The Psychopathology of Robin Williams

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Biographical Information and Symptomology Summary

Robin Williams, a famous and talented comedian, played roles in many memorable films. However, while his career was blossoming, Williams faced many personal challenges. Williams became addicted to cocaine during the late 1970s and early 1980s. He developed a drug and alcohol problem while working on sitcoms and shows. He struggled with addiction for more than two decades. He later was admitted to the Hazelden Foundation Addiction Treatment Center in Lindstrom, Minnesota. Following the treatment he received, he quit the use of cocaine after a friend's death, realizing that it could kill him (Shorter, 2014). However, he did have relapses later on. Substance abuse disorders often coincide with other mental illnesses like depression, known as comorbidity. Despite his psychological distress during this time, this was not the end of his struggles.

He went through several difficult romantic relationships. During one of his marriages he was involved with other women, which made the relationship more stressful. He fought two divorces which was emotionally and psychologically stressful. Williams spoke about this large financial change as a huge stressor for him. It is unclear why, but perhaps due to splitting his assets and possibly alimony or child support payments. At this time, he was also newly-diagnosed with Lewy body dementia. His symptoms of depression worsened when CBS announced the cancellation of his second season of a show (A&E Television Networks, 2017). His close friends claimed that this was an emotional setback for Williams. This happened a little after his famous heart surgery, which also made his symptoms of depression worse. Many times physical illness can contribute or worsen mental illness.

The talented, four-time Oscar nominated actor, died on August 11, 2014. In November of 2014, three months following his death, Williams' autopsy reports were revealed. The autopsy revealed that his cause of death was due to asphyxiation and hanging. The toxicology reports confirmed that there were anti-depressants, caffeine, and Levodopa in his body, but at therapeutic dose levels, which showed that he did not purposely overdose on these medications (Shorter, 2014). An anonymous person was interviewed, saying that Williams had previously worked on a film in which his character's son died by autoreotic asphyxiation. The scene seemed to be very emotional and difficult for Williams. Some say he may have researched hanging during filming, which is a clear and common warning sign of suicide (Shorter, 2014). In the film *World's Greatest Dad,* there is a scene where the son in the film was found seated on the floor, learning forward with a ligature around his neck that was secured by a belt. This was oddly very similar to the position that William's body was found in at his death. The scene may have had some influence on his suicide plan. According to Shorter, Williams's wife said that his pre-suicide activities included putting some wrist watches in a sock and dropping them off somewhere to be kept safe, which would be considered abnormal behavior (2014). It could also a large indicator for suicide risk when individuals begin to give away their prized possessions. On the night before his death, he called his wife to tell her that he was buying magazines for her at a bookstore. He returned home and gave her the magazines. He then spent some time searching through their closet, which is abnormal behavior and likely related to his suicidal thinking. It is unknown what he was searching for, but it could be likely that he was searching for his favorite items, possibly to give away or clothes that he wanted to wear in his last few hours. He left the room at 10:30 p.m. This is the last time his wife saw him. The following morning William's assistant became worried because he wasn't responding to text messages and phone calls and

later found him hanging by a nylon belt in a closet door frame wearing belted jeans slightly suspended in a seated position, with significant cut marks on the inside of his left wrist. The body was found in the empty bedroom that belonged to his stepson. Personal items were found near his body, which included his iPad and two anti-depressants: Mirtazapene and Seroquel. Besides these, a pocketknife was found, with a dried red substance that was later confirmed to be Williams' blood. Dry blood on the knife and the cut marks on the wrists could be an indicator and warning sign of past attempts of suicide, which clearly indicates suicide risk. It is a possibility that he had contemplated only self-harm, which usually does not result from having intent to die, but intent to harm oneself. Suicide is very impulsive, and the thought might have emerged after his self-harm.

Williams's wife claimed that his first known symptoms were gut pains, insomnia, shortness of breath, and constipation. He had a tremor in his left hand, and his doctors concluded that he had Parkinson's disease, which causes tremors. His vision declined and he accidentally walked into a door. He was losing weight and he had problems with sleep. Rapid weight loss is a known symptom of depression. He then developed Parkinson's disease, a neurological illness in which sadness and depression is not uncommon (Ehrenfeld, 2007). Williams' doctors suggested that the Lewy body dementia was the "critical factor" that led to his suicide (Shorter, 2014).

