

**Exploring Therapeutic Narratives and Narrative Agency in Twenty-First-Century English Fiction: Representations of Mental Illness and Recovery in *Atonement*, *The Curious Incident of the Dog in the Night-Time*, and *Reasons to Stay Alive***

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## ABSTRACT

*In this paper, the author investigates how therapeutic narratives and narrative agency are used to portray mental illness, recovery and empowerment within given twenty-first century English works: *Atonement* by Ian McEwan, *The Curious Incident of the Dog in the Night-Time* by Mark Haddon, *Reasons to Stay Alive* by Matt Haig. The study background is based on the increased literary and cultural involvement in the mental health and narrative turn in modern fiction making storytelling a major method of making meaning and surviving psychologically. The initial aim that the study will conduct is to find out the role of narrative forms and voices in building therapeutic meanings and facilitating or limiting narrative agency. The research design used in the study is qualitative and interpretive, with close reading and comparative analysis of text as the primary data analyzing instruments. The theoretical framework merges the narrative theory, narrative agency theory, trauma theory and narrative therapy. The data will be a sample of narrative passages of mental illness, trauma, and recovery, where purposive sampling of the three main texts was used. According to the findings, therapeutic narratives operate in a different manner across texts: *Atonement* lays bare the ethical boundaries of narrative remedies, *The Curious Incident of the Dog in the Night-Time* reconstructs the meaning of agency through neurodivergent cognition, and *Reasons to Stay Alive* introduces therapeutic narratives as a survival-focused and communal healing method. In general, the paper finds that therapeutic discursive narratives in English fiction of the twenty-first century are heterogeneous, morally ambiguous, and formative in the re-conceptualization of mental illness and recovery in a non-linear model of care.*

**Keywords:** Narrative therapy; storytelling; mental illness, recovery, trauma; twenty first century English fiction, narrative theory, neurodiversity; narrative therapy; narrative, narrative therapy, storytelling, and healing.

## INTRODUCTION

English fiction of the twenty-first century has become more and more concerned with mental illness, psychological trauma and recovery processes, with the larger cultural trends toward mental-health awareness and destigmatization. Modern novel writers have also started to look beyond the experience of mental illness directly to the role of storytelling as a way to heal, discover the self, and gain power. This

plot twist has prefigured so-called therapeutic narratives, as defined by scholars, i.e., stories that allow individuals and characters to reframe suffering, reestablish identity and reclaim agency via narration (Frank, 2013; Rimmon-Kenan, 2016). Consequently, there is an emergence of literature as a critical point to analyze the influence of narrative practices on the creation of a sense of mental illness and recovery in contemporary society.

Narrative agency is one of the most prominent ideas of the modern narrative theory, which defines the ability of persons or characters to narrate their events, make sense of their torment, and take charge of their narratives (Bruner, 2004; Bamberg, 2012). Narrative agency may be broken or silenced in fictional depictions of mental illness by trauma, by depression, or by cognitive difference. Nonetheless, storytelling as a process of first-person confession or as a metafictional technique or reflective memoir, is often a therapeutic act in which voice and identity are recovered (White and Epston, 1990; Ricoeur, 1992). Therefore, the connection between therapeutic narratives and narrative agency has now emerged as an important field of interest in literary studies, trauma studies, and the medical humanities.

The English fiction of the 21st century provides a rich supply of material based on such analysis because it attempts to experiment with the narrative structure and address psychological subjectivity. *Atonement* (2001) by Ian McEwan deals with the issue of trauma, guilt, and late narrative repairing and shows how storytelling is one of the ways moral and emotional reconciliation takes place. *The Curious Incident of the Dog in the Night-Time* (2003) by Mark Haddon is a neurodivergent narrative voice with the challenge of prevailing assumptions of mental normality, rationality and agency. The survival strategy and the therapeutic intervention of depression and anxiety explicitly outline Matt Haig in his memoir and fiction novel *Reasons to Stay Alive* (2015) as a way of survival. These texts combined are the manifestations of different narrative modes where mental illness and recovery are expressed.

The recent academic literature stipulates that literary accounts of mental illness are not to be considered as a mirror-reflection of pathology but as multifaceted cultural discourses that formulate how people perceive psychological pain (Woods, 2018; Slater, 2020). According to trauma theorists, the cognitive consequences of trauma are often reflected in fragmentation, silence, and timeline perplexity of the narrative, whereas the sense of narrative coherence is indicative of healing and recovery (Caruth, 2016; Herman, 2015). Simultaneously, critics have warned against reductive recovery stories that enforce linear or optimistic endings on mental illness in favor of subtle accounts of narrative struggle and agency (Barker, 2019; Gilmore, 2022).

