

BIPOLAR DISORDER IN JENNIFER NIVEN'S *ALL THE BRIGHT PLACES*

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Abstract. This study is entitled Bipolar Disorder in Jennifer Niven's *All The Bright Places* which discusses the bipolar disorder experienced by a teenage boy named Theodore Finch, who is the main character. It focuses on the symptoms, causes, and effects of bipolar disorder. This thesis applies qualitative descriptive method, combined with a psychological approach due to its relevance to the topic of bipolar disorder. The analysis shows that the symptoms of bipolar disorder consist of manic, depressive, and mixed episodes. Finch experiences all three episodes persistently. The causes of his bipolar disorder are linked to psychological factors, such as childhood trauma caused by his abusive father, and environmental factors, such as bullying from his schoolmates. Finch's condition worsens due to the absence of proper therapy, leading him to misuse pills as a coping mechanism. Theodore Finch's struggle with bipolar disorder illustrates the profound impact of mental illness on both individuals and those around them. Bipolar disorder significantly affects Finch's life, ultimately leading to his tragic death.

Keywords: *Bipolar disorder, causes of bipolar disorder, effects of bipolar disorder, symptoms of bipolar disorder, mental illness*

INTRODUCTION

Mental illness encompasses various psychological disorders that influence an individual's emotions, thought processes, and actions. Among adolescents, mental illness is a serious and complex issue that can significantly impact their development and overall well-being. Teens experiencing mental illness are more vulnerable to social exclusion, stigma, and discrimination, as well as facing challenges in academic performance, engaging in risky behaviors, and experiencing physical health problems. One example of mental illness is bipolar disorder. Bipolar disorder is marked by intense fluctuations in mood, ranging between two opposite poles: depression and mania. During mood episodes, individuals with bipolar disorder may also display irritability and emotional outbursts. Furthermore, bipolar disorder can manifest even when mood swings are less severe (Marcovitz, 2009: 23).

Bipolar disorder is recognized in adolescence or early adulthood. Young individuals with bipolar disorder often go through strong emotional episodes, known as mood depressions, which occur in clearly defined periods. Depressive moods in bipolar disorder are often more intense and can lead to adverse effects such as disrupted sleep patterns, reduced activity levels, difficulty thinking clearly, and emotional instability. Due to the severity of these symptoms, individuals may struggle with academic performance and maintaining relationships with friends and family. People in manic situations are often unaware of the negative effects of their behavior. The person may not feel that anything is wrong but family and friends may recognize the mood swings or change in activity levels as possible bipolar disorder. People who suffered from bipolar disorder are at great risk for suicide if they are not getting treatment. With support, they may be able to treat the illness so that it does not develop and cause a larger problem. Bipolar disorder is also depicted in Jennifer Niven's *All the Bright Places*, where the main character, Finch, struggles with bipolar disorder.

The statement of the problem can be formulated as follows what are the symptoms, causes and effect of Theodore Finch's bipolar in Jennifer Niven's *All the Bright Places*?

The purpose of this research is to identify the symptoms, causes, and impacts of bipolar disorder experienced by Theodore Finch in Jennifer Niven's novel *All the Bright Places*. The analysis centers on how bipolar disorder is depicted in the 2015 novel by Jennifer Nive.

This research aims to make a significant contribution to both theoretical and practical matters, enriching the literature review. Theoretically, this research will be particularly useful in understanding bipolar disorder. Through this research, the writer hopes to develop a deeper understanding and provide knowledge about mental illness, especially in teenagers. This study will also serve as a valuable reference for English literature students. The results of this study will offer insights into the main character who suffers from bipolar disorder, the causes and effects of bipolar disorder, and will be beneficial for future researchers exploring this field. Additionally, this study will serve as a reference for those seeking to understand psychological issues in Jennifer Niven's *All The Bright Places*.

