What's So Funny about Obsessive-Compulsive Disorder?

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ONCE CHARACTERIZED AS A RARE PSYCHIATRIC DISORDER, obsessive-compulsive disorder (OCD) affects more than one in forty individuals, or approximately five million Americans. The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM IV*) defines obsessions as "persistent and intrusive inappropriate ideas, thoughts, or impulses which cause marked anxiety and distress" and compulsions as repetitive behaviors or mental acts whose goal is to "prevent or reduce such distress, not to provide pleasure or gratification" (180). The *DSM IV* subdivides symptoms by type, the most familiar being obsessions about contamination, partly alleviated, for example, by repetitive hand washing. Other common symptoms include the need for order or symmetry; obsessions with sexual conduct; sexual thoughts that the patient views as inappropriate; and perhaps the most intriguing and recently newsworthy form of OCD, compulsive hoarding and saving, the tendency to stow away trash such as old newspapers.[1]

Symptoms of OCD seem to have been documented as early as the early modern period; according to contemporary psychologists, Martin Luther and John Bunyan exhibited tendencies that would meet the criteria of religious scrupulosity, a subtype of OCD in which religionists ruminate excessively over their spiritual standing. Ian Osborne concludes that Bunyan "had clear-cut, moderate to severe OCD; his case is our best historical example of the illness" (58).[2] Bunyan "showed the insight of a true obsessional. He knew his worries were irrational; he just couldn't stop thinking them" (58).

Obsessive behavior shows up in later, post-Enlightenment texts, although under mutating taxonomic categories. The English "mad doctor" Thomas Arnold wrote in a 1782 treatise on madness that ob-

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sessives exhibit "pathetic insanity," a species of melancholy in which "some one Passion is in full, and complete possession of the mind; triumphs in the slavery, or desolation of reason; and even exercises a despotic authority over all the other affections" (235).[3] Arnold's nosological phrase "pathetic insanity" was eventually displaced by the more etymologically incisive term *monomania* in American and Continental treatises on madness. In his *Treatise on Insanity and Other Disorders Affecting the Mind* (1835), the American psychiatrist James Cowles Prichard situated obsessiveness under the category *manie sans délire* or *folie raisonnante* ("monomania with reason"). In this category, an erroneous "conviction impresses upon the understanding" and gives rise to a "partial aberration of judgment," one that "betrays no palpable disorder of mind" (30). Late-eighteenth-century French psychologists, most notably Philippe Pinel, J. E. D. Esquirol, and Pierre Janet, introduced the term *folie de doute* ("doubting disease") to describe obsessive tendencies, after which the modern, hyphened version of monomania, obsessive-compulsive disorder, entered the psychiatric lexicon.[4] Many of the stereotypes associated with obsessive character traits—perfectionism and anal retentiveness, for example—stem from Freud's work on "obsessive neurosis" in the early decades of the twentieth century ("Obsessions" 85; Jones 558).

Yet, despite the attention that had been given to obsessive behavior in previous historical epochs, only during the past several decades has OCD become so widely represented in several media, including not only scientific and medical journals but also the mainstream press and popular culture, where the disorder has been the subject of recent memoirs, films, plays, and novels. In a scientific and medical sense, the recent interest in and representation of OCD in the media is readily explainable. Prior to the 1970s and the realization that a tricyclic antidepressant, clomipramine, helped alleviate obsessions and compulsions, OCD had been considered a rare, primarily psychological, neurosis that seemed largely recalcitrant to therapy.[5] With the rise of biological and diagnostic psychiatry in the past decades, as well as a clearer description in the *DSM IV* of the symptomatology and various subtypes of OCD, the condition has recently become understandable as a prevalent psychiatric disorder caused primarily by an organic brain dysfunction.[6] And because researchers also made the serendipitous discovery in the early 1980s that selective serotonin reuptake inhibitors (SSRIs) such as Prozac (originally developed as antidepressants) also alleviated OCD symptoms, they realized that OCD was largely a "hyposerotonergic" state treatable by an adjunctive regimen of drug and behavioral therapy.

Given such medical and scientific advances, it makes sense that OCD would be paid so much media attention during the past several decades. Yet medical and scientific advances cannot account for the extent to which the media, in its recent portrayals of OCD, consistently represents the disorder with levity and humor. These portrayals typically cast obsessives as the protagonists in comedies or, as I describe later, tragicomedies, especially in popular culture. While there have been comedic depictions of obsessives in the past, and on the early modern English stage in particular, the prevalence of these depictions is a recent phenomenon.[7] In the earlier historical incarnations of OCD as scrupulosity, monomania, or the doubting disease, the condition more often showed up in melodramas, tragedies, and gothic literature—in texts by Flaubert, Baudelaire, and others, especially Edgar Allan Poe, whose protagonists are frequently beset by an idée fixe or monomaniacal passion.[8]

How can we explain, then, the extent to which recent literary and cinematic portrayals of obsessive-compulsive disorder suggest that sufferers of OCD can always be counted on to make us laugh? Recall Jack Nicholson's compulsive sidestepping of those dangerous cracks in the sidewalk in *As Good As It Gets* or

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David Sedaris's lighthearted confession that, as a child, he was compelled to kiss the stairs each time he ventured up to his bedroom:

