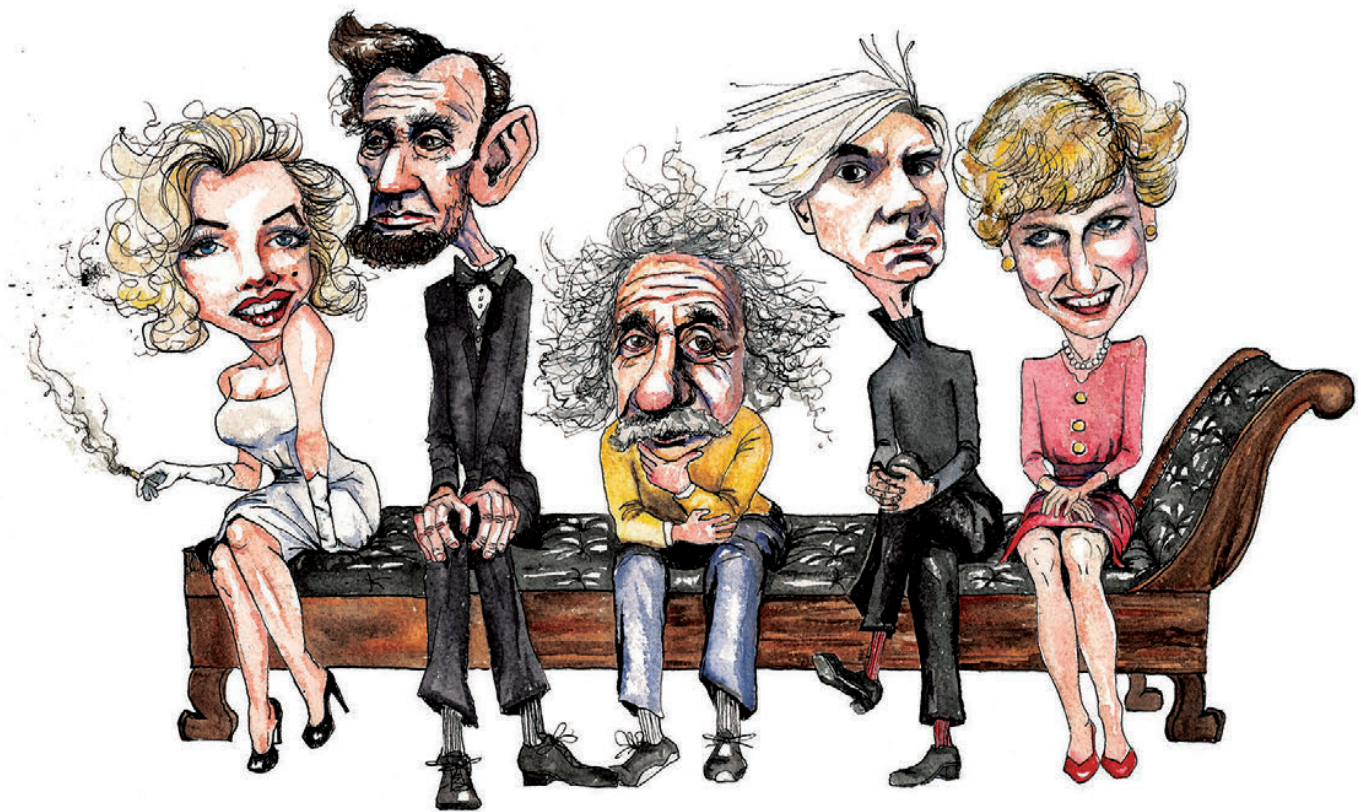


Andy Warhol was a Hoarder

Inside the Minds of History's
Great Personalities



Claudia Kalb

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NATIONAL GEOGRAPHIC

Washington, D.C.

Published by the National Geographic Society
1145 17th Street NW, Washington, DC 20036

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Library of Congress Cataloging-in-Publication Data

Kalb, Claudia.

Andy Warhol was a hoarder : inside the minds of history's great personalities / Claudia Kalb. -- 1st Edition.

pages cm

Includes bibliographical references.