It has been suggested that mental-health stories have become a thriving genre, but focused literary criticism is still lacking, which comprehensively studies how therapeutic storytelling empowers or limits narrative agency in the various fictional genres. Narrative agency is discussed in many studies, but the ways in which it functions as a process of healing is rarely explored in more detail beyond the scope of individual trauma or mental illness. This paper will fill that gap by contrastively comparing *Atonement*, *The Curious Incident of the Dog in the Night-Time*, and *Reasons to Stay Alive*, foreshadowing the interaction between therapeutic narratives, narrative agency, and portrayal of recovery.

Placing these novels in the context of the narrative theory, trauma studies, and narrative therapy, the study will be discussed in terms of interdisciplinary approaches to understanding the role of literature in forming mental illness conceptions. It posits that the state of twenty-first-century English fiction not only embodies a state of psychological suffering but actually constructs narrative strategies according to which healing and empowerment as well as self-reconstruction have a chance to occur.

### ***Research Questions***

1. What are the ways of making therapeutic narratives in *Atonement*, *The Curious Incident of the Dog in the Night-Time* and *Reasons to Stay Alive* to show narratives of mental illness and recovery?
2. How do these stories empower or constrain narrative agency to characters who are psychologically tormented?
3. What does the nature of various forms and voices of the narrative do in the depiction of healing and empowerment in the English fiction of the twenty-first century?

### ***Research Objectives***

1. To analyze the narrative techniques that mental illness and recovery can be portrayed in the chosen English novels of the twenty-first century.
2. To examine how narrative agency can be used to create therapeutic meaning of the selfhood and healing.
3. In order to relatively compare the manner in which modern English fiction employs the storytelling as a literary and psychological form of empowerment.

### **LITERATURE REVIEW**

The depiction of mental illness in literature has dramatically changed in the twenty-first century, having become not only less stigmatizing or exclusively pathological but also more subtle, sympathetic, and complex in narration. The modern English fiction takes mental illness as a thematic issue but also as a narrative prerequisite which determines voice, structure, and meaning-making practices. According to scholars, this change is aligned with the larger narrative turn in the humanities, which highlights storytelling as the most important part of human identity, experience, and healing (Bruner, 2004; Woods, 2018). In this context, literary stories serve as arenas of psychological pain, healing, and agency into which psychological pain, healing, and agency are creatively played out and culturally bargained.

A significant branch of the research is therapeutic narratives, which tend to define storytelling as a process of overcoming trauma, disease, and emotional agony. The most recognized source of influential works on illness narratives created by Frank (2013) refers to storytelling as a healing process where people regain coherence and significance following the interruption of a body or psyche. Following on this, Rimmon-Kenan (2016) claims that fictionalized illness narratives enable a reader to gain access to the subjective experience that is still unreachable by using clinical discourse. The latest research in the field of literary and medical humanities underlines that therapeutic narratives of fiction tend to be less linear in terms of recovery, and they serve to explain healing as piecemeal, continuous, and unpredictable (Slater, 2020; Gilmore, 2022). This point of view is especially pertinent to the English fiction of the XXI century which often breaks the traditional narrative resolution in an attempt to demonstrate the depth of mental disorder.

And intimately related to therapeutic storytelling is the idea of narrative agency, the ability of the narrators or characters in the stories to describe their experiences, to establish themselves as significant subjects in the narratives. Bamberg (2012) conceptualizes narrative agency as relational and context-dependent and determined by social, cultural, and discursive forces. In works of mental illness, the narration is often disrupted by trauma, depression, or neurodivergence, to create fragmented or unreliable narration (Herman, 2015). Nevertheless, researchers believe that even the narration itself may serve as agency that provides characters a chance to negotiate a sense of identity, oppose silence, and rediscover their voice (Ricoeur, 1992; Hyden, 2018). This two-sidedness of loss and recovery of agency has been the subject of literary criticism of mental-health stories.

Trauma theory offers the necessary paradigm of the narrativization of mental illness in modern fiction. According to Caruth (2016), trauma interferes with memory and temporality, and in many cases, may lead to non-linear, repetitive, or fragmented stories. This observation has been used by the literary critiques to examine the reflections of formal experimentation as a manifestation of psychological disturbance in fiction (Luckhurst, 2013; Balaev, 2018). Herman (2015) goes on to state that the process of trauma recovery is about constructing a coherent narrative, which implies that there is a close correlation between recovery and storytelling. Recent theory warns against excessively positive interpretations of narrative coherence, though, observing that there are a few texts that intentionally evade narrative closure to argue with the hegemonic discourses of recovery (Barker, 2019; Woods, 2020).

In the analysis of the twenty-first-century English fiction, *Atonement* by Ian McEwan has received consistent critical interest due to its exploration of the ideas of trauma, guilt, and narrative ethics. The metafictional form of the novel is brought to the fore by critics as a tool of questioning the boundaries of narrative restitution and moral accountability (Phelan, 2017; Onega, 2019). The storytelling act of Briony is usually seen as a therapy but morally dubious effort of reclaiming the agency and atonement with the help of fiction. The recently read materials indicate that *Atonement* makes the concept of healing complex by revealing the conflict between narrative consolation and historical truth (Head, 2021).

