses. 'Mad' is a reclaimed term that seeks to decentre psychiatry and give voice to the histories of mad people, their testimonies and experiences, needs and goals.

‘Reclaiming’ terms is a process through which marginalised and oppressed groups aim to reverse the connotation of stigmatizing labels, for example through the reclaiming of ‘queer’ and ‘crip’ in LGBT+ and disability activism and theory. As reclaimed terms, ‘crip’ and ‘queer’ become markers of particular experiences that defy binary frameworks of illness/ health and hetero/homosexual, and descriptors of positive, valuable and meaningful identities and ways of being. Similarly, the term ‘mad’ has been reclaimed in Mad activism and Mad Pride, as well as in Mad studies that has grown rapidly as an academic field following the influential publication *Mad Matters: A Critical Reader in Canadian Mad Studies* (2013), edited by Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume. The contemporary use of ‘mad’ as a reclaimed term aims to reverse the connotation that certain differences in thoughts and behaviours are abject, frightening or ‘associated with something dangerous – the madwoman, say, in the attic who will kill you’ (Burstow, 2013, p. 84). Reclaiming ‘mad’ as experience and/or identity reverses the traditional power imbalance between those ‘sane’ enough to label others with pejorative and stigmatizing language, and acknowledges the agency of people who have strange, unwanted or disturbing thoughts to name and define their own experiences.

Terminology around mad experiences and identities remains complex and highly contentious, however, such that it is worth a brief discussion of other terms that seek to empower those who have encountered psychiatric authority before returning to representations of madness in YA literature. The term ‘patient’ is often associated with the traditional significant power imbalance, abusive practices and contexts of coercion between medical and psychiatric professionals and persons pathologized as irrational or unreasonable. As such, UK terms such as ‘client’ or ‘mental health user’ attempt to tip the balance of power towards the distressed or pathologized person. However, these terms may be rejected if experiences of psychiatric systems are at odds with the implied degree of choice and control, and/or on the basis of suggested support for free-market, neoliberal ideologies (Barnes & Bowl, 2001, p. 2). In the US, and increasingly in the UK, individuals may identify as ‘c/s/x, or consumer/survivor/ex-patient, to refer to the range of identities and interactions an individual might have with psychiatry’ (Brewer, 2018, p. 14). The multiple different terms and identities, however, are associated with a variety of perspectives and definitions, such that ‘psychiatric survivor’ can mean surviving a ‘mental illness’, drawing parallels with physical illness such as being a ‘cancer survivor’, or surviving interactions with the psychiatric system (Diamond, 2013, p. 68). Mad studies also recognises the further

complexity that some recipients of psychiatric treatments feel that these have been beneficial, even while they disagree with the characterisation of their experiences as mental illness. As well as a variety of experiences with psychiatry, there are differential contexts and experiences of racism, sexism, classism, homophobia and ageism that place 'some [pathologized] people at greater risk of violence and marginality' (Diamond, 2013, p. 73). In today's Mad movement, terminology, concepts, and goals remain diverse and sometimes in tension with one another, yet all take seriously the voices and experiences of 'some of the most discriminated against members of society, past and present' (Reaume, 2006, p. 170). The diverse and overlapping mad 'constituencies' (Diamond, 2013, p. 65) problematise and expose the multiple ways in which individuals may encounter harm within psychiatric systems.

However, Mad studies has attracted some criticism in the claim that the field is positioned in opposition to psychiatry and, therefore as existing only because of psychiatry. In other words, if madness or Mad identity is constructed only in opposition to psychiatry 'it is hard to see what, if anything, lies outside this' (Cresswell & Spandler, 2016, p. 361). This critique arises from the presumption that if psychiatry no longer existed, then neither would Mad identity or theory. While resistance to and deconstruction of mainstream theories informs the roots of today's Mad activism and theory, the contemporary Mad studies field is not synonymous with anti-psychiatry, although it shares the goals of contesting 'both the "facts" of insanity and the inhumane treatment of those considered to be insane' (Lewis, 2017, p. 105). These two fundamental tenets are inter-related, as it is psychiatry's power to diagnose those who are disruptive, unconventional and/or politically dangerous with a 'mental illness' that legitimises institutionalisation and coercion on purportedly 'medical', and thus supposedly neutral and apolitical, grounds. However, Mad studies, Mad Pride and Mad activism offer alternatives to processes of diagnosis and treatment that are not only defined in opposition to psychiatric discourse and practices. Mad activism and Mad Studies that centre the experiences, needs and goals of mad people requires the *de*centring of psychiatric and therapeutic models and terminology, without minimising or sanitising the extreme distress that can accompany mad experiences. A common theme in Jasna Russo and Angela Sweeney's (2016) edited collection *Searching for a Rose Garden* is that the biomedical model de-contextualises experiences, locating the problem in the person who, through contact with psychiatric or therapeutic authorities, learns to tell the universalising story that they are 'mentally ill' (e.g. Mead & Filson 2016). Testimonies and studies of

individuals, support organisations and cultural traditions that do not align with the biopsychiatry paradigm and resist the 'illness narrative', centre Mad people's experiences including the personal significance of experiences of trauma and abuse. Peer support groups with those who have been through similar experiences outside of psychiatric or therapeutic institutions (Staddon 2016); responses that centre and value the voices of people experiencing mental distress (O'Hagan 2016; Sweeney 2016); and/or responses that engage in the meaning of non-Western cultural traditions, customs and rituals (Davar 2016) are valuable and meaningful in giving space to mad voices and subjectivities. I extend existing work on 'mental illness' in children's and YA literature by utilizing Mad studies, cognizant of the history of pathologization, abuse and coercion of individuals and groups on the basis of socially constructed categories and stereotypes by institutions that decontextualise distress and sustain the status quo.

Over the last 20 years there has been increasing scholarly interest in examining the rapidly growing trend for 'mental illness' YA for its potential to tackle stigma and increase empathy. Several US scholars (Richmond 2018; Scrofano 2019; and Wickham 2018) have carried out careful evaluations of YA characters' experiences for how 'authentic' (Richmond, 2018, p. 10) these are in comparison to the psychiatric symptoms, diagnostic categories and treatments listed in the *DSM.* These scholars suggest that ensuring YA is 'accurate' in this way supports representation, tackles stigma and increases empathy for readers, family members or peers who may be diagnosed with a 'mental illness'. In the UK, Jean Webb (2015 and 2016) focuses on narrative approaches and strategies for representing disordered experiences. In contrast to negative stereotypes or 'issues' novels, Webb (2015) concludes that contemporary children's and YA literature is 'endeavouring far more to communicate the [protagonist's] interior experiences' (p. 371) and the possibility of supportive familial relationships for protagonists or their siblings who are diagnosed as 'mentally ill'. Similarly, Kimberly Reynolds (2007) in her award-winning *Radical Children's Literature* reflects on the importance of representing 'disturbing experiences and overwhelming feelings of despair, anger and frustration' (p. 89) that may serve as a 'prophylactic' (p. 88) against anguished thoughts or self-harm by offering readers 'new ways of storying their lives' (p. 88). These scholars take different approaches to analysing how 'mental illness' is represented to adolescent readers to increase empathy and understanding, whether through the accuracy of depicted 'mental illnesses' or through narrative strategies that explore experiences of anguish or disordered behaviours.

However, many YA narratives that depict 'mental illness' may be less engaged in tackling stigma than they are in reinforcing dominant cultural beliefs about health, institutional authority and personal responsibility. Increasingly in the 21st century unwanted or distressing thoughts, emotions and behaviours are interpreted as symptoms that should be managed, if not resolved, by the individual who strives to make themselves 'better' through psychiatric or psychotherapeutic interventions. Many examples of 'mental health' YA featuring adolescent protagonists, a sibling or love-interest character who has disordered experiences emphasise that refusing diagnosis, ignoring the advice of a therapist or not taking prescription drugs are inevitably 'bad choices' that lead to worse situations. This pattern recurs across genres in YA texts as varied as the Netflix comedy series *Never Have I Ever* (Fisher & Kaling, 2020-2023), the LGBT+ novel *Let's Call It a Doomsday* (Henry 2019), the fantastic-realism novel *The Rest of Us Just Live Here* (Ness 2015) and romance *When We Collided* (Lord 2016). It is only when YA characters accept that they have a 'illness' and submit to psychiatric and psychotherapeutic treatments that they can be viewed as living valued lives and perceived by others as morally acceptable beings. However, using the language of 'mental illness' and its taxonomy of 'disease' reinforces the biopsychiatric paradigm and its ideological underpinning 'that nearly every human problem can be resolved through a combination of personal effort and psychopharmacology' (Tseris, 2017, p. 173). As such, this narrative trend reinforces the construction of adolescence in YA as a progression towards an independent adulthood, characterised by the competence to take personal responsibility for the self, including by seeking the right psychiatric treatments in a taken-for-granted biomedical framework.

In this thesis I argue that concepts of madness matter in determining what are taken to be the appropriate responses to experiences of distress by individuals, families, communities and political systems, with consequences for well-being and social justice. Psychiatry has never been the only way of conceptualizing distress, strange or disruptive thoughts, emotions and behaviours, nor have biomedical concepts of illness and health informed many of the political, social and interpersonal responses to madness outside of the contemporary West. Since ancient Greece, madness has been conceptualised as irrationality and unreason; as spiritual or religious experience such as having visions, hearing voices, and being possessed; as response to 'maddening' situations of dire poverty or powerlessness within systems of gender, sex, class and racial oppression; as creative genius or protest against the mad world; or as rooted in biological and/or psychological disorders (Porter 2002; Scull 2011; Foucault

1971; Cushman 1995). The many different concepts of madness have produced a wide variety of social responses to mad people, ranging from humanitarian care, religious work, critical acclaim and/or popular admiration, or else abuse, exile, confinement, forced 'treatments', psychosurgery and sterilization. Alternative concepts of distressing and disruptive thoughts and behaviours continue to co-exist alongside the dominant concepts in any period, such that 'the history of the development of self is better understood as a history of continuity, rather than rupture' (Thiher, 1999, p. 12). For example, despite the contemporary belief in 'mental illness', the idea that madness sparks genius continues to be a popular literary trope. This idea is found in ancient Greek histories that 'sketched the profile of [Aristotle] the melancholy genius, whose solitary discontent fired his imagination' (Porter, 2002, p. 66); was revived by the Humanists during the Renaissance (p. 66); and remains a popular way of exploring the creative or tortured 'mad genius', such as in the film adaptation *A Beautiful Mind* and the Sky television series *Elementary* which reimagines the Sherlock Homes stories[1]. Nonetheless the dominance of psychiatric concepts is suggested as such characters are not depicted as inspired by divine spirits but as having diagnosable conditions. The 'continuity' of competing concepts of madness and responses to distress is evident in my corpus, and I have structured this study to engage with the main concepts of madness in the mad mother trend, as I set out below. Throughout this thesis, I argue that care ethics and Mad studies offer a preferable alternative to many responses to madness that are based on the construction of persons in distress as weak, subordinate, failures, irrational, incoherent, ill or incompetent. I argue that starting from attentiveness to the other's experiences and proactive engagement with the moral dilemmas that arise through relational practices of care allows there to emerge the possibilities for flourishing and the conditions in which everyone can give and receive care when its needed.

Mothers and madness in contemporary YA

The emphasis in both maternal studies and Mad studies on the importance of subjective experiences, meaning and contexts presents methodological and theoretical challenges to the analysis of YA secondary characters who often lack voice and agency. Unlike many adolescent protagonists in contemporary 'mental illness' YA, mad mothers are not typically depicted 'on the page' in relation to psychiatric professionals or institutions, even in novels with a contemporary realist setting. As secondary characters, mad mothers do

[1] It is perhaps telling that most famous, successful 'mad genius' characters are men.

not claim particular identities, as in the capitalised ‘Mad’, nor identify as or use terms such a ‘client’, ‘mental health user’, or ‘c/s/x’, and mad mother characters are not typically portrayed as having agency over their diagnosis, treatments or desires for care, nor do they voice their experiences, needs or wishes for interventions from others. Frequently in my corpus, the adolescent protagonist does not know if their mother has ever received a diagnosis or what that was, if the doctor their mother saw was a general practitioner, a psychologist or psychiatrist, and protagonists do not know the names of their mother’s pills or what they are supposed to be treating. In contrast to critical analysis of representations of psychiatric and psychotherapeutic systems and their mutual reinforcement with other dominant ideologies in contemporary Western societies (e.g. Johnston 2021), I examine how concepts of madness inform responses to maternal distress from a perspective that allows space to consider moral dilemmas in practicing good care, and potential alternatives to psychiatric or therapeutic interventions.

The recurring representation of mad mother characters points to a trend, while the breadth of representations across YA genres of fantasy, dystopia, historical and realist novels requires a methodology and terminology that is flexible in its concepts to avoid imposing a universal ‘mad experience’ that would obscure the different ways that madness has been conceptualised throughout cultures and history, as well as in its many representations in literature. In the absence of the existence of psychiatry in fantasy or historical novels, using psychiatric language and concepts of ‘mental illness’, symptoms and diagnosis would impose interpretations that are outside of the context of the narrative and the portrayed experiences of characters. As such, I use the term ‘mad’ within a relational moral framework to enable critical consideration of representations of maternal distress and mad experience, however these are represented in the text, without relying on either narrated subjective experiences, claimed identities, or psychiatric terminology. I propose that Mad studies and care ethics intersect where good care is based on attentiveness to others as they experience a situation, without diminishing the severe distress that can accompany unmet needs and experiences of unwanted, disturbing or disordered thoughts and behaviours. In this thesis I devise a care ethics and Mad studies approach that centres experiences, responses and the conditions in which flourishing becomes possible that may include critique of psychiatric processes if these are depicted in a text, but does not take this critique as its subject, yet nor does it take for granted that psychiatric or medical interventions are the ‘right’ response to maternal distress.

To facilitate my focus on mad mother characters in texts produced within social and cultural contexts of feminisms, the ascent of psychiatric language of 'mental illness', and the rise of neoliberalism and individualism through political shifts to the right, I have selected YA texts published since the 1990s. I have focused on YA as literature that typically participates in the construction of adolescence as a phase of personal identity development, growth and new experiences on a trajectory towards adulthood, often negotiating tensions between mothering practices, family responsibilities, and increasing independence as protagonists anticipate adult roles. As such, I have chosen to analyse YA mad mothers, rather than mad mothers in texts for younger children, to engage directly with key concepts in care ethics of inevitable interdependencies, independence and responsibility. Nonetheless, mothers are secondary characters in YA, posing challenges in searching for novels depicting mad mothers, who are often invisible in book blurbs, summaries and reviews. It was possible to uncover some texts using search terms including 'mad mothers', 'distress', 'depression' or 'schizophrenia' that turned up novels in which the relationship between the mad mother and adolescent protagonist is central to the plot, such that these terms might be found in blurbs or book reviews. However, several of the novels and trilogies included in this thesis have been happened-upon through my own reading or via recommendations by teachers and students in the YA field. While I have included YA novels featuring mad mothers across a range of genres and beyond white, middle-class stereotypes, I cannot claim to provide an unbiased or exhaustive review of YA texts featuring mad mothers. There are gaps in my corpus. For example, I haven't found any examples of mad queer mothers, despite the recent growth in LGBT+ YA over the last 15 years. Homosexuality is an example of pathologization and was only declassified as a mental disorder in the 1970s (Bergey 2017; Jacob et al. 2014; Price 2010). As such, a plausible explanation for this lacuna in my corpus is that LGBT+ representation of mother characters in YA aims to show positive queer parenting and does not want to reassociate queerness with 'mental illness'. Other examples of maternal distress in contemporary YA that fall outside of the themes that organise the following chapters have been de-selected for this project. This includes the small number of novels that depict mother characters who are hoarders, or have disordered relationships with food, for example, that it would be challenging to argue constitutes a YA trend, although these representations of maternal madness also merit critical attention.

Chapter Overview

The novels in this study represent the core of the trend for YA mad mothers and demonstrate the range of concepts of madness that inform responses to maternal distress. By including novels across a breadth of YA genres I bring to the fore the continuing coexistence of different concepts of madness within this trend that, for mother characters at least, resists a universalising popular understanding of distress as 'mental illness'. In the previous sections, I have introduced maternal, feminist and care ethics theories relevant to the subject of mother characters in YA, and introduced concepts of madness that have been applied to experiences of maternal distress in Western contexts since the 18th century: as a product of personal situations and/or social contexts; as 'mental illness' or disease; or as alternative way of being that includes strange or disturbing thoughts, feelings and behaviours. The following four chapters consider in turn the complications of caring for mad mothers; social constructionist depictions of maternal distress; madness as genetic inheritance and mad maternity; and finally, contrasting examples of the wholesale pathologization of human life and the total absence of social and psychiatric institutions. This four-chapter structure has been designed to excavate the contradictions and tensions in contemporary popular understandings of madness as both a product of personal and social contexts, particularly patriarchy, yet as nonetheless properly addressed through medical and psychiatric interventions. Throughout, I apply Tronto's care ethics framework and principles to the moral dilemmas faced by protagonists as they attempt to address unmet needs in situations of maternal distress, and to examine concepts of independence and responsibility in shaping both concepts of madness and appropriate responses to mothers in a variety of interpersonal, social and political narrative contexts. Through the critical examination of the novels in my corpus, I argue that individualising and personalising distress and responsibilities for care resists social transformation by preserving a system that serves the independent, self-interested, parochial concern of the most privileged who are constructed as 'free' to ignore, delegitimise and deride the needs of others, including children, mothers and families in distress.

I start with a chapter that demonstrates Tronto's care ethics framework as a useful critical literary approach to mad mothers in contemporary YA that de-genders care practices from female or maternal 'natural' inclinations or practices. I begin with three novels that depict boy adolescent carers for mad mothers, who are each attentive to, take responsibility for, and attempt to address their mother's experiences of distress. Chapter one examines the British novels *The Subtle Knife* (Pullman 1997) and *Tender* (Ainsworth 2018) and the US

novel *When We Collided* (Lord 2016) to explore what is meant by good care and how experiences of distress can disrupt and complicate efforts to practice the moral principles of ethical care. In these three novels, the mad mothers have each lost their husband and the boy protagonist has lost his father, offering concepts of madness that are partially understood as responses to personal situations, but extend to behaviours and beliefs that are depicted as mad, irrational, unpredictable or even violent. I take a care ethics approach to examine the adolescent protagonists' attempts at care in these contexts of uncertainty over whether their mother is ill, mad or irrational, and the different care practices that result in each novel. For these caring boy protagonists, gender and their identification with their absent fathers, shapes beliefs about independence and personal responsibility at they attempt to address their own and their mothers unmet needs, while madness complicates efforts to practice good care. In their different settings and genres, three novels also enable scrutiny of different models of care ethics that posit care taking place within isolated dyads, or within complex networks and negotiations of care in many directions at once. Chapter one contrasts novels in which boy protagonists attempt care for mad mothers within isolated dyads or wider care networks, and examines how these protagonists negotiation tensions between their responsibilities and competences at caring for mad mothers, and the expected trajectory of adolescent growth towards adult independence and self-reliance. Through its comparison of these three novels, chapter one enables a critical consideration of the practices of good care or its absence in relationships of paternalism or parochial concern, and in contexts of isolated dyads or caring networks, where the protagonists' moral dilemmas and efforts at care are centred over any medical or psychiatric interventions.

From this grounding in a care ethics approach and uncertainty over the 'right' response to mad mother characters, chapters two, three, and four examine novels that depict social constructionist, psychiatric, and Mad concepts of maternal distress, respectively, and negotiations of caring responses in variously hierarchical, individualistic or oppressive contexts. In chapter two, I discuss four YA novels in which the mother character's distress is portrayed as socially constructed, that is, as a product of social contexts and personal experiences rather than disease. This chapter is broadly divided into a discussion of realist novels that navigate the pathologization of mother character's distress that is depicted as a product of personal and/or social contexts, and a critical examination of fantasy novels in which psychiatry does not exist. The social construction of mothers' madness is portrayed in the British novel *The Brontë Girls* (Kilworth 1995) and US novel *All That I Can Fix* (Chan

2018). These novels have contemporary settings in which the mad mothers undergo therapy and/or take medications, suggesting a process through which mothers' distress at situations and contexts becomes a personal problem of individual 'illness'. I apply a care ethics lens to these representations of maternal distress and familial relationships to examine the culturally constructed, roles, responsibilities and values through which attention and response to needs become devalued, stymying the potential for ethical care. Next, chapter two turns to the depiction of mother characters in the fantasy trilogies And I Darken by Kiersten White (2016 - 2018) and the Hunger Games by Suzanne Collins (2008 – 2010), who are both depicted as 'maddened' by oppressive political and social contexts as well as their personal experiences. In the absence of psychiatric concepts or institutions, these novels facilitate deeper engagement with narrative explorations of possible political and social structures that produce the conditions that prevent the possibility of living well in meaningful relationships with others.

Chapters three and four engage with the contemporary construction of 'mental illness', and the consequences for care for mad mothers and their daughters who are also at risk of being labelled as mad and subjected to coercive psychiatric control. Chapter three explores the consequences and possibilities for good care for mothers and daughters whose madness is depicted as genetic. Genetic disease is perhaps the epitome of the biopsychiatry framework, as the adolescent protagonists in *If You Were Here* (Yabroff 2017) and *The Place Between Breaths* (Na 2018) are not susceptible to or at risk of illness but experience hereditary female madness. In the context of this inheritance, the contemporary emphasis on individualism and personal responsibility, and seeing the disadvantageous and deleterious effects of the same madness in their mothers, the adolescent protagonists grapple with how best to respond to madness as inescapable 'disease'. In the final chapter I contrast two post-disaster YA trilogies, firstly, Lauren Oliver's Delirium trilogy (2011 -2013) that takes the biopsychiatric framework to extreme by positing the wholesale pathologization of human life, and, finally, the absence of any social systems or psychiatric institutions in Susan Ee's Penryn and the End of Days trilogy (2012 - 2015). The comparison of these two post-disaster US trilogies will explore the function of representations of madness and mad mothering in oppressive, violent social contexts, to facilitate adolescent protagonists' perspectives on social justice and equality, and therefore the potential for new systems to emerge following rebellion or from the rubble of apocalyptic devastation.

In the conclusion I draw together the themes and patterns that emerge within and across these chapters in the depiction of mad mothers and responses to unmet needs by adolescent protagonists, social, psychiatric, and political institutions. In the following pages, I apply care ethics and Mad studies theories to illuminate the conditions that inhibit, sustain or enhance the flourishing of mad mothers and adolescent protagonists to explore what is lost if we limit understanding of maternal distress to the terms of mental illness and if we fail to notice caring responses that differ from culturally defined tasks of what a good mother should do.

1. Growing Up Caring: Negotiating Adolescent Agency, Self-reliance, and Care

Care usually takes place within relationships and/or situations that are unequal. As such, it is important to begin with an exploration of how the principles and practices of care are represented to identify good care and its absence and to understand the conditions that support ethical care. Good care requires paying attention to someone else's needs, taking responsibility for attempting to meet those needs, competence in the practice of the care-giving task, and continued attentiveness and responsiveness between the care-receiver and care-giver to determine if practices have met needs. Care ethics principles and practices differ from colloquial terms of 'caring about' or 'looking after' that may be constructed through mainstream concepts of roles and responsibilities and/or hierarchical relationship structures, as I shall discuss in this chapter. In starting from a relational ontology, care ethics approaches inequalities and imbalances in power and vulnerabilities as an occasion to extend moral skills and practices to enhance well-being and the quality of the relation (e.g. Tronto 2015; Barnes 2012). The abuse of power by those with 'caring' responsibilities and ignoring needs, including the needs of those doing the care-work, fails to fulfil the practices and principles of good care, yet can frequently occur in unequal care relations, and is frequently portrayed in literature. In this chapter I discuss three YA novels that depict an adolescent boy protagonist who takes on caring responsibilities for his mother after his father's death or absence, and in which the mothers' severe distress disrupts conventional caring roles and responsibilities. In my discussion of young carers, I use the stages of care proposed by Joan Tronto (1993) to explore different concepts of responsibility and independence that emerge through the protagonists' negotiations of their mother's care, their own goals, and mainstream social values. Tronto proposes four stages of ethical care that can be used as an analytical framework for examining care practices through 'caring about, taking care of, care-giving, and care-receiving' (Tronto, 1993, p. 106). Tronto's stages of care allow an exploration of competing needs, responsibilities, and competencies through the four 'analytically separate, but interconnected, phases [of care]' (1993, p. 106). This chapter sets out in more depth what is meant by terms such as 'good care' within the care ethics framework I use in this thesis, introduces complications to care practices presented in portrayals of maternal distress, and considers the implications for care in the typical construction of adolescence in YA as growth towards the adult mainstream. In its focus on young carers for mad mothers, this chapter

places greater emphasis on practices of care in contexts of madness than on depictions of mothering and motherhood.

For young carers, taking on responsibilities and demonstrating 'adult like' competencies in tasks such as managing the household budget, grocery shopping, laundry, cooking, and cleaning engages with questions about how much responsibility and independence is appropriate for adolescents and in what circumstances. Parental decisions about when children and teenagers can manage more responsibility are shaped by situations, family values and social concepts of dependency, self-reliance, and responsibility. Family circumstances influence levels of adult supervision and children's responsibilities, as inflexible work hours and low pay, for example, can determine whether there is an adult available to be at home with children outside of school hours. Generally, adolescents are expected to become increasingly independent, taking responsibility for themselves and their actions, particularly in situations where adult supervision is absent, such as at teenage parties or on excursions with friends. For YA protagonists, facing challenges independently and taking on new responsibilities enables personal growth towards adulthood, consistent with the construction of adolescence as a temporary period of '*sturm und drang'* (Kokkola, 2013, p. 5) involving tests, trials and 'firsts', such as first experience of death, paid work, or sexual encounters (e.g. Waller 2011; Trites 2000). The experiences of protagonists who receive less 'mothering' from their mad mothers and who take on more responsibilities during adolescence are in some ways consistent with a developmental trajectory towards greater self-reliance and awareness of social roles and expectations. However, a tension arises in the depiction of young carers, as their skills and competencies do not produce 'adult like' independence but sustain a relationship with someone dependent on their care. Young carers take responsibility for their own and other character's needs in constrained circumstances with limited support. Similarly, the responsibilities of young carers are broader in their range and moral considerations than might be assumed from the construction of adolescence as a phase of increasing personal responsibility for one's own actions as a 'free moral agent'.

My analysis of the moral dilemmas of care depicted within the liminal experience of adolescence begins in family and social contexts. The boy protagonists in *The Subtle Knife* (Pullman 1997), *Tender* (Ainsworth 2018) and *When We Collided* (Lord 2016) take on care responsibilities due to the mother's madness and the father character's death or absence. Although boy protagonists transgress conventional gender expectations by carrying out domestic tasks traditionally assumed to be the duties of girls and women, such as cooking and

cleaning, I argue that Will, Marty and Jonah remain highly aware of their conventional gender role and potential adult futures as they seek to emulate their fathers, including their father's responsibility to 'look after' their mums. However, in taking on care responsibilities in place of their father, the boy protagonists face moral dilemmas about how to address their own and their mad mother's unmet needs either on their own or with support from others. In examining these dilemmas, I have selected three novels to contrast the consequences for care and the possibility of addressing unmet needs in isolated mother-child dyads, as proposed by Noddings and experienced by Will and Marty in *The Subtle Knife* and *Tender,* with the portrayal of care networks more consistent with Tronto's framework, experienced by Jonah in *When We Collided* (*Collided*). In the following sections, I bring a care ethics lens to depictions of 'looking after' and 'taking care of' to reveal instances of paternalism, parochialism, conflicts and negotiations of care to present a new critical interpretation of depictions of boy young carers for mad mothers.

The adolescent protagonists Will, Marty and Jonah each consider the tensions between their own and their father's roles in light of prevailing social values of independence that valorise 'freedom' from caring responsibilities. There are differences, however, between British and US cultural concepts of independence and self-reliance that have developed since the 18th century, particularly in terms of the role of state, social interventions, and psychiatry. In the UK, concepts of independence and self-reliance have emerged over the last couple of centuries, not from resistance to the state, but from the significant influence of scientific progress and Enlightenment ideas that emphasised intellectual rigor, objectivity and rationality in ethical deliberation and moral action. From this perspective, independence and self-reliance does not start with, nor necessarily require, resistance to social or health interventions by the state. By contrast, concepts of independence, autonomy and freedom in the US emerged from the experience of colonisation and the War of Independence, producing a greater resistance to and suspicion of the role of the state in the lives of individuals (e.g. Fineman, 2004). From this perspective, independence and self-reliance are not primarily rooted in ideals of objectivity and rationality but in ensuring one's own autonomy from state interference which, in the contemporary context, places greater emphasis on individual choice and control in decisions to purchase psychiatric services (e.g. Cushman, 1995). The narratives of Will, Marty and Jonah can be contextualised in relation to these broad popular cultural concepts of personal responsibility, self-reliance, and perspectives on state or psychiatric interventions, as the young carers consider the 'right thing to do' in response to mothers'

madness and the capacity of the family to meet all its own needs. I argue that, together with suspicions about outside help, mainstream concepts of independence and self-reliance produce the protagonists' beliefs that they should be able to take care of their mums or families on their own, sustaining unmet needs and contributing to difficulties in providing care.

Will, Marty and Jonah are depicted as carrying out the first stage of care, 'caring about,' that is, they notice that their mothers are in distress and that there are unmet needs in the family. However, the protagonists interpretations of maternal distress inform their approaches to taking on responsibilities and their care-giving practices. As I argue throughout this thesis, responses to distress and unmet needs are informed not only by concepts of dependency and responsibility, but also concepts of madness. While all three novels depict mother's madness following the death or absence of the father character, Will, Marty and Jonah are unsure about their causes of their mothers strange beliefs and behaviours that transgress the boundaries of what is 'normal' or socially acceptable. In contrast to a mother whose attitude to her children is generally inattentive, cruel or neglectful, mad experiences can alter the mother's care practice and interactions within the family at different times. Experiences of severe psychological distress can be 'profoundly debilitating at a personal level and highly disruptive of interpersonal relationships' (Barnes & Bowl 3). A mad mother does not experience distress without an impact on family, work and other relationships. For the protagonists discussed in this chapter, uncertainty about their mother's madness compounds uncertainties about the best course of action, and especially whether the mother's own voice and agency should be taken into account through the stage of 'care-receiving'. In contrast to social constructionism or genetic interpretations of madness that I discuss in subsequent chapters, the lack of a clear reason for the mother characters' distress in these three novels prompts questions of responsibilities for addressing needs and care practices in response to their mother's strange, disturbing or violent behaviours.

Before turning to my care analysis of the three novels, it is important to acknowledge that my focus on the adolescent protagonist's care practices presents a necessarily selective view of narratives that are each informed by generic conventions. In 20th-century British fantasy, it is a common trope that parents must be out of the way to enable children to go on adventures (e.g. Nikolajeva 2010). Will's mother, Mrs Parry, could be read in terms of this narrative function: her madness and the lack of involvement from social services enable Will to slip away to another world without anyone looking for him. Nonetheless, Will's formative

relationship with his mad mother and experiences of caring lead him to place great significance on self-reliance as a moral value, as I discuss below. In contrast, *Tender* is a realist British novel that was funded by The Arts Council (England) to engage readers in the experiences of young people who lack care at home to convey the message that young carers' groups are important sources of support, socialising, and relaxation for young carers. This results in a greater emphasis on overcoming fears and worries about asking for help, in contrast to the emphasis on self-reliance that serves Will on his fantastical adventures. The three novels I discuss each depict two adolescent protagonists, one boy and one girl, and there is romance between them; however, different generic conventions place varying emphasis on this relationship. For example, although Marty meets the other protagonist, Daisy, at the young carers group and they go on a date, *Tender* emphasises their shared experiences as carers over romance. In contrast, the US novel *When We Collided* is a YA romance, placing most emphasis on the developing feelings and relationship between teen protagonists Jonah and Vivi, who narrate alternating chapters, and the tensions between this romance and Jonah's struggles with his caring responsibilities and Vivi's struggles with bipolar disorder. I recognise the generic differences that influence depictions of care and maternal distress, while sustaining a focus on a care ethics analysis of responsibilities, competences, and care practices by adolescent protagonists with mad mothers.

'She just needs someone to be kind to her'[2]: Young Carers, Mad Mothers, and Recognition

The two British novels open with the adolescent boy protagonist looking after his mum. Eve Ainsworth's (2018) *Tender* begins with 16-year-old Marty worrying about his mother and attempting care by making her breakfast as she hasn't got out of bed in four days. The opening pages quickly establish that Marty and his mum are effectively on their own as her boyfriend is usually absent, such that Marty faces everyday moral dilemmas in determining how to meet his own and his mum's needs with limited resources and support. As social services bang on the door, Marty wonders 'Should I wake Mum or leave her be? What was the best thing to do? Probably neither' (Ainsworth, 2018, p. 3 – 4). This reflection highlights the practical and ethical challenges of care as Marty observes that doing the 'right thing' in care practices is not straightforward as there are always negotiations between different needs in particular circumstances such that there may be no clear 'best' option. In

[2] Philip Pullman (1997), *The Subtle Knife* page 2

contrast, Philip Pullman's (1997) *The Subtle Knife* opens with the adolescent protagonist Will Parry depositing his mad mother at his piano teacher's house. After the men who are searching for Will's father break into the house, Will decides his mother is no longer safe alone at home and takes her to his piano teacher to be looked after. In *When We Collided*, Jonah's first chapter emphasises the mental and practical effort that he puts into juggling his job, caring responsibilities, the household, and his younger siblings in the effective absence of his mother who mostly stays in her room. This sets the scene for the complex negotiations and competing demands faced by the older siblings as they attempt care for their younger siblings and mother. Although Will, Marty and Jonah share some commonalities, the protagonists differ in how they negotiate tensions between their experiences of caring, their mother's distress, and concepts of dependence, self-reliance, and responsibility.

An analysis of the responsibilities and competences of young carer protagonists and mad mother characters in YA could usefully be explored through Marah Gubar's (2016) kinship model. Gubar (2016) articulates a concept of kinship as an approach for childhood studies and readings of children's literature that would 'insist first and foremost on how alike younger and older people are' (p. 300). The kinship model begins from the assumption that adults and children are both agential and emphasises these commonalities from the position 'that children and adults are fundamentally akin to one another, even if certain differences or deficiencies routinely attend certain parts of the ageing process' (Gubar, 2016, p. 299). The kinship approach productively problematizes the constructed binary of dependent childhood/ independent adulthood through its emphasis on commonalities between adults and children and seeking value in the 'words and deeds of young people' (Gubar, 2016, p. 301). Although Gubar does not mention young carers or mad mothers, a kinship approach offers scope to acknowledge the agency and competencies of child carers without childhood becoming romanticized and reified. As such, a kinship approach to young carer characters in YA begins with the recognition and valuing of the practices, responsibilities and competences of adolescent protagonists.

The shared agency and responsiveness of the protagonist, Will, and Mrs Parry in *The Subtle Knife* suggests that these mother and adolescent characters share values and care practices, and this 'likeness' can be centred through a kinship approach. The first instance of Will caring for Mrs Parry is characterised by mutual attention, emotional and thoughtful responses, emphasising the importance that Mrs Parry and Will both place on their relationship and each other's well-being. Will is 7 years old when he is in the supermarket

with his mother and notices that she is experiencing a level of distress at odds with grocery shopping as she 'was really frightened …[and] Will got more and more frightened himself' (Pullman, 1997, p. 9). As Will's feelings reflect those of his mother, Mrs Parry also notices that her fear is making Will frightened, showing that they are attentive to each other. Mrs Parry responds by attempting care, trying to hide her distress from Will by making a game of only putting things in the trolley when no one is looking (Pullman, 1997, p. 8). Will recognises that his mother is attempting to care for him by making 'this real danger into a game so that he wouldn't be alarmed' (Pullman, 1997, p. 9) and again reciprocates by 'pretend[ing] not to be frightened, so as to reassure her' (p. 9). As Will and Mrs Parry play the game to both manage their own feelings and to assuage each other's fears, the scene portrays a relationship characterised by emotional responsiveness, thoughtful consideration of the other person's needs, and taking responsibility for attempts at care. In this scene both Will and his mother practice good care that entails paying attention to someone else's needs, taking responsibility for attempting to meet those needs, undertaking actual practices of care-giving, and continued attentiveness to the response of the care-receiver to determine if needs have been met.

The commonalities or likeness in care enacted by Mrs Parry and Will trouble any clear distinction between 'adult' agency and 'child' dependency, giving space to value Will's caring. Agency and dependency are inextricably linked in the kinship model that repeatedly returns to the distinction between childhood and adulthood on the basis of differential 'dependency' (Gubar, 2016, p. 291, 293, 296, 299, 300). The kinship model seeks to destabilise age-differentiated concepts of agency, including by acknowledging ongoing needs and dependencies throughout all lives as 'we never fully outgrow that originally compromised state [of being newborn]' (Gubar, 2016, p. 300). However, the term 'compromised' suggests that dependency constitutes a falling-short of the culturally idealised independent and autonomous figure. Whether it is an adult who is dependent upon a child, or the other way around, the kinship approach suggests a state of being 'compromised' as the person receiving care. However, in attentive and responsive practices of familial care it becomes evident that 'care giver and care receiver do not define two distinct groups of individuals' (Barnes, 2012, p. 36). From this care ethics perspective, the separation of any groups, whether adults or children, in terms of agency and dependency can limit the recognition and valuing of *inter*dependences as vital for flourishing. In the example of Will and Mrs Parry in the supermarket, the kinship approach values the likeness in the agency and

responsibility of the child and adult character in response to each other's needs. Yet this approach undervalues their interdependence in which care-giving and care-receiving are experienced in terms of valued practices of attentiveness and responsiveness, rather than states of being 'compromised'. Although the kinship model fruitfully blurs any age-defined boundaries between different levels of agency and dependency, these concepts remain in tension, obscuring the value of mutual attention, response and interdependence.

A care ethics approach offers a new perspective on the portrayal of care practices between Will and Mrs Parry, not only relative to a kinship approach, but in addition to the existing scholarship that has examined Will's care practice although not, to my knowledge, through a care ethics lens. Pullman's trilogy has been subject to substantial research, including considerations of Will's psychological development (e.g. Rustin and Rustin 2003a, 2003b) and his care practices for Lyra (Daniel, 2006; Bray, 2015), as well as research on mother characters Ma Costa (Daniel 2006) and Mrs Coulter (Alston 2011; Moran 2016). Although there has been relatively little consideration of Will's mother, Mrs Parry, a broad consensus emerges about 'the inadequacies of …[Will's] biological parents' (Rutledge, 2008, p. 119) that have resulted in Will caring for his mad mother 'instead of she looking after him' (Rustin and Rustin, 2003a, p. 228), leading to Will's 'premature sense of responsibility' (p. 234), and an 'inverted relationship with his mother' (Bray, 2015, p. 170). However, it is only possible to invert a hierarchical relationship in which those in the caring relation have separate, distinct roles and responsibilities: in Noddings's caring model, this could be expressed as a reversal in roles in which the child is the 'one-caring', and the mother is the 'cared for'. Furthermore, the notion that Mrs Parry's madness has brought about a reversal in the expected mother-child relationship overlooks the shift in Will's care practices between childhood and adolescence. As Will grows up, the relationship between Will and his mad mother changes as Will shifts his perception of distress, responsibility and good care to bring about a transition from mutual attention and interdependence to paternalism and protection.

After the scene in the supermarket Will's state of childhood interdependence does not last long. Will begins to view his relationship with his mother, not in terms of mutual care, but in terms of his mother's loss of rational agency as Will realises 'slowly and unwillingly that those enemies of his mother's [sic] were…in her mind' (Pullman, 1997, p. 9). In this moment of realisation, Will decides that his role is to 'protect her even more carefully' (Pullman, 1997, p. 9). Although there is no absolute division between protection and care, and there are circumstances in which both are appropriate, 'protection involves a very

different conception of the relationship …than does care' (Tronto, 1993, p.104-5). In particular, protection assumes a relationship in which some people have power and authority over others who are constructed as weak and/or dependent. The construction of Mrs Parry as someone who Will must protect takes place through depictions of her madness, as Will realises that the greatest threats she faces are her own distressing thoughts and compulsive behaviours, not the 'real things for her to be frightened of, like those men who came and robbed us' (Pullman, 1997, p. 274). In situations of severe mental distress, 'protection' of the mad person can become paternalistic because of the association of madness, particularly women's madness, with irrationality, unreason, and incompetence. This is the case for Will's mother due to her lack of voice and agency in the novel, as well as Will's perception that her mad experiences lead to her loss of autonomy and reason as she did 'things that didn't make sense …[and] she *had* to do them or else get so upset' (Pullman, 1997, p. 272; my emphasis). Will's interpretation of his mother's loss of reason and autonomy changes how he conceptualises their relationship and shifts his care practices towards paternalism. Paternalism reinforces, rather than redresses, the vulnerabilities that arise from needing care, because the care-giver has power over any care practice 'as the tension between competence and met needs works out in favor of experts' (Tronto, 1993, p. 146). Paternalistic protection changes the relationship between Will and his mother from interdependence to a hierarchy in which Will asserts 'adult like' autonomy and rational authority over his mother.

Will and Marty share similar competencies as both protagonists are largely in charge of their households, prepare meals, and defend their mothers in physical fights with other boys from their schools. However, the emphasis in *Tender* is not on the achievement of self-reliance and rational agency but on Marty's ambivalence about the best course of action in response to his mother's distress and how to address the family's unmet needs. At the start of the novel when Marty's mother remains mostly in her room, Marty reflects that '[i]t was strange … knowing that I really wanted Mum to be … up and about again, but also knowing that that could cause problems of its own' (Ainsworth, 2018, p. 26). Marty worries about his mother being in her bedroom for days at a time; however, he does not assume that her being 'up and about again' would be a return to 'normalcy'. Instead, Marty recognises that his mother would still have strange and disruptive thoughts and experiences, such that a change in situation might not be an improvement, but only involve different responses and worries. In attempting care for his mum, Marty enacts the first two stages of caring for and caring about, but his mother's distress problematizes the stages of direct care-giving and care-

receiving. Marty is attentive to and takes responsibility for meeting his mother's basic needs, such as eating, keeping clean, resting and sleeping, and he routinely prepares his mother's food, her medication (although it is not clear what this is, or if she takes it), runs her baths, encourages her to go to bed, and respects her preferred 'quiet time' in front of the television (Ainsworth, 2018, p. 56, 131, 163, 190). However, as his mother becomes absorbed in deciphering secret messages through the internet and television, she does not eat the food that Marty places in front of her (Ainsworth, 2018, p.131), and Marty must check the temperature of his mother's bath so she that does not purposely scald herself again (p. 59). Although Marty knows that his care cannot alleviate his mother's strange and disturbing thoughts and behaviours, Marty gives thought and attention to her particular mad beliefs and behaviours and these shape everyday routines such as mealtimes, watching television or bathing.