ISBN 978-1-4262-1466-0 (hardback)

1. Fame--Psychological aspects. 2. Celebrities--Psychology--Biography. I. Title.

BJ1470.5.K35 2016

616.890092'2--dc23

2015024370



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Interior Design: Katie Olsen
Cover and Interior Illustrations: Allison Bruns

Printed in the U.S.A.
15/QGF-CML/1

*For my parents, Phyllis and Bernard Kalb
And for Steve, Molly, and Noah
With love and gratitude*

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Introduction

WHY DID ANDY WARHOL fill hundreds of boxes with old postcards, medical bills, and pizza crust? What made Marilyn Monroe overdose on sedatives? Why did Charles Darwin suffer from stomachaches, and Howard Hughes insist on turning doorknobs with Kleenex? These are some of the questions that launched this book: a journey into the wonder and anguish of the mind as told through the lives of 12 celebrated figures who reshaped the world. Albert Einstein's theory of relativity transformed our understanding of time and space. Abraham Lincoln's Emancipation Proclamation freed slaves. George Gershwin's "Summertime" intoxicated the soul. Almost all of these characters were enormously accomplished in science, business, politics, or the arts—but every one of them also exhibited behaviors associated with a mental health condition like autism, depression, anxiety, addiction, and obsessive-compulsive disorder.

In many ways, historical figures are no saner or zanier than the rest of us. While their public lives have been fodder for books, movies, and splashy headlines, their psyches reveal characteristics that many of us will recognize in our spouses, children, friends—even ourselves. We all craft public personas and tussle with internal

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dramas. Rich or poor, musician or accountant, boomer or millennial, most of us have *something* going on—a compulsion to line up pencils, a knack for blowing up friendships, an ego that jeopardizes a promotion, a powerlessness over potato chips. I, for one, have been known to triple-check the stove before leaving the house, hang on to old magazines and catalogs, and bawl over sappy commercials. But where is the line between “normal” behavior and a psychological problem? When is shyness a personality trait, and when is it social anxiety disorder? What makes yanking on your hair trichotillomania rather than just a bad habit? At what point do you treat sadness with Prozac?

Our understanding of mental health has evolved dramatically from the days when our ancestors drilled holes in one another’s brains to excise supernatural possession by demons. Over the centuries, people with psychological ailments have endured a rash of treatments, from leeches to electroshock therapy. Freud, with his theories of unconscious repression, launched the “talking cure” in the first half of the 20th century; then came the cascade of psychotropic drugs, from the tranquilizer Miltown in the 1950s to Prozac in the 1980s. Today, the brain and the mind are viewed as inextricably linked, and scientists are pushing to pinpoint the biological blueprints of mental health conditions. Intriguing findings are emerging: Activity in a specific area of the brain can predict if a patient with depression will do better with an antidepressant or talk therapy; people with schizophrenia have less brain tissue in the earliest stages of the illness; low levels of oxytocin, a hormone linked to social behavior, have been linked to higher levels of anxiety.

With each new discovery, however, comes the daunting reality that there is so much more to learn. The human brain is infinitely complex and unpredictable—a breathtaking mass of

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tissue comprising some 100 billion neurons and immeasurable capacity. That one organ can power our most basic needs (breathing, eating, walking), foster our intellect, *and* preside over random thoughts and amorphous feelings is as impossible to fathom as the breadth of the universe. Doctors know far more about the mechanisms underlying heart disease or diabetes than they do about mental disorders, and diagnostic tools are more precise for most physical ailments. X-rays pick up bone breaks; thermometers measure fever; blood tests detect infection. The brain is different. While you can image it for tumors and blood clots, you cannot scan it for bipolar or borderline personality disorders. And even if you could, would you be able to “see” these conditions with any clarity? Symptoms crisscross and overlap. Boundaries blur. Depression and anxiety often coexist with each other and with other conditions, including addiction, autism, and eating disorders. The notion that mental disorders are distinct entities has begun to change. Researchers recently discovered, for example, that a group of the same genetic variations is associated with five seemingly different conditions: autism, attention deficit hyperactivity disorder (ADHD), bipolar disorder, depression, and schizophrenia.

A mental health assessment is subjective, based largely on what a patient’s symptoms look like and what he or she tells the doctor. For now, the best that clinicians can do is to compare this against descriptive information and a checklist of symptoms contained in the American Psychiatric Association’s 947-page reference book called the *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM*. Although it serves a vital purpose in guiding mental health professionals toward diagnoses and treatment, the diagnostic manual has long been controversial. Critics charge that the diagnostic criteria lack validation and are overly inclusive. Since it debuted in 1952, the number of distinct mental disorders has increased from 80 to 157

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in the fifth and most recent edition of the *DSM* (known as the *DSM-5*), published in 2013. With each new condition comes the possibility that an otherwise healthy person with run-of-the-mill quirks will be given a diagnosis and a medication he or she doesn't need. Is your headache a symptom of caffeine withdrawal, one of the new diagnostic categories, or just punishment for too many lattes? If you gorge on french fries, do you have a binge eating disorder? Or is it the old eyes-bigger-than-your-stomach problem?

