

An unquiet mind by kay jamison



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Mood Disorders

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Term Paper on *An Unquiet Mind* by Kay Jamison

Jamison's memoir *An Unquiet Mind* delivers a riveting history of her bipolar disorder which permeated the theoretical perspectives of the Behavioral Activation System Dysregulation Model and the Integrative Model of Approach and Avoidance in Depression, Beck's Cognitive Model of Depression, and interpersonal functioning in ways that are both consistent and inconsistent with her experience. The theoretical perspectives provided an understanding of the development of her disorder and provided implications for further refinements to the approaches. In the memoir, Jamison was raised in a comforting environment. She experienced her first bipolar disorder episode during high school which spiraled throughout her adult years. She eventually conquered the disorder with therapy, medication, and help from her family and friends.

The Behavioral Activation System Dysregulation Model is consistent with Jamison's experience of bipolar disorder and informs our understanding of the development of her condition. Jamison experienced extreme changes in the activation and deactivation of the BAS. The BAS drives approach behavior, hope, elation, and relief and is activated by rewards and non-punishment (PSY 423 Lecture, 2/13/2015). According to the BAS dysregulation model, activation of BAS in bipolar disorder is characterized with hypo(maniac) symptoms including incentive-reward motivation, positive affect, inflated self esteem, increased energy, pressure to speak, flight of

ideas, decreased need for sleep, and increased goal-directed behavior (PSY 423 Lecture, 2/13/2015). Jamison's descriptions of her maniac episodes reflected these symptoms which are consistent with BAS activation. For instance, her maniacs generated "great personal pleasure, an incomparable flow of thoughts, and a ceaseless energy that allowed the transition of new ideas into papers and projects" (Jamison 4). She engaged in many goal-directed behaviors that were pertinent and congruent with her goal of becoming a doctor, all of which are BAS activation-relevant. For instance, she conducted animal experiments in her basement, observed numerous surgical procedures, visited hospitals, and asked excessive medical questions out of her curiosity for medical school. In addition, during her first maniac episode, she remembers "racing about like a crazed weasel, bubbling with plans and enthusiasms...making expansive, completely unrealistic plans" and she took great pleasure in telling her friends about the wonders of the world (34).

Another way Jamison's experience was consistent with the BAS dysregulation model is that when she was in a higher BAS state, she experienced lower depressive symptoms and shorter depressive episodes. She had more approach goals, less negative affect, and more positive self-evaluations. However, when she was in a lower BAS state, she had decreased reward sensitivity and responsiveness, reflecting relative indifference to rewards (PSY 423 Lecture, 2/13/2015).

BAS and BIS are mutually antagonistic. In other words, BIS can activate itself and suppress the BAS, and vice versa (PSY 423 Lecture, 2/13/2015). During BAS-deactivation, it leads to depression which is associated with anhedonia, decreased energy, few approach behaviors, and hopelessness (PSY 423

Lecture, 2/13/2015). This is consistent with Jamison. After long periods of “flying high and sleeping little”, Jamison was faced with BAS-deactivation and caved into a “dark and brooding side of life” (Jamison 33). BAS deactivation-relevant events and low efficacy expectancy predicted her depression. For instance, after her maniac episodes, she lost interest in almost everything she once found enjoyable, lacked energy to get out of bed, felt indifferent and hopeless about life, avoided social life, and was even obsessed with suicidal thoughts (36).

Trew’s Integrative Model of Approach and Avoidance in Depression states that both approach deficits and avoidance limits positive experience and reinforcement for non-depressed behaviors which reflects a low BAS and high BIS (PSY 423 Lecture, 2/13/2015). Jamison limited positive experience and reinforcement for non-depressed behaviors by engaging in avoidant behaviors such as hiding from friends and sitting in the school library all day (36). Avoidant behaviors in depressive people only provided short-term relief as it is an ineffective coping strategy that only exacerbates depression (PSY 423 Lecture, 2/13/2015). As in Jamison’s condition, her avoidant behavior did not mend her disorder but only aggravated her depression.

Environmental stimuli such as the presence and absence of rewards, safety cues, and punishment contribute to the development of bipolar disorder in terms of the timing, magnitude of change, and polarity of the disorder (PSY 423 Lecture, 2/13/2015). The BAS dysregulation model predicts that hypo(mania) episodes are triggered by relevant cues and BAS activation-relevant events that are goal striving. In contrast, depressive episodes are triggered by BAS deactivation-relevant events involving failures of

goals/rewards. In addition, BAS activation precipitates (hypo)manic symptoms whereas BAS deactivation precipitates depressive symptoms (PSY 423 Lecture, 03/11/2015). As an example of Jamison's experience, during BAS activation-relevant events, she excelled in academic performance and found reckless pleasure in spending money, giving her the opportunity for goal/reward attainment. During BAS deactivation-relevant events, she experienced divorce, loss of friendships, and financial issues.