While the depiction of some of Marty's care, such as running his mother's bath, might veer towards paternalistic, Marty's mum, unlike Mrs Parry, is not a passive, silent madwoman. This mad mother character is aware of Marty's efforts and, while she appreciates some of Marty's actions such as the bath-running, she resists others. After Marty's mum emerges from her room and starts to become absorbed in the secret messages, a dynamic emerges in which Marty asks if she is looking after herself and his mother claims that she is, despite Marty's observations to the contrary. Due to her increasingly strange behaviours, Marty doubts his mother when she tells him that the doctor 'signed her off with a clean bill of health' (Ainsworth, 2018, p.130). Similarly, when Marty observes that she has not washed or dressed in clean clothes for several days, he does not believe her assurance that '[o]f course, I went for a walk. I got lots of fresh air' (Ainsworth, 2018, p.191). Marty's mum is aware that Marty is monitoring her mad behaviours, and that giving the 'right' answer is necessary for evading treatments and interventions that she does not want, although without offering a view on what she does want in terms of care. Accepting the unconventional, unpleasant, strange, or disturbing appearance and behaviours of individuals is an element of recognition that not everyone can, nor wants to, perform within conventional and culturally constructed parameters for appearance and behaviour. Recognition and acceptance are important to the possibility of Mad identities without pathologizing 'unusual' behaviours, such as women not brushing their hair or crying that become constructed as signs of 'mental illness' to justify coercive psychiatric control (Wilkerson 2011; Ussher 2010). Marty does not attempt to coerce or assert control over his mother, nor does he voice his scepticism about her claims, but thinks '*Haven't we been here before? Aren't we just lying to each other all over again?*'

(Ainsworth, 2018, p. 53; orig. emphasis). In other words, recognising that the secret messages are important to his mother and attempting to meet her basic needs is insufficient to sustain a caring relationship as they are 'lying to each other' as well as, perhaps, to themselves about the possibility that their needs can be met in the isolated family. Although Marty does not carry out coercive or paternalistic control of his mother, nonetheless their actions of monitoring and lying create a stalemate that leaves Marty's attempts at good care incomplete.

Good care does not only go one way. Marty's mum's resistance to everyday routines of washing, eating and sleeping thwart both direct care-giving, as well as the fourth stage of care-receiving. 'Care-receiving' is a stage that involves both the care-giver's ongoing attention to the effects of care, and the care-receiver's response to carers. The fourth stage of care requires the ethical element of responsiveness, which is related to attentiveness in care practices as it is not possible to respond to something which we have not noticed or paid adequate attention to. Combined with the fourth stage of care, the moral principle of responsiveness 'suggests the need to keep a balance between the needs of care-givers and care-receivers' (Tronto, 1993, p. 136). Although care may take place in a context of unequal power and dependencies, responsiveness is necessary to the recognition of both those giving and receiving care, thus redressing the conditions in which unequal relations of 'care' may become controlling, neglectful, coercive, or even abusive. In other words, responsiveness concerns attention to the care practice itself, the person who is attempting care, and the person receiving care. Marty's mother, however, is portrayed as focussing her attention on her own concerns, that is, the secret messages, such that she does not pay attention to either Marty's attempts at care or to Marty, as she does not notice his lack of friends or that he's grown out of his school uniform (Ainsworth, 2018, p. 28). Marty and his mum are not depicted within a care hierarchy, yet neither is the relationship characterized by interdependence. Within the isolated dyad, Marty's mum's lack of attentiveness and responsiveness means that no one notices or takes responsibility for attempting to meet Marty's needs.

In the terms of maternal theory, Marty's mother's lack of attentiveness and responsiveness suggests a lack of maternal thinking about Marty as a particular individual, and as an adolescent who is growing, has changing needs and abilities, and who is planning his own future. When Marty's mother attempts to persuade the social workers that the family does not need any interventions because Marty is doing well in school, the social worker coldly replies, 'You think Marty has been going to school?' (Ainsworth, 2018, p. 11). The

retort immediately places Marty's mum at a disadvantage to the social worker, who seems to have paid more attention to Marty's whereabouts than his mother. From this position, Marty's mother does not attempt to argue with the social worker or ask Marty where he has been but seems to share the idea that she is a failure, as she meekly suggests to Marty, 'You don't want to end up like me, now, do you?' (Ainsworth, 2018, p. 12). In contrast to Marty's mum's resistance to appearance and behaviour norms about herself, she accepts and attempts to be conciliatory when confronted with 'good mother' norms. After the social workers have left, Marty's mum and her boyfriend discover that Marty has been truanting from school to work on his aunt's market stall. In response, Marty's mother's boyfriend argues that this is a good thing as they need the money (Ainsworth, 2018, p. 55). Although on other occasions Marty's mother claims she wants Marty to do well in school, in this instance she just shrugs. The tension between Marty's mum's resistance to conforming with social norms, and her desire for Marty to do well create inconsistencies in her responses, as she seems unsure about which social expectations she should accept as best for Marty, between his going to school and having a job, deferring to the authoritative opinions of other characters on different occasions. While Marty does not seem to mind taking on care tasks in general, his mother's lack of care in this instance is shown as leaving Marty furious. Marty's anger is not due to the lack of care he receives in terms of mothering tasks like making him breakfast but is rooted in his mother's apparent lack of attentiveness and recognition of Marty as her son who has lost his father, and as a particular person with hopes, interests and ambitions of his own.

Yet the impetus for Marty attending the young carers group comes from his mum in a moment that turns the narrative from the complexities of care for persons in distress towards the unmet needs of young carers. Like Mrs Parry, Marty's mum experiences periods in which she is less distressed, during which she recognises and values Marty's care, telling Marty that she realises that he has 'been there for me through all of the [bad times]' (Ainsworth, 2018, p. 59), and that 'I've not been a good mum to you' (p. 60). Marty's mother is depicted as both acknowledging that Marty has needed care when she has not been able to provide it, and that she has received good care from him. These moments of responsiveness and recognition highlight that Marty's mum's lack of care is not due to selfishness or because she thinks Marty should take on more responsibility as an adolescent but are due to her mad experiences in which she seems not to notice persons and events around her. In recognising that she cannot practice good care for Marty herself, Marty's mum momentarily overcomes their joint resistance to outside support, discussed further in the next section, and enacts her only

instance of ethical care. Marty's mum notes that social services would be pleased if Marty attended the young carers' group. However, she urges Marty to attend the group because she realises that Marty 'must be hurting too … [and] I need to know you are getting all the help you need' (Ainsworth, 2018, p. 60). In this moment, Marty's mother demonstrates a recognition that her own well-being is affected by Marty's well-being, even if she cannot always enact good care for Marty directly herself. The recognition of unmet needs entails a 'shift from "care giving" to "taking care of" that does not mark the "end" of care, but a transition in the way in which this is expressed' (Barnes, 2012, p. 49). Despite resistance to social services throughout the rest of the novel, here Marty's mum is depicted as acknowledging that the dyadic family cannot meet Marty's needs, and she encourages him to seek out the young carers group, not to shirk her responsibilities, but to ensure that Marty has a potential source of care to support his well-being.

The challenges of paternalism and incomplete care that arise in Will's and Marty's isolated mother-son dyads can also be redressed through informal care networks. Care networks extend beyond attention and response by one person to another to theorise the multiple interactions through which we all 'negotiate caring needs, responsibilities, caregiving, and care-receiving in many directions at once' (Tronto, 2015, p. 35). In contrast to the dyads experienced by Will and Marty, Jonah's large family offers a number of routes to care giving and receiving. In *When We Collided*, following the death of their father and with their mother mostly keeping to her room, the three older siblings, Jonah, Naomi, and Silas negotiate care for their siblings, the household, and their mother so that they can each balance some personal sacrifices with the pursuit of interests that are important to them. Jonah, for example, stops playing baseball, losing both the enjoyment of playing and the potential support of his friends on the team, because 'I had to be home with them [his younger siblings]' (Lord, 2016, p. 45). However, in this sacrifice, Jonah not only accepts responsibility for the younger siblings, but responds to the needs of his older siblings, too, as Jonah notes that he gave up baseball because 'Silas couldn't do it [look after the littles] on his own' (Lord, 2016, p. 45-6). Similarly, Naomi makes sacrifices in returning home from college whenever she can to support Jonah and Silas (Lord, 2016, p. 53). Although the care arrangements are roughly split by age, with the three older siblings taking on responsibility for the younger siblings and their mother, this care network avoids a hierarchical division of roles and responsibilities as the older siblings respond to each other's needs without one of them assuming overall authority.

The relational care of the sibling network is emphasized through the depiction of Jonah's love of planning, preparing, and sharing food. Food highlights that all humans have common vulnerabilities that are ongoing throughout our lives as the need for energy and nutrition cannot be 'grown out of,' even though some people can more easily meet these needs than others. In contemporary Western cultures, food can often be conceptualised as 'a discrete object that we can measure and absorb. We talk of calories, nutrients, ingredients' (Goldstein, 2018, p. 39). From this perspective, cooking and eating are necessary tasks to ensure health through the appropriate supply of energy and nutrients, usually with prudent expenditure of money, time, and effort. In contrast, a relational approach to food preparation and eating engages with key concepts in care ethics, including need and vulnerability as well as dependency and self-reliance, as the work of those who grow, deliver, and prepare food is often hidden and devalued in contemporary societies (e.g. Zepeda 2007; Goldstein 2018). Preparing and sharing food involves both thought and skilled practice, and thus can be a source of shared pleasure and flourishing that sustains social relationships. Yet food sharing can also highlight the dangers of unequal, neglectful and abusive 'care' as food and drink can be used to exclude, manipulate, or poison. Food in children's and YA literature has commonly been approached in terms of its cultural meaning and function, or socialisation and psychological development of characters in terms of their knowledge of, adherence to and training in class and cultural food rules, table manners, and/or gender roles (e.g. Keeling and Pollard 2009, 2018; Katz 1980; Daniel 2006). Furthermore, 'good' or 'bad' mother characters in children's and YA literature can often be distinguished by the types of food they offer children, whether nutritious and wholesome, or sickly and sweet (e.g. Alston 2011). In contrast, a relational approach to food centres its personal and cultural meaning as an attentive, skilled, responsive care practice that has the potential to sustain and improve the flourishing of all who partake.

As a relational practice, shared need, and social occasion, food preparation and sharing deconstruct the boundary between care givers and those receiving care. For Jonah, food planning, buying and preparation for a seven-person family is a significant daily task that occupies much of Jonah's thought and effort. However, this is not a purely practical or selfless chore as Jonah not only needs to eat, too, but enjoys planning recipes, developing his cooking skills, and sharing good meals with his family. A relational perspective on the needs, vulnerabilities, and care that we all experience, including the need for food and enjoying meals that are prepared for us, centres 'the fact of human dependency … not as an

impediment to living well, but as a source of value' (Kittay, 2017a, p. 310). Care work is often hard, but that does not rob care of its potential value for carers, or the importance of good care to meaningful relationships. When the co-protagonist and love-interest character, Vivi, first goes to Jonah's house for dinner, Jonah does not want the added pressure of planning, shopping, and cooking for a guest, yet he does want to cook a good meal that will show Vivi his 'most inventive pizza – the impressive one' (Lord, 2016, p. 45). Jonah is depicted as finding food-related care rewarding because of its relational aspect, as he pays attention to the responsiveness of others who enjoy his cooking. As they share the meal with Jonah's siblings, Jonah is rewarded by his own enjoyment of the food and the pleasure it brings others, completing the care through responsiveness as Jonah's younger sister unexpectedly praises his cooking skills to Vivi (Lord, 2016, p. 56). Although the novel portrays frequent conflicts and negotiations between the siblings' competing needs and responsibilities, the importance, meaning and value of family relationships and mutual care is restored, at least temporarily, through the sharing of Jonah's good food.

The absence of Jonah's mother, her separation from the relational care of the siblings, and her inattention to Jonah and his values as a particular person provokes Jonah's anger at his mother. Similar to Will and Marty, Jonah is not angry because his mother does not carry out domestic tasks as he recognises the effect of her distress is that '[s]he can't make herself feel better. I can't make her feel better – none of us can' (Lord, 2016, p. 20). However, Jonah is angry because his mother acts as if she is still responsible for her six children, and thus devalues the care work carried out by Jonah, Naomi, and Silas, undermining Jonah's relational values. When Jonah visits his mother's room, she asks him to do chores like making packed lunches and taking his younger siblings to sports practice, even though Jonah has already made everyone breakfast, juggled competing schedules and so on. Although Jonah's mother thanks him and apologises for not getting up, Jonah thinks that her 'apologies are a pretence. So are the questions' (Lord, 2016, p. 20). By apologising and asking if Jonah will do these tasks, his mother appears to believe that she is the responsible adult in charge of the family activities and chore chart (Lord, 2016, p. 17). His mother is portrayed as denying that practices of care have changed, eliding the responsibilities and good care of the sibling network. Jonah is angry because he thinks that his mum must be aware of this 'pretence' as 'my mom must understand that …[t]he three of us older kids are trying to make up for two parents' (Lord, 2016, p. 20). Jonah believes that his mother must realise that she is not carrying out any actual care-giving, highlighting her inattention to her children's everyday

needs and the challenges of meeting competing demands, despite her questions and apologies. From Jonah's relational perspective, he recognises this as a lack of care in terms of both direct care-giving, and lack of responsiveness to his own and his sibling's care practices.

More importantly to Jonah, his mother is inattentive to the values that Jonah expresses in how he carries out his responsibilities and thinks about the needs of the whole family. Care *ethics* constitutes not only the stages of care but also the associated moral principles or 'a set of values…that offers a way of thinking about what is necessary for human well-being, flourishing and indeed survival' (Barnes, 2012, p. 5). Like Marty, Jonah is shown as being angry at his mother's inattentiveness to the values that are important to him as a particular individual. Jonah does not carry out chores and errands because his mother asks him to, or because her distress has led him to take on more responsibility, but because he would 'do it anyway' (Lord, 2016, p. 20). Throughout the novel, in addition to Jonah's relational values expressed through his food practices, there are many occasions that demonstrate Jonah's unprompted thought and attention to the siblings in his care, from making them all oatmeal for breakfast every day after their father's sudden heart-attack, but changing up the flavours so they don't get bored (Lord, 2016, p. 101 - 102), to checking for rocks before he lets them go down the Slip N' Slide (Lord, 2016, p. 65). His mother's questions and pretence elide Jonah's care as a moral response to meeting needs and as a source of shared meaning that sustains family relationships and joy.

Jonah's mother's own values and practices in relation to the family are differentiated from the protagonist's through her absence from the family dinner table, and other occasions associated with food. Although the siblings take turns to bring their mother food and drinks in her room, their mother leaves these offerings to go cold and does not consume them (e.g. Lord, 2016, p. 54, 72). While this is a sign of her distress and struggle to participate in everyday routines, it serves the narrative function of highlighting her disassociation from the relational family care network between the siblings that centres Jonah's care through food. His mother's refusal to acknowledge that she is dependent on the responsibilities and practices of care by her oldest children is symbolised by her rejection of food prepared by others. Again, food is used to sustain the illusion of her autonomy and authority in the household, as when she wants to eat she 'shuffles downstairs to the kitchen at odd hours' (Lord, 2016, p. 54). While the 'odd hours' suggest his mother's dysregulated routines in her grief, Jonah's mother's distance from relations of mutual care is demonstrated in her reaction when the children see their mother in the kitchen, as 'she startles like she's a burglar caught

red-handed stealing our food' (Lord, 2016, p. 54). The image of their mother as a burglar and the food as belonging to the siblings again suggests Jonah's feelings that his mother is aware that her attempts to sustain a boundary between herself as the 'responsible adult' and the siblings who share care for each other is a pretence. Jonah is not angry at his mother's absence from family life due to grief but because of her apparent wilful removal of herself from the family care network that attempts to sustain the illusion of her authority by denying her dependence on the siblings, such that she has to sneak and 'steal their food' rather than sharing in family meals.

Fathers, Self-reliance, and Unmet Needs

As Will, Marty, and Jonah struggle with how to respond to their mothers' distress and their own unmet needs, they each consider the role and absence of their fathers. The three protagonists' follow conventional patterns of gender identification as they aim to continue their father's work in the public realm, and to emulate his role within the family. Will's father is a famous explorer who disappears when Will is a baby. As a child, Will frequently imagines going on great adventures himself, including the fantasy that he is going to rescue his father and bring him home (Pullman 1997). Similarly, Marty's dad ran a market stall, and it is Marty's ambition to have his own stall to make money to look after his mum (Ainsworth 2018). Marty frequently skips school to go to his aunt Jackie's market stall as that is where he feels closest to his dad. Jonah also works in the same job as his father as a chef in the restaurant that his father started, and takes responsibility for cooking for the family, remembering his dad whenever he's in the kitchen. For these protagonists, the fathers' absence and the protagonists' desire to be like their fathers by doing the same work, informs the boys' views of their own roles in the family in terms of dependency, direct care-giving, and their attitudes to possible sources of support. Each of the protagonists' specific situations and wider contexts are important to their consideration of whether to seek help. For Will, there is no potential support from friends or relatives as Mrs Parry does not have any, reinforcing his belief in self-reliance as I discuss further below. Marty and Jonah, however, both have potential sources of informal support as Marty's mum has a boyfriend and Marty's Aunt Jackie tries to help him, and Jonah's father's best-friend attempts to help the family. However, competing values and conceptualisations of independence and responsibility complicate the possibilities for Marty and Jonah to receive informal support with their families' care.

In thinking about how best to respond to their mothers' distress, Will and Marty both believe that their fathers would be able to help their mothers in some way, altering patterns and responsibilities of care in the family and improving well-being. Will's fantasy of going on an adventure and finding his father includes the restoration of the nuclear family and reveals the strain of being a young carer, as Will longs for his father to 'look after her and me and I could just go to school and have friends and I'd have a mother and a father too' (Pullman, 1997 p. 274). Will imagines that his father as 'head of household' would restore the division in roles between parents and children, freeing Will from his 'adult like' responsibilities. In this fantasy, Will imagines his father to be all-powerful, as 'he'd know exactly what to do about everything, about my mother, especially, and she'd get better' (Pullman, 1997 p. 274). Will expresses what is almost a hope that his mother's distress is a result of grief or the strain of being a single mother, such that if only Will's father came back 'she'd get better,' although Will knows that this is also fantasy. In taking on the responsibilities of a carer and protecter, Will faces the problem with paternalism in an isolated dyad, which is that no one is taking care of him. In attempting to construct his own self-reliance, Will cannot acknowledge his desire for attentive, responsive care, as what Will 'longed for … so much that he hardly knew he did' (Pullman, 1997 p. 322) was for someone to tell him, 'Well done, well done, my child; no one on earth could have done better; I'm proud of you. Come and rest now' (p. 322). The addition of 'come and rest now' suggests that Will needs both the acknowledgement of his competencies as a carer, but also someone who will respond to *his* needs by caring for him. What Will needs most are people outside of the dyad with his mad mother who acknowledge and value his care practices and who respond to Will's needs without devaluing his competency or placing him in a marginalised position as 'child'.

In the existing scholarship on His Dark Materials Will is typically characterised as 'a fiercely self-reliant protector of his mother' (Rutledge, 2008, p. 123), or it is observed that Will's 'experience of protecting [Mrs Parry]…has… made him unusually self-reliant' (Rustin and Rustin, 2003a, p. 228). In these examples, the dual concepts of self-reliance and protection are particularly revealing of the differential construction of the needs and agency of protectors and those they protect. The concept of self-reliance constructs an autonomous figure who does not need anyone else, who has all their needs met sufficiently by themselves, and who is therefore not dependent on anyone. Such a figure is familiar as the idealised independent adult, such that Will is an adolescent protagonists who becomes 'adult like'

through his fierce self-reliance and personal agency. However, Will, like all young carers, is neither an adult nor independent, as his mother is dependent upon his care. As a self-reliant *protector*, then, Will is responsible for dependents, but he is not dependent on anyone else. In being his mad mother's carer since the age of seven, 'Will is a lost child who knows neither that he is lost nor that he is a child' (Bray, 2015, p. 170). Will is unable to perceive himself as 'a lost child' due to his efforts to shift away from mutually attentive care and to construct himself as self-reliant but, in doing so, Will must deny his own unmet needs. Will is stuck in a dilemma within the isolated dyad, as he cannot admit that self-reliance has not resulted in his flourishing, yet he does not know what else to do in response to his mother's distress. As a self-reliant protector Will can decide what is 'best' for his mother; however this authority comes at the expense of sources of support or interdependent relationships that might address Will's own unmet needs.

For Will and Marty, attempts to follow in their fathers' footsteps prevent the boys from seeking support from outside the isolated dyad: if the father can take care of 'everything', then the family is self-sufficient, responsible for and capable of meeting all its own needs without outside help. Notably, although these protagonists believe that their fathers' presence would lessen their mothers' distress, neither can imagine specifically what their father would actually *do*. While in part this is due to young characters' partial perspectives on the lives of adult characters (Joosen 2018), this is also consistent with a traditional image of the patriarchal father figure as distanced and disassociated from direct care-giving practices, reinforcing the boys' belief that emulating their fathers means ensuring the family can take of all its own needs. As Will's father left when Will was a baby, his physical distance and the money he left to financially 'take care of' the family enforces the idea of the all-powerful father in a position of authority that does not necessarily enact direct care-giving. However, Marty has lots of memories of his father, who died when Marty was 12 years old, such that he does not only imagine what a father might do but can recall what his dad actually said and did, albeit from the partial perspective of childhood. As Marty struggles with how to respond to his mother's strange and disturbing behaviours, he reflects that his Dad '*always knew what to do when she was feeling low. He had the answers, or seemed to'* (Ainsworth, 2018, p. 57, orig. italics). The addition of '*or seemed to*' admits the possibility that, on reflecting on his childhood, Marty has come to realise that his dad might not have 'had the answers' after all. In thinking about how to practice good care, Marty cannot rely on his mother's attention to her own needs, nor on her responses to inform his own care

practices, and Marty begins to suspect that this was also the case when his father was alive. Marty recognises that they need help and, as his mother has a boyfriend, named J, there is another adult in the household, even if only intermittently, with whom Marty can discuss responses to his mum's distress.

Ainsworth contrasts Marty's relational perspective with J's parochial concern. Tronto's stages of care can be used to examine these characters' perspectives to illustrate how different concepts of 'taking care of' produce differences in attention to and responsibility for others' needs. Good care entails a particular set of moral practices in carrying out each stage of care. The first stage, 'caring about', requires identifying that a caring need exists. A crying baby may need food, changing, sleep, or be feeling overwhelmed. Care practices may involve some trial and error to establish caring needs such that developing skills at 'caring about' 'makes us *attentive'* (Tronto, 2015, p. 7, orig. emphasis). Paying attention to others, taking account of what we know about them, previous experiences, and current contexts improves our skills at identifying needs. Conversely, a lack of attentiveness can result in mis-identifying needs or denying that needs exist. After the first visit by social services when Marty's mum has returned to her room, Marty attempts to discuss with J how to respond to his mum's distress. J and Marty both 'care about' in that they notice that Marty's mum is distressed and thus likely has an unmet need. However, J misinterprets Marty's mum's distress as he suggests buying her a bunch of flowers as '[t]hat'll make her feel better. Show her we care' (Ainsworth, 2018, p. 26). In taking this stereotypical action of male partners giving flowers to female partners, J does not consider Marty's mum as a particular person, or pay attention to her experiences of distress. In assuming that flowers are all Marty's mum needs to feel better, J is depicted as an adult male character who does not engage in attentive, thoughtful, or direct care work that would require decentring himself. It is clear to Marty that this is not a meaningful act of care as Marty 'stared at him, wondering if he was for real. My belly growled' (Ainsworth, 2018, p. 26). J's inattention and misinterpretation of family needs is highlighted by Marty's hunger and the empty fridge. J has not noticed there is no food in the flat, such that his suggestion to buy flowers is not an act of good care but reveals the lack of it.

Tronto (1993, 2015) argues that people with greater social power and privilege, particularly men, are generally more strongly associated with 'taking care of', and less likely to be involved in the stages that involve direct care practices. That is, from a position of relative power or privilege, direct care-giving is delegated to others, including thoughtfulness

and responsiveness in working out how needs might be met as well as the practical tasks of care. Marty attempts to dissuade J from the flowers, suggesting that they cook his mum a nice meal instead. Marty has noticed that his mum is hardly eating, and his suggestion involves both Marty and J in preparing something she will enjoy. However, the distance between those 'taking care of' and direct care-givers constructs the person with relatively more power as independent and autonomous, such that their agency is not impinged upon by the needs of another person. J rejects Marty's idea of shared practical care, saying he will buy food instead, but Marty knows that J will buy chips that his mum does not want and argues against this suggestion (Ainsworth, 2018, p. 27). J finally gives Marty money to buy food. The idea that giving money or gifts addresses unmet needs and constitutes 'taking care of' by those with relative power and privilege is problematic because 'what this form of giving usually does is to enable someone else to do the necessary care work' (Tronto, 1993, p. 107). The concepts of personal responsibility as the pursuit of self-interest, and of care as providing money to 'take care of' dependents sustain the distance between those with relative power and privilege and direct care-giving practices. During the exchange between Marty and J, it becomes clear that J's denial of Marty's mum's needs is produced by his own parochial concern and inattentiveness, leaving Marty without practical support in caring for his mum. Although Marty and J negotiate how to respond to Marty's mum, this is not a negotiation of different perspectives on her distress and potential care practices. Instead, the negotiation is between J's parochial concern and 'taking care of' in terms of gifts and money, and Marty's relational care ethic that seeks to address needs.

Nonetheless Marty's care practice remains complicated by his mother's increasingly disturbing behaviours and as Marty becomes increasingly distressed himself. After J has been away for several weeks, Marty returns home from school while his mother is engrossed in taking down notes on the secret messages in the film she is watching, explaining to Marty that the film is warning them of 'danger. …We have to seek out the devil' (Ainsworth, 2018, p. 161 - 62). Marty does not know how to respond to his mum's urgent explanations, so he turns off the television and encourages his mum to her bed. However, Marty is portrayed as realising that his attempts at care do not resolve his mother's perspective on the secret messages, such that, as he reluctantly leaves for school the school next morning, Marty asks his mother, '"Will you be OK?" … and my words felt hollow. … Deep down, I knew how this would end up. And once again I felt powerless to stop it' (Ainsworth, 2018, p. 131). Despite his attention to and reflection on his mum's needs, Marty does not know what to do

next to improve his care. Marty does not tell anyone that he is alarmed by his mother's behaviours even though he asks himself, '[d]id she need help? Did *I* need help?' (Ainsworth, 2018, p. 163; emphasis orig.). However, Marty continues trying to cope alone after recalling his father saying that Marty's mum '*just needs time. And us. No one else*' (Ainsworth, 2018, p. 163, orig. italics). Such recollections of his father's guidance are not a source of comfort or strength, but compound Marty's feelings of inadequacy and guilt, leaving him struggling and isolated. Although Marty has both the memories of his father to draw on and his mum's boyfriend, both adult men characters leave Marty without ideas, emotional or practical support in understanding what it means to practice good care, or how to respond to someone experiencing distress.

Jonah's situation differs from Will and Marty's dyadic mother-son arrangements because of the siblings' care network, as well as the friends and informal network that offer Jonah's family help and support. Jonah explains that his dad started and ran the restaurant with his best friend, Felix, and that they were close for over twenty years, sharing jokes, a love of food, and Felix still calls Jonah by the pet name that Jonah's dad gave him (Lord, 2016, p. 42- 44). After Jonah's dad dies, Felix goes to Jonah's family home every day for a month with food and to help Jonah's mum, then stops coming around (Lord, 2016, p. 129). However, Felix is differentiated from J's parochial concern in *Tender*, as it is not Felix's lack of attentiveness or willingness to help that leads to withholding care and support for Jonah and his siblings. Felix tells Jonah that he no longer visits because Jonah's mother has asked him not to as she told Felix that '[s]he needs time to figure out how to be alone… But if I'm coming by the house… I'm taking that from her' (Lord, 2016, p. 129). The interpretation of help offered by a close friend of twenty years as 'taking away' from Jonah's mother's autonomy suggests a conceptualisation of vulnerability and need as disadvantageous. In a cultural context in which dependency, vulnerability and needs can lead to stigma or marginalisation, 'those who may benefit from becoming recipients of care refuse help that is available and offered' (Barnes, 2012, p. 170). In rejecting Felix's help, Jonah's mum implicitly characterises his actions as coercive rather than caring, and refuses what she sees as an unequal relationship. However, Felix does not seem to be interested in 'taking over' but is depicted as valuing the ongoing relationship with his best friend's family, and he still has a close relationship with Jonah at the restaurant. As such, Jonah's mother's refusal of help is problematic, as it seems to be aimed at creating an image of autonomy to meet cultural ideals, rather than an ethical care consideration of the family situation or responding to Felix as a

particular person who could provide practical and emotional support for the six siblings without 'taking' anything away from either Jonah's father or grieving mother.

In voicing her desire to manage alone in the wake of her husband's death, Jonah's mother is distinguished from the myriad of weak, pathetic single mother characters who slip into irrationality and incompetence in the absence of a husband's sane, rational authority. This trope is prevalent in depictions of mad mother characters in children's literature (see Potter & Parsons 2011) and YA, from *Homecoming* to His Dark Materials, and The Hunger Games to *Everything, Everything* (Yoon, 2015). Individual voice, agency and personal choice are essential elements in contemporary US popular concepts of autonomy 'which is taken to be the defining characteristic of free moral agents' (Mackenzie & Stoljar, 2000, p. 5). Freedom and equality, in other words, are conceptualised in the contemporary US mainstream as emerging through autonomy, independence and personal choice as expressions of the rights and freedoms of all moral agents who are thus equal to all other moral agents. In such a context, Jonah's mother retains social power by insisting on her autonomy, free from male and, implicitly, patriarchal interventions. The importance of autonomous agency is emphasized as the morality of other characters, including Felix, Jonah, Silas and Vivi, is demonstrated by their respect for Jonah's mother's wishes, even though her decision sustains the situation in which the siblings are left struggling. In a context in which 'personal choice' is paramount, Jonah repeatedly battles the conflict between knowing that he, Silas and Naomi cannot cope with the family's care needs and his desire to respect his mother's wishes to refuse help from a family friend (Lord, 2016, p. 101, 125, 240). Jonah's narrative grapples with the conflicts created by the claim of independence within contexts that are unavoidably relational, such as within this protagonist's family. Jonah does not want to undermine his mother's agency, yet at the same time realises that her decision is based on an ideal of independence and autonomy that does not exist in the context of their seven-person family. As Jonah's mother is completely dependent on the siblings for her care, and to provide care for each other and the household, her refusal of Felix's help suggests that Jonah's mother prioritises her desire to *appear* to be independent over attentiveness, responsiveness or recognition of her children's needs or the value of their care. As it takes the family's collusion in silence to sustain the illusion of Jonah's mother's autonomy, respecting her wishes nonetheless draws attention to her dependence on their care.

The conceptualisation of personal choice as an expression of freedom and equality in the contemporary US context 'trumps any perceived inequality and justifies maintenance of

the status quo. We ignore the fact that choice occurs within the constraints of social conditions' (Fineman, 2004, p. 41). In other words, the valorisation of 'personal choice' that must be respected to uphold the principles of equality and freedom diverts attention away from other responsibilities and contexts, such as the responsibility to notice and take action to ameliorate the strain on six children. The particular injustices created by Jonah's mother's attempt to claim autonomy are highlighted as the siblings do not require help with meeting their own and each other's needs, but rather that their 'mom needed more help than we could give her' (Lord, 2016, p. 129). However, the challenge of good care is not to ignore the voices, agency and choices of people receiving care, but to recognise that care is always relational, and always takes place in specific situations. Care involves negotiations of competing needs and goals, such that 'applying the moral principles of care involves engaging with epistemological issues as well as relational and emotional ones' (Barnes, 2012, p. 76). As Jonah feels as if he is betraying his mother whenever he contemplates telling someone that they do not know how to respond to their mother's distress (e.g. Lord, 2016, p. 129), Jonah is silenced by his belief that the 'right thing to do' is to respect his mother's decision that takes no account of ongoing relationships and contexts by denying that she is dependent on her children and ignoring their needs. Jonah's struggle with conflicting ideas about needs, agency, and care contrasts his relational ethics with the individualistic perspective of his mother, who is neither attentive, responsible, or responsive in the family's care practices, yet for whom they all sustain the pretence of her agency and authority.

Recognising poor care or unmet needs can draw attention to care networks that may go unnoticed but that can inform 'how multiple relationships need to be accommodated within the decisions that are made about the way in which help may best be provided' (Barnes, 2012, p. 84). The goal of good care is to engage in considerations of multiple needs, contexts and constraints to find practices and courses of action that will enhance the flourishing of all. A relational approach recognises that informal networks of care are potential sources of shared value and meaning, in contrast to Jonah's mother's perspective that conceptualises care networks and interdependencies as a threat to autonomy and independence. This contrast is explored towards the end of the novel when Jonah and Felix decide to revamp the restaurant which is failing financially. They do this through redesigning and redecorating the space as well as the menu, after Vivi helps Jonah to recognise this as developing his father's legacy, not tearing it down (Lord, 2016, p. 111 -112). Felix and Jonah are short of time and money in taking on this additional work, but Jonah is uplifted by how

many people in the town come to help them. Instead of viewing help with the restaurant as an affront to his independence, personal competence or responsibility for his father's legacy, Jonah is deeply moved by the revelation of the wider care network of which he is part, and through which he remains connected to his father through acts of kindness and shared memories. Jonah explains that his dad is 'the reason everyone gave for helping us… [and] [w]hen I thank people, they … [tell] me about my dad… How they miss seeing him around' (Lord, 2016, p. 289). Through hearing stories about his dad, Jonah is brought closer to his father as he learns about his dad's acts of kindness for families in the neighbourhood that Jonah never knew about. Once the work is done, Jonah stands outside the restaurant and reflects that, although he is alone 'it's not just me here. And that's the point' (Lord, 2016, p. 292). The help that Jonah and Felix receive with the restaurant is depicted as reciprocal care and demonstrates the quality of relationships and caring encounters with others that give life meaning.

Social Services and Medical Institutions as Potential Sources of Care

In these three novels, care constrained to the private family in the context of mother's distress is typically incomplete and results in unmet needs of both mother and child characters. In this section, I turn to formal sources of care outside of family relationships, friends, or informal networks. Decisions about care practices, differing needs and limited resources are negotiated within personal contexts, but 'also reflect the way in which care, dependency, autonomy and relationality are constructed within dominant discourses' (Barnes, 2012, p. 39). For young carers, this includes dominant discourses of liminal adolescence and self-reliant adulthood as life stages that can be differentiated by access to social power and degrees of independence. In a contemporary Euro-American context, access to social power, and therefore the ability to evade paternalistic state interventions, involves proving autonomy and competency at meeting one's own needs and the needs of one's dependents, including through the purchase of services and/or paid care workers. However, Will, Marty and Jonah are adolescents with limited resources and social power, such that they cannot hire paid workers to help them with domestic chores or caring for their mad mothers. This section examines characters' attitudes towards state and medical interventions, and how each novel resolves the tensions it depicts between the protagonists' realisation that they do not know what to do in response to their mad mothers or their own unmet needs, and their desire for recognition of their responsibilities, competences, and values.

Will and Marty resist interventions by social and state services that they associate with paternalistic control and coercion, rather than support or care. In the context of Will and Mrs Parry's isolated dyad, the value that Will places on his role as self-reliant protector is produced through his goal to be like his father and 'take up his [father's] mantle' (Pullman, 1997, p. 11). The significance of being like his self-reliant father leads Will to resist potential sources of external support as he accepts that it is 'worth living a difficult life, if you had a great aim like that. So he kept his mother's trouble a secret' (Pullman, 1997, p. 11). The importance of proving his self-reliance motivates Will's efforts to ensure that his friends, neighbours, school, and social services do not realise that his mother experiences times of confusion and distress, or that Will is struggling with her care and the household alone. As he strives towards self-reliance, yet wishes to care for his mad mother, Will resists state intervention because he does not want to lose his autonomy, and because he fears that they will be separated and subjected to different institutional arrangements. Although Will has authority over Mrs Parry, he recognises that state and social institutions have even greater power over his mother as what Will 'feared more than anything was that the authorities would find out about her, and take her away' (Pullman, 1997, p. 11). The fear of being subject to powers that can simply 'take her away' suggests a coercive system of authority in which neither Will nor his mad mother would have any power or voice in appropriate interventions or care. However, Will fears not only being separated from his mother but his own loss of autonomy, as he believes state services would 'put him in a home among strangers' (Pullman, 1997, p. 11). Will's perception that state services have the authority to 'take' and 'put' mad people and children in institutions with no discussion or consideration of situations, contexts or their wishes indicates that Will's greatest fear is losing his agency within an oppositional system of power/ submission, autonomy/ dependency, childhood/ adulthood, and sanity/ madness.

Will's sacrifices and 'adult like' responsibilities are rewarded at the end of Pullman's trilogy in *The Amber Spyglass* (2001) when Will returns from his adventures to the recognisable world of late 20th-century Britain. The return to his own world, however, also returns Will to the same dilemmas that he had escaped, in that there is still no one else to look after his mad mother and, as Will is only 12 years-old, he cannot expect to evade the notice of state institutions for much longer. These problems are resolved in line with 20th century YA fantasy conventions that 'reward their protagonists and end, more or less, with the promise of satisfactory futures' (Levy & Mendlesohn, 2016, p. 211). At the conclusion of Pullman's

trilogy in *The Amber Spyglass* (2000), Will is rewarded with the mother he deserves in the context of the narrative, as Will goes to live with the adult character Mary Malone. Pullman goes to some lengths to emphasise that Mary will not 'mother' Will, but recognises that Will is independent and self-reliant and thus that he neither needs a mother, nor should he be expected to care for one. Will only agrees to live with Mary after she entreats him with reassurances that she will not mother him, and they agree instead to be friends (Pullman, 2000, p. 540 - 541). The narrative emphasis on Will and Mary's more equal relationship elevates Will to a position of relative social power from which he is able to disassociate himself from direct care-giving. Will agrees to Mary's assistance in finding his mother a place in the same institutions that he had previously avoided, and Mrs Parry does not appear in *The Amber Spyglass*, nor is there any mention that Will ever sees or interacts with his mother again. As Mrs Parry has no job, interests, friends, or relatives, and now that her only child has grown into self-reliance and 'adult like' independence, there is seemingly no purpose to her existence at all. This mad mother character can be syphoned off from mainstream society as a silent, passive object passed to the responsibility of psychiatric professionals.

Although *Tender* is a realist novel published several years after Pullman's trilogy, Marty's mother also ends up institutionalised and Marty is rewarded with the mother he deserves in the context of the narrative. However, unlike Will, Marty does not resist state interventions because he wishes to preserve his self-reliance. Instead, in Marty's working-class household, resistance to social services (referred to as 'the social' in the novel) and to interventions by Marty's school over his low attendance rate are contextualised within a state-family dynamic in which the working class are relatively powerless and therefore vulnerable to and suspicious of interventions by state systems and institutions. In a contemporary context that idealises independence and autonomy, mainstream conservative values shape a popular understanding of responsibility as 'being accountable for oneself and one's dependent only' (Fineman, 2004, p. 9). Families are constructed as responsible for meeting the needs of their members without recourse to outside help, particularly state support, such that unmet needs within the family are interpreted as a failure to achieve the expected self-sufficiency of the private family unit (Fineman, 2004, p. 39). In this context, Marty, his mum, and J together share the view that state interventions are a 'penalty' for failing to 'look after your own' that places families in a disadvantageous position of dependency on the state. During the first visit by social services, Marty's mum complains that the social workers have interrupted her rest,

and she tells them '[w]e don't need any help' (Ainsworth, 2018, p. 10). Rather than support or assistance, Marty's mum frames the visit from the social workers as both unnecessary and detrimental to her well-being. Marty echoes this perspective when he tells the social worker, 'I know what my mum needs … Me. That's all' (Ainsworth, 2018, p. 12). Proving that he can meet his mum's needs without help underpins Marty's rejection of the social workers. By insisting that the family can meet its own needs, responsibility and competence become key sites of contention and the rationale for resistance to state services.

However, in the context of a novel that encourages young people to attend support groups, the depiction of Marty's mum's increasingly dysregulated and frantic behaviours signals to the reader that outside intervention will eventually become inevitable. Marty struggles with his mother's distress in the context of the family's resistance to social services, ideals of family self-sufficiency, and Marty's goal to be like his father. The capacity of young carers, or any family member, to practice good care 'within families is affected by the extent to which care is valued and supported socially and practically' (Barnes, 2012, p. 39). In a context in which care is constructed as the private responsibility of the family and seeking support is considered a sign of failure, it is difficult for young carers to seek care from outside sources or institutions. As Marty becomes increasingly upset by mother's behaviours, it becomes clear that they both need additional help. While J is absent for several weeks, Marty's mother becomes increasingly engrossed in deciphering secret messages that lead her to believe that they need 'to get rid of J' (Ainsworth, 2018, p. 162). Marty correctly infers that his mother intends to do this through physical violence. At school, Marty admits to a teacher that he needs someone to 'help my mum, because I don't know how to' (Ainsworth, 2018, p. 222). Marty does not seek to shirk an unwanted or troublesome responsibility by dismissing his mother to an institution, but continues to attempt care by recognising that there could be others who may be able to better respond to her needs. In terms of care ethics Marty does not fail by asking for help. Good care is not attempting to off-load responsibilities, but in continuing to take responsibility through seeking help from professionals and institutions who might be able to respond to needs in a way that is more conducive to flourishing and 'living well' (e.g. Barnes, 2012, p. 78). However, as the only way that Marty can ask for help is by transgressing ideals of family self-sufficiency, this is not a moment of relief but further guilt as Marty feels as if he has let his dad down (Ainsworth, 2018, p. 222, 257). What is detrimental to Marty is not the lack of support for young carers, but the implication that

competent, responsible family members do not need such support, undermining the possibility that young carers' practices can be socially valued.

Before Marty's conversation with the teacher leads to any practical change, J returns to the flat and again the narrative contrasts Marty's relational morality and J's self-centred parochialism. Marty urgently explains to J that his mum's behaviour has become increasingly disturbing as she thinks that J is 'the devil and you're trying to kill us' (Ainsworth, 2018, p. 237). However, unlike Marty, J is portrayed as being neither attentive to other people's experiences, nor does he take responsibility for attempting to do anything about other's needs. J laughs at Marty's distress and his warning. As J denies Marty's mum's distress because he does not want social services to intervene in the family, Marty self-silences but thinks '*this isn't about you … THIS ISN'T ABOUT YOU!*' (Ainsworth, 2018, p. 239; orig. emphasis). Even when Marty attempts to break the silence around his mum's distress, he is ignored and remains without support. The devastating consequences of ignoring other's distress and refusing to seek help for needs that cannot be met within the family is shown in the climax of the narrative, as Marty's mother realises that J is at the flat and attacks J with a knife, stabbing him repeatedly (Ainsworth, 2018, p. 239-40). At this point, the need for outside help, and for Marty to put his own safety first, are unavoidable. Marty flees the flat, calls an ambulance, and goes to his aunt Jackie's house.

