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Martin Luther King Jr's Struggle With Mental Illness

Nassir Ghaemi, MD, MPH

| Disclosures | October 26, 2015

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Manic symptoms have been shown to be associated with creativity and resilience, and depression with realism and empathy. Indeed, one can think of Dr King's approach to nonviolent social change as a politics of radical empathy.^[1] His manic-depressive illness may help us better understand who he was as a person, and what he wanted to teach us as a society.

Of course, one can explain away some, though not all, of his symptoms by life circumstances. This is a common mistake seen in clinical practice, where depressive and manic conditions are denied because of life events. The latter are triggers of episodes, not sole causes of them. There is an interaction with an underlying biological susceptibility, which is the mood illness itself.

Dr King's constant manic symptoms cannot be attributed to life stressors; they represent the hyperthymic temperament, which is a mild variant of more severe manic symptoms that occur in classic manic episodes. His depressive episodes cannot be said to be solely caused by life stressors, when those episodes happened over and over again dozens of times in his life from adolescence until age 39 years.

Ironically, it is the discrimination against psychiatric disease that influences many persons in our culture to refuse to accept the idea that someone as great as Dr King could have had depression or even manic depression. Dr King himself, and his advisers, appear to have shared those attitudes.

At the dinner table in New York, Levison advised Dr King that any admission of psychiatric symptoms would be seen by the public as a sign of personal weakness and seized upon by his enemies to discredit him. Jones concurred. Only Dr Logan was left to argue otherwise. Logan was a surgeon and no stranger to depression: His mother had committed suicide by jumping off a building, and he himself would fall to his death a few years later at a New York construction site—an event that wasn't clearly accidental.

King decided against treatment. He would go on, in his pain and suffering, to the very end. Not that psychiatric care in 1968 would have been very helpful to him, possibly. Perhaps he was right on the pragmatic merits of the matter.

He probably couldn't have been helped then. But looking back on it now, my detailed and objective study of

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Dr King's life leads to the same clinical judgment as that made by Dr Logan, with an added nuance: It was manic-depressive illness, not just pure depression. And not only his deepest lows, but also some of his greatest heights, can be attributed in part to that illness.

(Most of the source documents for this essay involve primary interviews conducted by me as part of research for a book project, forthcoming in 2016 with Penguin Press. The meeting in Dr Logan's New York office is documented in Tavis Smiley's 2014 book, *Death of a King: The Real Story of Dr. Martin Luther King Jr.'s Final Year*).

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