Chapter 2

Anxiety Disorders

Sometimes I truly fear that I...am losing my mind.
And if I did it... ..it would be like flying blind..."
Howard Hughes in *The Aviator* (2004)

Questions to Consider While Watching *The Aviator*

- Howard Hughes experiences symptoms of several anxiety disorders. How common do other anxiety disorders co-occur with obsessive-compulsive disorder (OCD)?
- How are Howard Hughes' obsessions related to his compulsions? Are there any compulsions that appear to be illogical and unrelated to his obsessions?
- What other psychiatric disorders are clearly present throughout the film, but are not addressed?
- What is the treatment of choice for OCD? What comorbid symptoms compromise this treatment?
- Is it possible to separate Howard Hughes' personality from his disorder?
- Would Howard Hughes have been as successful in aviation and entertainment industries without having OCD?
- Can people with OCD experience hallucinations? Is the episode of a germ-free environment realistic for someone with OCD?
- When would have been the optimal time to begin treatment for Howard Hughes? What treatment would have produced the best results?
- Hughes didn't have a will at the time of his death, and his fortune was divided between 22 cousins. Do you think Hughes would have been competent to write a will during the last years of his life? Why or why not?

Patient Evaluation[1]

Patient's stated reason for coming: "There is no safe place; there is no safe place."

History of the present illness: Mr. Howard Hughes, a 42-year-old Caucasian male, was brought to the clinic by his accountant who reports that the patient has been living in one room of his mansion which he has turned into a "germ-free environment." All entrances to his room are covered with masking tape, he uses tissue to pick up items, and he refuses to use dishes or glassware. He has numerous obsessions and compulsions that have been present for several years, but are becoming increasingly debilitating. The most troubling obsession is his fear of germs, which has developed into a severe phobia. He burns his complete wardrobe when he is exposed to anyone who is sick. He also requires his friends and employees to follow very strict hygiene practices. Recently, he has begun to experience severe panic attacks caused by extreme fear of dirt, messiness, or any perceived disorder in his life. He once reported "seeing things" that others cannot see. He has panic attacks daily and is very afraid that he will have an attack in public.

Past psychiatric illness, treatment, and outcomes: There is no reported history of mental health treatment, but symptoms have been present for years. He adamantly denies having a mental illness, but is aware that some of his behavior might make him appear mentally disturbed.

Medical history: Mr. Hughes has a long history of minor physical illnesses beginning in childhood. Driven by fear of developing life-threatening diseases, his mother frequently sought treatment for young Howard for colds and

1 This fictitious interview is based on the character portrayed in the film *The Aviator*. It is not intended in any way to represent an interview with the real Howard Hughes.

somatic complaints. At age 13, Mr. Hughes developed a medically unexplained paralysis that confined him to a wheelchair for 2 months. His parents believed that he had contracted polio, but the diagnosis was never confirmed. He has chronic pain from a series of plane accidents which resulted in serious facial, leg, and internal injuries. He currently takes pain medication from multiple prescribers.

Psychosocial history: Mr. Hughes, an only child, enjoyed a close relationship with his parents, Howard Sr. and Allene Hughes. His mother died unexpectedly when he was 16. Two years later, his father died of a heart attack. During childhood, his mother is reported to have been overly protective of her only child and was preoccupied with his physical and emotional condition. Mr. Hughes noted he learned early in life that he could attract attention or avoid unpleasant situations by complaining of an illness. His father was rather flamboyant and well known for his gregarious lifestyle. Devastated and lonely following his wife's death, Mr. Hughes Sr. removed his son from a private school and brought him back home. Until his father's death, he lived in California, where he engaged in a glamorous Hollywood lifestyle, often meeting with celebrities from the film industry. His paternal uncle was a noted film producer. Even though he never earned a high school diploma, his influential father managed to have him admitted to Rice University. He later quit college (after his father's death) and became the sole beneficiary of a very successful family-owned business.

Mr. Hughes married at age 19 and divorced 5 years later. There were no children. He continues to oversee the family business and is a well-known movie producer. He is also a celebrated aviator who started a successful airline. He never re-married, but has had multiple short-term, romantic relationships including several with teenage girls. His accountant is his closest friend.

Drug and alcohol history: Mr. Hughes uses legally prescribed narcotics for pain control. He uses ETOH daily and in combination with the narcotics. There is strong evidence suggesting addiction.

Behavioral observations: Mr. Hughes is a disheveled, tall, emaciated, white male appearing older than his stated age. He arrived with his accountant. He entered the room hesitantly and refused to shake hands. He brushed off his chair before sitting down and answered most questions with anger and impatience. He avoided eye contact. During the interview, he frequently covered his mouth with a tissue making his words unintelligible. His shoulder-length hair was uncombed and his fingernails were dirty and unusually long. His clothes were dirty and wrinkled. He was agitated and restless throughout the interview and answered most questions with a one-word response, usually a mere "yes" or "no."

Mental status examination: Mr. Hughes was alert and oriented to time and place, but did not know the day or date. He denied suicidal or homicidal thoughts, but stated he would like to go to sleep and not wake up. He admitted to occasionally seeing things (bugs, germs, images) that others do not see. While these events are disturbing to him, he explained them as his mind playing tricks on him. He also admitted that these events usually occur following use of alcohol and codeine substances. He completed serial sevens to 65 until he became distracted with an outside noise. When asked the meaning of "why does a rolling stone gather no moss?" he sat in silence and then said "that's me." When anxious, he repeated phrases over and over. It is unclear whether the repetition of phrases is truly a compulsive behavior or a memory problem.

Functional assessment: Within a very short period of time, Mr. Hughes has become a successful filmmaker, aviator, airplane designer, and airline executive. He is independently wealthy, living on profits from his manufacturing company. He has not worked for the last 6 months, following a break-up with a girlfriend and a collapse of a business venture. His food is prepared by a personal chef who follows very specific directions including disinfecting all cooking utensils. Even though he is very concerned about transmission of disease, he bathes infrequently and does not attend to personal hygiene. He lives like a hermit, rarely seeking outside contact.

Strengths: Mr. Hughes is clearly a creative, ingenuous, and innovative man. He has had periods of successful functioning in which he established new businesses and engaged in friendships and romantic relationships. He recognizes that his psychosis may be related to substance use. He easily discusses his childhood experiences. He is motivated to manage his panic attacks.