> My bedroom was right there off the hallway, but first I had business to tend to. After kissing the fourth, eighth and twelfth carpeted stair, I wiped the cat hair off my lips and proceeded to the kitchen, where I was commanded to stroke the burners of the stove, press my nose against the refrigerator door, and arrange the percolator, toaster, and blender into a straight row. (10)

While one should not, of course, expect such humorous accounts to diagnose accurately the etiology of OCD, mainstream depictions tend to make us forget that, according to the *DSM IV*, OCD is fundamentally an anxiety disorder, hardly a laughing matter to most of its long-term victims.[9] And while humor theorists, especially those behind the so-called positive-humor movement, would note that laughter can be therapeutic, contemporary accounts of both unrelated and comorbid psychological illnesses, say depression or eating disorders, are seldom rendered comically.[10] William Styron's *Darkness Visible: A Memoir of Madness* and Kay Redfield Jamison's *An Unquiet Mind: A Memoir of Moods and Madness* are engaging, poignant memoirs of depression and bipolar disorder, but they are as somber in tone as canonical Greek tragedies. Why is OCD, more than other mental disorders, treated in comedy? The following pages will attempt to answer this question and, in doing so, open out into a larger assessment of why there has been so much interest in OCD in the past decades. Given how frequently medical and scientific discourses are translated into popular literary forms such as comedy, usually with significant distortion, the proliferation of representations of obsessiveness in various media should particularly interest cultural historians.

Jennifer Fleissner extends the medical explanation for the rise of interest in OCD by asking, "What if something in the very organization of the external world itself answered to the obsessional perspective?" Drawing on a range of texts from Max Horkheimer and Theodor Adorno's *Dialectic of Enlightenment* to Leon Salzman's *Treatment of the Obsessional Personality*, Fleissner argues that "the unknowables of modern life, perhaps now more than ever, generate a profound yearning for some small token of control" (110). A cultural tendency toward obsessiveness seems to be a response to "complex technologies," "the risk of nuclear war," and a still-prevailing Weberian spirit of capitalism that is echoed in the *DSM IV*'s description of obsessives as "excessively conscientious" and "scrupulous" (qtd. in Fleissner 114). Indeed, the hyperefficiency of the entire culture industry as described by Horkheimer and Adorno—an efficiency that includes "control . . . exclusion of any deviance . . . bureaucratic management, a subjugation of every issue to the demands of the technical, efficient regulations"—suggests "an essentially compulsive worldview" (qtd. in Fleissner 112; 112).

Such a metanarrative perhaps explains the interest in obsessiveness in the mid–twentieth century, although it fails to explain the resurgence of interest in obsessiveness during the past several decades. Diagnostic psychiatry has recently advanced our understanding of obsessiveness by emphasizing the distinction between obsessive-compulsive disorder and obsessive-compulsive-personality disorder (OCPD). OCD is ego-dystonic, which means that obsessions and compulsions are at odds with the otherwise healthy desires of the ego and cause distress when carried out. OCPD, on the other hand, is ego-syntonic, which means that obsessions and compulsions accord with the ego's desires and cause a measure of gratification when realized. A more incisive medical understanding of the ego-dystonic nature of OCD has made us realize that those with OCD do not simply have obsessional personalities or characters (they are not monomaniacal, as has often been assumed) but are fundamentally self-alienated.

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If a master trope explains the uniquely disjunctive experience of OCD, it is irony. Not only is there something fundamentally ironic about the extent to which obsessives with OCD concentrate on tasks that they believe to be ridiculous, but compulsions, usually orchestrated to alleviate underlying obsessions, tend to worsen the motivating obsession, and the victim gets caught in a ritualistic loop. Often, the longer obsessives wash, the dirtier they believe they are; and since the compulsion designed to alleviate the cognitive obsession usually triggers physiological responses unrelated to the original obsession—increased heart rate, diffuse anxiety, and so on—the compulsion might only trade cognitive for physiological anxiety. A related irony is that some sufferers of OCD are aware that the neglect of a ritual will lead them to obsess about what will happen if they do not carry out the compulsion. Finally, regarding the larger picture of a life narrative or telos, perhaps the most bracing irony is that OCD sufferers may spend their lives attempting daily to avert the contingent and imminently tragic, only to forego, tragically, the simple pleasures that for others constitute a contented life.

Perhaps OCD has piqued contemporary interest because such ironies dovetail not simply, as Fleissner argues, with lingering modernist skepticism but with a recent postmodern sensibility that has been described in terms of detached or suspended irony. All irony is, as Cleanth Brooks once postulated, a general term indicating "incongruity" (qtd. in Wilde 24). Alan Wilde usefully distinguishes modernist from postmodernist irony; while modernist irony recognizes but desperately tries to overcome incongruities, postmodern irony unheroically and skeptically accepts them: "Modernist irony, absolute and equivocal, expresses a resolute consciousness of different and equal possibilities so ranged as to defy solution. Postmodern irony, by contrast, is suspensive: an indecision about the meanings or relations of things is matched by a willingness to live with uncertainty" (44). The protocols of cognitive-behavioral therapy for OCD encourage obsessives to view their condition with detached irony, as suggested in the mantra that they are trained to repeat to themselves: "It is not me, it is my OCD" (Schwartz 14). Among psychiatrists and treated patients, then, an apparent acceptance of the fundamentally disjunctive nature of the disorder resonates with our so-called age of irony. What remains to be explained is why the ironies specific to OCD seem to generate laughter or at least are represented as humorous in the popular media.

