Stoltz: Robin Williams puts a spotlight on mental illness

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I was working as a houseparent at a children’s home -- now known as a residential treatment center -- in central Pennsylvania. When Williams debuted in his role as Mork from the planet Ork in 1978, Williams captivated two brothers who were under my supervision. They, along with their older sister, had been forcibly removed a couple of years earlier from their mother’s home because of neglect. Their parents had no interest in pursuing family reuniﬁcation, and as three siblings, they were considered virtually "un-placeable" in the foster care system. So, they ended up with me.

All day and night, the two brothers spoke like Mork, collected "Mork and Mindy" items, and made it very clear to the nine other house residents that their special seats for viewing the show were undisputedly not available for anyone else when it was on.

As Williams shared his voice for 60 million viewers each week, these boys found their own voices -- first through mimicry, then humor and finally with newfound self-conﬁdence.

Over the years, Williams was an inspiring actor, portraying diverse roles such a therapist, a homeless man and an older woman.

Emotional and mental pain hurts as much as physical pain. That's the essence of the depression that took Robin Williams’ life. Unfortunately, this is not commonly understood about mental illnesses.

The history of psychiatry is replete with things done to people afflicted with mental illnesses with the objective, essentially, that they will "snap out of it," realize their irrational thinking, and conform to societal norms.

The irony for me is how I first became a fan of Robin Williams.
For him and these two brothers, lying beneath the humor and mimicry was profound sadness and human pain -- one in four people do understand this from personal experience at any one time. But far too many mistake it for a choice rather than an illness. As we better grasp these truths as a society, I hope we will insist on getting uncomplicated and affordable access to treatment, increased peer support, and a greater understanding and acceptance of the interplay between mental health and physical health.

Only then will we be able to reduce the accompanying shame and shortened lives resulting from mental illness and focus on developing strategies and treatments that enhance resilience in the face of intolerable pain.

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