LITERATURE REVIEW

Many individuals are not fully aware of mental health conditions, particularly bipolar disorder. Bipolar disorder commonly emerges in the teenage years or early adulthood. The National Institute of Mental Health describes it as a chronic condition or recurring condition, meaning it appears occasionally and unpredictably. It is characterized by dramatic, often intense and erratic shifts in mood, energy levels, activity, and concentration. Also known as manic-depressive illness, bipolar disorder can involve extreme emotional highs (mania) and lows (depression) (Weinstock et al., 2019). It is a medical condition marked by severe mood swings (CAMH, 2013:1). Emotions play a major role in psychological well-being, and in bipolar disorder, these emotional shifts ranging from euphoria to deep sadness are more severe than everyday mood changes. This condition generally shifts between manic episodes marked by elevated mood, increased energy, less need for sleep, and impulsive behavior and depressive episodes, which involve feelings of sadness, hopelessness, and a lack of interest in everyday tasks. As Kolar (2017) notes, the intensity and duration of these episodes go beyond normal mood fluctuations and can greatly disrupt a person's ability to function in daily life.

Mania is one of the key symptoms of bipolar disorder and is marked by a distinct period of unusually elevated, expansive, or irritable mood, often accompanied by several characteristic signs. During a manic episode, individuals may display an abnormally cheerful or euphoric mood that sharply differs from their usual emotional state (Stanton et al., 2019). This elevated mood is typically paired with a surge in energy, leading to increased activity and restlessness. People experiencing mania often show signs of inflated self-confidence or grandiosity, sometimes developing unrealistic beliefs about their abilities or importance, which can even reach delusional levels. Another common symptom is a reduced need for sleep, where individuals feel rested despite significantly less sleep than usual (Roloff et al., 2022).

Depression can manifest in various ways and often arises unexpectedly. For a major depressive episode to be diagnosed, symptoms must persist for at least two weeks and occur most of the day, nearly every day (CAMH, 2006:7; NIMH, 2023). During such episodes, individuals typically experience low energy levels and persistent negative thoughts. Their activity often declines significantly, with some becoming so withdrawn that they rarely leave their homes. It is during these episodes that suicidal thoughts may emerge, and in many cases, individuals may attempt to end their lives. Depression is often marked by a loss of interest or pleasure in activities that were once enjoyable. Common emotional symptoms include deep sadness, hopelessness, and a pessimistic outlook. Physical signs such as changes in appetite and weight are also typical (Mills et al., 2019). While many people lose weight due to a diminished appetite, others may develop cravings for high-carbohydrate or fatty foods, resulting in weight

gain. These shifts can also be influenced by metabolic changes linked to the severity and type of depression. Sleep disturbances are another core symptom. Insomnia, including difficulty falling asleep, frequent nighttime awakenings, or early morning waking, is common. On the other hand, some individuals may experience hypersomnia, or excessive sleeping. Regardless of how much sleep is obtained, many people report waking up feeling tired and unrested.

Mixed episodes in bipolar disorder involve the simultaneous presence of symptoms from opposite mood states, such as depressive and hypomanic features occurring together. The concept dates back to the 1890s when Wilhelm Weygandt, a junior colleague of Emil Kraepelin in Heidelberg, documented what he termed "mixed states" (die Mischzustände des manisch-depressiven Irreseins). These episodes were characterized by a combination of opposing emotional, cognitive, and behavioral symptoms within the same episode (Salvatore et al., 2002; Vázquez et al., 2018).

In manic-depressive illness, the three core aspects of mental life—mood, thought, and activity—can fluctuate independently, resulting in what are known as mixed states. These mixed states often appear as transitional phases between mania and depression, reflecting the fluid nature of the disorder. They suggest a close connection between manic and depressive episodes and point to the likelihood of a single underlying pathological process. Nevertheless, some mixed states can present as stable and independent forms, though these are less common. Such persistent mixed states are often viewed as more severe manifestations of bipolar disorder, associated with a poorer prognosis (Trade et al., 2005; Bourin, 2024).

Psychological factors are deeply involved in the onset and progression of bipolar disorder. Key influences include early life experiences, emotional regulation patterns, and how individuals respond to stress. Childhood trauma—especially emotional abuse and neglect—has been shown to significantly increase the risk of developing bipolar disorder by disrupting emotional regulation and impairing the body's stress-response mechanisms (Agnew-Blais & Danese, 2016). Multiple studies have also established a strong association between childhood trauma and the later development of bipolar disorder (Laverich et al., 2002; Roloff et al., 2022).

For individuals with a genetic predisposition to bipolar disorder, specific environmental factors can act as triggers or intensify existing symptoms. Many mental health experts agree that these environmental influences can contribute to the earlier onset of bipolar symptoms in susceptible individuals (Post et al., 2016). Over time, behavioral activation where individuals engage in positive and goal-directed activities can help alleviate depressive symptoms. This process works by providing positive reinforcement, which can reduce feelings of hopelessness, improve mood, and enhance one's sense of control over their environment.

