The Inspiring and Difficult Life of A Beloved and Talented Actor :A Case Study of Robin Williams and Bipolar I Disorder

I. Abstract

The beloved and talented actor and comedian Robin Williams died on August 11th 2014, due to asphyxiation by hanging. This incident shocked the world as the comedic actor, known for his emotional and energetic characters, was lost due to suicide. Williams had been struggling with severe depression during his career and it is believed that this was the main cause behind his death. This case study aims to reveal to others the life that Robin Williams lived. Then to analyze and identify the problems that Robin Williams encountered in his life. Using this information a diagnosis of Robin Williams will be made using symptom comparisons to the DSM-V. Next, a hypothetical scenario where Robin Williams is treated for his disorder is made using two different approaches, psychoanalytic and cognitive-behavioral. This section of the case study hopes to analyze and inform the reader about different forms of psychological treatment and the possibilities of different psychological treatments on certain individuals.

II. Case History

Background Information

On August 11th 2014, the world of acting lost one of its greatest, Robin Mclaurin Williams. Born on July 21, 1951, in Chicago, Illinois Robin Williams was given a fairly well off and secure family life. With a father who worked as a senior executive at Ford Motor Company and a mother who was a former model and part time actress, Williams was given a wealthy and privileged life. At a young age Williams lived a fairly different life compared to other kids due to his circumstances. With parents who were busy with work he was left to be cared for by house maids. Accompanying this, Williams was considered to be introverted as he was often left alone and was only able to communicate with his caretakers. As a result of this introversion and being overweight as a kid, Williams was often bullied and harassed. Because of his childhood, Williams depression developed at a young age.

As Williams grew older he developed coping skills or a self defense mechanism through comedy. In high school Williams chose to overcome his introvertedness by joining the drama club. Soon after, Williams was considered the class clown and later graduated high school to pursue of political science. By later realizing he was an actor, Williams went on to attend Julliard and was extremely successful in his acting education. After his education Williams career began with stand-up comedy, where he first performed in the San Francisco Bay Area after his family had moved there. During this time Williams first encounter with drugs occured and he later refers to these times as when “the best brains of my time turned to mud”.

Williams then moves to Los Angeles where after a stand-up routine Williams is asked to be on TV by producer George Schlatter for a revival of the show *Laugh-In* in 1977. As a result of this appearance Williams found more success in TV performances and began his career in film as well. As his acting career progressed Williams popularity greatly increased. Following his appearance in small films, Williams break as an actor came from *Good Morning, Vietnam* where he is nominated for an Academy Award. From this, William plays some important supporting roles in many movies such as *Good Will Hunting, Dead Poets Society, The Fisher King*, and many more which resulted in a massive rise in his acting career.

During this time however, Williams faced many issues with addiction. From the late 1970s and early 1980s Williams had a cocaine addiction and was a heavy drinker. This addiction was quickly ended due to the death of a close friend by drug overdose after a party. With the birth of his son in 1983 Williams decided to quit drugs and alcohol and found a passion in cycling. However, the damage had already been done. Prior to his death Williams had been suffering from severe depression and was later found to have Parkinson's disease and Lewy body dementia after his death. Williams death on August 11, 2014, was a suicide where he was found asphyxiated due to hanging. This suicide was mainly attributed by Williams severe depression and Lewy body dementia and is still being researched these days.

Description of the Presenting Problem

Robin Williams personal life is fairly open and during many interviews he was transparent to his fight with depression and addictions. Williams first problem regarding mental disorders was his addiction to cocaine and alcohol from the late 1970s and early 1980s. During his stand-up career Williams turned to the use of drugs and alcohol to deal with the stress of being a stand-up comedian. Critics of his routines saw that his monologues were so intense that at any moment his “creative process could reverse into a complete meltdown”. Others have described his performances as an intense and manic style of stand-up which could almost even be considered dangerous, which says a lot about the creators mental state. Later when Williams recalls his time as a stand-up comedian and whether or not he could balance work and his life, he replies with “There's that fear—if I felt like I was becoming not just dull but a rock, that I still couldn't speak, fire off or talk about things, if I'd start to worry or got too afraid to say something ... If I stop trying, I get afraid.” As a result of the two addictions Williams early career was heavily affected for the better and mainly worse. In the end his addictions had only ended due to the birth of his son and death of a close friend after a night of partying. Due to this interaction with drugs and alcohol Williams depression arose and he turned to cycling to help alleviate these struggles. He was later diagnosed with early stage Parkinson’s disease which took a toll on him mentally before his death. After his death it was found that Williams Parkinson’s was actually diffuse Lewy body dementia which could have heavily contributed to his depression.