OCD, Humor, and Incongruity

Perhaps the widely held "incongruity" theory of humor can explain the comic overtones of obsessive-compulsive behavior. At its most general level, this theory posits that joke making depends on cognitive dissonance. The eighteenth-century notion of wit held that the sort of verbal and conceptual witticisms one detects in metaphysical poetry stem from concordia discors, a yoking together of unlike objects or notions (for example, John Donne's famous comparison of the legs of a compass to two lovers). Joseph Priestley, offering a simpler theory, contended that humor stems from "disproportion"—for example, "a man with an immoderately long nose, or a very short one (no nose at all would raise our horror) . . ." (21). Some incongruities are more formal and linguistic. As Norman Holland notes, "You laugh when something affirms and denies the same proposition simultaneously. You laugh when something creates disorder and then quickly and happily resolves that disorder. . . . You laugh at the incongruity between an intellectual contradiction and an emotional reaction to it" (22). And formal incongruities tend to accompany ethical antinomies like discrepancies in a single action between the noble and contemptible, the sacred and profane, or the high and low generally. Arthur Koestler used

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the concept of "bisociation" to explain all such incongruities: humor usually ensues when "a situation, event, or idea, is simultaneously perceived from the perspective of two self-consistent but normally incompatible frames of reference." An obvious example would be a pun, which defies rational logic, suggesting that a "thing can be both x and not-x at the same time" (qtd. in R. Martin 63).

If we move to obsessive-compulsive behavior and consider the disparity between, on the one hand, the seriousness of purpose with which most obsessive and compulsive actions are undertaken and, on the other hand, their largely mundane nature, we can begin to appreciate the explanatory power of incongruity accounts of humor. For a person with OCD, the inability to perform seemingly insignificant rituals—repeatedly walking through thresholds, compulsively touching doorknobs, scrubbing one's hands—is fraught with the perception of heavy consequences. The incongruity and, arguably, the comic element in such cases is a conventional mix of the high and low, a tragic foreboding tied to what most would consider inconsequential behavior. Recent pop-cultural accounts of OCD provide apposite examples: in her playful but disquieting memoir, *Devil in the Details: Scenes from an Obsessive Girlhood*, Jennifer Traig recounts her childhood experiences with religious scrupulosity: "Scrupulosity is sometimes called the doubting disease, because it forces you to question everything. Anything you do or say or wear or hear or eat or think, you examine in excruciatingly minute detail. Will I go to hell if I watch HBO? Is it sacrilegious to shop wholesale? What is the biblical position on organic produce?" (5).

In such cases as Traig's, there is a tension between the intensity of the obsessive-compulsive act and, once the behavior is seen as just another compulsive ritual, the futility of that act; hence, the behavior can provoke laughter. The moment an observer apprehends this incongruity is analogous to the point at which one understands the gist of a joke—that is, the moment when one realizes that what might be construed as rational-purposive behavior needs to be assessed on a different level or in a different context entirely.[11] Suffice it to say that the typical obsessive-compulsive ritual is decidedly not like that often-cited case of obsessiveness, Lady Macbeth's "accustomed" washing her hands of blood, a ritual that is directly, congruently linked to her guilt over the murders of Duncan and Banquo: "Out, damned spot! Out, I say! One, two, why, then, 'tis time to do't. Hell is murky" (5.2.30–31).

The Obsessive-Compulsive Machine

The incongruity theory of the comic effects of obsessive-compulsive behavior can provide a starting point from which to assess OCD, but observers of obsessive-compulsive behavior typically witness a compulsion without being privy to the underlying obsession. Yet the physical reflexes of OCD are worth considering as humorous in their own right. The repetitive rituals displayed by severe obsessive-compulsives often seem reminiscent of the ritualistic activities of small children (recall Freud's account of the *fort-da* game) or even of some instinctual behavioral patterns of animals (a cat chasing its tail, for example). There are a number of notable features of such activities—their circularity, futility, and, perhaps less obviously, a seeming inability to halt the actions (assuming, as with OCD proper, that sufferers would like to cease the activity).

What, if anything, might render this apparent loss of free will in OCD behavior funny? An answer can be found in one of the most original philosophical meditations on comedy, Henri Bergson's *Laughter: An Essay on the Meaning of the Comic*. Bergson's thesis is straightforward: as human behavior becomes increasingly mechanistic and automatic, it becomes more comical. Bergson's overarching term for such a phenomenon is "mechanical inelasticity." One finds actions funny when, instead of witnessing suppleness or the "wide-

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awake adaptability and the living pliableness of a human being," one observes unexpected rigidity and a seeming loss of control (8). Examples range from the most commonplace—as when a man, running along the street, unaccountably stumbles and falls (8)—to the more specialized cases of human beings momentarily transformed into simple objects and machines: Sancho Panza tumbling "into a bedquilt and tossed into the air like a football" (58), or someone turned into a cannonball and shot into space. Bergson also finds his leitmotif in common toys and modes of play, including the jack-in-the-box, a cat playing with a mouse, or the dramatic example of the "dancing jack," in which the comedy's principal has the impression of acting deliberately and freely but all the while is being manipulated, like a marionette, by the hands of another (78).

