

## **I Want You, I Need You, Why Can't I Be With You: The Difficulties of Mental Illness and Teenage Relationships**

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The summer before junior year of high school, Lauren and a group of friends were out bowling. It was one of those summer nights that make you glad to be young. Her best friend, Anne, had a magnetic personality that made any normal situation the epitome of a great time, with an encompassing laugh that drew everyone in until their stomachs ached. After bowling, they went back to Anne's house for one of their girls' night slumber parties. Inexplicably, the mood changed dramatically after they were in the house. Anne became quiet, harsh, and critical. The howling sounds of laughter were replaced with the depressing drones of melodramatic music. Lauren could not understand why the mood changed so suddenly. She repeatedly asked Anne if she was mad at her, had she done something wrong, and what was the matter? She received abrupt, annoyed responses.

From there, Lauren and Anne had an on and off friendship throughout high school. Lauren learned that Anne had bipolar disorder and tried to reach out and learn more about her illness. Finally, Anne's erratic behavior became too much, and the friendship ended. Out of her frustrations, though, Lauren took it upon herself to learn about Bipolar Disorder. The impact of her friendship with Anne left Lauren wanting to learn how teenagers with bipolar disorder feel about themselves in relation to the disease. Larry had a similar situation with one of his best friends with Bipolar Disorder, Adam. He felt that in order to better relate to his friend, he should learn all he could about the topic.

There are many assumptions made by the adult world that teenagers ought to be having the best time of their lives, living a carefree existence, and making many friends. Internally though, these assumptions lead most teenagers to feel an overwhelming pressure to fit in. There is an extreme fear of not being cool. These fears are magnified when a teenager suffers from an uncontrollable disease such as Bipolar Disorder. The illness, also known as manic depression, is characterized by periods of extreme highs known as mania and extreme lows known as severe depression. Teenagers crave relationships, but often times, individuals with Bipolar Disorder are considered either emotionally difficult or insane. Neither stereotype is generally beneficial to the goal of making friends and fitting in. It is especially difficult to maintain relationships because most people do find it draining to put up with someone with ever changing moods; extreme moods which in society are judged as undesirable or not optimal.

Reliance on medical authority and the effects on relationships

The interview method of research will help to achieve an insider's view of the effects and the mentality of those with Bipolar Disorder. Having a conversation with individuals closely related to the illness allows for them to be able to explain how they feel about the disorder, and how their relationships were affected by the illness.

Interviewing allows for a face and a story to be put with the disease. It shows that Bipolar Disorder does not just affect mood, but also relationships. The participants in the research are older teenagers. One is afflicted with bipolar disorder, while the other had a close relationship with someone who has the disorder. Because of the disease both participants have had difficulty creating and maintaining intimate relationships. Both

participants are close friends of Larry and Lauren. Therefore, they were comfortable speaking candidly about the disease and their experiences with it.

Ryan is 19 years old and currently attends Oberlin College, in Ohio. One year ago, he was officially diagnosed with the disorder after three years of doctors attempting to identify his illness. Ryan has never been comfortable disclosing all of his feelings to his family, friends, or doctors. Currently, he is on medication to help stabilize his mood. Ryan is a close friend of Lauren's roommate, Mildred.

Jack is 18 years old and currently attends The George Washington University. He is a close friend of Lauren's, and they often confide in one another. During high school, he dated Lisa for five months. Lisa has Bipolar Disorder. It was an intense relationship, and he got wrapped into the highs and the lows with her. Due to his intimate relationship, he will provide an outsider's point of view of someone who is close to the illness. He can tell what he observed, and how he felt during her emotional highs and lows.

In addition to interviews, secondary research from psychology, social psychology, and family studies journals presents the social norms of adolescents wanting relationships, level emotions being the most desirable, and relationships being an important aspect of one's mental health. These studies assert that teenagers crave relationship. These relationships are part of an adolescent's desire to fit in with his or her peers. This research provides the base for the participants' responses; the studies done present how someone with mental disorders has to overcome many more obstacles to have the relationships they seek. Next to interviews, this research illustrates the difficulties that the participants express and gives the reason for the difficulties.

### The Tales of Those Affected

Those with Bipolar Disorder and those who are close to those with Bipolar Disorder have been affected by the disease in many ways. Both views help to shape how Bipolar Disorder affects the lives of individuals associated with the disease. Ryan's and Jack's stories give a perspective that takes away the scientific aspect of the illness, and shed light on what impacts Bipolar Disorder has had on their daily lives.

