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Robin Williams, Mental Health, and Social Insanity

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“We are made miserable . . . not just by the strength of our beliefs, but by the weight of hard and all-too real situations, as they bear downward, robbing us of control . . . unhappiness treated by clinicians has much more to do with the sufferer’s situation than with anything about themselves, and for those with few privileges, this unhappiness is pretty well beyond the reach of therapeutic or any other conversation.”

– Paul Moloney “The Therapy Industry”

Robin Williams’s body was scarcely cold when liberal commentators began using the tragedy of his death as publicity for suicide hotlines and professional mental health intervention in general. He had long-standing depression, we were told, and his “mental illness” was manifest in his decision to take his own life. Depression sufferers were urged to “be honest” and avail themselves of the services of professional therapists and counselors.

Days later Williams’s widow informed the world that her husband had been diagnosed with Parkinson’s disease, a degenerative disorder that even people with no prior history of depression can find impossible to face. Parkinson’s is chronic, and its symptoms worsen over time, leading to body tremors, muscle stiffness, and the loss of coordinated movement. No one knows why the disease develops, and it is incurable.

We do not know what went through Williams’s mind, of course, but it is not difficult to entertain the idea that the lifelong actor made an understandable decision to take an early exit from life’s stage rather than suffer the appalling loss of body control that the disease entails for its sufferers. Surely there is something more than “mental illness” involved in the desire to avoid such a fate.

Even if Williams’s well-known depression, which long-predated his Parkinson’s diagnosis, was involved in his decision to end his life, the liberal notion that we can and ought to rely on mental health professionals to guide us to health and sanity is more than a little suspect. There is no evidence that this group suffers lower rates of depression than the rest of the population, nor any that any kind of therapy has a cure for it. In fact, the evidence

suggests that the mental health profession plays a crucial role in perpetuating a status quo within which depression is said to be growing by leaps and bounds.

Psychoanalyst Joel Kovel demonstrated in the early 1980s that psychotherapy and counseling had become indispensable parts of the capitalist economy, especially in the United States, where turning socially induced misery into false questions of self-improvement long ago reached the status of a quasi-religious movement. Subsequent to Kovel's published insights came the "diseasing" and drugging of hyper-active American schoolchildren due to what eventually came to be known as "ADHD." In more recent years, we have seen how "happiness psychology," particularly the work of conservative academic and writer Martin Seligman, a former chairman of the American Psychological Association and adviser to the U.S. military, informed the Bush Administration's torture program at Guantanamo Bay. All of this should make us quite skeptical about claims that therapy and counseling have the answer to our mental woes.

Having said that, the challenge of effectively treating mental disorders is surely formidable. According to surveys and clinical data, rates of depression in the U.S. have increased ten-fold since the 1950s, although it must be admitted that individuals of quite divergent symptoms are routinely classified under this broad umbrella, calling into question the validity of the category itself. However, even if some of the increase is due to an increased tendency to define common dissatisfaction as illness, it seems likely that at least some of the increase is genuine, given soaring inequality and an attendant increase in chronic illness, social isolation and reported loneliness, and suicide, especially during the periods of economic crisis that have become a nearly constant feature of U.S. capitalism in recent years.

Contrary to therapeutic claims that a "positive" attitude is the key to mental health, a growing body of evidence supports the claim that the principal influence on people's mental health is their circumstances, both past and present. We can now say with some assurance that the larger and more obvious the gaps between rich and poor in developed societies – and the more exploitive the relations required to maintain and expand them – the greater the likelihood of violent conflict, mutual distrust, and degraded health, both mental and physical. Features of a particular location in the social hierarchy such as prestige, conditions of work, material circumstances, and wealth largely determine one's likelihood of enjoying mental and physical health or illness. And to the extent that one belongs to a stigmatized, exploited group, and especially if one is poor, the more likely one is to experience life's hardest blows – more often, more painfully, and with fewer joyful experiences to compensate for them.