Diagnosis: Obsessive-compulsive disorder; panic disorder with agoraphobia; substance abuse disorder. Rule out: bipolar disorder.

Treatment plan: (1) Consider an intensive outpatient/inpatient anxiety management program that employs the evidence-based treatment of *in vivo* exposure and response prevention; (2) Psychiatric consultation to initiate pharmacotherapy for managing OCD symptoms; (3) Weekly cognitive-behavioral therapy to identify and manage obsessions, compulsions, and panic attacks; (4) As anxiety management improves, target residual substance abuse problems via psychotherapy, support groups, and other adjunctive sources; (5) Psychoeducation for lifestyle changes, nutrition, and general self-care/hygiene.

Prognosis: Fair, if Mr. Hughes adheres to the treatment plan. However, he is likely to resist and it will be challenging to engage him fully in treatment.

The Aviator and OCD

The Aviator (2004), an award-winning film directed by Martin Scorsese and starring Leonardo DiCaprio, illustrates many factors that may contribute to the development of OCD – overprotective parents, fear of germs, impulsivity, need for immediate gratification, and the untimely death of both parents. Based upon the real life of tycoon Howard Hughes, Jr. (1905–1976) from age 24 to 42, the film depicts his psychosocial and physical deterioration. The underlying effect of his addiction to codeine is not as clearly portrayed, but the use of alcohol can be clearly seen. Like symptoms of many people with OCD, the obsessions and compulsions develop over time. The film also shows how stress can exacerbate one's symptoms. Leonardo DiCaprio prepared for his marvelous portrayal of Hughes by spending time interacting with patients with OCD.

> "I want ten chocolate chip cookies. Medium chips. None too close to the outside."
>
> Howard Hughes (Leonardo DiCaprio) in *The Aviator* (2004), displaying OCD behavior

Anxiety Disorders

Anxiety, a normal reaction to a situation or stressor, is a motivator for performance and can be a healthy warning signal of danger or something that needs attention. Existential writers and mental health specialists agree that anxiety is an expected part of the human condition. There are a variety of theoretical explanations for anxiety. Richard Lazarus, a well-known psychologist, described anxiety as a negative emotion that occurs when facing an uncertain, existential threat (Lazarus, 1999). Psychoanalysts view anxiety as a warning signal that danger is present and that overwhelming emotions are imminent, giving rise to unmanageable helplessness. Cognitive-behaviorists associate persistent anxiety with a negative self-view, along with a strong sense of desperation and vulnerability.

When anxiety significantly interferes with school, work, or social interactions, an underlying psychiatric disorder may be present. The *DSM-IV-TR* categorizes anxiety disorders as obsessive-compulsive disorder, panic disorders, phobias, and stress/anxiety disorders (i.e., posttraumatic, acute, generalized). The forthcoming diagnostic manual will most likely re-categorize these disorders. The commonality of all of these disorders is an abnormal or exaggerated anxiety response which negatively affects physical health, psychological well-being and cognitive and social functioning. Stress exacerbates the symptoms. Untreated, anxiety disorders can result in physical deterioration, despair, extreme fear, broken relationships, and unemployment. Suicide may be the ultimate outcome.

There is no one single etiology of the anxiety disorders. Instead, there are multiple factors that are responsible for the development of these disorders. Genetic predisposition, environmental changes, and psychosocial events all contribute to their development. As these disorders develop, changes occur in the brain that set into motion the abnormal response characteristic of anxiety disorders. Treatment focuses on changing thoughts and behaviors, as well as establishing new brain interaction patterns, with cognitive behavioral therapy and medication.

Obsessive-Compulsive Disorder

People with **obsessive-compulsive disorder** (OCD) are distressed by recurring thoughts and/or irrational behaviors that can be so time consuming that they interfere with work and social relationships. In severe cases of OCD, these thoughts and behaviors dominate virtually every minute of every day.

Obsessions are "intrusive, inappropriate, recurrent and persistent thoughts, impulses, or images that cause marked anxiety or distress" (*DSM-IV-TR*). Obsessions are of greater magnitude than the everyday worry that is part of almost all our lives. Those with OCD repeatedly try to suppress these thoughts, but the very act of suppression serves to increase their intensity. These recurrent thoughts are disagreeable and alien to the sense of self (i.e., ego-dystonic). Common obsessional themes include harming others (especially children or helpless individuals), contamination with germs or feces, exposure to toxins or infectious diseases such as AIDS, blasphemous thoughts and sexual misbehavior. Obsessions can also coexist with other disorders such as posttraumatic stress disorders.

Compulsions are repetitive behaviors or mental acts that are carried out to reduce the discomfort associated with the obsessions. Sometimes there is a logical connection between the compulsion and the obsession (e.g., repeated hand washing *may* help prevent contamination from germs). However, in other cases there is no logical connection between the two (e.g., the patient who feels a compulsive need to sing the first few lines of a popular commercial before pulling away from every stoplight knows there is no meaningful connection between the behavior and the likelihood of an accident).

Matchstick Men (2003) does an outstanding job of highlighting the psychological consequences of OCD. Roy Waller, played by Nicholas Cage, is a successful con man who is able to use his attention to detail to execute complicated bait-and-switch schemes. When his life is disrupted by the appearance of his estranged teenage daughter (whom he has never seen), he is no longer able to maintain control over his illness or his life. His symptoms erupt and he deteriorates. The viewer is able to not only observe the numerous odd, incapacitating behaviors of a patient with OCD, but also his therapy sessions in which he vividly explains internal conflicts typical of OCD.

In another popular film, *As Good As It Gets* (1997), Melvin Udall, a misogynist and a homophobe played by Jack Nicholson, has a pronounced obsession with cleanliness. He eats at the same restaurant every day, sits at the same table, insists on the same waitress (Helen Hunt), and always orders the same meal. Melvin always brings his own paper-wrapped plastic utensils to this restaurant, so he does not have to "risk" contamination from dirty silverware. Whenever anything disrupts this well-established routine, Melvin becomes anxious and belligerent. He wipes off door handles before opening doors, and he carefully avoids stepping on cracks as he walks to his therapist's office. Melvin's obsessions are his repetitive thoughts about germs and disease; his compulsions are the ritualistic behaviors he engages in as a consequence of his thoughts. Patients with OCD frequently have multiple obsessions, and the film *As Good As It Gets* provides a realistic presentation of the disorder (with the possible exception that a patient with an obsession about cleanliness as severe as that present in Nicholson's character would be unlikely to be willing to touch a small dog). Some clinicians argue that Melvin also would meet the *DSM-IV-TR* criteria for a dual-diagnosis of OCD and OCPD (obsessive-compulsive personality disorder) due to his pervasive rigidity, interpersonal control, and inflexibility.

