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# Madness in the Media: Demystifying the Emergence of an OCD Trope in Television

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MADNESS IN THE MEDIA: DEMYSTIFYING THE EMERGENCE OF AN OCD TROPE  
IN TELEVISION

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Sam Martin  
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## ABSTRACT

To live with Obsessive-Compulsive disorder is to live a life constantly misrepresented and misunderstood. By investigating the types of representations of the disorder found in popular visual media, one can surmise the drastic disparity that exists between the lived experience of OCD and the visually locked in version commonly shows to audiences. Comparing these representations with clinical, experiential, and anecdotal evidence leads to the conclusion that popular media, as well as society writ large, are primarily focused on appropriating and trivializing the compulsive behaviors of those with OCD while altogether neglecting the harsh reality of the intrusive thoughts that drive them.

## **Madness in the Media: Demystifying the Emergence of an OCD Trope in Television**

My dog has died a thousand deaths, and yet he's doing just fine. Sometimes I kill him, though normally he suffers a vivid, grisly, untimely demise. The visions of his broken body circulate through my consciousness for hours every day and every night, and yet he's doing just fine. The specter of my canine's death is the latest subject of the intrusive thoughts symptomatic of my Obsessive-Compulsive Disorder. I'm a mess, unconcerned by germs, and in constant turmoil as I try to wrest the violent imagery from my mind and redirect my thoughts. I do, however, always carry hand sanitizer to allow me to perform the role of the overly germ-obsessed OCD character that is visible and is assumed to be the shape that the disease always takes. Though I understand that hand sanitizer is perhaps a more pleasant method of "outing" myself than sharing my visions of violence toward puppies, it is this necessary performative quality associated with the disease that neglects the internal experience of OCD that I find problematic. My silent burden of intrusive thoughts is forced below the surface as a result of my performance. My experience is not unique, and the need to "perform" mental illness is indicative of a trend in contemporary society to identify difference through visual means. In other words, the need to have a visible (in this case compulsive) behavior is demonstrated through cultural artifacts in order to make a legitimate claim on being a figure with a psychiatric disability. I hope to argue that the popular appropriation and trivialization of OCD in media depictions enforce this visual emphasis and thus demand a

new scholarly discourse to create space for the less visibly disabled to be given genuine value and agency. Perhaps, in time, we will all be doing just fine.

If this opening confessional seems jarring, it is because it is meant to be. I hope to open my investigation into OCD tropes by beginning with a vulnerable glimpse into the visceral reality of intrusive thoughts. This harsh reality, when paired with compulsive behaviors that are used to tame the wild violence of an unfettered mind, is only the beginning of the multiple ways that OCD can be experienced and enacted. The following analysis of varied representations of the disorder in popular media will serve to further illustrate the disparity that exists between the OCD that is depicted, that which is experienced, and that which is clinically delineated.

The problem of misrepresentation of mental health is in many ways a problem of culture and language. I hope to take a small first step in the herculean effort to identify, understand, and ultimately counter these established hegemonic discourses through a careful observation of both direct and implied cases of Obsessive-Compulsive Disorder in characters in popular television shows. As an individual living with OCD, it is of the utmost importance to identify and engage with what I will refer to as an emerging “OCD trope” within popular television that is both restrictive in how it defines individuals living with this disorder and often downright damaging and incorrect. By “OCD trope” I mean to suggest that there are common threads in how these representations are developed that are not necessarily indicative of the reality of the condition. In short, the OCD trope emphasizes the compulsive behaviors associated with the illness while

ignoring the obsessions that drive them. These common threads also include common associations with OCD such as a phobia of germs, extreme organizational or observation skills, and an inability to be anything other than an eccentric, troubled supercrip. If our sense of self is always in some degree informed by how others view us, then this misinformation is especially significant when dealing with an outsider population, a population that is already forced to carry the burden of stigma and is often left trapped by the challenges of living with a chronic disease that is not immediately visible to the naked eye. I argue that the appropriation of this mental illness in popular entertainment has not only stripped viewers of their ability to empathize and support those who struggle with OCD but has also caused many who suffer from it to remain undiagnosed and unable to access the assistance they need because they don't match popular representations of what they may have been suffering from for years. The challenges of trying to excise the stigma created by misrepresentation are exacerbated by the fact that much of the popular knowledge and interpretations of mental illness are identified within a single, visible criteria rather than in a trident of diagnostics, popular representation, and personal experience. It is with these three subsets of knowing and understanding OCD that I plan to identify the discrepancies currently present in popular representations, and call for a more nuanced view of mental illness and those who live with it. Furthermore, I hope to use the stark contrast between the lived experience and its subsequent representation to serve as a launching point for a further discussion of

the discursive possibilities of welcoming mental illness into the fold of cultural disability studies.

