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“I’m So #OCD”: A Content Analysis of How Women Portray OCD on TikTok



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To better understand how women portray obsessive-compulsive disorder (OCD) on social media, we conducted a critical content analysis of TikTok videos. We examined a sample of 50 TikTok videos tagged with “#OCD” that were created by women, yielding two themes and multiple subthemes: 1) minimizes OCD symptoms and 1a) *uses OCD as a synonym for cleanliness and organization*; 2) accurately depicts OCD symptoms, 2a) *corrects misunderstanding*, and 2b) *shares obsessive fears*. Results revealed that TikToks perpetuating stigma about OCD were prevalent, though women also posted TikToks presenting OCD in more accurate and comprehensive ways. Implications for mental health counselors are explained.

Keywords: obsessive-compulsive disorder, TikTok, women, content analysis, stigma

Obsessive-compulsive disorder (OCD) is often used in the popular vernacular to describe someone who likes things tidy or who is particular about a certain issue. Individuals commonly use phrases like “I’m so OCD” as captions of social media posts (Pavelko & Myrick, 2016), which may perpetuate stigma and misunderstanding about this complicated condition. According to the American Psychiatric Association (APA), OCD is a serious mental health condition that often results in significant impairment and distress due to the presence of time-consuming obsessions and compulsion (APA, 2022; Fennell & Liberato, 2007). Obsessions are urges, images, or thoughts that are unwanted, distressing, intrusive, and repetitive (APA, 2022) and may adhere to certain themes, such as doubt, contamination, harm, religious ideas, unwanted sexual thoughts, perfectionism, or fear of losing control (Clark & Radomsky, 2014; International Obsessive Compulsive Disorder Foundation [IOCDF], n.d.b.). Moreover, due to the distressing nature of obsessions, individuals with OCD often try to ignore, neutralize, or suppress these thoughts through compulsive acts—repeated mental or behavioral actions that individuals feel they must do to reduce the distress associated with obsessions or to prevent an undesirable event from occurring. Compulsions usually adhere to strict rules, are excessive, and are not realistically related to the concern they attempt to prevent or eliminate. Compulsions often are classified into common groupings, such as checking, cleaning, ordering or repeating, and/or mental actions (APA, 2022; Starcevic et al., 2011). According to prevalence data, women are slightly more likely than men to be diagnosed with OCD in adulthood and often experience later symptom onset than men (APA, 2022).

Appropriate diagnosis and effective treatment of OCD often takes an average of 17 years (IOCDF, n.d.a). Individuals with OCD often delay seeking treatment because of concerns of being viewed in a negative manner and the fear of stigma related to being diagnosed with a mental health disorder (Belloch et al., 2009; Steinberg & Wetterneck, 2017). Conceptualization of OCD ranges from viewing OCD as a less serious concern compared to other mental health disorders, to deeming OCD a chronic illness, to considering OCD as a positive trait. The medicalization of OCD may help individuals feel less stigmatized by identifying OCD as an illness (Fennell & Liberato, 2007). As Fennell and Liberato noted,

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“Societal conceptions [of OCD] are constantly relevant to respondents, affecting their self-conception and anticipated stigma” (p. 327). To this effect, accurate portrayal of OCD and factually based education for the public have been noted as important action steps to reduce stigma (Webb et al., 2016).

The stigma associated with OCD impacts the disclosure of symptoms to others, including social supports as well as mental health providers. Some may hide their OCD symptoms or make excuses for their behavior out of shame or embarrassment. Further, some individuals report negative perceptions or reactions after disclosing their OCD diagnosis to friends, family, or employers (Fennell & Liberato, 2007). However, some individuals benefit from disclosing symptoms of OCD to their support systems, and others find it helpful to engage and interact with people who also have an OCD diagnosis. Hence, societal conceptions of OCD can impact how individuals cope with their symptoms, including help-seeking behaviors (Fennell & Boyd, 2014; Ma, 2017; Steinberg & Wetterneck, 2017).