Like Mrs Parry, Marty's mother is institutionalised after she attacks J and does not appear in the novel again. Marty, like Will, is rewarded for his caring responsibilities with a 'good mother' substitute, as he goes to live with Aunt Jackie, his dad's sister, who has attempted to support Marty and his mum but whose help they have resisted. Despite the similar resolutions to mother's madness in both novels, each protagonist is rewarded in terms of their particular needs and values. Just as Mary Malone demonstrates that she shares Will's values of self-reliance and independence, Aunt Jackie demonstrates her care ethic to Marty. For Aunt Jackie, looking after Marty is not a duty she has inherited from her late brother, nor does she take Marty on as an unwanted dependent or burden, but as someone with whom she has shared interests and a meaningful relationship through Marty's father and the market stall. After Marty's mum stabs J, Aunt Jackie comforts Marty both physically, holding him while he cries, and emotionally, as she reassures him that he has no need to feel guilty and there is no shame in seeking help as his mother has needs that Marty cannot meet on his own (Ainsworth, 2018, p. 258). Jackie gives Marty the care he has been missing and provides assurances without patronising or devaluing his responsibilities or competence at caring. For

Marty, who has demonstrated the moral principles and practices of care ethics, even though those practices were often confounded in the context of his mother's madness and the absence of support, living with his aunt means that Marty does not move into 'adult like' independence. The tensions that Marty has negotiated throughout the novel, between his own relational values and the valorisation of independence, and between ethical care practices and mainstream concepts of personal responsibility are not resolved but remain suspended within Marty's liminal adolescence. As such, the novel evades any false promise of future change or social transformation towards relational values and concepts of shared responsibility, despite the narrative suggesting that these would better address the needs of families like Marty's than concepts of self-sufficiency that produce shame, guilt and disadvantage those who seek support.

The Subtle Knife and *Tender* depict mad mothers whose thoughts and actions do not make sense to other characters, and consider responses to distress without using medical terminology, naming specific 'illnesses' or medications. In contrast to the two British novels, *Collided* depicts a US context in which there are no state or social services. As such, the external formal support that Jonah and his siblings consider are privately purchased therapeutic or medical interventions. Although Jonah's mother is depicted as grieving, *Collided* evades a straightforward cause of or response to distress as characters remain uncertain about her experiences or needs, particularly as she isolates the family from friends. As such, the novel explores cultural ideas about experiences of bereavement and 'normal grief' that is constructed in the contemporary Western context as various stages or behaviours that a grieving person progresses through on their return journey to 'normalcy' and a productive role in society (Poole & Ward 2013). In contrast, 'Mad grief' resists pressures to conform with culturally constructed expectations and behaviours of bereavement, allowing for personal experiences without pathologization or medication, and recognising contexts and situations that shape experiences and stories, 'mak[ing] room and time for all that grief brings' (Poole & Ward, 2013, p. 103). I describe Jonah's mother as 'mad' in the spirit of a Mad studies approach to grief that centres personal stories and experiences, and allows for behaviours of the bereaved that may be disruptive, disturbing or inconvenient, without the presumption of pathologization, therapies and pharmaceuticals. As the main characters in *Collided* debate what are 'reasonable' responses to bereavement and the possible distinction between 'normal grief' and diagnosable illnesses that require medical treatment, *Collided* is one of the few novels in my corpus that depicts discussions of the boundary between sane and

insane. As such, the narrative raises questions of who has the power to define this boundary, to determine when someone has crossed from one category to the next, and who is responsible for responding to the needs of people in distress.

Jonah is uncertain about his mother's mental state and worries that, after six months of staying in her room, his mother's grief might have become depression. This concern rests on constructed boundaries between socially acceptable and unacceptable behaviour, evoking a recognition that socially acceptable grief 'has a time limit and a limit on the range and intensity of moods, behaviours, and emotions that may be displayed' (Poole & Ward, 2013, p. 95). However, Vivi challenges Jonah to apply concepts of 'normal' to his mother's situation of suddenly losing her husband and father of her six children, emphasising care based on responses to particular persons and contexts, rather than rules, criteria and categories. Ethics of care practices that are shaped by attentiveness to individuals, situations and contexts recognise that '[i]ndependence, normalcy, and the ability to engage in social cooperation are not absolute terms with fixed meaning' (Kittay, 2017a, p. 307) but are 'relative' and 'contingent' (p. 307). From a care ethics perspective, ideas about what are 'normal' or 'strange' feelings and behaviours can be understood as culturally constructed and contextualised, rather than as universal truths or defined by psychiatric diagnostic categories. In other words, concepts of 'normal' are produced within specific personal and socio-cultural contexts, such that perceptions of what are departures from 'normal' should be responsive to these individuals and contexts, rather than culturally constructed ideals. However, the text enters an ambivalent space that it does not wholly escape: at the same time as proposing that differences in life experiences cannot be adequately understood by predetermined social rules about 'normal grief' or processes of psychiatric diagnosis, the narrative also insists that persons with Mad experience have the power to construct the appropriate categories for containing and judging the 'correct' responses to distress.

Through its depiction of negotiations of care and moral decision-making that includes the mad voices of Jonah's mother and Vivi, the text enters the fraught contact zone between the experiences and agency of mad women, and a cultural pre-occupation with defining, controlling and even 'curing' such experiences. The power to diagnose and define what is 'normal' and what is a 'mental illness' in *Collided* is claimed by the characters who have experienced distress and/or psychiatric interventions, particularly Vivi who is depicted as experiencing bipolar disorder. Jonah's mother's choices are taken into account in these discussions, as Jonah explains to Vivi that the siblings have asked their mother to try therapy

or medications, but that she does not want those interventions (Lord, 2016, p. 86-87). The assurances and explanations from Vivi and Felix attempt to 'make sense' of Jonah's mother's refusal of therapy and medication, confirming to Jonah that respecting his mother's wishes is the 'right thing to do.' Vivi gives the most extensive explanations and assurances, drawing on her own experiences of disordered thoughts and behaviours, diagnosis, and treatments for bipolar disorder. Despite telling Jonah that they cannot know what Jonah's mother is feeling (Lord, 2016, p. 87), Vivi defines Jonah's mother's experiences as grief by drawing on her own feelings as authoritative, explaining that '[e]veryone thinks you can't laugh when you're depressed, but I couldn't cry either' (Lord, 2016, p. 88). As such, Vivi identifies herself as a person for whom depression is 'real', distinguishing herself from Jonah's mother whom Vivi decides is not depressed because she still cries (Lord, 2016, p. 88). Jonah hears similar assurances from Felix, and Jonah recalls that Felix's 'son has dealt with depression, so he would know' (Lord, 2016, p. 88). Jonah's mother, Vivi and Felix claim experiential knowledge that gives them the authority to create space for grief and banish the spectre of pathologisation. Yet, despite these characters' perspectives that push against narrow parameters of 'normal grief', for example by recognising that grief may not be limited to six months, they nonetheless sustain divisions between 'reasonable' experiences and 'mental illness'. In other words, the support for Jonah's mother's resistance of pathologization is problematic because it is not a recognition or empowerment of Mad experience, but emerges through reassurances to Jonah that his mother is not mad but grieving. Although Felix and Vivi support Jonah's mother's resistance to therapy and medical interventions, they do so from a position of authority on the definitions of experiences that fit into categories of 'grief' and 'depression', not from perspectives that recognise the possibility that 'mad grief' may not fit into pre-determined culturally constructed categories at all.

Vivi's views and experiences are most sharply contrasted with those of the oldest sibling, Naomi, as Naomi is depicted as 'pushing for therapy [for their mother]' (Lord, 2016, p. 130) and 'keeps saying it's clinical depression, and she [their mother] needs to be on medicine' (Lord, 2016, p. 86 -87). Naomi's perspective is that her mother has crossed the boundary into 'mental illness', not only due to her mother's experience of distress but also in her refusal of therapeutic and medical interventions. The construction of socially acceptable grief is that it is not disruptive or inconvenient, 'does not argue or say no to help. It does not resist pathology or naming' (Poole & Ward, 2013, p. 95). Relative to 'normal grief' Jonah's mother's refusal of therapeutic and medical interventions are themselves signs of pathology.

However, Naomi's perspective is given less weight in the text as she is away at college so is at a greater physical distance from the family, as well as being at a greater age distance from the protagonists, Jonah and Vivi, and the novel's implied adolescent readers. As such, the implied teenage reader is positioned to align more closely with Vivi's perspective over Naomi's. In debates over Jonah's mother's distress, the implied readers' distance from Naomi and alignment with Vivi produces a resistance to pathologization and consideration of the space and freedom for personal experiences of bereavement without submission to unwanted therapeutic or medical interventions.

However, the debate over whether Jonah's mother is grieving or depressed does not solve the challenge of care. Recognising Jonah's mother's grief does not meet the needs of small children in the household, nor alleviate the stress and strain on Jonah who will not be able to look after his younger siblings alone once Naomi and Silas leave for college at the end of the summer (Lord, 2016, p. 86). Even when individuals are attentive, responsible and competent care-givers, 'discerning a need is actually a complicated task' (Tronto, 2015, p. 5). Despite openly discussing their mother and family situation, Jonah, Naomi, and Silas do not reach any conclusions about how they can best meet the needs of the family, as Jonah describes them 'in our separate corners … Naomi pushing for therapy and Silas arguing that we need to leave her [their mother] the hell alone and me caught somewhere in between' (Lord, 2016, p. 130). It is not Jonah's inattention to his mother or an attempt to make decisions for her that prevent good care from taking place. Rather, Jonah does not know how to meet all the needs in the family when the current situation cannot continue as he is increasingly distressed by the weight of care that leaves him feeling broken (Lord, 2016, p. 240). In the context of needs that the family cannot meet on its own, Naomi's suggestion of therapy and medication is not solely aimed at alleviating her mother's distress, but changes who is responsible for their mother's care. Viewing their mother's tears and isolation as 'symptoms' that require therapeutic and/or medical intervention shifts responsibility for their mother's care from the siblings to doctors and psychiatrists. In the absence of social or state systems, and in a context which valorises personal responsibility, there is a risk that pathologization is pursued by those desperate for support in carrying out care work or managing their own distress. Pathologization may be carried out by individuals or psychiatric authorities, sustaining the construction of unwanted thoughts, emotions, and behaviours as 'symptoms' and 'illnesses' within the individual who needs 'fixing,' while failing to address

the systemic inequalities and underpinning ideologies that result in unmet needs and further contribute to distress.

Central to the contrast between the experiences and stories of bereaved characters is the ability to appear 'normal,' and to resume everyday 'productive' life and activities following the death of a loved-one. The debates between characters simultaneously reveal and occlude experiences of the bereaved, centring competing perspectives on Jonah's mother's grief, yet eliding the interpretation of Jonah's narrative as his own 'grief story,' through which he expresses his own experiences of losing his father and attempts to sustain what makes his life meaningful in the aftermath. Similarly, the responses of Silas and Naomi to their own personal goals, their responsibilities for their siblings, and interpretations of their mother's behaviour are further representations of their own experiences of grief. While the context of individualism creates pressure on the siblings to remain silent about their unmet needs out of respect for their mother's 'personal choice' to refuse Felix's support, this same context puts Jonah's mother's grief in sharp focus while clouding the siblings' experiences. Through this process, the text implicitly upholds the construction of socially acceptable 'normal grief', that is typically constructed as 'quiet, tame, dry, and controlled … It is not angry or selfish. It never goes public' (Poole & Ward, 2013, p. 95). As Jonah, Silas and Naomi return to school and college, continue with their interests and hobbies, and enact care for the family, their 'normal grief' is rendered invisible, requiring no specific attention or response from other characters. While Jonah realises that everyone in the town, and Vivi, feel sorry for the family and recognise their situation as sad and difficult, 'normal grief' makes no demands and requires no accommodations from the progression of everyday life, reinforcing mainstream values of personal responsibility and independence.

The novel concludes with Jonah, like Will and Marty, being given the mother he deserves in the context of the narrative. Jonah's mother 'recovers' from bereavement and returns to her mother role, not as the sole authority in the household, but by resuming her participation in the family care network. In contrast to Jonah's first chapter, that begins with the alarm waking him early and an immediate rush of chores and worries for his siblings, the final chapter begins with his youngest sister waking Jonah so he can join the family for breakfast. Jonah discovers that their mum has braided his sister's hair and is making coffee in the kitchen, while the other siblings help cook waffles with strawberries and cream, eat or play (Lord, 2016, p. 329). Jonah's mother's return to the family care network is not the 'end' of grief or loss. Jonah still sees and feels his father's presence, yet his grief is more bearable

as he watches his mother and siblings 'busy with individual tasks…But, somehow, doing it all together … [and] it feels like he's [Jonah's father's] in the kitchen' (Lord, 2016, p. 329). For Jonah, meaningful relationships remain central to his well-being through both presences and absences, and shared practices of care, particularly the social aspect of preparing and sharing food to meet common needs for pleasure, company and sustenance. Jonah's mother's recovery enables a bitter-sweet ending to both the family storyline and the romance narrative as Vivi leaves town after her summer stay. Now that Jonah's mother has seemingly resumed her role in the family care network, Silas and Naomi are both free to leave for college and pursue their goals and interests without guilt, and without having to make sacrifices for the family. Similarly, Jonah will be able to pursue his interests as he will not be left alone to care for his younger siblings while Silas and Naomi are away. In other words, Jonah's mother's recovery solves the problem of how to meet unmet needs in the private family without actually addressing the wider social contexts, values, and systems that disadvantage and marginalise those in need of informal help or formal state or social support.

In the conclusions that reward the boy protagonists with the mothers they deserve and free them from the responsibilities of young carers, these novels conform with broader patterns in children's and YA literature in which family disruption is used to drive 'plots, but it is not used to question the received ideals of family' (Alston, 2011, p. 2). Family ideals in 21st century children's and YA literature are no longer confined to images of traditional patriarchal nuclear families. Nonetheless, mothers remain constructed as ultimately responsible for the emotional and care practices of the family, regardless of their own strange, disturbing or bereaved experiences, and adolescence remains constructed as a time of growing freedoms and independence, ideally with the security of knowing that there is a loving, trusted maternal figure to return home to. Like the experience of adolescence itself, the protagonists' roles as young carers were only temporary and, even while their self-reliance, competence and responsibilities were respected, their hardships were finally alleviated by a suitable mother. In the end, care remains constructed as the responsibility of the private family, while potential routes to caring through networks of friends, family, community, or appropriate social systems or institutions remain underexplored, quieting questions of social transformation towards distributed responsibilities.

In response to unmet needs in the family, the three boy protagonists discussed in this chapter negotiate their mother's strange and disturbing behaviours, their role within the family, and social expectations about their future adult independence as they attempt to

practice care. In these novels, the needs of mad mothers and young carers are marginalised in social contexts that emphasise independence, self-reliance and personal responsibility, devaluing care values and practices within unequal relations of paternalism, protection or parochialism. While Gubar's kinship model offers a route to valuing the responsibilities and competences of young carers, the model offers incomplete resistance to ideals of 'adult' independence and self-reliance due to its emphasis on dependency as being 'compromised', and its under-specification of interdependence. In this chapter, I have examined how uncertainty about the cause of mother's madness creates difficulties for young carers in practicing good care, which often remains incomplete when mothers are unable to respond to the care they receive. I have argued that the challenges of caring for distressed mothers are exacerbated when young carers feel guilt or shame when they cannot meet all the needs in the family without outside support due to individualistic ideals of personal responsibility and the family 'taking care of' its own. In each novel, the possibility of additional help for the young carers and their mad mothers is explored, with a general pattern of resistance to support due to ideals of independence and self-reliance that exacerbate the protagonists' own experience of growing distress and feelings of being unable to cope. As I argue throughout this thesis, the social conditions and cultural contexts in which care is attempted and needs are experienced also produce their own socially accepted concepts of madness, and thus what are deemed to be the appropriate responses to distress. In the following chapter, I discuss the possibilities of caring relationships between protagonists and mad mothers in conditions of inequality and oppression that produce severe maternal distress, and the possibilities for social transformation towards relational morality.

2. Incompetence, Vulnerability and Distress: Social Constructions of Mother's Madness

The mad mother characters I discuss in this chapter are regarded as weak, pathetic failures by their adolescent children. Antagonistic relationships between teenagers and parents are not new, and broad patterns in children's and YA literature have uncovered prevalent trends of either conflict (Trites 2000; 2018), or ineffective or absent parenting (e.g. Apseloff 1992; Crew 2000; Fraustino 2016). However, maternal distress that is viewed by the adolescent protagonist as the mother's personal failing invites further consideration of judgements of 'bad' mothering, and the contexts in which care takes place. In this chapter, I examine the responses of adolescent protagonists to mad mother characters whose despair is depicted as socially constructed, meaning that distress is produced by uncaring or abusive relationships, and/or oppressive political and social contexts. In contrast to biomedical explanations of distress, social constructionist theories 'focus on women's social environment as the cause of their despair' (Ussher, 2011, p. 37). As set out in the introduction to this thesis, women's rage, despair, and feelings of being overwhelmed have long been interpreted as the 'maddening' result of living under inequality and oppression. Research into contemporary mothers' experiences frequently make reports of mothers' 'feeling of "going crazy"' (Garey, 2011, p. 172). Similarly, media reports on the risk mothers pose to children if they fail to enact ideal mothering can lead mothers to 'resolve …to cling more tightly to what passes for sanity' (Rich, 1986, p. 277). The 'good' mother who tirelessly puts her children first and lacks support for her own needs can become fraught, resentful, angry, and distressed. Similarly, mother characters who are 'maddened' by a husband's absence, selfishness, drunkenness, brutishness and/or by their overwhelming circumstances, particularly single parenthood, recur within and beyond children's and YA literature. The deleterious effects of unequal gender roles and political, social, and economic oppressions have become a familiar literary trope in the many images of despondent women seeking escape from the dissatisfactions of life by disappearing for extended lie-downs or reaching for the pills, gin and cigarettes.

Although it is nothing new to suggest that women and girls are 'maddened' by unequal gender relations and social oppressions, in this chapter I examine how this concept of madness informs character's particular responses to maternal distress in four contemporary texts for adolescent audiences. In contrast to the three boy protagonists in the previous chapter, who each attempt care for their mad mothers, the depiction of maternal distress as a product of interpersonal and/or social circumstances alters how adolescent protagonists view

their distressed mothers and negotiate the distribution of caring responsibilities and competences. The adolescent protagonists I discuss in this chapter perceive their mothers as incompetent at maternal care, despite the depiction of distress as a product of circumstances. For Joan Tronto (2015) and Sara Ruddick (1980), competence is an important part of how carers feel about their practices and abilities. Many caregivers, from paid healthcare workers to parents at home, find that their competence at care 'becomes a measure of their excellence' (Tronto, 2015, p. 8). Ruddick focuses on mothering experiences to propose a concept of 'maternal competence' that includes parent's satisfaction and pride in carrying out mothering well that produces a 'sense that they are able to protect and foster the growth of their children' (1980, p. 344). Ruddick (1980) draws on her own experiences and memories of mothering that expressed 'loving, competent well-being' (p. 345) to offer an alternative to the many negative images of mothers through 'the construction of an image of maternal power which is benign, accurate, sturdy, and sane' (p. 345). However, when perceptions of mothers are not of competent, loving mothering but of withdrawal, fear and vulnerability, the construction of an image that rests on a mother's personal attitudes and actions becomes problematic. Mothering competence can be shaped by lack of resources and inflexible working arrangements as much as by attentiveness, love and thoughtful reflection about how best to provide care for children. Putting Ruddick's definition the other way around invites attention to these contexts, as 'maternal *in*competence' and distress could be produced through a mother's sense of being *un*able to protect and foster the growth of her children. In this reversed formulation it is more apparent that there are many situations and contexts, from refugee camps to school shootings, where a mother's inability to protect and foster the growth of children is not due to mothers' personal failings but the political and social constraints of particular contexts. Where circumstances and resources inhibit a mother from practicing care, a focus on maternal competence in terms of individual traits and abilities risks decontextualizing mothering practices and putting the blame on mothers who fail or fall short of their culturally constructed role.

In the first half of this chapter, I discuss two novels in which psychiatric and psychotherapeutic treatments are available to explore how diagnoses and therapies are depicted in narratives in which mother's madness is a product of interpersonal and social contexts. In British novel *The Brontë Girls* (Kilworth 1995) and US novel *All That I Can Fix* (Chan 2018), the mother character is viewed as the 'problem' with the result that there is seemingly no need for anyone in the family to pay attention to her distress, nor attempt to do

anything about it. Instead, the first, best solution to mothers' distress is depicted as psychoanalytical and/or psychiatric interventions. Contemporary sociological and feminist social constructionist approaches reveal particular social power relations that produce both distress and particular diagnoses, with women's high rates of psychiatric diagnoses identified as a 'function of women's social roles as wives and mothers and of their patriarchal subordination' (White, Kevin, 2017, p. 26). Although biomedical and psychological theories seem to take account of personal circumstances and contexts as influencing factors in women's distress, they begin with the individual who, due to certain attributes, has particular responses to stressful events or social conditions that contribute to their distress which then needs to be 'fixed' using psychiatric or therapeutic interventions (e.g. Ussher 2011). In this way, psychiatric and therapeutic interventions continue to locate the 'problem' of madness in the mother who cannot 'cope', diverting attention from the interpersonal relationships and contexts that produce her distress. The perception that experiences of distress are due to the mother being weak or pathetic alleviates others from taking responsibility to practice ethical care through the assumption that psychiatric and therapeutic professions are responsible for 'fixing' individuals' distress. In my discussion of these two novels, I argue that the concept of madness as mother's weakness or inability to cope produces responses of medical and/or therapeutic interventions to 'fix' the individual, such that family and other characters can evade practices of ethical care that would begin in attentiveness to maternal distress, situations and contexts.

What is notable in YA literature is the depiction of intergenerational divides between mad mother characters who fail to thrive in oppressive systems, and the potential of adolescent protagonists to succeed in or transform those same systems. In contrast to their mad mothers, adolescent protagonists are typically depicted as having greater agency to resist, transgress or change their social roles and contexts. Although there is a recurring trope in Western literature of women characters trapped by patriarchal relationships and social arrangements, often 'the protagonists in children's literature transcend… [as] they are not yet closed in by the rules of adulthood' (Paul, 1987, p. 188). In contrast to adolescence which is constructed as a period of tests and turmoil, mother characters are located within adulthood which is constructed as relatively stable and unchanging, with established roles in adult society functioning to limit mothers' potential to transform their situations and redress their experiences of distress. However, a disparity between mother characters' oppression and despair and female adolescent protagonists' agency and strength creates tensions in YA

mother-daughter relationships as ideals of good mothering can sustain protagonists' expectations of 'their mothers to mother and protect them in a culture where mothers have not always had the social and economic means to do so' (Crew, 2000, p. 5). In the second half of this chapter, I discuss two YA fantasy trilogies with female adolescent protagonists whose mothers' madness is a product of personal circumstances and social oppression. In And I Darken by Kiersten White (2016 - 2018) and the Hunger Games by Suzanne Collins (2008 – 2010) the madness of the mother characters is depicted as the product of familial circumstances and violent and oppressive social orders. The adolescent female protagonists of these trilogies, Lada and Katniss, experience conflicted feelings towards their mothers as they contend with failures of maternal care and protection yet recognise the harm of violent oppression by the ruling regime. The protagonists of And I Darken and the Hunger Games do not blame their distressed mothers for failing to overturn prevailing political and social systems, but for failing to survive them. Through a care ethics reading of mad mother character's distress as a product of social contexts in these four texts, I offer a new perspective to existing scholarship that has focussed adolescent protagonist's potential for rebellion and social transformation as I examine the transformative potential of relational care ethics and its consequences for redressing conditions of distress, injustice and oppression.

Inauthentic Mothering, Patriarchy, and Despair

The Craster family in Garry Kilworth's *The Brontë Girls* isolate themselves from mainstream 1990s Britain by living on an island so that they can emulate the conditions and values of the mid-19th century, including the family arrangement of a strict patriarchal order that produces the mother character's distress. Although the family is aware that society is different beyond their island, the oldest daughter Charlotte points out to her rebellious younger sister Emily that 'Papa *is* the law here' (Kilworth, 1995, p. 169, original emphasis). The father character, James Craster, is portrayed as a stereotypical Victorian patriarch who has ultimate authority over his household, wife, and daughters. For the mother character, Hannah, the patriarchal family structure creates a tension between her roles as a mother responsible for her daughters' care, and as a wife who is subordinate to her husband. Although Hannah willingly agrees to live on the island and adhere to a Victorian lifestyle, she becomes increasingly troubled by this decision as their daughters grow up (Kilworth, 1995, p. 46). However, Hannah cannot voice her doubts about how they are raising their daughters without either seeming to challenge James's authority or betray her promise 'to honour his

desires to reject the modern world' (Kilworth, 1995, p. 42). In accepting the patriarchal family order, Hannah is portrayed to experience a conflict that Ruddick has termed 'inauthenticity' (1980, p. 354) in mothering, in which the goal of ensuring children's socialisation contravenes the mother's own values. As Hannah participates in socialising her daughters to accept subordinate roles and believe in their 'natural' inferiority, despite their Victorian patriarchal family no longer reflecting the social values depicted beyond their island, the 'battle between mother and wife was the cause of much unhappiness in Hannah' (Kilworth, 1995, p. 43). Although Ruddick proposes that many mothers may not notice the oppressive social order that their children are socialised into, inauthentic mothering can lead to mothers experiencing the 'strain of colluding in one's own powerlessness …and much greater strain of betraying the children one has tended' (Ruddick, 1980, p. 355). Hannah's distress, expressed in self-silencing and routinely shutting herself in the bathroom to cry, is depicted as an expression of a moral conflict between either betraying her husband and their shared values, or betraying her daughters' best interests.

The family's patriarchal order prevents Hannah from receiving good care in response to her distress. The first stage of ethical care is 'caring about,' that is, recognising that a need exists. This stage involves the moral practice of attentiveness, as we cannot attempt to address needs if we have not noticed them. The practice of attentiveness requires consideration of particular individuals in specific situations as '[c]aring about will often involve assuming the position of another person or group to recognize the need' (Tronto, 1993, p. 106). The converse situation of inattention does not only mean 'not noticing', since James does see Hannah crying, but refusing to recognize a need and, therefore, failing to take responsibility to attempt to address that need. James's perspective does not emerge from thoughtful reflection of his wife's experiences and situation but is depicted as a product of his belief in essentialised gender differences that construct men as superior, rational, objective, and stable, and women as subordinate, labile, emotional, and irrational. As such, this father character chooses to ignore distress, and rationalises this lack of care as 'to pay attention to it [her crying] would be to encourage more tears' (Kilworth, 1995, p. 38). The construction of Hannah as inferior, unstable, and essentially as already 'mad' means that James sees no reason to either consider a possible cause of her distress, nor to respond with care to the 'irrational' female behaviour of weeping. Although James sees his wife crying, he does not think about how she might experience their life of isolation, nor does he invite a discussion about her distress. James's authoritative and sexist perspective results in his distance from

ethical care practices as he fails to pay attention to the feelings, thoughts and behaviours of others in the household, and therefore cannot respond to anyone else's needs.

Tronto (1993) proposes the concept of 'privileged irresponsibility' to articulate how those with greater social power are afforded 'the opportunity simply to ignore certain forms of hardships that they do not face' (p. 121). White privilege is one example, whereby the hardships experienced by non-white people can simply be ignored or assumed to not exist by people who do not face racism and therefore surmise that there is no racial injustice or inequality to be redressed. In the privileged position of patriarch, James is portrayed as 'free' to not only ignore others' needs but also to claim that they do not exist. When Charlotte attempts to praise her mother, James chastises Charlotte and explains the respective roles of men and women to his three daughters, claiming that 'I supply all your mother's needs' (Kilworth, 1995, p. 116), and that women need men for 'support…However, they need little else, *but* that support' (p. 116; orig. emphasis). This perspective both defines women as 'naturally' dependent on men, and constructs Hannah as having no unmet needs, refusing to admit the possibility that her distress might be the product of the patriarchal environment. Within the Craster household, the patriarch's 'privileged irresponsibility' is expressed in James's assumption that he has already supplied all his wife's needs, such that there is nothing else left for him to do in terms of attention or response to Hannah's experiences, needs and desires. The distress of inauthentic mothering and patriarchal oppression can be ignored because '[i]f care is tied to the "naturalness" of women's caring, then it is… not part of the realm of moral choice' (Tronto, 1993, p. 125). In other words, the division of roles and responsibilities by gender is not only unjust because of its political, economic and social consequences for women's freedom and participation, but also through underpinning ethical frameworks and how these theorise moral decision-making. Ethical frameworks that centre objective, impartial detachment in moral agents, and assess moral decisions on the basis of fulfilling culturally constructed roles and rule-following omit moral consideration of interpersonal responses and relational values. James cannot conceptualise his wife's distress or the anguish of inauthentic mothering, because being a wife and mother is 'natural' and thus does not involve any moral conflicts for Hannah, nor for James in failing to pay attention to her particular experiences. The construction of unequal gender roles in which the father is the provider and authority in the family confers James the 'privilege' of not being responsible for either direct care-giving, or for moral practices of attentiveness to others' needs.

In the novel, concepts of essentialised motherhood that construct 'good mothers' as not having any unmet needs of their own leads to the diagnosis of Hannah's distress as 'mental illness'. In Kilworth's portrayal of a Victorian perspective of essentialised gender roles, Hannah can only experience a conflict between good mothering and wifely subordination if there is something 'wrong' with her and thus she becomes constructed as strange, abnormal, ill and requiring further authoritative regulation. Where distress does not have any biological or physical cause, but is a response to political, social, and interpersonal contexts, social constructionism argues that diagnosis and treatment become processes of social control (e.g. White, Kevin 2017; Szasz 2007). Once Hannah is labelled as 'ill' her distress at raising her daughters to accept subordination is constructed as a problem with Hannah who needs 'fixing' such that the appropriate response is to seek and submit to medical, psychiatric, and therapeutic interventions. Hannah's 'diagnosis' sustains the lack of caring relations in the Craster family as labelling her distress as an 'illness' reinforces moral decision-making on the basis of roles and responsibilities, rather than on the basis of relational moral values. By positing that an 'illness' is the cause of Hannah's distress, James can maintain his distance from the moral practices of attentiveness and responsiveness, limiting acts of care to taking his wife to a doctor on the mainland. Diagnosis thereby sustains the status quo of the patriarchal family in terms of roles and responsibilities, and the continued rationalisation of James's lack of difficult ethical care work that would involve consideration of the other person's situation as they experience it, and addressing the maternal conflicts depicted as producing Hannah's distress. Assigning responsibility for Hannah's distress to medical professionals refuses to admit the contribution of patriarchal family arrangements to her distress, sustaining the hierarchal order which constructs the mother character as dependent, labile, and in need of superior masculine supervision.

However, James's repeated attempts to use his privileged position to direct his wife and daughters into their 'natural' gender roles in the narrative serves to draw attention to their constructedness. The novel's structure also emphasises the constructedness and mutability of social arrangements by presenting alternating narratives between the two adolescent protagonists, Chris, who lives in the town across from the Craster island, and Emily, the Craster's middle daughter. The alternating perspectives of Chris and Emily juxtapose the Craster family patriarchy with the depiction of 1990s Britain, which is repeatedly described as 'feminist' in the text. After James discovers that Emily and Chris have been on a secret date while James and Hannah were off the island visiting the doctor, James flies into a rage,

beats Emily with his belt, and rampages to Chris's house to threaten him. These events lead to social services becoming aware that the girls have never left the island and then to the Craster daughters' 'liberation' from patriarchal rule as Emily and Anne begin attending the local school in town, at which point Anne's mysterious 'illness' also disappears. The patriarchal context that produces Hannah's distress does not change, but Hannah experiences some relief from inauthentic mothering as her younger daughters leave the island and start to experience contemporary society. However, this change is not brought about by Hannah's empowerment, her daughter's agency or belief in gender equality, but by the interventions of social services and educational institutions. In this conclusion, Kilworth's novel, and other British novels like *Tender* that I discussed in chapter one, promote the benefits of state interventions in families in which there is distress or abuse, over psychiatric or therapeutic interventions that sustain the status quo.

The portrayal of socially constructed women's distress and 'feminism' in the novel remains problematic as it does not require any change in behaviour or attitudes towards particular women by specific men, or a reconsideration of hierarchical social arrangements that produce the division of care and privileged irresponsibility. In the depiction of contemporary Britain, there is no requirement of the male characters to change as 'feminism' is reduced to something that men have decided to allow women to 'do'. When Emily worries that Chris might think it inappropriate that she wrote to him to ask if they could meet, Chris assures her that he's 'all for this feminist stuff' (Kilworth, 1995, p. 122). In other words, 'feminism' means Chris lets Emily express her own interests. Despite 'feminism' being the 'modern alternative' to patriarchy, none of the women in the novel escape from roles that remain defined in relation to men's greater social power, needs, and expectations of girls and women. Positioning contemporary Britain as liberal and 'feminist' compared to the patriarchal Craster family values implies that there is no need for further social transformation or critical consideration of political, economic, or social systems that contribute to distress. Yet both Hannah and Chris's mother remain defined by limited gender roles, and both are depicted as solely responsible for and potentially endangering their children. Emily is able to venture out on a date because both her parents have left the island to visit the doctor creating a gap in rational male authority that Emily slips through into potential danger. Similarly, Chris's mother does not notice that he has gone to the island because she is 'anxious' (Kilworth, 1995, p. 24) that raising Chris as a single mother is bad for him. As she believes that Chris needs a father-figure, she is conflicted between restarting a

relationship with her abusive ex-husband or submitting to the man she has repeatedly explained she does not want to date but who persists in coming round to her house uninvited (Kilworth, 1995, p. 59, 186). Even in the depiction of 'feminist' modern Britain, the anxiety and distress produced by unequal gender relations remains characterised as the failure of individual women who are not strong enough to pursue their own interests or claim their rights without interventions by state authorities.

'She's got her anxiety to worry about': Personal Responsibility, Distress and Care

The Craster family children gain some freedom from their father's patriarchal authority by going to the mainstream school after social services intervene on the basis of individual rights that extend to each person *within* a family. Feminists (including feminist care ethicists) in the 20th and 21st centuries argued that legal rights and justice are appropriate within domestic contexts for the protection of family members from each other, such as in situations such as child sexual abuse, domestic violence and forced marriage (e.g. Held 1995; 2005). These protections afford each family member the right to pursue their own interests and goals, and the right to protection from interference from other members of the family, extending mainstream ideals of autonomy and independence from the public realm to private relations (Fineman, 2004, p. 21). In the case of the Craster family, and in other situations of oppression, neglect and abuse, these rights are much needed to offer individuals legal protections, redress, and a way of leaving harmful situations. However, the autonomy of each individual within a family puts a primacy on rights-based interactions between self-interested agents rather than on attentive and responsive relationships between particular persons. This raises the question of what happens to the possibilities of ethical care within a family if all its members are acting as autonomous individuals.

All That I Can Fix (Chan 2018) explores this question through the first-person narration of 15-year-old Ronney in the setting of a mixed-race family living in contemporary small-town America. Central to Ronney's narrative is his decision to divide his life into what he 'can fix' (as suggested by the novel's title) and what he can't. Ronney explains that his mother has taken pills for 'anxiety' since he was a small child, and his father has been depressed for two years and attempted suicide by shooting himself six months ago. Ronney's homelife takes place within in a wider context of bizarre weather events, zoo animals that are set loose in the town, and gun violence, creating both domestic and social situations that are unpredictable, potentially dangerous, and violent. The construction of opposing categories of

what Ronney can fix and what he cannot constitutes an attempt by Ronney to impose a sense of order in a chaotic world in which loving fathers try to kill themselves and people cannot venture outside safely. In other words, Ronney's attempts to focus only on what he 'can fix' constitute deliberate efforts to pretend that he is not affected by the actions of other characters, or the contexts in which his own actions take place. As such, the category of what can be 'fixed' is defined by concepts of personal responsibility and autonomy that do not require attention or responsiveness to other people's actions, needs or vulnerabilities, centring autonomy rather than relationality. Chan's narrative explores concepts of personal responsibility and independence both in the relationships and circumstances in Ronney's homelife, particularly in the portrayal of Ronney's attempts at care in a household in which both his parents are distressed, as well as in the small-town context in the portrayal of dangerous animals and escalating gun violence. I discuss Ronney's narrative exploration of autonomy and personal responsibility in domestic and societal situations in turn.

The depiction of Ronney's deliberate creation of the categories of what he can fix and what he can't is an effective narrative device for exploring the constructedness of the idealised autonomous, self-contained individual responsible only for themselves. Ronney sees his mother's anxiety as similarly socially constructed, as he explains that since his father became depressed and lost his job, his mum has been over-burdened with sole responsibility for the children, making enough money to pay the bills, and working extra hours to make up for the time spent driving their dad to his medical appointments (Chan, 2018, p. 73). The long list of his mum's responsibilities suggests that Ronney's mum's distress is produced by the challenging family situation, but also invokes neoliberal concepts of personal responsibility for self-management, as Ronney wryly adds that, on top of everything else, 'she's got her anxiety to worry about' (Chan, 2018, p. 73). The inclusion of Ronney's mum's anxiety as one of the things she has to worry about constructs the management of unwanted or distressing thoughts and emotions as one of her personal responsibilities, consistent with the construction of her 'anxiety' as a personal problem. In *Constructing the Self, Constructing America: A Cultural History of Psychotherapy*, Philip Cushman (1995) traces historical, cultural, economic and political processes from the colonial period that influenced the development of the predominant 20th-century configuration of the autonomous self as a 'masterful, bounded, empty self' (Cushman, 1995, p. 89). Cushman argues that the 'empty self' has come to dominate popular and political US concepts of the 'self' because it serves a cultural purpose, reinforcing other aspects of political and social life, including neoliberal ideals of individual

autonomy and personal responsibility. Similarly, psychological theories of the self and 'mental illness' that became hegemonic during the 20th century were mutually reinforcing with ideals of autonomy and the experiences of the 'empty self' by locating distress within individuals as products of their 'intrapsychic processes, and not [as] the products of culture, history, or interpersonal interactions' (Cushman, 1995, p. 157). As a result, the 'empty self' perceives its dissatisfaction and distress as decontextualised and de-historicized, and therefore as open to correction through personal effort and responsibility, including through improved diet, exercise regimes, consumer goods, and 'treatment' by psychotherapeutic and psychiatric interventions. The depiction of Ronney's mum's pill-taking in the contemporary US context mobilises the concept of the 'empty self' in the representation of a mother character who seeks to cope with distress through self-management and medications.

However, the construction of Ronney's mother's distress as her personal problem and thus as her personal responsibility to 'fix' by taking pills occludes the possibility of shared responsibilities and caring responses. Ronney's mother is frequently portrayed as using medication to manage her responses to situations, rather than manging the situation itself, simultaneously absenting herself from potential conflicts as well as from the moral practice of attentiveness to the effect of her pill-taking on her children. Ronney's observations of this behaviour become a refrain as Ronney documents his mum 'popping pills for her various ailments' (Chan, 2018, p. 8), taking pills '[a]s needed' (p. 47), and he doesn't bother making comments about his mother's lack of judgement and poor behaviour as 'that would only make her take her pills' (p. 46). Taking medication to manage responses to difficult situations is depicted as an act of self-management in response to one's own interior feelings, leaving both the contexts that produce distress and relational approaches unexplored. Ronney's mother's pill-taking is depicted as an autonomous individual's management of the 'needs' of their own 'empty self' through the purposeful consumption of non-lethal overdoses in response to distressing situations. As nothing will rouse her from the chemically induced 'deep sleep' after overdosing, in this state Ronney's mother parodies the idealised self-contained individual unaffected by interpersonal relationships and the needs of others.

However, families only exist through relations between individuals and it is caring relations that are most important to the well-being of families. Good care within families is not about 'one individual's interest versus another's but about the well-being of the relation between them where this depends on both together' (Held 2005, p. 129-30). In the context of the family home, Ronney's mother's pill-taking and overdosing are not the actions of an

independent, autonomous individual, but take place in a context of inevitable interdependencies, and thus have detrimental consequences for Ronney and his little sister, Mina. What is especially hurtful to Ronney and Mina is the knowledge that their mother's actions are deliberate, demonstrating her preference for a chemically-induced sleep rather than engaging with other family members. Ronney tries to explain to his little sister why their parents are both asleep and do not talk to them or make them dinner (e.g. Chan, 2018, p. 72), and becomes upset himself when Mina worries that their parents are punishing them for being bad. Ronney forcefully tells Mina that 'Mom's pills are none of our business. ... What Mom does has nothing to do with us' (Chan, 2018, p. 47). Although Ronney wants to assure Mina that they are not to blame for their mother choosing deep sleep over attention to their needs, or even just spending time with them, the claim that her actions have 'nothing' to do with them rings hollow in its denial of relationality. Indeed, their mother's actions are so hurtful and confusing to Ronney and Mina precisely because they have everything to do with the quality of family life.

Ronney assigns his parents' distress to the category of what he cannot fix as he says, 'Dad pointing a gun at himself? How can you fix that?' (Chan, 2018, p. 8-9) and in reference to his mother taking pills Ronney remarks that he 'couldn't do shit about any of it' (Chan, 2018, p. 47). Ronney's assignment of his parents' distress to what he 'cannot fix' constructs their experiences as not his responsibility and beyond his competence to influence: his parents' actions become constructed as the autonomous acts of individuals who are isolated from the shifting flows of attention and response that constitute caring family relationships. As such, Ronney's determination to focus only what he 'can fix' is portrayed as a deliberate effort to pretend that he is not affected by his parent's behaviours and lack of responsiveness. The category of what he 'can fix' is composed mainly of tasks, including mowing the lawn, hiring roofers, fixing the waste disposal, and removing mould from the living room wall, providing Ronney with a sense of mastery and certainty in his role and responsibilities within the family. These tasks involve new responsibilities and competences to ensure they are carried out effectively. Ronney watches DIY videos so that he can carry out his self-appointed tasks well, taking pride in the skill and success of his repairs as he explains, 'I kind of enjoy fixing up the house, making sure stuff works' (Chan, 2018, p. 23). Ronney emphasises that this sense of mastery and satisfaction in fixing the house is rooted in the fact that 'there's always a logical explanation behind why it broke, and an equally logical explanation for how to fix it' (Chan, 2018, p. 85). The emphasis on physical tasks as 'logical'

stands in contrast to his parents' distress and the complicated relationships and unmet needs in Ronney's family.

However, in carrying out these tasks around the family home, Ronney is not only enacting care for himself as an independent, self-interested individual, but practicing care that is attentive to his own and others' environment and thus that enhances his own well-being and the well-being of others. In chapter one I discussed Jonah's care practices expressed through food that demonstrated relational care practices support well-being by giving and receiving care at the same time. Practices that support others and our own well-being require consideration of concepts of reciprocity that, in care ethics, do not rest on expectations of future return or 'tit-for-tat' of what is 'owed'; rather, a care ethics emphasis on shared responsibilities produces a concept of 'reciprocity, which is itself a development of the principle of responsiveness' (Barnes, 2012, p. 81). This concept of reciprocity is important for accounting for inequalities in care relationships in which the person in need of care may not always be in a position to reciprocate on terms of an equal return or exchange. In such instances, reciprocity could be a thoughtful expression of thanks that emerges from attentiveness to the efforts, situation and caring values of the person enacting care. In the shared family home, Ronney is not only hurt that his parents do not pay attention to his needs, or to Mina's, but also that they do not appreciate his acts of care. Ronney's narrative enumerates daily instances where he tries to enact good care that goes unnoticed by his parents, undermining his continued attempts to claim that he is unaffected by what they do. These instances in which they do not notice Ronney's efforts at care can be small, such as when his mother fails to notice that Ronney eats a dinner he dislikes without complaining (Chan, 2018, p. 12) to more significant, such as when his mother does not care that Ronney skips school to get the roof fixed, as her only response is that 'she couldn't handle one more thing' (Chan, 2018, p. 25). Similarly, Ronney's Dad does not maintain the house, offer to help Ronney or acknowledge Ronney's efforts. When Ronney repaints the mouldy living room wall his father sees Ronney's work but does not 'say anything ... He [Ronney's Dad] never talks about my repairs' (Chan, 2018, p. 88). Ronney's responses demonstrate his need to feel cared-for by his parents and his feeling that their lack of response to his activities around the house both de-values the importance of caring for the home environment for family well-being, and de-values Ronney's practices of care for the family. Even when Ronney can claim mastery and control over repairs, his sense of well-being is undermined by the lack of

attention and response by other family members who, due to distress, cannot value the care provided or received.

