Written Assignment

# Instructions

Choose one of the depressive and bipolar disorders (Major Depressive, Persistent depressive, Bipolar I, or Bipolar II) and briefly describe it, including its prevalence and typical onset/duration

Find a news story (provide a link) that references that disorder but isn’t specifically about it (so, someone in the news for some other reason but who has MDD, for example). How is the disorder used to explain the person or their behavior – is it positive, or negative? Culpatory, or explanatory? Identify any stereotypes or stigmas associated with the disorder that you see evidence of in the article. Does knowing about the disorder provide useful information, or is it sensationalism? What do you think?

# Grading Rubric

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| --- | --- | --- | --- |
|  | **Points Poss** | **Points given** | **Notes** |
| **Appropriate disorder identified, described, including prevalence.** | **5** |  |  |
| **Identified article, described how disorder used in article, analyzed for accuracy/usefulness.** | **5** |  |  |
| **Total** | **10** |  |  |

# Example (except for that part where I copied straight from Wikipedia; you will of course not do that):

Description/Prevalence:

Major Depressive Disorder is commonly called major depression, unipolar depression, or clinical depression, wherein a person has one or more major depressive episodes. After a single episode, Major Depressive Disorder (single episode) would be diagnosed. After more than one episode, the diagnosis becomes Major Depressive Disorder (Recurrent). Depression without periods of mania is sometimes referred to as *unipolar depression* because the mood remains at the bottom "pole" and does not climb to the higher, manic "pole" as in bipolar disorder.[[5]](http://en.wikipedia.org/wiki/Mood_disorder#cite_note-5)

Individuals with a major depressive episode or major depressive disorder are at increased risk for suicide. Seeking help and treatment from a health professional dramatically reduces the individual's risk for suicide. Studies have demonstrated that asking if a depressed friend or family member has thought of committing suicide is an effective way of identifying those at risk, and it does not "plant" the idea or increase an individual's risk for suicide in any way.[[6]](http://en.wikipedia.org/wiki/Mood_disorder#cite_note-6) Epidemiological studies carried out in Europe suggest that, at this moment, roughly 8.5 percent of the world's population are suffering from a depressive disorder. No age group seems to be exempt from depression, and studies have found that depression appears in infants as young as 6 months old who have been separated from their mothers.[[7]](http://en.wikipedia.org/wiki/Mood_disorder#cite_note-7)

Analysis

[Germanwings co-pilot was treated for suicidal tendencies, authorities say (opens in new window).](http://www.nytimes.com/2015/03/31/world/europe/germanwings-copilot-andreas-lubitz.html?action=click&contentCollection=Europe&module=RelatedCoverage&region=Marginalia&pgtype=article) [https://nyti.ms/2nE3Znt]

Although the diagnosis of Major Depressive Disorder is not specifically identified, the news article reports that the pilot who killed 149 fellow crew and passengers (and himself) by crashing a plane into a hilltop was determined to have undergone psychotherapeutic treatment:

“Mr. Lubitz, 27, had been treated by psychotherapists “over a long period of time,” the public prosecutor’s office in Düsseldorf said in a statement on Monday, without providing specific dates. In follow-up visits to doctors since that time, the prosecutor said, “no signs of suicidal tendencies or aggression toward others were documented.””

Although they have found no indication of a specific motive for the incident (“Prosecutors have questioned many of Mr. Lubitz’s friends and colleagues, but have found no indication of a suicide note or a clear motive behind the crash. “), the assumption is being made that this was clearly a suicide, caused by an ongoing depressive disorder, and calls are being made for more vigorous screening and identification/exclusion of people with depressive disorders, and for fewer privacy protections for those who seek help in dealing with such disorders.

Given that estimates are that nearly 1 in every 10 people worldwide suffers from some kind of depressive disorder, it seems obvious that screening occupants for many of these types of positions would result in many, many false positives – screening out people who were not and would not be suicidal or feeling like committing mass murder. I find the language that now calls what he did a ‘suicide’ very telling – to me, it’s mass murder, no different than if he’d walked into a school with an assault rifle and killed hundreds of children and then himself. We don’t describe those situations as elaborate suicides, so why are we calling this one? The media and public have been quick to grasp onto his depressive disorder as the reason for his actions, but I think this is because it seems otherwise so hopeless to prevent in the future. But the reality is, that we give pilots, and drivers, huge amounts of control over our safety, and that sometimes that trust and control is abused. I think trying to find a reason, or someone to blame, makes us feel better because we then feel like we can regain control. Aha, if only we never hire pilots who have ever been depressed, this will never happen again! If only we make sure there are two people in the cockpit at all times, this could have been prevented! (Because someone willing to kill 150 innocent people is not going to be willing to kill or incapacitate a flight attendant who isn’t expecting any such thing). It makes people feel safer, but it’s an illusory safety.