

Case study on robin williams: substance abuse and depression



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Abstract

This paper is a case study done on actor and comedian Robin Williams.

Williams had presented signs of major depressive disorder along with his existing substance abuse. Williams has also been diagnosed with Parkinson's affecting his ability to maintain his career, giving him more intense depressive symptoms. Williams needs a mix of psychoanalytically therapy over a long period of time to target the reasons of his depression as well as shorter term cognitive-behavioral therapy to encourage him and teach him how to better maintain his life and disorder. This combination, along with staying away from drugs and alcohol, should set Williams on a path to recovery.

Robin Williams is a 63-year-old male comedian, actor, and voice actor.

Williams has been diagnosed with Parkinson's disease but may exhibit signs of Lewy body dementia, both of which affect the brain and nervous system.

He also had heart surgery that required recovery time away from his shows and movies. No familial history of mental illness found. Williams married 3

times, first to Valarie Velardi (ending in divorce due to infidelity and substance abuse by Williams), then to Marsha Garces (also ending in

divorce), and finally Susan Schneider as a current spouse. Williams has two

sons, Cody and Zachary, and one daughter, Zelda. Williams has an extensive history of multiple substance abuse, including alcohol and cocaine. He faced

bullying and loneliness as a child and faces loneliness, failed relationships, and substance abuse as an adult. Williams faced a tough time breaking

through in acting and recently had the show " The Crazy Ones" canceled. His

main goal was to be a comedian and actor in his younger years, this is the

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way he connected/connects with people. Another goal was to beat addiction after the birth of his first son, Zachary. Williams stayed sober for close to two decades, but relapsed and has struggled up to this point. Williams has turned to substances and focus on his work and shows to cope with his losses and hardships through the years. Cycling also helped Williams kick addiction for a while as a replacement. Williams weaknesses were women and alcohol, leading him down a disastrous road of infidelity and addiction.

Williams has exhibited symptoms such as trouble sleeping, constipation, loss of the sense of smell, intense anxiety, tremors, difficulty thinking and concentrating, loss of interest in activities, difficulty making decisions, and suicidal thoughts. Feelings of sadness, paranoia, guilt, and worthlessness. Williams believes there is something medically wrong with him and has underwent many tests and scans, tried physical therapy and yoga, tried medication, and attempted self-hypnosis. Williams suffered from low self-esteem and emotional neglect from his parents at a young age. Other than being diagnosed with Parkinson's the scans and tests indicated no other medical conditions.

Williams exhibits symptoms and signs of severe depression (major depressive disorder), code F33. 2. This diagnosis was reached because DSM-V (2013) states " Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act." Symptoms displayed that show signs of depression are feeling sad, feeling worthless or guilty, loss of interest in activities, trouble sleeping, difficulty thinking, difficulty concentrating, difficulty reasoning or making decisions, and suicidal thoughts. This display of 8 total <https://assignbuster.com/case-study-on-robin-williams-substance-abuse-and-depression/>

symptoms lines up with depression. Williams diagnosis of Parkinson's disease complicated the process of finding a mental diagnosis. Symptoms such as trouble sleeping and cognitive changes (difficulty thinking, concentrating, or reasoning) fit under both diseases and were displayed by Williams. Depression fits in the Axis I category of mood disorders, which includes: major depressive disorder, bipolar disorder I and II, seasonal affective disorder (SAD), and cyclothymic disorders. Williams does not suffer from any type of disorder that falls under Axis II, seeing as though they are personality disorders. Axis III has had serious impact on Williams. Williams health greatly affects his mental illness. Parkinson's disease is currently untreatable and is neurodegenerative, meaning it affects specific neurons in the brain. Symptoms include delusions or hallucinations, sleep disorders, and speech impairments. It also shares symptoms with Lewy body dementia, which also has no cure. There is suspicion Williams was misdiagnosed with Parkinson's. Either of the listed diseases coupled with major depressive disorder will be disastrous. Williams will eventually have to give up acting and comedy shows, the things he clings to and enjoys most. Williams history of substance abuse (alcohol and cocaine) also makes his illness more intense. Substance abuse allows Williams thoughts of guilt and worthlessness spiral into suicidal thoughts, becoming even more dangerous. Axis IV has not affected Williams as greatly as Axis III. Williams bullying and emotionally neglect as a child and then two failed marriages while being in and out of rehab has taken its toll. Williams has had ample time and reasons for his mind to wander to dark thoughts and places. On the Axis V scale, Williams scores somewhere between 30 and 40. Williams has stated he feels