Reasoning backward from these examples and others, Bergson concludes that the "attitudes, gestures and movements of the human body are laughable in exact proportion as that body reminds of a mere machine" (29). He adds two caveats, however. First, some trace of the human must remain discernible for the comic to take hold. The machine needs to somehow operate within the person rather than take the person over entirely. Second, comic characters are often unaware of the humorous aspects of their behavior, as if a state of "absentmindedness" underlies their actions: "The comic character is generally comic in proportion to his ignorance of himself. The comic person is unconscious. As though wearing the ring of Gyges with reverse effects, he becomes invisible to himself while remaining visible to all the world" (17).

Bergson's account of comedy goes a way toward explaining the droll effects of the physical manifestations of OCD. "Inelastic," "automatic," "habitual," and "rigid" all apply to typical obsessive-compulsive conduct. But the comic aspects of OCD do not meet Bergson's principal criterion of absentmindedness. What distinguishes OCD from more serious, comorbid disorders is the retention of what psychologists describe as the sufferers' "insight" into the unconventional, irrational aspect of their rituals, technically described as "ego-dystonic" behavior. As I noted earlier, ego-dystonia denotes urges and actions that are at odds with the patient's otherwise normal goals and desires. Obsessives experience not so much an abdication of free will as a partial suspension of rational-choice conduct, akin to Aristotle's incontinent person who knows the best way to act but selects a less optimal course of action nonetheless. Even on this matter, humor prevails. In her recent memoir *Just Checking: Scenes from the Life of an Obsessive-Compulsive*, Emily Colas describes her obsessiveness as "insanity lite." When asked in an interview about the meaning of the term, she responded, "The expression was basically a play on diet foods. All the taste, none of the good stuff. It was as if I was suffering as much as anyone else who had lost their mind, but since I was still able to be rational, since I knew what I was doing was bizarre, I wasn't really crazy" (168).

Because of the ego-dystonic and self-alienating nature of OCD, obsessives are acutely aware of the irrationality of their rituals and are often overcome with guilt linked to other-regarding obsessions. Obsessives typically worry, even in the face of countervailing evidence, that they either have or will hurt those around them. The psychiatrist Judith L. Rapoport describes a patient who suffered such severe ruminatory notions that he had hit a bystander with his car that he spent the better part of a day returning at one-hour intervals to the scene of an accident that had never transpired (23–32). Building on the work of the psychiatrist Paul Salkovitz, Osborne remarks that obsessives have an inflated sense of responsibility, a "deep seated, automatic tendency to feel accountable for anything bad that might happen" (59). Another contemporary psychiatrist, Thomas Insel, considers antisocial behavior to be the antithesis of OCD behavior: "Antisocials are severely

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aggressive and never feel any guilt, while obsessionals do nothing aggressive and feel guilty all the time" (qtd. in Osborne 61). Such unabating feelings of guilt and responsibility, coupled with fears of disaster and avoidance behavior, have suggested to some psychiatrists that OCD symptoms meet all the criteria for generalized anxiety disorder (GAD).[12]

Returning to Bergson's terminology, OCD stems not simply from a temporary suspension of normalcy but rather from an overlay of the mechanical on the human or organic, the abnormal on the normal. Bergson's notion of the encrustation of the machine on the human is satisfied, but in an inverted manner: if typical comic characters are invisible to themselves but visible to the world, typical obsessives are intensely visible to themselves but, with respect to the intentions motoring their conduct, largely invisible to the world. This perhaps helps explain not simply why obsessive-compulsive behavior is funny only to some individuals but why responses to such behavior are often an admixture of laughter, curiosity, fear, and even hostility. Because obsessives seem too alert to their actions but cannot curb them, their behavior often comes across as a manifest weakness of will. One might find it funny to watch someone unaccountably trip while walking briskly along; it is less funny to observe people trip when they know they are about to trip, would like not to trip, have the ability to avoid tripping, but allow themselves to trip anyway. This is the unique plight of the obsessive-compulsive, and this is partly what makes OCD evoke mixed rather than purely smiling responses.

Consider, for example, Adrian Monk, the obsessive-compulsive "defective detective" in the comedy series *Monk*. In one early episode, Monk, chased down by a car, cannot help but, Chaplin-like, mechanically touch the poles of street signs as he runs for his life, an act that significantly slows him down and keeps him in harm's way. In another episode, faced with saving his nursemaid, who is held at gunpoint (which requires him to reach for a gun that has dropped into some brackish water), Monk, paralyzed with irrational fear (of the water, not the criminal), decides against picking up the gun. Monk's purely physical movements are hilarious, but the comic eruptions are often qualified, even in such a broad situation comedy, by both the viewers' and Monk's peers' curiosity, embarrassment, even ire at Monk's intense awareness of his obsessions but maddening inability to shut them down when duty calls.