OCD Representations on Social Media

Researchers have called for continued examination of the representation of OCD in the media, particularly on social media platforms (Pavelko & Myrick, 2016; Robinson et al., 2019). Although increased social media discussions about OCD may decrease stigma, the often trivial nature of such depictions downplays the seriousness of this disorder (Fennell & Liberato, 2007). For instance, Robinson and colleagues (2019) explored attitudes toward five mental health and five physical health diagnoses on Twitter and found OCD to have the highest rate of trivialization of the 10 disorders, concluding that minimization of OCD symptoms and related suffering is a form of stigma.

How individuals describe OCD in the common vernacular on social media impacts societal conceptualizations of OCD (Fennell & Boyd, 2014; Pavelko & Myrick, 2016). In a quantitative study examining the use of “#OCD” on Twitter, Pavelko and Myrick (2016) identified post after post in which Twitter users employed “#OCD” when referring to non-disordered actions, such as organizing pencils. Tweets labeled “#OCD” were presented to participants, assessing their emotional reactions, stereotypes about OCD, and behavioral intentions to support individuals with OCD after reviewing the hashtagged tweets. Participants indicated increased irritation and decreased sympathy when OCD was framed in trivial language (i.e., language downplaying the seriousness of OCD) versus objective clinical language in the tweets. Further, these correlations varied by gender of the tweeter, with participants reporting increased negative emotional reactivity to women who utilized trivial language rather than to men. Pavelko and Myrick concluded that “Messages regarding trifling, detail-oriented behaviors frequently belittle or downplay the severity of OCD in 140 characters or less” (p. 42).

In a qualitative study, Fennell and Boyd (2014) examined how media portrayals of OCD were interpreted by individuals who have been diagnosed with or believe they have OCD. Similar to Pavelko and Myrick’s (2016) findings, participants reported feeling frustrated by the seemingly casual use of “OCD” in the vernacular and by depictions of OCD that were presented in stereotypical and comedic manners, at times making light of the symptoms (Fennell & Boyd, 2014). Participants noted users exhibited certain symptoms of OCD more frequently than others, namely contamination obsessions, washing and cleaning compulsions, and hoarding behaviors, all of which may portray OCD as a habit rather than a disorder. However, participants expressed appreciation for depictions of OCD in the media, acknowledging that media portrayals helped them identify what they were experiencing as OCD. Hence, media representations of OCD are varied and complex, eliciting mixed emotional reactions and divergent understandings of OCD from individuals who are consuming those messages (Fennell & Boyd, 2014; Pavelko & Myrick, 2016).

Moreover, OCD and associated symptoms are frequently misunderstood, even among mental health professionals who are trained to diagnose the disorder. In a quantitative study of mental health counselors and graduate students, participants exhibited stigma toward OCD symptoms related to sexual thoughts, violent thoughts, and contamination (Steinberg & Wetterneck, 2017). Further, Glazier et al. (2013) found issues pertaining to the accurate and timely diagnosis of OCD among APA members due to misidentification of OCD symptoms. In this quantitative study, participants were asked to provide a diagnosis for five case vignettes, each depicting various OCD obsessive symptoms. There was a 38.9% misidentification rate of OCD across the vignettes, with variation in rates based on the symptoms presented in each vignette. The vignette describing symptoms related to contamination was misidentified at the lowest rate of 15.8%, although the vignette describing symptoms of obsessions related to “homosexuality” was misdiagnosed at a rate of 77.0% (Glazier et al., 2013). In sum, OCD is an often stigmatized and misunderstood disorder, resulting in challenges for individuals living with OCD and for mental health counselors attempting to accurately diagnose OCD in their clients (Fennell & Boyd, 2014; Fennell & Liberato, 2007; Glazier et al., 2013; Steinberg & Wetterneck, 2017).

