

# Behind the Scenes: Unmasking the Misrepresentation of Obsessive-Compulsive Disorder in Film and Television

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## Abstract

Mental illness can often be seen being portrayed inaccurately in the media. These representations have the power to influence impressionable minds and shape how the general masses consume content about psychological disorders. Media provides both a positive and a negative outlet for these portrayals. Inarguably, the misrepresentation often weighs out the good that can come from such representations. Obsessive-compulsive disorder (OCD), a disorder identified by recurring and distressing thoughts or obsessions and consequent compulsive rituals, is one of the most commonly misrepresented disorders in film and television. This research paper investigates the accuracy of Obsessive-Compulsive Disorder (OCD) portrayals in film and television, exploring how these depictions align with or distort the clinical reality of the disorder. This psychiatric condition has been reduced to being only related to cleanliness and organization and a set of quirky habits that can be ‘cured’ easily. Moreover, the disorder is often portrayed as either untreatable or treated through inaccurate methods. These depictions create a harmful effect on the consumers and their understanding of the disorder. This paper also explores both the advantageous and disadvantageous impacts of such portrayals on viewers and patients of OCD and recommendations of future directions for media representation with a hope for better depictions in the time ahead.

**Keywords:** Media representation, Mental illness, OCD, Clinical reality, Impact on people

## Introduction

From carefully organized wardrobes to incessant handwashing, film and television have turned Obsessive-Compulsive Disorder (OCD) into a byword for eccentricity. In recent years, this anxiety disorder has gained popularity among the media given its visibly quirky symptoms and the ease with which it can be showcased, often overshadowing the serious and mental toll it takes on people who experience it. OCD is a debilitating psychological disorder that is characterized by intrusive, recurrent, and disturbing thoughts (obsessions) accompanied by ritualistic behaviors performed to reduce the distress caused by the obsessions (compulsions) (International OCD Foundation, 2024). Individuals suffering from OCD may be aware that their actions can be illogical because obsessions and compulsions do not always seem to be linked. Nevertheless, to alleviate their mental discomfort or to prevent something ‘bad’ from happening, they experience a strong need to engage in a variety of repetitive behaviors throughout the day.

## Pathology

Initially thought to be a rare psychiatric disorder, OCD now affects 1-3% of the population worldwide and

more than 1 in 40 individuals. While a 2:1 male-to-female ratio has been noted in several pediatric clinical samples, slightly more than half of adults with OCD are female (Martin Franklin, et al., 2014). The Cross National Collaborative Study, carried out by Myrna Weissman and colleagues (1994) over four different continents, examined the demographics and prevalence of OCD across the globe and concluded the mean age of onset to be the mid to late 20s, the youngest average 21.9 years in Canada and oldest average 35.5 in Puerto Rico. In the recent National Comorbidity Survey Replication study comprising over 9,000 adult participants, the estimated 12-month prevalence of OCD was 1.0% in the United States (Ronald Kessler, et al., 2005).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association (APA), 2013), repeated obsessions and/or compulsions that significantly interfere with day-to-day functioning are the hallmarks of OCD. Obsessions are “persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress” (APA, 2013, p. 237). These ideas can be about anything from existential worries to violent or taboo subjects, from fear of contamination to anxieties of harming. Compulsions are “repetitive behaviors or mental acts that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly” (APA, 2013, p. 237). Common compulsions include handwashing, checking, and counting.

OCD can develop in childhood, but it usually does so in adolescence or early adulthood. Symptoms develop gradually and change in severity throughout the course of a person's life and can be quantified using the Yale-Brown Obsessive Compulsive Scale (YBOCS) (Wayne Goodman, 1989). It includes a 0–4 scale item measuring degree of insight, or the extent to which OCD sufferers believe their obsessions and associated compulsions to be legitimate. Common obsessions and the obsessive behaviors that go along with them include aggressive (e.g., fear of harming others) or sexual thoughts (e.g., thoughts about incest), a focus on symmetry paired with ordering or counting, and a fear of contamination that motivates excessive cleaning (e.g., ritualized showering). While hoarding behaviors are typically associated with hoarding disorder, they can also arise in OCD as a means of averting imagined threats. Less common obsessions in OCD include scrupulosity (e.g., fear of being blasphemous), compulsive jealousy, musical obsessions, etc.