Ryan is 19 years old and originally from the affluent town of Voorhees, New Jersey, but currently attending Oberlin College in Ohio. He is the youngest of four children. His father, Danny, an emergency room doctor and a partner in the firm, is from Israel, and his mother, Debbie, a homemaker, is from Virginia. Ryan does not have a great relationship with his family. He is unable to confide comfortably in anyone in his family. His weakest relationship is with his father.

Jack was born and raised in Nashville, Tennessee before he came to Washington, D.C. He is from an upper middle class family. His father is Caucasian with deep roots in the American south, and his mother immigrated to America from Peru. The second of three children, Jack is the oldest boy; he has one older sister and one younger brother. He grew up in a loving family, but being the oldest boy he was often left to his own devices and allowed to do what he wanted.

#### Ryan's Story: A Struggle with Secrets

Ryan is the kind of kid you either love or hate. He is six foot two and is extremely handsome. He has done some modeling for a hair care product. He is also extremely intelligent and knowledgeable. He skipped the second grade, attends Oberlin College, and

scored a 1540 on his SAT. His loud voice allows him to comment on any topic, and he is not shy about sharing his opinion. The consequence, though, is that he tends to come off as self-confident and even arrogant: “A lot of girls say I’m an intimidating guy.” That is the Ryan the outside world sees, though. In actuality, he is only loud because he comes from a family of seven, where speaking loudly is the only way to be heard, and as a toddler, he was nearly deaf, contributing to slight hearing problems today. He comes off as being arrogant, though, for a different reason. He is trying to hide something from people: “I feel like if I don’t put on this persona of being extremely self-confident, people will see all my insecurities. I seem like I have everything under control, but that could not be farther from the truth.”

On a typical Saturday night, Ryan would make phone calls to his best friends at five o’clock to say how he could not wait to go out. He would suggest wild nights of finding parties to attend, driving to New York City on a whim, or hanging out on South Street in Philadelphia. Occasionally, he and his friends would go on the exotic voyages, but more often than not, they would just go to the local coffee house:

I suggested all this crazy stuff, and would be ridiculously excited to have a good time. As I settled down, though, I figured I would just rather stay close to home. We’d go to Coffee Works, and after about an hour of that, we would just go back to my house. Then I’d put on some of my depressing music and kick them out. The night was often over by 10:45, and I would listen to some Bright Eyes and read a book like *Go Ask Alice*, or something like it.

This is how Ryan spent most of his junior year of high school, the year his symptoms became prevalent. Senior year was more of the same except for one difference:

“When I would kick my friends out of my house, instead of reading, I would either take some pills, drink, smoke weed, or some sort of combination.” Ryan’s father is an emergency room doctor and as a result, his father was able to get prescription drugs with ease. Things were spiraling down hill for Ryan: “When I was a little kid, I used to have a great relationship with my parents, but as I got older, the relationship with my entire family grew worse.” There were screaming matches between him and his father that always ended up with cursing and a slamming of the door. He began to feel like an outsider in his own family: “We fight about everything. One of the main issues is his unwillingness to pay for my education while he saves it all for his retirement. I feel like I’m getting cheated, and I’m starting in a hole because he is so selfish. We also fight about him giving me prescriptions.”

Ryan tried to find meaningful relationships wherever he could. Due to his good looks and confident personality, Ryan had no trouble meeting very attractive girls. There was a new girl every other week:

I would tell my friends about this new girl and get really excited. I would get her number and plan on calling her the next day. I would lose interest, though, over the slightest thing. If she missed my phone call once, that was it. I moved on. It became a running joke with my friends. I always complained about how lonely I was, and I hooked up with a fair amount of girls, but none ever met what I was looking for.

Ryan also sought close relationships with his best friends to fill the void. Yet, he had an odd relationship with them too: “I loved them so much, and would tell them nearly everything that happened to me, but I still never fully opened up about how I was

feeling.” He felt that he was all alone because he could not fully open up: “It put me on an island, and I think that only added to the problem. To be alone with just my thoughts is very difficult, and while I want to get closer with my friends, generally the reverse happens. I tend to distance myself even more so from the ones I’m the closest with.”