TikTok: Social Media Phenomenon and Social Change Agent

Although researchers have explored the use of the term OCD in the vernacular and on social media, along with associated impacts on people living with OCD (Fennell & Boyd, 2014), researchers have yet to explore how particular mental health diagnoses such as OCD are portrayed and discussed on TikTok, a popular social media application, or “app,” released globally in 2017 (Iqbal, 2022). TikTok’s content consists of brief videos created by users, which can be viewed and interacted with by other users (Anderson, 2020). TikTok uses an algorithm to show users videos that appeal to their interests. Users interact on the platform through likes, comments, reactions, and direct messages. Hashtags are added to videos to help individuals search for specific types of content. To have full access to TikTok, a user must have an active account; individuals with accounts can create a profile page, which can be used with various privacy settings (Anderson, 2020). The scope of TikTok is vast, reaching an average of 689 million users worldwide every month, with 100 million users in the United States (Iqbal, 2022). According to Iqbal (2022), TikTok reached over 1.4 billion users in 2022. The app is frequented by individuals of various ages, nationalities, genders, and socioeconomic statuses and in 2022, TikTok was downloaded over 3.3 billion times (Iqbal, 2022).

Based on TikTok’s wide reach, it is reasonable to assume that content shared on the app has implications for how society views certain topics, including mental health disorders, as meaning is constructed through interactions with others on the application. Vitikainen et al. (2020) described TikTok as a social change agent, noting that despite the app’s ban on political campaign-related content, users have utilized TikTok for political movements, such as joining together to sabotage a Donald Trump rally in 2020 (Lorenz et al., 2020). Further, TikTok videos and hashtags were used to spread information about wearing masks during the COVID-19 pandemic (Basch, Fera, et al., 2021). The World Health Organization TikTok videos related to wearing a mask were viewed over 57 million times, and just 100 TikToks with the hashtag “#WearaMask” were viewed over 500 million times (Basch, Fera, et al., 2021).

As the app has such an extensive user base, “TikTok has great potential in conveying important public health messages to various segments of the population” (Basch, Fera, et al., 2021, para. 18). It stands to reason that if TikTok videos can influence social action and aid in the spread of public health information, they also could be a powerful tool in either upholding or dismantling misunderstanding and stigma around mental health disorders such as OCD. However, researchers have highlighted the existence of misinformation on popular social media platforms, including TikTok (Sharevski et al.,

2023). For example, in various studies on COVID-19 information conveyed via TikTok, researchers found that much of the information is misinformation (Basch, Meleo-Erwin, et al., 2021; McCashin & Murphy, 2022). Sharevski et al. (2023) found that in viewing TikToks that included debunked abortion misinformation, approximately 30% of participants believed the information to be true. These findings highlight the prevalence of health-related misinformation on TikTok and related implications for professionals and the general public alike. Therefore, to better understand current social discourse around OCD, we conducted a content analysis to answer the following research question: How are women portraying OCD on TikTok?

Methods

We conducted a deductive, qualitative content analysis of 50 TikTok videos to examine how OCD is being discussed and portrayed by women on the large-scale social media platform of TikTok, which encompasses the power to disrupt stigma and influence the narratives attributed to OCD. Our decision to utilize content analysis was influenced by the use of this methodology in existing literature exploring OCD and media (Fennell & Boyd, 2014; Robinson et al., 2019), and a content analysis aligned with our intent to interpret women's portrayal of OCD through social discourse on TikTok. A content analysis is a systematic yet flexible process utilized to derive meaning from a set of data (Schreier, 2014). Qualitative content analysis is aligned with social constructivism and is concerned with exploring the "meaning and interpretation . . . of symbolic material, [and] the importance of context in determining meaning" (Schreier, 2014, p. 173). To describe meaning from our sample of TikTok videos, we followed the steps of a qualitative content analysis (Schreier, 2014): define the research question; select the content to analyze; develop a coding frame; segment and trial code the data; evaluate the coding frame; conduct the main analysis; and interpret and present the findings.

After determining our research question, we selected TikTok videos that met the following criteria: a) the TikTok video included the hashtag OCD (#OCD), and b) the primary person in the video presented as a woman and/or included she/her pronouns in their profile bio. We chose to focus on individuals presenting as women in this study because OCD symptomology varies based on gender in studies comparing cisgender women to cisgender men, with women having slightly higher rates of OCD diagnoses than men. Further, women exhibit cleaning-related symptoms more often than men (APA, 2022), and excessive cleanliness is commonly displayed in media depictions of OCD (Fennell & Boyd, 2014). Women also have unique experiences related to the intersectionality of gender, social discourse, and mental health diagnosis and treatment, or lack thereof (Bondi & Burman, 2001; Robinson et al., 2019). Further, women's trivialization of OCD on social media may elicit stronger negative emotional reactions from consumers, such as annoyance and decreased sympathy toward individuals with OCD (Pavelko & Myrick, 2016).