Perhaps genre theory can clarify these comic effects. What distinguishes comedy from tragedy is, among other things, the degree of self-awareness displayed by the principal characters. As Bergson notes of tragedy, "A character in a tragedy will make no change in his conduct because he will know how it is judged by us; he may continue therein, even though fully conscious of what he is and feeling keenly the horror he inspires in us. But a defect that is ridiculous, as soon as it feels itself to be so, endeavors to modify itself, or at least to appear as though it did" (17). Tragic protagonists are often acutely aware of their actions and, although Bergson does not underscore this, assume that fate or something incontrovertible guides their conduct. Given this distinction between comedy and tragedy, is obsessive-compulsive behavior comic or tragic? Obsessives intensely disavow rational behavior; they know the rational way to act and appreciate that they have the power to act such a way, but ultimately they are compelled not to do so. In other words, obsessive-compulsive behavior is a kind of willed automatism. Like the tragic hero, obsessives are fully aware of their actions, but like the comic hero, they cannot help acting mechanically, as if the genre that captures such conduct is neither simply tragedy nor comedy but rather tragicomedy.

The inherently tragicomic nature of OCD is brought out suggestively in the recent film *Stranger Than Fiction*, starring Will Ferrell. During the first half of the movie, Ferrell's

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character Harold Crick devotes most of his time to maintaining a hold on his humdrum rituals and so is able to preempt the possibility that contingent, extraordinary, possibly tragic events might disturb his routinized life. One irony here is that, had he continued his life in this vein, he would not have met the spirited Ana Pascal, learned to play the guitar, or generally opened himself up to life's unpredictable pleasures. Crick's obsessiveness—which tends to render him comic—helps avert the tragic at the cost of his living a tragically empty life, as if he acts comically but lives tragically. Ironies begin to multiply when the one time that Crick's rituals fail him (his watch is set ahead by only three minutes), his largely comic existence edges precipitously toward the tragic, or tragically heroic, as his deus ex machina, the writer Karen Eiffel, ordains that he will die while saving a small boy from a car accident.[13] By the end of the film, however, even this irony gives way to another. Crick decides to embrace his tragically heroic fate, but, thanks to a script change by Eiffel, he survives the car accident and reconciles with Pascal. Given the happy resolution, the film ends as a straightforward comedy, even though all the genre-changing en route suggests something more subtle: not only must Crick confront and overcome a possible tragedy if he is to find himself in a comedy, but this will happen only if he frees himself from his obsessiveness and makes himself vulnerable to uncertainty (even if, paradoxically, that very uncertainty seems scripted). For most of the movie, then, Crick's life at the level of discrete acts is comical, but his larger life narrative is heading for tragedy. By the end of the movie, this is reversed, since his particular acts become heroic (and potentially tragic), but his life narrative is thereby resituated in a comic frame.

OCD, Humor, and Aggression

Neither comedy nor tragicomedy alone captures the distinctive responses many have to obsessive-compulsive behavior. As I mentioned above, a measure of hostility, even aggressiveness, mingles with some people's responses to the comic effects of obsessive-compulsive behavior. An apt example is a recent *YouTube* video taken of an unsuspecting postal carrier. The carrier unloads the day's mail from a corner mailbox into his satchel, then immediately loads the mail back into the mailbox, then puts it again into the satchel, then back into the mailbox, on and on for about five minutes. Hunched over, intently focused on his task, he performs his ritual hurriedly, even blankly, as if entranced. I've shown this video to friends and students, several of whom, while laughing, mutter comments like "freak" or "nutjob." And while many bloggers, especially those who apparently have OCD, note how "sad" the video makes them, just as many bloggers post sarcastic comments such as "talk about going postal . . . hahahahahahhaahah . . . wait . . . thats why the mail is always late. . . . oughta let my dog bite his ass and then lets see how long ya keep peeking in the damn box" (cuti17). Some post openly hostile comments like "what the hell is he doing. he looks like a robot," a comment that, oddly enough, is posted on a Web site entitled *Gigglesugar*, which aims to offer "byte-sized" comedy (lesocialite). What is it about obsessive and compulsive behavior that moves some people to laugh cruelly and not just embarrassedly or empathetically?

Humor theorists have historically maintained that joking often carries an undertow of disparagement and assertions of superiority (R. Martin 33). In the middle decades of the seventeenth century, Thomas Hobbes remarked that "the passion of laughter is nothing else but sudden glory arising from some sudden conception or some eminency in ourselves, by comparison with the infirmity of others. . . . It is no wonder therefore that men take heinously to be laughed at or derided, that is, triumphed over" (36).[14] Contemporary humor theorists continue to argue

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that humor is intrinsically aggressive. Charles Gruner remarks that laughter has its origins in the "roars of triumph following a difficult battle among male competitors. Laughter serves a homeostatic function insofar as it allows not simply for the victor to signal his victory, but for the excessive adrenaline that gathers throughout the fight to be released." Even puns, according to Gruner, are inherently aggressive. Originating in ancient "duels of wits," puns are intrinsically competitive, the listener's groan an inadvertent admission of defeat (qtd. in R. Martin 45).

