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Unit 3 Essay

Question 1

Depression and mania mental disorders are associated with mood disorders such as unipolar depression and bipolar disorder. There are differences and similarities between depression and mania which are very important to understand for accurate diagnosis and treatment of these conditions.

Depression is a state of low mood expressed with feelings of sadness, hopelessness, and loss of interest in activities that are naturally interesting to the individuals. People with

depression may also experience physical symptoms such as fatigue, changes in appetite and sleep patterns, and thoughts of death or suicide (Comer and Comer, 2019). Depression can cause significant interference in daily functioning, making it difficult for individuals to engage in work, school, or social activities. Mania, on the other hand, is a state of elevated or irritable mood characterized by increased energy, decreased need for sleep, and impulsive behavior. Individuals with mania may also experience feelings of euphoria, excessive irritability, and decreased judgment. Manic individuals may engage in dangerous behaviors, spend excessive amounts of money, or have decreased ability to prioritize tasks.

Depression and mania are two of the key symptoms of both unipolar depression and bipolar disorder. Unipolar depression is a type of mental illness associated with continuous feelings of sadness, hopelessness, and loss of interest in activities (Comer and Comer, 2019). These symptoms are typically long-lasting and can significantly impact a person's daily life. People with unipolar depression experience only depression, and do not experience manic episodes. Bipolar disorder, on the other hand, is a type of mental illness characterized by periods of both mania and depression. People with bipolar disorder experience both manic and depressive episodes, often in alternating patterns. The length, frequency, and severity of these episodes can vary greatly from person to person.

In conclusion, both depression and mania share some similar characteristics, but they are entirely different. They both take part in unipolar depression and bipolar disorder. The presence of both mania and depression at the same time is what differentiates bipolar disorder from unipolar depression.

Question 3

Numerous ideas that relate the dynamics of the mind to normal and disordered personality development are included in the psychodynamic approach. These dynamics include forces that motivate, emotions, unconsciously occurring mental processes, conflict, and defense systems (Comer and Comer, 2019). Object interactions and early experiences are frequently emphasized in psychodynamic theories as key factors in determining how people develop their personalities.

The field of psychodynamics offers various perspectives to explain the development of depression in individuals. One of these perspectives is the belief that depression is associated with internalized rage, a loss of self-worth or self-esteem, egotism or excessive narcissism or personality demand, or deprivation in the mother-child bond (loss or rejection by a parent) (Comer and Comer, 2019). Based on the psychodynamic view of depression, repressed anger at a loss (such as the symbolic or actual death of a loved one during childhood) is directed inward, lowers self-esteem, and makes a person more susceptible to future experiences, leading to the person "re-experiencing" (symbolically or actually) the loss when they are exposed to similar invoking stimuli during later life.

Psychoanalysts are of the opinion that anger that has been transformed into self-hatred as a result of bad childhood experiences is the root cause of depression (Comer and Comer, 2019). Typically, neurotic parents who lack warmth, are inconsistent, inconsiderate, hostile, or are motivated by their own selfish demands have children who later experience depression symptoms. They experience loneliness, confusion, helplessness, and finally anger as a result of these activities. However, because of fear, love, and guilt, they restrain their anger toward their parents and channel it toward themselves instead, which can later result in the development of depression.

In conclusion, depression is a complex condition that can have multiple underlying causes. The psychodynamic theory provides several explanations that fall under its umbrella, such as repressed anger, negative parenting behaviors, and reinforcement for depression. Understanding these causes can help individuals better understand their own depression and provide them with the tools to overcome it.

Question 7

Studies have shown that women are more likely to experience depression than men. The World Health Organization (WHO) estimates that 1 in 5 women will experience depression in their lifetime, compared to 1 in 8 men (Comer and Comer, 2019). Women are also more likely to experience depression in response to life events, such as relationship problems or the loss of a loved one. They are also more likely to experience depression in conjunction with other mental health conditions, such as anxiety.

Men are less likely to seek help for depression and may be more likely to experience depression in different ways than women (Comer and Comer, 2019). Men are more likely to externalize their emotions and engage in behaviors such as substance abuse or aggression, rather than expressing their emotions in a healthy way. This can make it difficult for others to recognize when a man is struggling with depression. It is also important to note that gender norms can play a role in depression in both men and women. For example, societal expectations around masculinity may prevent men from seeking help for depression, as seeking help is often seen as a sign of weakness.

