

The Detail in Depression: Suicide, Self-harm, Gender, and Media

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The phrase “it’s okay not to be okay” is often used to let people know that everything is going to be just fine and that they are not alone. The non-profit organization called “Hope for the Day” uses this quote as their slogan. Their organization focuses on providing outreach and educating people on mental health. However, too often people with some form of depression do not get the help they need, and things only get worse. For instance, their paths may lead to self-harm and even suicide. The media and the role of gender all play major roles in influencing people with depression, and often can have both a positive and negative effect.

Background

Depression can be caused by a multitude of factors and can happen to anyone. Meaning, depression can be called a multifactorial disorder. In addition, depression is also called a major depressive disorder or an MDD. Many say depression is the “result of a chemical imbalance, an exposure to a toxic environment, an injury, a deficiency, a brain degeneration process, or as an evolutionary vestige” (de Jonge, Wardenaar & Wichers, 2015, p.313). There are many subtypes of depression, and they are determined by analyzing symptoms. These subtypes include melancholia, psychotic depression, atypical depression, and anxious depression (de Jonge, Wardenaar & Wichers 2015). Furthermore, many studies have shown that depressed people have a higher accuracy when it comes to judging people’s attitudes towards them as well as assessing control over events (Levine 2012). Skepticism also plays a role in depression tendencies because critical thinkers are often skeptic of things and tend to be more depressed than others according to Levine. This becomes a form of a self-fulfilling prophecy because they are more likely to think of things to be effective or not effective; for example, treatment for depression (Levine 2012). In addition, a downfall of people with depression face is that they often know they have

faults and know their failures about depression. Knowing these failures and knowing they have depression results in their depression only worsening. Things like this can result in substance abuse, suicide, and self-harm because they need an outlet to relive their pain (Levine 2012).

Suicide

Suicide is one the top causes of death in the United States. There are two forms of suicide: lethal suicide and non-lethal suicide. Meaning, there is an action taking place with some intent to die (Knorr, Tull, Anestis, Dixon-Gordon, Bennett, & Gratz, 2016). For example, overdosing, hanging, suffocating, etc. are ways to commit suicide. If the person is intentionally trying to harm themselves and potentially kill themselves, then it can be a form of suicide. The interpersonal psychological theory suggest that suicide requires two elements “the capacity for suicidal behavior and the desire to die by suicide” (Knorr, Tull, Anestis, Dixon-Gordon, Bennett, & Gratz, 2016, p. 540). In addition, the study shown by Knorr suggests that it is the joint presence of these two elements, and not just one alone that places someone at a high risk of suicide. People with affective disorders such as depression are at a greater risk for chance of suicide, as well as people with a past of suicide attempts are at a higher risk of suicide (p.539). Studies have shown that 32% of individuals die from suicide and suffer from MDD (p. 539). Furthermore, the experience of pain, hopelessness, and lack of connectedness may also contribute to suicidal ideation (the thought of suicide).

In addition, to these experiences if one is dealing with stress their risk of suicide increases. Although the way one deals and copes with stress, ultimately determines their tendencies for their thoughts and behaviors because not all will contemplate suicide when exposed to the same stressors (Hovanesian, Isakov, & Cervellione 2009). The way one responds to these stresses is called defense mechanisms. Hovannisian mentions that:

Freud initially defined defense mechanisms as methods employed by the ego to protect against anxiety. According to Freud, they are unconscious processes that protect the mind against feelings and thoughts that are too difficult for the individual to deal with consciously (p.75).

One way to categorize different defense mechanisms is to place them into one of four groups which include mature, neurotic, image-distorting, and immature. Mature are the healthiest and aid with conflicting emotions while keeping balance. Neurotic only help with short term advantages but later cause problems, but immature and image distorting completely eliminate the need to deal with reality or what is in front of you. For example, mature mechanisms include rationalization and anticipation. Neurotic mechanisms include reaction formation and pseudo-altruism. While image-distorting mechanisms include dissociation and devaluation, immature mechanisms include displacement and projection (Hovanesian, Isakov, & Cervellione, 2009). Furthermore, the one mechanism that was linked to people with a higher risk of suicide was the use of image- distorting or in other words a type of dysfunctional attitude. A dysfunctional attitude is those “that negatively biased regarding oneself the world, and the future” (Hovanesian, Isakov, & Cervellione, 2009, p. 83). For instance, Hovanesian’s explained that imaging studies are linked to a decrease of serotonin which is shown in the development of depression. With this information, research is being done to examine specific treatments based on defense mechanisms for people with a chance of suicide risk. For instance, studies going on now show that prospective patients with MDD and receiving long term treatment are showing more signs of mature mechanisms rather than immature; meaning the treatment is working (p.83).

Self-Harm

Self-harm has been studied closely since the 1960's and can be defined as “deliberate self-harm, self-mutilation, and self-injury” (Sho, Oiji, Konno, Toyohara, Minami, Arai, & Seike, 2009, p. 411). As defined in the International Statistical Classification of Diseases and Related Health Problems, self-harm is “using a sharp object, such as self-effected cutting, scratching and shaving using a sharp instrument”. Meaning, any behavior with the intent of intentionally harming the body; moreover, the most common form is self-cutting. Self-harm can also be called non-suicidal self-injury (NSSI); however, this is done without the intention to die (Miguel, Chou, Golik, Cornacchio, Sanchez, DeSerisy, & Comer, 2017). This typically can be seen in ages ranging from 12-14. Many reports and studies have shown self-harm to be related to traumatic events such as those relating to sexual and physical abuse. In addition, self-harm has been connected to the effect of regulating pain and coping with feelings that are associated with depression. For example, a study researched “30 adolescent wrist cutters and reported that 20% , and 13% of adolescent wrist-cutters displayed mood and dissociative disorders” (Sho, Oiji, Konno, Toyohara, Minami, Arai, & Seike, 2009, p. 410). Furthermore, it was “reported that self-harm was used for affect regulation, and coping with feelings of depression was the most common answer for self-harm, in hospitalized adolescents” (Sho, Oiji, Konno, Toyohara, Minami, Arai, & Seike, 2009, p. 415). In addition, being around others who also participate in self-injury can promote NSSI participation because they are able to view the wounds and scars.

