

The Fact and Fiction of Psychiatric Illness in the movie *Matchstick Men*

The portrayal of individuals with mental illness continues to be a common theme in today's movie industry. Screenwriters and directors often capitalize on the symptoms of a particular illness in order to present an entertaining, fascinating character whose quirky behavior can often captivate the audience in an uproarious comedy or whose heartbreaking struggle can leave them weeping. The sheer number of films depicting mentally ill characters demonstrates that filmmakers find the creative possibilities too hard to resist. However, the problem with psychiatry in cinema is that the prime objective of the entertainment industry is, of course, entertainment. Therefore, while aspects of the character or storyline may represent an accurate representation, other elements of the condition are glossed over or distorted to create a more engaging performance. While this strategy has often garnered the praise and the success sought after by the producers, this often leads to a gross misrepresentation of true psychiatric illness and can often reinforce the stigma and stereotypes that individuals with mental illness experience. This paper will focus on a particular example of this phenomenon by analyzing the depiction of a man with multiple anxiety disorders in the popular film *Matchstick Men* (2003).

In this movie, Nicholas Cage plays the lead role of "Roy", a relatively successful conman who also happens to have obsessive-compulsive disorder (OCD), Tourette's syndrome, panic attacks, and "agoraphobia". As Roy's OCD symptoms are the most prominent during the film, this condition will be discussed first. Obsessive-compulsive disorder is described by the DSM-IV criteria as obsessions defined as recurrent, persistent thoughts that cause marked anxiety and/or compulsions defined as repetitive behaviors or mental acts the person feels driven to perform in response to the obsessive thought.¹ The goal of the compulsive act is to decrease anxiety (regardless of a meaningful connection between the thought and the act). While the movie fails to portray an accurate picture of the most successful treatment approaches (discussed later), Cage does a stellar job of demonstrating the symptoms associated with OCD. As this film does not have a running dialogue of Roy's inner thoughts, there is no way to convey the obsessive thoughts that accompany his illness, but the compulsive acts were evident throughout. For example, some of the common compulsions people with OCD experience are repeated hand-washing, specific counting systems, perfect aligning of objects, and a fear of contamination, all of which are demonstrated by Cage in this movie.² From the opening line of the film ("one-two-three"), Cage begins to display the behavior associated with OCD. The opening scene shows Roy getting ready for work at his house. As the camera moves over the meticulously clean house and shows Roy opening and closing doors three times before he passes through, checking the window locks three times, and washing his hands with particular care, the audience already begins to appreciate Roy's OCD behavior pattern. His symptoms wax and wane depending on the circumstance, but this is also a realistic view as anxiety-producing situations can often exacerbate the obsessions and compulsions. He continues to exhibit these actions through the majority of the film as he repeatedly asks people to take their shoes off in his house (lest it cause him significant distress), strive for order and neatness, and ask that

certain words such as “Jesus Christ” not be said (indicating that this may trigger a compulsive act). In addition, Roy consistently chain-smokes and indicates that he had a history of alcoholism. In one scene, during a particularly tense moment when he thinks he may have pushed his daughter away for good, he is seen with one cigarette in his hand and one in his mouth. There is a higher prevalence of drug addiction in patients with OCD which may represent a potential coping mechanism.² Overall, Cage’s acting and scripted conduct is consistent with the symptoms of OCD, and he gives a realistic and convincing performance.

One of Roy’s comorbid conditions is Tourette’s syndrome. This disease is characterized by the presence of motor and vocal tics for over twelve months.³ Roy’s motor tics include rapid blinking of the eyes and jerky movements with his head and upper body. He also makes slight grunts and clears his throat at times, both of which are consistent with vocal tics. One of the symptoms most often linked with Tourette’s syndrome by the media is coprolalia which is the sudden, uncontrollable shouting of explicative words (as emphasized in the film *Deuce Bigalow* starring Rob Schneider for comedic effect). In reality, this symptom is rare among those with this condition (8-25%).³ Thus, while Roy does not demonstrate coprolalia at any point in the movie, this does not discount the realistic portrayal of Tourette’s syndrome. His tics are also severely exacerbated by stress which is a common finding.