As noted by Sharma and Guirguis (2025), advancements in diagnostic criteria have enabled clinicians to more accurately identify the diverse presentations of bipolar disorder, thereby improving diagnosis and informing more effective treatment strategies. Successful management of bipolar disorder is essential to improving the quality of life for those affected. According to the National Institute of Mental Health (2023), treatment typically involves a combination of medications such as mood stabilizers (e.g., lithium), antipsychotics, and antidepressants paired with psychotherapy. Without appropriate and consistent treatment, individuals may face severe consequences, including self-harm, substance misuse, damaged relationships, and even suicide attempts. Consequently, early detection and ongoing treatment are critical to reducing the long-term negative effects of bipolar disorder on personal, academic, and social functioning.

METHOD

This study applies a psychological approach to analyze bipolar disorder in the novel *All the Bright Places* by Jennifer Niven. The psychological approach is a distinctive method of

literary criticism that draws upon psychological theories to interpret and analyze texts. At its core, psychological analysis involves examining to uncover underlying mental and emotional dynamics, often linked to the subconscious (Roozenbeek & van der Linden, 2022). This method offers significant insight into the deeper meaning of literary works by exploring the psychological motivations of characters and the emotional states of their creators. This study uses a psychological approach, as it focuses on the symptoms, causes, and effects of bipolar disorder as portrayed in the novel. The psychological approach is applied in fiction by examining character development, internal monologue, dialogue, and narrative structure to identify patterns of thought and behavior that align with psychological theories.

This research focuses on the main character Finch's bipolar disorder in the novel *All the Bright Places* by Jennifer Niven. The study uses qualitative research methods. Descriptive qualitative research is a method where data are collected from documents and field notes, which are then used to present the research results. Field notes refer to the detailed, written records that researchers make during or after their observations in the field. These notes capture not only factual information but also the thesis writer's interpretations, reflections, and insights regarding the observed events or behaviors. (Bogdan and Biklen, 1982; Hariani et al., 2021). The descriptive method is also used to analyze the study, as the thesis writer examines the data descriptively and presents the results in the form of a written explanation. The data of this study are taken from Jennifer Niven's *All The Bright Places* published in 2015. the data by quoting sentences or dialogues from the novel, selecting those that are relevant to the analysis conducted in this study.

To collect the data, the researcher uses the close reading technique. According to Jacobs in *Literature: An Introduction to Critical Reading*, close reading involves writing, discussion, or thoughtful analysis driven by questioning the text. It requires the researcher to examine and reread the text multiple times, identifying details that may have been overlooked, examining difficult words, and referring to the dictionary to ensure an accurate understanding of their meanings (Jacobs, 2001, p. 6; Öcek et al., 2021). The data collection procedure in this study follows these steps: First, the novel was read multiple times to gain a deeper understanding of the portrayal of bipolar disorder in the main character of *All the Bright Places*. Next, the researcher underlined and highlighted relevant data through the actions, statements, thoughts, and dialogues of the characters that reflect information about bipolar disorder. Third, the researcher classified the data into appropriate categories, including symptoms, causes, and effects.

Data analysis is a continuation of the data processing process, aimed at interpreting the data. It involves analyzing the results of data processing (Prasetyo & Jannah, 2005; Agustina et al., 2019); Analyzing the data, describing the result of the analysis and making a conclusion from the analysis.

RESULT AND DISCUSSION

A. Symthomps Bipolar Disorder

1. Depression

Finch experiences episodes of depression, especially when he faces personal difficulties. His mental health worsens after a series of family-related tragedies. He has been carrying deep sadness since childhood, particularly from the age of ten when his parents divorced. This event had a lasting emotional impact on him, especially because his father was often physically abusive and emotionally neglectful. These early traumas contribute significantly to the emotional instability Finch experiences throughout the novel:

“I am asking myself this now as I stand on a narrow ledge six stories above the ground. I’m so high up, I’m practically part of the sky. I look down at the pavement below, and the world tilts. I close my eyes, enjoying the way everything spins. Maybe this time I’ll do it—let the air carry me away. It will be like floating in a pool, drifting off until there’s nothing.” (Niven, 2015: 11)