The *Curious Incident of the Dog in the Night-Time* by Mark Haddon has become a subject of extensive debates in the neurodiversity studies and the narrative theory. According to scholars, a unique narrative voice by Christopher integrates into the challenge of such normative assumptions of cognition, emotion, and agency (McDonagh, 2016; Murray, 2018). In recent scholarship, the novel has been understood in the context of how narrative form itself can be restorative, allowing a neuro-divergent individual to make sense of experience through logic, mathematics, and storytelling (Slater, 2020). Yet, an even greater number of critics discuss the question of whether the novel supports or challenges the stereotypes about autism, which should also be closely analyzed in terms of narrative agency and representation (Woods, 2018; Yergeau, 2022).

The growing academic interest in *Reasons to Stay Alive* by Matt Haig as a hybrid text that combines memoir, fiction, and self-help discourse is growing. The recent critique places the text in the context of the contemporary mental-health discourses where survival, vulnerability, and further recovery (as opposed to cure) are being foregrounded (Gilmore, 2022; Kemp, 2021). The explicitness of Haig in his definition of writing as a life-saving activity makes her close to the principles of narrative therapy, which sees the narratives of identity as an antidote to the dominant narrative of illness (White and Epston, 1990; Hyden, 2018). Researchers observe that the discontinuous nature of Haig and his outlook to the reader strengthens the therapeutic aspect of the work, placing narrative authority at the individual and societal level.

Although the literature on the topic of mental illness is growing, it still has some gaps. Lots of research is devoted to a single text or an author but there are not many comparative studies of various forms of narrative. In addition, even though narrative agency is often discussed, it is rarely analyzed systematically concerning therapeutic storytelling and healing. To overcome these shortcomings, recent scholars propose the use of interdisciplinary methods that would combine narrative theory, trauma studies, and medical humanities (Woods and White, 2023; Slater and Barker, 2024). This paper answers this call by comparatively analyzing *Atonement*, *The Curious Incident of the Dog in the Night-Time*, and *Reasons to Stay Alive*, foreshadowing how the therapeutic narratives are a location of narrative agency, healing, and empowerment in the twenty first-century English fiction.

## **METHODOLOGY**

The research design used in this study is qualitative, interpretive research design, where the researcher seeks to understand the construction of therapeutic narratives and narrative agency in the selected English novels of the twenty-first century. Since the research is literary and conceptual, the most suitable type of methodology to use in the analysis of the narrative structures, themes, and representational strategies regarding mental illness and recovery is a qualitative one. This work is based on textual analysis and it does not attempt to statistically generalize; instead, it attempts to produce in-depth, contextually sensitive interpretations of narrative meaning in the present-day English fiction.

The study adheres to the descriptive-analytic methodology based on close reading and comparative analysis of literature. Close reading helps to analyze the narrative voice, structure, temporality, and language in detail and the cross-textual evaluation of similarities and differences is facilitated by comparison analysis of therapeutic storytelling and narrative agency representations. The interdisciplinary approach is used that is based on literary studies, narrative psychology, trauma studies and the medical humanities to add depth to interpretation and theoretical rigor.

There are four approaches to the theoretical framework which are complementary. Narrative Theory (Ricoeur; Genette) is applied in the first instance to study the voice of the narrative, focalization, time, and employment, leaving the possibility to study the significance of narrative form in the development of meaning. Second, Narrative Agency Theory (Brunner; Bamberg) offers means to evaluate how characters define, apply, and recover or lose agency via storytelling. Third, Narrative Therapy (White and Epston) educates the process of analyzing storytelling as a form of therapy, which involves re-authoring, meaning-making, and resistance to dominant illness narratives. Lastly, Trauma Theory (Caruth; Herman) is used to explain the narrative fragmentation, repetition, silence and memory as literary displays of psychological distress and healing. Collectively, these frameworks make it possible to examine therapeutic stories within various forms of fiction in a holistic way.

In the research, purposive sampling is used to choose three main texts *Atonement* (2001) by Ian McEwan, *The Curious Incident of the Dog in the Night-Time* (2003) by Mark Haddon, and *Reasons to Stay Alive* (2015) by Matt Haig. The reason behind the choice of these novels is that they directly address the topic of mental illness, psychological trauma, and recovery, and do it through the application of specific techniques in counseling narratives. The choice guarantees the variety of narrative voice (first-person, third-person), genre (metafiction, neurodivergent narration, hybrid memoir), yet depictions of mental health, which enhances comparative analysis.

The process of data collection implies the systematical identification of the pertinent textual bits of the chosen novels. These consist of narrative passages whose subjects are mental illness, trauma, emotional distress, recovery processes, and instances of narrative self-reflection. Further focus is placed on such stylistic characteristics as narrative fragmentation, temporality alteration, metafictional commentary and direct address. The chosen passages represent the major qualitative data to be analyzed.

