

Sueng-hui cho essay

Countries, United States



There are over 900 pages in the DSM-5, containing all of the mental disorders known to man. (APA, 2013, 165). One of those disorders is a severe case of depression known as “ Major Depressive Disorder” or Major Depression. Major Depression currently affects 14.

8 million adults in the United States alone. (APA, 2013, 165). Most adults that are diagnosed with major depressive disorder seek medical treatment or therapy. However, every year more than 1 million people commit suicide either before treatment kicks in or before seeking treatment.(APA, 2013, 165). Seung-Hui Cho was one adult with major depressive disorder that killed 33 people before taking his own life instead of seeking treatment. Seung-Hui Cho was born in South Korea on January 18, 1984.

(BBC News, 2007). Living in South Korea for only eight years, until his father decided to seek better opportunity in the United States. (Chang, 2007) Cho’s family lived in Detroit, MI in a South Korean community for the first chapter of their American lives. (BBC News, 2007).

A few members of Cho’s family in South Korea were worried about him, saying that he seemed “ Mentally ill,” and requested that he be tested for autism; Cho’s mother refused. (Kleinfield, 2007) The family soon moved to Centreville, VA after learning they had a large Asian population. (Ferenc, 2007). Throughout school, Cho was noted for excelling in math and English areas of study, and completed the elementary school’s three year program in just one and a half years. (BBC News, 2007). Students at Virginia Tech described Cho as a “ quiet and backward guy.” A fellow student, Julie Poole,

said that when it was Cho's turn to introduce himself, in literature class, he did not speak. (Reid, 2007).

According to Poole, the professor looked at the sign-in sheet and found that, where everyone else had written out their names, Cho had written only a question mark. (Reid, 2007). Poole added that " we just really knew him as the question mark kid.

" (Reid, 2007). It was noted by campus authorities that Cho was involved in at least two stalking incidents, both resulting in the campus police giving Cho verbal warnings to steer clear of the female dormitories. (Reid, 2007). Cho exhibited symptoms of Major Depressive Disorder, and was asked to seek therapy several times from professors and family. (Kleinfield, 2007).

The symptoms listed in the DSM-5 are: A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition. 1. Depressed mood most of the day, nearly everyday, as indicated by either subjective report (e. g., feels sad, empty, hopelessness) or observation made by others (e. g., appears tearful). (Note: in children and adolescents, can be irritable mood.

) Marked diminished interest or pleasure in all, or almost all, activities most of the day, nearly everyday (as indicated by either subjective account or observation). Significant weight loss when not dieting or weight gain (e. g., a

change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: in children, consider failure to make expected weight gain.

) Insomnia or hypersomnia nearly every day. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). Fatigue or loss of energy nearly every day. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or observed by others). Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. C.

The episode is not attributable to the physiological effects of a substance or to another medical condition. Note: Criteria A-C represent a major depressive episode. Note: Responses to a significant loss (e.

g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the

presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgement based on the individual's history and the cultural norms for the expression of distress in the context of loss. D.

The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia Spectrum and other psychotic disorders. E. There has never been a manic episode or hypomanic episode.

Note: this exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition. (APA, 2013, 165). The diagnostic numeric code in the DSM-5 is 296.

23 (F32. 2). These are the symptoms that fellow students and professors recognized in Cho before the tragedy at Virginia Tech. Major depressive disorder is not very common in the United States, affecting only 7% of the general population. (APA, 2013, 165). Major depression is most commonly seen in adults, between the ages of 18-29 year olds. (APA, 2013, 165).

Females have a 1. 5-3% higher of a risk for developing major depressive disorder at some point in their lives.(APA, 2013, 165). Females are also at a significantly higher risk to attempt suicide.

(APA, 2013, 165). Children and adolescents are rarely seen with symptoms of major depressive disorder.(APA, 2013, 165). Patients that have been diagnosed with major depressive disorder often undergo cognitive therapy.

(Szentagotai, David, Lupu, and Cosman, 2008). Cognitive therapy is believed to be in the “ Gold Standard” of treatments for major depression.

(Szentagotai, David, Lupu, and Cosman, 2008). However, the success rate for cognitive therapy does not have the greatest track record. (Szentagotai, David, Lupu, and Cosman, 2008). In 2005, it was reported that 30-40% of patients in cognitive therapy experienced a relapse in their depression.

(Szentagotai, David, Lupu, and Cosman, 2008).

These numbers have caused therapists around the world to start experimenting with new therapies, such as rational-emotive behavior therapy (REBT). (Szentagotai, David, Lupu, and Cosman, 2008). REBT is a type of cognitive therapy that addresses issues such as unconditional self-acceptance, and reducing problems with self-criticism. (Szentagotai, David, Lupu, and Cosman, 2008). Medication can also be prescribed to patients suffering from major depression. (Szentagotai, David, Lupu, and Cosman, 2008). The most common type of antidepressant are selective serotonin reuptake inhibitors (SSRIs). SSRIs are believed to help boost the amounts of serotonin levels in the brain.

The most commonly prescribed SSRI on the market today is Zoloft®, with about 29, 652, 000 prescriptions in 2007. Unfortunately, Seung-Hui Cho did not seek treatment after being ordered to by his literature professor after submitting disturbing writings to him in multiple class assignments. (CNN,

2007). If Cho had listened to his professor, many lives could've been saved. It is my belief that those suffering from depression, such as Cho, would benefit greatly from therapists specializing in the behavioral paradigm. I believe this because all behavior is picked up or learned in some sort of way.

If therapists could dig into person's thoughts, such as Cho, and help them uncover what is making them feel this way, then, in theory, the treatment could greatly reduce the effects of depression.