### **Definitions**

The following definitions will be used as the basis for understanding some of the complications that emerge from the cultural artifacts that follow. I've chosen to use a combination of three types of data in order to create a comprehensive view of Obsessive-Compulsive Disorder in order to create a thorough backdrop against which the representations can be compared. The combination of diagnostic, anecdotal, and scholarly sources to document the various forms that Obsessive-Compulsive Disorder can take will enable a more nuanced view of the changing and multifaceted symptoms of OCD and will serve as a counterpoint to the fixed, compulsion-based OCD trope that I defined above and will provide examples for below. It should also be noted that the choice to weave together multiple strands of information to make this backdrop is intentional. As the following examples are comprised of multiple stories about vastly different individuals, they should be taken together as a search for trends and patterns rather than a single instance of a troubling persona.

Beginning with the diagnostic point of view, I want to use the Diagnostic Statistical Manual-V (DSM-V) to establish a basic understanding of the observed and measured symptoms of Obsessive-Compulsive Disorder. The DSM-V is the collection of diagnostic criteria and data used by mental health professionals in the United States. Beginning with this definition will create a baseline from which the later representations

and personal testimonies can be measured. Because the disorder is significantly more complicated than the way it is commonly represented, it is worth quoting the DSM-V here at length (though slightly abridged):

Diagnostic Criteria:

A. Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and 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 and distress.

2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions are defined by (1) and (2):

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.

2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a

realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

The DSM further defines the symptoms of OCD with a few specific requirements. These conditions include obsessions and compulsions that take more than one hour per day, cause clinically significant distress or impairment, and include behaviors that can't be adequately explained by any other mental disorder (DSM-V 237). It should be noted that the DSM gives examples of repetitive behavior, but it does not strictly define what can and can't be considered a compulsive behavior. This openness to a variety of ways that the symptoms of OCD can manifest themselves differs from the more rigid limitations generated in cultural representations. The inclusion of specific types of behavior that are not limited to stereotypical associations such as hand washing is significant here. The emphasis placed on intrusive thoughts is also important as it illustrates the fact that Obsessive-Compulsive Disorder, like many mental illnesses, takes place primarily internally rather than externally. This complication is one that is often ignored by the networks attempting to incorporate the illness into characters and as a result is an important lynchpin between why popular representations of OCD can often mislead individuals into thinking that they don't actually have the disorder, or that the disorder is simply a collection of obsessive and eccentric traits and habits.

In addition to understanding the diagnostic materials used to identify Obsessive-Compulsive Disorder, there is a need to step back and consider the multiplicity of illness or disability itself. In her work entitled *The Body Multiple*, AnneMarie Mol argues that

this multiplicity is evident in patients receiving treatment for atherosclerosis. Though atherosclerosis is a disease affecting the vessels in the legs, I argue that the multiple levels of experience, diagnoses, and enactment also apply to less visible psychiatric disorders. In addition, while I make the distinction between more and less visible disabilities, Mol discusses the enactment of atherosclerosis in clinical and pathological terms. She argues:

However, if one doesn't bracket the specificities of enacting reality the picture changes drastically. If one doesn't stay within the confines of the body, but follows the various practices in which atherosclerosis is enacted throughout the hospital, the topography of the relationship between pathology and clinic appears to be completely different. In hospital practice, thickened vessel walls do not *underlay* legs that hurt. They come, instead, *after* them....In practice, the different ways in which atherosclerosis is enacted do not align. (37, 40)

The idea that a disease or disability both must be enacted and can manifest in many different ways is significant in the discussion of OCD in popular media. Indeed, Mol's argument supports the idea that illness or disability functions on a number of levels that are constantly changing according to context or available data. This concept of a disability being fluid rather than static provides a contrast to popular depictions that emphasize a fixed notion of what OCD looks like rather than attempting to tackle all of the facets of the disease. Due to the overwhelming need to visually attain the information of diagnoses, representations of the reality of others have been obscured of

both authenticity and utility in generating an effective popular discourse into the nature of specific illnesses. This need for a visual means of attaining information has a direct relationship to the genre itself. Though voiceovers can be used to provide a brief glimpse into the thought process of the characters being depicted, the genre of visual performance necessitates that the condition of characters and their surrounding be available to audiences through their sense of sight. Indeed, the multiplicity of disease in its enactment leads to further problems when attempting to fully understand the role that mental illness can play as a mark of membership into the fold of those who identify as members of the disabled community.

