Abnormal psychology-unipolar and bipolar depression assignment

Psychology

Abnormal Psychology| Unipolar and Bipolar Depression | Causes, Symptoms, and Treatment| Shawn M Best 10/16/2011 | Identifying the causes of unipolar and bipolar depression can be a complicated task because there are no known exact causes, just theories. These theories include chemical and hormonal imbalances within the brain, a misfiring of ion activity, and inherited genetics or biological abnormalities (Comer, 2005). Individuals who suffer with unipolar depression, which is the ordinary template of mood disorders, experience only the depression side of the disorder.

Women are twice as probable to encounter unipolar depression then men. Depression symptoms stretch across five features of human functioning such as physical, cognitive, emotional, motivational, and behavioral (Comer, 2005). The physical symptoms of depression include headaches, constipation, indigestion, changes in appetite and sleep, dizzy spells, and nonspecific pain (Ohayon & Roth, 2003, cited by Comer, 2005). The cognitive symptoms of depression include pessimism, negative self-image such as inferior, deficient, repugnant, and maleficent.

An individual who suffers from unipolar disorder condemns his or her selves for all that happens wrong in the world, even if no connection exists between him or her, and the calamitous event. Procrastination, hopelessness, and helplessness are other handicaps that haunt an individual with unipolar depression. Individuals with unipolar depression do not give his or her selves recognition for positive accomplishments and believe that he or she possesses weak intellectual competence. He or she also have a difficult time remembering things, are easily confused, easily distracted, and are inept at handling the smallest of problems (Comer, 2005).

Emotionally, individuals who suffer from unipolar disorder are glum, dispirited, anguished, hollow, chasten, lack humor, experience anxiety, animosity, agitation, and crying spells (Noyes, 2001, cited by Comer, 2005). Motivationally, individuals who suffer from unipolar symptoms lack ambition, enthusiasm, spontaneity, and are uninterested in life. Behaviorally, individuals experience diminished productivity, activity, move and speak slower, and would rather be in bed and alone for long periods (Kraines & Thatford, 1972, p. 1, cited by Comer, 2005). In accordance with biological views, minimal operation of neurotransmitters called serotonin and norepinephrine, are agents of depression. Hormonal elements may also be involved, and the biological issues mentioned could be combined with genetic factors. Efficacious biological management for unipolar depression are electroconvulsive therapy (ECI) and antidepressant drugs such as MAO inhibitors, tricyclics, and second generation antidepressants (Comer, 2005).

The psychodynamic aspect holds the belief that particular individual’s who experience authentic or conceived losses could backslide to earlier phases of development, melding with the individual he or she lost, and finally becoming dejected. Psychodynamic therapists assist individuals with unipolar depression by helping him or her identify, and clarify, his or her losses, and stratospheric reliance on other people (Comer, 2005). The behavioral aspect explains that when individuals endure a diminished amount of positive rewards throughout life, he or she may become depressed.

Behavioral therapists teach patients to reestablishes activities that he or she once found pleasing and gratifying, effective social skills, and to reward non-depressive conduct (Comer, 2005). The learned helplessness theory proposed by Seligman, explains that individuals become dejected when he or she believe that him or her have been deprived of reinforcements in one's lives. He or she will also become depressed when he or she figures out that the fault of this loss of control over reinforcements are intrinsic, constant, and global (Comer, 2005).

Beck's cognitive theory explains that maladaptive dispositions, mistakes in reasoning, and mechanical thoughts aid in producing unipolar depression. Cognitive therapy for depression supports patients in boosting activities, challenges mechanical thinking, identifies negative thinking, and changes his or her maladaptive dispositions (Comer, 2005). Sociocultural theorists assert that unipolar depression is compelled by social elements. Validatory research supports that stressful circumstances frequently prompts unipolar depression.

Depression can deviate by race, gender, and culture. Meager social exponents are also associated with depression. Interpersonal psychotherapy approaches the problems areas in relationships and people with depression. Couples therapy also can be helpful when depression is spliced into strained relationships (Comer, 2005). As mentioned before within this article, the cause for bipolar disorder is not entirely certain, but research evidence proposes that biological abnormalities, whether inherited or primed by life's stresses can cause bipolar disorder (Comer, 2005).

Two types of bipolar disorder exists, which are bipolar I disorder and bipolar II disorder. Bipolar I exhibits full manic and major depressive disorder and bipolar II exhibits mild mania (hypomania), and major depressive disorder. Individuals who suffer from bipolar disorder experience two extremes of depression, which include depression and mania (Comer, 2005). Symptoms of mania are explained as climactic and improper acceleration of mood. Like unipolar depression, bipolar depression affects physical, emotional, cognitive, behavioral, and motivational areas of functioning.

Mania affects these elements of function in opposite ways of depression. Individuals experiencing mania are extremely animated, enthusiastic, move quickly, speak rapidly, and loudly. People experiencing bipolar mania are also theatrical, extravagant, peacockish, flashy, and have no inkling that his or her social tenor is overpowering, overcoming, oppressing, and overdone (Comer, 2005). Individuals with mania demonstrate poor planning, organization, judgment, and will not listen to people who are aspiring to keep him or her from making bad decisions.

Individuals experiencing mania also display grandiose behavior when referring to his or her selves. Severe circumstances of mania will render individuals unintelligible and no longer in contact with reality. Manic patients experience high energy, even when missing a few nights of sleep and will gain little sleep (Comer, 2005). Unlike unipolar disorder, bipolar disorder is common in both men and women, occurring in all socioeconomic classes, and ethnic bodies. Left untreated bipolar disorder symptoms will subside, but will occur again later on in life (APA, 2000, 1994, cited by Comer, 2005).

Treatment for bipolar disorder include: lithium and mood-stabilizing drugs, which can reduce or prevent the manic and depressive events of bipolar disorder. Lithium is believed to affect the activity of second-messengers, which in return affects a receiving neuron, and corrects the biological abnormality that caused the bipolar disorder. Patients encountering bipolar disorder problems should see a psychotherapist in combination with mood-stabilizing drugs (Comer, 2005). Resources; Comer, R. J. (2005). Fundamentals of Abnormal Psychology (4th ed.) New York, NY: Worth.