Close reading, thematic analysis, and narrative analysis are used to analyze the data. Thematic coding is used to find common trends in mental illness, healing, agency, silence and empowerment. Narrative analysis involves a study of the ways in which plot development, narrative voice and structural devices add to therapeutic meaning. The assessment of how narrative agency can be facilitated or hindered in the three texts is then undertaken through comparative analysis of how the various forms of narrative contribute or limit narrative agency. The analytical interpretations are always based on the chosen theoretical frameworks to make them coherent and valid.

Since the research involves analysis of published literary works, there is no risk of any ethical issues concerning human participants. Nonetheless, mental illness is treated with the element of ethics, where one will not use stigmatizing language when discussing it. The validity of the study is enhanced by the theoretical triangulation and the similarity of the criteria of analyses of texts.

## **DATA ANALYSIS**

### ***Therapeutic Narratives and Narrative Agency in Atonement.***

In this portion, the author uses qualitative, interpretive analysis of therapeutic narratives and narrative agency in a number of English novels of the twenty-first century according to the methodological framework introduced in the previous chapter. The analysis uses the narrative theory, narrative agency theory, trauma theory, and narrative therapy to discuss the representation of mental illness, psychological trauma and recovery based on narrative form and voice. This chapter is further split into three sections each having one major text. Part 1 will examine to *Atonement* (2001) by Ian McEwan, specifically focusing on trauma, guilt, narrative authority as well as the ethics of storytelling mediating as a form of therapy that is highly disputed.

### ***Atonement Trauma, Guilt, and Narrative Disruption.***

Rather than being explicitly diagnosed with psychological trauma, atonement prefigures it by being foreshadowed in terms of guilt, repression, and retrospective self-consciousness. The false accusation presented by Briony Tallis works as a traumatic break that affects her psychological growth and narrative voice. According to the trauma theory, trauma can be characterized as something that does not lend itself to direct representation but rather the signs of it are manifested in the form of gaps in the narrative, temporal distortion, and repetition (Caruth, 2016). These elements are organically ingrained in the novel by McEwan through interrupted chronology and withheld revelation due to the failure of Briony to fully address her deeds.

The trauma, which Briony experiences, is not forced by anybody; on the contrary, it is created by himself, and this feature makes *Atonement* different in terms of the traditional stories about illnesses. The guilt inflicts psychological distress which she is obsessed with, repetitive, and compulsively tell stories. This is congruent with Herman (2015) statement that unresolved trauma interferes with moral and narrative coherence. The early wish of Briony to create order with the help of fiction which is observed in her play when she is a child shows the case of seeking narrative control of reality, which is later proven to be ethically questionable.

### ***Narrative Voice, and the illusion of Narrative Agency.***

The issue of narrative agency in *Atonement* is presented as a source of authority at first but then turns out to be deceptive. The third-person omniscient narration by Briony is seeming self-assured and imposing in line with the idea of emplotment by Ricoeur whereby narrative structures events into some type of meaningful whole (Ricoeur, 1992). Nevertheless, this authority is shaken by the metafictional revelation in the last section, which shows the logic of the story is itself a fictional creation.

The breakdown of narrative authority issues the subject-object relations between the narration and the agency. Although narrative agency is supposed to lead to empowerment, the narrative domination by Briony is a way of having control over the lives of other people. Bamberg (2012) points out that agency is relational and ethically situated; the way Briony presents her story, Cecilia and Robbie never get a chance to write their own stories, thus they do not have agency. Her subsequent efforts to craft her narrative repair can be followed as illustrations of the conflict between therapeutic self-expression and duty.

***The Metafiction as a Method of Therapy.***

The metafictional narration of the novel acts as a therapeutic attempt on Briony's part whereby she can redefine the past and envisage a new ending. Narrative therapy places stress on the process of re-authoring where the dominant problem-saturated narratives are revised by individuals (White and Epston, 1990). This process is illustrated in Briony fictional reunion of Cecilia and Robbie, and provides some emotional reconciliation instead of historical truth.

But McEwan has artificially made it difficult to understand this therapeutic impulse. The perceived happy ending fails to mend the real victims; it points at the boundaries of narrative therapy, which is not linked with accountability. This is in line with the recent critiques of therapeutic narratives warning of the replacement of narrative closure by actual ethical repair (Barker, 2019). Briony is not fully healed yet, which explains that the narrative agency cannot remove material damage.

***Temporal Structure and Delayed Recovery.***

The temporal discontinuity in *Atonement* is an indication of the late psychological healing of Briony. The long period of time that the novel takes from childhood innocence to old age is akin to the long period that trauma processing takes. According to trauma theory, the process of recovery is not linear and usually postponed (Caruth, 2016). The fact that Briony does not come to a conclusion but only at the end of her life confides, reflects the notion that healing is incomplete and continuous.