Several explanations support the notion that some who laugh at obsessives do so aggressively. One explanation is that many observers would find the obsessive's struggle with commonplace actions too precious when compared with the serious traumas and life challenges with which others deal. *As Good As It Gets* brings this point out nicely, since the earnest waitress Carol Connelly serves as an alter ego of or at least foil to the obsessive Melvin Udall. If Udall is preoccupied with avoiding germs that he only imagines will be harmful, Carol is obsessed, healthily so, with her son's real inability to fight off germs and airborne illnesses. Indeed, part of the hostility that she and others express toward Udall during the first half of the movie originates from their perception of his inability to obsess over anyone but himself. Such an explanation is limited, however, because one might make the same argument regarding any illness, mental or physical, that renders the sufferer fundamentally self-regarding.

The evolutionary psychologist Steven Pinker offers a more pointed account of the relation between humor and aggression. For Pinker, laughter is a signal of either collective or mock aggression, but it checks the claims to dignity of those in power: "The butt of a joke has to be seen as having some undeserved claim to dignity and respect, and the humorous incident must take him down a few pegs. Humor is the enemy of pomp and decorum, especially when they prop up the authority of an adversary or a superior" (548).[15] Now, to accord the sufferer of obsessions and compulsions undeserved dignity and respect, which then are undercut through comedy, seems wide of the mark, given that not only is OCD a debilitating anxiety disorder, but, as I have been suggesting, its physical symptoms often resemble behavior of simple automata. Yet as Traig comments in her memoir, obsessives who could channel their energies would be able to apply themselves with enviable efficiency: "OCD sufferers are like hamsters on treadmills, all industrious activity with nothing to show for it. If we were compelled to turn windmills or crank generators rather than alphabetize the canned goods, we could solve the energy crisis" (25). In fact, some obsessive-compulsive luminaries have directed their hand-wringing toward solving their culture's version of the energy crisis: Martin Luther brought us the Reformation, despite, as Eric Erikson and others have noted, his anal retentiveness and bouts of more classic OCD symptoms; and Ignatius Loyola ably responded to Reformed theologians like Luther with the zeal of the Counter-Reformation, despite the obsessions and compulsions that are all but embodied in his *Spiritual Exercises*.[16]

To what extent does Pinker's explanation square with the curious phenomenon that many who are by all accounts normal and not burdened with OCD believe that they have some obsessive-compulsive traits? Such a belief is often shaped by an unsettling, even contradictory, mix of fear and envy. Fear seems to prevail because, for some, only a fine line distinguishes normal from obsessive worry. To be around an obsessive-compulsive is to be reminded that one might have left the stove on or might be languishing among dangerous germs; and although the nonobsessive will not linger over such possibilities, many want to check the stove or scrub their hands, resist, but then wonder whether they have a low-grade version of OCD after all. Ironically,

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there seems to be something contagious about OCD, a fear of becoming infected by the very people who obsesses over all those apparently benign germs. But such fear might also be mingled with envy of those who are able to harness obsessive energy productively, for whom obsessiveness can be adaptive rather than maladaptive.

This brings us back to genre theory, for if tragic heroes act on impulses that most people would find too presumptuous and dangerous, comic antiheroes act on impulses that most would consider too ordinary or redundant. But both types of conduct can be cathartic to witness, since just as pity and fear stem from the perception of another's acting too ambitiously, the same passions can be stirred by the perception of another's acting too mundanely, especially if the mundane veers into the pathological. Notorious overreaching can be as cathartic to appreciate as pathetic underreaching. If, then, most of the laughing responses to OCD are at the same time aggressive, might it not be the case that the laughter is partly empathetic, as if we laugh at conceivable, locked-in versions of ourselves when we laugh at obsessives and compulsives, and partly a reaction formation, related to the perception that those with OCD are, like idiot savants, endowed with rare abilities that make them larger than life, inimitably efficient, worthy of emulation in their finer moments, however tragic their lives may be overall?

OCD, Normalcy, and Disability

Disability studies, particularly its theory of the way normalcy defines itself against impairment and disability, can provide another explanation for why OCD evokes the mixed responses of laughter and fear. Rosemarie Garland-Thomson has argued that disabled bodies threaten the widely held liberal, post-Emersonian ideal of a regulated, compliant body, an ideal according to which the able-bodied or "normate" self is modeled on principles of "self-government, self-determination, autonomy, progress" (*Extraordinary Bodies* 42). Physical difference and disabled bodies threaten this fantasy of efficiency, wholeness, and autonomy not because the disabled figure is seen as helpless but "rather because it is imagined as having been altered by forces outside the self. . . . Seen as a victim of alien forces, the disabled figure appears not as transformed, supple, or unique, but as violated. In contrast, the autonomous individual is imagined as having inviolate boundaries that enable unfettered self-determination, creating a myth of wholeness" (45).

Consider that the disablements of OCD seem to reflect an exaggerated, hypernormal version of normalcy rather than a subversion of the normate ideal or a threat to the well-governed able body. It is as if most of the symptoms of OCD, including the unyielding rigidity of motion, single-minded adherence to overfamiliar rituals, hyperefficient control over the body (excessive grooming and washing), and vigilant control over the external environment (excessive checking and orderliness), serve to caricature the possessive-individualist ideal described by Garland-Thomson. The thoroughly mechanized OCD body at least *seems* inviolate to outsiders, so programmatically operative and impervious to external forces as to be inhuman. Perhaps OCD behavior prompts nervous laughter in others as caricature, as an exaggerated, distorted version of an ideal of inviolability, as if normal subjects peer into a funhouse mirror or face off with a perseverative mime when they gape at the curiously familiar ritual distortions of obsessives and compulsives. "Normates," then, apprehend not something that they might degenerate into (something the able-bodied always see when they witness physical impairment) but something akin to what they already are or are well on their way to becoming, should they give themselves over entirely to a liberal ideal of inviolability. In this sense, representations of OCD resemble

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the comedy of manners so popular during the early modern period: socially peripheral characters refract the real and potential vices and extremes of the principals about them.

