Paper Assignment #2:

Melvin Udall – As Good As It Gets

*Name of Student*

*Subject/Course Title*

*Name of Instructor/Professor*

30 November 2011

1.

In the film “As Good as It Gets,” Melvin Udall is a best-selling author who lives alone in his New York apartment (Brooks, 1997). Spending his life in recluse is simply not just a matter of choice because he’s also suffering from Obsessive-Compulsive Disorder or OCD. Despite his condition, he develops a liking to a waitress in his favorite restaurant. He was also forced to care for a neighbor’s dog, and eventually took in his neighbor; he grew fond of both the neighbor and his dog after quite some time.

Diagnosis

Melvin Udall’s Obsessions: Melvin is quite particular about germs and diseases, and he suffers from repetitive thoughts of these. Evidence of this when he eats out at the only restaurant that he goes to, he brings plastic utensils for his use. This falls under Criterion A.1, which is persistent thoughts, or ideas that is inappropriate and intrusive, causing him distress and anxiety. He tries his best to do away with these thoughts by doing compulsive actions, and this falls under Criterion A.3. In a conversation with Carol, the waitress that he likes, he admits that his obsessive thoughts are just the creations of his mind. This awareness and reflection falls under Criterion A.4.

Melvin Udall’s Compulsions: One of Melvin’s compulsion is quite common to those who suffer from OCD. He tries to avoid stepping on cracks in the sidewalk or in any paved area he sets foot in because he fears that it could lead to bad luck. This cause-and-effect connection between cracks and bad luck is a repetitive behavior that Melvin feels driven to execute because of his obsession or his own rules that is applied to such situations; this falls under Criterion A.1 of Compulsions.

Melvin also tries to put everything in order, including the plastic utensils that he uses for eating. He lays these up in an orderly, ritualistic fashion so that he feels less anxious about what would happen if he breaks from this pattern. This is indicative of Criterion A.2; wherein his actions were done to prevent something dreadful from happening. But in reality, these acts are not connected realistically with what a person like Melvin is trying to neutralize.

Melvin is quite remorseful about his compulsions, and he knows that it is unreasonable. He opens up to Carol about seeing a psychiatrist and also taking a medication to address such a problem. This recognition or realization falls under Criterion B, wherein sufferers recognize their compulsions and its unreasonable or excessive nature. But because he’s lived quite a long time with his obsession, he can easily become anxious and confrontational when his routine is disrupted by anyone or anything. This exemplifies Criterion C, wherein his thoughts and behaviors can be disruptive to or distressing to his routine, his occupational functioning, and especially his social activities and relationships.

2.

Therapy: Behavioral Technique

Behavioral Technique uses a specific technique called Exposure and Ritual Prevention, wherein sufferers like Melvin gradually learns to tolerate the anxiety that results from not performing or executing a ritualistic behavior that they’re used to. Based on the theory behind this style of therapy, the client’s problems may have developed when they’ve experienced something negative that they immediately associated with the non-fulfillment of the ritual behavior. In the case of Melvin Udall, this could be something that has happened to him when he failed to recognize or avoid the presence of germs or contaminants in his surroundings. Perhaps he experienced food infection or food poisoning on an instance that he didn’t use plastic utensils for eating. The maintaining problem could be the fact that he’s living in New York, and that once in a while, he may chance upon a meal that could upset his stomach. He might see this as the consequence of breaking away from his ritual.

The general goals of the therapy include reintroducing Melvin to the use of regular utensils when he’s eating out, as well as convincing him to eat somewhere else. One specific goal for him that would be consistent with this style of therapy is to be able to use regular utensils without having an upset stomach. This way, he’ll learn to ignore the perceived consequences of not performing his ritual of using plastic utensils. It is important to assure him that his fear of germs and the diseases that they may cause is not really grave, and that using such utensils won’t really hurt him.

A small realization or recognition that he is indeed well even after eating using regular restaurant utensils would lead him to slowly ignore his obsessions regarding germs and contamination. This could slowly introduce him to a whole new experience of eating out and not fearing for his dear life.

Other general techniques that could help Melvin work with his obsessions include: postponing his obsessions; paying attention to his thoughts, especially to those thoughts regarding his obsessions, changing ways to obsess, acknowledging his obsessions and his emotional responses to these obsessions, and affirming that these obsessions are irrational, among many others. On the other hand, the techniques that are unique to the Exposure and Ritual Prevention Therapy include systematic desensitization, flooding, satiation (in vivo or in imagination,) and paradoxical intervention, among others.

3.

Empirical Article: Functional Analytic Psychotherapy and the Treatment of Obsessive Compulsive Disorder

Findings: Functional Analytic Psychotherapy can contribute to the treatment of OCD. This type of therapy is a behavior analytically informed approach to talk therapy that uses natural occurrences of relevant behavior as the therapist interacts with the client to promote desired therapeutic change. It was found that in vivo learning during sessions as promoted in the treatment could be helpful in treating clients with OCD (Vandenberghe, 1997).

One weakness of this research is that it was limited to a small sample, and a bigger sample would have made more impact. However, it is a fairly new approach that’s why it is very promising in the field, and that it deserves more attention in treatment researches that could be conducted in the future.

References:

Vandenberghe, L. (2007). Functional Analytic Psychotherapy and the Treatment of Obsessive Compulsive Disorder. *Counseling Psychology Quarterly,* 20(1), pp. 105-14

The Anxiety Community. (2000). *Diagnostic Criteria (DSM-IV 300.3 OCD).* Retrieved from <http://www.anxietyhelp.org/information/ocd_def.html>

Brooks, J. L. (Director). (1997). *As Good as It Gets.* [Motion Picture]. United States: TriStar Pictures.