We chose the 50 TikTok videos with the most views for our sample (Dworkin, 2012). We were able to determine these videos by searching for "#OCD" within the TikTok app in February 2021. The sample was analyzed in March 2021. Similarly, in another content analysis, Fowler et al. (2021) selected the first 50 TikTok videos using a particular hashtag for their sample. They noted the influence of the TikTok algorithm, as the algorithm determines which videos are shown and in which order. Moreover, we determined the sample size based on other studies that engaged qualitative methods to analyze videos on various social media platforms, some of which utilized a sample size of fewer than 50 (Fowler et al., 2021; Johnson et al., 2019, 2021; Wallis, 2011). Next, we deductively determined codes in a concept-driven way (Schreier, 2014) based on the extant literature surrounding OCD, stigma, and popular understanding of the diagnosis. These initial codes were *stigma perpetuated*

and *accurate information about OCD shared*. It is important to note that at the time of data analysis, the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* was the *DSM-5* (APA, 2013). The *DSM-5-TR* (APA, 2022) was released in 2022; however, there were no updates to the OCD diagnostic criteria in the text revision.

The research team identified more codes during the review of the data, and we altered codes to be more specific to the data, including *daily routine*, *checking OCD*, and *feeling misunderstood*. During the segmentation phase of the coding process, the research team divided the data into individual units, or segments, based on a thematic criterion. More specifically, we divided the larger chunks of data (i.e., the entirety of what was said in a TikTok) into individual units (i.e., sentences) based on the aforementioned codes. Next, we went through a pilot round of coding using the predetermined codes on approximately 50% of the data. We evaluated and made changes to the coding frame as necessary, developing more specific codes to best represent the data. From there, we proceeded to the main analysis phase, in which the research team coded all data according to our final coding framework and determined themes and subthemes based on the coded data. Each team member individually determined themes, and then the team members met to compare, discuss, and alter the themes until we reached consensus on the themes and subthemes that best represented the data. Of the total sample, 48 videos comprise the two final categories.

Increasing Trustworthiness

The research team for the content analysis consisted of the first two authors of this article, Erin E. Woods and Alexandra Gantt-Howrey, who are cisgender heterosexual (cis) White women and are mental health counselors familiar with OCD. To increase trustworthiness, Woods and Gantt-Howrey practiced weekly reflexive journaling to become more aware of and bracket our biases throughout the data analysis, with the recognition that bias cannot be completely bracketed (Creswell, 2003). As part of the reflexive journaling process, we recognized and considered various sociocultural factors at play in our own lives, including our existence as cis) White women in the United States. Moreover, we identified various biases and expectations we held, including expectations of seeing OCD used as a non-clinical descriptor, previous knowledge related to OCD misdiagnosis and misunderstanding, and the belief that OCD should be used only in reference to the actual disorder. In an attempt to bracket these biases throughout the data analysis process, we engaged in frequent dialogue with one another to consider and evaluate assumptions that arose during the data analysis. Finally, to increase trustworthiness, the third author, Amber L. Pope, a licensed mental health counselor and counselor educator who identifies as a cis) White woman, acted as an auditor and reviewed the final themes and subthemes according to the data (Creswell, 2003). More specifically, Pope reviewed the data as well as the themes and subthemes developed by Woods and Gantt-Howrey. Pope then offered feedback on the results (e.g., use of theme names to accurately represent the data), and Woods and Gantt-Howrey integrated Pope's feedback into the final results presented below.

Results

This investigation explored how women communicate about OCD on TikTok. Two themes and three subthemes emerged from the data: 1) minimizes OCD symptoms and 1a) uses OCD as a synonym for cleanliness and organization; 2) accurately depicts OCD symptoms, 2a) corrects misunderstanding, and 2b) shares obsessive fears. A clear dichotomy was found: Many TikTok videos depicted women using OCD as an inaccurate descriptor, perpetuating stigma surrounding the diagnosis, while others shared factually based information in alignment with the *DSM-5* description of OCD, often representing their own experiences with OCD. Below, our findings are illustrated with rich descriptions from the data.