Ronney's narrative negotiates tensions between autonomy and relationality as he tries to look after the household and his younger sister and attempts to make sense of his own needs in the context of a lack of parental care and distress. The depiction of Ronney carrying out household repairs explores the tension between construction of these actions as taking on his father's responsibilities, and recognition of Ronney's attentiveness of other family members to his care practices that improve the environment for everyone in the household. When Ronney's mother thanks him for removing the mould and repainting the living room wall, Ronney sharply replies, '[s]omeone had to do it' (Chan, 2018, p. 90-91). In this retort Ronney seems to interpret his mother's thanks as empty politeness, rather than as an expression of his mother's attentiveness to Ronney's efforts at care, or the value of his repairs in enhancing the environment for the whole family. Mutuality in attentiveness with others with whom we share a home or are involved in an ongoing relationship promotes practices and develops moral skills at good care according to each other's needs, 'not [in] the way that being in a particular familial relationship causes us to think we *should* care' (Barnes, 2012, p. 88; orig. emphasis). The novel does not depict Ronney's mother's thoughts or feelings, due to Ronney's first-person narration, but previous experiences recounted by Ronney suggest that inattentiveness is more likely than his mother's meaningful recognition of Ronney's work. This pattern of previous inattention and lack of response informs Ronney's come-back, to which his mother does not say anything but leaves the room and Ronney can hear her 'shaking her pills out from her pill bottle' (Chan, 2018, p. 91). Although Ronney's mum notices and shows that she values Ronney's work, she avoids a discussion about why this responsibility has fallen to Ronney, or about Ronney's father's distress, and does not invite Ronney to talk about his own needs. At her actions, Ronney's frustration at his mother's use of medication to avoid engaging with him is shown as his 'jaw clenched' (Chan, 2018, p. 91). The tightening of his jaw indicates Ronney's own self-silencing as he does not say anything further to his mother about his fixing the wall, or the shift in responsibilities in the household. As Ronney's attempts to engage with his mother are met with her self-silencing and absenting behaviour, this influences his own efforts to become an autonomous individual within the family. Outwardly, Ronney seems to ignore his mum's response of pill-taking, creating the illusion of a self-contained independent self who is focused on carrying out a practical task. However, his jaw-clenching reveals the effort required to create this illusion, silence his

thoughts and continue as if he is unaffected by the lack of distributed responsibilities, mutual attention, and good care within the family.

In contrast to Ronney's mum taking pills in at effort as self-management in response to difficult situations, Ronney's dad simply does not respond or seem to notice his family at all. Ronney details the devastating effect of his father's distress on all family members through numerous everyday moments as his Dad no longer hugs Mina or helps her with her homework (Chan, 2018, p. 14, 119, 140); when Ronney's mom asks his Dad to mow the lawn his Dad 'would walk away from her as if she didn't exist' (p. 37), and all three of them spend the first year of his dad's depression 'begging him to do things again – like … just fucking talk to us' (p. 64). Ronney's father's distress is described as a breakdown in care, that is, his family do not know how to practice care to alleviate his distress, and Ronney's father cannot be responsive to attempts at care or articulate his wishes and needs. The breakdown in care leaves Ronney feeling helpless and as if he has lost his father, and Ronney he repeatedly refers to his dad as having become a 'ghost' (Chan, 2018, p. 36) or seeming to have 'died' (p. 146). However, Ronney is not grieving a death, but has to live with the daily pain of seeing his dad 'absolutely not caring about anything, not even me' (Chan, 2018, p. 14). Practices of care involve everyday interactions that maintain and improve the conditions for well-being, yet care is 'most noticed in its absence, most needed when it can be least reciprocated' (Kittay, 2001, p. 560). Every member of Ronney's family is in need of a caring response but is unable to enact good care, whether due to distress, or because they have limited power in their situation, or because their situation cannot be 'fixed'. Although Ronney would prefer caring family relationships, he attempts to construct his autonomy by taking on an 'adult' role. Ronney details the jobs he does around the house and remarks that 'I work alone. That's how to get things done – you do it yourself. Besides, Dad never offered to help me' (Chan, 2018, p. 85). Ronney's narrative oscillates between a positive sense of independence and competence in his work, and the troubling sense that his autonomy is not a choice but highlights the lack of care from his parents.

The consequences at a social level of the construction of autonomous individuals who understand their distress as 'internally' produced reach their zenith with a shooting at Mina's elementary school. The shooting comes about due to increasing fears over the freed zoo animals and the adults' desire to protect themselves by carrying guns, invoking familiar US gun control debates. After the shooting Ronney waits for Mina as 'hundreds of crying kids came running out of the school, running to hundreds of crying parents' (Chan, 2018, p. 126).

The highly distressing event and description of children and parents all crying and running to each other is a particularly significant occasion in which Ronney and Mina are left without their parents. This powerful scene draws attention to distress as a product of social systems and depicts a community-wide distress that is not presumed to be due to individual 'illness' as all the children and parents are distraught after the violent event. Outside the school the children perform a wordless protest against the adults' lack of social responsibility, sounding the foghorns they have been issued to scare off the zoo animals. Ronney narrates that the 'adults couldn't look at each other, didn't do anything except look ashamed' (Chan, 2018, p. 126). It is not the elementary school children who 'can fix' the gun violence or marshal zoo animals; these are the social responsibilities of the adults who can only look abashed that 'this crappy world was the best world they could give us' (Chan, 2018, p. 126). The school shooting draws attention to the flaw in the idea that society is best constituted by autonomous self-interested individuals who only take personal responsibility for themselves, and the failures of political and social systems founded on individualism. The self-contained 'empty self' who achieves its goals through ever deeper attention to itself promises autonomy and freedom but this is 'an entirely isolated, apolitical, individual liberation, which at bottom, of course, is no liberation at all' (Cushman, 1995, p. 69). The children's foghorn protest and the shame of the adults highlights the failure of individual responsibility and autonomous actions to maintain a liveable, just, and equal social world.

Maternal Power, Madness, and Incompetence in a Patriarchal World

Kilworth's and Chan's mad mothers exercise some control over their 'maddening' situations as they both plan and time their strategies of withdrawal from the family by locking themselves in the bathroom or taking pills, and both could have divorced their husbands. Yet both novels depict the mad mother character as pathologized, submitting to diagnoses that personalise and individualise distress, enabling a continuation of the status quo and resistance to the possibilities of relational moral values and care practices within the family. In other words, it is not only personal circumstances, but also the hierarchical social order that positions mad mothers as relatively powerless that contributes to processes of pathologization and the lack of ethical care. In the rest of this chapter, I turn to the depiction of hierarchical social orders and the consequences for mad mother characters in two YA fantasy trilogies.

The fantasy mode, particularly the inclusion of fantasy, supernatural, and/or science fiction elements within an otherwise recognisable world, is effective in highlighting the injustices and oppression produced by pathologization and the authority of psychiatric power

to ‘diagnose’ and ‘treat’ strange and unconventional behaviours. There is an important YA fantasy trope in which mad mother characters are pathologized and then experience a range of negative consequences, including institutionalization, forced restraint and electroshock, and even being murdered, despite their supposedly ‘mad’ beliefs being proven to be correct in the context of the narrative. For example, Mrs Parry in *The Subtle Knife* is not unambiguously paranoid as the bad men do actually break into her house; Buffy’s mother Joyce in *Buffy the Vampire Slayer* (season 5) is correct in her perception that Dawn is neither her daughter nor a little girl; Sara Connors in *Terminator 2* is institutionalized and subjected to forced ‘treatment’ despite the fact that robots do attempt to annihilate humans in the near future; in *Teen Wolf* (season 5) Lydia’s grandmother is institutionalised and killed by a nurse, even though she hears voices because she is a Banshee; and, most recently, Eleven’s mother in *Stranger Things* (season 2) is left unresponsive and uncommunicative after electroshock, even though she is not hysterical, delusional or paranoid as her baby daughter really was abducted to be used in paranormal experiments. These mothers are not ‘maddened’ by patriarchal and class oppression or restrictive gender roles; nor are they ‘irrationally’ driven by hormones, emotions or delusions. Yet the narrative explanation that proves that the mad mother’s claims are true has absolutely no effect on preventing their abuse, confinement or even murder. These ‘mad’ mother characters state the truth and are punished anyway, with their pathologization depicted as serving to uphold the status quo.

Elizabeth Donaldson’s (2005) concept of the ‘psychiatric gaze’ identifies that the restoration of distressed and/or disruptive characters to frameworks that render them socially legible operates as a narrative strategy that ‘reinforces the hegemony of normalcy in popular attitudes toward mental illness’ (p. 45). The mutual reinforcement between psychiatric diagnosis and stereotypes is used in popular films, Donaldson argues, to restore social order following depictions of characters’ experiences of psychiatric abuse and/or strange beliefs and behaviours. The ‘psychiatric gaze’ draws on both psychiatric frameworks and cultural beliefs about illness, health and recovery based on gender, race, class, sexuality and abilities stereotypes as a ‘gaze broadly structured by concepts of psychiatry and clinical psychology, but not exclusive to professionals in the mental health field’ (Donaldson, 2005, p. 32). Using the ‘psychiatric gaze’ to restore audience perceptions of ‘normal’ social order, including psychiatric authority, in YA fantasy insulates practices of real-world psychiatry from critique because the mother characters’ ‘treatments’ are based on the rational premise that supernatural creatures and paranormal abilities do not exist, reinforcing trends in the

depiction of mad mothers' lack of agency, voice, and power to resist mainstream, and particularly scientific, institutional control. As such the abuse of 'mad' mothers whose perceptions of strange events are correct in this YA fantasy trope is rendered socially legible within a framework of cultural stereotypes, or attitudes towards normalcy that include female irrationality as inferior to scientific rationality. In this way, the YA trope resolves the moral conflict created by the depiction of mother characters who are not ill being subjected to coercion and control under processes of pathologization by reinforcing a social order in which women are constructed as irrational and relatively powerless within mainstream social systems, including psychiatry.

In selecting fantasy trilogies that depict mother character's madness as a product of interpersonal and/or social contexts, I have chosen two examples that expand beyond this trope to facilitate an exploration of the distress produced by hierarchical social orders and the potential for ethical care in contexts in which psychiatry does not exist. Without recourse to pills or passing responsibility for addressing mother characters' distress on to psychiatric or therapeutic authorities, as in Kilworth's and Chan's novels, Keirsten White's and Suzanne Collins's YA fantasy trilogies enable a deeper exploration of the possibilities of ethical responses to distress in contexts of overwhelming oppression and social power relations that produce distress but are not limited to differentiated gender roles. The And I Darken and the Hunger Games trilogies depict rigid hierarchical political and social systems in which there are stark contrasts between those with power and those without it producing deeply unequal consequences for not only how people live, but also whether they live. In both trilogies, there are no medical, psychiatric or therapeutic systems accessible to the mad mother characters, sustaining a narrative focus on the interpersonal and social contexts in which encounters and moral decision-making take place, and the conditions that may support or inhibit good care. In these contexts, the mother characters' distress and withdrawal of maternal care pose questions about the possibility, meaning and value of caring responses in conditions of oppression, and the potential for agency and transformation of violent social orders towards more just alternatives.

And I Darken is set in the 15th century during the expansion of the Ottoman Empire and follows the lives of Lada and Radu, the daughter and son of Vlad Dracul, who is prince of the vassal state of Wallachia, or Transylvania. The trilogy is a historical retelling that depicts Lada as a female Vlad the Impaler figure to deconstruct gender inequalities and essentialisms in its main narrative that focuses on Lada's adolescent rise to power as Prince

of a free Wallachia. In the 15th century setting, the value of royal and noble girls and women is derived from their usefulness in facilitating powerful men's goals, whether through marriage, bearing children, or using their wits and cunning behind the scenes to further the fortunes of their sons, fathers, or husbands. The trilogy begins with Lada's birth, and White uses the short opening chapter of *And I Darken* (2016) to establish the social order as Lada's father receives the news that his wife has given birth to a daughter. Lada's father's brutish perspective regards a daughter as a weakness or punishment. He decides that his wife Vasilissa is the cause of this weakness when he sees her lying on the bed after giving birth and '[h]is stomach turned at the sight of her, princess now in neither demeanor nor appearance' (White, Kiersten, 2016, p. 1). After this glance at Vasilissa he pays no more attention to his wife and does not speak to her. However, Vlad assumes that she will want to name her daughter after her own family, but Vlad 'hated the Moldovian royals she came from for failing to bring him any political advantage' (White, Kiersten, 2016, p. 1). Vasilissa is perceived by her husband as failing to serve her socially constructed purpose as a noblewoman to enhance her husband's power through securing an advantageous alliance and to bear him a son, as well as in terms of feminine appearance and behaviour following the birth. In the feudal 15th century context, Vasilissa is positioned within a represented context of motherhood as institution, with the depiction of the relationship with her husband and responses to her children highlighting that in oppressive contexts, maternity has often been neither voluntary nor desired. In this context, the mother role is distinguished from mothering practices, as Vasilissa is primarily required to produce children for her husband, rather than engage in maternal thinking or even to act as a significant presence in her children's lives, as discussed below. In this maternal role, Vasilissa is a passive silent object of her husband's scrutiny and judgement, serving a precautionary function for her daughter in foreshadowing the struggles that Lada will face in the trilogy of either learning to submit to those with greater power or fighting to claim her own power.

The oppressive context in which Vasilissa experiences powerlessness over her relationships, body and interests produces deep anguish and despair, limiting the possibilities of resistance through mothering practices. In contexts of social and interpersonal gender-based oppression and violence, mother's agency and authority over children can often be contingent upon and constrained by the real power held by men over women, producing a 'poignant conjunction of [maternal] power and powerlessness' (Ruddick, 1980, p. 343). In contrast to inauthentic mothering, in which mothers experience conflict about the right thing

to do, the direct control and violence in Vasilissa's marriage and the brutality of the feudal system more broadly prevents good mothering practices regardless of the mother's values and wishes. These tensions in who has power to do what, and who has power over whom, take place through a polarised conceptualisation of power and powerlessness within a '"zero sum" view …[in which] [p]ower passes from one place to another' (Barnes & Bowl, 2001, p. 19). In a polarised view of power and powerlessness, if one person has 'power over' a situation or person, then someone else does not, and gaining power means taking it away from someone else. When power is conceptualised on zero sum terms within a hierarchical social order, the gain of one social group is always the loss of another. For example, men who are used to having authority over their spouse may feel threatened by the possibility of maternal power and the idea that a mother's attention should go on caring for dependent babies and children, rather than adult men who are capable of carrying out tasks such as preparing meals, laundry and cleaning. As such, some men who take the 'zero sum' view of power within personal relationships may act to stymie mother's power in mothering according to her wishes and values. In the rigid hierarchy of the feudal system, concepts of 'power over' govern Vlad's violent actions against Vasilissa. When Vasilissa gives birth to a daughter, Vlad punishes Vasilissa for her 'failure' by naming the baby after himself, giving Lada the feminine form of his name as '[h]e had no names for a girl' (White, Kiersten, 2016, p. 1). In the pre-modern context Vasilissa's maternal power is stymied by her husband's power over her and his children and she does not protest her husband's naming of the baby.

Vasilissa's sense of powerlessness over reproduction is suggested in her detachment from a potential relationship with her children. Vasilissa gives birth to Lada when she is 15 years old and then to Radu within a year, but upon Radu's birth 'Vasilissa lay, glassy-eyed and mute.... She stared at the wall. Her gaze never even drifted to her son' (White, Kiersten, 2016, p. 3). In what is almost gaslighting after his reaction to Lada's birth, Vlad takes no interest in the birth of his son, such that Vasilissa's powerlessness and abjection is reinforced as there is no reward even when she delivers her husband the son that he wants. Wielding power over women in distress to convince them of their own weakness, emotionality, and irrationality 'can be understood as an implicit use of coercive power' (Barnes & Bowl, 2001, p. 20). In other words, interpersonal relationships in which the more powerful party labels a distressed person as weak and incompetent can lead to the person in distress accepting their own powerlessness, with devastating consequences for the potential for ethical care. In the absence of caring relationships Vasilissa seems to accept her lack of power and withdraws

from social encounters and responsibilities, as she stays in her rooms and does not seem to notice or respond to her surroundings (White, Kiersten, 2016, p. 5, 10). Although it is not unusual for noblewomen in the 15th century to have a wet nurse, or nursery maids to provide childcare, Vasilissa's complete removal from the household means that she does not oversee or manage the lower-class women or take an interest in how they are raising Lada and Radu in these paid roles. Vasilissa not only submits to her husband, but also to the characterisation of herself as a failure, as weak, and perhaps of having nothing of value to offer to her children when her husband acts to undermine and exploit her every wish. As such, Vasilissa's physical and emotional withdrawal are evidence of her distress, but also afford Vasilissa some protection from her husband's violence. In the competitive view of power relations, Vlad perceives Vasilissa's desires as weaknesses that he can exploit to sustain his power over her. When Vlad returns home from over a year away, 5-year-old Lada watches as her mother tells Vlad that she wishes to return to her home country. Vald grabs Vasilissa and makes her beg to be allowed to return home before he sends her crawling from the room, weeping (White, Kiersten, 2016, p. 11). Having decided that his wife is weak and pathetic, Vlad's violence and power over her ensures as much. However, the construction of Vasilissa as a weak emotional failure locates the problem in Vasilissa who is 'not strong enough', obscuring the effect of abuse and the wider social context that suppresses the possibilities of Vasilissa's maternal agency or power.

However, the novel refuses gender essentialisms such that the lesson that Lada learns from this encounter between her parents is not about her own submissive gender role but cultural values. In other words, Lada learns that the violent claiming of power and willingness to beat and humiliate those who try to assert their own power are socially successful traits. When her father grabs 5-year-old Lada and holds her upside down, she reaches up and bites his hand until her drops her (White, Kiersten, 2016, p. 9). Rather than punishing her, Lada's father laughs, and then praises Lada when she darts out of reach under a table when he tries to grab her again. Conversely, when Lada's brother, Radu, is tearful and seeks comfort from the nurse, he is viewed as weak and pathetic, experiencing the same marginalisation and powerlessness as girls and women who exhibit similar emotions. Vlad's words and actions undermine Vasilissa's maternal power even when she is not present as Lada emerges from under the table and Vald tells her 'that woman is not your mother. Your mother is Wallachia …the land I am prince of' (White, Kiersten, 2016, p. 12). Although Vlad distinguishes Lada from her mother, having seen that Lada is aggressive and strong, the

construction of motherhood as patriarchal institution is sustained in his description of 'mother country'. Lada might belong to her mother Wallachia, but even that 'mother' remains the possession of powerful, violent men like her father. When Lada agrees that her mother is Wallachia, her father rewards her with a knife that becomes Lada's precious and oft-used weapon, symbolic of her power, as she strives to free her mother country from Ottoman rule throughout the trilogy. Yet, as Lada has already learned that strength and violence are the means to gain power, she does not submit to her father's power in place of Vasilissa's. Instead, Lada is inspired to use her strength and viciousness to reject both cultural expectations that girls and women should be meek and submissive, as well as the political control of her mother country by foreign powers and abusive men.

Lada seeks to become prince, not because she wants to be or identifies as a man (e.g. White, Kiersten, 2017, loc. 3119), but because she recognises that this title will bring her greater power than being a princess. Castles, kings, and courts provide a context for YA narratives in which ruling classes are preoccupied with power, land, and male lines of inheritance, offering 'young female characters a chance to demonstrate their agency against oppressive and dangerous social structures' (Wilkins, 2019, p. 26). Lada refuses the differentiation of power and brutality along the lines of essentialised gender traits but does not seek to change the hierarchical social order as she rises to become the legendary 'Lady Impaler' and is consistently depicted as violent, possessive, and ruthless. However, exposing and rejecting gender essentialisms by depicting the power and achievements of girls and women within an existing social order limits the exploration of alternative political and social arrangements that could better support human flourishing. The tension between exceptional female protagonists who transgress limiting gender roles and expectations but do not challenge or transform oppressive systems can produce a 'vexed relationship between [individual] agency and [social] structure' (Hubler, 2000, p. 85). This 'vexed relationship' is illustrated by the protagonists' efforts to be just as political, ruthless, self-interested, or violent as the men in power, challenging assumptions about girls and women's 'natural' traits and abilities, but at the expense of modelling routes to social transformation. In considering the depiction of mother's madness as socially constructed, a focus on female empowerment and agency within unchanging social structures complicates interpretations of and responses to mother's distress.

One of the implications of social constructionism is that, once the distressing situation has been removed, then the anguish and madness it produced will be resolved. From this

perspective Vasilissa should 'recover' once freed from the oppression of a relationship in which power is wielded over her. Vasilissa escapes her marriage at some point during Lada and Radu's childhood, although there is no description of the event of her leaving, underlining her marginalised position in the household and in the lives of her children. However, in *Now I Rise* (2017) it is revealed that Vasilissa had returned to her home country, where she is lady of a manor that has been given to her by her father. Vasilissa has had no contact with Lada for 15 years but when Lada is seeking to progress her campaign to free Wallachia with few resources and allies at her disposal, she grudgingly agrees to approach her mother in the hope that Vasilissa may be able to influence her brothers and father in Moldovia to support Lada's cause (White, Kiersten, 2017, loc. 2614). Lada is trepidatious about the visit, wondering if her mother will recognise her, and is unsettled to discover that, free of the abusive marriage, Vasilissa has agency and authority at the manor, supported by a loyal staff who follow her rules and orders, to create 'what Lada's mother had chosen. Safety. Seclusion' (White, Kiersten, 2017, loc. 2952). As Lada remembers her mother weeping and crawling before her father, Lada cautiously reappraises her mother when they meet on the road while Vasilissa is out riding. Vasilissa recognises her daughter, and Lada observes her mother as a delicate, well-dressed, and straight-backed woman (White, Kiersten, 2017, loc. 2639). Vasilissa invites Lada to the house for a bath and new clothes, insisting that Lada come without her men (White, Kiersten, 2017, loc. 2668). Lada churlishly submits to her mother's instructions, in part because she is uncertain about the woman she remembers from her childhood as weak and pathetic, and in part because Lada needs her mother to persuade her royal family to support Lada's plot to take Wallachia.

From the moment of her encounter with Lada on the road, Vasilissa's 'power over' is in evidence, as she rides ahead of Lada so that Lada has to knock on the door to be admitted to the manor, and a servant tells Lada that she will have to wait until after supper to see her mother, even though they have already met. While Lada waits, clothes and hair act as symbols of socially acceptable femininity, becoming the contested territory through which Lada resists her mother's authority and gender conventions as she refuses the maid who has been instructed to give Lada a dress and braid her hair. Finally, Vasilissa receives Lada in the formal sitting room where she is seated, wearing an elaborate dress and veil, and attempts to engage Lada in small talk, deflecting Lada's attempts to raise political issues. Thus, it becomes clear that through observing these social rules and etiquette, the freedom that Vasilissa pursues at the manor is not to transgress or live *beyond* the socially constructed

gender expectations for women of her class, but to sustain them. The only power that Vasilissa wields against the social order is her refusal to admit men to the manor (White, Kiersten, 2017, loc. 2668, 2682, 2856). By excluding men, and talk of men, Vasilissa acquiesces that her distress and anguish has been caused by violent men. The construction of madness as a problem within the individual women who 'cannot cope' with oppression pays 'lip service to social-cultural or psychological influences…shoring up the very structural factors that lead to distress in the first place' (Ussher, 2011, p. 43). In other words, the suggestion that women with abusive husbands, for example, are distressed because they are too weak to stand up for themselves, seemingly acknowledges the situation as producing distress, yet continues to locate the 'problem' in the individual woman, eliding attention to political and social systems and cultural values that reward masculine aggression and fail to help those experiencing violence. The depiction of Vasilissa can be interpreted through this lens, as Vasilissa herself seemingly recognises that routine and culturally acceptable male violence towards women caused her distress and thus she refuses to admit any men to her manor. Yet in continuing to perform by feminine appearance and behaviour rules, she sustains the system that constructs her as weak for failing to cope with its oppressions and brutality, and her own subordinate gender role within it. As a result of the visit, Lada concludes that her mother is 'mad' (White, Kiersten, 2017, loc. 2945, 2952). Even though Vasilissa is no longer subjected to Vlad's cruelty, in the absence of any change in social context, she remains in her constructed role as a madwoman in retreat from the brutal social order.

Vasilissa's continued adherence to social rules, including hierarchical arrangements of 'power over', prevent reconciliation and care in the relationship with her estranged daughter. Although Vasilissa is no longer robbed of maternal power by her cruel and vindictive husband, a caring and meaningful relationship with Lada remains impossible within the structural conceptualisation of power on 'zero sum' terms. During the short interview in which Lada repeatedly tries to engage her mother in discussions of politics, Vlad's death, and Lada's need for allies and resources, Vasilissa repeatedly responds with inconsequential chit-chat. Rather than interacting with her daughter and their potential shared goals and interests, Vasilissa follows social rules that sustain the constructed division of women from the male realm of politics, governance, and strategic alliances. However, as Lada has transgressed these constructed boundaries, Vasilissa's responses leave Lada without her mother's help. As Vasilissa never asks where Lada has been, what her life is like, nor asks after her brother, Radu, Lada experiences this as another abandonment as 'a wave of unacknowledged anger

and grief overwhelm[s] her [Lada]' (White, Kiersten, 2017, loc. 2939). Lada's deepest, most visceral objection to Vasilissa is not that she sought escape from her violent husband, but that she did so by abandoning her children and ignoring '[t]he harsh realities of her own children's desperate attempts to survive without anyone to aid them' (White, Kiersten, 2017, loc. 2952). Although Lada has spent her life pursuing power through brutality and using and betraying those closest to her, Lada seems to distinguish this from maternal responsibilities of growth and preservation. Lada does not blame her mother for seeking what power she can, but Lada cannot forgive Vasilissa for failing to use this power to protect her small children.

Although Lada does not seek to change political and social systems, she comes to learn that power in interpersonal relationships does not need to conform to the structural concept of 'power over' that stifles the potential for mutual respect, love, and support. In contrast to a polarised view of power and powerlessness, a more productive route to agency is the '"power to" take decisions, take actions, make choices …based in notions of agency rather than structure' (Barnes & Bowl, 2001, p. 21). Within the conceptualisation of agency as 'power to', anguish and a sense of powerlessness are more likely to be resolved by mothers gaining the *power to* act according to their values, goals and interests, rather than gaining power *over* their husbands. In a pre-modern setting, rigid social hierarchies work against concepts of power *to* as queens and upper-class mother characters will frequently clash with their adolescent daughters over fulfilling the duty to be a wife and mother, or making one's own personal, romantic, and reproductive choices. Recent re-workings of this familiar trope in children's literature include the award-winning children's film *Brave* (Disney Pixar, Andrews, Chapman and Purcell 2012) that centres the transformation of the mother-daughter relationship from one characterised by the clashes of the queen's 'power over' her daughter, to a mother-daughter relationship characterised by mutual respect and support: the queen finally stands up to the male chiefs and releases her daughter from the obligation of an arranged marriage. Although the mother character in *Brave* is content with her traditional role as wife and mother, she changes how she uses her maternal power from attempting to coerce her daughter into an 'appropriate' princess role to end a patriarchal tradition. In using her *power to* make decisions and change traditions, rather than her power over her daughter, the queen shifts from a hierarchical to a relational perspective that opens up possibilities for her daughter, the male suitors, and future generations.

Similarly, Lada demonstrates 'power to' when she becomes a mother, in contrast to her mad mother, who recreates the conditions of 'power over' at her manor while remaining

marginalised and irrelevant to broader political and social concerns. Although Lada resents any sign of traditional femininity, knowing that in the system of 'power over' this will be viewed as a weakness to be weaponised against her, Lada responds to her unwanted pregnancy in relational terms and takes steps to ensure that her baby will be cared for and loved. Lada lies about the father of her baby specifically as an act of liberation because her lover and the baby's father is the Emperor Mehmed within a Muslim tradition that would claim both Lada and the child as his property. Lada recognises that, despite having become prince of a free Wallachia, patriarchal rules and inequality continue to control and discipline women's sex and reproduction, such that 'in Mehmed's mind and in the eyes of Ottoman law, Lada was part of his harem' (White, Kiersten, 2018a, loc. 4262). Even though Lada resents the experience of pregnancy, she ensures that neither she nor her daughter will become the property of men. However, Lada neither wants to compromise her own ambitions nor risk her daughter's safety, so she gives her baby to Radu and his wife to raise. Although Radu is an influential man, his family live in relative freedom and joy in the countryside at a distance from court politics, and Lada recognises the value of this life, rather than seeing it as a weakness or failure to thrive in the brutal social order. The growth of Lada as adolescent protagonist includes shifting away from sharing her father's view of Radu as weak and pathetic, as Lada comes to see that her brother 'had always been as focused and determined as she had. They simply had different goals' (White, Kiersten, 2018a, loc. 4371). Despite her own ruthless pursuit of power, Lada recognises the importance of Radu's relational values and pursuit of love, friendship, and family. Lada explains that she wants Radu and his wife to raise her daughter as Lada 'want[s] better for her than we had' (White, Kiersten, 2018a, loc. 4391). Although Lada does not enact direct care-giving for her daughter, she provides maternal care in ensuring that her daughter is protected and raised in a safe and loving family, suggesting that even a brutal parent who has defied all conventions of compassion, kindness and nurture can choose to pay thoughtful attention to the needs of a child in their care.

'What I did was the radical thing'[3]: Vulnerability, Care and Distress in Dystopia

While Kiersten White's trilogy depicts a pre-modern feudal system preoccupied with male power, property and lines of inheritance, Collins contributes to the 2000s-2010s YA dystopia trend of depicting potential future hierarchical oppressive systems. Through its global success, including film adaptations and the best-selling prequel (Collins 2020), the

[3] *The Hunger Games,* page 26.

Hunger Games has provided a rich source of material for scholars, indicating the range of themes in the trilogy and the text's significance as a contemporary cultural artefact. Across the many examples of YA dystopian fiction in the recent trend, these novels frequently portray a powerful central government that constructs a society divided between 'the haves and the have nots' (Hentges, 2018, p. 86) with almost all adolescent protagonists in 'the have not category' (p. 86). The Hunger Games posits a future US, called Panem, that is split between the 'haves' of the Capitol and the 'have nots' of the Districts. Adolescent protagonist Katniss Everdeen and her family live in District 12 where movement and job opportunities are restricted, and most men and adolescent boys work in the mines to produce coal that is sent to the Capitol, while there are frequent energy shortages and blackouts in their own District. The trilogy is narrated in the first-person by 16-year-old Katniss, who volunteers to take her sister's place in the annual hunger games contest, which is an annual state-mandated fight to the death between selected adolescent 'tributes' from each District. In what is, to my knowledge, the only care ethics analysis of Collins's trilogy, Lindsay Issow Averill (2012) draws on the theories of Nel Noddings and Carol Gilligan to offer an analysis of Katniss's moral development to show that Katniss's motivations are often rooted in response to others suffering, demonstrating that 'Katniss *cares*' (p. 162; orig. emphasis). Averill contrasts Katniss's relational ethic to a Kantian framework of moral reasoning that requires impartiality and adherence to principles and rules. From a relational perspective that begins in attention to and taking responsibility for unmet needs, Katniss is depicted as a moral protagonist, 'even though her most important decisions have nothing to do with treating people impartially' (Averill, 2012, p. 167). The depiction of Katniss's relational values, and the conflict of those values with other characters' perspectives, as explored by Averill, emphasises attention to needs, and consideration of who is responsible for addressing unmet needs, and how. This includes the needs of particular individuals, such as starving children or grieving mothers, as well as the needs of the population who live in precarious conditions of threat and vulnerability in dystopia.

Like Vasilissa, Katniss's mother's distress leaves two children to cope in a social context ruled by a violent, oppressive regime. However, Collins's dystopian trilogy places greater emphasis on political and social conditions that cause vulnerability and distress, rather than the oppression of women and maternal power. As the title of the first novel and annual contest suggests, hunger is the motif that centres vulnerability as a daily part of every life, raising moral questions about personal, social, and political responses to need and the

conditions for human flourishing. Someone in need of food is not only vulnerable to hunger but also to manipulation, exploitation and/or abuse; to need food is to be vulnerable, and everyone needs food. Denying this vulnerability in a system that privileges autonomy, self-reliance and independence is a significant factor in the contemporary devaluing of those workers who produce, manufacture, sell, prepare and serve food. In the contemporary 21st century US, Western and other urbanised contexts, the ease and convenience of ordering pre-made food enables those with greater power to distance themselves from both the direct practices of food preparation, and from encounters with those upon whom they rely to meet this daily need. Those who can afford to access pre-prepared and/or delivered food can sustain their greater social power and privilege through sustaining the illusion of independence, denying both the unavoidable vulnerabilities and interdependencies of needing, preparing, and consuming food. The depiction of the 'haves' and 'have nots' in the Capitol and the Districts, respectively, offers a narrative way of representing such contemporary inequalities that arise when individualism is applied to areas of life that are fundamentally relational. For the wealthy in the Capitol, food is regarded as a pleasure, as readily available, and as a sign of affluence and social status; that is, privilege is reflected in the ability of characters in the Capitol to deny their own vulnerabilities, needs and dependence on the work of others, shoring up the illusion of their own autonomy and power. By contrast in the Districts, food is a need, a scarcity, and continuous work is needed to obtain sufficient food and sustain the cooperative networks necessary for the poorest in society to cling onto survival.

Mothers are typically associated with food provision, especially for children, as biological mothers provide the first nutrition from their own bodies during pregnancy, and often breast milk after birth. In children's literature, mothers' frequent role is to provide meals according to culturally appropriate tastes, skills and resources, as well as to provide training in social rules around food, food hygiene, and table manners (e.g. Katz 1980; Keeling and Pollard 2009; Daniel 2006). However, it is not only mothers and children who must eat in order to survive. Although gender frequently governs who carries out tasks like grocery shopping and cooking, shifting analytical attention to shared needs, vulnerabilities, and constrained resources de-genders food-work to emphasise its relational meanings. Vulnerability and hunger, as well as practical considerations about how to access, prepare and share food are shaped by contexts and resources as much as by personal skills and responsibilities. In situations of food shortages, particularly where these are produced by the

political and social systems depicted in children's and YA texts, instead of the socialising and/or symbolic functions of food, critical consideration can turn to the contexts of characters' 'access to food and, by extension, the socioeconomic positioning of fictional characters' (Hardstaff, 2014, p. 185). In other words, rather than questioning the morality of a character who steals, critical attention can turn to the morality of a society in which children are forced to steal to avoid starvation. Care ethics turns the analysis of food around from the 'rightness' of food rules and cultural food practices to the morality of personal and political contexts that create conditions of vulnerability and/or unequal access to food. In the dystopian context of the Hunger Games, the unequal and unjust social order both produces Katniss's mother's distress, and routine food shortages and starvation, raising ethical questions through the portrayal of Katniss's consideration of appropriate responses to her mother's despair and the lack of maternal care as a result of distress, as well as responses to the oppressive regime.

Katniss's mother's debilitating despair occurs five years before the narrative beginning of *The Hunger Games* (2008) after Katniss's father is killed when Katniss and her younger sister, Prim, are aged 11 and 7. Katniss recalls her mother's despair and withdrawal following the death of her father and explains that 'I was terrified… at the time, all I knew was that I had lost not only a father, but a mother as well' (Collins, S., 2008, p. 27). As a child, Katniss is distraught at her father's death (Collins, S., 2008, p. 26) and confused and frightened by her unresponsive mother who is no longer caring for her children. Although Katniss does not know how to respond to her mother's distress, Katniss does respond to the family's unmet needs and takes responsibility for Prim, the little sister whom she loves. At first, Katniss attempts to 'follow the rules', using the family's small amount of money to buy and cook food herself. However, the money runs out and her mother is still unresponsive, and Katniss feels a new terror as she realises that the family will starve to death (Collins, S., 2008, p. 27). Katniss's situation in the dystopian regime illustrates that addressing the shared vulnerability of hunger is not a straightforward matter of willingness to act or following cultural food rules but is shaped by contexts. In conditions of insufficient food, care providers engage in moral dilemmas as they must 'consider the "how" and "why" of young child-feeding' (Van Esterik, 1995, p. 8). Attempts to address hunger within a family may involve negotiations of who gets to eat, why, and how when there is not enough food to assuage the pain in every belly. These moral dilemmas are negotiated through both social values as well as personal values and relationships, often by mothers who have primary responsibility for

childcare, and often when there is no clear 'right' answer or outcome. The depiction of life in the Districts in Collins's dystopia engages in such moral dilemmas over daily vulnerabilities that are experienced as the lack of necessities and continuous threats of violence, as Katniss explains that '[s]tarvation's not an uncommon fate' (Collins, S., 2008, p. 28). The precarious situation of Katniss's family draws attention not only to her mother's 'failure' to care for her children, but also to the dystopian conditions that will leave the family to die.

Katniss saves the family from starvation by acting illegally, entering the woods around District 12 to hunt and forage, using the skills and knowledge taught to her by her father. Several scholars have discussed the connection between Katniss's father and her ability to provide food, offering a range of critical perspectives on how this shapes Katniss's identity development, self-confidence, gender identity and/or gender performance (e.g. Hansen 2015; Mitchell 2016; Gilbert-Hickey 2014). However, my interest is in relational moral values and care practices rather than adolescent gender and/or identity development. Katniss's first foray into the woods is inspired by memories of her father in a desperate bid to avoid starvation, but by the age of 16 when the first Hunger Games novel opens, Katniss participates in wide-ranging food networks that demonstrate that survival is a matter of social cooperation. As such, Katniss's skill as a hunter and her knowledge about plants not only assures her family's survival, but 'Katniss's use of the bow is intricately connected to communal survival' (Jaques, 2014, p. 161), and Katniss enters 'the custom of group solidarity through her [illegal] food practices' (Despain, 2012, p. 70). *The Hunger Games* (Collins, S., 2008) begins with a detailed 13-page exploration of the multiple ways that lives in District 12 are intertwined through food, provoking engagement with food beyond social rules governing its preparation, mealtimes, and table manners. Katniss describes how she and her best friend Gale hunt, gather and barter food for themselves and both their families, trading the game they have caught at the illegal market called 'the Hob' (Collins, S., 2008, p. 11) as well as in private deals (p. 7, 12), participating in and sustaining social networks beyond the transactional exchanges necessary to secure personal survival. Katniss also describes her fears of not being able to provide food for children she might have in the future (p. 9) and that in the woods they might become food themselves (p. 5); and they both criticise the political system that creates chronic hunger, and trades children's lives for food in the lottery system that selects Hunger Games tributes (p. 13). For Katniss, the relationality of food forms the foundation of her personal relationships and social encounters. Food as motif in the trilogy delineates the impossibility and fallacy of self-sufficient autonomy, as Katniss's movements

around her home, the woods, the town, other Districts, the Capitol and the Hunger Games arena are traced through the interdependencies of food. From Katniss's disgust at the excess of the Capitol to her most important relationships with Prim, Peeta, Gale and Rue, to her survival of the first hunger games tournament, Katniss's world is navigated through shared concerns and practices in the availability, quality, and consumption of food.

As Katniss's mother's despair leads to the family's starvation, Katniss's response to her mother's distress is complicated by extreme need and vulnerability. Katniss reports that her mother is permitted one month of grieving after which 'my mother would be expected to get a job. Only she didn't. She didn't do anything' (Collins, S., 2008, p. 26). Katniss takes responsibility for trying to ensure the family's survival, but the descriptions of her mother's withdrawal emphasise Katniss's relational perspective of her mother's moral failure. Katniss describes her mother in explicitly relational terms as she cannot forgive 'the woman who sat by, blank and unreachable, while her children turned to skin and bone' (Collins, S., 2008, p. 8). The image of her mother who 'sat by' and was 'unreachable' suggests both her mother's state of extreme distress, and withdrawal from interactions, encounters, and attentiveness to others. Katniss does not resent her mother for not being able to carry out tasks like buying food and preparing meals but, like Jonah, Ronney and Lada, she is angry that her mother is 'out of reach' beyond interacting with her children. As Katniss ensures the family's survival by hunting, foraging, bartering and trading, food serves both a practical and relational function in relationships with the community and her mother. The first time that Katniss returns home with meat, her mother 'roused herself, skinned the carcass, and made a stew ... Then she acted confused and went back to bed' (Collins, S., 2008, p. 51). Katniss's mother's distance from her children is suggested as there is no dialogue or interaction in Katniss's recollection, just her mother's performance of practical tasks. Nonetheless, the stew connotes a shift towards mending caring relationships through shared responsibilities, as Katniss provides the meat, Prim the greens, and her mother transforms the ingredients into a meal. Following the shared preparation of food, although their mother returns to bed, Katniss and Prim 'made her eat a bowl [of stew]' (Collins, S., 2008, p. 51). Although Katniss's mother's despair positions her outside of everyday familial encounters and relationships, the scene also introduces Katniss's first direct care-giving response to her mother's distress when she and Prim feed their mother.

From this occasion of shared food provision, preparation and eating, Katniss's mother slowly emerges from her despair such that, by the time Katniss is 16 years old, she has

returned to running her apothecary shop and works as a healer for the District's poor. This 'recovery' depicts Katniss's mother's despair as socially constructed, produced by grief over the death of her husband, the weight of knowing that she cannot make enough money to feed her children, and that her husband, and many other men, were killed because the state forced them to work in mines that were 'blatantly dangerous' (Collins, S., 2009, p. 131). Katniss's mother begins to participate in work and family routines after Katniss provides food that ensures the family's survival. However, as the dystopian regime is unchanged, Katniss is aware that her mother may become distressed and withdrawn again in similar circumstances. After Katniss does the 'radical thing' by volunteering to take Prim's place in the hunger games arena, where she expects to be killed, Katniss instructs her mother and Prim on how to participate in the social networks that will keep them alive, including trading with Gale who will provide plants for the apothecary business (Collins, S., 2008, p. 35). In the dystopian context, legal sources of income, through Prim's cheese-selling business and her mother's apothecary shop, are insufficient to prevent people from starving (Collins, S., 2008, p. 35). As such, Katniss emphasises the importance of relationality to survival before she leaves for the games, as she grabs her mum's arm and demands 'You can't leave again … You can't … leave Prim on her own' (Collins, S., 2008, p. 35). The urgency and intensity of Katniss's demand is motivated by her fear that Prim will starve, bringing up Katniss's memories of 'all the anger, all the fear I felt at her [mother's] abandonment' (Collins, S., 2008, p. 35). Katniss realises that, if her mother watches Katniss die in the arena, then her mother's grief could risk Prim's and her mother's own lives through starvation. The death of Katniss's father and withdrawal of her mother serve the narrative purpose of emphasising to Katniss and the reader that interdependence and relational networks are fundamental to the possibility of living in the oppressive Districts, as the death or despair of one person can jeopardise the survival of several others. Katniss is at pains to ensure that she leaves Prim and her mother in an effective network with Gale's support, as Katniss recognises that life in the District is both precarious and relational.

