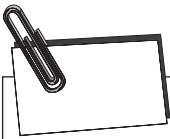


## Chapter 2

# 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<sup>1</sup>

**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

<sup>1</sup> 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.

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"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

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## **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.

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.

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**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)

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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.