Meanwhile, Ryan’s parents were growing increasingly worried about him. His hometown, Voorhees, New Jersey, had been written about in all the local papers around this time for very negative reasons. Over the past three years, there had been five teenage suicides. Ryan’s parents were afraid that he might become number six: “I felt awful. They actually went to my best friend Dave’s house and asked him if he knew anything. I thought about it once, but never seriously. I couldn’t believe they’d put him in that position.” Soon after, Ryan began seeing a therapist. The doctor knew he had depression and put him on an assortment of drugs while trying to figure out an exact diagnosis: “I had so many different symptoms that they weren’t quite sure exactly what I had. They put me on Paxil, then Effexor, then Prozac, and then Zoloft.” He wasn’t much better. He still had mood swings: “They didn’t do much except left me feeling flat most of the time. I just slept a lot and stayed in more than I used to.” Finally, he was diagnosed with a form of Bipolar Disorder:

It was nice to finally have a diagnosis. I knew that something wasn’t exactly right, but since no one could tell me exactly what was wrong and no drugs worked, I was really frustrated. It may sound kind of strange, but I was relieved when I found out I had [Bipolar Disorder]. That was something I heard of, and I could read up on and learn a lot about. I realized that it’s something others have — so I guess I’m not as alone anymore in that respect.

Things were at their worst the summer after his freshman year of college. During the summer, he took Zoloft to try and relax himself, but all had an awful effect: “I took a few more than recommended, and you might say I went crazy. I began to speak incoherently, and got really paranoid. Eventually I passed out. My sister found me and an ambulance came to take me to the hospital.” Ryan ended up staying in a mental institution for five days: “My two best friends had no idea where I was or what was going on. They both must have called my phone 20 times.” The fighting with his parents got worse too, as they agreed with the psychiatrists, who felt Ryan should defer a year of college so he could stay in an environment with a strong support system:

That made absolutely no sense to me. The only place I was happy was back at school. I couldn't stand to live with my parents. I was asking them what support system I have. I couldn't talk to them, and my two best friends from home were leaving for college. After I agreed to go to a clinic for the rest of the summer and see someone at Oberlin, I could go back to school in the fall.

Although he is now getting the help he needs and is on Lithium, he still has his intense insecurities and still cannot tell his friends exactly how he feels: “A lot of what I feel is very personal. I don't even tell my doctors everything.” Ryan also still listens to his sad music and reads depressing novels, but he is also dealing with his condition:

As long as I take my medicine, I'm fine. The drugs don't make me happy or not depressed, they just balance me out. I don't have the extremes I had. I still struggle at times with my emotions, though. This doesn't just go away because I'm on this drug or that drug, though. It is something I will always be living with.

It is a part of me, I have Bipolar Disorder and that's fine. I'm still me and Bipolar Disorder is only one part of me. It doesn't define me.

While Jack's story does not give the perspective of someone with Bipolar Disorder, he is someone closely affected by the disorder. He sheds light on what impacts Bipolar Disorder has had on his life as a result of maintaining a relationship with someone with the disease.

#### Jack's Story: The Effects Of Bipolar Disease On Relationships

Jack was sixteen years old and, like many teens his age who had just been given the increased independence of a car, was starting to explore the high school party scene in his hometown of Nashville, Tennessee. One night, at a friend's party, he met Lisa. She was blonde haired, beautiful, full of energy, adventurous, and had an enticing, live on the edge personality. Jack attended the Catholic school Father Ryan and, as it worked out, Lisa attended his sister school, St. Jude's. From the beginning, he was drawn in, and it was the perfect, fun first romance he had always wanted.

The relationship was intense and all encompassing like most first loves are. Jack and Lisa were obsessed with each other. They would spend all their time outside of school either with or talking on the phone to each other. They would talk to each other for four to five hours a night. It was during these phone calls that Lisa first let on to her secret. During the conversations, in general, Lisa's mood changed instantly and frequently:

There would be intervals where she would be really happy to talk to me and in this just, like, elated mood. Then she would go crazy. She would criticize herself saying that she was not good enough or that she was ugly. She would say that she

was all alone and had no friends, and that I was really the only person that she had. Then she would criticize me, telling me that I was not good enough or smart enough, and would criticize my abilities. Then, suddenly, she would be fine. She would act as if nothing had changed, and would go back to laughing and being happy, saying how much she loved me.

