

MOOD DISORDER AND SUICIDE

CHAPTER 6

Question 1

Depression is a common global mental disorder. It is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. It can also disturb sleep and appetite. These symptoms persist for weeks or months and begin to interfere with the work, social life, and family life of the patient. Depression and mania are two separate and distinct illnesses.

Depressed people experience only periods of sadness or depressed mood. Hence it is a unipolar disorder. Mania on the other hand is a feeling of an unusual surge of energy and feeling high that last for a week. Most people with mania have this more tempered kind of increased energy and feeling of well-being and creativity that oftentimes maybe then followed by a period of severe depression.

Mania is a bipolar disorder because people swing from one end of the pole to the other. The main difference between the two is that depression is unipolar, meaning that there is no “up” period, but bipolar disorder includes symptoms of mania.

Bipolar Disorder is a mental health disorder that is marked by extreme fluctuations in mood ranging from manic highs to depressive lows. So, manic episodes are marked by an increase in energy levels, while symptoms of depressive episodes in bipolar disorder include: Feelings of sadness, emptiness, hopelessness, or frequent crying, marked loss of interest or feeling no pleasure in almost all or all activities. Significant, unintentional weight loss, trouble sleeping or sleeping too much.

Either restlessness or slowed behavior

The main difference between unipolar depression and bipolar depression disorder is that unipolar depression does not include periods of abnormally elevated mood, while bipolar disorder/depression includes both depressive and manic moods.

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Question 3

The psychodynamic explanations for the development of depression are quite interesting.

Psychodynamic theory view depression in terms of inwardly directed anger, loss of self-esteem or self-worth, egotistic or excessive narcissistic or personality demand, or deprivation in mother-child relationship loss or rejection by a parent. Psychodynamics sees human functioning based upon the interaction of conscious and unconscious drives and forces within the person, and between the different structures of the personality

Freud's assumptions about the importance of early childhood experiences in shaping our psychological selves have found their way into child development, education, and parenting practices. Freud's theory has heuristic value in providing a framework from which to elaborate and modify subsequent theories of development. Later theories, particularly behaviorism, and humanism, were challenges to Freud's views. Psychodynamic thoughts continue to play an important role in a wide variety of disciplines within and outside psychology such as developmental psychology, social psychology, sociology, and neuroscience.

According to Freud, the conscious and unconscious parts of the mind can come into conflict with one another, producing a phenomenon called repression (a state where you are unaware of having certain troubling motives, wishes, or desires but they influence you negatively just the same). In general, psychodynamic theories suggest that a person must successfully resolve early developmental conflicts which include gaining trust, and affection.

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question 7

It is very obvious to say that there are relationships between gender and depression.

Compared with men, female accounts for a larger proportion of patients with depression. Behavioral genetics researchers find gender differences in genetic underpinnings of depression. Findings showed that gender differences exist in heritability and the gene associated with depression after reviewing relevant research. Both genes and gene-environment interactions contribute to the risk of depression in a gender-specific manner.

Women are also more likely to internalize emotions, which typically results in withdrawal, loneliness, and depression, while men are more likely to externalize emotions, leading to aggressive, impulsive, coercive, and noncompliant behavior. Women are three times more likely than men to experience common mental health problems.

In conclusion, the prevalence of depression among males and females can be attributed to the genetic makeup of the people along with many other reasons. Biological functioning along with sociocultural factors make women more vulnerable to depressive tendencies.

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Question 8

Premenstrual dysphoric disorder (PMDD) is a severe form of premenstrual Syndrome (PMS) that includes physical and behavioral symptoms that usually resolve with the onset of menstruation. PMDD causes extreme mood shifts that can disrupt work and damage relationships. Symptoms include extreme sadness, hopelessness, irritability, or anger, in addition to common PMS symptoms such as breast tenderness and bloating. The diagnosis of PMDD has been controversial because it shares similar symptoms with PMS. They both happen in the week or two before the onset of the menstrual cycle when the hormone levels drop. They both cause physical symptoms like cramps, headaches, or bloating. However, PMDD also causes serious symptoms that may disrupt mood and interfere with daily life, work, school, social life, and relationships. PMDD has also been a controversial diagnosis because it stigmatizes and marginalizes women, comprises an attempt by the pharmaceutical industry, to medicalize a

normal experience, and represents a culture-specific syndrome rather than a universally prevalent condition.

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Question 21

Changing moods is somewhat related to suicide. Although mood changes may seem not to be life-threatening, they could lead to more grievous implications. Many people have days where they feel sad or overjoyed. When shifts in the mood don't affect your daily schedule regularly, they're generally considered to be typical. Mood changes, or swings, refer to abrupt shifts in your mood or emotional state and may be a normal response to stress or hormonal shifts.

However, they can also signify a mental health disorder like a borderline personality disorder or bipolar disorder, which is characterized by extremely high and low moods. Some causes of rapid changes in behavior can be related to mental health, hormones, substance use, or other health conditions.

For example, if someone who is unable to visit friends, finds it difficult to sleep, goes to work or even get out of bed fails to seek help from experts may degenerate to one trying to harm him or herself or end up taking his or her life.

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Question 22

I agree with the notion that suicide does not only appear to run in families but that it is an incontrovertible fact that suicide runs in families. This is another way of saying that people who have a family history of suicide or mental illness are more likely to fall prey to the same problems themselves. A family history of suicide significantly increases suicide risk, whether or not the individual has a personal or family history of mental illness. Experts believed that including family history in determining suicide risk is important because it can also help identify people vulnerable to mental disorders associated with suicide. The number of suicides linked to family history would likely be even larger if suicides of extended relatives, familial suicide attempts, or other mental disorders that did not result in hospitalization were taken into consideration.

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question 28

It is very difficult to obtain accurate statistics on suicide. This is so because suicide is regarded as taboo in my tradition, anyone who commits suicide is buried in a lonely place or inside a thick forest. When incidents of suicide occur, people prefer to sweep it under the carpet than speak about it. Moreover, reporting such incidents will amount to one speaking badly of the dead. Both the dead and the family members of the dead are spared from stigma. This is even more so when it is now more obvious that suicide is considered a condition that could be passed on through genes. No one wants it to be said that suicide runs in one's family because even the living can be discriminated against. stigmatization and criminalization of suicide have made it difficult to get accurate data and figures on suicide rates.

In Nigeria, the law currently guiding mental health practice is very archaic and that same law also criminalizes attempted suicide, punishable by one-year imprisonment. This is a shame because attempted suicide is a sign of mental illness and mental illness is just like any other medical condition which can be treated.

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Question 31

What is the biological explanation of suicide?

The biological factors that might have some effect on depression include genes, hormones, and brain chemicals. Depression often runs in families, which suggests that individuals may inherit genes that make them vulnerable to developing depression. The suggestion that serotonin abnormalities may be associated with suicide and suicidal behavior is derived from the involvement of the serotonergic system in depression and in impulsive-aggressive behavior, both of which are major risk factors for suicidal behavior. One of the goals of understanding the biology of suicidal behavior is to improve treatments. The predisposition to developing depression can be inherited. Other biological causes for depression can include physical illness, the process of aging, and gender.

In conclusion, biological factors such as genetic influences, brain chemistry, hormone levels, nutrition, and gender may predispose one to suicide when this is understood treatment.