Another theoretical approach that is consistent with Jamison's experience is Beck's cognitive model of depression. According to the model, extreme events should activate underlying dysfunctional beliefs and develop negative automatic thoughts. After Jamison's family moved from Washington to California, she felt that her world crumbled into pieces. In her new school, everything was different. She struggled with adjusting to nearly all aspects of her life, from making new friends, reestablishing interests in sports, to academic work. Students at the new school were competitive, smart, and came from rich families. These situations led her to develop negative automatic thoughts like the other students were smarter than her and she was incapable of keeping up in class. The meanings of these automatic thoughts all mirrored the underlying core belief of her inadequacy. She would elicit emotions of sadness and anxiety which would lead to behaviors of crying and avoiding people. These automatic thoughts, behaviors, and emotions never occurred back in Washington since she never struggled with making friends or academics. She relied on compensatory strategies and rules thinking that by working hard and developing high standards she will succeed and feel okay. This cycle of thoughts reoccurred in college when she

persuaded herself that her bipolar disorder would prevent her from succeeding in medical school. Her compensatory strategies such as mechanisms of self-control and avoid seeking help kept her negative automatic thoughts and core beliefs at bay (80).

Beck's cognitive triad states that depressive people centralize on negative thoughts about the self, world, and future (PSY423 Lecture note, 3/25/2015). Depressive people view themselves as inadequate and unlovable, view their world unmanageable, and their future as hopeless and helpless. In Jamison's case, she felt hopeless and helpless as she was out of control with her dysfunctional thoughts and depression established doubts about the future (37). She viewed the world with "awful sound and images of decay and dying", comparing humans on the beach to "dead bodies on the beach" and animals to "toe-tagged corpses in morgues" (42). The world was filled with black and rotting images of organisms dying, and her inability to "save" them made her feel helpless (80). She thought that if medication did not cure her disorder, she will resort to suicide. In addition, she focused on negative thoughts about life being meaningless and boring and her beliefs of handling life's difficulties without depending on medication all supported Beck's cognitive triad.

According to the Hopelessness/Helplessness theory, negative cognitive styles attribute negative life events to stable causes that persist over time, global causes that affect all areas in life, and internal factors caused by the individual, and the individual infer negative characteristics about oneself and negative consequences about the future (PSY423 Lecture note, 3/25/2015). These event-specific inferences lead to hopelessness which predicts

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symptoms of hopelessness depression. Depressive-prone people are hopeless as they perceive their environment as uncontrollable and develop expectancy that nothing in their power can improve the situation. Jamison frequently experience delusional events such as trying to save green plants from dying and protecting people from rattlesnakes. Her incapability to save them made her feel helpless, which all attributed to negative cognitive styles at a stable, global, and internal level. During her depressive episodes, she believed that negative life events are stable and global and viewed the future negatively when she committed numerous suicide attempts. As she waited to see her psychiatrist, frightened and embarrassed, she lost her confidence, inferring negative characteristics about herself (Jamison 83). She felt that this event means she is flawed and worthless.

The final theoretical perspective I would like to discuss is the interpersonal functioning approach, which is inconsistent with Jamison's experience to an extent. Social support and interpersonal relationships facilitate coping during life stressors, promotes well being and is assessed by an individual's social integration, received support, and perceived support. Familial support predicted recovery and protects against depressive episodes (PSY423 Class Lecture notes, 2/20/2015). The self-determination theory states that social relationships perceived as meeting the basic needs of autonomy, competence, and relatedness should reduce depression. Jamison had healthy interpersonal functioning. Her family, neighbors, doctors, and nurses supported her interests and encouraged her to become a doctor. Her brother and mother provided emotional, instrumental, and companionship support for her. Her colleagues and psychiatrist also showed care and concern about

her. However, despite all these support, it failed to reduce her depression. Thus, the direct effects hypothesis which states that social support helps depression regardless of stress can be rejected. The Stress-buffering hypothesis which explains that social support can reduce depression only when stress and needs are present is also inconsistent with Jamison. She still experienced problems regardless of any type of social support; however, she eventually survived with the help of these relationships. This provides implication for further refinements to the theoretical approach.

The motivational systems of the BAS dysregulation model and the Integrative Model of Approach and Avoidance are consistent with Jamison's experience of bipolar disorder. BAS activation predicted her maniac episodes and BAS deactivation predicted her depressive episodes. Her experience supported the antagonistic nature of the BIS and BAS. Her bipolar disorder episodes were precipitated by environmental cues, BAS activation and deactivation relevant events. Her automatic thoughts, emotions, behaviors, core beliefs, and compensatory strategies and negative thoughts about herself, the world, and the future all related to Beck's cognitive model of depression. And her negative cognitive styles reflected the hopelessness theory. The interpersonal functioning perspective that predicted reduced depression when social support is present was inconsistent with her experience and requires further refinements.

Reference section

1. Jamison, Kay. An Unquiet Mind. Vintage, 1995
2. PSY 423 Lectures from 2/13/2015, 3/25/2015, and 2/20/2015