

Katherine McCalla Johnson
Professor Dr. Steven Maret
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Chapter 7 Question 21

More often than not, those who attempt to end their lives have typically had a deviation in their mood shortly before the event. There is literally a change in their way of thinking where they become hyper focused on their concerns and lose any reasonable perspective. This is often a downward spiral into hopelessness. They might express feeling overwhelmed and despondent, apprehensive, humiliated, pressure, rage, or just a general sense of discontent. Some experts call this state of being the “psychache,” an emotional agony which seems unbearable to the individual (Comer 228). Clinicians who use the Psychological Pain Assessment scale have found that those who scored high on the evaluation were at serious risk for self harm. They tended to fall subject to “dichotomous thinking” where they slip into the “only” mindset and suicide is viewed as their “only” option.

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Chapter 7 Question 26

The Los Angeles Suicide Prevention Center's five goals for handling each call they receive on their suicide hotline is to:

1. Establish a Positive Relationship -this means they attempt to connect with the caller so that the depressive feels they can trust the counselor enough to share all which has transpired to bring them to this low point. The advocate must communicate that they are accessible, truly tolerant of the sufferer's views, empathetic, engaged and eager to hear all they have to say.
2. Understand and Clarify the Problem -the counselor must also have a good sense of what is happening with the caller. Their responsibility is to assist the depressive to see their crucial state of affairs as also an opportunity. They are required to point out that many situations are often fleeting and alternatives do exist as opposed to ending one's life.
3. Assess Suicide Potential -the counselors are trained to evaluate the caller using a questionnaire which includes a lethality scale in order to identify their potentiality for an actual suicide attempt. They should also be able to gauge their temperament and the level of stress the client is experiencing. They must determine if the patient has a concrete plan of self harm which they intend to carry out. Additionally, they ought to decide if the sufferer has any capabilities for dealing with their current crisis.

4. Assess and Mobilize the Caller's Resources -the counselor must ascertain the caller's strengths and highlight any resources they might benefit from such as reaching out to family and close friends for support.
5. Formulate a Plan - the advocate needs to gain agreement by working together with the caller to explore alternatives and lay out a solid plan with actionable steps to turn things around. They will also make appointments for the next several weeks to meet with the depressive. The counselor is encouraged to create a contract with the caller to not act on their thoughts of hurting themselves. However, if they call the hotline while in imminent danger, the counselor will secure emergency help after determining their physical location.

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Chapter 7 Question 30

I am very concerned about my friend Becky who drinks regularly and also suffers from unipolar depression. Any type of substance, such as alcohol, has a tendency to lower one's inhibitions. As a result, drinking will probably affect her judgment when it comes to dealing with her personal problems. Depressives are more hostile once under the influence. The statistics are very high when it comes to those who commit suicide and have alcohol in their blood. Someone who already struggles with negative thinking and is frequently feeling blue and hopeless should never intake any depressant, and alcohol is definitely one of them. This is a terrible combination which can have lethal consequences for someone with this type of mental illness.

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Chapter 7 Question 33

The primary cause of Bernard Loiseau's suicide was probably due to the fact that he suffered from depression. He had an extremely negative view of himself according to the maitre'd and was often heard saying he was not good enough. He did not give himself much credit for all his wonderful achievements he had accomplished such as his six cookbooks, his exquisite hotel and also his three Michelin star restaurant. He often expected the worst and felt helpless to do anything about the restaurant ratings when his place dropped from 19 to 17 in one local review. His suicide was probably inevitable as his reasoning was quite illogical for he found out he did not lose a Michelin star as rumored, but still took his life anyway. He could have been treated with psychotherapy and an antidepressant such as a tricyclic.