Although the exact etiology of OCD is not known, it has been linked to abnormalities in the brain, hormonal imbalances, and learning and cognitive processes. Glutamate receptor gene polymorphisms, especially the SLC1A1 coding area found on chromosome 9, have been most frequently linked to genetic variations in OCD patients (Porton B., et al., 2013). Dopamine may also be involved in the pathophysiology of OCD, as evidenced by the fact that antipsychotic medications that alter dopamine activity may lessen OCD symptoms. This aligns with imaging research reporting a correlation between individuals diagnosed with OCD and elevated dopamine levels in the basal ganglia (Damiaan Denys, et al., 2004). The brain areas associated with emotion regulation and cognitive control seem to be most affected by OCD, and changes in these areas may act as a mediator between the anxiety and threat misperception displayed by OCD sufferers.

Cognitive models, like learning models, emphasize the role of faulty beliefs in developing OCD. The learning model indicates that OCD symptoms arise when an individual acquires negative thought patterns and behavioural patterns towards neutral situations, which might be a consequence of life events. For example, when a neutral stimulus, like a doorknob, is combined with a negative event, such as getting an STD (unconditioned stimulus) after touching a contaminated doorknob (conditioned stimulus) in a public

lavatory, fear of disease is learned. Later encounters with the conditioned stimuli (doorknob) can now induce a conditioned response (e.g., excessive contamination concerns) (Baland Jalal, et al., 2023). Later on, the person discovers that repeated cleaning and avoidance behaviors lessen the obsessions and worries of contamination. Distress reduction does, in fact, negatively encourage these behaviors (by operant conditioning).

One of the best therapies for OCD is cognitive behavioral therapy (CBT), especially exposure and response prevention (ERP) therapy, which is a treatment that includes prolonged exposure to obsessional cues and strict prevention of rituals (Martin Franklin, et al., 2014). Exposure exercises are frequently performed in real-life situations (i.e., in vivo exposure). For instance, one common technique is to urge a patient, who worries about unintentionally starting a house fire, to leave the stove or oven on without checking the burners. Extended, repetitive exposure to distressing ideas and circumstances is assumed to yield knowledge that refutes patients' false associations and assessments, encouraging habituation (Martin Franklin, et al., 2014). Over the past 25 years, there has also been increased focus on the use of serotonergic drugs in the treatment of OCD. Clomipramine is the tricyclic antidepressant that has undergone the most research. Controlled trials consistently show that clomipramine works better than placebo (Joseph DeVaugh-Geiss, et al., 1989). Similar results have been obtained for selective serotonin reuptake inhibitors (SSRIs) (Martin Franklin, et al., 2014).

OCD and other psychiatric disorders co-occur often; lifetime rates of comorbidity can reach 50% to 60% (Denys et al., 2004). Depression (66%), specific phobia (22%), eating disorders (17%), social anxiety disorder (18%), alcohol dependency (also known as "alcohol use disorder" according to the DSM-5) (14%), and panic disorder (12%) are common co-occurring disorders (Baland Jalal, et al., 2023). An individual with OCD, depending on their situation, is likely to and can develop these disorders too. Obsessive-Compulsive Disorder (OCD) can cause severe functional impairment, which has a major effect on the patient's life. Time-consuming compulsions and intrusive thoughts can seriously impair productivity. People who have to follow rituals or deal with worry may find it difficult to focus, achieve deadlines, or keep regular attendance. People with OCD may experience a sense of isolation because they may avoid social situations that set off their compulsions or obsessions. For instance, a person with contamination-related OCD might avoid social gatherings, public places, or even physical contact with others out of fear of germs or illness. Simple actions like going outside, making choices, or meeting new people can become too much to handle.

In a case study reported by Monica Wu and Eric Storch (2016), Larry, a fifteen-year-old male, was diagnosed with OCD. His immediate problem was one of harm-related obsessions; in particular, he was overly concerned that he would hurt other people. These ideas were further portrayed in disturbing, invasive pictures of these actions. In reaction to these obsessions, Larry displayed a wide range of overt and covert compulsions. He avoided particular family members whom he believed he would hurt and avoided places that might include "threatening" objects (e.g., kitchens, knives). He, thus, found it difficult to finish some tasks and engage in some activities with family members. In order to be sure he hadn't hurt his parents, he also checked their bodies for stab wounds.