Minimizes OCD Symptoms

The first category, *minimizes OCD symptoms*, describes participants' portrayals of OCD in a way that either minimized or negated symptom severity, and/or described the disorder in a manner that does not align with the *DSM-5* definition of OCD. Twenty-eight videos (56%) from the sample are included in this category. Many TikToks in this category used the term "OCD" as a synonym for being very clean or organized, or to portray an unrelated phenomenon, such as collecting items or creating a spreadsheet. One TikTok of a woman describing her father exemplifies this misuse of the term "OCD": "This is my dad and he has a problem . . . because he has the OCD. And you might have it too if your 800-count DVD collection is in alphabetical order from '8 Mile' to 'Young Frankenstein.'" This quote is representative of the trivialization of the OCD diagnosis. Moreover, a TikTok about a mother's feelings of frustration over her daughter's messy painting further demonstrates the stigma perpetuated by many TikTok videos, as the mother stated:

Do any other moms relate to the extreme anxiety this gives me? I can sit here and watch but I'm dying on the inside. This is very hard for me. But I will sit here . . . and not let my anxiety and OCD get the best of me.

Uses OCD as a Synonym for Cleanliness and Organization

The subcategory *uses OCD as a synonym for cleanliness and organization* represents TikTok videos in which women used OCD as a descriptor for a clean person, and includes 10 of the 28 videos in this category. Building upon the first category, *minimizes OCD symptoms*, this subcategory further demonstrates explanations, examples, and use of the term OCD in ways that do not accurately describe the disorder. A popular audio clip was utilized frequently in our sample and was often paired with visual content of individuals organizing or cleaning various objects and spaces. The woman in the audio stated:

When they come into my house and they also think that I am a sociopath, that I take the time to do this once a month. Like, you know what? You say OCD is a disease, I say it's a blessing.

Through equating OCD to "a blessing" and also trivializing the term "sociopath" to simply describe someone who is well-organized, such TikTok videos minimize the OCD diagnosis and the experiences of individuals with OCD, equating the disorder to something it is not—a proclivity for cleanliness and organization. Furthermore, other TikToks with #OCD were solely about cleaning or organizing. A woman in one TikTok described a "bathroom hack for a deep clean" as she displayed bleach and a bowl of hot water. In another TikTok, these words crossed the screen for the viewer to read: "*My bff being messy*" and, subsequently, "*My OCD kicking in*," while the video displays an unmade bed.

Accurately Depicts OCD Symptoms

The second category, *accurately depicts OCD symptoms*, is defined as women portraying information that aligns with the *DSM-5* description of OCD symptom constellations and current research on OCD. Twenty videos (40%) comprise this category. Women in the TikToks in this category typically indicated they had an OCD diagnosis, describing their unique experiences with OCD and explaining how their symptoms align with the *DSM-5* definition. For example, TikToks in our sample represented the following aspects of the *DSM-5* symptoms of OCD (APA, 2013): recurrent intrusive thoughts, performance of a compulsion, and "clinically significant distress or impairment in social, occupational, or other important areas of functioning" (p. 237). For example, one TikTok begins with

the words “Live with _____ for a day” across the screen. A woman is then pictured “selecting” OCD from a variety of mental health diagnoses. In other TikToks, users describe their compulsions, such as a woman narrating her need to perform various rituals like choosing a certain color shirt, or another in which a woman flips a light switch repeatedly.

Corrects Misunderstanding

The first subcategory, *corrects misunderstanding*, encompasses videos in which women with OCD sought to correct misinformation or inaccurate portrayals about OCD. Eight of the 20 videos from the second category are included in this subcategory. The following quote demonstrates a woman debunking popular misconceptions of OCD symptoms: “What people think OCD is *picture of an organized desk.* What it’s like for me: *woman spraying perfume.* My brain: ‘spray it 3 times or your mum will die.’” In another TikTok, a woman lamented the prevalent, stigmatized view of OCD:

OCD is not cute. She doesn’t wear big glasses and chunky sweaters while she neatly lines up her stationary in color order. She’s probably the most misunderstood disorder, to the point where people nonchalantly use her name to describe a neat person.