From the quotation above, it is evident that Finch has difficulty coping with new challenges. He struggles to survive under conditions that only worsen his mental state. Finch often feels overwhelmed by sadness and hopelessness. He appears disinterested in his surroundings, including school, where he frequently skips classes and is labeled as "problematic" or a "freak." Individuals living with bipolar disorder often lose interest in activities they once enjoyed during depressive episodes. Low energy, along with a variety of physical symptoms, commonly accompanies this state. Finch’s depression deepens as he faces the painful reality of his family problems. Despite this, he tries to manage his struggles as best as he can.

Finch has difficulty falling asleep and often sleeps poorly at night. He has trouble sleeping or staying awake, another common symptom of depression. To manage this, he takes sleeping pills before bed. The medication helps him calm down, and only after taking the pills is he able to fall asleep. For Finch, the pills become a way to temporarily escape his racing thoughts and emotional turmoil:

“But you never know when you might need a good sleeping pill. I open the bottle now, dump the blue tablets into my palm, and count them. Thirty. Back at my desk, I line the pills up one by one, like a little blue army. I scoop up the sleeping pills and hold them in my palm. I can swallow them right now, lie down on my bed, close my eyes, drift away...” (Niven, 2015: 66)

A normal sleep pattern for most teenagers is approximately eight hours per night. However, one of the most common sleep disturbances associated with major depressive episodes is insomnia, particularly initial insomnia, which refers to difficulty falling asleep. In many cases, disturbed sleep is the primary reason individuals seek treatment. For Finch, the disruption of his sleep pattern becomes a source of emotional and physical distress. If this condition persists, it can negatively impact his daily activities, productivity, and overall health.

Finch becomes increasingly depressed and feels as though he is drowning in his own sadness:

“...I know life well enough to know you can’t count on things staying around or standing still, no matter how much you want them to. You can’t stop people dying. You can’t stop them from going away. You can’t stop yourself from going away either. I know myself well enough to know that no one else can keep you awake or keep you from sleeping. That’s all on me too” (Niven, 2015: 115)

For many people, overthinking occurs when they dwell excessively on a particular issue or event. This often leads to increased worry, anxiety, and a lack of inner peace. In Finch’s case, he cannot stop thinking about past events, difficult experiences, or the people in his life. He is especially consumed by other people’s emotions, often placing

their needs above his own. His mind is caught in a repetitive cycle, obsessing over the same thoughts again and again. He doesn't realize how draining this mental loop is how it saps his energy and leaves him emotionally exhausted. According to psychologists, overthinking can impair performance and contribute to anxiety and depression

2. Mania

Finch experiences a manic episode. During this period, he shifts from feeling sad to overly excited. He displays symptoms including heightened self-confidence, fast or forceful speech, swift thought patterns, elevated energy levels, and restlessness, and even engages in risk-taking behaviors.

Throughout the novel, he consistently acts as a support system for her. Despite his struggles, Finch refuses to seek a diagnosis, as he feels that labels only serve to confine and define him. The only source of light in his life is the deepening bond he shares with Violet. Being close to her fills his days with a renewed sense of hope, joy, and purpose:

“Violet smiles back. Immediately, I feel better, because she feels better and because of the way she smiles at me, as I'm not something to be avoided. This makes twice in one day that I've saved her, the smile I give her is the best smile I have, the one that makes my mother forgive me for staying out too late or for just generally being weird” (Niven, 2015: 26)

Finch wants to grow closer to Violet and spend time with her, often taking her to places she has never been before. Finch becomes fixated on Violet and the wanderings they do together. He places a lot of emotional weight on these activities, which can be a symptom of mania.