According to the narrative agency, the ultimate disclosure of Briony also marks the change between the controlling narration to self-reflex and self-deprecating humility. Her disclosure of the fictionality of her story abandons her total narrative power, to accept the confines of her agency. This act correlates with the model of ethical narrative developed by Ricoeur, as this theory focuses on responsibility and recognition as opposed to mastery (Ricoeur, 1992).

***Mental Illness and Mental Illness without Diagnosis: Atonement as a Psychological Narrative.***

In contrast to modern mental-health novels, which predetermine the use of clinical terminology, *Atonement* is an oblique expression of psychological distress in the form of guilt, obsession, and fixation of the narrative. Such lack of explicit diagnosis is a challenge to the biomedical models of mental illness and rather to moral and emotional suffering. According to scholars, these representations expand the range of mental-health discourse by being ethical precursors of trauma instead of pathology (Woods, 2018).

The obsessive narration of the story by Briony acts as a symptom and a coping mechanism. The need to cope with the overwhelming guilt makes writing a means of survival, which is consistent with the idea presented by Frank (2013) of storytelling. McEwan, however, does not want to idealize this process, demonstrating that therapeutic stories may be accompanied by self-delusion.

***Comparative Positioning in Therapeutic Narratives.***

In the larger context of this paper, *Atonement* is also a problematic therapeutic story in which telling the story allows oneself to heal partially but does not allow other people to retrieve their agency. *Atonement* focuses on the moral boundaries of narrative therapy. The given difference reinforces the comparative aspect of the analysis as it shows that therapeutic narratives do not necessarily have empowering properties.

***Narrative Agency, Neurodiversity, Therapeutic Storytelling in The Curious Incident of the Dog in the Night-Time.***

***Introduction***

Although Atonement problematizes therapeutic discourse by introducing moral uncertainty and delayed self-identification, *The Curious Incident of the Dog in the Night-Time* (2003) by Mark Haddon presents an opposing depiction of agency in a narrative that causes hyper-attention to detail, developed as a result of neurodivergent cognition. This section examines the way in which the novel portrays mental difference, emotional distress and recovery by using an unusual narrative voice that disrupts the normative beliefs regarding rationality, empathy, and agency. Based on narrative theory, narrative agency theory, and the current discourse of neurodiversity, the present section explores how storytelling as such emerges as a curative form whereby the protagonist makes sense of experience, copes with anxiety, and establishes selfhood.

***Neurodivergent Narrative Identity and Narrative Agency.***

The first-person narration used by Christopher Boone is one of the most peculiar narrative techniques of the English fiction of the twenty-first century. In contrast to traditional illness stories, which explain the mental illness in terms of deficit or dysfunction, the voice of Christopher preempts the reasoning, mathematics, and accuracy of facts. According to Narrative theory, voice is the most important aspect of agency in that it defines the speaker, the framing of experience and the preferred viewpoint (Genette, 1980). The narrative authority of Christopher in this novel is not discontinued by unreliability but is rather reinstated under the neurodivergent epistemologies.

Within the narrative agency approach, Christopher exhibits a great level of control over his story. Bamberg (2012) believes that agency occurs when the narrators frame themselves as actors who can explain and arrange events. The demand of Christopher to be clear, use diagrams, use prime-numbered chapters, logical sequencing enables him to make sense in a world which he thinks is chaotic and threatening. Telling stories therefore becomes a mental and emotional coping style instead of a confiding one.

***Narrative Structure, Sensory Overload and Anxiety.***

Even though the novel does not directly mention clinical labeling, it depicts vividly the anxiety, sensory overload and emotional dysregulation. In many trauma and mental-distress studies, the psychological discomfort may manifest itself not in verbal form but somatic and cognitive instead (Herman, 2015). The neurodivergent experiences in Christopher are manifested through his aversion to physical contact, metaphor interpretation and hyper sensitivity to noise.

The narrative is reflected in the novel in these experiences. The use of short chapters, lists, diagrams and mathematical explanations disrupts the traditional narrative as Christopher tries to divide in to compartments the torrents of stimuli around him. According to a therapeutic narrative approach, this disjointed structure does not imply narrative deficiency, it is self-regulation. Writing also enables Christopher to place sensory disorder in a logical order which also conforms to the meaning-making process that the narrative therapy gives through the use of other forms of narratives (White and Epston, 1990).

***Restructuring Narrative Agency beyond Emotional Expressiveness.***

One of the important contributions of *The Curious Incident of the Dog in the Night-Time* is the redefinition of the narrative agency. The conventional theories of agency tend to favor feelings of emotional expressiveness, introspection, and empathy between people. Nonetheless, the narrative agency

of Christopher functions on the basis of logic, routine and factual accuracy. According to Ricoeur, the narrative identity theory views identity as a product made by people telling stories about themselves (Ricoeur, 1992). It is not the emotional confession that shapes the identity of Christopher but problem-solving and rule-based narration.