Jack thought that her mood swings were “just part of who she was.” She would talk about being depressed, but Jack just thought it was normal because she had just moved to Tennessee a year ago from Boston. “I thought that her mood changes were just due to the fact that she was sad and missed her friends, but it was weird because in the next sentence she would be fine and happy and wouldn’t even be thinking about her friends.” He did not realize that her ever changing mental state was a sign that she had Bipolar Disorder.

Jack’s life consisted only of Lisa, and gradually, his obsession grew. Talking on the phone only led to a greater desire to see each other. He started sneaking out at one or two in the morning to drive to her house and would stay with her until four, when he would drive home and sleep for a couple hours before he went to school. This cycle affected his whole life. He went to school tired and was not able to focus on his studies: “I would be so tired from the night before, when I went to school I would just go through the motions. But the whole time I would be thinking of the next time I could see her.”

Lisa had overwhelmed his thoughts, influenced his actions, and eventually had an influence on his own emotional state:

She fucked me up emotionally. She would criticize me about everything, even the stupidest stuff like how I made a phone call. She really made me feel like shit

and lowered my self esteem. She rubbed off on me. Now I was questioning myself and my abilities. I did not think that I was good at anything, and it made me kind of depressed — really depressed. My whole mood changed.

Jack's friends noticed a difference, too. Jack did not hang out with them nearly as much, and when he did Lisa would usually be there. During these times, his friends could see first hand the negative effect that she had on him:

They would tell me that she was not good for me, and that I needed to go out with them more. But I wouldn't listen. Then people, not only my friends, started telling me that she was crazy. It would piss me off. I would defend her and turn a deaf ear to them. But she did not care what they said. It would almost fuel her, because she wouldn't change a thing. I mean if people were calling me crazy, I would try to tone it down, but she did not change at all. I thought it was just because she thought that she was fine the way she was. Now that I look at it though, she probably did not change because it was not something that she could consciously change.

Jack's parents were aware of the relationship but did not step in and give their advice: "They just saw the situation as the strong emotions of first love. I think they wanted me to have that experience. I think to some degree they wanted me to figure it out on my own." Therefore, Jack's parents never really tried to intervene or stop the negative cycle.

Eventually the ups and downs of the relationship became too much for Jack to handle. He realized that he had to end this relationship because it was not healthy. "I

broke up with her on Valentine's Day. That says something. I was so in need to get out that I broke up with her on a day that is meant for boyfriends and girlfriends."

The effects of the relationship did not end once the relationship was over, though. After they broke up, Jack still felt the negative emotional effects that had started to plague him during the relationship. His confidence did not come back, and his self esteem was still low. "After our relationship, I had the worst anxieties. I would wig out about anything. I was nervous and stressed all the time, and had lost my sense of humor. Guys are known for their confidence and being able to pull themselves up high, but after her, I lost all that." These effects plagued him throughout his junior year of high school. At a time when he should have been enjoying the carefree life, he was at his most uptight, insecure state: "It was almost like a waste of high school."

Additionally, after the relationship, Jack was wary of any other relationship. He had lost trust in people, and was afraid to put himself out there again and risk another potentially negative experience. "I guess I was scared. After her I had a couple other few month relationships but the possibility of going through the same crap scared me a little bit."

However, Jack does not look at the whole experience as a waste. It may not have been the most positive situation while he was in it, but he likes to take it as a learning experience for future relationships:

I am glad that I went through this. Yeah, parts of it really sucked, but I learned a lot and grew a lot personally. I now know what to look for in a girl and what the warning signs of, let's say, difficult girls are. I think that this relationship has helped me read people better and their motives and what kind of people they

really are. She exposed me to a lot of stuff and also showed me to listen to other people that I trust. In any relationship, you have to evaluate the person and their effect on you. But emotions can make you blind, and therefore friends can really look out for you and tell you what you need to know.

Jack did not find out that Lisa had Bipolar Disorder until after they broke up. Her parents realized that there was a problem and they sought medical help. Looking back, it makes sense to Jack: "I should have known sooner. It all fits. Bipolar Disorder can not be controlled. It makes you act crazy. She had no control of her emotions or actions. This explains how she would go from one end of the spectrum to the complete opposite. When I found this out, it made me feel better that she was not just a malicious person."