It is rare to find a film that depicts OCD patients who are compulsive hand-washers. One exception is a short film called *Waiting for Ronald* (2003). It is a simple film about a man, Ronald, leaving a supervised residence to take a bus to live in the community with his friend, Edgar. Both men have developmental disabilities. Edgar has OCD and he is a compulsive hand-washer. He is very precise in the way he places his hat, fixes the folds in the hat, and places objects in his bag. He arrives early at the bus stop, and since Ronald misses the first bus, Edgar has to wait longer than he anticipated. Edgar has a strong need to use the restroom, which he finally does, knowing he might miss Ronald's arrival. Edgar begins to wash his hands and continues, even though he has heard the bus arrive. He wants to stop washing but cannot; his anguish is palpable. He winces and struggles, moaning in mental pain. He washes his hands harder, crying, trying to push himself away from the sink. The viewer can clearly see the pain and suffering the hand-washing causes him. Edgar coaches himself over and over (using the words and name of his therapist), "You can do it. Joe says you can do it… just breathe." Eventually, he slowly pulls his hands away from the sink one hand at a time.

The comedy *What About Bob?* (1991) stars Bill Murray as a patient with multiple problems, including overwhelming anxiety when he cannot be close to his therapist, played by Richard Dreyfuss.

Compulsive hoarding, while not an official *DSM-IV-TR* diagnosis, is commonly associated with OCD and shares many of the OCD criteria. Hoarding refers to the collecting and saving of excessive quantities of possessions (e.g., newspapers, pets, sticks) that are of little use or value in large quantities; in severe cases, safety and health can be at risk. Hoarding is portrayed briefly in Juliette Binoche's character in *Bee Season* (2005) and in the character of Harvey Pekar, the comic strip artist portrayed in *American Splendor* (2003). In *Winter Passing* (2005), Ed Harris portrays an alcoholic who is a disheveled mess, perhaps partly as a reaction to his wife's recent suicide. He lives in a home filled with trash. He is a compulsive hoarder, and the numerous stacks of books in his home serve as a symbolic boundary outlining the entire house, including the stairs and each room, making it challenging to maneuver around.

For details about the treatment of OCD (and other anxiety disorders) as depicted in films used to treat OCD via the strategy of *in vivo* exposure and response prevention, see Chapter 15: Treatment.

Disorders of Fear: Panic, Phobias, Social Anxiety, and PTSD

Panic Attacks

Intense, irrational fears and very distressing physical reactions are the primary symptoms of a **panic attack**. Some persons fear losing control, while many others fear dying. Even though these fears are recognized as illogical, they *feel* very real. Generated by the fear, the physical symptoms include palpitations, accelerated heart rate, sweating, trembling, shortness of breath, a feeling of choking or smothering, chest pain, nausea, dizziness, lightheadedness, numbness or tingling sensations, and/or chills or hot flushes and they only reinforce these irrational beliefs. Panic attack symptoms are similar to those of an impending heart attack. The first panic attack usually begins after contact with a potentially dangerous or repulsive external object such as a knife or a snake, which later becomes the focus of the fear. Events associated with loss of control such as being in an enclosed space or being raped or abused can also be the first antecedent to the attack. Patients usually vividly recall their first panic attack. In *Dirty Filthy Love* (2004), Mark's anxiety often leads to panic attacks. In *Matchstick Men* (2003), Roy has several panic attacks throughout the film. In *Something's Gotta Give* (2003), Jack Nicholson's character Harry Sanborn experiences panic attacks on two separate occasions. This film makes the point that panic can often present with symptoms very similar to those accompanying a heart attack; the cause of Harry's panic appears to be relational stress with the main female character, Erica Barry, played by Diane Keaton. In the film *The Departed* (2006), Billy Costigan (Leonardo DiCaprio), experiences panic attacks which contribute to the suspense of the movie; his medication (lorazepam) is discussed as an anxiety treatment.

In *Broken English* (2007), Parker Posey portrays an event planner who sits around much of the day bored at her computer. When she begins to date and moves toward a relationship commitment, she begins to experience panic attacks in public. She immediately escapes from the situation back to the comfort of her home. She later faces her anxiety directly, symbolized in her traveling to another country where the man lives whom she had begun to avoid; she initially travels with a supportive friend, but when the friend leaves, she is forced to confront her anxiety on her own.

Panic Disorders

A **panic disorder** is diagnosed when panic attacks become regular, but still unpredictable, events. These episodes seem to come out of nowhere. The fact that they seemingly occur anywhere and at any time is one of the reasons that a panic disorder is such a debilitating condition. Some people will have daily panic episodes, while others may be able to go for weeks or months without experiencing panic. Misdiagnosis often leads to delays in treating panic disorder, which in turn exacerbates the anxiety disorder. In the true story *Nobody's Child* (1986), patient rights' advocate Marie Balter (Marlo Thomas) is misdiagnosed as having schizophrenia and spends more than 15 years in a state mental hospital. In reality, she suffered from depression and panic disorder. Following her release she earns a baccalaureate and master's degree and returns to the state hospital as an administrator.

Robert De Niro plays a mob boss with panic disorder who meets with a psychiatrist, played by Billy Crystal, in both *Analyze This* (1999) and *Analyze That* (2002). Paul Vitti (De Niro) believes he is suffering a heart attack, but Dr. Ben Sobel (Crystal) explains the important difference between a panic attack and a heart attack and eventually helps Vitti get in touch with the deep pain and suffering that trigger his attacks. Though Vitti resolves some important issues in his life, this therapeutic approach risks misleading the viewer into believing this is the typical treatment for panic disorder; in fact, empirically validated treatments such as medications, cognitive-behavioral therapy and exposure therapy are much less dramatic, and require much more work on the part of the patient. Another hit man who suffers from panic attacks without agoraphobia is Pierce Brosnan's character in *The Matador* (2005).