Importantly, the speaker describes OCD as “misunderstood,” directly contradicting the previously described “version” of OCD as simply a proclivity for neatness or organization.

Shares Obsessive Fears

In this subcategory, *shares obsessive fears*, women provided more specific information and details in their TikToks to depict OCD in a more holistic, accurate manner. Eleven videos are included in this subcategory. The fears women shared included the deaths of loved ones, losing one’s job, accidentally setting one’s house on fire, losing a relationship, and not locking one’s front door. One woman’s TikTok portrayed the intrusive thoughts and subsequent fears she experienced frequently:

Documenting a side of OCD that people don’t usually see: Did I tell my mom I love her before she went to bed? What if she dies on the way to work tomorrow? Should I wake her up and tell her just in case? No, that will make her mad. Wait, but did I lock the doors? Did my sister make it home safe? She didn’t text me; her location is off. Oh, she’s fine; she just responded. Should I check the locks?

This quote demonstrates the intrusive thoughts that individuals with OCD often experience. More specifically, the intrusive thoughts in this example include fears such as death of a loved one, uncertainty, and potential lack of safety for self and others.

Discussion

The purpose of this study was to increase understanding of how women are portraying OCD on TikTok to inform counselors on the current social discourse around OCD. Our findings substantiate the extant literature and provide new insight, possibilities, and practice implications given this novel exploration of how women discuss OCD on TikTok. The categories that emerged from our content analysis reveal the variety in the types of TikToks women created and hashtagged with the term “OCD,” with the two main themes being *minimizes OCD symptoms*, demonstrating the trivialization of OCD by women on TikTok, and *accurately depicts OCD symptoms*, in which women attempted to correct inaccurate perceptions about OCD by sharing their own experiences and factual information about the diagnosis. Our results also suggested that women with an OCD diagnosis shared more

factually based depictions of the disorder than the women who did not indicate a diagnosis in their TikTok videos. Our findings of two dichotomous themes are unsurprising given other findings on health-related misinformation on TikTok (e.g., Basch, Meleo-Erwin, et al., 2021; McCashin & Murphy, 2022), yielding opportunities for professionals to provide accurate information on the platform.

The majority of women whose content fell in the *accurately depicts OCD symptoms* theme indicated they had an OCD diagnosis. These women corrected misinformation about OCD and also shared their own experiences of living with OCD, depicting the seriousness and pervasiveness of their obsessive thoughts. Our results indicate that women with OCD may desire to see OCD portrayed correctly in the media, in ways that are different from the stereotypical or comedic depictions often prevalent in mainstream media (Fennell & Boyd, 2014). These negative stereotypes may contribute to women's oppression through the perpetuation of misinformation. Women with OCD also may be motivated by the fear of stigma (Steinberg & Wetterneck, 2017) and the desire to have their mental health diagnosis taken seriously. Fennell and Liberato (2007) noted the importance of societal conceptions of OCD to those with the diagnosis; therefore, the creators in our sample may be motivated to alter the popular understanding and trivialization of OCD (Pavelko & Myrick, 2016; Robinson et al., 2019) through their TikTok content as a result of living with the disorder themselves and the impact of their OCD symptoms on their functioning. Moreover, motivation to post publicly about one's experience with OCD may help women connect with others (Fennell & Liberato, 2007) through a large social media platform.