His depression was openly spoken about and well known to his fans because he repeatedly mentioned his depression during interviews. Robin publicly acknowledged his depression and anxiety in an interview with the Guardian newspaper (Shorter, 2014). His openness and disclosure seemed to be a positive step towards his recovery. His substance use, his depression, and his health were frequently in the news over the years. He was spoken about in the news again in March 2009, when he was hospitalized because of heart problems and had

aortic valve replacement surgery. A medical history taken by authorities revealed that he also had recent symptoms of paranoia and hallucinations (Shorter, 2014). Ultimately, these are very significant symptoms of severe mental illness.

Diagnostic Evaluation

With careful consideration, my suggested diagnosis for Robin Williams, according to the symptoms and criteria met in the DSM-5, would be persistent depressive disorder. The criteria for Persistent Depressive Disorder consist of the following: 1) a depressed mood most of the day, lasting for at least two years, and 2) two or more of the following: poor appetite or weight loss, insomnia, low energy, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness. The third diagnostic criterion is during the two-year period, they must have never been without symptoms 1 or 2 for more than a 2-month time period. The fourth diagnostic criteria are that symptoms of major depressive disorder were present for at least two years. The fifth criteria are that the individual has never had a hypomanic or manic episode, or does not meet criteria for cyclothymic disorder. The sixth diagnostic criteria are that the symptoms are not any better explained by a more applicable, persistent disorder such as schizoaffective disorder, schizophrenia, delusional disorders, or other psychotic disorders. The seventh criteria are that the symptoms are not attributable for other physiological effects of a substance or medication, or a medical condition. The final criteria are that the symptoms must cause significant distress or social impairment in social, occupational, or other important areas of functioning. All of these criteria must be met to receive a diagnosis of Persistent Depressive Disorder (American Psychiatric Association, 2013). Substance abuse and other medical conditions are also typically associated with depression (American Psychiatric Association, 2013).

Williams demonstrated all of these symptoms. He fits criterion 1 because his symptoms persisted for more than two years, and actually were present for the majority of his adult life until

his death. He experienced significant weight loss, and had problems with sleep, experiencing insomnia, which fits with criterion 2 (Ehrenfeld, 2007). He often showed signs of low self-esteem and feelings of hopelessness. He typically had continuous symptoms. For at least two years, he had symptoms of Major Depressive Disorder, again relating to criterion 1. He never had any hypomanic or manic episodes that were known of, other than if those episodes were caused by substance use, in his case, cocaine (5th criteria). He did not show any symptoms of any other disorders such as schizoaffective disorder, schizophrenia, delusional disorders, or other psychotic disorders (6th criteria). However, he did have symptoms of other physiological effects such as a medical condition. After his depression and weight loss symptoms, he developed Parkinson's disease, which is a neurological illness. He also experienced significant distress and occupational difficulty, such as strong emotions at times while filming. Individuals with Persistent Depressive Disorder are at a much higher risk for psychiatric comorbidity, anxiety disorders and substance abuse disorders. Williams experienced comorbidity when he had substance abuse problems with cocaine, and developed an anxiety disorder.

Etiology Analysis

Etiology is a causal pattern of disorder. There are many etiological factors for developing PDD. Psychological factors could be personality traits that include negativity, such as low self-esteem or being self-critical or pessimistic. In this case I would describe Williams as neurotic, as mentioned earlier, relating to the Big Five. Social factors include stressful life events, such as a divorce or loss of a job, and Williams experienced both, as mentioned in the biographical information part of this paper on page 3.

There are three risk and prognostic factors to developing persistent depressive disorder, specifically. The first is temperamental. This factor predicts an outcome that is more detrimental and long-term. Temperament includes emotional and reasonable responses to environmental events. It is the "building block" of adult personality and is present at birth. It consists of fearfulness, irritability, positive affect, attentional persistent, and effortful control. Temperamental factors include neuroticism, which is a personality trait of the Big Five, that reflects negative affectivity. Williams displayed neuroticism because he always seemed to have low self-esteem and negativity, always pleasing others and making them laugh, but never being happy on his own. Also, inhibited temperament tends to lead to anxiety disorders, which Williams also experienced. The second factor is environmental, which consist of childhood risk factors. Big childhood risk factors often include losing a parent, or being abandoned or separated by them. Many years of Robin's childhood life were spent alone in a huge house because his parents were never around. He used comedy as a defense mechanism and it was said that he made up characters and conversations in his head as a way to cope. He also was overweight as a child and was bullied, leading him to a depression. He was called mean names and harassed