In *Panic Room* (2002), Meg (Jody Foster) and her young daughter, Sarah, move into an extravagant mansion on the Upper West side of Manhattan, and while spending their first night in their new home, three thieves, expecting an empty house, break in hoping to steal millions of dollars. Meg and Sarah find refuge in the steel-plated, impervious "panic room" which holds both the money and their safety. The viewer sees Meg experiencing symptoms of a panic disorder as she experiences difficulty breathing and her face expresses fear when she becomes enclosed in the panic room for the first time in a non-threatening situation and her daughter asks, "Mom you're not gonna wig out, are you?" When confronted with a dangerous situation, Meg shows resiliency and her

panic is justified. It is interesting to note that the stress of the situation triggers Sarah's anxiety and causes a hypoglycemic response so severe her face changes color.

In *Lady in a Cage* (1964), Olivia de Havilland stars as Mrs. Hilyard, an upper class woman who is trapped inside her home elevator when the electricity in her house goes out. In making a call for help, she attracts thieves who rob her and try to hurt her. The film melodramatically and metaphorically illustrates claustrophobia and panic attacks. Panic attacks are also frequently depicted in a realistic way but with only a minor role in the overall story, as in *Das Experiment* (2001), *My First Mister* (2001), *Monster's Ball* (2001), and *Hannah and Her Sisters* (1986).

Panic Disorder with Agoraphobia

When there is a feeling of vulnerability and fear of experiencing a panic attack, **panic disorder with agoraphobia** is diagnosed. The individual suffering from this type of panic disorder is afraid of the perceived consequences of a panic attack (e.g., losing control, going crazy or dying) and finds ways to limit his or her life to avoid subsequent panic episodes. The avoidance can be quite subtle (e.g., these individuals may be able to leave the home comfortably if they leave with a person perceived to be "safe" and whose presence would somehow magically protect them from the catastrophic consequences of a panic attack). Although the word agoraphobia comes from the Greek word for fear of the marketplace, the idea that people with agoraphobia fear all "open places" is incorrect; the person may associate any number of situations or places with fear of panic attacks. In the film *Matchstick Men* (2003), it is unclear if Roy has fear of panic or fear of situations and places. If the latter criterion is met, it is more likely he is experiencing *situational* panic due to his fear of contamination and this is what causes him to avoid public places – nevertheless, these symptoms are not sufficient to justify a diagnosis of agoraphobia.

It is important to differentiate between true agoraphobia (which is driven by a strong desire to avoid the perceived catastrophic consequences associated with symptoms of anxiety that occur whenever one leaves a safe area) and the isolation, withdrawal, and seclusion that result from thought disorders such as paranoid schizophrenia. For example, an announcement of a support group for agoraphobia was advertised in the local paper, one person called and requested an opportunity to participate. However, during a brief telephone interview, the woman disclosed that she was genuinely concerned about being eaten by aliens if she ventured far from her home. Clearly, she had a thought disorder and would not be an appropriate candidate for the group.

Panic disorder with agoraphobia should also be differentiated from the diagnosis given to an individual with **agoraphobia without panic** who may experience catastrophic fears related to other physiological experiences such as fainting, vomiting, headaches, etc. These individuals are not afraid of panic attacks; however, the avoidance seen in these situations can be identical to the avoidance in those who are attempting to avoid panic attacks. With both disorders, the individual is literally housebound and cannot leave the perceived safety of their home. In extreme cases, people with agoraphobia are unable to leave their bedrooms.

Sean Connery's character William Forrester in *Finding Forrester* (2000) could probably be diagnosed with panic disorder with agoraphobia (he also has characteristics of avoidant personality, a clinical problem with features that overlap with anxiety disorders). Forrester does not leave his apartment (in part out of a fear he will have a panic attack in public), is socially awkward, and experiences panic when he is required to go into a public place. He does what many people with agoraphobia do – he has his groceries delivered so he does not have to leave his apartment. The film captures the subjective experience associated with Forrester's panic attacks when the camera shows his "spinning" feeling, and sound is blurred. In the throes of his anxiety, Forrester wanders off and gets lost. At the end of the film, the viewer sees the potential for successful treatment of agoraphobia when Forrester is shown riding his bike on busy and crowded streets.

One of the most interesting cinematic portrayals of agoraphobia is found in Robert Taicher's movie *Inside Out* (1986). In this film, Elliott Gould plays Jimmy Morgan, a New York businessman with marked agoraphobia who has not left his house for ten years. He has food delivered to him, arranges for call girls to come to his apartment for anonymous sex, places bets over the phone, and almost never ventures out of his house until forced to by circumstances beyond his control.

Phobias

Fears are labeled as **phobias** only when specific conditions are met. Marked anxiety must be present in the presence of the phobic stimulus and must routinely occur with exposure to the stimulus. In addition, the phobic individual must generally be aware that the magnitude of the fear response is

excessive. Most people with specific phobias will avoid the stimulus situations that leave them fearful to avoid the extreme distress they experience in these situations. Successful treatment of phobia involves exposing the person to the phobic object in a safe and controlled environment. Over time and with continual exposure, the person becomes comfortable with the object. However, the fear never truly leaves, and at times of extreme stress, the original fear and anxiety around the object can reappear.

Tom Hanks' character Dr. Robert Langdon in *The Da Vinci Code* (2006) is afraid to go into small, enclosed spaces such as an elevator or the back of a locked truck. He experiences shortness of breath and becomes hyperfocused (intense mental concentration focusing on a narrow subject). Mel Brooks' character in *High Anxiety* (1977) suffers from severe acrophobia which generalizes to a fear of planes, escalators, elevators, higher numbered floors in hotels, and any high places where he can look down. He experiences dizziness, nausea, and vertigo in these situations. Specific fears are sometimes justified. Spiders can bite us; people do fall from high spaces; and even small cats can scratch us. Specific phobia occurs when there are excessive or unreasonable fear of an object or situation and the anxiety-provoking stimulus is avoided. Various subtypes of this disorder include animals (i.e., dogs, insects), natural environment (i.e., storms, water), blood-injection/injury (i.e., medical procedures), situational (i.e., bridges, elevators), or other miscellaneous stimuli (i.e., situations that might lead to choking). Specific phobias will occasionally remit spontaneously in the absence of treatment, but this is relatively rare. A fear of flying is depicted in Rachel McAdams' character in the Wes Craven thriller *Red Eye* (2005).