Yet our other main theme of *minimizes OCD symptoms* supports findings from previous research (e.g., Pavelko & Myrick, 2016; Robinson et al., 2019) that OCD is frequently depicted in the media and popular culture in a manner that minimizes the symptomatology or severity of OCD symptoms. Our results illustrate that the content created by women on TikTok often portrays OCD as synonymous with cleanliness and organization, hence trivializing OCD symptoms. Multiple TikToks ($n = 4$) utilized a popular audio: "You say OCD is a disease; I say it's a blessing," over a video of someone organizing, often some sort of household item, which aligns with previous findings that OCD is typically portrayed in the media by characters with washing and cleaning compulsions (Fennell & Boyd, 2014). Additionally, multiple videos in the *uses OCD as a synonym for cleanliness or organization* subtheme included language and descriptions that stigmatized cleaning symptoms, such as "*My bff being messy*," "*My OCD kicking in*," and "I literally saved my toothbrush to like get the corners and clean cuz I'm OCD." Despite cleanliness being the most visible depiction of OCD (Steinberg & Wetterneck, 2017) and more often seen in women with OCD than in men (APA, 2022), the way these symptoms are portrayed do not holistically represent OCD or encompass the potential effects of this disorder and instead contribute to the continued trivialization of this disorder.

Implications

Our findings yield various implications for counselors and future research. Because of the popularity and breadth of TikTok content, both clients and counselors are likely to use the app and subsequently view TikToks that contain minimizing, trivializing, or stigmatizing information about OCD. Counselors are not immune to holding stigmatizing views about OCD (Steinberg & Wetterneck, 2017). Exposure to trivializing content may influence how counselors view OCD symptoms and the severity of OCD with their clients, potentially contributing to misdiagnosing OCD. Our results indicate cleanliness and organization were the common depictions of OCD on TikTok, which could result in counselors having a limited understanding of OCD symptomatology and misidentifying other types of OCD symptoms that fall into groupings such as unwanted sexual

thoughts or religious obsessions (Glazier et al., 2013). Mental health counselors responded with social rejection and general concerns to case vignettes of clients with contamination obsessions and cleaning compulsions (Steinberg & Wetterneck, 2017); consumption of social media that equates OCD to cleanliness and organization could perpetuate similar stigmas toward OCD among counselors.

For clients, exposure to content that trivializes and/or stigmatizes OCD may lead to hesitancy to seek treatment (Steinberg & Wetterneck, 2017) or even a failure to recognize one's symptoms as indicative of a mental health issue (Fennell & Liberato, 2007). Hence, our results stress the importance of counselors increasing their knowledge of OCD in its various presentations and examining their own beliefs and biases toward OCD symptoms, recognizing that our reactions as counselors may impact how clients choose to present or hide their symptoms of OCD out of fear of stigmatization. During the mental health assessment process, counselors may want to ask clients displaying OCD symptoms questions related to their perceptions of the disorder such as, "How have you seen OCD depicted by characters on TV or in the movies?" or "What do you believe about OCD according to what you have seen/read on social media?" For clients who indicate inaccurate or negative conceptualization of OCD, psychoeducation may be useful to correct misinformation or misconceptions about OCD that clients obtained from the media. Counselors also may want to help clients develop media literacy skills, particularly for clients who consume a lot of social media, so clients can effectively analyze and reflect on the messages they encounter regarding OCD.

To enhance counselors' knowledge of OCD, counselor educators can use the portrayals of OCD on social media to inform classroom discussion and activities when teaching about mental health diagnosis. For example, counselor educators can ask students to describe what they have seen about OCD in the media and explore how these examples do or do not align with the *DSM-5* description of OCD. Counselor educators also can encourage students to explore their own biases and perceptions about OCD, which may help reduce the stigma held by mental health counselors related to OCD symptoms (Steinberg & Wetterneck, 2017) and increase accurate diagnosis of OCD (Glazier et al., 2013).

Further, our results demonstrate the importance of public education to decrease stigma related to mental health disorders (Webb et al., 2016), particularly targeted to individuals who do not have an OCD diagnosis, as they may be more likely to share or create trivializing content. As Fennell and Liberato (2007) stated, "the need for more public information on the lived experience of OCD and mental 'disorders' cannot be stressed enough" (p. 328). TikTok shows great potential to spread health information (Basch, Fera, et al., 2021), and this social media platform could be utilized to help share more accurate depictions of OCD. For example, counselors, individuals with OCD, and other advocates may consider utilizing the power of a targeted "hashtag" campaign, with the goal of reducing stigma toward OCD through countering the impact of stigmatizing content (Robinson et al., 2019). This type of positive and factual representation of OCD also may help to combat societal inequalities that can be perpetuated through the stigmatization and trivialization of OCD, and hashtag campaigns may be enacted by individuals and larger counseling organizations alike.