The appropriation of these obsessive or compulsive behaviors into eccentric characters in popular media is increasingly problematic for those who are not informed in regards to just how much variety the symptoms of OCD can show while manifesting themselves. The exposure to representations of OCD being enacted visually without being experienced internally creates an incomplete view of how the illness is displayed for and consumed by audiences. The challenge of not-so-visible disabilities is the fact that one cannot be immediately visually identified as an individual with a disability. This contrast to those with physical disabilities creates an uncomfortable and even damaging plurality in which those who can't be identified by vision alone are given an opportunity to limit the exposure of their illness at the cost of denying part of themselves whenever they enter the public sphere. In an attempt to redirect the conversation surrounding

OCD to a productive understanding, Chloe Hamilton, a contributing columnist for *The Independent* in London, writes:

To many, OCD is an eccentric personality trait. People describe themselves as “a bit OCD” when what they mean is: I’m a neat freak....I’m as messy as they come. I couldn’t have OCD....The symptoms portrayed in popular culture were not the ones I was experiencing. OCD isn’t about cleanliness or order, it’s about doubt and fear. It’s dark and scary and real. If we’re to help sufferers, we need to make sure people are aware of its true, terrifying, nature. (Hamilton)

Hamilton’s experience of being afraid and often unaware of the causes of such fear and anxiety are indicative of the popular confusion that has presented itself as a result of the misrepresentation and inappropriate use of the term OCD. Hamilton’s direct accusation of portrayals in popular media indicate that the problems emerging from “sufferers” being unable to receive a beneficial diagnosis is directly related to the misrepresentations of Obsessive-Compulsive Disorder within the broader realm of mass-cultural consumption.

The ramifications of popular misunderstanding of OCD as a collection of eccentric or nervous habits can result in damaging interactions even in environments where one would expect more sensitivity to diversity. As the coauthor to the article entitled “Weepy Rhetoric, Trigger Warnings, and the Work of Making Mental Illness Visible in the Writing Classroom,” Sarah Orem advocates for the use of trigger warnings in the classroom by sharing her own experience of being caught off guard by the subject

matter in a graduate course she was taking. As an individual living with OCD, Orem's responding intrusive and lasting thoughts serve as another example of how a deeper understanding of OCD remains outside of common knowledge, even within the academy. Orem recounts her experience when she writes, "Having OCD means regularly experiencing 'intrusive thoughts'—unwanted, unexpected, and distressing thoughts that fill my mind without my control. My intrusive thoughts revolve around the fear that I might hurt myself if I lose control of my mental faculties. Clinicians call this variant of OCD 'Harm OCD'" (Orem and Simpkins). Orem goes on to describe her symptoms and to clarify that Harm OCD is not necessarily indicative of a violent personality, but rather a state of violent intrusive thoughts. The focal point of these intrusive thoughts is the anxiety that they provoke in the individual and the resulting compulsions or rituals that are developed to cope with such thoughts. Orem goes on to describe an experience with Harm OCD that she had in graduate school when she writes:

As I sat in that graduate seminar, listening to another student detail the ways someone might kill themselves, my mind overtook me. I wasn't "out" as a person with a mental illness, so my classmates and the professor would have been bewildered if I had bolted for the door or run crying into the bathroom, which is what I wanted to do. I panicked, caught in a loop of irrational thoughts: *What if I hurt myself? What if I kill myself? Is this discussion a sign that I'm going to hurt myself?* I spent the class, mentally, somewhere else, struggling to hold on against an onslaught of electrifying fears. (Orem and Simpkins)

This harrowing account suggests that pop culture can influence the mindset of all who are exposed to it; regardless of demographics or scholarly background. The sense that an individual living with a mental illness struggles with the dilemma of whether to “out” themselves or not in a professional setting illustrates the power of the fear of the culturally-generated stigma surrounding certain conditions, ways of being, and lifestyles.