Finch often runs alone, fueled by bursts of energy that leave him feeling physically exhausted but not mentally tired. During manic episodes, he feels unusually strong and energetic. This is a common symptom of mania, where individuals with bipolar disorder may believe they possess extraordinary abilities. In Finch's case, his perceived "superpower" is having excess energy that drives him to take on activities more intensely than usual. He appears healthier and more active than during his depressive states, which marks a stark contrast from his typical behavior. Despite minimal or even no sleep, he continues to feel highly energized as an indication of a manic episode. Like many individuals with bipolar disorder, Finch can go days without proper rest, yet still feel unusually powerful and alert:

“I'm up the rest of the night making a list called “How to Stay Awake.” There's the obvious—Red Bull, caeine, NoDoz and other drugs—but this isn't about skipping a couple hours' sleep, it's about staying up and staying here for the long haul” (Niven, 2015: 96)

The quotation above illustrates Finch's struggle with sleep disturbances. Finch often stays up for long periods without rest. He talks about his irregular sleeping patterns and how he doesn't need sleep when he's "awake.". Bipolar disorder disrupts his normal sleep patterns, especially during manic episodes when he becomes a short sleeper. In these moments, Finch is unable to fall asleep or stay asleep, even though he wishes he could rest. His inability to sleep leaves him confused and restless. To cope with his

insomnia, he often writes in his notebook or plays his guitar, using these activities as an outlet for his overflowing energy and racing thoughts.

3. Mixed Episode

The majority of individuals who have manic episodes also experience phases of depression. When depression is combined with agitation, it may indicate a mixed episode and also one of the more challenging states in bipolar disorder. During a mixed episode, a person may feel overwhelming energy alongside intense sadness or hopelessness. Individuals often report feeling emotions they can't fully understand or explain. However, these emotional states can shift rapidly, leading to sudden drops in energy and the emergence of negative thoughts:

“...On my good days I can outthink most people. I'm decent on the guitar and I have a better than-average voice. I can write songs. Ones that will change the world. Everything seems to be in working order but I go over the list again and again in case I'm forgetting something, making myself think beyond the big things in case there's something hiding out behind the smaller details. I think through everything, but in the end the weight is heavier, as if it's moving up the rest of my body and sucking me down” (Niven, 2015: 278)

From the quotation above, Finch's racing thoughts are described as the uncontrollable flow of random thoughts and memories that rapidly switch from one to another. A person experiencing this symptom has little control over their train of thought, which makes it difficult to focus on a single topic. In Finch's case, Mr. Embryo as the guidance counsellor that provides the support and guidance he desperately needs. Mr. Embryo plays a significant role in helping Finch manage his struggles.

Most people experience anxiety at times and go through emotional ups and downs. Similarly, individuals with bipolar disorder often have a coexisting anxiety disorder. It is natural for mood or anxiety levels to rise in response to stressful or difficult events. However, an excessively anxious teenager might withdraw from activities due to fear or anxiety that does not ease even with reassurance. Finch's negative perceptions of bipolar disorder make him feel insecure and cause him to hide his illness. As a result, none of his friends know the truth about his condition:

“I'm fine. Believe me, if I decide to kill myself, you'll be the first to know. I'll save you a front-row seat, or at least wait till you've got more money for the lawsuit. I rein myself in: Sorry. Bad taste. But I'm fine. Really.” (Niven, 2015: 171)

From the quotation above, Finch describes the various mental states he experiences during counseling sessions with Mr. Embryo, his guidance counselor. Mr. Embryo genuinely cares about Finch's well-being and is not entirely ineffective. Finch confides in him about his illness as something he hides from his friends and family, especially his mother. His mood also becomes unpredictable. People experiencing the "high" phase of bipolar disorder often feel like they are on top of the world.

B. Causes of Bipolar Disorder

1. Psychological Factor

The most significant cause of Finch's condition is his father. His father frequently engages in physical violence and emotionally neglects him, a pattern also mirrored by his mother to some extent. Finch has experienced neglect from his father since the age of ten, which has deeply affected his emotional well-being and shaped his perception of paternal relationships. The combination of parental divorce, neglect, and abuse plays a critical role in the development of his bipolar disorder:

"Mom is suddenly listening. "Decca". She shakes her head. This is the extent of her parenting. Ever since my dad left, she's tried really hard to be the cool parent. Still, I feel bad for her because she loves him, even though he left her for a woman named Rosemarie with an accent over one of the letters—no one can ever remember which—and because of something she said to me the day he left: 'I never expected to be single at forty'. It was the way she said it more than the words themselves. She made it sound so final" (Niven, 2015:31)

Finch is diagnosed with bipolar disorder since childhood. His father's rejection affects him just as deeply as the abuse, while his affection for his mother is overshadowed by his disappointment that, despite her love, she fails to truly understand him. This situation also causes Finch to experience trauma. His life deteriorates further following his parents' divorce. Traumatic losses such as these can increase vulnerability to future depression by initiating a grieving and anger process that becomes internalized as part of Finch's personality. Psychological factors significantly influence Finch's condition and can be a primary cause of mental illness. Theodore Finch experiences bipolar disorder, in part, due to unresolved problems within his family. Although he harbors no ill will toward most people, he carries deep emotional wounds especially related to his father.