TikTok has a unique feature called "stitch" that allows users to combine another user's video with the one they are creating. Some counselors are already using the "stitch" function as a means of psychoeducation and advocacy to correct misconceptions of mental health in TikTok videos, where counselors can directly connect their educated responses to the original video that contained inaccurate information. To effectively challenge the stigma surrounding mental health diagnoses, counselors need to be aware of the current public discourse occurring on social media platforms and use this information to develop advocacy-based interventions. In line with the American Counseling

Association's *Code of Ethics* (2014), counselors should consider other means of engaging in advocacy to benefit those diagnosed with OCD, such as providing public education in their local contexts and supporting public policies that could help provide affordable treatment of the disorder. The IOCDF's Advocate Program (IOCDF, 2022) may prove to be a beneficial resource for such work.

Concerning future research, we suggest utilizing a larger sample of TikTok videos, analyzing social media content on other platforms, and including gender-expansive individuals and cisgender men as part of the sample to gather more perspectives. Additionally, researchers can compare who is creating the social media content and where accurate or inaccurate portrayals of OCD are occurring on social media. Quantitative research may provide more insight into how individuals with an OCD diagnosis create media content compared to those who do not have a diagnosis. Understanding the nuances in how OCD is portrayed across platforms or creators can enhance counselors' knowledge of how to use social media as appropriate resources or social connections for their clients with OCD. Finally, more information on how OCD is depicted on social media can help counselors better recognize the messages their clients receive about OCD when using social media and improve their ability to correct the unreliable information their clients consume on these platforms.

Limitations

Various limitations should be taken into consideration. Given the nature of qualitative research, the findings of this study cannot be generalized to larger groups. We did not obtain IRB approval for this study, given that we used publicly available information for our data, and we did not directly contact the video creators to clarify gender identity, OCD diagnosis, or other demographic information that would have enhanced the description of our sample or allowed us to explore how intersectionality impacts depictions of OCD. Because we did not gather demographic information, we determined inclusion based on the individuals' presentation as a woman and/or use of she/her pronouns in their profile, and our results are based solely on the content the women disclosed in their videos. For example, we cannot conclusively determine that women with a diagnosis share more accurate information about OCD on TikTok as compared to those without a diagnosis. Additionally, we did not contact the creators to gain a more thorough understanding of their intended message when creating the video. Finally, it should be noted that by utilizing the 50 most viewed TikToks with #OCD, videos that were less widely viewed and shared were not included in our sample, perhaps limiting our understanding of more nuanced portrayals of OCD on TikTok. Utilizing the most viewed TikToks as our sample may have contributed to the resulting dichotomous themes, capturing only the predominant trends of minimizing or accurately depicting OCD symptoms.

Conclusion

OCD is a serious and often debilitating mental health disorder (APA, 2022) that is frequently misunderstood and misrepresented in mainstream culture (Pavelko & Myrick, 2016; Steinberg & Wetterneck, 2017). Through a content analysis of TikTok videos created by women with the hashtag "OCD," our resulting themes and subthemes revealed a mix of perpetuating stereotypes and minimizing OCD symptoms and of sharing accurate information and personal experiences concerning OCD. These findings can assist counselors and counselor educators to better understand the types of social media content clients are viewing and potential harmful messages clients may internalize about OCD through exposure to media. Further, counselors should consider their own consumption of social media and examine their perceptions of and biases toward OCD throughout the treatment

process. Likewise, counselor educators should adjust their pedagogy to encourage student exploration of misconceptions and enhance training in how to accurately diagnose and treat OCD in their future work as mental health counselors. Although social media can perpetuate stigma, it can also be used as a tool for powerful positive change, and we encourage all readers to consider the accuracy of the content they post on social media when it comes to depicting mental health disorders.

Conflict of Interest and Funding Disclosure

The authors reported no conflict of interest or funding contributions for the development of this manuscript.

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