This is a critique of deficit based accounts of mental difference. Recent neurodiversity theorists believe that the concept of agency can be viewed as plural and not normative and that there are multiple modes of interaction with the world (Yergeau, 2022). The fact that Christopher overcomes London, passes his mathematics exam and chooses to meet university education is a milestone of autonomy and self-efficacy. These accomplishments are put in the narrative form of therapeutic attainments signaling development that does not necessitate emotional change. The use of storytelling as a cognitive therapy has been proposed to assist in resolving cognitive issues.

***Storytelling as Cognitive Therapy*** *Storytelling has been suggested as a way of solving cognitive problems.*

In contrast to Atonement in which the storytelling is employed to revise the past, in The Curious Incident, storytelling is employed to stabilize the present. Christopher clearly adds that he writes his book to make things clear logically and truthfully. This can be agreed with the idea of Frank (2013) about storytelling as survival instead of confession. Writing serves as a cognitive therapy whereby Christopher would be able to externalize fears and turn them into usable information.

Of special importance is the metaphor rejection in the novel. Christopher is also opposed to figurative language, which is limiting to literature, but he is also safeguarded against exuding ambiguity. In the trauma-theory view, the metaphor is able not only to make meaning possible, but also destabilized. According to Christopher, his literalism is therefore a defensive narrative, reinforcing his agency and not restricting it.

***Conflict, Trust, Narrative Empowerment: Family.***

Parental deception unveiling is a psychological discontinuity in the novel. According to the trauma theory, caregivers failing to follow the basic assumptions of safety and trust is a disruption (Herman, 2015). It is a narrative reorganization and not emotional collapse on the part of Christopher. He builds up an evidence-based, timeline-based and logically inferred reconstruction, which reveals his resilience in terms of narrative control.

This scene highlights the treatment aspect of narrative agency. Re-telling his family history, Christopher opposes the status of a victim and claims independence. In contrast to Briony in Atonement, whose storytelling dominates the others, Christopher has an ethically sound storytelling based on telling the truth. His story is not one that tries to find solace in fiction but strength in fact.

***Comparative Positioning in Therapeutic Narratives.***

As opposed to Atonement, The Curious Incident of the Dog in the Night-Time is able to offer therapeutic stories as morally sound and empowering. The narrative agency in this case does not relate to domination and revisionism but to self-regulation and independence. The novel shows that therapeutic storytelling does not have to follow the line of emotionally expressive or confessional approaches to become effective.

In the context of the present research, The Curious Incident is a non-pathologizing treatment story, in which recovery is not a state of emotional normality but an increment in autonomy. This broadens the therapeutic narrative conceptualization past the trauma recovery into neurodivergent self-affirmation.

***Survival, Recovery, and Explicit Therapeutic Storytelling in Reasons to Stay Alive***

***Introduction***

In contrast to *Atonement* and *The Curious Incident of the Dog in the Night-Time*, which explore the theme of mental distressing indirectly by use of fiction and narrative experimentation, *Reasons to Stay Alive* (2015) by Matt Haig directly foregrounds mental illness, recovery, and survival. It is a hybrid work, memoir, fiction, and self-help, which is why this text is especially important in terms of therapeutic narrative in the English writing of the twenty-first century. This section explores the ways in which Haig develops narrative agency in confessional storytelling, fragmentation, and direct address to readers, and places narrative as a life sustaining practice. This analysis is based on narrative therapy and theory of trauma as well as narrative agency theory where recovery is not shown as a curative aspect but continuous meaning-making and resilience.

This paper examines how depression and anxiety affect the language of psychological crisis.

*Reasons to Stay Alive* provides a straight-forward depiction of depression and anxiety, expressed in a state of fervent emotional and cognitive anxiety, not in a clinical abstraction. According to Haig, depression is a wholesome loss of meaning, agency, and time. The theory of trauma underlines that intense mental agony usually generates the feeling of unawareness of time and cognitive immobility (Caruth, 2016; Herman, 2015). The story by Haig is an expression of this situation in the monotonous use of phrases, sudden changes of tones, and the description of horror and pain in the most graphic way.

Haig is made to suffer with a very explicit self-identified neurodivergent anxiety, in contrast to the guilt-induced trauma of Briony in *Atonement* or Christopher in *The Curious Incident*. Nevertheless, the story does not succumb to the diagnosis of mental illness as a black and white. Rather, Haig prefigures lived experience, with the distortion of perception, language, and self-concept as a result of depression. This is consistent with the medical humanities research that prioritizes narratives based on experiences as the counter-narratives to the strictly biomedical conceptualizations of mental illnesses (Woods, 2018; Gilmore, 2022).