2. Environmental Factor

The first cause of Finch's bipolar disorder is related to his environment. Environmental influences are known to contribute to the onset of bipolar disorder. Although a person may have a genetic predisposition, only a minority of individuals with a family history of the illness actually develop the disorder. The researcher believes that, in some cases, stressful life events can act as triggers.

In the novel shows that Finch is surrounded by people who always care of his conditions especially his guidance counselor, Mr. Embry. Mr. Embry always reminds him to see a treatment to consult about his illness. Finch tries everything to maintain his bipolar disorder, but he feels useless and has been through it like bullying around made the situation worse:

"'Pick 'em up, bitch.' Roamer walks past me, knocking me in the chest—hard—with his shoulder. I want to slam his head into a locker and then reach down his throat and pull his heart out through his mouth, because the thing about being Awake is that everything in you is alive and aching and making up for lost time."

"I feel a familiar black grenade of anger—like an old friend—go off in my stomach, the thick, toxic smoke from it rising up and spreading through my chest. It's the same feeling I had last year in that instant before I picked up a

desk and hurled it—not at Roamer, like he wants everyone to believe, but at the chalkboard in Mr. Geary’s room.” (Niven, 2015: 33)

The quotation above indicates that Roamer has been Finch’s adversary since middle school, which helps explain Finch’s tendency to release his anger on surrounding objects. Finch is deeply hurt and highly sensitive to bullying, to the point where he struggles to control his emotions. His racing thoughts and elevated energy levels often leave him feeling angry, irritable, and frustrated. These intense emotional states can lead to aggressive and inappropriate behaviors. However, in the novel, Finch feels isolated—believing that no one truly helps or cares about his mental health. His classmates perceive him as strange and avoid forming friendships with him. Many even mock him, which leads to behaviors that are considered unusual. This bullying prevents Finch from enjoying typical teenage experiences and expressing his feelings freely. He feels compelled to hide his illness, fearing judgment or rejection. Mr. Embry, his guidance counselor, encourages him to live like a ‘normal’ teenager and often reminds him, ‘You are not alone.’ Mr. Embry emphasizes the importance of socializing, having fun, and leading a healthy social life. Finch deserves the opportunity to try new things and enjoy his adolescence like any other teenager. This stage of life is both valuable and fleeting, and Finch should be able to make the most of it.

C. Effect of Bipolar Disorder

Finch is still young when he suffers from bipolar disorder. There are some reasons that push him into bipolar disorder. One significant factor is his family life. Divorce can increase the risk of mental health problems in children and adolescents. Children are often the most affected by their parents’ separation, as it brings about numerous changes. These changes can be physical, such as the parents living in different homes, as well as emotional, including confusion and frustration stemming from not understanding the reasons behind the divorce.

At school no one care about Finch, where he is and they are acting nothing happened. In a state of panic, Violet realizes that Finch has taken his own life at the Blue Hole, one of the locations they visited during their school project. When she arrives there and confirms her suspicion, she is overwhelmed with grief. After disappearing for a few days, Violet makes her way to Finch's residence after learning that his friends Charlie and Brenda had also recently received weird emails from him. Violet looks through Finch's room for any signs that he may have gone to a spot with water. Violet has been told by Finch's mother to take him home. When Violet wonders, divers found Finch's body in the Blue Hole, just as Violet had feared. Sadly, Finch ends up his life by himself:

“Even though Finch wanted to be cremated. Brenda is staring at Roamer and the rest of the crying herd, her eyes dry and angry. I know what she’s feeling. Here are these people who called him “freak” and never paid attention to him, except to make fun of him or spread rumors about him, and now they are carrying on like professional mourners, the ones you can hire in Taiwan or the Middle East to sing, cry, and crawl on the ground.”