Having briefly discussed the diagnostic implications of an OCD diagnosis and the variety of ways in which the symptoms of this complex disease can manifest, I want to move on to explore some of the examples of how this OCD trope has gradually emerged and sealed itself within our consciousness as part of a hegemonic discourse. Before pressing on, I want to invoke terms developed by Tobin Siebers in his excellent article entitled “Disability as Masquerade.” Within this piece, Siebers distinguishes between two approaches that can be taken by individuals living with disabilities when encountering an unfriendly social climate. Siebers defines the concept of “passing” as a way to minimize one’s exposure to stigma by “...those discredited by law, opinion or social convention. When in the minority and powerless, Jews pass as Christians, blacks pass as whites, and gay, lesbian, and transgendered people pass as heterosexuals. Similarly, people with disabilities find ingenious ways to conceal their impairments and pass as able-bodied” (2). Essentially, to “pass” in this regard is to mask whatever attributes one holds that are viewed negatively by their surrounding society. Though Siebers is writing primarily about those with physical disabilities in this piece, I argue that the concept applies equally well to those who live with conditions that are not

necessarily immediately visible to the naked eye. Siebers goes on to define an alternate approach to dealing with stigma surrounding certain disabilities by introducing the term “masquerade.” When he writes “masquerade,” Siebers expresses a notion that involves emphasizing one’s traits that are unsavory to society in order to draw attention to oneself and to the prejudice of those who are made to watch. Because this term is both novel and significant, I wish to take a moment to quote Siebers at length:

The masquerade counteracts passing, claiming disability rather than concealing it. Exaggerating or performing difference, when that difference is a stigma, marks one as a target, but it also exposes and resists the prejudices of society. The masquerade fulfills a desire to tell a story about disability, often the very story that society does not want to hear because it refuses to obey the ideology of able-bodiedness.... Overstated differences and feigned disabilities serve as small conspiracies against oppression and inequality. They subvert existing social conventions, and they contribute to the solidarity of marginal groups by seizing control of stereotypes and resisting the pressure to embrace norms of behavior and appearance. (19)

Siebers’ use of the “masquerade” to serve as a means of identifying prejudice and establishing a counter-hegemonic discourse is a valuable concept when identifying tropes of disability, but it is problematic when dealing with symptoms that aren’t easily discernible to the untrained eye. As a result, I wish to slightly modify Siebers’ term and create an alternative that illustrates the subversion of a counter-hegemonic argument

into one that pacifies political and social consciousness. I argue that what I will from here on out refer to as the pseudo-masquerade<sup>1</sup> is the driving mechanism behind the generation of problematic depictions of individuals living with OCD, and thus the focal point for my critique of commonly adoptive and deceptive notions of the condition itself. By pseudo-masquerade I mean to suggest that characters are created that only exhibit simplistic, incomplete, and especially visible characteristics of what they either explicitly or implicitly claim to represent. I argue that it is this measure of (mis)representation of individuals living with OCD that creates the chasm and ultimately the associated stigma between a condition consisting solely of compulsions, or solely of obsessions, or some combination of the two in whatever shape they may take, all the while completely ignoring the pervasive, intrusive, and often debilitating thought patterns, shame, and terror that ultimately serve as the source for OCD's more visible symptoms.

### **Observation and Analysis**

Moving forward, I would like to begin my analysis of the development of an OCD trope by observing some of the more prominent characters in contemporary movies

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<sup>1</sup> Roughly defined as a "false mask," the pseudo-masquerade presents in itself a multitude of meaning and applications. Because it is a double negative, the term in this context is meant to indicate a falsehood exhibited through the enacted representation of a character, illness, or disability. As a result, the term is a critique of the strictly visual and performative aspects of one's performance (in this case in visual media representations.) That being said, the manner in which the pseudo-masquerade can be applied or understood is as transient and varied as the symptoms of OCD itself. As a result, I coin the term for this specific study, and I also abstain from any claim of mastery over it.

and television shows who either are diagnosed with this condition or who exhibit traits that strongly suggest compulsive or obsessive tendencies. It should be noted upfront that visual media provide a particularly challenging platform through which to portray cognitive or psychiatric disabilities. The inability of visual media to provide a glimpse into the internal experience of characters (with perhaps the exceptions of monologues or soliloquies) forces the viewer to draw on other visual aspects of characters in order to better understand their experience. That being said, many of the following examples opt to suggest internal struggles through a prevalence of visual/compulsive behaviors at the expense of well-rounded, complete characters. In short, this focus on the visual symptoms over internal turmoil amounts to an appropriation of OCD that minimizes the obsessions rather than the exaggeration of disabilities that counter and illuminate cultural prejudices in the masquerade that Siebers theorized. Thus, the pseudo-masquerades take center stage when analyzing the following performances and characterizations of this OCD trope in our communal consciousness, and the exhibition of visible symptoms along with the neglect of their internal source is a constant blight to those who assume that the reality of Obsessive-Compulsive Disorder is similar to that shown in the media. After briefly discussing several examples of how this pseudo-masquerade takes shape, I hope to take a step back from the observation of cultural artifacts and begin to theorize a space for those living with less-than-visible disabilities in a society that is primarily inclined to acknowledge that which is immediately visible. It should be noted that the following examples are chosen for their popularity as

measured by their longevity, their average viewership, and their presence on prime time television. The list is not necessarily meant to be comprehensive, but rather to be a brief sampling of different genres of television that would thus appeal to a wide variety of audiences.<sup>2</sup> The following examples were chosen based on research by Nielsen.com that collected information based on each show's average viewership.<sup>3</sup>

