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Unit 3 Essay Questions

Chapter Six

1. Depression and mania are quite frankly the opposite of each other. Depression is a low, dark state where sadness overwhelms the individual, and oftentimes this state isolates the individual. The state of depression usually remains consistent through a considerable period of time. On the other hand, mania is a state where one is in a state of “breathless euphoria”, and high intense energy and mood. The state of mania is usually a temporary state, moreso described as an episode. Although depression and mania seem opposite of each other, they are similar in the way that it is a state of exaggerated emotions on opposite sides of the spectrum. However, their distinct difference relates to how depression follows a unipolar depression pattern, and mania follows a bipolar disorder pattern. To further explain, the pattern of unipolar depression is consistent – the individual is statically in a depressed state until it is lifted. Whereas with a bipolar disorder pattern, the individual bounces back and forth from a manic episode to a depressive episode. The state that they are in is inconsistent, and unpredictable.

8. Premenstrual dysphoric disorder is a type of depressive disorder for women who present clinically significant depression related symptoms about a week before their regular menstruation. PMDD is a more severe form of premenstrual syndrome, which is a set of symptoms women feel one or two weeks before their period. For example, slight mood

irritability is normal with PMS, whereas extreme mood shifts that disrupt normal living is a clinically significant symptom of PMDD. This diagnosis has been notably controversial because of the lack of research and data formed around this new diagnosis. In addition, many clinicians and groups argued that this diagnosis essentially “pathologized” a normal process that occurred premenstrually. Furthermore, this new diagnosis fueled the stereotype that a woman’s behavior was due a blunder of hormones. The stereotype holds negative implications, untrue standards to a woman’s behavior, and puts shame to a normal human process.

15. The use of electroconvulsive therapy has been around since the 1930s, and was discovered on a misconception of the brain seizures accompanied by convulsions. The clinical researchers observing the brain seizures were under the impression that it was essentially the end all cure to psychotic disorders. In line with this understanding, they began to look for methods to intentionally induce seizures in patients with psychotic disorders. Instead of electric shock, the early techniques relied on medications like metrazol or large doses of insulin. Although these procedures resulted in the desired seizure, it resulted in extremely dangerous side effects, including death. It wasn’t until Ugo Cerletti, an Italian psychiatrist, discovered the use of electricity to induce seizures. Eventually, the technique became well known as its effectiveness with treating severe depression grew. It has definitely evolved over the few years, where in the early development of ECT – many patients would have broken bones, dislocations of the jaw, and the shoulders due to severe convulsions. However in the present time, individuals are given anesthetics and muscle relaxants to reduce that result. The procedure is extremely effective, with statistics of 60-80% of patients improving after ECT therapy. Yet, the mechanism of why ECT works so well still remains unknown.

18. The major symptoms of depression from the video “Depression” mainly fell under the category of hopelessness. In the portion of Steve’s therapy session, he indifferently describes how he finds it hard to see a future nor point in continuing with his life. Furthermore, he feels absolutely exhausted in everything he does – more so mentally than physically. Steve expresses how every aspect feels impossible, and just how dark and debilitating depression is in his life. The way he describes himself is very negative, with little to no grace for himself. For example, stating how he is useless compared to what other “normal” people do, or too needy, or clingy for anyone to manage. Lastly, he describes wanting to sleep and never wake up – fantasizing that life for him and others would be better if he was not alive. I believe that the primary cause of Steve’s depression was the suicide of his mother when he was ten years old. It essentially fed Steve lies about his own life that manifested into such deep, dark, clinical depression.

Chapter Seven

22. This might be the case because suicide within family members or close friends increase the likelihood that the people around them will attempt suicide. This factor is called the “social contagion effect”, specific to suicide. In short, the effect in general is that behaviors, emotions, or conditions spread among a group of people. However, specifically to suicide – one could imagine how the suicide of a closed one creates a cascade of emotions that eventually lead to their own suicide. The death of someone so close contributes to the trauma for the people around them, especially when it’s unexpected. If one’s grieving process is unhealthy, the idea of suicide is all that they’re thinking about, and could possibly be something they resort to stop the pain of loss. Another possibility if a family member (especially a parent) commits suicide, their children

may fall into this depressive state – thinking they were not good enough, or that their death was their fault.

26. The Los Angeles Suicide Prevention Center has five goals for each call received on their hotline: establishing a positive relationship, understanding and clarifying the problem, assessing suicide potential, assessing and mobilizing the caller's resources, and formulating a plan. First, establishing a positive relationship between the caller and the counselor is imperative to the beginning of the discussion. The counselor needs to create a safe and comfortable environment for the caller to be able to open up. Next, understanding and clarifying the problem entails the counselor trying to comprehend the crisis at hand. By identifying the issue, the counselor in turn can help the caller see the crisis at hand in a clearer perspective. From there, the counselor can assess the suicide potential. The counselor usually fills out a questionnaire called the "lethality scale" to assess the caller's risk for suicide. It helps both the counselor and the caller to determine the severity, and how to proceed from there. Then, the counselor assesses the caller's resources, and mobilizes what's available. Most of the time, the caller may feel that there are a lack of resources around them – but the counselor recognizes and redirects them to people, free resources, etc around them. Lastly, the counselor directs the caller to formulating a plan. Both the counselor and the caller agree on a method out of the crisis at hand. The plan of action may include follow up counseling sessions, a no-suicide contract, and changes in their personal life.

28. It is often difficult to obtain accurate statistics regarding suicide because it's hard to differentiate whether one's death was intentional or unintentional. Perhaps there is a biased perspective that suicide looks like intentionally bleeding out, jumping off a high building, or

using a firearm against themselves. It can look like intentional motor vehicle accidents, drownings, overdose, and general accidents. However, it often can be difficult for investigators to certainly determine whether those accidents were suicidal or not. In addition, family and friends may be in denial that the individual committed suicide. The people around the individual may simply have not been aware, or refuse to acknowledge because of the stigma around suicide. Therefore, when analyzing the statistics of suicide, we have to consider the possibilities of low estimates.

30. With depression, there are various ways to cope with mental illness. So many individuals, including my friend Becky, turn to substance use to momentarily “numb” the pain, or forget the pain. However, after the effects of the substance wear off – they are left to face the same pain of depression that was already there. It becomes a deadly cycle, until it comes to a point where they do not see the purpose in continuing. Alcohol and other substances drastically increase the risk of suicide, and occlude the judgement one may be feeling at the time. Another correlation that research indicates that about substance use and suicide risk is that about 70 percent of individuals who attempt suicide drink alcohol right before the attempt. Therefore, as a friend – I am highly concerned about Becky. Although she may not want to commit suicide, her judgement may highly cloud her decision making, and also amplify emotions that may not be true later.