“His family is just as bad. The family is calling his death an accident because they didn’t find a proper note, and so the preacher talks about the tragedy of someone dying so young, of a life ended too soon, of possibilities never realized. I stand, thinking how it wasn’t an accident at all and how “suicide

victim" is an interesting term. The victim part of it implies they had no choice." (Niven, 2015: 273)

Violet interacts with Finch in her mind throughout the funeral ceremony, telling him that he was the one who taught her how to enjoy life to the greatest. People who consider suicide often struggle with both mental illness and challenging life circumstances. The writer believes that some individuals who commit suicide may not truly intend to die but feel they have no other way to escape their suffering. Many people in this situation experience feelings of helplessness and believe that their circumstances will never improve.

Later, Violet manages to decode the texts Finch had sent her, and at the final location they were meant to visit together, she discovers a song Finch wrote for her. This helps Violet in her healing process and convinces her that Finch's death was not her fault. Learn about suicide risk factors and behaviour to look out for. It is important to not blame yourself for the suicide attempt. Finch has always been supportive and concerned about Violet's feelings but Finch doesn't think about his own situation. He didn't want to appear weak in public, he wanted to relieve the pain by killing himself.

CONCLUSION

Finch, a teenager, is struggling with mental illness. He suffers from depression and experiences persistent suicidal thoughts throughout the day. His family remains unaware of his condition, which deepens his sense of loneliness. In a morbid attempt to cope, he collects information about other people's suicides, various methods, and what he perceives as the "best" ways to end one's life, all saved on his computer. As a loner, Finch develops his own coping mechanisms to manage his suicidal depression. At times, he adopts different personalities not to deceive, but to entertain himself or capture others' attention. In truth, these personas and his carefully chosen words serve as a shield, protecting him from his emotional vulnerability.

Finch, who was previously consumed by sadness, suddenly felt excited and full of life. He exhibited symptoms such as inflated self-esteem, rapid speech, racing thoughts, increased activity, agitation, and risk-taking behaviors. These manic episodes often occurred when he felt especially thrilled to be close to Violet Markey—moments when his days were filled with hope, energy, and joy.

Finch experiences profound sadness and hopelessness. He appears uninterested in anything, even school, where he frequently skips classes and is labeled as a problematic student. His depression becomes even more apparent when he faces difficulties, including trouble sleeping—a common issue among people with bipolar disorder. Finch struggles to sleep like most people do. To cope, he takes sleeping pills, which help him feel calmer and allow him to rest. Despite this, he often engages in self-harm and is overwhelmed by thoughts of ending his life. Finch's bipolar disorder is heavily influenced by environmental factors. These external pressures especially negative experiences like bullying and emotional indifference can trigger or intensify bipolar symptoms. Though it may seem unusual for a teenager to rely on medication, Finch must take pills to stabilize his mood. For him, medication is not an option but a necessity. Psychological factors also contribute significantly to Finch's condition. His mental illness is rooted in traumatic family experiences, particularly the abuse and neglect from his father. His father's physical violence and emotional absence leave deep psychological scars. The trauma of his parents' divorce adds to his despair, leading Finch to feel hopeless and disillusioned about his future. These emotional wounds fuel his depression and shape his personality, making it harder for him to cope. The effects of bipolar disorder can be triggered

by the stresses and strains of everyday life, traumatic events, or—in rare cases—physical trauma such as a head injury. In Finch’s case, the emotional weight becomes too much to bear, and he ultimately attempts to take his own life. Before his death, Finch disappears. He had been missing for some time, sending Violet a few text messages and then going completely silent. Finch’s tragic end leaves a lasting impact not only on Violet but also on readers, as his story becomes a powerful reminder of the silent struggles many face. Through Violet’s memories and reflections, the novel ultimately conveys that even in the midst of pain, love, and loss, there is still a way to find meaning, healing, and a renewed appreciation for life.