Diagnosis

Robin Williams symptoms and problems is best diagnosed to be bipolar I disorder. This disorder falls under DSM-V code 296.44 (F31.2) With psychotic features. This diagnosis was reached by symptoms showing episodic features of increased impulsivity and activity. This information was provided by critics of Williams comedy routines that state that his routines were so energized it seems he was so close to breaking down on stage. While symptoms of depression haven't been publicly shown by Williams himself it can be concluded that Williams depression is episodic since he has been treated for depression before. This side of the diagnosis is the only difficulty arising from diagnosing the client.

III. Intervention

Psychoanalytic Approach

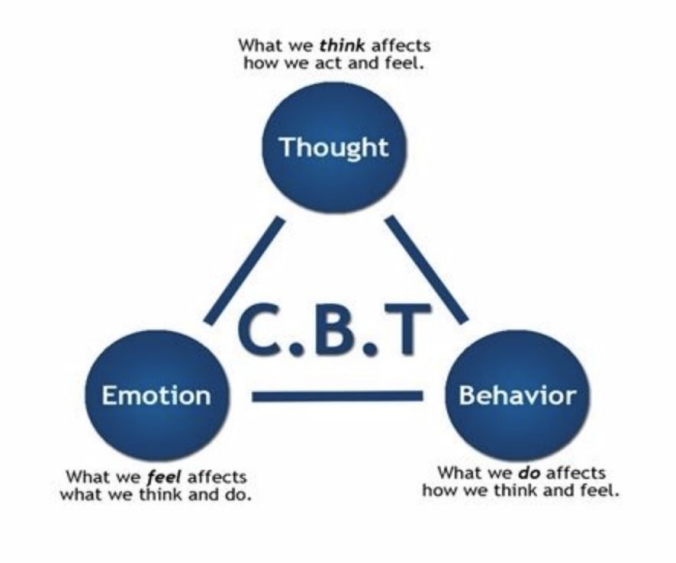
A psychoanalytic therapist would view the client's problem as treatable through their conversations to discover what is occurring in the patient's conscious and unconscious fantasies through their interaction in their life experiences and pre-existing fantasies. The therapist would then need to understand that psychotic depressives often develop a sense of no feeling as a way to avoid unbearable pain, and the re-experiencing of sadness in bearable quantities is a part of the recovery process. Some techniques psychoanalytic therapists could use is spontaneous word association, where the client says whatever first comes to mind when the therapist says a word. The therapist would then look for and interpret patterns in the client's responses so they can explore the meaning of these patterns together. There is also dream analysis which uncovers the unconscious fantasies and allows the therapist and patient to piece together repressed feelings. Another process could be transference analysis which explores the transfer of the client's feelings and emotions from one person to another. In Robin Williams case of bipolar depression by having a psychoanalytic therapist, the main approach would be talk therapy. This is mainly due to how Williams knew some of the sources of his depression already diffuse Lewy body dementia and work stress. By also using dream analysis the therapist could realize that Williams could still be suffering from the depression of his younger years when he was bullied. However the case is by him joining the drama club and finding comedy to be an escape that made him happy, his depression from then had been resolved to a degree. So then the