Similarly, in a case study conducted by Si-Si Lin and Jing-Fang Gao (2022), a 27-year-old woman with severe OCD who came into their hospital's psychiatry department was assessed. Her symptoms subsided after she started taking medicine. Her obsessions reappeared three years later during her pregnancy; she remained overly concerned about the fetus being imperfect and not normal since she had consumed alcohol just three weeks after conception, unaware of the pregnancy. After the birth, even though the baby was

normal, she had constant thoughts about killing her baby, which ultimately strained her relationship and led to her divorce. Her belief was irrational and insight was absent. She eventually had remission and acquired reasonable insight following numerous treatment modifications and variations for her intrusive thoughts about causing harm. Hers was a case of obsessional OCD, whereas the previous case study presents a picture of how obsessions and compulsions relate and interact in OCD. Moreover, these studies serve to highlight that OCD is more than just germaphobia and several eccentric traits; it is a psychological disorder severely impacting one's relationships and mental well-being and requiring serious treatment. Recent media representations tend to obscure the true image of OCD into something more digestible.

### **Depictions of Mental Illness in the Media**

Portrayals of mental illness in the media stereotype, stigmatize, or treat mental illness as something unimportant and easy to overcome in the natural course of life. Mentally ill characters in the media are often portrayed as a threat to society, violent, and incapable of functioning on their own. According to Diefenbach's (1997) research, 2.2% of characters on primetime television were shown to have mental health disorders, and 34% of those characters were depicted as having committed violent crimes, rapes, or murder. In actuality, just 3% of Americans with mental illnesses exhibit overtly aggressive conduct (Joachim Kimmerle, et al., 2013). These depictions generally lead to the formation of a negative attitude towards mentally ill patients. When one thinks about OCD, film and television characters that come to mind are Howard Hughes in *The Aviator* (2004), Melvin Udall in *As Good as It Gets* (1997), Monica in *Friends* (1994–2004), and Sheldon Cooper in *The Big Bang Theory* (2007–2019). The idea that any mentally stable person can acquire the title of having OCD by keeping their pencils straight on the table or wanting their bed always made is conveyed by BuzzFeed quizzes like "Just How OCD Are You?" and articles like "These Pictures Will Trigger the Hell out of Your OCD," which downplay the severity of the disorder and promote a metanarrative of levity. In these stories, a character's disability is portrayed as a barrier to their objective. For instance, in *The King's Speech* (2011), King George VI has to get past a speech impediment before he can feel worthy again. Frequently, these narratives station self-worth, or objective worth, as antithetical to life with a disability (Angela Kim, 2021).

The current paper examined recent popular media representations of OCD. The paper sought to analyze the way OCD has been portrayed in film and television and compare and contrast the depictions with the disorder's nature in real life. The analysis focused on the media's emphasis on obsessions and compulsions being only related to cleanliness and perfectionism, the false treatment shown, and how OCD continues to be trivialized as a disorder involving only 'cute' and exaggerated behaviors.

### **OCD in the Media**

#### **Type of Obsessions and Compulsions are Typically Only Related to Cleanliness, Organization, and Repetitive Behaviors**

OCD, due to its widespread depiction as germophobia and perfectionism, has been stereotyped to be related only to cleanliness, organization, and repetitive behaviors. While these are indeed some of the more visible aspects of OCD, they represent only a small fraction of the disorder's manifestations. Intrusive thoughts or obsessions associated with OCD are hardly shown in these representations. If displayed, obsessions are limited to a heightened sense of germophobia and being a 'clean freak.' Media rarely connects obsessions to compulsions, and compulsions are generally only portrayed as a constant need for organizing, cleaning, or counting.

The predominant portrayal of Obsessive Compulsive Disorder, reinforced by popular culture, is germaphobia. Germaphobia, the pathological fear of germs, microbes, or contamination, is linked to disease prevention practices such as handwashing or bathing (Angela Kim, 2021). For instance, Jack Nicholson's portrayal of the severely misanthropic Melvin Udall, the protagonist of the 1997 romantic comedy *As Good as It Gets*, demonstrates the usual signs of OCD, such as an obsessive cleanliness regimen, an acute repulsion of human contact, and excessive handwashing. Udall, an obsessive-compulsive romance novelist, navigates life in New York City, forming unlikely connections with his neighbor, Simon, and a waitress named Carol. He engages in common rituals like locking and unlocking doors several times, using a bar of soap only once, and insisting on eating at the same restaurant and sitting at the same table every day. Through these relationships, Melvin confronts his rigid behaviors and begins to change his outlook on life. The movie feeds the myth that OCD is just a bunch of odd habits rather than a crippling and complex mental health disorder by ignoring other kinds of OCD themes, such as intrusive thoughts about harm, morality, or existential concerns.