Relationship Between Suicide and Self-Harm

Suicide and self-harm both have a connection and that being depression; however, these two acts separately are also correlated. For instance, “deliberate self-injury is associated with multitude of mental health difficulties, suicidal thoughts, past suicide attempts, and future suicidality, as well as interpersonal difficulties” (Miguel, Chou, Golik, Cornacchio, Sanchez,

DeSerisy, & Comer, 2017, p. 786). Also, if one self-harms then that knowledge can lead to the prevention of suicidal behaviors because someone can try to help them before it goes down that path.

Gender

The difference between men and women is often called a gender paradox and this can include the actions taking place in both suicide and self-harm. Explanations for this can include physiological differences and the method they use for suicide or self-harm. It has been said that men have higher rates of violence and substance abuse while women have higher rates of depression (Straiton, Roen, & Hjelmeland 2012). The gender socialization perspective sees gender as a construct:

That is, our preconceived notion of what it is to be a man, or a woman is created and reinforced through our interactions with society. As a result, societal norms help determine behaviors that seem appropriate and desirable for men and women (p.30).

Although the idea and norms for what is feminine and masculine in the recent decades has changed, some traits have stayed. For instance, the way men and women deal with stressors in life are different. For example, men are more likely to acknowledge their problems and possibly seek help compared to women (Straiton, Roen, & Hjelmeland 2012). Also, women often seek out self-harm as a way of communicating their pain because they do not know how to tell people, or they may not want to. Many times, women seek out overdosing on pain medication as a form of self-harm because it is non-violent. Early studies have shown that many think suicides to be a masculine behavior and self-harm to be more feminine which could explain why men and women are more likely to do one over the other. In addition, many say that there is a connection between depression and neediness, and that people who feel the sense of neediness have

insecurities. Insecurity can be defined as “the lack of confidence and a need for approval and communion concerns interpersonal relationships” (Straiton, Roen, & Hjelmeland 2012). A study showed that people with insecurity have higher odds of self-harming compared to others, and that these people with insecurities were more women than men.

Media Influence

In recent decades the media has been a platform that has allowed people to express themselves and their feelings. Although these platforms can be positive in many ways, they can be negative on mental health. A social networking system (SNS) is defined as “online communities whereby individual users virtually connect to each other, resulting in their own personal networks” (Cavazos-Rehg, Krauss, Sowles, Connolly, Rosas, Bharadwaj, Bierut 2017, p.44). The people on these networks consist of family, friends, classmates, coworkers, and strangers. With the new widespread use of SNS among younger people, studies have been emerging, discussing the posts on these networks. Many of these posts include those on the topic of mental health. For instance, depression, suicide, and self-harm. People result to posting about these things because it is a space that allows them to interact with others who share similar problems and issues. Often people discuss things anonymously under fake usernames or go to accounts specially for posting about mental health, so one ends up discussing these things with strangers. These specific accounts form something almost resembling a subculture; however, like many subcultures there are flaws and positives. Many posts relating to mental health include negative self-evaluations of oneself; meaning, they included posts like “I’m ugly” or “I hate myself”. Health professionals have become worried that these SNS could only increase someone’s risk of suicide or self-harm because not all posts or response are positive. Meaning, not all posted are saying that it is okay to feel a certain way; others are glorifying self-harm and

depression by posting about it. For example, one study found that only one in ten sampled posts discourages the use of self-injury.

However, some social media platforms such as twitter and Tumblr showed higher proportions of posts that were positive meaning they were discouraging self-harm and suicide. Many say that because Twitter has a word limit on posts, and Tumblr is anonymous that they help “facilitate the disclosure of intimate thoughts and feelings about depression” (Cavazos-Rehg, Krauss, Sowles, Connolly, Rosas, Bharadwaj, Bierut 2017, p. 49). The open dialogue of these accounts allows relationships to form when people are at their most vulnerable.

Health professionals and industries have tried to approach the use of media and expression of depression in many ways. They have come up with multiple ways that could help potentially make all SNS platforms a more welcoming space for people in need of help. For instance, one idea includes rendering specific keywords searchable; meaning, people would not be able to search up the word “cutting or depression”. This means that people are less likely to see negative posts. Also, they have an idea of providing recovery-oriented resources on these SNS platforms. In additions, another idea included becoming in contact with those who do search for these self-injurious contents and then providing them with help (Miguel, Chou, Golik, Cornacchio, Sanchez, DeSerisy, & Comer, 2017).

Discussion

Depression is serious and sometimes an unconfutable topic; however, if not talked about it can lead to self-harm and suicide. With a heavy media influence and the idea of gender paradox, mental health is at a time where people need to be informed. Organizations and non-profits are being made to help educate and provide support for people. Treatment is an option, and there are so many different types. For example, anti-depressants, electro-convulsive

treatment, cognitive behavior therapy, etc. Although not all of these are proven to help everyone, one could potentially work. Having faith in a therapist and oneself are one of the first steps to recovery. People are out there willing to provide help, and to let others know to not feel alone. Remember it is okay, to not be okay.

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