Originally aired on CBS, *The Big Bang Theory* is a situational comedy surrounding the exploits in love and life by a group of socially awkward scientists and their attractive neighbor. At the center of many of these exploits is the character of Sheldon<sup>4</sup>, an eccentric prodigy grown up into a sheltered genius whose habits make him difficult to be around. Though I accept that the character type of the eccentric genius is not the same as a character with Obsessive-Compulsive Disorder, Sheldon's habits and rituals take on such an obsessive nature that even the hyperbole of his character spills into the realm of what appears to be mental illness. For example, Sheldon is unable to contact his neighbor unless he knocks on her door exactly three times and says her name out

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<sup>2</sup> For a more expansive study on OCD tropes themselves (with particular emphasis placed on the use of the disorder as a source of humor), see Paul Celafu's "What's so funny about OCD?"

<sup>3</sup> In the order that they are presented below, the television shows rank as follows: *Big Bang Theory* began in 2007 and is the only show still running. At the time of the Nielsen study, the show averaged 12.09 million viewers. *Glee* ran from 2009-2012 with an average viewership of 9.89 million. *Monk* ran from 2002-2009 with an average viewership of 6.23 million (though this figure is lower than the other examples, the show was chosen because it features a protagonist with OCD and provides a thorough investment in his development). *Scrubs* aired from 2001-2009 and averaged 8.65 viewers (Cadario).#

<sup>4</sup> It should be noted that the character of Sheldon Cooper has served as a point of analysis for other scholars. Rather than considering him an individual with obsessions and compulsions, Christine Winston studies the character with a mind to explore stereotypes of the "eccentric genius" with "autistic creativity" in her work entitled, "Evaluating media's portrayal of an eccentric genius: Dr. Sheldon Cooper."

loud. After doing this, he begins the process again immediately and can't stop unless she opens the door or he is interrupted. Though his behavior taken by itself is at least a bit quirky and at most driven by compulsions, the most significant aspect of Sheldon's character in this instance is in how he relates to his peers.

Though it is true in many cases that psychiatric disabilities are often considered less visible than physical disabilities, they can have repercussions in contexts outside of one's internal experience. In an episode called "The Cushion Saturation," Sheldon's roommate Leonard and his neighbor Penny are playing with a paintball gun when they accidentally shoot the cushion on the couch where Sheldon sits. The resulting panic on their part is indicative of their fear of his reactions when something in his life is changed. The rest of the episode is then spent by them trying to figure out how to lie to Sheldon, and then when he finds out, laughing at him as he is no longer able to sit down in his own apartment. To be fair, Sheldon ultimately doesn't throw the tantrum that Leonard and Penny anticipate, but his attempts to sit anywhere else fail, and he is forced to stand until the cushion is cleaned ("The Cushion Saturation"). The initial fear followed by the laughter at Sheldon's expense is indicative of an attitude where individuals who deal with obsessive or compulsive urges are subjects of mockery by their peers. This approach to Sheldon as a problem that must be managed rather than as an individual is used as a source of humor for the show, and is problematic as it reduces troubling behaviors to a punch line rather than a source for concern, sympathy, or even an attempt at understanding. The pseudo-masquerade of Sheldon's character is significant

as his treatment can easily be seen to contribute to the stigma and misinformation that restrict access to proper diagnoses and treatment for those living with OCD. That being said, one can also argue that Sheldon's inability to react positively to a disrupted routine is not entirely farfetched. There is some value in the scenario depicted, though not in the manner in which Sheldon's peers respond. This suggested representation of an individual with (potential) OCD does present a case where disrupted routines, compulsions, or settled habits can indeed be more difficult to overcome than perhaps they could be by individuals without the disorder. To label this representation, and those that follow, as "good" or "bad" would be at best reductive and at worst an unproductive use of time. Sheldon's character may be flawed in this regard, but his difficulties in adapting to sudden changes in routine is not out of the ordinary for individuals with OCD. In short, *The Big Bang Theory* generated a pseudo-masquerade by illustrating compulsive behavior without the internal pressures that generate such actions while also providing a basis through which the discomforted and trivializing behavior of Sheldon's friends illustrate some common responses to the stigma surrounding individuals with OCD.