Another example of this stereotyping can be seen in the character of Monica Geller in the popular sitcom about the lives of six friends, *Friends*. Monica's need for control, organization, and cleanliness is often equated with OCD, highlighting the misunderstanding that exists of what OCD actually is. Monica is a perfectionist who is so obsessed with cleaning that it becomes her defining characteristic. In Season 10, Episode 10, she is seen cleaning her vacuum cleaner with an even smaller one. In Season 10, Episode 5 ("The One Where Rachel's Sister Babysits"), she becomes increasingly anxious when her husband, Chandler, attempts to change the location of their furniture. She's also shown color-coding her towels, obsessively arranging kitchen cabinets, and ensuring every item in her home has a designated spot. Her need for order and control makes her friends call her 'high maintenance,' reinforcing yet another stereotype that people with OCD might have to face. This limited portrayal contributes to misunderstandings and stigma, making it harder for those with less stereotypical forms of OCD to be recognized, validated, or seek help.

In *Monk*, a series about a homicide investigator, Adrian Monk has OCD and further showcases this stereotype. He searches for criminals, attempts to navigate relationships, deals with stress from both personal and professional sources, and ultimately does his best to take care of himself and others in an environment that isn't always friendly (Sam Martin, 2017). The source of his OCD can be dated back to his wife's accident which triggered him greatly and resulted in him becoming meticulous and highly structured in his daily life. Besides his hypersensitivity to crime scenes, Monk's need to keep all his pairs of socks separately in packets, use a wipe every time he shakes someone's hand, and carry bed covers, sheets, soaps, and so on whenever he stays in a hotel, ultimately reduce Monk's OCD to the typical germaphobia and need for organization. Moreover, the portrayal of Monk's OCD as a source of humor or as a "gift" that enhances his detective skills can trivialize the very real pain and impairment that the disorder causes in everyday life. It completely overlooks the depiction of intrusive thoughts that might accompany Monk's rituals to reduce the stress that specific uncomfortable situations cause. Monk can be called a very surface depiction of OCD since it hardly delves into the depth of his disorder. It can be that these obsessions and compulsions are more socially acceptable which is why the majority of the depictions of OCD in the media revolve around germaphobia and orderliness. Other forms of obsessions and compulsions relating to sexual deviance, harm to others, hoarding, and scrupulosity are usually avoided. As a point of contrast to the previous examples, the movie *Turtles All the Way Down* surpasses the others in areas where they failed. The protagonist of the narrative is 16-year-old Aza Holmes, who suffers from



obsessive-compulsive disorder and becomes preoccupied with finding a billionaire who has vanished. She struggles to control an unending stream of intrusive, obsessive thoughts while trying to be a decent friend, daughter, and student. Aza has serious doubts about her capacity for love, happiness, friendship, and optimism when she gets back in touch with Davis, her childhood crush.

The film accurately portrays the intrusive thoughts underlying the obsessions that people develop with OCD. It is due to these intrusive thoughts that Aza feels coerced to perform rituals to reduce the anxiety that forms. The spiral scene at the hospital is particularly worthy of attention; Aza becomes fixated on the idea of bacteria, particularly *C. diff*, a bacterial infection she fears she might contract. This fear rapidly escalates, and she becomes convinced that she could be contaminated or might already be infected. She then continuously consumes the liquid soap kept in the washroom until the hospital staff and her mother come in to rescue her. The unrelenting and recurring nature of intrusive thoughts is captured when Aza's thoughts are compared to a spiraling vortex that draws her farther into her worry. However better than others in many ways, the movie falls prey to the same stereotype: excessive focus on cleanliness and fear of germs. Aza's obsession with contamination drives her to exhibit behaviors that are common to how OCD is portrayed: avoiding places where bacteria might be present, checking herself or her environment frequently for symptoms of sickness, and feeling driven to clean. Even though many OCD sufferers have obsessions unrelated to cleanliness, this emphasis fits with the stereotype of OCD as being fixated on germs.

Besides *Turtles All the Way Down*, there are not many depictions in the media that showcase the true thinking behind obsessions in OCD. Often, there is no link of a compulsive behavior to an obsession and viewers hardly get a look into the minds of the characters suffering. Since the actual debilitating and disturbing nature of the disorder is not portrayed, OCD tends to be portrayed as frivolous, only notable for laughter or scorn. While the external nature of the disorder is often exaggerated and discussed, the internal struggle and intrusive thoughts are not highlighted.

