Robin Williams: A tragic waste of life, but an important educational opportunity in depression

By ACSH Staff — August 12, 2014

Depression is unlike any other disease. Yes, it is a disease.

It carries a social stigma with it that other diseases do not, as well as an astounding amount of ignorance.

Many people believe that depression is simply a sadness, a character flaw or an inability to deal with normal problems. While these can be contributing factors, they do not constitute clinical depression. It is far, far worse.

Perhaps two of the most important moments in educating people about depression were in 1988 and 2012.

In 1988, 60 Minutes correspondent Mike Wallace spoke of his lifelong battle with the disease on Bob Costas late night talk show. Later, in an interview with 60 Minutes colleague Morley Safer, he revealed that he had attempted suicide in 1986 by taking an overdose of sleeping pills. (Wallace s mother also suffered from depression; it tends to run in families.)

In 2012, Brooke Shields wrote about about her own experiences with the disease. "Down Came the Rain: My Journey Through Postpartum Depression." Here is one of the many disturbing episodes that Shields describes:

I began feeling uncomfortable, as if I would never again be accepted as part of this world. After having worked my whole life, here I was without a job. Walking to my car, I began to cry. I got the baby in the car seat and left the lot. Then the tears flooded down. I called my mother. She tried calming me down. I told her I had to keep driving and couldn't talk anymore. I hung up leaving her desperately concerned.

ACSH s Dr. Josh Bloom explains why depression should be considered a physical disease of the brain, rather than a character flaw: Depression is accompanied by biochemical changes in the brain. The neurotransmitters that control much of our mood and behavior do not function normally. There are physical changes in the brain. This is very far from a bad mood.
He continues, The social stigma of being depressed or taking antidepressants is doing a huge disservice to sufferers of depression because many are too ashamed to seek treatment, or even discuss it with their friends and family. Yet, telling someone to snap out of it is exactly like telling someone with Parkinson's disease to stop shaking, or victims of Alzheimer's disease to concentrate on remembering things better. If these two examples sound ridiculous, I would argue that this applies equally to sufferers of clinical depression.

Depression is characterized by a number of behaviors, which can be detected by mental health professionals.

Typical depression symptoms include the following: Changes in appetite, disturbed sleep patterns, crying at inappropriate times, anhedonia (the lack of pleasure from anything), suicidal ideation (thinking about suicide, even if there are no plans in place), hopelessness, and having little energy.

Dr. Bloom says, The good news is that most people are eventually helped by the right medication. The downside is that people react very differently to different antidepressants. Since it can take months to determine whether the medication is working, those afflicted can suffer badly during that time. And some people may have to try three or four drugs before one of them works. Fortunately, there is ongoing research using genetic markers to determine which antidepressant may work best, although this is still in an early stage.

Robin Williams did not kill himself because he was unhappy. He did so to escape the intolerable pain caused by a change in his brain chemistry.