psychologist would realize that they should fall back to getting Williams to truly accept his depression and keep towards a symptom reduction that is healthy rather than the use of drugs. With Williams background in turning to cycling, the psychologist would be able to highlight that part of Williams's life and start ideas of progressing Williams's interest in cycling to something further. Since Williams damage with severe depression was already done, the therapy sessions would have to very frequent to cause a more beneficial impact to William's already damaged mindset and health. By providing some insight to help Williams's, the mindset of Williams's toward his therapy would be better allowing for even further successful impact to getting better. With their frequent meets the psychologist can figure out some workout strategies and life strategies to help Williams maintain a healthier mood. The life strategies would be mainly towards keeping a stable sleep cycle, develop an effective self-monitoring perspective in order to identify early signs of emerging symptoms, developing interpersonal and treatment-oriented support systems, addressing the consequence of one's mood instability upon one's immediate family members and other close relationships, and acquiring enduring positive alternatives to drug and alcohol related recreation patterns. The last step is done with the cycling/workout routine establishment but the other steps would be difficult. This is mainly due to with Williams's job as an actor with how much work and stress from his earlier career as a stand up comedian his sleep schedule would be very off and not stable. With all this in mind with how Williams's interaction in general to this treatment would be mainly determined through his relationship with the therapist and his acceptance of his depression and his willingness to accept the treatment rather than

deny it. This treatment would be effective in the sense that if Williams's accepts the treatment and reaches out to his family in general for help through this time it would be very effective. However with how he was mainly isolated during his childhood it would have him feel a sense of isolation and need to handle this on his own potentially rejecting this treatment more than likely rendering this treatment completely useless.

Cognitive-Behavioral Approach

A cognitive-behavioral therapist would approach treatment for the client by holding talk sessions. Cognitive-behavioral therapy is a form of psychotherapy that focuses on treating problems such as dysfunctional emotions, behaviors, or thoughts.



This sort of therapy relies on the idea that thoughts, emotions, and behavior each influence each other either drastically or minimally shown by the graphic above. Therefore, when a cognitive-behavioral therapists holds talk sessions they're goal in each session is to understand a client's thoughts, emotions, and behaviors. Then to use that understanding to either identify issues concerning a client's condition or way of thinking and to help a client reshape or become aware of their thoughts and emotions. In order for the therapist to help the client, the therapist would a goal-oriented approach that puts the client in different circumstances that allows for psychological development and understanding.

During the first talk session with Williams the therapist would most likely gather information on Williams and then ask what may be concerning Williams himself. During this first session Williams response would depend on his state of mood and his bipolar disorder. In the case where Williams is in a manic state of mind he would most likely open up about his problems and attempt to crack jokes at the situation as well. Either denying issues or making less of them during the session as a self defense mechanism. On the other hand, in the case that Williams is in a state of depression, his response to a therapists questions would most likely be honest and possibly over exaggerated and pitying. In both cases Williams response would put his symptoms in opposite extremes and as a result, it would be the therapists job to identify Williams thoughts, emotions, and behaviors. This part of the therapy would be difficult as the therapist would have to identify the meanings behind Williams intricate responses.

As sessions continued Williams would further open up to the therapist and consequently, the therapist could provide more solutions or goals for Williams to work on. One possible suggestion by a cognitive-behavioral therapist would be the suggestion of a goal, such as finding interest in a sport or activity. The reasoning behind this suggestion is that an activity such as cycling (which Williams picks up) would allow for Williams to keep balance in his thoughts and emotions. During a manic state of mind Williams would be able to release energy through exercise and inversely. during a depressive state of mind Williams could release dopamine through working out which would help to increase happiness. Another possible suggestion that applies to behavior and thoughts would be the goal of abstinence from drugs. Where the therapists would

help Williams understand that the stress of having a family causes the use of alcohol and drugs which leads to reckless emotions and thoughts continuing a cycle of abuse.

Since cognitive-behavioral therapy generally uses a predetermined number of talk sessions. A therapist would most likely try to wrap up any more concerns with the client towards the end of treatment. At the end, successful treatment would be determined depending on changes with the clients concerns. In Williams case, successful treatment would be considered as a change in his emotion and thoughts to be more balanced and understood. Abstinence from drugs and alcohol, and a balance of happiness and sadness without extremes would reveal these changes. As a result of this change, the effects Williams bipolar disorder should lessen over time. If the treatment is considered as unsuccessful Williams problems with substance abuse would continue and his state of mind would most likely be harder to identify as he would find therapy unhelpful.

IV. REFERENCES

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