### **False Depictions of Treatments and Cures**

The inaccurate portrayal of treatment for OCD, especially how the media frequently trivializes therapeutic procedures, is one important subtopic that further distorts the audience's view of OCD as an illness. These representations, which range from an excessive focus on "quick fixes" to a false picture of medicine and Cognitive Behavioural Therapy (CBT), have the potential to erode public knowledge of efficacious treatment choices and perpetuate the myth that OCD is either easily managed or cured or not treatable at all.

Several television series and movies completely omit the possibility of effective treatment and ignore the serious nature of the disorder altogether. Leonardo DiCaprio in Martin Scorsese's *The Aviator* portrays the life of Howard Hughes, a successful entrepreneur and filmmaker who struggled with severe Obsessive-Compulsive Disorder (OCD). *The Aviator* does a good job of portraying the growing effects of Hughes' OCD on both his personal and professional life, but it does not go far enough in discussing the disorder's potential for treatment. It is implied that Hughes' OCD was incurable because of the movie's lack of emphasis on therapy or medical assistance, which supports the idea that those who suffer from the ailment must live in isolation.

In *Matchstick Men*, Roy Waller is a con artist with severe OCD who is extremely dependent on medicine. He is experienced in deceiving people and putting together complex schemes. But beyond Roy's cool, collected demeanor, serious mental health problems, chief among them agoraphobia and obsessive-

compulsive disorder (OCD), afflict him. He receives little effective therapy. When he does see a psychiatrist, the conversation is centered around his criminal activities rather than his OCD. Treatment, here, is usually portrayed superficially. The elevation of OCD from an illness to an integrated part of the individual's personality is a complication largely ignored in these representations. A possible implication can be a delayed search for treatment and diagnosis by those who live with it (Sam Martin, 2017). For someone with OCD who sees such lighthearted depictions and does not have much psychoeducation, there might be a reluctance to seek help, as they may feel that their symptoms are not severe enough to warrant treatment or worse, that nothing can be done to change them.

Portrayals of OCD in the media that actually depict treatment are often inaccurate or trivialize the treatment process, which may ultimately lead people to devalue therapy and think it to be ineffective. For example, in Andy Breckman's *Monk*, Adrian Monk, the protagonist suffering from OCD, is seen to receive basic talk therapy which proves to be hardly impactful to his condition throughout the show. Even though OCD is a chronic illness, most patients who receive the right care—especially Exposure and Response Prevention (ERP)—see an improvement in their symptoms. Monk's illness, on the other hand, is portrayed as an immutable aspect of his personality, supporting the fallacious belief that therapy provides little to no opportunity for improvement. In a study on real-life patients asked to share their thoughts on the show, a few argued that Monk could cope well because he had a full-time assistant. Many participants reason that it is not a realistic option for most people (Cynthia Hoffner, et al., 2018).

*Glee* is yet another portrayal that reduces the severity of the treatment required for OCD. In a scene where Emma Pillsbury, the guidance counselor at a high school with acute OCD, is asked about whether she receives treatment for her condition, she says that she does not require any help and a bunch of "cold showers" and 'avoiding dairy' seems to be working well for her. This further minimizes OCD as an illness that has and needs a proper treatment routine. Although her condition is briefly addressed in later episodes, with some references to therapy, the show offers little exploration of evidence-based treatments like Exposure and Response Prevention (ERP). Similarly, the majority of Melvin Udall's OCD in *As Good As It Gets* is not addressed in the movie, and when his behavior is addressed, evidence-based therapies like ERP are not shown. Rather, the movie implies that his romantic relationship with Carol is the reason behind his symptoms lessening. The film ignores the necessity for structured, professional assistance in favor of suggesting that love or outside life changes can "cure" OCD by not demonstrating an effective treatment. This falsehood turns OCD into a story device.

Contrastingly, *Turtles All the Way Down* shows the patient, Aza, receiving psychotherapy and directly mentions ERP. However, the film continues to perpetuate the emphasis on medication over EBTs, missing an opportunity to show viewers what ERP actually looks like. Such incomplete or inaccurate media portrayals of therapy have the potential to discourage people from starting or continuing therapy (Cynthia Hoffner, et al., 2018).