Of course, this is not meant to simply be a diatribe against the executives and producers that created Sheldon's character. Sheldon's characterization into the eccentric, compulsive, genius is simply an indication of broader social constructs of this OCD trope. Indeed, Sheldon's behavior is exhibited entirely in a social sphere (we, as viewers, are left in the dark in regards to how Sheldon spends his spare time) and can

thus be viewed as the role he plays within his particular circle of peers. Sheldon's behavior, in a manner that is perhaps different from the examples that follow, is in fact enhanced and enabled through the way he is treated within his circle of friends. As a result, Sheldon's OCD is enacted through the manner in which his friends think of him, and his compulsive behavior rises to dominance over any other criteria that could contribute to his internal experiences.

Originally aired on Fox, *Glee* is a music-based social drama surrounding the lives and relationships of students and teachers involved in a glee club in the fictional William McKinley High School. The guidance counselor of this school, Emma Pillsbury, lives with OCD and the illness plays a large role in all of her interactions and relationships throughout the series. Though the creators of this show deserve credit for being willing to actually use the diagnosis and attempt to explore it through a central character, the implementation of Obsessive-Compulsive Disorder in Emma's character is ultimately problematic. As Emma's character develops throughout the series, her list of fears and obsessions become evident to the audience as she is constantly working through a discomfort with sex and a paranoia surrounding the transmission of germs of any kind. Though there is, of course, no list of "acceptable" subjects for one's obsessions, the use of the germ paranoia encourages the assumption that all people with OCD are dealing with a germ phobia and must be extremely organized. As a result, Emma falls into the same categorization of a trope because she is aligned with the common assumption that

OCD directly correlates with being germ conscious. The implications of this assumption are damaging as we can see with the example of Chloe Hamilton.

In addition, Emma becomes so closely associated with her disorder throughout the series that any other character traits she has and subplots that she is involved in slowly become absorbed into her status as living with OCD. In short, Emma doesn't have OCD in *Glee*; Emma is OCD in *Glee* (Murphy). The reduction of an entire character to a diagnosis dehumanizes the condition and, much like Sheldon, creates a character that is a problem to be managed rather than a peer to interact with or relate to. In this instance, the stripping down of a character to an OCD trope where all of her involvement is contained with trying to live with OCD creates an environment where the myth of the able-body is reinforced and assumptions about what an individual with OCD should be are confirmed. With Emma as a prominent example of OCD in popular culture, is it any surprise that Sarah Orem would hesitate at the thought of "coming out?" Though the opportunity to create a complete character with OCD was partially missed in this example, there is a kernel of truth to be found in it. I do argue that while the reduction of a human being to a diagnosis is ultimately less productive than it could be, it is also not an unheard-of practice for those living with psychiatric disorders. Indeed, the very language surrounding OCD leads to caricatures and realities that are associated with this representation.

While it has already been noted that Emma at least partially falls into the categorization of the OCD trope, it is also significant to briefly discuss how she does so in

a manner entirely different from Sheldon. While Sheldon is marked as “other” as a result of his compulsive behavior in his interactions with his friends, Emma is primarily designated as OCD because of her unrelenting phobias. This emphasis of the cognitive distress rather than simply identifying specific behaviors does add a level of nuance in her character as her greatest battles are fought against herself. Though Emma is overly simplified to the point of being a walking diagnosis, her experience of OCD is one that consists of the fear and anxiety that characterize the disorder, and her phobias remain with her whether she is in a social setting or not.

As a point of contrast to the previous examples, the television series entitled *Monk* succeeds in many areas where the others have failed. The central character of the show, Adrian Monk, is a detective living with OCD, and though the disorder has a significant impact on every area of his life, the story of Monk doesn't necessarily treat his diagnosis as the central point of conflict. Throughout the series, Adrian Monk 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 (Breckman). This treatment of a character with OCD as a part of a personality rather than the primary characteristic or identity illustrates an example of how this OCD trope can be subverted to a message that is more positive and potentially influential in challenging the hegemonic discourse of stigma and appropriation of Obsessive-Compulsive Disorder in media.