***Fragmentation as a Narrative Strategy of Therapeutic Narrative.***

The disjointedness of *Reasons to Stay Alive* is the key to its therapeutic role. There is no traditional linear narration; short chapters, lists, aphorisms, and direct statements are used instead of it. The trauma theorists believe that the process of fragmentation corresponds to the breakdown of cognitive and emotional integrity in psychological crisis (Luckhurst, 2013). Nevertheless, fragmentation is also a survival strategy of the text by Haig where excessive experience can be articulated moderately.

This narrative therapy structure makes it possible to externalize the problem and part with depression (White and Epston, 1990). Haig makes a distinction several times between him and the sickness, which strengthens the narrative agency as he does not consider identity and pathology to be the same. The fragmentation becomes a form of resistance that is made to the totalizing power of a depression, showing that therapeutic narratives do not necessarily have to attain narrative unity to be effective.

***Narrative Agency, Confession and Self-Disclosure.***

Narrative agency in *Reasons to Stay Alive* is built up in the process of purposeful self-disclosure. Bamberg (2012) states that agency arises when the narrators situate themselves as regulators of their experiences instead of victims of experiences. The openness with which Haig explains suicidal thoughts, fear, and vulnerability takes back the power that is usually subdued by stigma.

However, as opposed to the ethically questionable position of authority of the narrative produced by Briony or the cognitively designed narration that is used by Christopher, the agency on which Haig is based is based on honesty and vulnerability. The idea of narrative identity by Ricoeur implies that the self is being re-written all the time via the process of narration (Ricoeur, 1992). The case of Haig serves as a good example of this process because the process of writing allows him to rebuild the sense of self, which could be used alongside mental illness instead of being fully overpowered.

***Address and Communal Therapeutic Agency to Readers.***

One of the peculiarities of *Reasons to Stay Alive* is its direct address to the reader. Haig constantly alternates subjective with collective comfort, placing the text in a communal domain of existence. In this approach, narrative agency is extended past the individual narrator, making it a communal and relationship practice.

Recent academic writing focuses on the idea that therapeutic stories tend to be dialogic and establish empathetic and recognition networks (Hydén, 2018). The speech Haig gives to the readers who have undergone the same loss strengthens the statement that recovery is not an individual process. The narrative therefore serves two purposes: not only is it a record of personal survival, but it also provides narrative materials to others.

***Recovery without Closure: Resistance to the Cure Narrative.***

*Reasons to Stay Alive* is one of the most influential sources that do not focus on linear recovery stories. Haig keeps on repeating that recovery does not imply that one would not be having depression but could live with the condition. Researchers warn that mainstream cultural discourses tend to suggest unrealistic views of total recovery, which disfavor individuals whose lives do not comply with such patterns (Barker, 2019; Slater, 2020).

The rejection of narrative closure by Haig is coincidental to the modern criticism of the recovery imperative. According to the trauma-theory school of thought, this openness recognizes the chronicity of mental susceptibility. Narrative agency in this case is not characterized by skillfulness or resolution but by stamina and flexibility. This understanding of agency extends the lines of conceptualization of therapeutic stories in literary analysis.

***Comparative Positioning in the Study.***

In comparison with *Atonement* and *The Curious Incident of the Dog in the Night-Time*, *Reasons to Stay Alive* is the most definite and positive variation of therapeutic narration. *Atonement* narrative agency is implicitly undermined; *The Curious Incident* is cognitively organized and non-emotional; in Haig, it is socially and emotionally transparent.

These texts are a combination of a continuum of therapeutic fiction in the English fiction of the twenty-first century. The work of Haig shows the recognition of suffering by narrative without the aesthetic distance, which anticipates survival as a valid narrative determination. This comparative understanding reinforces the argument in the study, that therapeutic narratives are various, contextual, and morally challenges.

***Conclusions about the Narrative Theory and Mental-Health Discourse.***

The critique of *Reasons to Stay Alive* also adds to the general theoretical debates as it questions the established conventional differences between literature, therapy, and self-help. The reading depicts that literature stories could serve as informal therapy interventions without losing aesthetic depth. It also

promotes the idea in the medical humanities to consider first-person narratives an epistemologically important, researching form of knowledge regarding mental illness (Woods and White, 2023).

### ***Key Findings***

As the analysis of *Reasons to Stay Alive* proves:

- Narratives can be used therapeutically as survival mechanisms as opposed to post-factum reflection.
- Fragmentation does not destroy but adds to narrative agency.
- The recovery is depicted as non-linear and non-totalizing and continuous.
- Narrative agency is not limited to the narrator to a group of readers.

### ***Synthesis of Data Analysis.***

In the three texts under analysis, therapeutic narratives can be seen as multi-faceted narrative practices, in which mental illness, agency, and recovery are discussed. *The Curious Incident of the Dog in the Night-Time* reformulates the ethical boundaries of the narrative repair, *Atonement* predicts survival and collective healing, and *Reasons to Stay Alive* redefines agency via neurodivergent thinking. Collectively, these novels reveal that the English fiction of the twenty-first century is not simply the manifestation of mental illness but makes experiments in narrative structures that conditions the power of imagination of the healing and empowerment.