### **Symptoms Reduced to Quirky Traits through Humour**

Media representations of OCD in recent times have been characterized by levity and humor. People with mental illnesses may indeed benefit socially and as a means of coping from humor that is connected to their condition. Humor can help intimidating or difficult subjects seem less dangerous and more manageable to discuss (Patrick Corrigan, et al., 2014). In comedies or tragicomedies, particularly in popular culture, these representations usually include obsessives as the main characters, people who can always be counted on to make us laugh (Paul Cefalu, 2009). However, films and TV shows often depict

OCD as a set of exaggerated habits. This oversimplification not only trivializes OCD but also misleads audiences about the disorder's impact on those who suffer from it.

Many media depictions showcase OCD as something irritable to people who have to be in contact with the patients. For example, the interaction between Dr. Cristina Yang and patient Jesse Fannon in *Grey's Anatomy* Season 2, Episode 21 reduces the gravity of his condition by framing his compulsions as something he should be able to control. When Jesse's need to carry out his rituals is written off by Cristina as unreasonable or insignificant in the larger scheme of medical care, this depreciation is made clear. Cristina reduces OCD to a quirk or eccentricity that the patient may "overcome" with more discipline or determination by ignoring Jesse's anxiety-driven compulsions and concentrating only on his physical symptoms. For instance, consider the 'defective detective' – as called by another character in one of the episodes – Adrian Monk from *Monk*. In one scene, Monk refuses to shake hands with a police officer, and when he is forced to touch a public surface, he immediately pulls out a disinfectant wipe to clean his hands. This behavior is met with laughter and eye-rolling from the other characters. Monk's comical portrayal of OCD may be interpreted as downplaying the extent of it. Therefore, those who suffer from mental illness could worry that the humorous portrayals of Monk could lead others to view mental illness as something funny (Cynthia Hoffner, et al., 2018).

In *Glee*, Emma's OCD is consistently portrayed as a collection of quirky, harmless traits that make her seem cute or eccentric. Emma is seen advising students while obsessively arranging her office supplies and disinfecting her hands after every interaction. She carefully lines up pencils and erasers on her desk, much to the students' confusion. The scene plays Emma's need for order and cleanliness as a quirky characteristic that makes her seem overly fussy but harmless. The popular sitcom, *The Big Bang Theory*'s Sheldon Cooper has OCD, which the writers meld with his very meticulous and abrasive personality. His compulsions—mostly germaphobia and organization-related—often provoke ire from his contemporaries and, inevitably, laughter from a laugh track. Such depictions ultimately turn OCD into a punchline (Angela Kim, 2021).

Not only do these portrayals treat symptoms of OCD as something bizarre, but they also exaggerate them for dramatic effect. Characters with OCD are often shown having intense, dramatic reactions to minor disruptions in their environment. To give an example, Rue's character in *Euphoria*, a show about a group of high school students navigating the various complexities of life, is seen to be struggling with a mixture of psychological problems—OCD, anxiety, depression, substance abuse, and bipolar tendencies. There are scenes from her childhood where she is seen counting the tiles on the ceiling and when interrupted by her mother, starts counting them again. Such scenes are alternated with her drug addiction, bipolarity, and suicidal episodes. While it's true that OCD can coexist with other disorders—a phenomenon known as "comorbidity"—it is clear that this integration of psychological issues is displayed to show the audience that she was very mentally sick as a child, which portends her adult mental health issues that are not reflective of OCD. The lines between the symptoms of each disorder are blurred. This dramatic representation often serves to create a more complex and troubled character, but it tends to oversimplify and distort the nature of each individual disorder for the viewers.

As the behaviors of OCD seem to reflect an exaggerated version of capitalist exceptionalism – the safe, productive, orderly laborer – OCD subverts the threat to the well-governed able body-mind that disability traditionally poses (Angela Kim, 2021). Antithetically, media representations like the ones discussed can portray people with OCD as having a so-called 'disabled' mind which thus, warrants laughter and reduces



patients' experiences from a severe mental illness to amusing habits that call for bemusement rather than compassion and understanding.

## Discussion

Media representations of OCD often underestimate its scope, emphasizing outward behaviors like neatness, order, or eccentricities while downplaying the inner battle of intrusive thoughts and the crippling effects these disorders have on the everyday life of patients. Stereotypes and beliefs that may impede public comprehension are reinforced by these representations, which frequently sensationalize or trivialize the condition. Treatment is showcased superficially or not at all. In some cases, treatments are depicted in a way that suggests individuals can simply “snap out of it” through sheer willpower or a single life-changing moment. Therefore, it is essential to analyze how these portrayals have affected individuals' learning about the disorder and their consequent reaction to it.