This helps explain the otherwise oddly consistent two-part formula that one finds in many pop-cultural or mainstream representations of OCD: private, even secretive obsessions and compulsions are made public and embarrassing and then are interrupted and allayed by some fateful social engagement, usually one with ethical consequences. Consider again the example of *As Good As It Gets*. Throughout the first two-thirds of the film, the obsessive Melvin Udall lives a vigilantly controlled and solitary existence. A successful pulp novelist, he works alone in his meticulously neat Manhattan apartment, door bolted by a panoply of locks. Aside from infrequent trips to his editor and chance encounters with his neighbor, the artist Simon (whom he belittles whenever he can), the only human contact Udall regularly has is with Carol Connelly, a waitress at a nearby diner, who indulges his ritualistic demands and gruff manner: he idiosyncratically arranges his place settings and refuses to use any but his own utensils, sterilely packaged in Ziploc bags. Eventually, Udall is brought out of his implacable cycle of obsessiveness by being called upon (browbeaten at first by Frank Sachs, Simon's manager) to help others—to care for Simon's dog, to offer assistance to Carol's sick child, to drive Simon to visit his estranged parents—which gradually diminishes his obsessiveness. The ethical bias of the movie is unmistakable: OCD is fundamentally antisocial. As Udall halfheartedly confesses to Carol, normal encounters with the outside world convince him that he ought "to become a better man."[17] The suggestion that obsessives like Udall are antisocial is a point of view that, as I noted earlier, runs counter to the phenomenology of obsessiveness: obsessives are typically excessively conscientious and moralistic and wracked with irrational guilt over imagined actions.

This normalizing and accommodative trajectory is exemplified not only in Udall's altruistic acts but also in Monk's civic work for the mayor and city of San Francisco, as well as in Harold Crick's wide-eyed sacrifice on behalf of a young boy. And in Steve Martin's *The Pleasure of My Company*, the protagonist, Daniel Pecan Cambridge, is able to overcome his obsessive avoidance of street curbs primarily because he does not want his habit to rub off on Teddy, an impressionable young boy who is in his charge: "Suddenly, turning left toward my maze of driveways was as impossible as stepping off the curb. I could not leave Teddy with a legacy of fear from an unremembered place. I pulled him toward the curb so he would not be like me. Recalling the day I flew over it with a running leap, I put out one foot into the street, so he would not be like me" (158).

In all such cases, the imagined remedy for OCD is a leaving-off of narcissism for public engagements that either mitigate obsessive-compulsive symptoms or at least render OCD less fearsome and pathological to outsiders.[18] If, as Tobin Siebers has argued, we tend to ascribe narcissism to the disabled, that attribution is especially interesting in the case of OCD. One might argue that unrecuperated obsessive-compulsive symptoms threaten to expose the narcissism implied by the liberal bourgeois ideal of self-sufficiency through the simple mechanism of mirroring. If OCD is a satirical allegory of contemporary ideology, then to bring those with OCD out of the closet and "normalize" their behavior is to contain the exaggerated versions of the normative self allegorized by unreconstructed obsessive symptoms. Contemporary representations of OCD tend to be complicit in what Lennard Davis has described as the hegemonic patrolling of normalcy: "normalcy must constantly be enforced in public venues (like the novel), must always be creating and bolstering its image by processing, comparing, constructing, deconstructing images of normalcy and the abnormal" (44).[19]

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This normalizing tendency brings us back to genre theory. If contemporary textual representations of OCD initially cross genres, keeping us in suspense as to whether plotlines will turn out tragically, comically, or tragicomically, most such texts resolve as straightforward comedies, at least formally: interpersonal conflicts are tidily resolved, and the marginal obsessives are often reassimilated into conventional social networks. Indeed, comedy, by virtue of its form, drives the more manageable, caricatured version of OCD that we find in the popular media. Consider that, as Northrop Frye and others have demonstrated, comedy typically involves the conversion rather than repudiation of an otherwise irreconcilable blocking character, a conversion that allows for a happy ending and the restoration of an inclusive rather than exclusive society. Drawing on Ben Jonson's notion that blocking characters are governed by one overriding humor or passion, whose "dramatic function is to express a state of what might be called ritual bondage," Frye explains why a blocking character is typically absurd or funny: "He is obsessed by his humor, and his function in the play is primarily to repeat his obsession. . . . Repetition overdone or not going anywhere belongs to comedy, for laughter is partly a reflex, and like other reflexes it can be conditioned by a simple repeated pattern" (146). Frye's point is that, historically, the form of comedy parallels the content of obsessional behavior.[20]