Since the end of their relationship, Jack has not seen Lisa. After her parents got her help, she went to boarding school for her senior year. The only information that Jack hears is through other people in his town who have talked to her. Although she has come back to visit, Jack has not tried to see her: "I just don't see a point in seeing her. What would I say? That part of my life is behind me. I learn from it, but don't need to revisit it."

### Difficult Relationships

In both interviews the participants revealed the effect of Bipolar on their relationships. Both wanted these relationships, but had difficulties when the emotional effects of bipolar got in the way. Research provides the correlation: a teen's desire for friends and acceptance and the difficulty of obtaining these goals when one has a mental health disorder.

Wanting Relationships: A place to create one's identity

In “The Importance of Parents and Other Caregivers to the Resilience of High-Risk Adolescents,” Michael Unger describes his study on the relationship between high risk youths (youths who are prone to depression or other mental health problems) and the adults in their lives and how these relationships shape the teens’ mental health. In the study 43 high risk teenagers were interviewed multiple times over a year period. The findings argue that teens crave a relationship with their caregivers and this relationship plays “an important role in providing a forum in which the skills needed [to be mentally healthy] could be practiced” (Unger 24).

Unger states that “teenagers want to participate in relationships with those concerned for their well-being”(35). Teens want these relationships because it is in these relationships where their identity is accepted. This acceptance is very important because not only do teens want to have their own identity, but they also want to fit in:

The challenge high-risk youth face is not simply to maintain an identity of their own choosing, but to assert some degree of personal agency in the construction of a powerful identity that they themselves have at hand. These youth considered themselves as having a powerful identity when experiences of control bolstered their view of themselves as competent, in control, meaningfully involved, attached and accepted – all aspects that they associated with mental health and resilience. (Unger 31)

Teens have a desire to be accepted by others; to fit in. They label a healthy powerful identity as one in which people are involved and accepted. Fitting in to the social norm is so powerful that it affects one’s identity. Relationships provide the avenue in which to construct these identities because it is in relationships where people feel

accepted. Because the teenage years are when people start to develop their own identity, this peer acceptance is even more important and desired. The earlier participants both wanted the support of their peers. Peers validate one's actions, and this validation is very important to the development of how teenagers feel about themselves: "The more successful a youth is at achieving acceptance for his or her identity as resilient in multiple social forums, then the more teens say that their mental health is enhanced" (Unger 37). If a person is not accepted, it has the opposite effect. The youth does not feel accepted and struggles with not fitting in. With or without a mental illness, everyone wants the acceptance that is provided through relationships.

#### Social Norms Determine Socially Desirable Emotions

In "The representation of emotions in groups: the relative impact of social norms, positive-negative asymmetry and familiarity on the perception of emotions," Paez, Marques, and Insua combine previous research in several countries regarding the perception of emotions with their own research. In their study they ask 150 participants to rate the previously determined emotional norms in regard to people they were familiar with and people they did not know. The article argues that society determines which emotions are most preferred; according to society, positive moderate emotions are superior; and the more that people know each other, the more likely they are to feel the more undesirable extreme emotions about the other person (44-57).

The social norms in Western culture pronounce that "mildly positive" emotions are preferable over both extreme emotions and negative emotions (Paez, Marques, Insua 44). This norm was proven when in a study "targets showing extreme negative emotional experiences were more rejected, while those depicting typical mildly positive, and

atypical negative emotions were judged more likeable, more sociable, more popular, etc.” (Paez, Marques, Insua 44). The defining characteristic of Bipolar Disorder is the mood swing from extreme positive emotions to extreme negative emotions. These are the least desirable emotions. A bipolar disorder personality is the furthest from the social norm determining that “mild positive emotions should prevail over extreme negative emotions, and emotional ambivalence should be expected” (Paez, Marques, Insua 45).

Furthermore, in regard to relationships, people judge these negative emotions (or emotions that do not fit into the social norm) more harshly after they are more familiar with the subject:

It would be normative to see the emotions of an unfamiliar group as relatively restricted in range, concentrating around mildly positive emotions. With increasing familiarity, the group’s emotions should be seen as more variable, with corresponding increase in judgements of the frequency of negative and extreme emotions. (Paez, Marques, Insua 57)

People with the extreme highs and lows, like those with bipolar disorder, will have a harder time with relationships. When unfamiliar with a person who presents these extreme and negative emotions, a person is less likely to judge the individual critically. Usually they will attribute mild positive emotions to them. However, when they become more familiar with this person (like when they develop a relationship), they are more likely to judge this person’s behavior and emotions in a harsher manner. These judgments are more likely to be negative and are not helpful to the continuance of a positive relationship.