as though he is going crazy and is almost unable to function completely, though still maintains personal hygiene.

Psychoanalytically, this problem can be solved through the release of repressed experiences or emotions from the unconscious. Bringing those thoughts out is seen as a healing method when needed. The psychoanalytical approach was created by Sigmund Freud, who believed that people could be cured through the unconscious by gaining insight into it. These mental disturbances would be seen as an issue in the unconscious that should be brought forward in an effort to correct them. Generally, these issues spur from traumatic occurrences or issues during the developmental period (childhood). It is fairly normal for depression to be treated with a psychoanalytical approach through therapy. In this form of therapy Robin will recall memories, experiences, etc. throughout his life while notes are taken in an effort to bring out the unconscious causes of the illness. This involves a regular therapy schedule for however long Williams needs to attend. Williams will respond well to this therapy seeing as though he doesn't have trouble talking about his past and all of his experiences throughout life. Talking through these should allow Williams an idea of what events brought about or triggered the illness. Psychoanalytical therapy should prove to be effective in his treatment, as it is in other cases of depression. Williams will become more comfortable with his past and trauma that he has endured, such as the overdose of John Belushi, and able to determine how to control bouts with depression. This therapy should set Williams on a long-needed path to recovery. However, recovery will potentially take years for Williams to see great results. The brain's natural defense mechanisms make this

therapy a long process over several years, though it is one of the most effective. Techniques used in this therapy to aid in bringing out unconscious thoughts include inkblots, interpretation, parapraxes, resistance analysis, free association, and transference analysis. Several of these rely on interpretation by the analyst/therapist present or Williams himself. This paired with a more encouraging short-term therapy will pair well.

Through the Cognitive-Behavioral approach this problem can be resolved by talk through sessions, potentially with the help of other therapies such as medication. It helps teach how to manage stressful situations throughout life more effectively. Cognitive-Behavioral therapy focuses more on solutions to the illness rather than roots of said illness, which is how psychoanalytical therapy would approach major depressive disorder. The cognitive-behavioral approach encourages a change of behavior that is needed. The approach stresses the idea that perceptions and thoughts will influence a person's overall behavior. One's reality may be warped because of their perception. This type of therapy may help with multiple mental illnesses and the symptoms that come with them (major depressive disorder, phobias, eating disorders, PTSD, sleep disorders, etc.), help to prevent relapse, determine how to manage emotions properly, help overcome emotional traumas throughout life, and help find ways to cope with stressful situations. Therapy sessions can be one-on-one or group therapies where Williams will learn about his mental illness and gain knowledge on coping, stress management, and relaxing. Williams will need to be open to any questions asked and to sharing his past. Williams may be asked to do activities or "homework" to build on his knowledge from therapy so it can be applied to his life easier.

Therapy will be shorter term, 10-20 sessions in total. Williams should respond well to this type of therapy as well, seeing as though there is no issue about sharing his past and experiences. The addition of medication to this therapy is not a logical idea due to his past addiction to substances. Williams has been surprisingly open to any questions about his past up to this point. Cognitive-Behavioral therapy will work better in conjunction with psychoanalytical therapy, since it is long-term therapy. Williams should have the best possible results with a combination of these two therapies approaches because one will target the root of his issue and solve it while the other will encourage him to learn about his disease and how to better manage his life with said disease.

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