Many phobias are triggered by a specific traumatic event (at least traumatic to the individual experiencing the event). This was clearly the situation in *Vertigo* (1958), a classic Alfred Hitchcock film that stars Jimmy Stewart as John Ferguson, a San Francisco police detective, who is paralyzed by his fear of heights. The phobia has a traumatic etiology: While chasing a criminal across a rooftop, John almost falls to his death. A fellow officer, trying to aid John, is killed when he plunges to the street below. John, overcome with guilt, develops **acrophobia**, a debilitating fear of heights. The term *vertigo* refers to either marked dizziness or a confused, disoriented state of mind. Both meanings apply in this complex and the engrossing film. At one point in the film, John designs his own behavior modification program, stating, "I have a theory that I can work up to heights a little bit at a time." He puts a stepladder near the window, stands on the first step, waits, gets down, stands on the second step, waits, goes to the third step, becomes frightened and dizzy, and then falls to the floor.

In *Batman Begins* (2005), eight-year old Bruce Wayne (Christian Bale) develops a bat phobia after falling into a cave and encountering a swarm of bats. After Bruce urges his parents to leave an opera featuring actors dressed as bat-like creatures, his parents are murdered in front of him. He blames himself for his parents' murder by reasoning that they would not have left the theatre if he had not been afraid of bats. In response to these traumatic events, he gradually exposes himself to the feared stimulus and eventually transforms into a superhero with a bat-like appearance. By becoming "batman," he further reduces his anxiety and conquers his fear.

Claustrophobia is evident in Dakota Fanning's character in *War of the Worlds* (2005). Her father repeatedly teaches her to use coping skills involving an integration of safety reminders, closing her eyes, positioning her arms in a self-soothing way, imagination, and self-talk.

Social Phobia

Intense and persistent fears of criticism and rejection characterize social phobias. People with social phobias experience anxiety in response to the possibility of or perception of thoughts of negative evaluation or scrutiny, and consequently they avoid situations in which they are likely to be observed by others. The disorder can take many different forms and occurs in situations that require public speaking, public performance, test taking, or social skills. Some male patients with social phobias are unable to urinate in public places (also called **paruresis**), as shown briefly in *Roger Dodger* (2002); other patients are unable to eat in public for fear they will make a mistake and be ridiculed. The disorder is related to common phenomena such as performance anxiety, stage fright, and shyness. When fears relate to almost *every* social situation, the social phobia is considered "generalized."

The onset of social phobias typically occurs in childhood or adolescence and the clinical course, if left untreated, is usually chronic, unremitting, and associated with significant impairment. Few people with social anxiety seek professional help. The symptoms of social phobia include tachycardia, trembling, sweating, blushing, dizziness, and hyperventilation and occur in anticipation of or during a social interaction. Even more distressing is the sensation of impending doom that frequently occurs. Finally, patients feel an overwhelming need to escape from the social situation that is causing their distress. In the *40 Year Old Virgin* (2005), Andy Stitzer (Steve Carrell) avoids dating and sexual relationships due to anxiety. The film's premise is that Andy is a virgin due to intense fear of criticism or rejection.

Woody Allen's character in *Play It Again, Sam* (1972) is an exaggerated portrayal of someone with social anxiety (related to dating) and other neuroses. His portrayal personifies the "worst-case-scenario thinking" that individuals may engage prior to and even during a date. His character bumbles about and knocks things over, all in chaotic, comical movements. Any person nervous about an upcoming date can watch this portrayal and think, "At least I won't be that bad!" It is important to remember that shyness, performance anxiety, stage fright, and anticipatory anxiety are *normal* anxiety experiences to stressful and/or social situations.

Anticipatory anxiety about social situations often sets up a self-fulfilling prophecy. The phobic individual worries excessively about the performance demands of an upcoming event, loses sleep worrying about the situation, becomes tremendously anxious just before the event, and in fact performs poorly in the actual situation because of the high levels of anxiety. This poor performance then confirms people's beliefs about their inability to perform adequately in these situations, and their fear is exacerbated, causing them to perform even more poorly in similar situations in the future.

Social phobias are portrayed or implied in numerous films. In *Coyote Ugly* (2000), a young woman, Violet, moves to New York City to try to make it as a songwriter. Her social anxiety disorder keeps her from reaching her full potential so she takes a job as a "coyote" bartender at a wild nightclub. At this bar she begins to perform in front of large groups, deliberately "exposing" herself to those situations that she fears; moreover, her boyfriend helps to desensitize her by having her sing in the dark. It is this exposure that helps her manage and work through her anxiety symptoms. In the film's climax, she begins to get stage fright while performing and attempts to leave the stage; however, when the lights are turned off she is able to perform and she continues performing when the lights come back on. Violet believes the etiology of her social phobia is genetic; her mother also went to New York City to be a singer but left because of her own social phobia, and Violet believes she is carrying a "gene" for her inability to sing in front of others and her other avoidance symptoms. After she is able to perform, Violet learns it was her father who encouraged her mother to move home, and her mother never had a social phobia.

The painfully shy woman is a common film motif found in *Amelie* (2001), *Lonely Hearts* (1981), *Rocky* (1976), *The Fisher King* (1991), and *I've Heard the Mermaids Singing* (1987). Shy and socially unskilled men are portrayed in *Bubble* (2005), *The Shape of Things* (2003), *Dummy* (2002), *Marty* (1955), *Untamed Heart* (1993), *Awakenings* (1990), *Goodbye, Mr. Chips* (1939), *Howard's End* (1992), *The Remains of the Day* (1993), and all of the Charlie Chaplin films in which he played the Little Tramp. The ways in which two shy adolescents come to grips with their emerging sexuality and a racist society are portrayed in a wonderful Australian film, *Flirting* (1990).

Posttraumatic Stress Disorder

Posttraumatic stress disorders (PTSD) occur after exposure to traumatic events. The individual with a posttraumatic stress disorder must have personally witnessed or experienced some event that involved actual or threatened death or serious injury and must have responded with "intense fear, helplessness, or horror" (*DSM-IV-TR*). The traumatic event is then re-experienced by the individual in the form of nightmares, recurrent recollections, and flashbacks or as physiological distress. The PTSD victim works hard to avoid these recurrent experiences. In addition, the individual usually experiences sleep disturbance, irritability, difficulty concentrating, hypervigilance or an exaggerated startle response.