The higher rates of depression in women may be due to a number of factors, including hormonal changes during menstruation, pregnancy, and menopause (Comer and Comer, 2019).

Women are also more likely to experience certain life events that can trigger depression, such as relationship problems, sexual abuse, and poverty. Women may also face more societal pressure to be nurturing and care for others, leading to feelings of burnout and stress. The flexibility and adaptability of gender socialization may contribute to gender disparities, which may also be related to the psychodynamics of sadness. Gender-typed characteristics, such as a prototype or stereotypes, influence socialization limitations. These elements may have a confusing effect on the gender differences in depression.

Question 6.

The attribution-helplessness theory explains that persistent exposure to unpleasant and upsetting environmental stimuli gradually leads to the perception that the unpleasant circumstance cannot be avoided, and a feeling of helplessness develops as a result. According to this theory, there are three dimensions of attributions which are the locus of control, stability, and controllability.

Locus control explains how people see the cause of an event as either being internal (under their own control) or external (outside of their control). Someone at risk for depression who just had a minor fender-bender might attribute the cause of the accident to something internal, such as his own incompetence or lack of attention, and might say something like: "I can not believe I did this, I am such a terrible driver" or "I should not have been so distracted, it is all my fault."

Stability explains how people see the cause of an event as being permanent or temporary. If the person views the cause as permanent, he may be more likely to feel helpless and depressed.

For instance, he might say: "This is just how it is, I will always be a bad driver" or "I can never seem to get anything right, I am just not cut out for it."

Controllability explains how people see the cause of an event as being under their control or outside of their control. If the driver sees the cause of the problem as being outside of his control, he may feel helpless and depressed. For example, he might say: "It was just bad luck, there was nothing I could do" or "The roads were slick, it was not my fault."

In conclusion, it should be noted that attributions are not always accurate or rational and that people's emotional responses to events can be influenced by other factors, such as their past experiences and current emotional state. However, understanding why people attribute the cause of events to their past experiences is important in understanding why someone at risk for depression might react in a certain way to an event.

Question 22

Suicide can be described as the act of taking individuals' lives by themselves through exposure to or consumption of harmful things that can kill. Researchers have been examining human genetics for connections to mental illnesses including depression, schizophrenia, and bipolar disorder, all of which are closely associated with suicide for decades (Comer and Comer, 2019). Although the inheritance patterns of suicidal traits are unclear, it is certain that it runs in families.

There are several perspectives as to why suicide may run in families. One theory explains that genetic factors play an important role in the development of certain mental health conditions, such as depression and anxiety, that are associated with an increased risk of suicide (Comer and Comer, 2019). These mental health conditions may be inherited and passed down

from generation to generation. There is another assertion that certain personality traits including impulsiveness and aggression, may be inherited and increase the risk of suicide among some individuals. Impulsive individuals may act on suicidal thoughts without considering the consequences, while individuals with aggressive tendencies may be more likely to engage in violent and self-destructive behaviors.

In addition, It is also possible that the environment of the family and upbringing play a role in the passing of suicide risk from one generation to another.

For example, if a parent who died by suicide struggled with a particular issue, such as trauma or substance abuse, their children may be at increased risk of having the same traits which make them more vulnerable to suicidal behaviors (Comer and Comer, 2019).

Additionally, exposure to suicide in the family, known as "suicide contagion," may lead to an increased risk of suicide in others who are close to the person who died by suicide.

In conclusion, even though the precise processes underpinning the transmission of suicide risk among families are not well understood, it is likely that the interaction between genetic, environmental, and cultural variables contributes to this phenomenon. Understanding family history for certain mental issues can help to lower the risk of suicide in society.

Question 28

Data on suicide and suicide attempts are not readily available or available with poor quality worldwide. There are only a few countries in the world with reliable vital data that can be utilized to evaluate the rate of suicide around the world. Suicide is not the only cause of mortality with poor data, however, it is such a sensitive subject due to its prevalence in recent times (Comer and Comer, 2019). Due to the legal, cultural, and religious factors associated with

suicidal behavior, there is the possibility that under-reporting and misclassification are major factors that contribute to the lack of accurate statistics on suicide.

Under-reporting of suicide refers to the failure to accurately record and report the number of suicides that occur (Comer and Comer, 2019). This can occur for a variety of reasons, including stigma surrounding suicide, cultural beliefs and attitudes, lack of knowledge about the causes and warning signs of suicide, and a general reluctance to discuss the topic. This can result in an underestimation of the true number of suicides that occur.