Conventional counseling and therapy isn't even focused on this problem, much less is it offering a solution to it. Because of its conviction that attitude is everything, conventional approaches put the onus of responsibility on the poor for their poverty. Thus they are given parenting training and other judgmental interventions when what they really need is decent housing, food, recreation, medical care, and above all, money. The assumption is that the poor deserve to be poor owing to their allegedly deficient character, made manifest in poor impulse control, hypersexuality, and a general lack of integrity. If it weren't for these defects, the theory goes, the poor would be contented members of the middle class. This is one of the most damaging features of therapy, because it teaches exploited people that they are deficient or substandard instead of abused. Unfortunately, the crude stereotypes blaming the poor for their plight are promoted by a wide spectrum of members of the so-called "helping" profession: community leaders, social work educators, and quite a few academic researchers. If this is "help," what might hindrance be?

Therapists and counselors with a genuine interest in finding a cure for mental illness would do well to investigate the income inequalities hypothesis of population health. Based on the common sense assumption that high levels of inequality are unhealthy (directly for the poor, indirectly for the rich), the thesis is that for modern industrialized countries, the average health, well-being, and longevity of the population depends not on the level of absolute poverty that exists, but on the spread of wealth, and especially on the gap between rich and poor.

As income differentials widen, the theory goes, people start to feel more competitive, and begin to look on others with increasing suspicion and distrust. Wariness, envy, shame, fear, and anger become more pronounced and take on a self-perpetuating thrust, undermining the basis for affectionate and caring relationships. A life of perpetual insecurity (which former Fed Chairman Alan Greenspan declared in Congressional testimony was the principal reason for the 1990s boom years) and perceived threat triggers the release of cortisol and other "stress" hormones into the bloodstream, lowering our capacity to fight infection and ward off heart disease and other degenerative conditions. It should be emphasized that the theory maintains that this harms even the rich, who, amidst increasingly unjust conditions, have less and less opportunity to enjoy their wealth in ease. The public health implications are substantial: an increase of 7% in the share of income going to the bottom half of the population allegedly yields two additional years of life expectancy. [Note: The U.S. has the most unequal distribution of wealth in the developed world. According to the most recent survey by the Federal Reserve, the top decile own 71% of the country's wealth, while the bottom half claims just one percent.]

One of the more intriguing mental health research findings undermines the “positive attitude” theorists. It shows that moderately depressed people have a more accurate perception of their abilities and their capacity to control events than do “healthy” people. A 2002 study found that mildly depressed women were more likely to live longer than non-depressed or severely depressed women. A longitudinal study of more than 1000 California schoolchildren concluded that optimism was more likely to lead to premature death – possibly because the optimists took more risks. Another study among pre-teenagers found that kids who were more realistic about their standing among their peers were less likely to get depressed than those who had illusions about their popularity. And a 2001 study co-authored by the guru of happiness psychology himself – Martin Seligman – found that among older people pessimists were less likely to fall into depression following a negative life event such as the death of a family member than were optimists.

These findings should provoke a complete reorientation of, not just the helping professions, but the entire society. After all, psychologists have long convinced us that we are all “CEOs” of self, rationally testing our ideas against reality, and that we become disturbed to the extent that we cannot accept the verdict that reality delivers. In short, to the extent that our ideas are unrealistic we are mentally ill, which should mean that President Obama, the Supreme Court, top executives on Wall Street, and virtually the entire Congress are certifiable lunatics.

But of course it doesn’t mean that. WE who cannot make our peace with a social order dedicated to plunder and destruction are mentally suspect, because responsible adulthood entails setting aside the childish notion that the world can be transformed into something within which a decent person would want to live, in order to concentrate on the supremely important matter of reproducing an increasingly imperiled social order dedicated to getting and spending. This is the reigning definition of sanity in our times. God help anyone who insists that social and political reality, not personal attitudes and reactions, is what needs to be adjusted.

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