The case of *Monk* is not, however, perfect. Though the series falls prey to the stereotype of the OCD genius in regards to the fact that Adrian Monk, like Sheldon, possesses a remarkable intellect and elevated skills of observation as a result of his condition, the OCD community has noted the difference between this portrayal when compared with the others. An article in *USA Today* confirms this note of support from the OCD community by writing, "But how do obsessives judge *Monk*?" "It's very funny," says Patricia Perkins, executive director of the Obsessive-Compulsive Foundation. "I have OCD, and that's my sense of humor" (Oldenberg). Indeed, as the series progresses into later seasons, Adrian Monk begins to explore and participate in different treatment options, while never going so far as creating a scenario where a happy ending would see him magically overcome his illness and take his place among the able-bodied. This separation of identity and illness offers an alternative to the character of Emma Pillsbury in *Glee*, and is illustrative of how the utilization of popular culture to disseminate an accurate portrayal of individuals with OCD can be theoretically achieved. The combination of symptoms and phobias with the process of seeking treatment amidst other struggles in life serves as a potential template for more developed characters in the future. This representation does, however, fall prey to some of the typical phobias often associated with OCD (i.e. germs, crowds, etc.) Though the germ phobic Monk falls into the typical association with OCD symptoms, his life, history, and other struggles round him out into a more complete character with some minor insights into his internal experience as opposed to a focus built entirely on compulsive behaviors.

In a manner that is more nuanced than the previous examples, the character of Monk provides a fascinating combination of the compulsive tendencies of Sheldon and the phobias associated with Emma. In addition, the inclusion of segments that attempt to display treatment options without falling prey to the classic “overcoming disability” trope adds an additional element of depth to this caricature. The generally positive feedback that the show received from the OCD community illustrates the positive power that authentic representations can generate within viewers, while the use of humor to underscore the severity of Monk’s diagnosis can make his condition more approachable without stripping away any of his experience. Monk traverses social situations with the consistent presence of his OCD without being defined by it, and his mobility and consistency of character generate a complete human being that is aware of, but not limited to, obsessions and compulsions.

As a final example of the struggles to create a complete character with OCD, I want to draw attention to the medical comedy, *Scrubs*. In a cameo performance, Michael J. Fox adopts the role of Dr. Kevin Casey, a visiting doctor to the hospital where the rest of the series takes place. Dr. Casey is immediately identified as an individual living with OCD by both the direct statement of other characters and the fact that it takes him multiple tries to enter the front door of the hospital because he can’t proceed unless he enters the lobby on his right foot while exhaling (“My Catalyst”). Though the examples of symptoms can be problematic, the articulation of the character as a whole, in my opinion, overrides those complaints because in Dr. Casey one is able to see the

eccentricities of the compulsions created by intrusive thoughts, but also see enough of the dark side of OCD to emotionally connect to him. His positive influence on other characters as a mentor and friend (neither of which are related to his OCD) and his moments of weakness in the second episode where he appears create a well-rounded character that exhibits both the symptoms of OCD and the distance that can be maintained between persona and disability (“My Porcelain God”).

Dr. Casey’s willingness to acknowledge his own limitations and provide the audience with some insight into the nature of his struggles allows his character to exhibit a depth that transcends the pseudo-masquerade. His character achieves a balance between visual compulsions (he has to touch everything in a room before consulting a patient) and mental obsessions. His self-awareness and ability to work with others with (rather than in spite of) his OCD are indicative of a character whose reality includes but is not defined entirely by the illness. That being said, it should also be noted that Dr. Kevin Casey appears in only two episodes in a series that ran for nine seasons. Though the representation that his character offers is both useful and honest, his bit part role in the periphery of such a long series leaves much to be desired.

In addition to being depicted as OCD, Dr. Casey serves an additional role in his capacity as a satirical character that is able to finally “overcome” his disability to achieve a goal. The overcoming disability trope is fairly commonplace, but watching Dr. Casey overcome his discomfort with germs to be able to defecate in a toilet on the roof of the hospital proves that a largely innocent portrayal of a disability can still have teeth.

Ultimately, the ability to cross genres in visual representations could serve as a potential starting point for creating human characters with disabilities who utilize the satirical or the absurd to generate a broader discourse of psychiatric disability in popular media.

Taken together, this collection of examples illustrates the fact that there is no easy way to convey the internal experience of one with OCD without risking an oversimplification of quite simply a minimalized caricature. This notion is especially true with visual or performative media, as the lack of an omniscient narrator forces the audience to lean on its own imagination to explain the erratic or compulsive behaviors exhibited on screen. This pattern, along with the notion of a generally under-informed audience in regards to mental illness, contributes to a pattern of stigma fueling and misleading representations that defy the experience of those who live with OCD and can actually hinder their ability to receive an effective diagnosis and treatment. That being said, the influx of characters with OCD or OCD-like symptoms serves as an indication of a broader social interest in mental illness and what it looks like. These representations do serve as a window into contemporary social values and interests, and though these characters are largely incomplete or overly simplified, they do serve as a starting point for elevating conversation about what OCD is and what it does or doesn't look like. As scholars, social critics, and the audience of these programs, we should all be engaged in not only "policing" whether representations are authentic and effective or not, but also clamoring for a higher level of discourse in regards to seeing psychiatric disability as something that is the entire opposite of how it is often presented: it is dynamic, fluid,

internal, and hardly heterogeneous in its symptoms. Furthermore, visual representations are limited by their inability to encapsulate the linguistic and identity-based aspects of OCD that serve to further complicate the representations and popular conceptions of the illness.

