

Abnormal Psychology Unit 3 Essay

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1. Both bipolar and mania deal with a fluctuation in feelings.

In mania the patient would deal with an increased amount of energy increase activities they may spend lots of money in their sleep pattern they would not feel tired they will always feel hi Ann had a feeling of I can do anything. many of these patients have pressured speech an inappropriate perception and sensation.

in depression patient Hall many feelings of loss of energy they have a decrease in energy they also have a disrupted sleep pattern many of them have difficulty sleeping, feeling down worthless many of them feel that they are their own cause of their own problems, many of them feel as if they are burdened. many of these patients have decreased or impair thinking or concentration. these patient's speech is slow and dull. any unipolar depression the patient does not deal with the highs of bipolar depression.

2. The psychodynamic explanation of the development of depression wraps around theory of psychological practices evidence based why people think the way they think behave the way they behave, personality factors and experiences. Freud says there's a conscious and unconscious part in your mind that time can't complete one another that can develop into depression. In this psychodynamic theory we concentrate on psychological processes, early childhood experiences and motivation.

3. After puberty there is a higher rating female when it comes to depression because girls reach puberty before boys do depression would need to see her at an earlier age for female. women tend to report their symptoms and look for treatment, there's a difference

in the brain function, many different types of hormonal fluctuation, also social statuses, coping mechanisms finding oneself all different life stuff. many young girls at this age are not an adult and they are not a child, so they find it difficult to find where their place is.

4. Premenstrual dysphoric disorder is a superior form of premenstrual symptoms which is known as PMS. However, these symptoms would interfere with your daily activities premenstrual dysphoric disorder occurs in 3 to 8% of menstruating woman. This is typically diagnosed by women are patient keeping a diary up their daily symptoms for two consecutive menstrual cycles. treated by SSRI to suppress population.

5. How can changes in your mood relate to suicide? excessive emotion such as Sadness can give you an increased list for major depression excessive moodiness can also give you a high risk for major depression get major depression one of the risk factors is suicide. Moods can change suddenly. Patients with mood disorders should always be watched for these risk factors. Long lasting sadness and then suddenly becoming calm is a high-risk factor. There are a large group of suicide risk whether it's age, divorce, attempted suicide in the past family history, emotional distress, sexual abuse, unemployed, long term pain, impulsive behaviors terminal illnesses and people in professions such as police officers and health care providers who worked with terminally ill patients not to forget mention substance abusers.

6. How does suicide run in families? This pathway may be genetic, psychological or biochemical. While completing a patient health history and family history is it important that you ask questions such as family history of mental disorders, hospitalization regarding suicidal attempt. Patients with a family history of suicide are more likely to take their own life then those who do not have this history.

7. The effectiveness of suicide prevention program. Suicide prevention program has been known to change individuals like this happened because individuals are able to see people like them, they are able to speak about things that bothers them 2 professional person who deals with these types of issues all the time. Suicide is very serious however it is very preventable it affects the individual, families, and communities. Prevention would require a comprehensive approach from family therapy and individual therapy. This promotes prevention of suicide ad a commitment to the change.

8. Depression and suicidal behavior are linked to a decrease in the serotonin in the brain there have been people who have attempted suicide these individuals they have detected is there detection in the cerebral spinal fluid. it has complex set factor that reflects in the suicidal individuals. Also, the frontal cortex was noted to have low serotonin the person is prone to suicide and does not have adequate levels in the brain chemical that they need to resist the suicide attempt.