Relationships vital to Recovery

Already established is the desire for relationships, and the obstacle of mental health in having these relationships. However, the importance for relationships extends farther than just people's desire for them; relationships play a vital role in mental health recovery. The article "Social Support in bipolar disorder: its relevance to remission and relapse" establishes the relationship between social support and recovery from bipolar disorder (Johnson et al. 129). In the study, the authors obtained information from 94 stabilized bipolar patients through two different questionnaires. The questionnaires measured the patient's perceived social support. The authors argue that the more social support a bipolar patient receives, the more likely the patient is to have a full recovery.

The keys to the research are social support and the effects that social support has on a bipolar patient. Social support goes beyond just knowing someone:

Social support was defined by Thoits as helpful actions performed for an individual by significant others, such as family members, friends, and coworkers. These actions may include (i) socio-emotional aid, such as demonstration of love, caring, esteem, value, empathy, sympathy, and group belonging... (ii) informational aid, such as advice, personal feedback and job information. (Johnson et al. 129)

According to Johnson, relationships are needed because "reduced social support can constitute a prolonged psychosocial stress" (129). Having relationships that are meaningful and contain the qualities listed above are very important if one is trying to recover from a mental illness. Lack of these relationships exacerbates the problem because it was found that "individuals with low-level social support took longer to recover and had more depressive, but not manic, symptomatology" (Johnson et al. 130).

The perception of having many a support system is very important when someone is recovering. However, bipolar patients “had lower scores on perceived availability and adequacy of both intimate and diffuse social relationships” (Johnson et al. 130). According to the study, bipolar patients do not feel like they have these supportive relationships. In addition, the study found that “social interaction scores correlated negatively with the duration of illness, and there was a statistical trend toward a negative correlation if there was a predominance of manic episodes” (Johnson et al. 130). Bipolar, itself, is an obstacle preventing recovery; it exacerbates the negative cycle. Johnson suggests that this “low level social support has common underlying causes, e.g. personality factors” like bipolar disorder (135). The perception of social support is needed in aiding a person’s recovery; however, bipolar patients are less likely to feel like they have these relationships: therefore, they recoil even more and more from relationships and social interactions, inhibiting the development of these beneficial relationships.

#### Reliance on medical authority and the effects on relationships

Judi Chamberlin is a psychiatric survivor, and currently works to create alternative means of therapy for lay persons. In her 1978 book, On Our Own: Patient Controlled Alternatives to the Mental Health System, Chamberlin mentions that mental illness has great social consequences for those diagnosed. There is often a “loss of liberty. People labeled mentally ill are usually presumed to be incapable of exercising their decision-making power in their own interest” (Chamberlin 3). Furthermore, Chamberlin continues to say that the “distress is felt less by the person being labeled mentally ill than by those around him”(Chamberlin 4). Taking the statement further, it is plausible to say

that maintaining meaningful relationships are difficult for people with mental disorders when they are viewed as incapable of maintaining liberty.

Chamberlin also states that when individuals labeled with mental disorders are taken away from society and from their relationships, they are deprived of control over their own life, leading to a feeling of depersonalization. Mental hospitals not only promote weakness and dependency, but also “patients become unable to trust their own judgment”(Chamberlin 6). This experience with medical authority then leads individuals to question relationships, and make increasingly difficult to form with people in society. There is a constant fear of being judged. When society is led to wrongly believe that individuals with mental illness are either sick, unpredictable, dangerous, unable to care for oneself, or unable to judge his or her own best interest, there is an unnecessary obstacle individuals must overcome to form relationships (Chamberlin 10).

It is inappropriate for individuals to be away from human contact, Chamberlin argues: “The mental hospital, where understanding human contact is at a premium is almost unheard of, is hardly the place where people can learn useful new ways of dealing with life” (Chamberlin 15). Chamberlin feels the only way for patients to get better is to give them the power to make decisions that affect them. The person should be consulted and constructed around how he or she feels most comfortable. Then, when the individual has a handle on his or her live, and are comfortable with him or herself meaningful relationships can be created with others. Chamberlin contends when that is the case, individuals with mental disabilities will not be made to feel helpless.