Despite these valid concerns, the *DSM* is the standard reference guide relied on by most mental health professionals today, and I used it as a framework to understand the symptoms and behaviors of the figures I've profiled here. To unveil the details of their experiences and their struggles, I mined published medical reports, biographies, autobiographies, and, when available, letters and diaries. For historical and contemporary views about mental health generally, and about the specific conditions I profiled, I consulted numerous books and journal articles and interviewed professionals with a range of expertise, including neuroscientists, psychiatrists, psychoanalysts, clinical psychologists, and academic researchers. My goal in presenting these portraits was not to assign labels but to contextualize mental health characteristics using both historical and contemporary psychiatry, and to explore the mysteries of the brain and human behavior.

What drives creative genius, intellectual brilliance, and ingenious leadership? And what lies beneath?

Several of the figures in these pages had confirmed mental illnesses, which they wrote about and talked about publicly. Princess Diana described her trials with the eating disorder bulimia nervosa in secret taped interviews that were later published and in a television interview with the BBC. On a trip abroad early in her marriage to Prince Charles, Diana recalled, "I spent my whole time

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with my head down the loo.” First Lady Betty Ford recounted her addiction to prescription drugs and alcohol in her autobiographies and dedicated her life after the White House to helping others recover at her renowned Betty Ford Center in Rancho Mirage, California. She was adamant about reducing stigma by being honest. “Getting sober,” she wrote, “is tough, tough work.”

A number of these profiles were inspired by long-standing debates about what the person’s ailment was, or if it even existed. Abraham Lincoln’s melancholy has been scrutinized for decades: Was he just a sad man? Or did he have a pattern of clinical depression? Lincoln’s story elicits a compelling and much debated question: Is there an upside to mental illness? There is fascinating research brewing here, especially in the area of mood disorders and their link to creativity. In Lincoln’s case, some experts argue that he could not have been depressed and steered the country through such turbulent times; others say that his despair made him a better leader. Across the Atlantic, Lincoln’s contemporary Charles Darwin suffered for years on end as he was compiling his theory of evolution. His chronic and debilitating symptoms, which he documented in meticulous health diaries, have inspired dozens of medical studies and a slew of diagnoses, from panic disorder to irritable bowel syndrome. I make a case for anxiety based on historical data and diagnoses put forward by mental health professionals, but it is in no way conclusive. The man who unraveled one of the greatest riddles in the universe left us a mystery that may never be solved: What made him so sick—his body, his mind, or both?

Nowhere is the debate over “normal” and “abnormal” more fraught than in the childhood disorders of attention deficit hyperactivity disorder and autism spectrum disorder, both of which have increased in prevalence significantly over the last two decades. Two of the figures profiled in these pages exhibited early childhood

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behaviors that would have made them candidates for diagnostic assessments had they lived in the 21st century. Albert Einstein was socially awkward and had a habit of focusing intensively on solitary subjects. Several experts have suggested that he exhibited symptoms of high-functioning autism, a condition that until recently might have been diagnosed as Asperger's disorder. George Gershwin, one of Einstein's younger contemporaries, was restless, unruly, and hyperactive as a boy, leading one psychiatrist to propose that today he would have almost certainly been hauled off to a child psychologist and tested for ADHD. Both Einstein's and Gershwin's stories are relevant to a critical question debated today: When is a diagnosis warranted in children, and what kind of impact will it have? Would Gershwin have written *Rhapsody in Blue* on Ritalin?

A number of the figures here received valuable psychological counseling, including Princess Diana and Betty Ford. But others had ineffective therapy or none at all. Marilyn Monroe exhibited symptoms consistent with borderline personality disorder, a condition deemed wholly untreatable during the era in which she sought help. Today, innovative behavioral therapies can be enormously beneficial, allowing patients to lead productive lives. Could Monroe have been saved? There's no evidence that Howard Hughes, who spent weeks holed up in a sealed screening room, ever received treatment for what was almost certainly obsessive-compulsive disorder. It is possible that medication or counseling could have helped rid him of his overwhelming preoccupation with germs. People with narcissistic personality disorder rarely seek treatment, because they're often oblivious to their behavior. It's their spouses and children who end up on the couch. Frank Lloyd Wright's narcissism was legendary, and it blemished relationships, both personal and professional. His remedy was not to find help but to surround himself with admirers.