Military combat is a common cause of posttraumatic stress disorder, but the disorder can also occur in response to earthquakes, fires or floods, mugging, rape, the witnessing of violence, or any of a variety of other traumatic situations. Often, seemingly innocuous stimuli will cause an individual to relive the anxiety-producing experience; for example, hearing a car backfire may trigger a terrifying war memory of combat for a war veteran. In war films such as the award-winning *Saving Private Ryan* (1998), even though PTSD is not portrayed *per se*, it would be easy to understand how one could develop PTSD as the viewer observes the ubiquitous trauma the soldiers experience. The award-winning film, *In the Valley of Elah* (2007) is based on the July 13, 2003, murder of Richard Davis, a 23-year-old army soldier who had just returned to Fort Benning, GA., when he was declared AWOL. The young veteran's charred remains were discovered in the woods four months later. Hank Deerfield (Tommy Lee Jones),

father of the murdered soldier and a retired army investigator, uncovers the events surrounding his son's murder.

> "Every man I kill, the farther away from home I feel."
>
> Capt. John H. Miller (Tom Hanks) in *Saving Private Ryan* (1998)

Many victims of combat or natural disasters experience what is sometimes referred to as **survivor guilt**. Some might feel guilty when they realize that their lives were spared while those of more "worthy" individuals (e.g., children, young parents) were taken. Consider Tom Cruise's character Ron Kovic, who would meet the criteria for PTSD, in *Born on the Fourth of July* (1989). Kovic's guilt about the death of his buddy "Wilson" is an example of survivor guilt.

In the fictitious film *Reign Over Me* (2007), Adam Sandler plays the role of a dentist coping with PTSD and survivor guilt after the death of his wife and three daughters who were passengers on one of the planes involved in the 9/11 destruction of the World Trade Center. Refusing to acknowledge his past or the tragedy, Charlie Fineman enters extreme isolation regressing to a child-like existence in which he spends his time playing video games, listening to loud music, riding around on a scooter, watching movies, and pounding on his drums. He gets considerable emotional support as a results of the efforts of an old friend, another dentist played by Don Cheadle. However, the film is somewhat clumsy in dealing with this delicate subject, and teaches the viewer very little about the sequelae associated with something as traumatic as loss of one's entire family.

Suicide and suicide attempts are somewhat common in patients with PTSD. In addition, it is essential to assess for comorbidity (especially substance abuse) in cases of PTSD. Nearly all PTSD patients who are suicidal will be found to have a concomitant psychiatric condition.

The movie *Fearless* (1993) provides an interesting picture of an unusual reaction to trauma. Max Klein (Jeff Bridges) is one of a small group of survivors of a devastating plane crash. He assists a number of other passengers and is celebrated as a hero and a saint. He becomes convinced he is invulnerable and grows increasingly impatient with the banal concerns of his wife and child. After a near-death experience precipitated by an allergic reaction to strawberries, he returns to normal and reestablishes a loving relationship with his wife and son. The movie includes a very interesting segment in which a psychiatrist (who is employed by the airlines because he has written a best-selling book about PTSD) leads a discussion group for survivors of the crash.

Kevin Spacey's portrayal of Prot, a man who claims to be from another planet, presents a diagnostic enigma in *K-Pax* (2001). One way to view the film (another way is discussed in Chapter 3) is to assume that this character has PTSD. The viewer learns through flashbacks that Prot is Robert Porter, a man who experiences trauma when he returns home to find his wife and daughter murdered and the killer still in the home. Prot/Porter re-experiences the trauma under hypnosis and displays significant physiological arousal (e.g., a racing heart rate, elevated blood pressure) when his psychiatrist (Jeff Bridges) forces him to recall the traumatic incident. Porter engaged in extensive avoidance following the trauma – denial, estrangement from his home town, inability to recall information, and a restricted range of affect.

In *The Fisher King* (1991), Robin Williams plays a former college professor who becomes homeless and psychotic after witnessing his wife being gunned down in a restaurant. However, the active, well-formed, and specific hallucinations Williams experiences (e.g., a red knight riding a horse in Central Park with flames shooting out of his head) would be very unlikely to occur as a result of a traumatic experience. The character Jeff Bridges plays in the same film, a disc jockey who withdraws from life and abuses alcohol and drugs after a traumatic event, presents a far more realistic portrayal of PTSD. Although *The Fisher King* is imprecise and confusing in the way it links trauma to psychosis, PTSD is not uncommon among people who are homeless.

The stressors experienced by homeless people are illustrated in the films *Ironweed* (1987) and *The Saint of Fort Washington* (1993). *Ironweed* (1987) is a compelling film in which Jack Nicholson plays an alcoholic whose drinking is apparently related to his guilt about dropping and killing his infant son. Many of the symptoms of PTSD have become obliterated by Nicholson's alcoholism, which has become the dominant theme in his life. *Ironweed* illustrates the way in which alcohol abuse can develop as a secondary problem in response to trauma and can then become the primary psychological problem as abuse progresses to addiction.

Dozens of movies have been made about the Vietnam War, and many of these (as well as other war movies) illustrate either acute stress disorders or, more commonly in those that follow the hero home after the war, PTSD. Some of the most powerful of these films are *Born on the Fourth of July* (1989), *Coming Home* (1978), *The Deer Hunter* (1978), *Apocalypse Now* (1979), *The Killing Fields* (1984), *Platoon* (1986), *Good Morning, Vietnam* (1987), *Hamburger Hill* (1987), and *Full Metal Jacket* (1987).

In the original version of *The Manchurian Candidate* (1962), Frank Sinatra plays a brainwashed trauma victim who has recurring nightmares. He wakes up screaming with extensive sweating and a recollection of traumatic dreams that seem real. In a recent remake of *The Manchurian Candidate* (2004), director Jonathan Demme updates the film by including contemporary politics and more recent wartime experiences. Denzel Washington plays a Major who returns from the Gulf War with PTSD, paranoia, nightmares, and memories he cannot understand. He displays flat affect when he describes events surrounding the war, and he experiences intrusive memories. He becomes obsessed with trying to uncover the truth about what happened to him and his men. He hallucinates blood oozing from the forehead of a woman and has a flashback to a time when he was seeing a hypnotist; this symbolizes a real memory coming back and triggers a panic attack. He slowly begins to put together the sinister pieces of a political plot that involved extensive trauma and torture as well as physical and psychological abuse and brain-washing. PTSD symptoms are also displayed by Nicole Kidman's character in *The Human Stain* (2003) as well as by characters in *Open Hearts* (2002), *The Princess and the Warrior* (2000), and *The Pawnbroker* (1965). The latter film portrays a defeated concentration camp survivor who has become numb and indifferent in response to wartime experiences that included seeing his wife raped and his children killed.