Misclassification refers to the incorrect categorization of deaths as being due to other causes rather than suicide (Comer and Comer, 2019). For example, a death may be recorded as an accident when it was actually a suicide. This can occur for a variety of reasons, including a lack of awareness about the signs of suicide, difficulty in determining the intention behind the act, and a desire to avoid reporting a suicide due to the stigma associated with it. The combination of under-reporting and misclassification makes it difficult to obtain accurate statistics on suicide. This can have serious implications for efforts to prevent suicide, as it makes it difficult to identify trends, risk factors, and effective interventions.

In conclusion, under-reporting and misclassification are major barriers to obtaining accurate statistics on suicide. Addressing these issues requires a multi-faceted approach that includes educating the public about the warning signs of suicide, reducing the stigma associated with suicide, improving the reporting of suicide and increasing awareness of the importance of accurate statistics in suicide prevention efforts. Only by addressing these barriers can we hope to obtain accurate statistics on suicide and make meaningful progress in preventing this devastating phenomenon.

Question 29

Stress is any form of physiological and psychological modification that puts strain on the body, mind, or emotions. It is a response to challenging life events, such as illness, loss, or trauma. Stress and suicide are complex and interrelated issues that have serious implications for individual and public health (Comer and Comer, 2019). When stress becomes chronic and overwhelming, it can lead to a range of negative outcomes, including an increased risk of suicide.

There are several ways in which stress may contribute to suicidal behavior. One of the ways is explained by the connection between chronic stress and depression, a mental health condition that is a known risk factor for suicide (Comer and Comer, 2019). When individuals are under significant stress, they may experience a range of negative emotions, including sadness, anger, hopelessness, and worthlessness, which can lead to suicide over time if not properly managed. Stress can affect the brain in a number of ways that increase the risk of suicide. Stress can disrupt the balance of chemicals in the brain that regulate mood, leading to increased anxiety, irritability, and impulsiveness. When an individual is under stress, they may be more likely to act impulsively, including engaging in self-harm or attempting suicide.

In addition, stress can also impact an individual's decision-making and problem-solving abilities, leading to poor judgment and a greater risk of suicide. When individuals are under stress, they may have difficulty thinking clearly, making it difficult to find solutions to problems or to identify and utilize support resources (Comer and Comer, 2019). Also, stress can impact an individual's sense of self-worth and self-esteem. When individuals are under chronic stress, they may experience feelings of worthlessness and low self-esteem. This can lead to feelings of

hopelessness, helplessness, and a decreased sense of purpose in life, which is all known risk factors for suicide.

Question 31

Biologically, the cause of suicide or what influence people to commit suicide can be explained in various ways. One of the most well-known biological explanations of suicide is the presence of certain genetic factors that increase the likelihood of suicidal behavior. Research has shown that individuals with certain variations in the serotonin transporter gene are at a higher risk of depression and suicide.(Comer and Comer, 2019). Serotonin is a neurotransmitter that regulates mood and helps regulate the brain's response to stress. When there is an imbalance in serotonin levels, it can lead to feelings of sadness, hopelessness, and despair, which can increase the risk of suicide.

Another biological explanation of suicide is the presence of neurological differences in the brain that may contribute to an individual's risk of self-harm. According to Comer and Comer (2019), individuals who have attempted suicide have lower levels of activity in certain regions of the brain, such as the anterior cingulate cortex and the amygdala, which play a role in regulating emotions and responding to stress. Individuals with depression or other mood disorders may have an increased risk of suicide due to changes in brain function and neurotransmitter levels.

Additionally, there is also evidence that exposure to stress and trauma can play a role in the biological explanation of suicide. Stress can activate the release of stress hormones, such as cortisol, which can affect the brain and body in a number of ways. Over time, chronic exposure to stress can result in changes in brain function, as well as physical and emotional health, that

can increase the risk of suicide. Furthermore, individuals who have experienced trauma, such as physical or sexual abuse, may have an increased risk of suicide due to changes in brain function and the development of mental health conditions such as post-traumatic stress disorder.

Reference

Ronald Comer and Jonathan Comer (2019). *Fundamentals of Abnormal Psychology* (9th Edition). New York. Worth Publishers.