In response to Katniss's demands, at first her mother seems ashamed that her despair led to her children suffering, as she looks down at the floor and assures Katniss 'I know. I won't. I couldn't help what –' (Collins, S., 2008, p. 35). In her fear and rage, Katniss interrupts her mother, demanding 'Well, you have to help it this time' (Collins, S., 2008, p. 35). Katniss's statement suggests that her mother was not strong enough to cope with her personal experiences of distress and the dystopian context. This raises the complexities of

despair and distress produced by social environments and the seeming impossibility of dismantling or redressing systemic social injustice. Although Katniss recognises that her mother's distress is produced by her experiences and the oppressive regime, she also seems to take the stance that, as the social environment has not changed, the only option is to survive it. Interestingly, Katniss's mother does not regard her distress as socially constructed, as she angrily retorts 'I was ill. I could have treated myself if I'd had the medicine' (Collins, S., 2008, p. 36). In this claim Katniss's mother can evade her daughter's perception of her weakness and failure, yet using the language of illness and treatment still locates the 'problem' of distress in the individual. Whether distress is interpreted as personal weakness or an illness, both explanations seek the problem and solution in 'fixing' the individual who must either be 'stronger' or medicated lest they place an unacceptable burden on others for their care. Katniss reflects on the possibility of her mother's illness, concluding that '[p]erhaps it is a sickness, but it's one we can't afford' (Collins, S., 2008, p. 36). Katniss is open to the possibility that grief and despair are illnesses but is more concerned with the fact that this does not change their vulnerability under the dystopian regime. Whether Katniss's mother's despair was produced as a result of the policies that forced her husband to work in the mine and would leave their family to starve, or whether her distress only became a 'problem' because the poor in the Districts cannot access medicine under the oppressive regime, the political and social system remains unethical and unjust in creating the conditions in which anguish could still result in the death of both Prim and her mother.

The contrast between Katniss's relational perspective and her mother's more detached 'medical' viewpoint sustains the distance between Katniss and her mother throughout the trilogy. As Katniss's mother begins to participate in family and work life again, Katniss reports that, at first, she refused her mother's help as Katniss was 'so angry, I wouldn't allow her to do anything for me' (Collins, S., 2008, p. 15). Katniss recognises that her mother is trying to care for her daughters, but these efforts are soured by past experiences that have left Katniss unable to trust her mother. The fissure in mutual care, support and attempts to reestablish a caring relationship provokes consideration of what constitutes a moral response to someone from whom we have not received good care in the past. The past breakdown in care does not prevent both Katniss and her mother from attempting care in the present, whether these attempts are successful or not, distinguishing this relationship from one in which there is ongoing abuse or neglect. Ethical care starts from the recognition of needs and taking responsibility to do something about them and 'is not a calculation of what may be

owed in response to what has been received in the past' (Barnes, 2012, p. 53). Katniss's relational perspective begins in attention to others, and she takes responsibility for attempting to meet others' needs in her efforts not to hurt her mother by rejecting her efforts. Katniss recognises that the possibility of a relationship with her mother includes making efforts 'to get past rejecting offers of help from her [mother]' (Collins, S., 2008, p. 15) and is attentive to her mother's feelings through attempts to return her mother's 'hugs instead of tolerating them' (Collins, S., 2009, p. 31). Katniss's mother offers help despite Katniss's rejection, while Katniss tries to respond to her mother's current efforts. Allowing her mother to attempt care, Katniss recognises her mother's needs and is open to new caring acts that are not dependent upon what has been given or was lacking in the past.

However, Katniss's attempts at ethical care cannot heal the relationship because her mother does not share her daughter's relational perspective and remains inattentive to Katniss as a particular person. In children's and YA literature[4], the act of gift-giving often highlights the difference between a 'good' act in terms of meeting an obligation or duty, and a caring, competent one. Typically, an adult character, often a divorced parent, new love interest character, or authority figure, offers a child or teen character a gift that they have outgrown or are not interested in to suggest a distant, inattentive or potentially threatening relationship. For girl protagonists, inappropriate or unwanted gifts are often associated with gender stereotypes, such that they may receive trinkets, dolls, nice clothes, hairbrushes, and so on, for which they are expected to be grateful even if what they really wanted was a microscope, a book, or a knife. Before the ceremony that selects which children will enter the hunger games contest, Katniss find that her 'mother has laid out one of her own lovely dresses for me…with matching shoes' (Collins, S., 2008, p. 15) and Katniss allows her mother to braid her hair. Yet the scene expresses Katniss's care for her mother, not the other way around. Katniss is supremely disinterested in clothing and hair but accepts the dress because these 'clothes … are very precious *to her [mother*]' (Collins, S., 2008, p. 15; my emphasis). In other words, Katniss does not find pleasure in the clothes, but only wears them in an attempt not to hurt her mother's feelings, and in recognition of what her mother values. By contrast, Katniss's mother's failure to recognise Katniss as a particular person is emphasised once her mother has finished grooming her, as Katniss states her dissatisfaction twice on one page that she does not look like herself (Collins, S., 2008, p. 15). There is a mismatch in relational

[4] This trope is so common and readily recognisable it also occurs widely across literature aimed at adult audiences.

terms between Katniss's mother's concern with what her daughter 'should' be like, perhaps particularly at the televised ceremony, and Katniss's attention and response to what her mother wants. Although Katniss's mother attempts care and kindness, her actions do not begin in the moral practices of attentiveness, thought and response to Katniss's particular experiences, hopes, and fears. The absence of mutual attention and shared values sustains the distance between Katniss and her mother, despite both their care efforts.

After Katniss returns from the hunger games as victor, she lives with her mother and Prim in relative affluence in *Catching Fire* (2009). Katniss's observations again draw attention to differences in types of care practices and associated competences. Good care requires many different competences as caregivers decide how to respond to experiences and needs in particular situations by 'drawing on the range of different types of knowledge that will contribute to ensuring good care' (Barnes, 2012, p. 171). Mothering competences can include technical knowledge, such as how to change a nappy or administer Calpol, as well as competence in paying close attention to the child, consideration of the situation, drawing on experience from previous attempts at care, and perhaps memories of one's own childhood. Good care requires attentiveness as well as technical competence, skills and knowledge, as if we need to 'monitor a patient's blood pressure, then we need to know how to do it' (Tronto, 2015, p. 8). Her mother's skills as a healer garner respect from Katniss, strongly differentiating Katniss's reaction to her mother's care work from the lack of care practices during the time of her distress. When Katniss witnesses her mother tending to Gale's wounds after he is whipped almost to death, she enters into an admiring seven-page description of her mother, watching 'filled with awe' (Collins, S., 2009, p. 111) as her mother works with 'expert hands' (p. 113) and, the next day, Katniss notes '[s]he knows what she's doing, my mother' (p. 125). Katniss's mother's technical competence is distinguished from emotional response or care that is based in personal relationships with those closest to us. Katniss's mother's work highlights the importance of technical competence to translating the moral principles of care ethics into effective care practices.

However, the skills and competences needed to respond to socially produced distress and vulnerability are less clear than those needed for tending physical wounds, and questions remain about how to achieve social change, and what alternative system would improve equality, justice and the conditions for flourishing. Political contexts matter in shaping the possibility that ethical care practices can be realised. As a young child, Katniss would witness her mother tending to 'the emaciated bodies of the children … as my mother prescribes what

the parents can't give. More food' (Collins, S., 2009, p. 80). In other words, her mother's efforts can only respond to immediate needs that will continue to be produced while the dystopian system remains in place. Katniss's mother works as healer for the poor and Katniss, after she is a victor of the hunger games, distributes as much of her money and food around the District as she can, such that they both enact care in response to the needs of friends, strangers and enemies. However, distributing food to those who need it does not address the political system in which daily hunger and death from starvation are not due to overall food shortages (e.g. Collins, S., 2008, p. 28; Collins, S., 2009, p. 143) but are orchestrated by the Capitol to sustain the Districts' sense of vulnerability, powerlessness and preoccupation with survival rather than revolution[5]. Although Katniss can hunt in the woods or distribute food to others, ending the policies that create food shortages requires changing the political system.

The problem with recognising that despair, suffering, and trauma are produced by social environments is that, in and of itself, this does not offer a solution or a workable alternative. Within the deeply divided society of Panem, cooperative social networks operate within and across families, as Katniss and Gale provide food for both their families (e.g. Collins, S., 2008, p. 109), and at the community level through the illegal food market. In Panem responding to the hunger of others is an act of rebellion because sharing food can indicate that lives other than our own have value. However, while these actions are illegal, such that there is a constant awareness of threat in carrying them out, Collins's narrative suggests that they have continued for many decades without producing a political response. Cooperation between individuals in conditions of vulnerability and distress is not sufficiently revolutionary; rebellion and the transformative power of care come from the transgression of what Tonto calls the 'moral boundaries' between political and domestic, public and private. As long as ethical care remains constrained to the realm of family or community it does not pose a threat to the ruling regime. In contrast to personal power and pursuit of self-interest within the competitive social order, the ontological starting point of relationality proposes that a 'caring society would attend to the health of the social relations between its members' (Held, 2005, p. 136). Katniss's care ethic becomes revolutionary as she extends relational values to the state. People must not only care about the needs of others, particularly strangers and those unlike themselves, to create the conditions that make flourishing possible, but if

[5] The recent prequel to the Hunger Games trilogy shows the ideological thinking that led to the development and enactment of these policies, and their aim to create distress and political control.

they believe that the *state* has a moral responsibility in meeting those needs, then there will be a revolution.

Although many female adolescent protagonists demonstrate their exceptionalism in conditions of oppression and social injustice, Katniss is exceptional in Panem in extending relational principles and practices to the functioning of political and social systems. A number of scholars from different critical perspectives have noted Katniss's progression or development from concern with her own family and community, to concern with other Districts and a more just future for Panem (e.g. Averill 2012; Despain 2012; Jaques 2014). This progression is consistent with the narrative structure of the trilogy that moves Katniss from her home to her definitive role in ending dystopian rule, as well as the typical construction of adolescent protagonist's developmental trajectory in YA. Katniss joins the rebellion after reflecting on the violence against and starvation of children, including Prim, and concludes that she must fight the regime as 'what has been done to them is so wrong, so beyond justification, so evil that there is no choice' (Collins, S., 2009, p. 123). What is revealing about this statement is that many of the other citizens of Panem do not seem to agree. In other words, to regard the treatment of strangers and those unknown to us, like the people in other Districts that Katniss knows very little about, as 'beyond justification' we must first regard those strangers and people unknown to us as having moral parity, that is, as having equal ethical consideration to our own concerns.

The goal of the rebellion is revealed not to be social justice but to wrest political control from the Capitol, as the rebels, including Gale and the rebel leader, enact several atrocities, including trapping hundreds of people inside a mountain (Collins, S., 2010, p. 242) and bombing children and those who run to help them in an attack that also kills Prim (p. 406). After the rebellion succeeds, Katniss is deeply troubled by the realisation that the new self-appointed President Coin and the other leaders are willing to continue the violent policies of the Capitol regime. The rebellion does not represent a new future or an alternative to the existing political and social order but seeks to take its place, retaining power through the same unequal and unjust systems that were put in place by the toppled regime. Katniss realises that protest against the rebellion has become as necessary as protest against the Capitol had been as 'it benefits no one to live in a world where these things [murdering children for political gain] happen' (Collins, S., 2010, p. 440). However, as that is exactly how people with the greatest power have benefited in Panem, Katniss's statement highlights her attention to everyone in society, rather than the interests of those in power.

Katniss's final act of rebellion is to kill the new President Coin, after which she withdraws into severe distress, repeatedly attempting to end her life over a period of months (Collins, S., 2010, p. 435 – 439). The final chapters of *Mockingjay* (2010) draw parallels between Katniss and her mother as Katniss's despair is also product of both the death of the person she loves most, Prim, and the seeming intractability of oppressive and unjust political and social systems. However, it is not only the violence and oppression of the social context that produces distress, but the lack of an alternative that makes life unbearable, as Katniss explains that 'I no longer feel allegiance to these monsters called human beings, despise being one myself' (Collins, S., 2010, p. 440). Katniss's withdrawal from all personal and social interactions represents her loss of hope for a better future through a political system that would not wield power through violence and vulnerability. Like her mother, Katniss slowly emerges from deep distress, not because hope is restored by a new political order, but because she reaches a point where she can restore connections with the people who make her life meaningful, starting with memories of her father. Although the distance between Katniss and her mother remains, as her mother moves to another District to help set up a hospital, the mother-daughter connection is not lost as they phone and write to each other, and grieve together for Prim (Collins, S., 2010, p. 443 and 451). Suzanne Collins (2010) never describes the political system that replaces the rebellion and the Capitol regime, but Katniss's ability to live and cope with life seems to rest on her withdrawal from all political and social concerns. The epilogue that describes Katniss's adult life with her family, far away from political and urban society, restores the marginalisation of Katniss's relational values and returns them to the private realm of the self-contained nuclear family. Although Collins's dystopian trilogy explores the possibilities of care ethics through the first-person narration of her adolescent protagonist, Katniss seems to give up hope for a political and ethical system that meets the needs of the most vulnerable or creates the conditions in which all lives can flourish.

In this chapter, I have examined depictions of maternal distress as a product of interpersonal situations and social contexts in which power inequalities, including unequal gender relations, produce conditions that resist relational care practices and distributed responsibilities for needs. Inequalities in power are almost always present in care practices but, in the novels discussed above, systemic inequalities are produced and sustained through hierarchical orders in which the most powerful are in positions of privileged irresponsibility in which they can ignore others' needs and do not regard themselves as bearers of relational moral responsibility, whether in interpersonal relationships or in relations between

individuals and state. I have argued that the hierarchical power relations of patriarchy, feudal, and dystopian social orders sustain conditions of despair and unmet needs, resisting ethical care by individualising distress as a personal 'problem' within the mother character, whether she is constructed as weak or as ill. In either case, individualising mother's distress obscures the political and social systems and values that reward patriarchal power, self-interest, or violence, and fail to help those who are exposed to that violence and experiencing extreme vulnerabilities.

This chapter has shown that while practical skills and competences are important in carrying out care, political and social contexts powerfully shape the possibility that good care can take place. The four adolescent protagonists in oppressive contexts discussed in this chapter do not regard their distressed mothers as incompetent in failing to carry out tasks like cooking and cleaning, or for failing to bring about social transformation, but because they fail to protect their children who are left vulnerable in dangerous and threatening circumstances. The protagonists' anger towards their mad mothers in situations of oppression and violence, I argue, is thus rooted in perceptions of moral failing as silent, withdrawn, distressed mothers destabilise protagonist's understanding of 'mother' as a relationship. Particularly where the mad mother character's separation from the family is a deliberate coping strategy, as in Kilworth's and Chan's novels, her isolation is both terrifying and unforgiveable in its denial of the inevitable relationality of the family and the importance that protagonists place on the quality of the relationship with their mother.

For Ronney, Katniss and Lada, their derision and anger at their withdrawn, despondent mothers serves the function of differentiating their values and agency from their mothers who sustain the status quo. Ronney and Katniss attempt good care by taking on responsibilities for addressing needs in their families during their mother's withdrawal and despair, demonstrating that there is not a single act of direct care-giving that will alleviate distress produced by personal circumstances and social contexts. Instead, both texts illustrate the protagonist's relational morality through actions that demonstrate the value of ongoing family relationships. For Ronney, this includes actions to repair the family home, such that removing mould from the wall and mowing the lawn support the potential well-being for everyone in the family home. Similarly, Katniss's food sharing networks demonstrate that lives other than her own have value and meaning, while the shared food preparation and eating with her mother and Prim demonstrate the value of family relationships, even though she cannot give direct care that alleviates her mother's despair. In differentiating between

mothers and protagonists' values in terms of the values and principles of ethical care, these novels also differentiate between generations in terms of the potential of adolescents to disrupt or resist mainstream individualism and pursuit of self-interest, and the mother character's seeming lack of hope for a possible alternative. In taking a care ethics perspective on maternal distress as a product of social contexts, I have argued that state systems and institutions bear moral responsibility to create and maintain the conditions that allow all people to practice and receive care whenever it is needed. Life for these mad mothers is unbearable not only because of their present circumstances of subordination, silence, abuse, and lack of social justice, but because there is seemingly no alternative system of interpersonal, social and political relations beyond those that reward 'power over' and parochial self-concern. I have argued that in these novels, the construction of socially produced maternal distress as weakness, illness or madness sustains individualistic and oppressive systems, and resists the transformative political potential of ethical care to redress systemic inequalities and injustices.

3. ‘I can’t end up like you’: The Biological Self, Genetic Information and Mad Maternity

This chapter turns to portrayals of madness as mother-daughter genetic inheritance, introducing temporality and intergenerational connections to ethical considerations of distress, responsibility, and the potential for caring responses. Observations and ideas about shared family traits and physical attributes are not new yet have undergone significant revision since the discovery of genes and ongoing developments in genetic science and medicine. Popular understanding of genetics, genetic diseases and genetic risk underwent a rapid shift during the 20th century and took place in a wider Western context that increasingly emphasised personal autonomy, self-governance, and individual responsibility. In *The Politics of Life Itself* Nikolas Rose (2007) argues that 20th and 21st century scientific and biomedical developments are influencing the formation of subjectivities and raising new ethical questions about the self, relationality, and responsibilities. Rose (2007) argues that long-held understandings of the self as physical in terms of limbs, systems, or organs has been replaced by a perception of the self as biological at the level of genes, chemicals, and hormones, such that it ‘is now at the molecular level that human life is understood, … [and] can now be engineered’ (p. 4). In other words, there is increasing attention to the self in terms of molecular biology and genetics, and the promotion and purchase of biomedical interventions to achieve personal goals and desires. New biotechnologies and genetic information shape subjectivities and ethical considerations in a context that emphasises choice, freedom, and self-actualization, incorporating knowledge about genes in personal efforts at self-management of both current health and future risk. In the novels I discuss in this chapter, adolescent protagonists discover new information about the genes that have been passed on by their mothers, requiring daughter characters to consider biomedical and genetic information alongside their other experiences as they develop ideas about personal responsibility, agency, risk, and potential futures.

Genetic knowledge generates new obligations and considerations of the self and relationships in terms of genetic links to others. As a result, managing genetic risk is not only a matter for the individual but ‘a matter of both family histories and potential family futures … induc[ing] “genetic responsibility”’ (Rose, 2007, p. 108). The ‘genetic responsibility’ created through information about genetic risk or hereditary disease shapes individuals’ ethical considerations and actions in relation to their own futures, as well as in relation to future potential relationships and biological children. The rapid shift to new subjectivities

informed by biomedical language and concepts positions many YA mad mothers as belonging to a previous generation that did not have access to information about their genes or genetic risks, leading to the depiction of these hapless and unwitting mothers in negative terms of mother failure, and blame for family situations. Daisy, the co-protagonist of Eve Ainsworth's novel *Tender*, offers an example of how the contemporary biomedical perspective of the self and relations to others reshapes the protagonist's relationship with the mother character, and her own potential maternal future. Daisy is told by her father that her little brother, Harry, has inherited muscular dystrophy from his mother because the gene is carried by females. In the novel, genetic knowledge assigns 'genetic responsibility' to Daisy's mum, who is then obliged to take on the care work for Harry alone, regardless of her own needs, or the needs of the rest of the family, including Harry, as it is suggested that he wants to see friends and spend more time with Daisy. However, Daisy's mother gives up her career as an IT professional to be her son's full-time carer until she is left sobbing, exhausted, feeling abandoned and 'broken' (Ainsworth, 2018, p. 92). Despite the toll on her own well-being, Daisy's mum refuses to let anyone else care for Harry as she sees his additional care needs as her sole responsibility because '[i]f it wasn't for me, he'd be healthy' (Ainsworth, 2018, p. 92). Here, the focus on genetic inheritance of one particular disease invokes a binary construction of 'illness' and 'health', as if the only possible alternative to muscular dystrophy is being healthy.

The unequal 'genetic responsibility' of Daisy's mother and father sustains the unequal gender distribution of care within the household. As Daisy's parents are portrayed as believing that Daisy's mum is responsible for Harry's condition, Daisy's dad does not give up his career, nor carry out household tasks or childcare. Genetic knowledge adds a 'scientific' excuse for Daisy's father to shirk family care responsibilities: as he does not carry the muscular dystrophy gene, it is not his responsibility to take on care work. After Daisy's father explains that Harry's condition has been 'caused' by Daisy's mother's genes, Daisy no longer wonders why her mother takes on all the care work for Harry so exhaustively, nor wonders why her mum feels so guilty that she does not take care of herself. Indeed, once the genetic explanation is known in the novel, there is seemingly no need to consider contextual factors. Daisy gives no thought to the significant weight of cultural expectations that girls will grow up to have children and to be the primary carer, whether or not their children have additional needs, nor to cultural constructions of motherhood such as intensive mothering that create the expectation that mothers should always be present, available, and prioritise childcare over

other needs and interests. Social and familial expectations of mother's caring responsibilities and gendered divisions in household roles continue unchecked, with genetic knowledge functioning to sustain the traditional gender divisions in nuclear families, with mothers carrying out the majority of domestic care work, while fathers continue to prioritise paid work and careers, and are rewarded for doing so.

The temporality of ethical questions raised by genetic inheritance traverses several generations, from Daisy's mother, to Daisy, and to Daisy's potential biological children. When Daisy learns that females carry the muscular dystrophy gene in the context of a homelife that leaves her mum guilty and exhausted, Diasy worries about her own possible future as a mother, as she thinks that '*as of this moment I never want to be a mum, because I can't end up like you*' (Ainsworth, 2018, p. 201). In thinking about her future as a mother, Daisy thinks about her own life as well as the quality of life of a potential future child who she will be responsible for caring for. Information about genetic risks and genetic testing reshapes ethical decision-making about reproductive choices, bringing 'the quality of life that potential offspring will have in terms of genetic illness… into the present field of ethical concerns' (Rose, 2007, p. 127). Contemporary subjectivities constructed through molecular and genetic information carry a genetic responsibility to understand their genes in the present, and how genetic susceptibility or risk may affect the lives of potential children. Although Daisy does not reach any final decisions about her possible futures as a biological mother, she reconfigures her expectations in light of genetic information, as she thinks: '*I could be carrying this? If I have a child, I could make them sick like Harry?*

This could happen again and again.

The nightmare may never be over' (Ainsworth, 2018, p. 200).

Daisy's fear of endless cycles of both reproduction and mother blame suggests that the 'nightmare' she dreads is both passing on muscular dystrophy, and bearing genetic responsibility and guilt for the children she has 'made sick'. Daisy's fears that the matrilineal line could pass on this gene 'again and again' evoke ideas of eternal, unchanging feminine cycles and dangerous maternity, creating an impression of inevitability. However, genetic knowledge distinguishes Daisy from her mother. While Daisy's mother unknowingly carried the gene and 'gave' it to Harry, Daisy has access to genetic information and testing that can inform her choices and decision-making about possible reproductive futures. As such, the depiction of genetic knowledge in the novel reflects the contemporary construction of subjectivities in terms of personal responsibility and prudent self-management, including

consideration of future health and potential relationships by accounting for medical information. In this context, Daisy's 'nightmare' that generation after generation will inherit muscular dystrophy can be avoided by making rational choices that draw on scientific advances, biomedical tests, and genetic information to regulate what are constructed as dangerous feminine reproductive cycles.

The narrative also distinguishes Diasy from her mother by depicting the adolescent protagonist's caring perspective that rejects her parents' view of Harry's care as her mother's sole responsibility. Daisy recounts previous occasions when Harry has stopped breathing but has been revived by doctors, explaining that the family's shared fear that he will die soon 'was slowly killing all of us' (Ainsworth, 2018, p. 67). From Daisy's relational perspective, her focus is not on the effort needed for Harry's care, but on the meaningful, loving relationships within the family, and the pain they all feel at the fear of losing Harry. Daisy's care perspective centres the meaning and value of relationships between all family members together, transgressing the construction of Harry within an isolated 'caring' dyad with his mother. However, the depiction of Daisy's mum as solely responsible for Harry delegitimises Daisy's fears and worries, as well as how she is affected by being excluded from multiple caring relations. Her mum's sole responsibility for Harry resists Daisy's attempts to care for her brother, Daisy's offers of support for her mother, and prevents Daisy from receiving her mum's care. The perspective of care as duties and tasks, motivated by guilt, fear and worry, quashes the potential of care to be a source of meaningful support and 'an occasion for developing our capacities of thought, empathy, sensitivity, trust, ingenuity and creativity' (Kittay, 2017a, p. 310). Through carrying out care tasks for one person exhaustively, Daisy's mother no longer carries out good care and does not seem to experience satisfaction or joy in the relationships with either of her children. There is some relief to this situation at the conclusion of the novel, when Daisy's mum agrees to accept outside help with Harry, consistent with the 'message' in *Tender* that encourages young people to seek support from carer groups as noted in chapter one. Nonetheless, the depicted gender division in care responsibilities and tasks in the household is sustained as Daisy's mum only receives support so that she has time to carry out even more care duties (Ainsworth, 2018, p. 202 - 3), not to pursue her own interests, friendships, or a career; these remain the sole privilege of her husband. As such the narrative concludes problematically, without challenging the unequal gendered distribution of family responsibilities that are sustained by concepts of maternal genetic blame.

Like Daisy, the girl protagonists of the next two novels I discuss, *If You Were Here* (Yabroff 2017) and *The Place Between Breaths* (Na 2018), both fear becoming like their mothers due to genetic inheritance. However, unlike Daisy who considers questions of future risk and susceptibility, Tess and Grace have inherited mad maternal genes that produce their adolescent experiences of visions and hallucinations. As a result, Tess and Grace each consider ethical and genetic responsibilities with respect to how they live in the present, as well as their possible adult futures. Like other adolescent protagonists discussed elsewhere in this thesis, Tess and Grace are presented through different ways of approaching the ethical dilemmas that arise from their experiences of visions and hallucinations. While the novels I have considered previously often contrast individualistic perspectives with care ethics perspectives, in Tess and Grace's narratives the inclusion of genetic information contrasts what is depicted as scientific, detached, and universal with experiences that are subjective, relational, and particular. The incorporation of genetic information into life strategies and assessments of interpersonal relationships invokes processes of decision-making based on a 'logic of choice' (Mol 2008). The 'logic of choice' expresses the contemporary Western shift towards incorporating political and cultural concepts about free autonomous individuals into healthcare policy and practice. However, in many healthcare situations, such as having a genetically inherited disease, Annemarie Mol (2008) argues that personal choice is important but 'not decisive. For what you want most of all is not have [a disease] … But you do. Wishing [disease] away does not help you live with it' (p. 75). Mol suggests that knowledge of one's self in biomedical terms cannot assist with the complex challenges of care and day to day living with an ongoing illness or disease. In the rest of this chapter, I examine Tess and Grace's narratives through the negotiation suggested by Rose's theory of the contemporary 'molecular' understanding of the self, susceptible to biomedical interventions, and Mol's proposal that this knowledge is insufficient for living well with unwanted conditions or mad experiences.

'It never made any difference anyway': Agency, Madness and Biopsychiatry

In *If You Were Here* (Yabroff 2017) and *The Place Between Breaths* (Na 2018), both mother and daughter characters experience visions and hallucinations due to 'mad' female genes. Yet the visions and hallucinations are not straightforwardly depicted as either disease or the cause of distress. Hallucinations and visions are a common literary trope, whether characters are experiencing distress, trauma, illness, substance abuse and grief, or else joy, reconciliation, good luck, and the Christmas spirit. For adolescent characters, experiences

such as seeing ghosts or hallucinations can trouble the protagonists' sense of self, prompting questions about new possibilities and assumptions that were taken for granted during childhood (e.g. McCallum 1999; Waller 2011). In *If You Were Here*, the 15-year-old protagonist, Tess, her mother Sylvia, and Tess's maternal grandmother all have prophetic visions, suggesting a genetic matrilineal connection and a sense of inevitability about predictable futures. While depictions of hallucinations usually trouble a sense of coherent reality, provoking readers and characters to question their perceptions and beliefs about 'the way things are', visions of the future serve the opposite function, creating a sense of inevitability and troubling the possibilities of individual agency. Visions and hallucinations operate as '[p]erceptual motifs … [that] are often used … as metaphors which articulate characters' worldviews and their perceived place in the world' (McCallum, 1999, p. 41). For Tess, prophetic visions function as a perceptual motif that reinforces the protagonist's belief that socially constructed systems are immutable and inevitable, limiting personal agency and responsibility. Tess can do nothing about her genetically inherited ability to have visions, an experience that she calls 'it' (e.g. Yabroff, 2017, p. 21, 46, 81). Tess explains that 'it' is an experience of complete helplessness, described in similar terms to sexual assault that happens to her mostly at night in bed as a 'pounding…hammering' (Yabroff, 2017, p. 21) in her head, after which she vomits and is left 'exhausted and drained…spent and sore' (e.g. Yabroff, 2017, p. 22). Tess does not name the visions other than 'it' because 'no word describes the sweaty terror, the dread in my throat, the powerlessness to stop it …I've never told anyone' (Yabroff, 2017, p. 46). The description of the visions as assault positions Tess as passive, silent and helpless. Tess had no power over inheriting her mother's genes, and she has no power to stop the visions. After Tess has visions of her best friend's death, Yabroff's novel further explores the possibility for individual agency to destabilise what is seemingly inevitable, whether through personal transformation, resisting social conventions, or taking action to change future events.

The novel begins with Tess explaining that she used to be 'normal' (Yabroff, 2017, p. 9). However, Tess explains, after the other children saw her mum crying at the school gates and noticed that she failed to pack Tess socially acceptable lunches or wash her clothes, 'there were only about five kids left who would talk to me' (Yabroff, 2017, p. 10). From this point on, Tess's only friend is Tabitha. Tess blames her marginalization at school on her mother's socially unacceptable appearance and behaviour, reinforcing both Tess's belief that being 'normal' is the only route to social acceptability, and that this is not within her own

control. In particular, Tess's consistent labelling of her mother as 'crazy' (e.g. Yabroff, 2017, p. 23, 46, 272) centres on her mother's agency to resist social expectations and, therefore, her unpredictability. In late 20th and early 21st century children's media terms such as 'crazy' were often used to marginalise and ridicule characters who were unconventional, eccentric, frightening or violent (Wahl 2003). While 'crazy' is still sometimes used as a microaggression, it is more typically a slang term that describes unexpected or exceptional decisions, actions, or behaviours, such as a 'crazy night out', that have nothing to do with symptoms or disease. In contrast to Tess who scripts events in terms of stereotyped interactions, as I discuss below, Sylvia is an actress who has numerous different roles and scripts to speak from, and Tess recounts her mother's many enchanting transformations (e.g. Yabroff, 2017, p. 27, 49, 62, 213-14). However, there is a limit to Tess's admiration, as Sylvia has stopped working due to her distress, and Tess reports that 'nothing ever happens the way it's supposed to with my mom, not even on her good days' (Yabroff, 2017, p. 64). Tess's repeated characterisation of Sylvia as 'crazy' is used to denote the mother character's agency that is portrayed as Sylvia's disruptions to otherwise predictable, and thus socially acceptable, encounters and events.

Tess not only regards her mum as 'crazy' because of her transgressions of 'normal' social expectations, but because Tess adheres to the contemporary construction of the self on biomedical terms that label differences and deviations as symptoms, illness, and disease. From this perspective, Sylvia's experiences of distress, strange behaviours, sleeplessness and failure to wash are pathologized as evidence of 'mental illness', even though they are responses to Sylvia's visions of the future. The protagonist's labelling of Sylvia's responses to her visions as being 'sick' (e.g. Yabroff, 2017, p. 49) delegitimises Sylvia's own understanding of her experiences as she tells Tess, 'it's not illness. It's magic' (Yabroff, 2017, p. 214). Sylvia's perspective refuses medicalisation and articulates a subjective understanding that does not rely on genetics or psychiatric diagnoses. However, with subjectivities interpreted at the molecular level, there seems to be nothing undiscoverable about being human, such that, seemingly, 'there is nothing mystical or incomprehensible about our vitality' (Rose, 2007, p. 4). As such, the process of applying medical names and terms to unusual or unwanted thoughts and emotions creates the impression of scientific fact, silencing and delegitimising explanations of madness or distress that include spirituality, cultural heritage, personal situations, or contexts. Like other YA novels discussed elsewhere in this thesis, the authoritative biomedical perspective which pathologizes Sylvia's subjective

meanings of the visions and understanding of magic, positions the masculine, scientific, rational and 'advanced' in opposition to the experiential, irrational and feminine. As 'magic' is not a scientific or biomedical explanation, Sylvia tells Tess that the doctors 'say it's a sickness because they don't know what else to call it. But it's not an illness' (Yabroff, 2017, p. 214). In other words, Sylvia suggests that the term 'sickness' does not denote identifiable and objectively verifiable disease, but is used to label what can*not* be explained by medical or scientific concepts.

Asserting an interpretation of events that does not respond to the situation as the person is experiencing it, as Tess is portrayed as doing in labelling her mother as 'sick', cannot lead to good care. In care ethics, the moral practice of attentiveness recognises when another person's response to a particular experience differs from one's own, and care is attempted on that basis. Attentiveness and response in care ethics requires more than imagining how we would feel in another person's situation; it requires efforts to take the perspective of the other person, even if their perspective and wishes for response and/ or treatment differ from our own (e.g. Tronto 1993). The delegitimization of Sylvia's own understanding of her experiences as 'magic' also silences the mother character's ability to voice her needs and desires for care to characters who impose an interpretation of her experiences in terms of symptoms and disease. The depiction of Sylvia's encounters with psychiatric authorities highlights the double-bind she is in as a madwoman, asking '[w]hat if I told them [the doctors] the truth? It would just prove that I was crazy' (Yabroff, 2017, p. 215). If Sylvia disagrees with the doctor's view, she is mad, but if she agrees with them, she is also mad. Either way, Sylvia's voice and experiences are pathologized, leading to her submission to psychiatric authority as she explains that 'I had to go along with them [the doctors]' (Yabroff, 2017, p. 215). The silencing of mad persons' perspectives diminishes their choices over interventions and/or treatments in encounters with medical and psychiatric professionals in which 'such a severe imbalance of rhetorical power exists that a context of coercion is created' (Wilkerson, 2011, p. 108). The double-bind of pathologization makes it impossible for Sylvia to articulate her wishes about the type of care she wants from others. However, Sylvia is portrayed as continuing to quietly resist the normative expectations and predictability of the mainstream, as she explains that she 'went along' with treatment as '[i]t never made any difference anyway. The magic is much stronger than anything doctors can come up with' (Yabroff, 2017, p. 215). Sylvia's encounters with biopsychiatry have not changed her understanding of her experiences as an 'illness narrative'. Despite her seeming

acquiescence to psychiatric authority, Sylvia continues to view the visions as 'magic' and refuses the label of illness.

The differences in how Tess, Sylvia and Tess's maternal grandmother interpret and respond to their visions suggests intergenerational changes in subjectivities that were previously constructed in terms of cultural meaning and shared experiences, but are now understood in terms of biology, genetics, and efforts to be 'normal' by the protagonist. Tess's grandmother, who is Turkish and emigrated to the US, interprets the visions in terms of her cultural heritage as she tells Tess that 'in Turkey lots of people have this gift' (Yabroff, 2017, p. 13). When contextualised in Turkish culture, visions are relatively common, socially legible and valued as a 'gift'. Rather than being strange and abnormal disruptions, visions are a part of quotidian reality, and both Sylvia and her mother interpret the visions in terms of personal meanings and as 'magic' (e.g. Yabroff, 2017, p. 14, 214). The containment of Tess's grandmother away from Tess's everyday life makes her isolated cabin a safe space for Tess to discuss her experience of visions. Tess's grandmother is the only person whom Tess talks to about her visions, which Tess's grandmother names as '*prophetic dreaming*. Then she said there was nothing I could do about my dreams' (Yabroff, 2017, p. 100). Tess's grandmother does not take a biomedical view of the visions but takes a more subjective and experiential approach to 'living with' the visions as she urges Tess to stop ignoring her dreams, and to try to understand their meaning instead. However, the disruptive potential of perspectives that refuse pathologization can be safely defused by evoking them in their properly contained social place. In her position that is distanced geographically, generationally, and culturally from contemporary New York city social life, Tess's grandmother's claims can be easily delegitimised and Tess's father characterises her grandmother as 'a kook' (Yabroff, 2017, p. 13). In her little cabin alone in Maine, Tess's grandmother already lacks social power as an older, immigrant woman, and is thus free to make claims about 'magic' that are readily ignored by the social mainstream.

The absence of biomedical information in Tess's grandmother's and Sylvia's interpretations of their visions associates a lack of understanding of one's self at a molecular level with the past, with older generations that are distanced from both the protagonist and the implied adolescent reader. For contemporary New York city teens, however, there are more severe consequences to refusing biomedical concepts that incorporate 'health' into standards of 'normalcy' than the marginalisation experienced by Tess's grandmother, or the pathologization experienced by Tess's mother. Tess constructs her idea of 'normal' from the

film *Sixteen Candles*, which she watches habitually with Tabitha, and with Sylvia at the close of the novel. Tess's narration provides the perspective that the popular girls at school are 'normal' on the terms of the movie and familiar US gender stereotypes, such as being thin, pretty, and having shiny hair. Tess interprets numerous situations by referring to scenes and characters from the film, and in dialogue with other characters Tess usually quotes from the film, literally following the script and expecting others to play their part. Tess's view that social life consists of scripted, stereotyped interactions means that she does consider anyone else as an individual distinct and different from herself, suggesting a solipsistic perspective, which is 'the inability to distinguish between one's own self and the otherness of the world and of other people' (McCallum, 1999, p. 7). Tess's solipsism is depicted in her lack of attention to others as particular people, as she does not think about their situations or experiences. Instead, Tess regards other people in terms of the film's cast of characters and teen stereotypes and, therefore, as being predictable and unchanging.

However, while Tess repeats the script and stereotypes of *Sixteen Candles*, her best friend Tabitha, pauses the film on the line, '*I mean, you could come back next fall as a completely normal person'* (e.g. Yabroff, 2017, p. 17, original italics). Tabitha suggests that they transform themselves over the summer to look and act like the popular girls in the hope of improving their high school experience the following year (Yabroff, 2017, p. 18 – 19). Tabitha does not question the construction of 'completely normal' but her suggestion is representative of contemporary ideals that position the popular teens as socially successful because they are active agents in managing their current and future 'health'. In this suggestion, the novel engages in the construction of subjectivities in contemporary US society that account for scientific and medical information about the body at a molecular level. The active 'somatic self' makes personal efforts to gain and manage biomedical information about its susceptibilities and risk that 'brings potential futures into the present and tries to make them the subject of calculation and the object of remedial intervention' (Rose, 2007, p. 19). Tabitha's goal to change her social status through personal effort and consumption of the appropriate goods and services, from spray tans to peppermint tea, constructs her 'somatic self' and her future school experience as open to transformation. However, as Mol (2008) argues, there are aspects of bodily selves that cannot be 'corrected' through medical interventions and self-management. Although Tabitha changes her hair, clothes, diet, weight, and ingratiates herself with the popular girls at school, the novel sustains Tabitha in an uncertain social position as Tabitha must pretend that she does not have

asthma in order to be accepted (e.g. Yabroff, 2017, p. 53, 251). The construction of 'normal' people as 'healthy' in the novel is deeply problematic as Tabitha's failure to be 'healthy' leads to her death, after Tabitha secretly used her asthma inhaler at a party, which interacts with the alcohol she has been drinking, resulting in her drowning after she is pushed into a pool and the popular girls do not pay attention to her. Although Tabitha can change her appearance, access to biomedical information and exercise personal choice, her agency and self-management do not help Tabitha to 'live with' asthma or engage in meaningful interpersonal relationships. The novel is problematic in setting out that Tabitha cannot be a 'completely normal person' because she has asthma and, even more problematically, suggests an immutable social hierarchy based on health ideals as this character is punished by death for her efforts at transformation.

Tabitha's death not only sustains hierarchies of 'health' and 'illness' as immutable, but also sustains Tess's perception of her own lack of agency and precarious social position as her visions of the future mark her out as not 'completely normal'. Tess's grandmother, Sylvia, and Tess all have visions of Tabitha's death by drowning several months before the event occurs, yet the potential for agency to change prophesied events depends upon whether the visions are interpreted as 'magic' or 'illness'. Tess repeatedly has visions of Tabitha dead from drowning in a pool, and these visions begin during the summer while Tabitha is transforming herself into a 'completely normal person' and at first fill Tess with fear (Yabroff, 2017, p. 22). However, once they return to school and Tabitha has seemingly accomplished her transformation, leaving Tess without a friend, Tess is shown as having more conflicted feelings. Tess feels guilty that she knows that Tabitha is going to die, but also 'pleased' (Yabroff, 2017, p. 47), and then begins to look forward to Tabitha's death and purposely does nothing to prevent it (p. 74). Tess's response to the visions sustains her solipsism that fails to recognise her subjectivity as constructed through relations and interactions with others. The inability to recognise the otherness of persons and the social world may also produce the solipsistic inability to recognise one's 'own selfhood as independent of the world, and to construct a sense of her/his self as an agent' (McCallum, 1999, p. 7). The perceptual motif of visions of an inevitable, predictable future reinforces Tess's solipsistic worldview of unchanging stereotypes and social hierarchies that reward health, appearance, and behaviour 'norms', and her own lack of agency. As such, she makes no effort to act on her visions of Tabitha drowning, and Tabitha's death is presented through the protagonist's first-person perspective as inevitable punishment for attempting transformation of the immutable social

order, serving as a warning to Tess not to try to effect change, but to accept the visions that cannot be stopped.