Acute Stress Disorder

Acute stress disorder is in many ways similar to PTSD. However, acute stress disorder occurs relatively quickly after the traumatic event (within no more than four weeks) and may resolve quickly or develop into PTSD. In contrast, the symptoms of PTSD by definition have to last more than a month, and the onset of symptoms may occur months or even years after exposure to trauma. In the small, but powerful movie, *Grace is Gone* (2008), Stanley Philips (John Cusack) is unable to accept and process his wife's death in Iraq. Instead, he drives his daughters from the upper Midwest to a Disneyland-like Park for a brief vacation. Marisa Tomei's character in *In the Bedroom* (2001) experiences a traumatic event when her boyfriend is murdered by her estranged husband. In a subsequent scene, she is shown as depressed and expressionless.

Generalized Anxiety Disorder

Some people are characterologically anxious; they walk around with a sense of apprehension and experience physiological arousal in a variety of different situations. They display what is sometimes called **free-floating anxiety**. Their condition can be quite debilitating. These individuals frequently receive a diagnosis of **generalized anxiety disorder**; the diagnosis requires that worry and anxiety be present more days than not.

Anxiety symptoms associated with generalized anxiety disorder include the same physiological, cognitive, and behavioral symptoms associated with other anxiety disorders, but the symptoms are chronic. The individual with this disorder may have multiple somatic complaints such as tachycardia, a dry mouth, and gastrointestinal distress. He or she will worry constantly about the multiple things that can go wrong in life and may be irritable and short-tempered because of anxiety. The lifetime prevalence of generalized anxiety disorder in the general population is about 5%, but relatively few of these patients actively seek out treatment. Onset of symptoms typically occurs in childhood or adolescence.

Nicholas Cage plays two twin brothers, Charlie and Donald, in *Adaptation* (2002). Both brothers are screenwriters, but one is much more neurotic than the other. No make-up or artistic tricks are used to differentiate the two twins; instead, Cage's talent alone is sufficient to portray both the worried and neurotic Charlie and the easy-going Donald. This provides a nice contrast for people studying anxiety. Charlie anxiously struggles with writer's block and he is plagued with self-doubt and preoccupation with himself, both hallmark symptoms of generalized anxiety disorder. In another scene, Charlie is too anxious to approach an attractive woman played by Meryl Streep. The viewer learns about Charlie's anxiety, worry, and rumination not only through cinematic close-ups displaying his anxiety symptoms (e.g., sweating), but also through the voice-over indicating his thought processes. A major theme of this film speaks to how people try to "adapt" to circumstance, problems, and, in this case, anxiety.

Kissing Jessica Stein (2002) explores sexuality and relationships through the character of a New York journalist, Jessica Stein, who is tired of the dating scene and its limited offerings. She places an ad for "women seeking women" and meets a woman who turns out to be a great match. As their relationship develops, Jessica must battle her own neuroses about a lesbian relationship as well as her feelings for an ex-boyfriend who is still in love with her. Jessica experiences generalized anxiety as a worrier and classic neurotic. She is uptight and rigid, and very anxious about anything new or different. She does not have the self-confidence necessary to defend herself when she is criticized in public. She rarely stands up for herself and is unable to be honest to family or friends about her female lover. Jessica describes her experiences with panic attacks and mentions various other anxiety symptoms. She stumbles over her words and tries to control situations in which she becomes nervous. After reading a book about lesbians she realizes she is afraid of both sexuality and sensuality. Her anxiety is particularly noticeable at the dinner table prior to a family member's wedding; she is preoccupied with what people think of her and is unable to be honest, covering up the truth with repeated lies. This film emphasizes honesty, individuality, and the potential for change.

"I check my answering machine nine times every day and I can't sleep at night because I feel that there is so much to do and fix and change in the world, and I wonder every day if I am making a difference and if I will ever express the greatness within me, or if I will remain forever paralyzed by muddled madness inside my head. I've wept on every birthday . . . and I feel that life is terribly unfair and sometimes beautiful and wonderful and extraordinary but also numbing and horrifying and insurmountable and I hate myself a lot of the time. The rest of the time I adore myself and I adore my life in this city and in this world we live in. This huge and wondrous, bewildering, brilliant, horrible world."

Jessica Stein describing the ways her anxiety disorder has limited her life

Most Woody Allen comedies will include at least one character with an anxiety disorder, and many depict characters with generalized anxiety disorder (usually played by Woody Allen himself). Indeed, neurotic, insecure, and self-absorbed characters and the existential anxiety produced by the need to cope with a complex and impersonal world form the basis for much of Allen's humor. *Annie Hall* (1977) and *Manhattan* (1979) are the Woody Allen films that best illustrate generalized anxiety disorder.

Mel Brooks' now classic film *High Anxiety* (1977) makes fun of numerous movies with Hitchcock-like psychological motifs. Mel Brooks plays Dr. Richard H. Thorndyke, an anxiety-ridden psychiatrist, who takes over a prestigious mental institution, "The Psycho-Neurotic Institute for the Very Very Nervous." Thorndyke must battle an unethical and murderous staff in order to save his patients and himself. Meanwhile he struggles with his own generalized anxiety and phobias.

International Films: Anxiety Disorders

An excellent portrayal of obsessive-compulsive disorder is seen in *Dirty, Filthy, Love* (2004, UK). This short but powerful film begins with a successful architect, Mark Furness (Michael Sheen), taking a leave of absence from work due to his OCD. His wife leaves him because she can no longer deal with his odd behaviors. During periods of stress, his OCD symptoms are exacerbated and his tics (from Tourette's syndrome) worsen. This film depicts a warm and sensitive person who is trying to cope with the challenges and consequences of mental illness. Many typical compulsions are displayed such as climbing the stairs by walking up four stairs and down two, flicking lights on and off, and touching walls going up and down the stairs. Throughout the film, rituals dominate every aspect of Mark's life. Seeing Mark find acceptance in a "support group" allows the viewer to glimpse the variety of behaviors associated with OCD and the spectrum of behavioral interventions used in treating anxiety disorders. As Mark becomes increasingly ill, the destructive nature of mental illness is portrayed.