Unlike the two conditions described above, *Matchstick Men* presents a muddled picture of the relationship between panic attacks and agoraphobia. First, during a therapy session, Roy states that he doesn’t like being outdoors and labels this agoraphobia. In reality, this illness is not quite so simple. Individuals with agoraphobia do not dislike the outside because of some intrinsic, unexplainable dislike or fear of the outdoors, but rather because they fear having a panic attack in a situation in which they may not be able to get help and may not be able to escape.⁴ Therefore, repeated panic attacks in public areas lead to an aversion of certain areas or situations and can become so severe as to force the person to become a recluse. Yet the relationship is presented as the reverse in this film. For example, in one scene, Roy is working one of his conman schemes with his partner Frank and the customer leaves her back door open. The sight of the outdoors triggers a panic attack in Roy, complete with the distorted lighting and sound that Hollywood often uses to depict the “altered mental experience” for dramatic effect. The scene implies that Roy’s fierce aversion to the outside world triggers a panic attack which is unrealistic and misleads the viewer about the true nature of agoraphobia and panic attacks.

What the movie accomplishes with its overall decent exposé of the symptoms of the aforementioned anxiety disorders, it fails with the demonstration of the treatment and course of the disease. The therapist is dishonest to the point of being a key figure in a money-laundering scheme and lying to the patient about the “medication” given. He also crosses boundaries as he gives Roy a massage in one session and becoming involved in personal matters by calling Roy’s estranged wife and “daughter”. This provides yet another negative example of mental health professionals that reinforces the popular media stereotype of psychiatrists as untrustworthy and unprofessional. Furthermore, when Roy, in his understandable outrage, questions his psychiatrist about the medication duping, the doctor replies that he was given a placebo because he did not need the medicine to treat his condition. Indeed, Roy’s symptoms are reasonably controlled on the placebo reinforcing the idea that medication is not useful and the benefit from the drug

lies solely in the patient's perception of the treatment. This is an example of the outdated notion that OCD is due to a person generating obsessive thoughts on their own accord and then performing compulsive acts thereby implying that the person may have control over their condition and medication would be ineffective. Studies have shown that OCD is likely due to a dysregulation of serotonin in the brain.² The success of SSRI's in the treatment of this disease reinforces the validity of this hypothesis. Cognitive-behavioral therapy is also a mainstay in the treatment of OCD utilizing a particular technique called Exposure and Ritual Prevention. This process involves exposing patients to something that usually causes a compulsive act (such as getting their hands dirty would trigger handwashing) and then having the patient restrain from performing the act so that they learn to tolerate the associated anxiety. As with most psychiatric illnesses, the psychotherapy in conjunction with medication is the most efficacious option.⁵ *Matchstick Men* does not employ any of these treatment methods and leads the audience to assume that Roy's OCD and accompanying anxiety disorders can be cured by a change in lifestyle (Roy significantly improves once retiring from the conman business) and mental willpower (the seemingly cured Roy at the end of the movie comments "I think about things differently now"). While it is common for symptoms to wax and wane over the person's lifetime and possible to have a full remission, it is unlikely that without any effective therapy a person could achieve the recovery that Roy seems to be enjoying at the end of the movie. To make it look so easy and within the grasp of the individual without professional help is likely frustrating and demeaning to those who struggle to achieve full recovery from these conditions in reality.

In conclusion, some aspects of the film portray a realistic representation of the symptoms associated with OCD, Tourette's, and panic attacks. Another well done feature is the demonstration of the significant amount of distress that can accompany these conditions illustrated particularly well during the scene where Roy has experienced a temporary decompensation after running out of his medication. In this same scene, it shows the lack of respect and empathy that people can have for those with mental illness as Frank rubs the telephone on his buttock when Roy asks him to clean it off. Finally, it shows the reluctance that some patients have to go to therapy when Roy responds to questioning about why he was getting his drugs illegally with the remark "So I don't have to come see people like you". Unfortunately, in order to achieve a successful happy ending, the remarkable recovery Roy experiences and the lack of emphasis on effective therapy presents a much skewed view of the reality of the course of these diseases.

References

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