REFERENCES

- Agnew-Blais, J., & Danese, A. (2016). Childhood maltreatment and unfavourable clinical outcomes in bipolar disorder: A systematic review and meta-analysis. *The Lancet Psychiatry*, 3(4), 342–349. [https://doi.org/10.1016/S2215-0366\(16\)00013-7](https://doi.org/10.1016/S2215-0366(16)00013-7).
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). Arlington, VA: American Psychiatric Publishing. <https://www.psychiatry.org/psychiatrists/practice/dsm>.
- Agustina, et al. (2019). Analysis of Character Educational Values in Folklore and the Relevance in the Formation of Student’s Character in Vocational High School. *Jurnal Penelitian dan Pengembangan Sains dan Humaniora*, 3(1), 36-40
- Brancati, G. E., Nunes, A., Scott, K., O’Donovan, C., Cervantes, P., Grof, P., & Alda, M. (2023). Differential characteristics of bipolar I and II disorders: a retrospective, cross-sectional evaluation of clinical features, illness course, and response to treatment. *International Journal of Bipolar Disorders*, 11(1). <https://doi.org/10.1186/s40345-023-00304-9>.
- Bogdan, Robert C. & Biklen, Kopp Sari. 1982. *Qualitative Research for Education: An Introduction to Theory and Methods*. London: Allyn and Bacon, Inc.
- Bourin M (2024) Mixed states in bipolar disorder: The DSM-5 dilemma. *Arch Depress Anxiety* 10(1): 028-037. DOI: [10.17352/2455-5460.000089](https://doi.org/10.17352/2455-5460.000089).
- Centre for Addiction and Mental Health. 2013. *Bipolar Disorder An information guide*. Canada: Centre for Addiction and Mental Health.
- Creswell, John W. 1998. *Qualitative Inquiry and Research Design, Choosing Among Five Traditions*. California: Sage Publication.
- Funes, C. M., Lavretsky, H., Ercoli, L., St. Cyr, N., & Siddarth, P. (2018). Apathy Mediates Cognitive Difficulties in Geriatric Depression. *American Journal of Geriatric Psychiatry*, 26(1), 100–106. <https://doi.org/10.1016/j.jagp.2017.06.012>.
- Jacobus, Lee A. 2001. *Literature: An Introduction to Critical Reading*. The United States of America: Prentice Hall.
- Lahey, Benjamin B. 2007. New York: Mc Graw Hill.
- Leverich, G., McElroy, S.L., Suppes, T., Keck JR, P.E., Denicoff, K.D., Nolen, W.A., Altshuler, L.L., Rush, A.J., Kupka, R., Frye, M.A., Autio, K.A & Post, R.M. (2002). *Early physical and sexual abuse associated with an adverse course of bipolar illness*. *Biological Psychiatry*, 51,288-297.
- Marcovitz, Hal. 2009. *Bipolar Disorders*. San Diego: Reference Point Press, Inc.
- Mills, J. G., Larkin, T. A., Deng, C., & Thomas, S. J. (2019). Weight gain in Major Depressive Disorder: Linking appetite and disordered eating to leptin and ghrelin. *Psychiatry Research*, 279(January), 244–251. <https://doi.org/10.1016/j.psychres.2019.03.017>.

- National Collaborating Centre for Mental Health (NCCMH). 2006. *Bipolar Disorder: Management of Bipolar Disorder in Adults, Children and Adolescents in Primary and Secondary Care*. The Royal College of Psychiatrists and the British Psychological Society.
- Niven, Jennifer. 2015. *All The Bright Places*. The United States of America: Alfred A. Knopf.
- Post, R. M., Altshuler, L. L., Kupka, R., McElroy, S. L., Frye, M. A., Suppes, T., & Nolen, W. A. (2016). More than 50 years of progress in bipolar disorder: From clinical description to the neuroscience of circuitry and back. *Journal of Affective Disorders*, 201, 4–14. <https://doi.org/10.1016/j.jad.2016.05.043>.
- Roloff, T., Haussleiter, I., Meister, K., & Juckel, G. (2022). Sleep disturbances in the context of neurohormonal dysregulation in patients with bipolar disorder. *International Journal of Bipolar Disorders*, 10(1). <https://doi.org/10.1186/s40345-022-00254-8>.
- Sharma, M., & Guirguis, A. (2025). Bipolar Affective Disorder. In StatPearls. StatPearls Publishing. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK558998/>
- Syrett, Michael. 2006. *The Secret Life of Manic Depression: Everything You Need to Know About Bipolar Disorder*. British: BBC Learning & Interactive.
- Stanton, K., Khoo, S., Watson, D., Gruber, J., Zimmerman, M., & Weinstock, L. M. (2019). Unique and Transdiagnostic Symptoms of Hypomania/Mania and Unipolar Depression. *Clinical Psychological Science*, 7(3), 518–531. <https://doi.org/10.1177/2167702618812725>