physically and mentally (Biographics, 2017). The third factor is genetic and physiological. There are many regions of the brain that have been found to be implicated in persistent depressive disorder. These regions include the prefrontal cortex, anterior cingulate, amygdala, and the hippocampus (American Psychiatric Association, 2013). Neurotransmitters may affect the brain, unable to maintain mood stability in the correct way, contributing to PDD, or any other kind of depression. Williams may have had a chemical imbalance in neurotransmitters. Persistent depressive disorder also appears to be more common in people whose blood relatives also have the condition. Researchers are looking for certain genes that may be involved in causing the disorder.

Treatment and Prognosis Analysis

Robin Williams endured many years of suffering with his mental illness before his life came to an end at 63 years old. He had received treatment several times through the course of his adult years. According to the New York Times, Williams had undergone extensive treatment. He "had recently been treated for severe depression", although he had also been treated for many years, as his illness came to the surface in early adulthood (Peele, 2014). Not too long before he died, he went to Hazelden's Lodge in Minnesota, where he attended a program as a "refresher." The facility is a place where people who are living sober in recovery can come to review the Twelve-Steps and practice basics addiction recovery skills. Williams reportedly quit his use of cocaine back in 1982 and never used again, but he was at Hazelden's facility recently, before his death. He claimed that he wanted to stop using cocaine for the sake and concern of his newborn son (Peele, 2014).

Just weeks before his passing, Williams and his wife Susan met with a psychiatrist who concluded that Williams would need to be sent to an inpatient facility. His wife claims that due to the severity of his illness, he might never have left a facility (People Inc, 2015). Williams' psychiatrist recognized the severity and progression of William's illness and intervened. His psychiatrist said to him, "…It is no longer an option to have inpatient neurocognitive evaluation. This is now mandatory and we need to decide, you need to decide where you want to go and we're all going to figure this out" (People Inc, 2015). After hearing this sad news, his wife, Susan, claims that she noticed a significant change in her husband and his emotions. She described him as showing feelings of melancholy, which is typically a potential risk factor for suicide. Robin ended his life, knowing that he was going to have to enter a treatment facility

long-term, according to his wife. She explained, “By the time he made it to inpatient we would have gotten around to the fact that he has Lewy Body Dementia. But what I know now is that if Robin was lucky he would have made it three years. And he might have never left a facility. It was very bad” (People Inc, 2015).

Williams did take antidepressants as a part of his treatment plan. He had been taking these medications but they also were found in his body and at the scene at the time of his death. He had been taking Levadopa, which is a medication for Parkinson’s, and promotes dopamine in the brain, as well as antidepressants Mirtazapine (Remeron), and Seroquel (Quetiapine). However, there was no indication of if he took these medications regularly, or for how long (Tohid, 2016). There also was no indication or information of if Williams had been receiving psychotherapy. My assumption is that he very likely may have undergone psychotherapy in a treatment facility, but information about whether he had an outpatient therapist is unknown.

Over all, although Williams received different types of treatment, they were not successful. His substance-abuse treatment seemed to be successful since he supposedly had remained sober from 1982 until his death. However, I do not believe his medication or prior outpatient treatment worked, due to the fact that his illness led him to end his life. I would have recommended trying different medication, although maybe his doctor wasn’t aware that the medications weren’t working for Williams. If he did not have an outpatient therapist, I would have recommended psychotherapy sessions at least once a week. I also would have recommended getting Williams to an inpatient treatment center a lot earlier, not at age 63. Perhaps if he had gone before his mental illness had progressed to the point it did, maybe the earlier intervention would have helped and he would have not taken his life. I don’t believe that he took his life because of his Parkinson’s Disease. He had no idea the remainder of his life was

limited. He did not know that he only had three years to live, and Lewy Body Dementia was found in his body after his death.

My prognosis is that Williams's mental illness significantly affected his life and greatly influenced his suicide. I also believe that his physical illness, Parkinson's and Lewy Body Dementia influenced his mental illness and ultimately, his death. He could have followed through with attending an inpatient facility as planned, but, he presumably would have only had about three years to live, mostly influenced by his physical illnesses, although his depression could have still, and most likely, had a substantial impact.

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