The pervasive nature of OCD is most evident in its presence in language and identity. It is within this understanding that one can build a framework for the adoption of the concept of prosthetics to build a common ground between those with more and less visible disabilities. When speaking of many other mental conditions, in this case clinical depression can work as a counterpoint, one may either identify as depressed or having depression. The identification of being depressed can apply both to clinical or circumstantial settings, and is thus an identifier that can be altered or even removed over the passage of time or with a change of circumstances. Even the implication one makes when saying that one has depression can have a corollary that states that if one has something, it is equally possible for one to not have it at any given time. The situation varies, however, in regards to individuals living with OCD. When “outing” oneself as having the mental illness, one is as likely to say that they have OCD as they are to say that they are OCD. This difference is significant as it provides insight into the pervasive nature of the disorder by the manner in which it transcends categorization as an ailment and establishes itself as a fixed aspect of one’s identity. The elevation of OCD from an illness or ailment to an integrated part of the individual’s personality is a complication largely ignored by the popular representations mentioned above, and is

further evidence for the delayed search for treatment and diagnosis by those who live with it. The need for continued therapeutic and pharmaceutical treatment after receiving a diagnosis amidst these murky waters is ultimately the origin for what I hope to argue is a common ground between disabilities of varying visibility.

In conclusion, the pseudo-masquerade's appropriation of compulsions to cloud the viewer's vision of the internal experience of OCD is an unfortunate reality with tangible, isolating repercussions. Personal accounts of individuals struggling with OCD contrast significantly with common conceptions of the illness as a result of the absorption of OCD by what has been valuably termed "the culture industry" by Horkheimer and Adorno. The hegemonic structure of discourse surrounding mental illness writ large and specifically OCD in this case has had real, tangible, and harrowing consequences as shown through the experiences of Hamilton and Orem. These consequences lay the groundwork for a substantial increase in scholarly attention to elevating the level of discourse on the relationship between representation and reality.

The current state is not, however, without hope. A counter-hegemonic discourse has been established, and there is hope for future representations. Both *Monk* and *Scrubs* have made strides in creating characters who have value apart from and while acknowledging their respective disabilities. In addition, the very presence of characters with OCD provides a face and a persona to what would otherwise be a less than visible and accessible illness. As Rachel Yeates wrote in an article entitled "Misrepresentations of Mental Illness in the Media" for UWIRE, "The good is out there, stories where family

and friends respond with support rather than fear and misunderstanding, stories where these characters are fully developed and have complex life stories and realized personalities...” (Yeates 2). Though there is much to be hopeful for, there is still much to do as scholars, members of, and advocates for a community of those living with mental illness.

The correlation between cultural representations and understandings of reality can't be overstated when it comes to individuals with anxiety based disorders such as OCD. The problematic displays in popular media have a direct relationship with the suffering of individuals with mental illness. This is not an exaggeration, as shame is such a strong influence on those struggling with OCD. In her article entitled “OCD's Perceptual Challenges and Tehching's Hsieh's 'Time Clock Piece,’” Sarah Orem writes, “Persons with OCD regularly 'avoid seeking help' because of the unique way in which shame pervades the Obsessive-Compulsive community.... As a result, the average time between symptom onset and clinical diagnosis can range from seven to 17 years” (Orem 54). I argue that all of these examples, taken in aggregate, are sufficient evidence for the conclusion that the need for attention, discourse, and cultural resistance to the OCD trope of the genius, germ fearing, dependent, dysfunctional, humorous, pseudo-human needs to be established with the vigor taken with other marginalized groups. Those who are struggling with “invisible” illness are, in fact, carrying the weight of an illness that, as culturally represented, is not actually in agreement with their symptoms. In short, I want this argument to add my voice to a growing counter-hegemonic discourse that demands

better opportunities for often misunderstood illnesses to be viewed with clarity. I want to see representations of people such as myself that depict human beings rather than tropes and one-dimensional characters. Indeed, I would like to see the politicization of the art of the television series.

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