Tess's solipsism shapes her responses to both the visions, and to her mother's experience of distress. The final time that Tess has a prophetic dream of Tabitha drowning (Yabroff, 2017, p. 81), Tess finds that her mother is also awake in the middle of the night. Although the timing of them both being awake and feeling rattled in the middle of the night suggests that they have both had a vision of Tabitha's death, it does not occur to Tess that this vision might be contributing to her mother's sleeplessness or distress. Tess observes her mother through a biopsychiatric lens to interpret her mother's appearance in terms of symptoms and disease, as Tess notes that her mother is tense, worried and '[h]aunted. Like the sickness in her brain was eating her from the inside' (Yabroff, 2017, p. 84). Instead of thinking about the experience of visions and how Tess feels similarly shaken up and disturbed afterwards, Tess nonetheless observes her mother from a solipsistic perspective that does not consider that Syliva might be upset by a vision of Tabitha drowning. In contrast to Tess's construction of her mother's 'sickness', Sylvia views the visions as magic and does not submit to the view that social life is predictable and thus immune to efforts at personal agency and transformation. As such, Sylvia both presses Tess to act on the visions of Tabitha's death and takes direct action herself. At first, Sylvia tries to understand the vision by asking Tess about her friendship with Tabitha. Even though Tess has repeatedly had visions of Tabitha drowning and knows that she is at a pool party, Tess only says that they are no longer friends. Sylvia urges Tess to contact Tabitha at the pool party, handing Tess her phone. But Tess only sends Tabitha a quote from *Sixteen Candles* then falls asleep, refusing to engage in taking responsibility for attempting care for Tabitha, or attempting to exercise agency over what Tess views as a predictable event. Unlike Tess, Sylvia responds to the vision by using Tess's phone to repeatedly message Tabitha and Sylvia goes to meet her at the pool. However, as Sylvia is depicted as distanced from the teen's hierarchical understanding of 'normalcy', Sylvia's interventions do not change the events at the party. A few hours later they learn that Tabitha has drowned, reinforcing Tess's perspective that both social hierarchies and predictable events carried out by the stereotyped 'normal' girls, such as drinking at pool parties and ignoring the 'misfit' in the group, are inevitable and beyond anyone's control. In contrast, when Sylvia learns that Tabitha has died, Sylvia collapses, sobbing, distraught at Tabitha's death and possibly her own sense of powerlessness. Like the

doctor's medicine, the visions seem more powerful than anything Sylvia can come up with, either.

Although Sylvia attempts to take action to alter the events in her visions, like Tabitha her efforts also fail and are also punished, as she is subjected to institutionalisation and then to electroshock treatment (ECT). Following Tabitha's death, Sylvia becomes increasingly withdrawn, not eating, washing, or sleeping (Yabroff, 2017, p. 92, 108-9, 155). As a result, Sylvia is institutionalised a short while later. As Sylvia's distress is produced through her visions, and her powerlessness to change predicted futures, interventions at the institution are ineffective. However, her pathologization continues, as the ineffectiveness of interventions is 'explained' in biopsychiatric terms by the characterisation of Sylvia as an individual who 'didn't respond well to medication' (Yabroff, 2017, p. 259). Rather than accounting for meaning, situation and context, Sylvia's madness is increasingly personalised by the concept of a 'medication resistant' individual that locates problems of distress in her particular brain. By excluding other possible factors in distress, psychiatric discourse can lead women to accept explanations that individualise their distress and to feel that there are no other options than increasingly invasive treatments, including ECT (van Daalen Smith 2011). By delegitimising and silencing Sylvia's understanding of her visions and contextual factors, biopsychiatric concepts create contexts of coercion by locating the 'problem' in the individual brain to justify invasive interventions. Although medication makes no difference, magic, subjective meaning, and contexts are depicted as unable to resist biomedical and psychiatric authority.

Both institutionalisation and ECT diminish Sylvia's agency, restoring what Tess perceives to be the 'normal' stasis of a predictable and immutable social world. As such, although Tess knows that her mother had visions of Tabitha's death and tried to prevent it, Tess's solipsism is sustained as she views Sylvia's loss of agency as unproblematic. After Sylvia has undergone ECT and returned home, Tess comments on her mother's behaviour as quiet and passive (Yabroff, 2017, p. 267), and that Sylvia is now in an infantilised state such that she 'couldn't be left alone' (Yabroff, 2017, p. 267). However, identifying the individual brain as the problem averts critical thinking about psychiatric claims to effective treatment. Rather than regarding the change in Sylvia as a diminishment of her passionate, enchanting mother, Tess is portrayed as agreeing with the psychiatric authorities that Sylvia's passivity and silence is evidence that the ECT 'had been going well' (Yabroff, 2017, p. 267). Tess's interpretation of her mother's loss of cognitive ability and docility as evidence of positive

treatment outcomes suggests that Tess has not changed her perspective that predictability is 'normal', while transgressions and the unexpected are 'crazy' disruptions to the status quo that must be quashed and /or punished. Critical disabilities studies has scrutinized the use of biomedical interventions that do not aim to cure disease but to attain a 'healthy norm' that 'is a hypothetical state, not a former condition that can be regained' (Donaldson, 2005, p. 44). As Sylvia really does have prophetic visions, the ECT has not provided a 'cure' nor returned Sylvia to a previous 'healthy state'. Rather, the ECT has positioned this mad mother character in a state of powerlessness and dependency, stymying her ability to act independently and preventing further attempts to disrupt predictable and inevitable events by acting on her visions. It is from the perspective that social hierarchies are enduring and immutable that the effects of ECT are interpreted as therapeutic, thus providing a rationale for the procedure, a justification for the dismissal of alternative explanations of distress, and sustaining psychiatric authority to categorise human experience in terms of disease.

If You Were Here is problematic in many ways, in the depiction of punishment of women's attempts at agency and self-determination, and particularly in the depiction of Sylvia's institutionalisation and 'therapeutic' ECT after she tries to take responsibility and help Tabitha evade her fate. Tabitha's death and Sylvia's ECT can be interpreted as punishments that serve in the narrative as warnings to the adolescent Tess to submit to the social order and not attempt to change her future. Tabitha's death warns Tess that she cannot change her 'illness' of genetically-inherited prophetic dreaming, while her mother's treatment warns Tess that attempts to transgress the social order makes one vulnerable to being labelled as 'crazy' and subjected to psychiatric coercion and control; both Tabitha and Sylvia serve to warn Tess that attempts at agency and transformation will be punished by those with greater social power. Although Tess does not act on her visions of Tabitha drowning, she slowly stops ignoring 'it' and acts on her other visions, successfully preventing an attack on another girl (Yabroff, 2017, p. 145) and preventing her mother's attempt to drown herself (Yabroff, 2017, p. 216). However, Tess does not find empowerment or a new sense of self from trusting the magic of her prophetic abilities and her agency to alter events, but continues to associate difference with madness, repeatedly worrying 'had I already gone insane?' (Yabroff, 2017, p. 151). In the narrative, this question is answered through the fates of the two other female characters closest to Tess: her best friend and her mother. Together, these experiences reinforce Tess's solipsism, such that this protagonist does not change or grow during the narrative. Instead, in the final pages of the novel, Tess muses that she avoided punishment for

her agency in altering events she saw in her visions because '[m]aybe all teenagers have them [magical abilities]' (Yabroff, 2017, p. 272) but, as teenagers become adults, they 'either lose them and become normal …[or] keep them and go crazy, like my mom' (p. 272). In other words, Tess's resistance to the inevitability of predictable events is safely explained within the expected trajectory of tumultuous adolescent growth towards a stable, coherent adult identity. It is only adults like Sylvia, who fail to develop a unified adult identity and take on their expected social role, who 'go crazy'. The perceptual motif of prophetic visions in the novel sustains a problematic portrayal of an unchanging social hierarchy that rewards health, appearance, and behaviour 'norms', while those who have diseases or unwanted genetic traits are marginalised, silenced, institutionalised, or die.

Moral Dilemmas and Mad Maternity

In contrast to Tess's prophetic visions that create a sense of inevitability and powerlessness, visions as perceptual motif in An Na's *The Place Between Breaths* convey the protagonist's sense of uncertainty and dislocation. Na's 18-year-old protagonist Grace offers a powerful contrast to Daisy and Tess through a first-person narrative that conveys experiences of disassociation and fear, as well as in-depth engagement with moral dilemmas over how to live with these experiences, and the possibilities of hope for different futures. Grace's hallucinations explore an adolescent experience of schizophrenia, which is portrayed as a genetic disease in the novel, posing the question of how to live with situations or conditions over which we have no choice. *The Place Between Breaths* is set in a contemporary US small town, with its narrative structured around a number of oppositional concepts that are destabilized through Grace's narrative that explores the 'places between' distinct constructed categories. The two main locations in the novel are Grace's home and the genetics research laboratory where she works as an intern, setting up a contrast between her private, subjective, relational home-life and the objective, scientific public realm. Grace's public persona as a 'nerd' who is rational, objective, high-achieving and has won the coveted internship at the laboratory contrasts with her private fears both in response to her dissociative experiences and for her future of living with schizophrenia. These oppositional concepts are negotiated through the depiction of moral dilemmas about present experiences, possible futures, teleological scientific progress, mad maternity and the potential for meaningful care.

The depiction of schizophrenia as a genetic disease and of the genetics research laboratory at the forefront of new discoveries and potential treatments engages with

contemporary popular beliefs about ‘mental illness’. As I set out in the introduction to this thesis, it is now taken for granted in everyday contemporary discourse that ‘mental illness’ refers to identifiable, objectively verifiable diseases that can be acted upon with specific medical interventions, even if the identifiable biomarkers and physical changes that produce particular ‘symptoms’ have yet to be discovered. This perspective is consistent with the new subjectivities proposed by Rose, which are constructed through biomedical language and concepts that sustain the general belief that biopsychiatry can accurately diagnose, target and treat the assumed biological causes of ‘mental illnesses’ (Rose, 2007, p. 106). However, Rose argues that the contemporary ‘somatic individual’ is not passive and fatalistic. Rather than leaving it to the free market or to scientists to decide where to focus their research efforts, numerous campaign groups, individuals, charities, and community groups of people who have been affected by disease are now influential in the direction of research, new biomedical discoveries, and the promotion of treatments and cures. Those whose lives are affected by disease, whether through the experiences of loved-ones or their own genetic susceptibility, have ‘an investment in scientists fulfilling their promises and discovering the basis of, and the cure or treatment for, genetic conditions’ (Rose, 2007, p. 111). This concept of investment is represented in the depiction of Grace’s father who, after Grace’s mother disappears, changes his career to influence the discovery of a cure or treatment for schizophrenia. It is literally his job as a head-hunter to find the world’s leading genetic researchers and persuade them to work together at the genetic research facility. Grace’s father acts on his knowledge about genetic disease in the contemporary context of choice and responsibility, actively participating in the quest for a cure, and recognising his role alongside scientific and medical professionals.

The search for a cure for both Grace and her mother introduces temporality into the moral dilemma of either focussing on care to meet the challenges of living with dissociative and disturbing experiences, or the belief in keeping a wether eye on future discoveries at which point difficulties will be relieved. From the biomedical perspective, ‘living with’ schizophrenia and other ‘mental illness’ is a matter of patience until ‘biomarkers will definitively be identified …[and] psychiatric science will deliver the medically appropriate cures for what behaviourally ails us’ (Gomory & Dunleavy, 2017, p. 124). Through this perspective on investment in biomedical futures, the biomedical model can sustain its authority and evasion of alternative explanations of strange or unwanted thoughts and experiences, despite the present lack of objective diagnostics or consistently effective

treatments. Grace's father's biomedical perspective on the possibility of a 'better' future informs his belief 'in science … that humans can unlock the infinite capacities of our minds' (Na, 2018, p. 81). The pursuit of a better future requires a temporal exchange with well-being in the present through sacrifices during Grace's childhood, as Grace and her father move house repeatedly, Grace moves school multiple times, and her father is absorbed by his work and his dream of re-forming the family. Grace's father explains that '[w]orking on the next treatment, finding out as much as possible about the disease, it's the only way I know to bring her [Grace's mother] back' (Na, 2018, p. 82). However, the focus on future remedies rather than attention to present needs creates a tension in the relationship between Grace and her father. Although Grace understands her father's motivation, she is also angry and frustrated that the quest for a cure for her mother dominates family life and pleads with her father to focus on 'living instead of waiting for the next trial or the next discovery' (Na, 2018, p. 80). Rather than hoping for an idealised future, Grace wants her father to engage with the life they are living, including the difficulties of frightening, dissociative experiences. Pursuing a cure does not sustain a caring relationship that might offer Grace the support she needs in living with disturbing and dissociative experiences as there is no genetic discovery and her father dies while Grace is a teenager.

Although Grace also works at the genetics lab, she does not share her father's belief that there will be genetic discoveries and advancements in treatments in time to make a difference to her future. There are many moral questions that arise in the context of genetic information and risk when an individual does not know for certain whether they may develop a disease, what their experiences may be like, or what treatments might become available. From a biomedical perspective on the self and one's responsibilities, genetic risk and information produce new ethical complexities that 'are located within a temporal field of life strategies … [and include] the obligation to calculate choices in a complex interpersonal field' (Rose, 2007, p. 109). The calculation of future risks and susceptibility can seek to take account of facts as well as uncertainties, desires for potential 'healthy' futures as well as interventions to improve care and enhance the quality of life. Without an effective treatment or cure, Grace cannot imagine a positive or liveable future for herself, anticipating that schizophrenia means she will 'go crazy or wander the streets homeless or sit drooling in a hospital' (Na, 2018, p. 83). As a result, Grace has limited choices of either living with distressing dissociative experiences or spending her life institutionalised and numbed with psychotropic medication, all of which she anticipates with deep dread. Instead, Grace

exercises her agency, choice, and control by planning to kill herself before the schizophrenia 'arrives', thus avoiding any potential future at all.

However, in Na's novel, the biomedical self that makes calculations about its possible futures based on concepts of linear scientific progress, collides with both the uncertainty and dissociative experiences of madness, and with cycles of mad maternity. Grace's anticipation that her future will be obliterated by schizophrenia is represented by her recurring visual and aural hallucinations of an approaching train. The train is one of the metaphors that represents Grace's disturbing and dissociative experiences, as she hears the terrible train every time she feels her sense of quotidian reality is slipping, representing a 'masculine' linear trajectory, thrusting ever onwards into the future and Grace's inevitable genetic fate. However, there is a second metaphor for schizophrenia that is associated with female cycles of renewal and reproduction, represented by the seasons that are used to name and structure chapters. Most chapters are headed 'WinterSpringSummerAutumn' with the name of the chapter indicated by black ink and text a little higher than, but still flowing into, the names of the other three seasons that are printed in grey ink. The current timeline of the novel is presented in 'Spring' that alternates with the chapters narrated in the first, second or third person, presenting what could be Grace's perspective, a memory, her mother's perspective, or Grace's future. The alternating chapters take seasons as their titles but in a non-sequential order, such as Spring, Autumn, Spring, Autumn, Spring, Summer, disrupting the predictable cycle of seasons. This narrative structure further engages the reader in Grace's dissociative experiences and hallucinations that disrupt a predictable progression of events, as well as a clear sense of herself. In this 'place between' the future, past and present, the masculine, rational and teleological, and the feminine, relational and cyclical, Grace simultaneously experiences hallucinations, does not remember dissociative experiences, and fears that she will develop schizophrenia in the future.

Perhaps the most common hallucination in popular fiction is seeing or hearing a dead loved-one in the context of grief or trauma, with this trope traversing genres such that seeing images of loved-ones or hearing strange noises does not necessarily indicate either madness or a fantasy text. YA novels in which 'ordinary' adolescent protagonists experience perceptual uncertainty or instability can encourage readers to consider ambiguity and contradiction as a part of life, thus potentially reducing stigma and increasing empathy for people who have hallucinations or dissociative experiences (Da Cunha Koch et al. 2022). However, many adolescent characters who temporarily experience hallucinations in the context of grief or

trauma may not be interpreted as mad, such as in *The Astonishing Colour of After* by Emily XR Pan (2018), *Revolution* by Jennifer Donnelly (2011), and *A Monster Calls* by Patrick Ness (2015). For these YA protagonists, visions and hallucinations are understood as responses to particular stressor events, and located within adolescence that is already constructed as tumultuous, confusing, exploratory, conflicted and transitory. Instead of 'illness', for many YA protagonists perceptual uncertainty is represented as an important experience during adolescent growth. In depictions of hallucinations, particularly of dead loved-ones, readers and characters are usually aware which characters are 'living' and which are ghosts or hallucinations. As with any popular trope, there are examples of narratives that play with readers' expectations by presenting a ghost as a 'real' character, such as in the popular YA Raven cycle quartet, in which the teen protagonists do not realise that one of their friends is a ghost until the end of the first novel *The Raven Boys* (Stiefvater 2012). Towards the end of Na's novel, it becomes clear that Grace's father has recently died and that this character is a hallucination. The moment at which a character is revealed as 'not real' provokes a reassessment of the previous narrative and opens up new interpretations by both readers and characters. Graces's father as hallucination could be interpreted as the common trope of a ghost or lingering image of a longed-for loved-one that is not necessarily 'mad' but part of adolescent turmoil and processes of reconsidering assumptions about quotidian reality. However, the centring of schizophrenia and dissociative experiences in Na's novel resists this reading.

In addition to the two conflicting metaphors for schizophrenia of the masculine train and feminine seasons, Na presents Grace as debating her potential futures with two key characters: her father and her best friend, Hannah. In conversations with Hannah, Grace is depicted as having a clear sense of her own identity as 'the nerd' (e.g. Na, 2018, p. 15), frequently linked to her self-confidence and ability to comprehend the world, as she claims, 'I am a scientist and I know what is and is not within the realm of possibility' (Na, 2018, p. 37). By contrast Hannah is depicted as emotional and impulsive and has accidentally become pregnant (Na, 2018, p. 14). Grace assesses the pregnancy in terms of genes, zygotes and rational, responsible decisions to ensure future success, while Hannah speaks of romantic ideals about loving families. However, there are many hints throughout the novel that Grace and Hannah may be the same character, such as when Grace looks at 'Hannah' and notes that '[w]e are the same height. We have the same hair. We have the same angel's-kiss birthmark on the side of our neck' (Na, 2018, p. 167). When Grace realises that her father is not really

there, she also realises that her best friend, Hannah, is a hallucination, too: Grace looks up at the reflection in the kitchen window but does not see the reflections of her father or Hannah, only herself (Na, 2018, p. 164). Although encounters with Hannah at first enable Grace to generate a clear sense of 'me' and 'not me', as Hannah is a hallucination this sense of clarity is a similarly transient illusion. The use of hallucinations that are presented as different characters is typical in depictions of schizophrenic characters who are unaware of other 'sides' to themselves, reflecting 'the popular misunderstanding of … [schizophrenia as] multiple and conflicted' (Donaldson, 2005, p. 32). For example, Donaldson discusses the popular films *A Beautiful Mind* and *Fight Club* that present the schizophrenic subject as unaware of the division and conflict between their 'mad self' and 'rational self'. However, in Na's narrative, the depiction of two hallucinations blurs the distinction between acceptable experiences of lingering images of loved-ones that may be part of adolescent turmoil and/or grieving, and hallucinations that are 'symptoms' of 'mental illness', productively provoking the reader to consider concepts of sanity and madness as contingent, flexible and subjective.

As a hallucination, Hannah is a part of Grace rather than a separate character, and the moments when Grace notices the similar appearance of herself and Hannah suggests that she recognises something of herself in Hannah. As a representation of another part of Grace, Hannah operates both as a hallucination and as a double character, which is another YA trope. Robyn McCallum (1999) argues that doubles serve a developmental function for adolescent characters who come to recognise their identities as shaped through interactions with others and the social world, as doubles 'destabilize notions of the subject as unified, or coherent, or as existing outside of a relation to an other' (p. 75). Throughout the novel Grace debates ethical dilemmas about future choices, meaningful relationships, and the possibilities of living with schizophrenia with both her father and Hannah. Grace does not assume the same clearly defined, coherent identity in all of these discussions, but takes the role of rational scientist in her conversations with emotional Hannah, and the role of frustrated, angry daughter when she is speaking with her father. In serving to explore the idea of the self shaped through dialogue with others, doubles in YA can often be 'conceptualized as conditions of the possibility of subjectivity, rather than as aberrations' (McCallum, 1999, p. 77). As the novel is structured as an ongoing debate about Grace's present moral dilemmas and the right course of action in response to her genetic fate and possible futures, the two visions of Hannah and her father can be interpreted as representations of different possibilities of Grace's subjectivity; Hannah in terms of Grace's agency to end her life now

while she is still in control of herself, and Grace's father in terms of a hopeful future for Grace if she lives until a treatment is discovered. These two hallucinations have an ambivalent narrative function. It is not 'madness' for Grace to feel frightened and overwhelmed about a future in which she expects to be institutionalised or languish in abjection on the fringes of society, nor to debate the right course of action in a context of uncertainty. From this perspective, her father and Hannah are metaphors representing Grace's internal conflict and offering a way for Grace to consider alternative futures. However, at the same time, these hallucinations also represent Grace's mad experience in which she believes that her father and Hannah are real, separate people, and thus also believes that she is not hallucinating and not yet mad.

However, the context of schizophrenia and Grace's frightening dissociative experiences eschew the use of doubles in YA to allow adolescent protagonists a safe way of exploring alternative subjectivities, personalities, experiences, and outcomes. For the reader, the revelation that two main characters are hallucinations invites re-readings of Na's novel, that can now be understood as both a narrative of Grace's dread that she will inevitably have schizophrenia and as a narrative representation of the frightening and disorienting experience of schizophrenia, as well as a depiction of Grace's moral dilemmas over whether and how to live with dissociative experiences. In other words, the possibilities for interpretation are productively multiplied for the reader, expanding potential meanings. However, for Grace, the realisation that her father and best friend are hallucinations has the opposite effect. For most of the novel Grace is depicted as struggling to hold onto the belief that she does not yet have schizophrenia; that the 'train' has not yet 'arrived' to take her away. That is, Grace still believes that she is in control of herself, and thus in control of her choices about her future. The moment in the kitchen, when she does not see her father's and Hannah's reflections in window, takes place during an emotionally-charged scene in which Grace plans to kill herself as her final act of agency before schizophrenia overwhelms her. As such, Grace reacts with shocked disbelief and terror as she realises that she has been experiencing hallucinations without knowing it, undermining Grace's certainty in her identity as scientist, her sense of waiting for schizophrenia to arrive, and robbing Grace of her two most important relationships. As such, the realisation that her father and Hannah are hallucinations has a devastating effect, depicted in Grace's complex reaction to the realisation that she is both already mad and alone.

Interestingly, this moment of Grace's deepest despair is eased through another hallucination, this time of her mother, that assuages Grace's terrifying sense of isolation through maternal connection. After Grace realises that her father and best friend are hallucinations, Grace suddenly recognises that Hannah is not Grace, but her mother (Na, 2018, p. 179). Rather than shock or disbelief, Grace experiences relief. As she lovingly details her mother's features and memories of her mother, Grace relates that she 'has missed her so much. My mother. She came back for me when I needed her the most' (Na, 2018, p. 165). Grace perceives the vision of her mother in terms of a caring response to her desperate need, suggesting mutual love between mother and daughter that cannot be identified by genes, biomarkers and shared physical traits. In contrast to the train bearing down on her, motherhood creates an enduring connection between mother and daughter, even though it is accompanied by difficulties, pain, and separation. The recognition of Hannah as both Grace and her mother creates another 'doubling' in the novel. When Grace goes to kill herself by drinking potassium cyanide that she has stolen from the lab, it spills on her shirt and Grace looks down and sees that she is pregnant (Na, 2018, p. 169). As Hannah is not a separate person, Grace herself is pregnant, further blurring distinctions between Grace and her mother, as the Hannah image is presented simultaneously as Grace, as Grace's mother, and as Grace as a mother. In her discussion of doubles in YA fantastic realism, Alison Waller (2011) points out that twins function to represent 'interpersonal awareness – and … a constant reminder that the adolescent is not totally unique or alone' (p. 64). Although Hannah and Grace are not twins, the close doubling, shared physical appearance, experiences of schizophrenia, and accidentally becoming pregnant as teenagers construct a mother-daughter bond through enduring patterns and cycles that offer Grace a much-needed interpersonal connection and recognition.

The shared experience of maternity between Grace and her mother, or the Hannah hallucination, offers meaningful connections, continuity, and hope, yet maternal love does not offer easy answers to Grace's disturbing experiences or her fear of a future with schizophrenia. While Grace recalls her mother with love, their relationship is not sentimentalized, as Grace unflinchingly remembers her mother as intermittently detached, angry and unpredictable, as well as loving. When Grace realises she is pregnant, she decides not to kill herself, creating a further connection with her own mother, who leaves the family when Grace is a child to protect Grace (Na, 2018, p. 175) following a dissociative hallucination in which she threatens her daughter with a knife (p.159). Maternity brings

relational considerations into the protagonist's decision-making, as it did with her mother, as Grace chooses a new course of action that gives her daughter the opportunity to live, even though Grace will have to face the future she fears most. Pregnancy troubles the construction of a coherent and stable self, as '[the] child that I carry for nine months can be defined *neither* as me or as not-me' (Rich, 1986, p. 64; orig. emphasis). The device of the pregnant Hannah hallucination that represents both Grace and her mother transgresses the constructed boundary of 'me' and 'not me' to depict the importance of relationality for well-being, particularly through the shared meanings and difficulties of experiences of maternity. After Grace gives birth to her daughter, both Grace and her mother are referred to as 'Mama' (Na, 2018, p. 169), and Grace names her baby Hannah, which is finally revealed to be Grace's mother's name (p. 179). These names and experiences problematise the construction of a separate, distinct individual identity to centre meaningful intergenerational connections based on an important physical experience, role, and relationship. Both Grace and her mother experience uncertainty and frightening hallucinations in addition to maternal love and care. However, as Grace does not end her life, she ends up in the exact situation she dreaded: institutionalised and losing her most cherished memories due to psychotropic medication (Na, 2018, p. 171 – 3).

Institutional time marks the return to a predictable sequence of events and the changing of the seasons. The dramatic chapter in which Grace realises she has been hallucinating is followed by the poem, 'Spring slips into summer. Summer smolders down for autumn. Autumn kneels to winter. Winter yields. Spring' (Na, 2018, p. 170). Each line provides a title for the four final chapters, during which Grace struggles with mad experiences, medications, and gives birth to her daughter in the institution, although she seemingly has no recollection of that event and never nurses or holds her baby. Although institutional authority reinstates the predictable sequence of events, Na resists the trope for medical, rational interventions to 'solve' female madness and/or cycles of mad maternity. Institutionalization is not a successful cure for schizophrenia, nor temporal moral dilemmas, as the ambivalence of schizophrenic motherhood as well as daughterhood recurs after Grace gives birth. Upon seeing her newborn, the endless cycling around the moral dilemma of maternity and mad genetic inheritance starts again. Grace experiences a deeply distressing moral conflict over the life of her child and its anticipated future with schizophrenia, arguing with herself both that it would be best for the baby to die now, but also that '[t]his child deserves every chance' (Na, 2018, p. 178) and '[d]eath is not answer' (p. 179). Caught in the

anguish of how to save the child from future institutionalization, it is a sensory mother-daughter memory that brings Grace to name her baby Hannah before she is overwhelmed by her dissociative experiences and/or medications. The moral dilemmas raised by considerations of genetic responsibility, choice, and future generations in the context of unreliable perceptions remain unresolved. The final word in the novel is 'faith', locating Grace's narrative in a 'place between' where ethical questions are posed but remain unanswerable when neither objective, observable facts nor subjective experiences and emotions can offer complete answers.

In this chapter I have discussed depictions of madness as female genetic inheritance. This concept of madness introduces temporality into ethical questions of care, responsibility, and reproduction, raising moral dilemmas about present and future relationships, and female character's voice and agency, particularly when their experiences are interpreted through the hegemonic psychiatric language of genes and disease. In the preceding sections I have delineated differences between Yabroff's and Na's novels in the depiction of contemporary psychiatric authorities and the institutionalisation of mad mother characters to explore the moral dilemmas raised by somatic individuality and Rose's (2007) proposition of the 'reorganize[d] …relations between individuals and their biomedical authorities' (p. 6). I have argued that Tess's 'somatic' perspective reinforces popular concepts of madness as disruptive, irrational, and as illness to legitimise the contexts of coercion that punish her mother's attempts at agency and transformation and which present invasive interventions as therapeutic to disguise their function of maintaining the status quo. Tess's narrative of inevitable events, social hierarchies, and psychiatric authority operates to marginalise the 'unhealthy' and mad, resisting subjective meanings of mad experience, thus closing down the potential of ethical care in response to distress. The protagonist's use of terms like 'crazy', 'sick' and 'ill' to label what cannot be explained by biomedical concepts contributes to the marginalisation, silencing and derision of Sylvia's and Tess's grandmother's views on their visions and appropriate caring responses. The viewpoints of the mad mother and maternal grandmother in Yabroff's novel are represented as relics of an out-dated way of thinking by immigrants, 'kooks' and 'crazies' that are rejected by the contemporary New York City teen, who learns that to transgress established social conventions is to risk psychiatric coercion and control. This is deeply problematic in the depiction of Tess's support for psychiatric interventions that pathologize Sylvia's subjective interpretation of her visions, leading to invasive interventions that aim to 'cure' Sylvia's desire to effect change rather than any

disease. In this disciplinary narrative, Tess differs from many other examples of contemporary female YA protagonists in her lack of agency or desire to bring about any meaningful change in her personal life or in the established social order. As such, the novel's depiction of psychiatric terminology and treatments is ideological in sustaining what claims to be rational, medical and objective, but which is used to silence and delegitimise the language, personal and cultural values that resist its authority. As I argue throughout this thesis, concepts of madness matter for the moral consideration of responses to distress, disordered thoughts and behaviours, as well as for the possibilities of transformation towards social justice.

In contrast, Grace and Hannah's experiences of institutionalisation and biopsychiatric interventions do not offer anything as convenient as a corrective or cure. Instead, medications are portrayed as having an ambivalent function in both staving off the distressing hallucinations, but also contributing to Grace's loss of self as her memories slip away as she takes the pills (Na, 2018, p. 173). From Grace's perspective, biopsychiatric interventions are neither straightforwardly the 'right' choice, nor therapeutic as she views death as preferable to experiencing both schizophrenia and institutionalisation. Na's novel engages with more complexity in the challenging moral dilemmas that arise between relational care in the present, the pursuit of a cure that might improve future experiences, and the fear of madness that disrupts the predictable progression of events and the protagonists' sense of herself as a coherent individual. Na's use of hallucinations and double characters troubles reader expectations of familiar tropes of lingering images of dead loved-ones and 'mental illness', exploring concepts of madness as subjective, potentially frightening, and open to both genetic investigation and personal interpretations. Although Daisy and Tess postpone engagement with questions of their own potential maternal futures raised by genetic knowledge, Grace is entangled in such moral dilemmas as she experiences hallucinations, is institutionalised, and becomes a mother with little agency over her care and little recollection of the conception or birth of her daughter. Rather than finding solace in psychiatric diagnosis and institutionalisation, Grace finds faith through shared experiences of hallucinations that create a maternal connection between daughters and madness that eases the terror of facing schizophrenia alone, yet without sanitizing or diminishing the severe distress that is depicted as accompanying dissociative experiences. I have argued that through the depiction of mad mothers and daughters, Na's narrative productively explores moral dilemmas at the crux of interpreting female reproductive cycles as either dangerous and in need of scientific control,

and/or as creating meaningful continuity, recognition and intergenerational connections. These maternal intergenerational connections are more important to Grace's ability to live with her disturbing mad experiences than information about genetics, biomarkers or medications, creating an ambivalence in both motherhood and daughterhood, and in the role of psychiatric interventions.

The moral dilemmas raised by contemporary expectations of proactive management of one's current health and future risk, informed by genetic knowledge, are located in an appropriately liminal space in YA narratives, a space of adolescent potential and experience, and of relational values and emerging individuality. For the adolescent female protagonists discussed in this chapter, proactive management of current health and future risk informed by knowledge of mad maternal genes engages with cultural ideas about somatic subjectivities, scientific authority, unregulated female reproduction, and mother-blame. I have argued that genetic information introduces new, complex ethical questions and 'genetic responsibilities' for these female protagonists, yet it remains uncertain whether these questions can be resolved, a 'right' course of action determined, or if genetic information really offers these adolescents better choices than their mothers for living well with unwanted conditions. As such, I have argued that the recurring narrative pattern of biomedical interventions as the necessary foil to dangerous cycles of mad maternity is particularly problematic when genetic knowledge cannot solve but further complicates the ambivalences, temporal and relational complexities of life. In the following chapter, I consider a YA text that extends the 'scientific' process of pathologization to all human life in a dystopian trilogy, in contrast with an example of apocalypse YA that portrays disturbed and disturbing mad experience in the absence of institutional and psychiatric authorities.

4. Mad Mother Love

YA has imagined the world ending in many ways. Whether the end of life-as-we-know-it is caused by a meteor strike, environmental disaster, (nuclear) war, pandemic disease or (bio)technologies, the rupture and dissolution of political, economic, and social systems invites a reassessment of the present and new possibilities for the future. While the previous chapter considered the futures of protagonists shaped by genetic information, in this chapter I turn to the potential futures of society in a discussion of two US post-disaster YA trilogies that offer alternative views of the potential for social transformation, justice, and mad futures. Lauren Oliver's Delirium (2011 – 2013) and Susan Ee's Penryn and the End of Days (2012 – 2015) are both narrated in the first person by a female adolescent protagonist who has a mad mother. Both trilogies were published during the huge trend for post-disaster YA between 2008 and 2015, which emerged within a broader US and global context shaped by the events of 9/11, the subsequent War on Terror, new biotechnologies, climate change, fears of surveillance, and increasing public awareness and activism against various forms of marginalization and oppression, particularly with regard to identities (Coats 2010; Day, Green-Barteet and Montz 2014; Tate 2017; McEvoy-Levy 2018). Although both YA trilogies are 'post-disaster', Oliver's Delirium is dystopian fiction, in which a new society has been established, while Ee's Penryn trilogy is apocalypse fiction, in which a new social order has yet to emerge. However, both trilogies raise questions about potential future social systems as the dystopian order is only temporary with the climax of the trilogy entailing rebellion and defeat of the regime. In Delirium and Penryn and the End of Days the general post-disaster context of threat and uncertainty is heightened and personalised by the protagonists' relationships with their mad mothers, and the association of madness with danger and irrationality. In this chapter I contrast the ethical frameworks of individualism and personal responsibility in Delirium, with the relational values of the protagonist Penryn, to explore how these examples of post-disaster YA represent ideas of individual and social responsibility, shared moral values and social cohesion, and the implications for mad lives, mother-daughter relationships, and care. I begin with a discussion of the mothering that the protagonists experienced during their childhoods, before turning to how these experiences, concepts of madness, and mother-daughter relationships shape the adolescents' sense of agency, moral decision-making and hopes for better future societies.

Mad Motherhood

In Oliver's Delirium, all citizens of the dystopian regime undergo mandatory brain surgery, known as the 'cure', when they turn 18 years old to protect them from the deadly disease *amor nervosa deliria*. The protagonist, Lena, explains that before US scientists discovered *amor nervosa deliria* (deliria), people were unaware that a range of illnesses – from heart disease and hypertension to insomnia and bipolar disorder – were actually all symptoms of this one widespread, as yet undiscovered disease (Oliver, 2011, p. 2-3). Lena goes on to explain that people were also ignorant of the risks of this disease, including possible death, but that its discovery and 'cure' has enabled the public safety and stability that citizens enjoy under the dystopian regime. Despite the wide range of supposed symptoms of the deliria, government propaganda labels the disease as 'love'. Delirium's depiction of 'love as a disease' and dystopian efforts to cure love and/or other strong emotions have been analysed by several scholars with a focus on the romance plot to explore feminist themes (Childs 2014; Day 2014), heterosexism (Spencer 2022), or the power of strong emotions as an impetus for social and political transformation (Davis, R. 2014; Dudek 2018). Although the romance plot emphasizes an interpretation of 'love as a disease', my focus on the relationship between Lena and her mother opens up an interpretation of the deliria as not only love but madness, with the dystopian psychiatric authority essential to the state's coercion and control of the population through surveillance, violence, and psycho-surgery.

Despite the dystopian regime's propaganda that the deliria is similar to love, whether that is romantic, sexual, familial or any other experience of love, the descriptions and response to deliria invoke biopsychiatric concepts of madness. The 'cure' of brain surgery invokes the psychiatric practice of lobotomy, while loss of reason is a key symptom of deliria as a kind of madness that 'affects your mind so that you cannot think clearly' (Oliver, 2011, p. 2). The depiction of the deliria as a disease located in the brain suggests the contemporary disease model of psychiatry, while the universal risk of deliria suggests the pathologization of human life itself. Pathologization is a process through which experiences that were previously considered to be part of being human, such as shyness or grief, are reclassified as symptoms or disease, providing the justification for biopsychiatric interventions (LeFrançois et al., 2013, p. 338). Delirium depicts a US society deeply divided by pathologization with the premise of a deadly disease serving to justify total governmental control of citizens' lives. YA dystopias typically centre a contemporary social issue or anxiety, such as consumerism, reproduction or violence, that provides the organising logic of the dystopian regime. By

positing a future society that is organised around a recognisable contemporary social issue, YA dystopias explore its potential consequences through a 'rhetorical *reductio ad absurdum*' (Basu et al., 2013, p. 2). While fantasy narratives often explore 'what if' questions, such as 'what if space travel was possible' or 'what if a vampire fell in love with a werewolf', YA dystopias take such questions to extremes to construct polarised societies. In Delirium, the future US society is divided between the 'cured' who live in cities surrounded by walls and governed by the dystopian regime, and the 'uncured' who inhabit the unregulated 'Wilds' beyond the walls. Lena and her mother remain 'uncured' throughout the trilogy, and are therefore pathologized by the dystopian regime, provoking questions about freedom, coercion, and rationality in both mother-daughter relationships, and in the relation between citizens and state.

The distinction between concepts of motherhood as institution and mothering as a practice is fruitful for examining pathologization as a form of coercion utilized in Delirium by the dystopian regime that is not threatened by a deadly disease or madness, but by social and interpersonal connections. While mothering refers to mothers' thoughtful practices directed at child(ren)'s care, motherhood 'refers to the patriarchal institution … that is male-defined and controlled and is deeply oppressive to women' (O'Reilly, 2004, p. 2). The concept of 'motherhood as institution' was proposed by Adrienne Rich (1976/1986) in the influential *Of Woman Born* as a system for monitoring and disciplining women into narrowly defined gender roles as mothers. Motherhood as institution, rather than relationship, is enforced by the dystopian state in Delirium through the 'cure' that ends all romantic and sexual feelings (Oliver, 2011, p. 47), along with friendships, and interest in activities and hobbies (p. 49). In the absence of any desire for a partner, children or a family, the dystopian state must intervene to ensure the reproduction of society. In addition to the 'cure', all 18-year-olds take mandatory tests that determine the opposite-sex partner they must marry and number of children they must produce, as well as their jobs, income, and housing, all of which determine the family's social status. What is notable about this arrangement is that in Lena's society there would be a persuasive argument for the centralised state provision of childcare. When no adult experiences either attachment or a sense of obligation towards any particular child, centralised child rearing would allow more adults to participate in the workforce, supporting economic growth, and reducing gender-based inequalities. As such, the assignment of childcare on the basis of gender within state-arranged nuclear family units, whose social status and housing is determined by the husband's job and income while

mothers raise the children, imposes an institution of motherhood that sustains patriarchal authority.

Families in this dystopia are not held together by emotional attachments, meaningful relationships, and practices of care, but are merely structural arrangements of individuals who are assigned a social role and its accompanying duties. Motherhood as institution constrains mothers' practices to acts that comply with the instructional tome *The Book of Shhh*[6] that lists 'all the things that a mother is supposed to do' (Oliver, 2011, p. 103). Enacting the tasks in the manual is sufficient for a parent to meet their duties and obligations to the state to 'bond *normally, dutifully*, and *responsibly* with his or her children' (Oliver, 2011, p. 7; orig. emphasis). The moral obligation of mothers in Delirium is thus not to their children's well-being and good care, but in meeting their duty to the state that has defined parents' acceptable roles and behaviours. However, rule-following is not responsive to emerging complexities or particular needs, and does not require moral deliberation beyond selecting which rule to follow. The possibility of attentive, competent care is eliminated when care is conceptualised as nothing more than 'practical assistance embodying neither emotional nor ethical sensitivities and sensibilities' (Barnes, 2012, p. 72). After Lena's mother is believed to have died, Lena and her sister go to live with their aunt Carol and her family. Lena describes the lack of attentive care in her aunt's house, admitting that on the walk to school 'I always wished for my aunt to hold my hand, but she never did' (Oliver, 2011, p. 12). Similarly, as Lena's 18th birthday and the date of the mandatory test and psycho-surgery approaches, Lena hopes for reassurance that her aunt does not offer (Oliver, 2011, p. 16-7). Carol is 'cured' so she views her relationship with Lena as one of fulfilling a duty that does not require attentiveness, nor the possibility of a meaningful relationship with a person who is dependent on her care. Once Carol has undertaken the tasks that a mother 'should do' there is no need for further response, and therefore no need for attention to or consideration of Lena's feelings, needs or experiences.

The contrast between Lena's aunt Carol and her mother demonstrates that dystopian oppression and coercion not only subdue emotional range but also stymy mothers' agency and the potential for relational values. In contrast to Carol's enactment of motherhood, Lena's 'uncured' mother engages in loving and joyful practices of mothering. Mothering is not a set of universal tasks, but may be carried out by any person, of any gender, through the thought

[6] *The Book of Shhh* is ascribed a status somewhere between religious text, propaganda and medical manual, and includes 'Proverbs' about deliria and duty that are presented at the start of chapters or recited by Lena.

and practices involved in how best to meet specific children's needs in particular situations (Ruddick 1980). Lena's mother carries out motherhood duties, such as teaching her children to swim, yet she also expresses her own enjoyment in the relationships with her daughters, as Lena reports that she 'loved to sing to us as she bounced me in the water' (Oliver, 2011, p. 102). The contrast between motherhood and mothering supports the argument that conceptualising care as the performance of tasks and following procedures limits the development of 'relational care where the focus is on the interaction between the carer and the person cared for' (Barnes, 2012, p. 78). The quality of the relationship between Lena's mother and her daughters is centred in her practices of mothering as Lena recalls happy occasions, such as when her mother would play loud music and they would 'put on our thickest socks, and slip and slide along the wooden hallways … We laughed so hard' (Oliver, 2011, p. 103). These playful activities are not taken from a parenting manual but express her mother's own ideas and particular approach to care with her girls, that is, her attention on the relationship with her daughters. The different mothering practices that take place in different times, classes, and cultures, and under varying constraints, invites an understanding of 'mothering as a historically and culturally variable relationship' (Glenn, 1994, p. 3). While motherhood prescribes the tasks required for childcare, mothering as a practice and relationship centres responsiveness and shared activities as occasions for creating personal meaning and value in mother-child relationships.

However, mothers' ability to carry out practices that are consistent with their values and goals can be severely limited by prevailing social systems and institutional arrangements. This is the case for Lena's mother, who attempts mothering in a society in which any deviation from the 'duties and responsibilities' of motherhood are deemed to pose a danger to society as potential signs of the deliria. As such, mothers are under constant scrutiny and at risk of punishment by the state, as Lena reports that before playing music and dancing her mother 'closed the curtains … [and] stopped up the doors with pillows so that the neighbours would not report us' (Oliver, 2011, p. 104). The dystopian context of risk and surveillance separates Lena's mother from her daughters after a passing patrol of state employees and civilian volunteers see her crying over a photograph of her deceased husband (Oliver, 2011, p. 71). Lena's mother is immediately arrested for further psycho-surgery. Lena is told that her mother escaped and killed herself, only later to discover that her mother was imprisoned without trial for over a decade. Lena's experiences of motherhood, mothering, surveillance, and punishment suggest that the motivation of the dystopian regime is not to eliminate

emotions, but relational values and meaningful interpersonal connections that may generate a sense of citizens' moral obligations to each other. The 'risk of deliria' that is faced by Lena and her mother is not the threat of an actual life-threatening disease, but the constant threat of draconian interventions in response to non-conforming behaviours by an oppressive government and psychiatric authority.