Much Has Been Learned

The interviews with Ryan and Jack show how Bipolar Disorder affects more than just the individual with the disease. People are sensitive to others; they feel what others close to them are feeling. The people around those with Bipolar are consequently taken on the roller coaster ride along with the person with the illness.

The impact of Jack's relationship with Lisa on his life was an enormous part of his high school experience. Lisa rubbed off on him and actually was able to change his state of mind. When one person is sad, happy, quiet, or depressed then the people they are close with start to feel these same feelings. People do not like to feel bad or be out of control and these forced mood changes are what strain relationships with Bipolar Disorder. It is hard to have really deep relationships with those with Bipolar because, like both of the interviewees said, there is a general lack of understanding. People may think that they have some idea about the illness, but when it comes down to it, they really do not. They may know that a person is going to have extreme highs and lows, but they do not understand why. Education is the real key to understanding someone with Bipolar Disorder, and to keeping a relationship with them. However, this can be complicated because many people are reluctant to admit that they have a problem. Therefore, many people are left in the dark, and the stereotype that people with Bipolar Disorder are just difficult and emotional is perpetuated.

A theme of Ryan's story is that it is often hard to open up to people and tell them how he feels. The individual wants to have meaningful relationships, but when the individual with the disease is not able to open up about the confusing emotions inside, they are hard to come by. Even when the individual knows something is wrong, they often times are too scared and embarrassed to discuss feelings with anyone, including

loved ones or medical professionals attempting to help. Jack spoke about the difficulty of relating and fighting through the hardships of the relationship to keep it together. A goal should be to work through the frustrations and try to get medical and emotional aid for the person with the illness. They are reaching out, whether they admit it or not, and making them feel loved, while only a start, helps.

There is an assumption in society that teens are supposed to live a carefree life. The majority of teens have no jobs to go to, no families to support, and no taxes to pay. What is there to stress or worry them? But much of the teenage years are plagued with the internal pressure to fit in; to be with the “in crowd” and have lots of friends. As seen with Jack and Ryan, these relationships are so much harder when an outside influence such as bipolar is involved. All teens desire to feel connected with others. This connection is a validation of who they are and is a boost to a person’s image of oneself. When people are unable to establish these relationships it is another knock to their self-identity.

As seen in Chamberlin, when people enter the world of mental health providers, agency and liberty are taken away. The people then have a difficult time with relationships because society deems they can not make their own decisions and properly enter in to meaningful relationships. Ryan illustrated this fact by keeping his disorder secret from his friends for a fear of the judgments that would be made. Ironically, in order to prevent love ones from learning of his problem, he detached himself the relationships he was currently apart of.

Society determines which emotions are desirable and right. However, people with illnesses such as bipolar do not fit into this social norm because of something out of

their control. As Paez, Marques, and Insua suggest, society prefers emotions to be mild and positive in daily life. People that maintain balanced emotions are most desirable. What about the others? Already they have a disorder which takes them out of the mainstream, and now the positive benefits of relationships are even further out of reach because these emotions are not deemed socially optimal. Therefore, they have to work harder if they want to receive the benefits of relationships and try to hide or overcome the illness that they did not choose to have in the first place. When unable to meet these expectations, the individual feels an added stress and more ostracized from the mainstream.

Being a part of society is important not only because people desire this personal connection but because it is beneficial to one's mental health. Social support is a key factor in mental health recovery and preventing relapse. It is especially interesting that the specific people that could benefit the most from relationships must overcome the most obstacles just to establish and maintain these relationships. In this case social norms hinder a natural prescription for improving mental health.

We have experienced this with our own friends who have the disease as well. Relationships are even more complicated; there is more insecurity than normally involved in teenage relationships because so many emotions are out of whack. Lauren could not handle the constant roller coaster ride with her friend and the feeling that their friendship was constantly on the rocks. The emotions that people present on the outside are all people pretty much have to go on as an indicator of where their relationship stands. When emotions are unstable, the feeling of security in a relationship is unstable also.

We have learned much about relationships in general. People want relationships however it is a struggle to maintain healthy relationships regardless of external struggles. In teenagers, specifically, there is a range of emotions that affect how they act and the insecurities they have in regard to others. Without honest communication, meaningful, lasting relationships are difficult to retain. Furthermore, it is imperative for both parties to treat each other as equals with mutual respect for successful relationships to flourish.

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