## Impact of Portrayals on Viewers and Patients

Media portrayals of OCD, even when flawed, have contributed to increased awareness about the disorder. By featuring characters with OCD, these shows and movies introduce the concept to a broader audience, many of whom may not have previously known about the condition. This offers a platform to bring to light the struggles of people suffering from mental illnesses and may also help in reducing stereotypes and may alleviate any unfavorable attitudes that the viewers might have towards patients, helping them gain more knowledge about the disorder.

The impact, nonetheless, inclines more towards a negative side. In her reflections on the stigma media can create towards the disorder, Angela Kim (2021) shares her experiences as an OCD patient. She mentions referring to the disorder by its full name to bring out its elongated medical terminology, as referring to the disorder by its abbreviation would frequently get her responses like ‘Me too – I love to clean!’ or ‘I’m so OCD, too – my closet is all color-coordinated!’ This false narrative has been ingrained in the minds of the common masses due to its inaccurate portrayals in the media. If one watches films and series like Friends, Monk, Glee, and so on, one can wrongly assume OCD to be only about cleanliness, organization, and an amalgamation of quirky behaviors when, in reality, it has a much wider scope. Some evidence suggests that the dramatic nature of fictional depictions may enhance their emotional effects and contribute to their influence on the attitudes of the general public (Cynthia Hoffner, et al., 2018). In a study conducted by Joachim Kimmerle and Ulrike Cress (2013), it was found that people who spend more time watching television have less knowledge about OCD. They also found a relationship between people's knowledge about these mental disorders and whether people viewed the people with the disorder as violent. They observed that the less people knew about OCD, the more they believed that affected persons were violent. For individuals with OCD, seeing characters who share their struggles can provide a sense of validation and visibility. When OCD is represented, even in simplified forms, it can encourage individuals experiencing symptoms to seek help. For some, seeing a character struggle with OCD may lead to self-reflection and recognition of their challenges, prompting them to pursue a diagnosis or treatment. Humor, too, often serves as a coping mechanism for some patients and makes them feel that their condition is not as debilitating as it feels. However, the downside is that people with mental illness are likely to be concerned that negative portrayals may adversely impact others' attitudes and expectations, that is, increase public stigma (Cynthia Hoffner, et al., 2018). Furthermore, unfavorable media representations of mental illness can exacerbate self-stigma, which is the process through which individuals with mental

illness “internalize [mental illness] stigma and experience diminished self-esteem and self-efficacy” (Patrick Corrigan, et al., 2006, pg. 875). This can lead to feelings of isolation, especially if they feel that their condition is portrayed as abnormal or aberrant. Patients might view humor as making light of their serious situation. If the media suggests that OCD is easily manageable or curable, individuals might delay seeking treatment, believing their symptoms aren't serious enough to require therapy or medication.

### **Future Directions for Media**

Future media should aim to represent the full spectrum of OCD symptoms, including those that are less visible or well-known, such as intrusive thoughts and mental compulsions. A positive message could be conveyed by portraying characters with OCD who are also able to lead happy lives while effectively managing their symptoms. There is a need to move away from the idea that OCD is "funny" or unimportant by showing the difficulties of living with the disorder in a more serious or balanced manner that also explores the depth and humanity of the persons affected. Future media should show treatment procedures with greater accuracy, especially the importance of Cognitive Behavioural Therapy (CBT) with Exposure and Response Prevention (ERP), rather than just concentrating on characters who live forever with uncontrolled OCD or characters who are "cured" by short remedies. Realistic and more relatable portrayals of characters would involve them attending therapy, dealing with relapses, and progressively learning to control their symptoms.

### **Conclusion**

In essence, by embracing more diverse, accurate, and compassionate representations of OCD, the media can play a pivotal role in reshaping public understanding of the disorder. Not only would a shift away from sensationalism and stereotypes towards more responsible and nuanced portrayals lessen stigma, but it will also encourage individuals impacted by OCD to get help, feel understood, and realize they are not alone in their struggles.

### **Acknowledgments**

I would like to thank Isabella Spaulding for her unwavering support and guidance throughout the process of writing the research paper.

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