What is problematic in the trilogy is that although Lena, her mother and other 'uncured' characters are pathologized by the regime, they are depicted on conventional terms in the context of contemporary US society. Readers of Oliver's trilogy who are familiar with conventional constructions of mothering will recognise that Lena's mother is not mad or dangerous in the descriptions of her singing, laughing, and playing with her young daughters. Indeed, the construction of maternal love and attentiveness for children as 'natural' informs social expectations of what good mothers should be like, as well as women's own expectations of how they should, or will, feel about becoming a mother, mothering, and motherhood, and any experiences of maternal distress (Haynes 2023). Although the depiction of 'mad mothering' on the conventional terms of maternal love serves the narrative purpose of demonstrating that the dystopian regime is oppressive and that rebellion is justified and necessary, it evades deeper engagement with experiences of madness and/or social causes of mothers' distress.

In contrast to the depiction of Lena's mother who is labelled as 'mad' by the dystopian regime for loving and playing with her daughters, Penryn's mother experiences terrifying aural and visual hallucinations such that Penryn's childhood is more conflicted in its experiences of violence, threat, unmet needs, and the moral complexities of how to respond to distress. Susan Ee's Penryn and the End of Days is set in San Francisco and the surrounding Bay area during an apocalypse that is brought about by invading angels. The three novels (*Angelfall* 2012, *World After* 2013, and *End of Days* 2015) are narrated in the first person by 16-year-old Penryn Young, who has a little sister Paige, who uses a wheelchair at the start of the narrative, and their mad mother, whose aural and visual hallucinations drive her frightening and violent behaviour. Penryn's mother's visions and beliefs can be interpreted as fantasies of a mad character within a fantasy narrative of the apocalypse, serving as a point at which different characters' beliefs about what is real or true, and therefore how to behave ethically, come into contact. Commonalities between mad experiences and supernatural, spiritual, or religious experiences, such as visions, hearing voices, possession, and trances are not new but operate in the trilogy to invite consideration

of different perspectives and problematise universal truths as the basis for moral actions. The presence of angels and demons, called hellions, on Earth, and Penryn's mother's fear of demons do not form the basis of a new social order that might emerge from a new consensus reality; instead, human and non-human characters alike struggle with competing perspectives, needs, dangers and the desire for meaningful interpersonal relationships. Unlike the dystopian context experienced by Lena, during the apocalypse there is no hegemonic discourse, dominant social system, or psychiatric authority. Instead, Penryn's mother's madness is a key narrative device through which the trilogy challenges taken-for-granted assumptions about the 'natural order of things' and explores the consequences of such assumptions for social justice and the potential for meaningful human connections.

The depiction of the dystopian regime's propaganda draws attention to the roles and responsibilities of 'cured' adults as culturally constructed rather than 'natural. Ee also uses a narrative device to draw attention to the constructedness of social roles and expectations by contrasting Penryn's experience of mad mothering with conventional ideals about mothers and mothering practices. In contrast to the happy mothering that Lena experiences, in the opening sequence of *Angelfall* (2012) Penryn explains that her mother has been diagnosed[7] with paranoid schizophrenia and even before the apocalypse believed that the devil talked to her, made her do things, and that demons could enter the house to harm her family (Ee, 2012, p. 33). Although both Lena's and Penryn's mothers transgress social norms and expectations, Penryn's mother's madness evades and disrupts expectations of mothering that are assumed to be 'natural' as her mothering practices and responses to her daughters are peculiar to her own mad experiences. The influence of madness on mother-daughter relationships is highlighted by stereotypical maternal practices that are disturbingly transformed by Penryn's mother's actions. One such conventional practice is keeping a baby book in which to record and treasure a baby's first moments, first smile, first word, and so on. Penryn's mother is not depicted compiling the mementos, but Penryn finds the book that is recognisable as intended for a female baby, as it is 'an old-fashioned photo album, a pink one that said Baby's First Album' (Ee, 2012, p. 32). However, rather than cherished memories of her baby, Penryn's mother has filled the book with a collection of newspaper articles about mothers who have killed their children (Ee, 2012, p. 32). Penryn's mother destabilises expectations of what a mother would use a baby album for, although the implication remains that this could be the

[7] It is unclear in the novels whether Penryn's mother takes medication routinely before the apocalypse, or if it has any effect, although it is noted that during the apocalypse she has no more access to medication.

story of Penryn's childhood. Although children and other relatives may also take pleasure in looking back at childhood moments, it is stereotypical that mothers would most frequently revisit such albums. As a record curated by mothers, mostly for mothers, it can be inferred that the collected clippings have a particular meaning to Penryn's mother, although she never directly expresses what this is. They could serve in part as reassurance that she has not succumbed to the urgings of the demons, and as encouragement to keep resisting the voices even when she is in great distress. In this sense, the baby book serves its purpose in memorialising Penryn's childhood, not through precious first moments, but as contextualised by fear, threat, distress, and the constant struggle that runs through her relationship with her mother.

A further conventional mothering practice that is disrupted by Penryn's mother's madness is the intensive mother's exhaustive organisation of her children's extra-curricular activities, clubs, and events, perhaps best exemplified in US culture by the 'soccer mom' figure. In contrast to a 'soccer mom' who ferries her children to activities and encourages them from the side-lines, Penryn explains that she has been taking self-defence and combat training classes for years after her mother signed her up to them but thinks that her mother has forgotten all about the classes (Ee, 2012, p. 32). However, when Penryn finds the baby album, her mother watches Penryn reading through the collection of articles then asks, '[a]re you still taking your self-defence classes?' (Ee, 2012, p. 33). This unsettling question invokes threat and violence in the maternal relationship, set out in black and white in the articles in the baby book, yet simultaneously Penryn's mother's desire to protect her children, including the realisation that they may need to protect themselves from her. This potential threat to her children is not a vague possibility of future risk but seems to Penryn's mad mother to be an immediate ongoing threat that requires continuous vigilance and preparation. Although Penryn's mother is unable to stop the voices, she attempts to protect Penryn the only way she can, suggesting that the collection of newspaper articles also serves as warning to her family to guard against the moment when the demons win, and Penryn reports 'I never missed a single training session' (Ee, 2012, p. 33). Penryn recognises that her mother is mad but also that her mother's beliefs are not meaningless delusions as they remain important for understanding her actions and shaping her relationships with her daughters. In her ambivalent position as both potential threat and source of potential protection, the fear induced by Penryn's mother's hallucinations about the devil are not sanitised or diminished, nor are her viewpoints derided as pathological and lacking in meaning as mere symptoms of an illness.

Penryn recognises that her mother's mad experiences shape her behaviours, and Penryn responds to her mother on this basis.

However, Penryn's attentiveness to her mother's distress and mad behaviours does not devalue love or good care. Although Penryn is attentive to her mother's actions and attempts to consider her mad experiences, Penryn explains that 'the rosy love I'm supposed to feel for her is slashed with black and splattered with various shades of gray' (Ee, 2012, p. 17). This imagery suggests a conflicted emotional relationship between Penryn and her mother, and the pain the family has experienced due to her mother's madness. Penryn's attentiveness to her mother's distress does not require Penryn to ignore her own needs or the absence of nurture, protection, and security in her homelife. Both Lena's and Penryn's mothers are depicted as mad due to mothering practices that are informed by their own experiences and values, rather than carrying out mothering tasks that would fulfil social expectations. However, while Penryn develops relational values of attentiveness and responsiveness, Lena struggles between the meaning of personal relationships and the idealisation of 'freedom' as individual autonomy in rational, detached relations with others.

Rationality, Inattentiveness, and Freedom

Delirium's premise of a deadly disease that provides the excuse for draconian control foregrounds tensions between individual freedoms and the appropriate extent of government interventions for public safety. The narrative exploration of tensions between personal liberty and government over-reach perhaps takes on new relevance following the COVID-19 pandemic and hotly contested and publicly debated policies such as restrictions on movements and wearing facemasks. However, the deliria is not a physical disease or virus but any unconventional feelings or behaviours which are labelled as madness. Pathologization and the resulting state interventions against those suspected of deliria impinge on personal freedoms, including through life imprisonment without trial, further psycho-surgery without consent (Oliver, 2011, p. 7-8; 109; 175; 216-17), and in some cases, without anaesthesia (p. 29). Through taking social issues to extremes YA dystopias often explore what might happen if these were extended and enforced at a systemic level to encourage readers 'to question social and cultural impositions and discern the rhetoric of corruption' (Davis, R., 2014, p. 50). The Delirium trilogy explores the dystopian arrangements that emerge from the mutual reinforcement of individualism and pathologization, such that issues of rationality and autonomy are central to considerations by both rebels and the state about who qualifies for

freedom, and who is responsible for meeting the needs of the most vulnerable and marginalised.

In Delirium, the process of pathologization and stereotypes of mad people as dangerous and irrational are crucial for the seeming legitimacy of the dystopian regime's controls and interventions. Implicit in the justification for state interventions are the 'symptoms' of irrationality and violence, as the deliria means you cannot 'make rational decisions about your own well-being' (Oliver, 2011, p. 2), and Lena is told that the disease will 'turn them [the 'uncured'] against each other, have them raging and fighting and clawing one another's eyes out' (p. 134). In other words, if you cannot make rational decisions and/or pose a danger to yourself or others, then someone else will make decisions about your best interests for you. The depiction of the institutionalisation of the mad, unconventional, and/or disruptive segments of the population is reminiscent of social policies in Europe and the US since the 18th century that have subjected people identified as mad, disruptive, or disturbing to state controls, coercion, and confinement (e.g. Foucault 1971, Fabris 2011). In well-known works of anti-psychiatry since the 1960s, Thomas Szasz has argued that no one should be coerced or subjected to treatments, interventions or institutionalisation in a free society based on the principles of 'a contractarian-libertarian point of view' (Szasz, 2014, p. 31). In other words, Szasz argues that everyone should be at liberty to live as autonomous individuals and pursue their own interests free of institutional or state interventions, whether they are mad or not.

However, the concept of freedom as personal autonomy is problematic for the rebels in Delirium. While the advocacy for personal autonomy free of any state interference provides an argument against coercion, institutionalisation, and dubious processes of pathologization, it does to by sustaining the idealization of personal liberty at the expense of relational values, interdependencies, and moral consideration of others. Relationships between individuals and a state in which personal autonomy is paramount rest on a shallow concept of freedom as 'individual freedom from state intervention and regulation, [and] the ability to order one's activities independent of state dictates' (Fineman, 2004, p. 20). This is the sense in which the rebels in Delirium view themselves as being 'free,' that is, as free from pathologization and dystopian state controls, yet without any shared social values or responsibilities towards each other. Many YA dystopias emphasise freedom as personal autonomy over deeper considerations of social justice and inequality, as the protagonist typically joins a pre-existing organised rebellion after realising that *she* is not free, rather than

from a sense of moral responsibility towards others; for example, the abjection and marginalisation of the factionless in Veronica Roth's *Divergent* (2011) fail to spark concern from other characters, let alone an uprising. As such, Lena does not seem to notice the patriarchal oppression of the institution of motherhood, or the vulnerabilities of people assigned a lower social status due to low test scores or scandals over the deliria. Instead, with the help of 'uncured' rebel and love-interest character, Alex, Lena comes to recognise that the dystopian regime does not operate for the security, safety, and stability of society, but to control the population. Through her relationship with Alex, Lena comes to recognise both that love is not a disease, and that the government's claim that the deliria poses a deadly risk enables total state control as she realises 'how deep and complex the lies are …A shock runs through me all at once … They've lied about everything' (Oliver, 2011, p. 250). Lena comes to realize that the state cannot be trusted as there is no such disease as the deliria, and the government's claims to protect and ensure the safety of the population are revealed to be processes of coercion and control.

Delirium (2011) culminates in Lena's dramatic escape from the city and entry into the unregulated areas over the wall consistent with the structure of many YA dystopia trilogies, such as Roth's Divergent trilogy and James Dashner's Maze Runner trilogy. During the final two novels, *Pandemonium* (2012) and *Requiem* (2013), Lena lives and works with a small group of rebels that moves between cities under the control of the dystopian government along the Eastern seaboard, from Portland, Maine to New York City. However, after Lena has been working undercover for the rebels, she discovers that they have carried out an attack that killed two hundred people and led to multiple further arrests and psycho-surgery procedures. Over several pages, Lena argues with Raven, the leader of the small group of rebels that Lena has joined, over the rebellion's tactics, as well as its hierarchical and secretive structure, as Raven refuses to tell Lena anything about the group's plans, strategies, or goals (Oliver, 2012, loc. 3455 - 3502), while the 'higher up' rebel leaders refuse to tell Raven anything about their plans, strategies or goals (loc. 4112). Lena begins to question the rebellion based on freedom from pathologization and the pursuit of personal autonomy as reproducing the same individualistic self-interested values as the dystopian regime. Lena protests the murder of hundreds of people in the name of freedom and accuses the rebellion of being as bad as the regime. Raven's dispassionate response evokes the same idea of institutional control, roles, and duties within an ordered hierarchy that they experienced within the dystopian city, as she tells Lena, '[y]ou don't get to choose… That isn't how it works' (Oliver, 2012, loc. 3531).

Lena's personal autonomy within the hierarchy of the rebellion is to follow orders, or to leave and attempt to survive alone in the areas outside the cities in which there is no infrastructure, running water, agriculture, and limited shelter or safety.

Lena does not just protest against Raven's individualism, but Lena's relational perspective and goals continuously clash against the values of the other rebels, particularly as Lena has fled the city not to gain personal autonomy but to restore a relationship with her mother. In *Delirium*, Alex not only helps Lena to realise the extent of dystopian control, but also tells Lena that her mother did not kill herself but is in prison, and he takes Lena to see her. However, when they arrive at the prison, they discover that Lena's mother has just escaped into the Wilds beyond the city walls (Oliver, 2011, p. 330). Lena's highly emotional response to this revelation is detailed over several pages that emphasize love, loss, and longing for a relationship with her mother. At first, Lena is dizzy and disoriented at the realization that her mother has been alive for the last twelve years, but it is when Lena 'wonder[s] if she is thinking about me, …[that] the pain shoots deeper, makes me lose my breath completely' (Oliver, 2011, p. 332). The thought that her mother loves her and cares about her takes Lena's breath away and brings to the fore the pain of losing her as a child. It is at this point that Lena decides to escape the city because she now knows that her mother is '*out there somewhere....* Impossible, now, to contemplate going on with my life… when I know that she exists' (Oliver, 2011, p. 333; orig. emphasis). Lena agrees to risk a dangerous escape from the city with Alex, not because she is committed to Alex or the rebellion but because, once she is out of the city, Lena has a possibility of being reunited with her mother.

However, in *Pandemonium* Lena discovers that her mother is very senior in the rebellion hierarchy and therefore seems to value personal autonomy more than a reunion or fresh relationship with her daughter, even though they are both 'uncured'. Lena searches for her mother among the rebels, but with no luck as she cannot reliably know what her mother looks like, having not seen her since Lena was a small child (Oliver, 2012, loc. 323 and 733). However, Lena's mother finds Lena, but refuses to reveal herself to her daughter. Lena's mother first appears in *Pandemonium* as an unknown rebel woman wearing a gas mask who extracts Lena from her undercover mission and returns her to the rebel camp outside the city. Throughout, Lena's mother refuses to take off the gas mask and does not tell Lena who she is (Oliver, 2012, loc. 3358- 3410). The only point of recognition between the woman in the gas mask and Lena is the supposedly shared goal of personal liberty. When the woman in the gas mask first grabs her, Lena struggles and fights as she thinks she is being arrested until the

woman reassures Lena that 'I'm a freedom fighter' (Oliver, 2012, loc. 3358). Lena then stops struggling as this is a 'secret code sympathizers … use to indicate their allegiances' (Oliver, 2012, loc. 3358). Although 'I'm a freedom fighter' does not seem like much of a 'secret code', this signals the shared values between Lena and the woman who are both working towards the rebellion's goal of freedom against the dystopian state, requiring their 'allegiances' to be kept secret. Despite these apparent shared interests, Lena's mother never reveals her identity, and Lena only discovers that the woman in the gas mask was her mother when she later looks up her mother's prison records and learns that the tattoo on the woman's neck was her mother's prisoner intake number (Oliver, 2012, loc. 3824). Lena's response to this revelation is both shock and distress as after all Lena's 'hoping and wishing and searching, we were so close. We were touching. And still … she chose to walk away. I am going to be sick' (Oliver, 2012, loc. 3837; orig. emphasis). From Lena's perspective, her mother's refusal to make contact with Lena feels like a deeply painful rejection, not personal liberty.

Lena tries to find out where her mother has gone after this brief encounter and finds little solace in Raven's individualistic point of view. Raven only knows that Lena's mother has left on some other mission for the rebels, but attempts to reassure Lena that 'at least you know she's free, right? She's free and she's safe… Like you' (Oliver, 2012, loc. 4120). From Raven's perspective, the knowledge that her mother is an autonomous individual who values pursuing her own interests more than a relationship with her daughter should bring Lena satisfaction, along with the realisation that Lena is similarly 'free'. Raven's perspective on personal autonomy as paramount produces an unwillingness to be attentive to the situations of particular others in specific situations, as she does not seem to notice Lena's distress. The concept of freedom as personal autonomy can sustain attitudes of inattentiveness to others as '[n]o formal improvement in our understanding of reason or communication can direct people's attention' (Tronto, 1993, p. 130). In other words, taking a detached, objective viewpoint of the individual as autonomous and 'free' from all others does not lead to improvements in the rebels' attentiveness to the specific needs and situations of particular others. The valuing of personal liberty over interpersonal relationships draws attention to the mutual reinforcement between concepts of autonomy and rational decision-making that requires a detached and objective point of view. Through the concept of personal autonomy as freedom, there is no reason for the rebels to pay attention or respond to the needs of other 'uncureds', or even to each other. However, Lena's perspective is differentiated from Raven's

explicitly because Lena values other people and seeks out relationships with those she cares about. Lena thinks about the actions of the rebels and all the people she loves whom she has already lost to the regime, including her mother, and concludes, '[t]his is not what I wanted… to turn my back and bury the people I care about ... as Raven does' (Oliver, 2012, loc. 3593). Rather than finding freedom in living as an autonomous individual, Lena finds herself trapped in another dystopian social system that devalues love, care, and the importance of interpersonal relationships for well-being.

Attentiveness in the Apocalypse

In contrast to Lena's personal motivations and concepts of autonomy as freedom, Penryn is attentive to unmet needs that do not only exist because of draconian government over-reach. Penryn's awareness of the lack of care she has received at home is expressed when she sees parents hugging their children and she longs to know what it is like to feel 'safe and secure, protected and loved [by a parent]' (Ee, 2013, p. 45). Penryn is not only attentive to her own unmet needs but also recognises that her needs are unmet due to the lack of attentive, caring, interpersonal relationships. Within care ethics, attentiveness to our own needs can produce the recognition 'that our own capacity for survival and flourishing requires care from others, [and] can sensitise us to others' needs' (Barnes, 2012, p. 20). This is an important distinction between care ethics and individualistic approaches that suppose that it is only after 'one's own needs have been sufficiently met … that one is able to glance around and notice others' (Tronto, 1993, p. 131). Attentiveness as a moral practice involves noticing individual needs, as well as situations and contexts that may stymie the interdependencies and relational values that are necessary for flourishing. Care ethics directs attention to one's own needs, the needs of others, and to social contexts and situations that can sustain unjust and oppressive social relations.

The contexts and situations in which characters in apocalypse fiction attempt to meet needs are depicted through tropes of fragmentation, distrust, and ongoing threat, such that attentiveness is not only a moral practice but a competence necessary for survival. Although tales of death, destruction and the end of the world can be traced to ancient Egypt, Babylon and Mesopotamia (Pharr et al. 2016) and continue to be part of many world religions (Tate 2017), the word 'apocalypse' first appears in the Bible's New Testament and carries the meaning of revelation as the time when God's plan will be unveiled (Hay 2020; Pharr et al. 2016). However, the timescale for a final end shifted during the 20th century after two World Wars, the nuclear threat of the Cold War, and early warnings about climate change made it

increasingly apparent that humans were both capable of catastrophic global destruction and lacking the moral cohesion that might prevent it. As such, 21st century US apocalypse fiction has been interpreted not as speculation on possible futures, but as representing 'our apocalyptic present' (Hay, 2020, p. 9). A contemporary sense of the apocalyptic every day is heightened by activities that blur the distinction between popular culture, beliefs and daily practices, from participating in zombie fun-runs to the US 'prepper' subculture that is already stockpiling supplies and training for social collapse. Through a 'cultural saturation' (Pharr et al., 2016, p. 18) of apocalypse narratives, activities, and images, the questions raised by apocalypse fiction about fear, threat, survival and social cohesion increasingly converge with the preoccupations of the US mainstream (Hay 2020; DiTommaso 2020). In the wake of the destruction of society in apocalypse fiction, the diversity of social arrangements and values becomes apparent in the depiction of gangs, individual survivalists, small families or groups, and large organised collectives. However, in a context in which there are no laws, rules, or institutions, each individual and group exists in suspicion and fear of each other, such that fragmentation, isolation, and danger characterise life in the apocalypse. Nonetheless, teenage protagonists often risk venturing into the dangerous apocalyptic terrain in search of personal meaning and social connections, especially to re-establish fractured relationships that they hope will give their survival some meaning (e.g. *Zombieland* 2009; *Love and Monsters* 2020; *All That's Left in the World*, Brown, 2022). On these journeys protagonists encounter a sequence of other characters and social groups, emphasising both a lack of moral and social cohesion, as well as the openness of possible futures. In the apocalyptic landscape, attentiveness to other people and contexts is an essential skill for individual survival and for identifying opportunities for new social connections.

The angel invasion that brings about the end of life-as-we-know-it in Ee's trilogy creates a familiar apocalyptic setting of lack of infrastructure and amenities that poses as much of a threat to survival as the invading angels. Penryn's journey into the dangerous apocalyptic terrain begins after Penryn witnesses a group of angels cutting the wings off the angel Raphael before they kidnap her little sister Paige. Despite ostensibly being enemies as human and angel, Penryn and Raphael (Raffe) join forces to retrieve Raffe's wings and Penryn's little sister. As well as providing a romantic sub-plot, the partnership between Penryn and Raffe brings a human and an angel's perspectives into dialogue, enabling both Penryn and the reader to see the invasion from different points of view. As they search for Paige and Raffe's wings (*Angelfall*) and then undertake a larger quest to stop the angels

(*World After*; *End of Days*), Penryn's mother repeatedly separates from and reunites with her daughters on her own mad journey that is neither completely in opposition to nor supportive of Penryn's quest.

During their search for Paige, Penryn and Raffe reach the angel stronghold, the aerie, which is protected from a desperate crowd of humans by a large fence that is patrolled by human guards armed with cattle prods. Penryn notices that the only woman guard is her mother (Ee, 2012, p. 172) and with characteristic dry humour, draws attention to the essentialised gender traits that seem to have allocated men the role of guards, noting that '[m]y mother is more emotional about her job than her fellow prodders' (Ee, 2012, p. 172). However, the stereotype of feminine emotionality is disrupted by mad experience as Penryn observes that her mother stretches as far as she can through the fence 'to shock as many people as possible… she even cackles as she zaps a man for as long as she can before he staggers out of her reach' (Ee, 2012, p. 172). Although other characters are often horrified by Penryn's mother's disturbing behaviours and violence, Penryn is aware that her mother's actions are shaped by her terrifying hallucinations as Penryn can 'recognize fear in my mother when I see it' (Ee, 2012, p. 172). Penryn observes that her mother 'probably thinks she's trapped in a cage in Hell … [and] [s]omeone has miraculously given her a weapon .... to fight back' (Ee, 2012, p. 172). Rather than delight in hurting others, the zeal with which her mother applies the cattle prod is explained almost in terms of self-defence, and a possible lack of awareness that she is harming other human casualties of the apocalypse. Penryn does not need to share her mother's viewpoint or agree with her actions to be attentive to her mother's fear or to reflect on how her mother is experiencing the situation differently from others. Through her experiences with her mother, Penryn has developed a keen attentiveness to what other people may feel or do, including a constant awareness that others may be unpredictable, violent, or incapable of recognising Penryn's own needs and desires.

On their journey through the apocalyptic terrain, Penryn and Raffe also encounter the human stronghold of the Resistance. As protagonists' motivation in apocalypse YA is to continue their journey towards their goal, they typically only stay with each group for a short time such that the sequence of encounters encourages protagonists and readers to compare different social arrangements. It is a convention that there is usually one large, organized group that offers safety and security in exchange for group members relinquishing some personal freedoms by accepting their assigned roles, work rota, food rations or curfews (e.g. *The Darkest Minds,* Bracken, 2016; *All That's Left in the World,* Brown, 2022; *Warm Bodies*

2013). These large groups are typically revealed to be sinister, with their charismatic leaders reinstating the unjust and hierarchical social orders of pre-apocalyptic society, and thus deserving the protagonists' distrust and suspicion (Levey & Harper 2016). However, Penryn's suspicion of the Resistance is not grounded in libertarian ideals of freedom and a general distrust of government, but from her experiences with her mad mother that have positioned Penryn as an outside observer of mainstream expectations and relationships. The use of figures and characters on the social margins who can thus offer observations about the flaws, inequalities and injustices of social systems and institutions is a common narrative strategy in YA fantasy (e.g. Bolte 2008). Penryn is one such adolescent protagonist who is attentive to the injustices and oppressions that are restored in the nascent social relations in the apocalypse. In Penryn and Raffe's first encounter with the Resistance, they learn that roles in the camp are divided between men and women, with leadership and soldier-type positions occupied by men, while the women are assigned to cooking and cleaning. Reinstating the gendered division of labour, with men assigned the superior, physical, and violent roles is explained in terms of survival and the threat of angels. However, Penryn has grown up with a mad mother and this has primed Penryn to be sceptical of the assumption that women are passive, less violent, and naturally caring, and she is equally sceptical of social relations that are based on such essentialising assumptions.

The dynamics of domination and oppression that are produced by the 'natural order' of male violence and female passivity are explored after Penryn and Raffe are captured by the Resistance and held prisoner. The soldiers leave Penryn tied up on a bed overnight and the Resistance leader, Obi, recognises that this puts Penryn at risk of sexual violence, as he assures her 'the men will have strict order to be gentlemanly toward you' (Ee, 2012, p. 100). In this hierarchical order, the moral response to creating a situation in which women are placed at risk of violence from men is to threaten men with punishment and assume that this somehow alleviates Penryn's fear or vulnerability; or, if an attack were to happen, that Obi would have no other moral responsibility than punishing the perpetrator. There is no moral response to Penryn as a particular person in a specific situation, nor consideration that an alternative moral response could be not to instate a social order that creates unnecessary conditions of threat, violence, and vulnerability in the first place. Obi's orders rest on stereotyped beliefs about men as either perpetrators of assault, or protectors of women. Both roles depend on constructed gender roles with men in the more powerful position, determining women's fates and shaping women's sense of safety and security, while the

men's own authority and relative safety is naturalised as the reward for being physically stronger. Although Obi recognises that the women in the group are vulnerable and has thus instated rules that the men must be 'gentlemanly', the women remain in a marginalised, vulnerable and dependent position within the social hierarchy. The Resistance operates on the basis of a social contract that obligates group members to act in certain ways in exchange for security, food, and shelter. However, this social contract is most beneficial to those who are constructed as the most autonomous, that is, the men who are assumed to be stronger and thus assigned superior positions from which to defend the camp and protect the other group members who are constructed as their dependents and, therefore, subordinates.

At the Resistance camp, Penryn is attentive to the social contexts and conditions that sustain unequal gender relations on the basis of assumptions about the 'natural' traits of men and women. Care ethics is not only concerned with attentiveness and response to individual needs but is also the moral practice of '[a]ttentiveness to the circumstances of others [that] involves recognition of issues of vulnerability and power' (Barnes, 2012, p. 102). As such, Penryn notices the women's fear even though they are supposedly under the protection of the Resistance. As Penryn is put to work in the laundry, she observes that the other women 'seem surprised and still mistrustful of finding themselves unharmed and unmolested' (Ee, 2012, p. 106). The women are keenly aware that their state of relative safety is largely dependent upon Obi's orders and the willingness of the men to follow those orders. Penryn highlights the women's awareness of their precarious position as she observes 'a wariness about the way they keep their voices low and their eyes scanning their surroundings' (Ee, 2012, p. 106). Although the allocation of tasks and roles in the camp should take account of people's different skills and qualities, what is problematic is the unequal distribution of power and security based on essentialised gender traits. Attentiveness to the experiences of the most vulnerable and marginalised within the social group exposes that the 'safety' offered by the Resistance does not extend to all group members, as the women remain more vulnerable to institutional violence due to the unequal power relations within the group. The women in the camp are not only fearful of attack by the angels but are wary of the other humans who have reinstated a social order in which women must comply with subordinate roles to qualify for group membership.

The failure of Raven, Obi, and many other characters in post-disaster YA to notice or respond to the vulnerabilities and needs of others created by hierarchical social orders and unequal power relations raises the question of when inattention is simply ignorance of unmet

needs and when it becomes a moral failing. Tronto (1993) discusses the challenge of establishing situations of moral failing rather than ignorance with respect to others' needs, noting that the 'problem of attentiveness is not a new problem; moral philosophers have recognized it and alluded to its importance throughout Western history' (p. 129). Tronto discusses philosophical and ethical approaches to the problem of attentiveness in terms of whether failing to respond to the conditions in refugee camps, or practices of forced marriage, and so on, is a moral failing if one is unaware of such situations or conditions. Tronto grounds her argument in real-world examples of oppression, sexual exploitation, and violence that are created by existing political and social systems to argue that 'from the standpoint of an ethic of care where noticing needs is the first task of humans, this ignorance is a moral failing' (Tronto, 1993, p. 129). In other words, ethical care extends to attentiveness as a moral obligation to become aware of and respond to the various conditions, oppressions, and violence experienced by humans in the world we all inhabit. For leaders such as Obi, there is moral failure to notice how the operation of social systems that they have constructed and whose rules they have determined fails to address vulnerabilities or create the conditions in which all group members can flourish. From his position of power as leader of the Resistance, Obi has a responsibility from the perspective of a relational moral framework to pay attention to the needs and vulnerabilities of everyone in that group, rather than assuming the vulnerability of those in subordinate positions is simply a 'natural' artefact of essentialised gender traits. Indeed, assumptions about the 'natural' order of things detracts attention away from the effect of institutional arrangements in creating inequality and injustice by rewarding the most 'independent' while relegating others to relations of dependency and vulnerability.

In the discussion of attentiveness, Tronto (1993) suggests that 'it is probably more morally reprehensible to ignore wilfully that which is close to one's own actions than to fail to be aware of a distant consequence' (p. 129). Ee examines the moral evil of wilful ignorance through the depiction of human characters who work with the angels to commit atrocities, who cannot claim ignorance or unawareness of the pain and deaths that they cause. The depiction of monsters and plagues in Ee's trilogy aligns with descriptions of the Biblical apocalypse; however, it is not God's will that brings about these events in Ee's narrative, but the angel Uriel who hopes to deceive the other angels that it is the End of Days to further his own ambitions. As such, Uriel must employ the assistance of others to manufacture Biblical creatures and events, including a human doctor, Doc, who leads on two horrific processes.

The first is kidnapping and surgically altering children, including Paige, to have supernatural strength, metal teeth and to crave human flesh, then releasing them to attack and eat other humans. Uriel creates the children to appear to be Nephilim in his bid to discredit Raffe, whose job it was to have killed the Nephilim centuries before (Ee, 2013, p. 185). The second process involves transforming adult humans into hybrid locust/ scorpions that kill humans by paralysing them then liquifying and drinking their insides, during which the human victim is still alive and in excruciating pain but unable to move. Both transformation processes are carried out on a massive scale in multiple 'factories' (Ee, 2013, p. 158). In Penryn's search for Paige, she discovers these factories and Doc, who then joins the Resistance. Doc is fully aware of the pain caused by the transformations, and that the creatures have been engineered to cause more pain and kill more humans. However, Doc limits his attention to scientific objective interest in the technicalities of the transformation process, as he explains 'I've grown to like the angelic ways. They're more elegant and effective' (Ee, 2013, p. 171). Doc's moral failing is not unawareness or ignorance that his actions cause suffering and mass death; it is a moral inattentiveness to others that is legitimised by his objective scientific standpoint.

Despite his knowledge and awareness of the suffering he is causing, Doc's refusal to take moral responsibility for his actions extends to his direct relationships with specific others. The moral evil of inattentiveness is not only concerned with far away injustices or failure to notice inequalities in social systems but also includes an 'unwillingness of people to direct their attention to others' particular concerns' (Tronto, 1993, p. 130). When Penryn discovers that it was Doc who turned Paige into a cannibal with super-human strength, she asks him why he made her move so stiffly. Doc calmly replies that this is because Paige is in 'excruciating, soul-shattering pain. Imagine being cut up everywhere, having your muscles ripped out and replaced, stitched up, every fiber of your body altered' (Ee, 2013, p. 186). Doc does not admit any culpability for being the person who carried out the procedure on 7-year-old Paige but retains a detached viewpoint of the patient as object, reducing her experiences to mere cause and effect: if you cut up a child, they are in pain. The lack of any sense of moral responsibility from the detached, objective point of view demonstrates what might be called 'habits of ignorance' (Tronto, 1993, p. 128). In his role as a doctor this character is depicted as being in the habit of objectifying others in the name of scientific experimentation, and therefore failing to direct his attention towards the suffering of others as a moral action. Instead, Doc delegates moral responsibility to familiar relationships, blaming Penryn for failing to provide Paige with pain relief and chiding Penryn that 'it's no surprise she [Paige]

left, is it?' (Ee, 2013, p. 186). Doc's response recalls the separation in traditional ethical frameworks of public matters of objective, rational moral decision-making, and private concerns of emotion and care for intimate others. In other words, *causing* Paige's suffering is not a matter of ethics but of objective science that is detached from interpersonal connection or response, while the task of responding to her suffering is constructed as a separate, personal concern for the private family, placing responsibility and blame on Penryn for failing in her caring duties.

Moral problems of attentiveness are more complex in the depiction of Penryn's mother, who does not notice the needs or vulnerabilities of others due to her overwhelming mad beliefs and experiences. Understanding how Penryn's mother's experiences are shaped by her terrifying hallucinations is essential to understanding her feelings and behaviours, including her perspective on appropriate moral responses to others' needs. Penryn explains of her mother that in the violent, lawless apocalypse 'being a little paranoid is actually an advantage. The schizophrenic part, though, is still a problem' (Ee, 2012, p. 17). The advantage is that Penryn's mother survives by seeing danger all around her and hiding or fighting in response. However, after a devastating locust/scorpion attack on the Resistance, Penryn's mother returns to the scene and walks straight past Penryn. In response Penryn comments dryly, 'I'm fine, Mom. Thanks for asking' (Ee, 2013, p. 87). The lack of attention to Penryn is explained by her mother's mad perspective as her mother responds dismissively: 'Of course you're fine …You're the devil's bride and these are his people' (Ee, 2013, p. 87). This response offers a perspective on events that is irreconcilable with Penryn's, as the 'devil' her mother is referring to is Raffe, Penryn is not his bride, and Penryn and Raffe are both trying to stop the locust/ scorpions and are not in league with them. Penryn's mother's perception of contexts and other people are shaped entirely by her delusions, limiting or preventing her ability to pay attention to others as *they* experience situations. However, the response also prompts consideration of questions of ignorance and inattentiveness. To Penryn's mother the 'truth' of her delusions shapes her interpretation of events; everything that happens can only be understood in terms of the voices that she hears about the devil and his work, and thus she already 'knows' that Penryn will be fine. Whereas characters such as Obi and Doc take an objective, detached viewpoint that wilfully denies relationality and, therefore, moral responsibility for other's needs, Penryn's mother pays attention to situations and Penryn's well-being, but entirely misinterprets dangers and vulnerabilities from her mad perspective.

Although Penryn's mother's actions are shaped by her mad experiences, rather than in response to Paige and Penryn's experiences, she values the relationships with her daughters and is shown to be distraught in situations in which they are harmed, such as after Paige's kidnapping, when Paige is turned into a Nephilim, when Penryn is paralysed and her mother thinks she is dead, and when Penryn and Raffe travel into Hell ('the Pit'). Penryn's mother attempts a moral response to her daughters, including through the stereotypical mother's need to know where her children are to ensure their safety, as she secretly sews transmitters into their clothes. Penryn is unaware of this until they both search for Paige towards the end of the trilogy and Penryn's mother explains that she knows where to find Paige because the devil speaks to her 'through the small black box' (Ee, 2015, p. 106). Penryn realises that the box is a prototype device that her father developed for tracking lost pets and sees that the screen shows a map of the area. However, when Penryn asks how her mother knows that the arrow on the screen is at Paige's location her mother replies, '"The devil tells me." She lowers her head, looking troubled. "If I promise him certain things"' (Ee, 2015, p. 107). Penryn then asks her mother how the *devil* knows where Paige is and her mother 'looks up at me as if I'd asked the dumbest question in the world. "The transmitter, of course"' (Ee, 2015, p. 108). Penryn's mother's perspective is neither purely rational nor irrational, as she is fully aware that the transmitter is needed to show Paige's location, even if she also believes that the devil relays this information in return for promises. Similarly, Penryn's mother's mad perspective is neither completely ignorant nor fully aware of the contexts of danger that her daughters encounter. Penryn's mother's perception of danger and attempts to help her daughters may be hampered because they are shaped by her mad experiences, yet she is not wholly inattentive, unaware, or unresponsive to their needs.

Relationality as Rebellion

The dystopian mode, however, sustains the habits of objectivity, detachment, and inattentiveness to the unmet needs of the most vulnerable and marginalized. At the end of Oliver's *Requiem*, as the rebels prepare for the final assault against the dystopian state, Lena's group joins up with a larger rebel group in a sprawling slum that abuts the city walls. The conditions that Lena endures with the rebels in the areas outside the cities are similar to those in the apocalypse in that there is no infrastructure, running water, agriculture, transport, healthcare, or adequate shelter. The dire effect of these conditions on a large scale, as they are experienced by the thousand people crowded together in the slum, raises issues not just of survival by individuals and small groups, but of the tension between freedom as personal

autonomy and the necessity of some form of state or social system to meet people's basic needs. In the monograph *The Autonomy Myth*, Martha Fineman (2004) argues that the conservative US political and popular rhetoric of freedom from interventions by the state conceptualises equality as 'a subset or outgrowth of autonomy' (p. 10), rather than as 'some floor beneath which individual citizens may not sink…[and] which the government is at least partly responsible to secure' (p. 10). The concept of individual autonomy as freedom posits each individual as personally responsible for meeting their own needs, as well as for any failures to do so, with no expectation of state responsibility to ensure that a minimum level of needs are met as necessary preconditions for equality and social justice. In the slum, there is no dominant social system or organised group, and no services that might address basic needs like food, water, and shelter. Instead, Lena and other rebels, like characters in the apocalypse, encounter the conditions of a total absence of government intervention, and a context of danger in which personal autonomy seems paramount to individual survival.

The rebels, as seemingly the only organised social group outside the cities, take no responsibility for responding to the needs of the desperate masses. Although the rebels notice the dire conditions in the slum, the rhetoric of autonomy as freedom conceptualises needs in terms of personal responsibility, not in terms of shared or distributed responsibilities that start in relationality. In this context of individualism, those who fail to meet their own needs become constructed as weak, mad, or dangerous as the leader of the rebels in the slum warns that '[t]here are some crazies around here…botched procedures, loons, criminals, the lot' (Oliver, 2013, p. 141). The rebels do not start from the recognition that the 'uncured' are all desperate and vulnerable in the absence of any social structure and basic amenities, and after the harms inflicted by the dystopian regime. Instead, the emphasis on personal autonomy constructs individuals as self-interested and detached from interpersonal relationships and meaningful social connections, sustaining similar social divisions between the rebels and the other people in the slum as in the dystopian city's polarisation of the 'cured' and 'uncured'. In reinstating the deep social divides of the dystopian state the rebels also retain the regime's construction of irrationality and violence as the traits of inferior social groups, as both rebels and regime repeatedly refer to the 'uncured' as 'animals' (e.g. Oliver, 2011, p. 134, 194; Oliver, 2013, p. 115, 181). The use of the term 'animals' is pejorative in the text, classifying those in the slum as sub-human and thus inferior to both the 'cured' citizens and 'free' rebels. Specifically, the failure of the population in the slum to act rationally excludes them from moral consideration as the rebel leader explains that the 'uncured' will not fight for the

rebellion because ‘I can’t bribe them. We don’t have enough force to threaten them. I can’t convince them if they won’t listen’ (Oliver, 2013, p. 141). In the absence of mechanisms of coercion people are free, but people who are mad or criminals will ‘choose the wrong thing’ (Oliver, 2013, p. 141). As such, the rebels sustain a dehumanizing discourse, and the slum’s rebel leader concludes that the dystopian regime ‘might be right’ (Oliver, 2013, p. 141); a view echoed by both Lena (p. 139) and other rebel characters (p. 181). The rebels do not discuss how to address the unmet needs in the slum, but instead differentiate themselves as superior by characterising those who are vulnerable and desperate as irrational and violent, and thus as undeserving of moral consideration.

The orientation of the dystopian narrative around polar opposites proves problematic for the transformative potential of the rebellion, as well as for Lena’s trajectory from adolescence into the new social order that will be established from the rubble of the regime. Under the dystopian regime, ‘cured’ citizens are differentiated from the ‘uncured’ who, in the cities, are largely children and adolescents up to the age of 18, such that strong emotions, attachments to others, and valuing personal relationships are constructed as the traits of mad people and children. In this context, the conventional developmental trajectory from an emotional, irrational childhood to a stable, rational adult citizenship is reinforced by the supposedly scientific discovery of the deliria and the separate populations of ‘cured’ adults and ‘uncured’ children. The claim that scientists have newly discovered an identifiable disease deploys the language of scientific advancement to promulgate the belief that the dystopian system is superior to the misguided and dangerous non-scientific beliefs of ‘the old days, the dark days, [when] people … even viewed it [love] as a *good* thing’ (Oliver, 2011, p. 2; orig. emphasis). The language of scientific advancement associates the personal meaning and value of emotions and interpersonal relationships with ignorant people living in out-dated and less developed times. In this dystopian context, Lena is isolated in the value she places on relationships and connections with those she loves, particularly her mother. As Lena argues with Raven against the rebellion’s tactics and violence, Lena evokes a stereotypical image of the rebel leaders as ‘the patient parents; I am the troublemaking teen. We could be discussing a flunked test’ (Oliver, 2012, loc. 3510). Although Lena is 18 years old, her relational perspective and moral values that reject the detachment of the rebels are positioned as an immature adolescent viewpoint, in contrast to Raven’s rational ‘parental’ perspective. As the rebels are fighting for personal autonomy, Lena’s relational values and moral consideration of others are dismissed as immature and temporary within the emotional, irrational, risky phase

of adolescence that she will need to grow out of in order to participate in the adult social mainstream, or else be left behind as 'crazy' or a 'loon'.