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Several of the conditions profiled here appear for the first time in the latest *DSM*. Hoarding, previously viewed as a subtype or symptom of obsessive-compulsive disorder, has earned stand-alone status. The term is used loosely by many of us who squirrel away old books or new shoes. But when does “hoard,” the descriptive verb, become hoarding disorder? And what’s the difference between a “collector” and a “hoarder,” anyway? Andy Warhol provides more than one clue. In addition to his stockpile of boxes, he left a town house jammed with everything from Fiestaware to Tiffany lamps. Gambling disorder, played out convincingly by Fyodor Dostoevsky both in life and in his novels, also makes its debut in the most recent *DSM*, breaking new ground as the first behavioral addiction alongside alcohol, cannabis, inhalant, and other substance use disorders. Stay tuned: Internet gaming disorder could be next. Finally, there’s gender dysphoria, which has emerged as a new conceptualization of what used to be known as gender identity disorder. Christine Jorgensen, the first American widely known to seek sex-reassignment surgery in the 1950s, and a celebrity in her day, opens the door to an exploration of why transgender might be considered a psychiatric condition at all.

Investigating the ills of historical figures is controversial terrain. Mental health professionals are trained not to proffer diagnoses for patients they have never met. Given the inherent complexities of interpreting the mind, it is wise to be cautious. At the same time, leading medical journals routinely publish articles about what might have ailed celebrity “patients” based on historical records and accounts, and these reports often launch interesting discussions and debates, which can help raise the public consciousness about mental health. One study about King George III’s hair found that it was tainted with arsenic, which might have contributed to his madness. Numerous journals have printed reports about what

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ailed Mozart, including bipolar disorder and Tourette syndrome. Every year, the University of Maryland School of Medicine hosts a conference in which they present a case study of a historical figure. Since the program launched in 1995, experts have proposed diagnoses for everyone from Christopher Columbus (arthritis caused by an infection) and Edgar Allan Poe (rabies) to Florence Nightingale (bipolar disorder with psychotic features) and General George Custer (histrionic personality disorder). In some cases, a figure from the past may reveal even more about himself than a patient in the office. When asked in a magazine interview how well he knew Darwin, Dr. Ralph Colp, Jr., who spent decades studying the scientist's illness, answered: "Probably much better than I know some of my living friends and patients."

Mental illness can be debilitating and deadly. Throughout the course of my research, I made discoveries that deepened my admiration for these 12 figures and the troubles and triumphs they experienced. Before researching Marilyn Monroe, I had a simplistic view of her as Hollywood goddess; I came away feeling enormous sympathy for a woman whose tragic childhood left her empty and searching for a sense of self. Princess Diana also underscored the deep divide between public image and internal pain. One of the most photographed women in the world, she inspired fashion trends and raised compassion for humanitarian causes—but beneath the ball gowns and the smiles, she was exceedingly insecure. Christine Jorgensen, about whom I knew little, impressed me with her determination to break social mores and bravely fulfill her deeply felt identity as a woman. Frank Lloyd Wright and his colossal ego wowed me. I wouldn't have wanted to work for him, but I would have loved to have met him. Darwin surprised me the most. I had no idea that the great naturalist was exhausted, dizzy, and retching while writing *On the Origin of Species*. I still can't grasp how he managed to get it done.

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Ultimately, this book is about crossways and connections—between the mind and the brain, between public images and internal struggles, between the way people are wired and the way they behave, between famous people and the rest of us. It turns out that the lives of some of these historical figures intersected in very tangible ways. Darwin and Lincoln were born on the same day, February 12, 1809. Einstein loved reading Dostoevsky; in a letter written in 1920, he called *The Brothers Karamazov* “the most wonderful thing I’ve ever laid my hands on.” Frank Lloyd Wright had dinner with Einstein and designed a house for Marilyn Monroe and her third husband, Arthur Miller. Monroe’s hero was Lincoln. Howard Hughes and George Gershwin traveled in Hollywood circles, and both dated Ginger Rogers. Andy Warhol printed silk screens of Einstein, Monroe, and Princess Diana. But what they shared, above all, was being human. My hope is that telling these stories will highlight the psychological challenges we all face—no matter how big or small—and maybe even eradicate some of the cultural stigma that can go along with them. By learning more about these fascinating icons, we may discover a greater appreciation for the depths of human experience and behavior—and gain a greater understanding of ourselves.