In the comedy, *Nothing* (2003, Canada), two roommates, Dave and Andrew, struggle with the stress and struggles of everyday life. Andrew has an anxiety disorder, most likely panic disorder with agoraphobia. He refuses to leave the house and has avoided going outside since his

teen years. He has arranged to work as a travel agent so he can stay at home. He reacts to situations with anxiety and distress, always thinks the worst in any situations, catastrophizes, jumps to conclusions, and is exceedingly fearful. Dave and Andrew discover that they are able to make things disappear by hating whatever they want to make disappear. The problem is if they go too far with this ability they are unable to make things reappear again.

Andrew: "Oh my God, we are going to die."
Dave: "For once I don't think you're overreacting"
Andrew: "For as long as I can remember I've been afraid of going outside and now it's not there. But I'm not going to be around to enjoy it not being there"

Two best friends in *Nothing* (2003)

The Norwegian film *Elling* (2001) presents an honest and fair portrayal of what it is like to cope with the debilitating effects of mental illness. A small, feeble man named Elling is taken to a psychiatric hospital after his mother, who was his caregiver for 40 years, dies. It is there Elling meets another eccentric, Kjell, who has sexual obsessions about women and problems with anger management. The two men are discharged together and placed in supportive housing under the guidance of a social worker. The film is about their return to the reality of everyday living. Each man must prove he can live on his own.

Elling states he has two enemies: dizziness and anxiety; "they follow me everywhere." He refuses to leave his house and believes he is unable to answer the phone (even when it is only the social worker checking in). He has learned to be completely dependent on his mother and the hospital staff, so it is a great achievement when he is able to walk to the end of the block to go to a store. Further challenges are met when Elling begins to talk on the phone, eat at a restaurant, and go on vacation. Elling takes another big risk in battling his anxiety by going to a public poetry reading; arriving several hours early, he befriends an isolated, famous poet. Elling is rigid in his behavior, worries constantly, and is terrified of losing his only friend Kjell to Kjell's new girlfriend. Elling expresses this fear in jealous passive-aggressiveness whenever he feels he has been left out or abandoned. His friendship with Kjell develops and deepens as they sacrifice for one another and stick together through the difficult times. "Hard work pays off" is a theme applied to the psychological challenges Elling and Kjell face. Rather than avoiding their fears, they face them and in turn, find freedom – freedom from dependency, from the hospital, and from isolation.

The interaction between the social worker, Frank, and Elling is noteworthy and inspirational. Frank sets firm boundaries and gives clear directives to Elling, taking a "tough love" approach that emphasizes that Elling must take chances to challenge himself or he will lose his new residence. Frank is accepting and understanding of Elling's eccentric ideas, and tolerant at the film's end when he walks into the home and finds Elling lying on the couch, drunk, and having thrown up on himself. Elling awakens and believes he is sure to lose his house and his freedom; instead, the opposite happens because this all too human behavior confirms in Frank's mind Elling's readiness to live on his own in the outside world.

Enduring Love (2004, UK) is a film about a freak hot air balloon accident in which several men attempt to save a young boy by grabbing onto a hot air balloon that is out of control. As the balloon rises higher and higher, each man saves himself by letting go soon enough, except for one who eventually dies. This traumatic incident leads the protagonist to develop symptoms of acute stress disorder and to vacillate from avoidance to rumination and from detachment to agitation in his relationships. His emotional distress is palpable as he displays inappropriate affect and struggles with guilt and anger.

In the Australian film *Walking on Water* (2002), an assisted-suicide plan for a man dying of AIDS goes awry and a friend forcefully suffocates the dying man. The friend is plagued by intrusive images and memories of the suffocation; he tries hard to avoid his memories, acts out in self-destructive ways, and displays considerable irritability and interpersonal conflict. He appears to be suffering from acute stress disorder.

The protagonist in *She's One of Us* (2003, France) clearly struggles with social anxiety. She is socially awkward, frequently displays inappropriate affect, and misperceives social situations. In interactions, she pauses, looks away, hesitates and shakes; heavy breathing can be heard off-camera to simulate her anxiety. She is eager to please and to seek reassurance.

Critical Thinking Questions

- How does anxiety play a role in OCD and how does this differ in panic disorder?
- Compare and contrast the symptoms of Howard Hughes in *The Aviator* (2004), Mark Furness in *Dirty Filthy Love* (2004), and Roy Waller in *Matchstick Men* (2003).
- How might the cinematic characters who have returned from the Iraq war with PTSD differ from those who return from Vietnam with PTSD?
- Some existential therapists such as Irvin Yalom and Rollo May have argued that anxiety is an essential part of the human condition, and that it needs to be confronted rather than avoided (e.g., they discourage the use of benzodiazepines after the experience of intense trauma). Do you agree?
- Are there some occupations in which it might be adaptive to have OCD?
- Compare the dysfunction associated with the specific phobia of John Ferguson (*Vertigo*, 1958) with that experienced by Dr. Robert Langdon (*The Da Vinci Code*, 2006).

Anxiety Disorders

Obsessive Compulsive Disorders

- *The Aviator* (2004)
- *Matchstick Men* (2003)
- *Dirty, Filthy Love* (2004)
- *As Good As It Gets* (1997)

PTSD

- *Born on the Fourth of July* (1989)

Panic Disorder

- *Finding Forrester* (2000)

Phobias

- *Vertigo* (1958)
- *Elling* (2001)
- *Batman Begins* (2005)
- *Play It Again, Sam* (1972)

Further Exploration

If you have time to read just one book relevant to this chapter, make it:

Antony, M. M., & Rowa, K. (2008). *Social anxiety disorder*. Cambridge, MA: Hogrefe & Huber Publishers.

If you only have time for one article, read:

Bouton, M. E., Mineka, S., & Barlow, D. H. (2001). A modern learning theory perspective on the etiology of panic disorder. *Psychological Review, 108*, 4–32.