However, adolescent protagonists in YA dystopias not only experience personal growth and development as they move towards participating in adult society, but also participate in rebellion and social transformation. YA dystopias typically follow the efforts of the rebellion up to the point of their final victory rather than positing the kind of government that may follow, placing particular emphasis on the 'struggle between adolescent protagonists and oppressive governments…to tease out the appropriate balance between personal freedoms and social harmony' (Basu et al., 2013, p. 4). While this general pattern affirms the potential for young people's role in social change, the emphasis on struggle as a narrative parallel to the construction of adolescence as a temporary experience of *sturm und drang,* combined with the absence of portrayals of emergent societies, leaves many questions unanswered about how a more just, equal, and free government may operate with respect to its citizens. Despite the potential for new social systems, the dystopian mode's warning 'against the destructive politics and culture of the author's present' (Basu et al., 2013, p. 2) is put in tension with the rebellion, constraining the extent of social transformation achieved and creating a narrative 'ambivalence' (Sambell, 2003, p. 170). This tension or ambivalence posits positive roles for young people in social change while simultaneously reinforcing conservative social values and expectations as inevitable, particularly in terms of gender (Day 2014; Childs 2014; Broad 2013), erasure of racial diversity (Couzelis 2013), sexuality (Green-Barteet and Coste 2019; Bacigalupi 2012) and abilities. In Delirium, the continued dehumanization and marginalization of the desperate masses in the slum, along with the rebel's pursuit of personal autonomy suggest that, even if the rebellion is successful, there will be little progress towards social justice. The rebels' failure to consider alternatives for how to think about themselves, their experiences, and other humans beyond the dystopian framework of rationality, objectivity, and personal responsibility leaves these characters trapped within the same system that they aim to escape.

In contrast, the relationship between Penryn and her mother illuminates that recognising and considering other people's perspectives is important for resisting the inequalities and injustices that emerge from inattentiveness, marginalisation and objectification of those 'unlike' ourselves, even though this does not necessarily produce a consensus view or common agreement on appropriate moral actions. In the context of the apocalypse Penryn's attentiveness to contexts as well as to particular individuals draws

attention to injustices and inequalities in the social arrangements she encounters, but also offers an alternative based in ethical care and relational moral principles. At the conclusion of Ee's trilogy, the Resistance leader Obi is killed, and the angels isolate the Bay area by surrounding it with fire to facilitate a competition in which they will hunt and kill the trapped humans. After Penryn learns that the Bay area has been cut off for the hunt, she shifts into a leadership role as she encourages a final stand against the angels on Bay Bridge. The hunt escalates the general apocalyptic context of existential threat to an imminent event, raising questions of the extent to which social and moral consensus is necessary or sufficient for coordinated social action across diverse and disparate groups.

The climax of the narrative with a final battle against a foe that poses an existential threat is common in fantasy literature, from *Buffy the Vampire Slayer* and *Stranger Things*, to *The Dark is Rising, The Amber Spyglass,* and *Harry Potter and the Deathly Hallows*. In *End of Days* there is not a special individual or weapon that can save the humans from the angels, nor does there seem to be a chance that the remaining humans are 'stronger together' as the angel's superior abilities will likely result in the deaths of almost all humans. This outcome is foreshadowed earlier in the trilogy when the Resistance launch an attack on the aerie in *Angelfall* which, despite using bombs and machines guns, does not kill a single angel and only temporarily wounds some of them. Penryn contrasts the power of the 'perfect' angels to the weakness and vulnerability of the humans in the gathered crowd who are 'abused, and traumatized. They stand there in their rags, skinny and malnourished …injured, bandaged, limping, and scarred' (Ee, 2015, p. 250). Although this crowd is not ready for battle, hiding is unlikely to be successful due to the angels' superior hearing, night vision, supernatural abilities, and motivation to win the hunt. As neither fighting nor hiding are likely to succeed, the only other option is escaping, but Penryn reflects that due to the limited number of operational boats and planes 'only a tiny fraction of people would be able to get off the peninsula' (Ee, 2015, p. 251). In contrast to more common fantasy tropes in the depiction of the final battle, Penryn reflects that most humans will die, whether together or apart. In the face of an overwhelming threat they cannot defeat, even as a group, Penryn faces the challenge of motivating collective action across the gangs, the Resistance, individuals, cults, and families that do not share a sense of collective identity, responsibility or community. In the absence of shared identity or citizenship in the apocalypse, Penryn cannot appeal to concepts of duty, obligation or the 'greater good,' nor to loyalty, victory, and glory. Instead,

the narrative climax and the final departure of the angels emphasises relational morality across the divides of 'us' and 'them', and the isolation and fragmentation of 'me and mine'.

As Penryn attempts to think of a reason why anyone would go to the Bridge to fight when the angels have supernatural abilities that make them impossible to beat, and in the absence of social cohesion or shared moral values, Penryn remembers an incident when Paige, thirsting for human blood after she had been surgically altered by Doc, finds a dying man. Even though Paige is starving because she refuses to kill humans to survive, despite Doc's alterations, Paige does not eat the dying man. Penryn recalls that Paige makes this decision when she sees that the man is holding 'a crayon drawing made by a kid he loved... That's what reminded Paige to fight for her humanity' (Ee, 2015, p. 251). This moment demonstrates a relational morality based on the recognition that interdependencies and relationships give survival its meaning. Penryn demonstrates this viewpoint throughout the trilogy in her quest to sustain relationships with Paige, their mother, and Raffe, rather than pursuing her own individual survival, but this moral perspective is articulated again at the moment of greatest existential threat at the climax of the trilogy. The moral practices and principles of care ethics are fundamental to a 'relational ontology of humanity … [which] reminds us that to live in the world as well as possible we have to do this with others' (Barnes, 2012, p. 105). Relational morality is not limited to immediate family, lovers and friends, but encompasses shared responsibility for the well-being of others and the quality of social relations, including with those who are unlike, unknown and distant from ourselves. From this relational perspective, Penryn's actions as leader do not require a shared view of consensus reality, nor the construction of communities based on concepts of 'us' versus 'them', nor social orders that sustain hierarchies of domination and oppression, violence and vulnerability. In contrast to common YA fantasy tropes, Penryn does not begin with the fighters, weapons, or strategy, or the idea that humanity will come together to make a final stand, thus privileging the fighters. Instead, Penryn prioritizes the use of boats and planes for people with disabilities or injuries, young people, and older people so that they can escape the hunt (Ee, 2015, p. 253 -54). Penryn does not focus on the Resistance but considers the needs of all surviving humans as she sends out loud-speaker messages to warn both rival groups and those in hiding about the hunt, and to inform them that help will be offered to anyone who needs it. In contrast to the rebels in Delirium, whose perspective aligns with the regime as they deride, exclude and marginalise the dirty, desperate masses, Penryn begins to

articulate the idea that if the humans do not help each other, they are implicitly affirming the angel's perspective that their lives have no value or meaning.

In this chapter I have examined two post-disaster YA trilogies in which 'mad' mothering resists social expectations of mothers' roles and duties, facilitating the adolescent protagonists' suspicion of the ideologies and ideals that structure the mainstream social order and their recognition of social injustice. However, the mothering practices of Lena's and Penryn's mothers are produced through their own particular 'mad' perspectives. In the context of Lena's dystopia, her mother's 'madness' is shown in joyful, playful mothering that centres on love and the importance of the mother-daughter relationship for shared flourishing, at least during early childhood. While the portrayal of a loving mother as 'mad' serves to highlight dystopian processes of pathologization, it also evades engaging with the complications of ambivalent, disturbed or Mad mothering. Similar to adolescent protagonists discussed in the preceding chapters, such as Marty, Ronney and Katniss, Lena is a protagonist whose realisation about how her society works produces a conflict between her own relational values, expressed in the caring relationship with her loving mother, and the values of the dystopian regime and rebels that view independence as freedom, including adult independence from interpersonal caring relationships. Although Lena critiques the rebels' individualistic values and personal responsibility only for 'me and mine' I have shown that, with no workable alternative on offer in the trilogy, she participates in a problematic final rebellion that overthrows the dystopian regime without revising its ideologies.

By way of contrast, Penryn's mad mother transgresses conventional loving, playful and joyous practices due to her frightening hallucinations and actions. For Penryn, the apocalyptic context of fragmentation, fear and isolation facilitates her attentiveness to the conditions, situations and circumstances that are unjust and unequal in their distribution of safety, power and vulnerability. I have examined Penryn's mad mother as a character who creates complications and invites deeper consideration of what ethical care principles and practices mean for someone whose beliefs and actions are based on their experiences of distressing and disturbing hallucinations. Penryn's narration of her mother explores the practicalities of key care ethics principles of attentiveness and responsiveness based on situations as the other person perceives them. From this relational starting point, Penryn can recognise her mother's fear and her disturbing, sometimes violent, actions as being motivated by her hallucinations; yet her mother is not entirely inattentive to Penryn or Paige's needs. I have argued that Penryn's experiences with her mad mother make this protagonist keenly

aware of social orders based on gender essentialisms, including the subordination of women and girls who are culturally constructed as less violent, passive, dependent and more caring, as well as social orders that valorize detached, rational, scientific practices that perpetuate violence while refusing moral responsibility. Penryn's relational moral perspective demonstrates that assumptions about the 'natural order' and the idealised rational, objective moral agent deflect attention from the role of institutional arrangements in creating inequality, injustice and perpetuating harm and violence.

While dystopian YA frequently centres on the oppression of the protagonist rather than broader mechanisms of social injustice or the new political and social systems that may follow rebellions, apocalypse YA engages with anxieties in contemporary societies characterised by a lack social and moral cohesion, unexpected shocks, cultural shifts, and global threats. The exploration of possible conditions for not only survival in our 'apocalyptic present' but also for redressing injustice, violence, oppression and destruction suggests that the need for a different starting point that begins in shared moral responsibilities for needs and vulnerabilities, and recognition of the caring relationships that give life meaning. For Lena and Penryn, experiences of mad mothering are important to their relational moral perspectives as they each realise that they have unmet needs because of the lack of attentive, responsive care. I have argued that experiences of mad mothering are essential to Lena's and Penryn's recognition that the meaning and quality of caring relations is necessary for well-being, and for new social arrangements that might provide the conditions for flourishing in which everyone can give and receive care when it is needed. YA apocalypse narratives examine ideas for living better in a contemporary world characterised by lack of social and moral cohesion in a wider context of ongoing threats and global shocks, as a sub-genre of contemporary US fantasy that is increasingly engaging in a 'recognition that consensus reality is not a settled condition but a continual debate' (Attebery, 2014, p. 159). Penryn expands her relational approach at the conclusion of Ee's trilogy to realise that all the groups, gangs and individuals in the apocalypse do not need to reach a consensus view nor share community values to take responsibility for attempting to address the severe conditions of vulnerability and need. Penryn eschews a new social consensus of angels versus humans or the rule of the strong over the weak as she proposes relationality as ontologically basic, valuing the simultaneous co-existence of different groups to offer a more hopeful alternative to isolation, fragmentation, fear and conflict. Hope at the end of the apocalypse does not come in the form of a new society that has reached consensus on a new social order or

political ideology, but in the transformation from a state of fragmentation towards heterogeneity in how to live well in this world with others.

Conclusion: Towards Caring Futures

This thesis has discussed four broad concepts of madness that each inform different responses to mother character's distress in a selection of British and US contemporary YA novels. I have argued that how madness is conceptualised is important because it determines what are viewed as the 'right' responses to distress, whether madness is perceived as having no clear cause, as a product of interpersonal and/or social conditions, as disease, or as an alternative way of being. The continued portrayal of a range of concepts of madness is fruitful for critical consideration of literary representations of experiences that have never been homogeneous nor shared 'inherent or natural characteristics that define an eternal Mad subject' (Diamond, 2013, p. 74). Each concept of madness, from possession to creative genius, produces responses that are particular to socio-historical contexts as '[e]very era has a particular configuration of the self, illness, healer, technology; they are a kind of cultural package' (Cushman, 1995, p. 7). Socially acceptable responses to madness are always congruent with the prevailing political, social, economic and cultural conditions in which they emerge and take hold. In the depiction of YA mad mothers, these cultural conditions include constructions of motherhood and 'good' mothering, as well as prevailing cultural ideas about adolescence, independence, and responsibility. These social contexts and concepts also underpin the moral frameworks that are depicted and/ or explored in contemporary YA texts within which protagonists and other characters negotiate responses to maternal distress. In the contemporary Western context of individualism, 'freedom and choice', and proactive self-management, practices of attention and response to those who cannot meet their own needs are constructed as unnecessary for living well. In other words, the free, autonomous moral agent is constructed as independent and self-reliant, and thus in the privileged position of not having to notice or take responsibility for the needs of others. This is in direct contrast to ethical care practices that take relationality as ontologically basic and centre the quality of encounters with others as important to well-being. The tensions between concepts of personal responsibility and relational morality in responses to mother character's madness are explored in the liminal space of adolescence as protagonists negotiate both immediate concerns and trajectories towards adulthood.

In narratives of adolescent growth and development, mother character's madness often raises troubling provocations about social expectations, mainstream systems, and the morality of responses to people who transgress the parameters of 'normalcy'. Many of the adolescent protagonists discussed in this thesis experience a conflict between their own

expected place in the adult mainstream and the simultaneous recognition that the individualistic social order leaves those with the greatest needs disadvantaged, isolated, and/or pathologized. These conflicts expose that relational morality does not have an equal cultural status with concepts of independence, personal responsibility and self-reliance in the adult mainstream. In an exploration of the differences in care practices between 'the logic of choice' and 'the logic of care', Annemarie Mol (2008) argues that the contemporary Western context promotes a hegemonic ideal of personal responsibility and individual 'autonomy of attaching [an individual's] own value to just about everything (except autonomy)' (Mol, 2008, p. 74). From this perspective on choice and care, the pursuit of autonomy is valued above all else, even to the point of constraining autonomy to exercising 'freedom and choice' in pursuit of personal self-interest, rather than allowing for the idea that autonomy over one's values and actions may include attentiveness to and taking responsibility for the needs of others. In this context, the typical construction of adolescent growth in YA as progress towards autonomous adulthood can construct protagonist's attempts at ethical care as temporary and immature. The construction of adolescent development in terms of teleological progress away from childhood dependency and towards an independent, stable, coherent adulthood can associate growing up with 'growing out' of relational morality, while independence and individualism are promoted the necessary traits of successful adulthood. This general pattern is problematic as the association of caring and interdependency with childhood not only devalues the responsibilities and competencies of all carers, but also suggests that adults with relational values who practice ethical care have somehow failed to 'grow up'. In the YA texts I have examined, only Katniss and Penryn are able to choose not to live by the ideals and values of individualism in preference of a relational morality. However, neither are depicted as participating in a social mainstream. Other protagonists, such as Marty and Ronney, are sustained in adolescent liminality at the end of the narrative, suspending the choice between the adult mainstream and relational moral values without offering a resolution in the text. Other protagonists, such as Tess and Lada, do not reflect, resist or rebel against the mainstream order but actively strive to attain positions of social acceptability or power within its unaltered systems.

Concepts of progress and advancement that underpin the construction of adolescent growth and development towards adulthood are also implicated in the rise of psychiatric authority and institutions. Through the use of medical-sounding names to describe thoughts and emotions as if they are diseases, psychiatry becomes perceived as objective, scientific

and therefore more 'advanced' than other concepts of madness as experiences of divine inspiration, for example. The co-construction in YA texts of ideals of personal responsibility and proactive self-management with depictions of psychiatry as a mainstream institution reinforces protagonist's perceptions that psychiatric interventions are an 'advance' over caring, relational responses, such that mad mother characters' submission to psychiatry is not questioned or critiqued but accepted as the 'right thing to do'. This is problematic as psychiatric terminology of symptoms and diseases can result in people in distress experiencing a further 'undermining of self [that] is particularly acute when the responses of others conflict with self-perceptions' (Barnes & Bowl, 2001, p. 3). In other words, the process of being pathologized within a universal framework of 'mental illness' that silences personal meanings and contexts is harmful in itself. In the realist novels discussed in chapters two and three, the assumption that addressing experiences of distress is the responsibility of psychiatric authorities justifies family members' inattention to maternal distress, and processes of labelling mother characters as 'sick', 'ill', or 'crazy', silencing and delegitimising mother's voices and experiences as irrational and incoherent, and contributing to contexts of coercion. As such, one of my key findings is that interpreting mother's distress as 'mental illness' limits attentive caring responses to these characters, and the exploration of possible non-medical practices that could alleviate distress and/or enhance relationships and the conditions for flourishing.

The construction of mother's madness by other characters is in part a function of mother's position as secondary characters, frequently relegated to the background of adolescent protagonists' stories. As a result, many mad mother characters do not have voices. They never tell the protagonists about their experiences of distress or treatments, and they do not say what they want from care or medical interventions. Particularly in novels narrated by the adolescent protagonist in the first-person, the reader never knows what a withdrawn or silent mother thinks or feels, leaving little material to offer potentially conflicting or complicating viewpoints. The construction of madness by adolescent or other characters typically takes place in contexts that valorize personal responsibility and thus individualise distress, whether as 'mental illness' or personal weakness and failure. As such, mad mother characters are often labelled with terms like 'sick' or 'crazy' to emphasise these characters' departure from social expectations in portrayals of mad mothers as marginalised from everyday family routines as well as mainstream social life. The use of language and concepts that differentiate between 'normal' people 'like us' and those who are deemed 'crazy' has

important consequences for responses to YA mad mothers. Abilities such as the capacity for practical reasoning have traditionally distinguished sanity from madness, as well as informing mainstream philosophy in which moral agents are theorised as sharing intrinsic properties that place them in moral parity (e.g. Barnes 2012; Kittay 2017b). For individuals who share intrinsic properties, ethical thought and action takes place between individuals who are in moral parity with one another. However, for *all* humans to be positioned in moral parity with each other, intrinsic properties must apply to all humans, as well as only to humans. As many people, including those in distress, do not demonstrate the theorised intrinsic properties of 'humans', they have not been considered as qualifying for moral parity. This has resulted in abuse in asylums, eugenics programmes, detainment and forced sterilisation, for example, that have been legitimised within ethical frameworks that differentiate between people who merit moral responses, and those who are labelled as 'subhuman' and therefore do not (e.g. Barker 2011; Davis, L. 1995). When certain individuals are not regarded as being persons at all, there is boundless potential for violence that can be rationalised through supposedly objective perspectives. The history of psychiatry includes many distressing examples of violence that purported to be harmless, necessary or even therapeutic for people who lacked rationality and reason, carried out by those who 'claimed to be acting in the "best interests" of the mad … [yet] failing to recognise *as persons* the people in their care' (Barker, 2011, p. 44). In ethical frameworks that require intrinsic properties as the basis for the recognition of being human, mad persons, as well as anyone else deemed to be 'subhuman' have typically been excluded from moral parity.

The conceptualisation of those who do not share 'our' human capabilities, values or characteristics as failing to qualify for moral parity is anathema to care ethics. The need for care usually involves vulnerabilities and dependencies, and thus engages in moral decision-making between those who are not equally cogent, informed, or able, in that moment, to take care of themselves; while 'much contemporary moral theory rests upon the convenient fiction of human equality, the fact of inequality in relations of care makes this assumption problematic' (Tronto, 1993, p. 145). The work of many 20th and 21st century feminists and philosophers has demonstrated that the approach to ethics of attempting to identify and apply moral consideration on the basis of 'intrinsic properties has the negative effect of excluding some who are otherwise evidently human' (Kittay, 2017b, p. 26). Labelling someone as incoherent and distressed, and therefore in 'need' of institutionalisation, restraint and coercion is certainly easier, and more profitable, than tackling the moral dilemmas that arise from

relational ethics. However, if a moral dilemma is to be resolved, it first must be recognised to exist. The solution is not to give up on the possibilities of care ethics, and restore hierarchical, coercive, paternalistic systems that locate the 'problem' in the individual. Instead, improvements in care and flourishing for all are achieved through attentiveness and consideration of our relational lives and all the complexities that entails (e.g. Tronto 2015). The existence of moral dilemmas in responses to madness suggest that experiences of distress and the construction of concepts like responsibility, independence and agency remain worth critical consideration in their representation in literature for young and adolescent readers. It is important to scrutinise, for example, whose interests and needs are being served when a person in distress due to abuse and oppression is labelled as 'ill' and subjected to increasingly invasive yet ineffective 'treatments'. Moral dilemmas in care ethics remain and may even seem intractable, but finding solutions requires ongoing dialogue that facilitates 'the steady moral inventiveness of many individuals trying to grapple sensibly and humanely with a particular kind of situation… [that] can result in new ways of living' (Midgeley, 2017, p. 159). Madness, strange and disturbing behaviours will always raise questions about how humans can respond well to one another, but I have argued that such dilemmas are not best solved at the point of a needle.

In this study of mad mother characters from a care ethics perspective, I began with a chapter that compared how mother character's madness affected family relationships, and the practices of young carers for mad mothers that took place through negotiations of competing needs and consideration by the protagonist of concepts of self-reliance, dependence, responsibility, and madness. For Will in *The Subtle Knife* (Pullman, 1997), self-reliance was depicted as highly socially valued. The portrayal of Will's competence as a carer, protector and adventurer was depicted through his 'adult like' self-reliance, and Will is rewarded at the conclusion of the novel with 'freedom' from caring duties and dependent relationships. I also discussed Marty in *Tender* (Ainsworth, 2018), who is portrayed as deeply conflicted between adhering to mainstream expectations, including the idea that he should, like Will, take on a paternalistic role in 'looking after' his mum, and his own relational values and practices of care. However, Marty cannot sustain ethical care alone as his mother becomes increasingly unpredictable, and Marty becomes increasingly distressed himself. At the conclusion of both *The Subtle Knife* and *Tender*, the protagonists are 'freed' of their caring responsibilities as their mothers are institutionalised, with Will and Marty each being rewarded with a new mother-figure who respects and shares the protagonist's values. In contrast to Will and Marty,

who are depicted as feeling as if they must cope alone with their mad mothers in isolated dyads, Jonah is depicted within a mutually supportive care network with his siblings. *When We Collided* (Lord, 2016) is unusual in my corpus in depicting an adolescent protagonist whose relational values also are shared by some other characters, such as in its depiction of community support. In the portrayal of character's discussions about how best to respond to Jonah's mother's distress, the novel positively portrays the possibilities of Mad identity and agency, rejecting the pathologization of all unwanted or inconvenient emotions and behaviours. However, the novel is more problematic in advocating Mad agency only on terms that are consistent with mainstream values of individualism and autonomy, such that the 'right' response to madness becomes leaving Jonah's mother to do whatever she wants, leaving no one to take responsibility for the detrimental impact on her six children. As such, Jonah's relational values and the importance of the care network for the family's flourishing are at odds with more dominant concepts of personal responsibility. Furthermore, Jonah is also freed from his caring role as his mother 'recovers' at the end of the narrative, ensuring that his relational values do not disrupt the normative trajectory towards a self-sufficient adulthood free of responsibilities for dependents.

In contrast to the depiction of discussions about Jonah's mother's agency and wishes, the novels discussed in chapter two depicted mother characters who are viewed as weak, pathetic, failures and also as mad, who become constructed as dependent, subordinate and in 'need' of authoritative control, whether by patriarchal or psychiatric institutions. In the realist novels *The Brontë Girls* (Kilworth, 1995) and *All That I Can Fix* (Chan, 2018) family relationships of paternalism, unequal distribution of roles and responsibilities and self-silencing resisted the possibilities of good care practices between parents and adolescent characters. In these novels the mad mother character is constructed as weak in failing to 'cope' with their distressing interpersonal situations, particularly the relationships with their husbands. However, the construction of distress as personal failure prevents the conditions in which ethical care might take place, such that both Hannah Craster and Ronney's mother take steps to 'cope' that are directed inward at themselves. Rather than attempting to voice their experiences, concerns, or desires and attentiveness to relationships, both mad mothers manage their distress in isolation, such as by Hannah locking herself in the bathroom or Ronney's mother overdosing on pills. However, these efforts at personal responsibility for one's own distress only produce further failure: for these mother characters, the cause of distress is interpersonal relationships, such that the narratives suggest that distress cannot be

alleviated by attention to the isolated self while leaving important relationships unchanged. As a result of these failures, both mothers are pathologized, although the therapeutic and pharmaceutical interventions are depicted as having no impact on alleviating distress or improving family relationships. As distress at unbearable personal circumstances is not a disease, the purpose of diagnosis and treatment is to create 'normal' mother behaviours based on stereotypes and beliefs about culturally constructed categories. In this way, as Foucault argued, processes of diagnosis and treatment of 'madness' sustain the status quo by reinforcing cultural ideals about how different groups 'should' behave.

Chapter two also explored YA fantasy trilogies that emphasised oppressive and violent social orders alongside interpersonal and familial relationships in producing mother characters' distress. The fantasy trilogies And I Darken (Kiersten White 2016 – 2018) and the Hunger Games (2008 – 2010) portray deeply unequal, hierarchical societies to raise questions about the political and social contexts in which mother character's distress is produced and efforts at care and survival are negotiated. Although Vasilissa and Katniss's mother are not violent, unlike, say Marty's and Penryn's mad mothers, in the context of oppressive regimes and the total absence of any social or state support, their experiences of madness exacerbate the family's vulnerability, placing Lada, Katniss and their younger siblings at greater risk of harm. Lada and Katniss are both angry at their mothers following their childhood experiences of fear and vulnerability, both regard their mothers as weak, and vow to be stronger. For Lada the absence of her mother continues through the trilogy both in physical terms, as Vasilissa is sent back to her home country, and in relational terms as Lada has no contact with her for over a decade. Once Lada meets her mother again and concludes that she is mad, Lada continues in her campaign to succeed within the hierarchical violent system, abandoning her mother in turn. In contrast, Katniss expresses relational values and moral responses to others throughout Collins's trilogy, including in the relationship with her mother. Katniss attempts good care for her mother, and comes to see her mother's strengths, managing to maintain a distant relationship with her mother even after the death of Katniss's little sister. However, Katniss's relational morality is marginalised in her society, even though it is exploited by the rebel leaders seeking to spark widespread resistance to the Capitol regime. As Katniss ends the narrative in isolation from the new social order, even after revolution there seems to be little hope for transforming political and social processes away from hierarchical structures and towards creating the conditions in which good care can sustain and enhance human flourishing. Through their struggles against oppressive regimes, both adolescent protagonists

perceive their mothers as lacking in power and agency, not in terms of failing to overcome oppression, but for failing to thrive despite it.

Concepts of personal responsibility and adolescent protagonists' negotiations of agency and power were also explored in chapter three, although in the very different context of novels in which madness was depicted as genetic disease and inevitable female inheritance, bringing cultural constructions of dangerous female cycles into contact with rational medical authority. For Sylvia, Tess's mother in *If You Were Here* (Yabroff, 2017), her lack of rhetorical power and agency to resist biomedical interpretations of her visions buttresses the main narrative that portrays the immutable social superiority of 'normal' people and the marginalisation of the strange, sick, and 'crazy.' The construction of 'normal' in the novel includes adolescence as a temporary period of development towards a stable, coherent adulthood, such that Sylvia's unpredictability as an actress, a mad mother and cultural agent who attempts to change the 'way things are' is presented by Tess as a failure to develop a coherent adult identity and fit into a mainstream social role. The absence of any critical consideration of pathologization is enabled through Tess's solipsistic first-person account that can only conceive of others in terms of culturally constructed roles and expectations. Tess uses her own temporary status as an adolescent to explain the difference between her own ability to act on her visions, thus disrupting otherwise predictable events, with the liminality of her mother who is doomed in her attempts to resist the inevitable, and is punished by pathologization, institutionalisation and ECT.

The Place Between Breaths (Na, 2018) also depicts mother-daughter inherited madness and experiences of hallucinations but centres the disturbing and dissociative experiences of the adolescent protagonist, Grace, who grapples with a number of moral dilemmas concerning responses to madness and the possibilities of living well in the present and future. Like the mad mothers in several other novels, Grace's distress separates and isolates her from caring relationships. However, the isolation that results from distress in *The Place Between Breaths* offers a stark contrast to ideals of independence and autonomy, emphasizing the fear and loneliness of struggling with disturbing and dissociative experiences in the absence of any meaningful, attentive caring relationships. Grace discovers that she is completely alone after realising that her only friend and her father are both hallucinations, emphasising the isolation that can result from distressing and dissociative experiences. It is in this moment of abjection that Grace is institutionalised, only for her fears to resurface after she gives birth to a baby daughter whom Grace perceives as vulnerable to

the same inherited madness as Grace and her mother. Yet even in her despair, the shared maternal experiences between Grace and her mother provide a source of comfort and love, and support meaningful intergenerational connections. The moral dilemmas that Grace negotiates between how to live in the present while dreading the future, and whether hope for a better future is worth sacrificing relationships in the present are never neatly resolved in the novel. Instead of the dominance of psychiatric authority over feminine unreason experienced by Sylvia, Grace's narrative suggests a place for medications and scientific discoveries in ameliorating experiences of severe distress, without dislodging the ambivalences and meaning of mother-daughter care.

In the final chapter, I explored a dystopian depiction of wholesale pathologization in Oliver's trilogy, contrasted with Penryn and the End of Days (Ee, 2012 – 2015) in which there is a total absence of psychiatric and other mainstream institutions. The Delirium trilogy (Oliver, 2011 – 2013) extends prevailing ideas about 'mental illness' and personal responsibility for managing one's own 'health' to their logical extreme by depicting the pathologization of human life and universal psychiatric 'treatment' in the form of mandatory psycho-surgery. The narrative depicts inescapable government propaganda about 'the deliria' as creating a sense of continuous deadly risk, particularly for adolescents like the protagonist, Lena, who are increasingly at risk until the 'cure' procedure when they turn 18. In its portrayal of a society and citizens that are continuously monitoring themselves and each other for signs of 'illness', the trilogy mobilises the contemporary Western concept of the 'somatic self' that is proactive in managing its health and future risks, extending 'the powers of [medical] expertise potentially to all who are now understood as "pre-patients"' (Rose, 2007, p. 20). In Lena's society, the wholesale 'cure' does not require a character to actually be 'ill' or to have any symptoms; all that is needed to justify psycho-surgery is being 18 years old, or behaving in a way that others deem 'abnormal'. Although the interpretation of 'deliria' as illegal (romantic) love emphasises that meaningful interpersonal relationships are in opposition to state ideology, the dystopian regime reinforces the necessity of separating individuals from concern or care for each other through a range of policies that sustain its draconian power. Although Lena and her mother remain 'uncured', the narrative continues to separate mother and daughter during the rebellion, suggesting a lingering threat of a too-close maternal bond to the adolescent striving to enter independent adulthood. As such, the relationship between Lena and her mother functions to emphasise the seeming inevitability of the regime's individualistic ideology. Both the rebellion and the protagonist retain the

language and concepts of the dystopian regime that construct non-conforming individuals as stupid and dangerous to legitimise a lack of moral responsibility for others whether to alleviate distress or to meet basic needs, casting doubt on the potential for social transformation to offer a more just alternative to prevailing concepts of personal responsibility and individual self-interest.

In the preceding chapters, many mother character's distress is depicted as a product of interpersonal and/ or social contexts, including grief, inauthentic mothering, abusive relationships, or the pathologization of all human life. However, the construction of madness as a rational and reasonable response to a 'mad world' or oppressive situations 'does not allow us to move beyond the dichotomies of [sane/insane]' (Fabris, 2011, p. 31). In other words, if madness is a response to oppressive contexts and harmful situations, then the solution to madness is to change those contexts and situations, sustaining the constructed binary between sane/ insane and the assumption that these terms refer to clearly defined distinct categories. The construction of distress as rational given the circumstances imposes a universalising discourse of reasonable response, pushing against the attentiveness of good care that would account for personal experiences of madness, including their meaning or value, and caring responses that would incorporate the challenging, ongoing attempts to improve care practices for people whose experiences defy sanist interpretation. In other words, social constructionist explanations of madness as 'reasonable response' sustain the dominance of rational perspectives and the marginalisation of mad experiences. Susan Ee's Penryn and the End of Days (2012 – 2015) trilogy depicts mad experiences that defy explanations of social constructionism, 'reasonable response', and disease. Penryn's mad mother is depicted as leading a difficult, disturbing and disturbed mad life, but one that is wholly undefined by psychiatric systems, and largely unchanged even in the dangerous context of the apocalypse. Penryn's mother is highly agential, independent, and vociferous, sticking to her mad beliefs and disturbing behaviours before, during and after the end of the life-as-we-know-it. In the absence of a dominant social order or mainstream in the apocalypse, Penryn's mother's mad behaviours cannot be marginalised, although mad experiences disrupt ethical care practices, and raise questions about the moral practice of attentiveness in social relations. The violence and disturbing encounters with Penryn's mother cannot be sanitized or diminished in their importance to Penryn, as the protagonist reports she is left feeling vulnerable and uncared for. However, Penryn is depicted as recognising that relational moral values are necessary in the context of inevitable interdependencies and

vulnerabilities in life. Throughout the trilogy, Penryn's narrative sustains relational morality as necessary to avoiding the violence, oppression, inequalities and injustices that arise in hierarchical social orders, particularly those based on essentialising stereotypes about attributes and abilities, and those that privilege an objective, detached, self-interested morality.

Penryn's relationship with her mother prepares her for the physical and moral challenges of the apocalypse, not through exemplifying a loving relationship, but through her mad experiences that hone Penryn's awareness of the constructedness of social orders and stereotypes that purport to be 'natural'. In contrast to the political control and rigid social structures of the dystopian regimes in the Hunger Games and Delirium trilogies, Penryn is an adolescent protagonist in an apocalyptic landscape characterised by heterogeneous ways living, values and social groupings. In the apocalyptic context, there are few choices or chances for survival alone, yet group membership takes place within coercive conditions, such that fear, vulnerability and violence are not avoided but may be exacerbated through joining a group. In the absence of any prevailing social systems, institutions, ideologies or values, adolescent protagonists in the apocalypse negotiate tensions between survival and security, and their need for meaningful human connections. The recognition that unequal social relations and legitimising the use of violence by those with power are not immutable and inevitable enables Penryn to consider multiple possible arrangements for social relations. Attentiveness to other's perspectives means that Penryn notices the different ways that characters are marginalized, oppressed and experience violence within the organised groups that she encounters in the apocalypse. The suffering and violence that Penryn experiences and witnesses concludes with her recognition that the value and meaning of human life arises through interpersonal and social connections without imposing a single 'right' way of living or dominant social structure, but which starts in relationality. The heterogeneous social groups and values that constitute apocalyptic settings have been theorised as representative of the fragmentation and sense of threat in 21st century society. As such Penryn's narrative is not only an exploration of an imagined future disaster, but metaphorically explores ideas about how to live better in complex, heterogeneous contemporary societies and the possibilities of reshaping more caring futures.

Future Research Directions

This thesis offers an initial foray into moral considerations of responses to mad mother characters who are often depicted not only as failures, but as 'not normal'. However,

an ethics of care consideration of responses to those who are strange, disruptive, do not or cannot conform to social expectations need not be limited to depictions of madness. From its relational ontology, care ethics approaches questions of moral parity from a different direction from much traditional or mainstream philosophical theory and, as such, would be fruitful for new critical analysis of the ethical questions that arise in depictions of non-human characters in literature for children and young adults. There is much speculative fiction, fantasy, and science-fiction theory, along with posthuman, postcolonial and ecocritical theory that are applied to the numerous animal, cyborg, alien, fairy, superpowered, paranormal, angelic, demonic and hybrid characters within children's and YA literature. These characters not only raise issues of identity, rights, and bioethics, but often raise moral dilemmas in how to conceptualise and act morally towards those who are not 'like us', whether due to species membership, abilities, or because they have been engineered in a laboratory. The principles and perspectives I have explored with respect to depictions of madness and responses to mad mothers could fruitfully be expanded in new directions to consider relations between characters who are ambiguously 'human'. The many non-human or part-human characters who are shunned, feared, or hunted, and remain marginalised by mainstream systems depicted in children's and YA literature could be examined through a care ethics lens to pursue further consideration of the proposition '[t]hat "others" matter is the most difficult moral quality to establish in practice' (Tronto, 1993, p. 130). Furthermore, assigning moral parity on the basis of intrinsic properties is becoming increasingly problematic as more is discovered about human and non-human lives, making it more challenging to claim that there is a set of morally important properties that are possessed by *all* humans, and *only* by humans (e.g. Kittay 2017b; Barker 2011). A relational approach to ethics, in contrast, begins in attentiveness to needs and the moral principles and practices that arise from recognition that all lives – not only human lives – involve vulnerabilities, needs, and interdependencies that are vital for flourishing.

The importance of contexts, networks of care and interdependencies have been increasingly theorised by care ethics theorists who have explored African-American practices of 'other-mothering' (Julie White 2015), and philosophical and political concepts outside the contemporary West, from the southern African concept of *ubuntu,* that recognises shared humanity and community responsibilities (e.g. Barnes 2012) to Confucianism (Engster and Hamington 2015). The breadth of political, social and philosophical frameworks that centre community, distributed responsibilities and the recognition of shared humanity in everyday

moral decision-making suggests the constructedness of contemporary Western concepts of individualism and personal responsibility that limit care to one's self and immediate dependents. However, a notable finding of this study is that, despite networks and external sources of care and support being necessary for both good mothering and human flourishing, including through mad communities outside of psychiatric or healthcare institutions, these are typically missing in the depiction of mad mothers. Mad mothers in YA do not have friends, any family other than their husbands and children, any social groups that coalesce around hobbies such as book clubs or other activities and interests, they do not speak to neighbours or have contact with community networks, and they are not involved in social groups or events associated with their children's schools. In my corpus, only Ronney's and Katniss's mothers have jobs. Although adolescent characters typically only present a partial and often self-interested viewpoint on adult characters, these recurring omissions in the lives of mad mother characters reinforce deep-seated cultural expectations that 'mother' is a woman's defining role, and that marginalisation and/or pathologization are the inevitable results of madness or distress. Even though some adolescent characters, consider their mother's distress and/or appropriate caring responses at length, none of them wonder if friendships would offer their mothers a source of support with practical mothering, household tasks, or improve their sense of well-being. Perhaps what is more surprising is how challenging it is to find references to the importance of friendships in the extensive and growing literature on maternal theory and mothering. The lack of supportive networks and absence of extended families in shared mothering practices is notable given their importance to many cultures and communities outside of the white middle-class Euro-American context (e.g. Collins, P. 1994; Gilmore 2016; Jacques 2020). Although Ronney and Grace are mixed-race, there is no mention of extended family, neighbours, communities, or traditions of shared responsibility for childcare. Depictions of mad mothers within a community and traditions of distributed responsibility in contemporary YA is an important area for further study.

Furthermore, in the novels discussed in the preceding chapters, there are no instances in which an isolated dyad of 'one caring' and 'one receiving care' either produces good care that addresses the needs of both parties in the relation; or that was not exposed to be a culturally constructed ideal that had to be maintained through ongoing deliberate efforts at secrecy and silence. In other words, the efforts of characters like Will and Marty to cope alone with their mad mothers and keep their distress a secret, not only led to unmet needs, but exposed the inevitable relationality of life that made their continuous efforts at secrecy

necessary. A care ethics approach draws attention to the portrayal of efforts to stymie potential routes to caring and networks of support, whether by particular characters, or by oppressive and hierarchical regimes. Care ethics as a framework for political and social systems would sustain and enhance networks of care, such that attentiveness, responsibility, competence and responsiveness would take place through care given and received in complex networks at a societal level. As such, future YA research that applies care ethics theory could further explore narrative representations of political and social orders, and the possibilities of care networks beyond social groupings of family, friends and communities. In an argument for the development of caring democracies, Joan Tronto (2015) adds a fifth principle of care to the four stages discussed previously, as '*caring with* … [that] imagines the entire polity of citizens engaged in a lifetime of commitment to and benefiting from these [care ethics] principles' (p. 14; orig. emphasis). The principle of 'caring with' emphasises the distributed responsibilities that arise from a relational ontology; care is not the purview of those who have the time or inclination to care, or who engage in paid care work, to the exclusion of care as a responsibility of everyone else who pursues their own self-interest. As a result, the principle of 'caring with' enacted at a political and social level would 'equalize …not acts of caregiving, but responsibilities of care' (Tronto, 2015 p. 15). In such a democracy, experiences of illness, injury, and need would not be marginalizing, disadvantageous nor typically add to the precarity and vulnerability of living, but would be understood within the shared roles of giving and receiving care throughout society. Although networks of care are depicted in some of the novels I have discussed in this thesis, the potential for care networks to extend beyond close social groups or communities remains open to further narrative exploration.

Beyond further consideration of care ethics approaches to representations of madness, mothers, and/or the justice of political and social systems represented in YA, there are many other applications to be explored. For example, care ethics is highly relevant to the current research interest in climate change and the Anthropocene in children's and YA literature. Fisher and Tronto propose a definition of care that includes activities to sustain, repair or enhance the conditions in which people can flourish that 'includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web' (Tronto, 1993, p. 103). This definition of care produces a concept of relationality that is not limited to the interdependencies of all human lives, but also interdependencies with the built and natural environment that creates the physical conditions in which people live, and which

are shaped by human actions (Barnes 2012). Relational approaches make space for the non-human living and non-living world that provides the clean air, water and food that humans depend on for survival, as well as sustaining flourishing through the meaning and value of green spaces and trees, open skies and bodies of water, views and landscapes to individuals and cultures. A care ethics approach to depictions of climate change and the Anthropocene in YA literature could usefully apply relational principles and practices to the moral questions arising from the impact of collective human activities on environmental changes at scales that exceed the experience of a single person or generation, and at transnational scales.

In this thesis I have made a new contribution to YA literary scholarship in the use of care ethics to examine depictions of and responses to maternal distress, drawing on Mad studies. Protagonists' responses to mad mothers reveal cultural concepts and expectations around gender roles, independence, responsibility and competence, and the value of care and relational morality. In contrast to psychiatric explanations of 'mental illness', ethical care does not presuppose a solution to distress that places responsibility for care on psychiatric authorities and the individual who must take their therapies and pills. Neither does ethical care place the blame on the individual who is too weak and pathetic to 'cope' with or transform abusive or oppressive personal and social situations. Through discussion of a range of YA novels across genres and settings, I have argued that processes of pathologization and/or judgements of mother's 'failure' typically shut down the possibilities of good care that would improve, sustain or enhance flourishing. Ethical care begins with paying attention to others as particular persons and how *they* experience situations, and takes responsibility for attempts to address unmet needs. This includes consideration of personal relationships and contemporary contexts in which mothers are still expected to feel guilty for pursuing their own goals and interests, and in which many mothers continue to undertake the majority of care tasks with little support or attentiveness to their needs from others. Yet it is important not to impose universalising concepts of mothering, maternal experience, or madness, but to contextualise interpretations and responses to particular individuals and their circumstances. A relational approach recognises that 'there are many manifestations and routes to madness, so there are many solutions…[and] we need them all' (Ussher, 1991, p. 298). Madness is an expansive term makes space for these many routes and solutions, centring the experiences, voices and needs of persons in distress in practices that respond to unmet needs, vulnerabilities, and that attends to the conditions that sustain and enhance well-being. I have argued that the moral dilemmas of providing good care for mothers in distress and other

family members merit critical consideration to the moral principles and practices that open new routes to more caring responses and the potential for social transformation to better enable flourishing for all.

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