### **CONCLUSION**

To represent mental illness, recovery and empowerment, this paper established out to discuss the therapeutic functions of narratives, and narrative agency in selected English texts of the twenty-first century *Atonement* by Ian McEwan, *The Curious Incident of the Dog in the Night-Time* by Mark Haddon, and *Reasons to Stay Alive* by Matt Haig. The study has explored the role of storytelling not as a representation but as an act of meaning-making, ethical negotiation and psychological survival by using a qualitative, theory based methodology of literature anchored on narrative theory, trauma studies, narrative agency theory and narrative therapy. The results indicate that modern-day English fiction makes mental illness by using varying discursive methods that disprove biomedical reductionism and predict the multidimensional connection among narrative voice, agency, and healing.

The *Atonement* analysis provided that therapeutic stories can be morally weak. The narrative agency, when performed without responsibility, is revealed through Briony Tallis, who tries to mend the traumas by using stories. Even though writing provides Briony with some solace of a psychological nature, her narrative control also suppresses other voices and replaces the historical truth with the fictional one. As this text illustrates, narrative agency not necessarily results in empowerment but may also serve as domination in the sense in which it serves the need of the narrator to find a coherent position over a sense of ethical obligation. *Atonement*, therefore, makes the models of celebratory of therapeutic storytelling more difficult by exposing the moral dilemmas involved in the repair of narratives.

By contrast, *The Curious Incident of the Dog in the Night-Time* introduces a non-pathologizing narrative agency model based on neurodivergent thinking. The narration of Christopher Boone breaks the limits of the assumption of the normative understanding of emotional expressiveness, rationality, and recovery. It was revealed that while agency in this text works through structure, logic and routine as opposed to emotional disclosure. Storytelling is a process of thought and stabilization which allows everyone to be autonomous and control themselves. Through future facing neurodiversity, the novel broadens prevailing definitions of mental health and recovery, showing how the therapeutic stories do not have to follow the emotional, confessional paradigms to be empowering.

Reasons to Stay Alive presents the clearest description of therapeutic storytelling, which narratives are a survival strategy in the presence of depression and anxiety. The disjointed confessional mode of Haig opposes the recovery stories that are linear and do not view full recovery as a possibility. Rather, the recovery is introduced as a process that is dynamic, vulnerable and interpersonal. The paper has shown that narrative agency within the text is achieved by vulnerability, self-disclosure, and direct interaction with the readers. The text develops narrative agency by making the readers a community, and thus personal suffering turns into community acknowledgment and solidarity. It disrupts the traditional literary limits of fiction, memoir and self-help and points to the dynamic nature of literature within the context of mental-health discourse.

Collectively, the three texts show that therapeutic narratives in English fiction written in the twenty-first century are not homogenous and are not empowering. Rather, they exist between ethically compromised narrative healing (Atonement), to cognitively organized self-affirmation (The Curious Incident of the Dog in the Night-Time), to blatantly therapeutic survival narrative (Reasons to Stay Alive). This comparative model shows that narrative agency is contextual, it depends on the narrative form, ethical placement, and the type of psychological distress under representation.

The work has a number of important contributions to the medical humanities and literary scholarship. First, it contributes to the theoretical knowledge on narrative agency by showing that agency can be practiced through silence, structure, fragmentation, and communal address and not just through emotional articulation. Second, it advances the trauma and mental-health research due to its demonstration of how the narrative form itself is a reflection of the psychological condition and the recovery. Third, it criticizes reductive recovery discourses through the emergence of non-linearity, incompleteness and ethical ambiguity in depictions of healing. Through the application of literary analysis and narrative therapy paradigm, the article highlights the ability of literature to demonstrate, in alternative ways of life, how mental illness can be resisted instead of conquered.

The study is shown to be methodologically worthwhile in its close reading and comparative analysis of mental-health narratives. The intentional choice of texts that reflected various genres and narrative techniques made it possible to approach therapeutic storytelling in fiction and hybrid versions in a subtle manner. Although the study is restricted to three texts in the English language, the theoretical findings can be applied to the overall examination of modern literature addressing the themes of psychological distress, trauma, and recovery.

Further studies might build upon this study by including the postcolonial, gender-based, or corpus-assisted approach to therapeutic narratives and/or non-Western literary depictions of mental illness. Also, reader-response analysis may examine the way such narratives have therapeutic uses outside of the text, especially within digital and social reading groups.

To sum up, this paper is founded on the notion that English fiction of the twenty first century could play a crucial role in reforming cultural perceptions of mental illness as foregrounding the narration of the story as a place of contestation, agency, and survival. There is no easy healing on therapeutic stories, they challenge, oppose, and redefine the recovery and empowerment. This study may shine a light on the ethical, mental, and emotional aspects of narrative agency and thus validate the timelessness of literature in the modern discourse of mental health and human resilience.

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