But not all obsessional behavior is symptomatic of OCD, since, as I have been claiming throughout this essay, obsessives with the clinical form of the disorder anxiously experience obsessions and compulsions against their will. Comedy serves the ideological work of recent portrayals of the clinical form of OCD because comedy depicts a generic, truncated version of obsessiveness that only *seems* to mirror the actual symptomatology of OCD. Indeed, what skews so many recent media representations of OCD is the tendency to collapse fine distinctions between obsessive character traits, which may or may not be ego-dystonic in nature, and OCD, which by definition entails ego-dystonic behavior. Ultimately, mainstream representations of OCD help us understand one of the fundamental differences between the actual experience of OCD and its distorted representations in popular culture. While some with OCD cannot help but publicly reveal their obsessions, OCD is, for the most part, one of the most private, even secretive mental disorders. Most victims of OCD carry out their compulsions for years without arousing the suspicion of friends and family; and most crave to be around others, not least because their compulsions are so embarrassing that sufferers are salutarily forced to contain them when in public. This disjuncture between the private and public phenomenology of OCD is lost in pop-cultural representations, where one is almost encouraged to make facile extrapolations from overt behavior to underlying obsessions. Given that the physical displays are playful and humorous, and given that the discrepancy between the private and public aspects of the disorder is overlooked, one tends naturally (but erroneously) to assume that there is also something light or comical about the private worries and obsessions that give rise to compulsions. In this respect, at least, Martin's *The Pleasure of My Company* is exceptional in offering one of the roundest pictures of an obsessive. Daniel, hilarious in his quirkiness, describes the palpable anxiety of not being able to carry out his peculiar ritual of avoiding curbs and streets: "With my heart rapidly accelerating and my brain aware of impending death, my saliva was drying out so rapidly that I couldn't remove my tongue from the roof of my mouth. But I did not scream out. Why? For propriety. Inside me the fires of hell were churning and stirring; but outwardly I was as still as a Rodin" (44).

What should one conclude, ultimately, about the therapeutic or even ideological work,

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if any, of mainstream literary and pop-cultural representations of OCD? On the positive side, such depictions, through humor, render OCD more understandable and less fearsome, no doubt prompting obsessives to come out of the closet. On the other hand, such depictions suggest that obsessives are just too inwardly focused and that a little more other-regarding behavior can improve their condition. Most obsessives will realize that there is something amiss here, since, in terms of the public and private divide at least, one way to alleviate obsessions and compulsions is not to bring the private into the public but rather to bring the public into the private. Since most obsessions and compulsions go on secretly at home, close, domestic companionship and intersubjective relations, especially those that support cognitive-behavioral regimens, are especially therapeutic.[21] Again, with the notable exception of Martin's *The Pleasure of My Company*, in which the protagonist finds a reprieve from his obsessiveness after two empathetic, solicitous girlfriends successively move into his apartment, we do not yet have an accurate, nontechnical, and accessible depiction of OCD. This would include, minimally, a faithful representation of the complexly dual, incongruous nature of a disorder in which severely anxiogenic psychological states can ironically produce laughable physical acts.

Notes

1. Perhaps the most notorious American hoarders of the twentieth century were the Collyer brothers, often referred to as the Harlem Hermits in a series of magazine and newspaper articles in the 1940s and 1950s. See "Police"; Lidz. For recent medical texts on hoarding, see Steketee and Frost; Grisham and Barlow. Compulsive animal hoarding is the subject of J. A. Jance's pulp novel *Exit Wounds* (2004).

2. Osborne draws especially on the steeple passage in Bunyan's spiritual autobiography, *Grace Abounding*, in which Bunyan ruminates excessively on whether a steeple that he frequently visits will fall on his head (Bunyan 15).

3. Arnold's conception of pathetic insanity is largely duplicated in John Haslam's influential *Observations on Madness and Melancholy* (1801), although Haslam categorizes such behavior more generically as a manifestation of melancholy (44).

4. As an example of monomania, Esquirol describes in his *Treatise on Insanity* the rituals of a patient who one day, at the age of eighteen, becomes despondent because she believes that each time she handles money, "she shall retain something of *value in her fingers*" (350). See also Janet, who invokes Bunyan as an exemplary case of scrupulosity (1: 65). For an excellent introduction to Janet's study of monomania, see van Zuylen, ch. 1 and passim. The modern terms *obsessive* and *compulsive* were introduced toward the end of the nineteenth century as, respectively, British and American translations of Karl Friedrich Otto Westphal's and Freud's *Zwangsvorstellung*, their term for obsessional behavior. See "History."

5. Some mid-twentieth-century cognitive and behavioral approaches to treating OCD can be found in Meyer, Levy, and Schnurer; Cawley.

6. A recent survey of the etiology and neurochemistry of OCD can be found in Rosenberg, Russell, and Fougere.

7. In the "comedy of humours," developed in the dramatic works of the sixteenth century in England, the behavior of selected characters is governed by one overriding trait, itself fueled by the preponderance of a particular bodily substance. Ben Jonson writes in *Every Man out of His Humour*, "Some one peculiar quality / Doth so possess a man, that it doth draw / All his affects, his spirits, and his powers / . . . all to run one way" (Prologue, 80–83). Suffice it to say that obsessiveness as represented on the early modern stage is much closer in etiology to OCPD or what was simply called monomania in earlier centuries than to OCD. These characters are so driven by one overriding passion that they represent caricatures or stock types of temperaments that derive from an imbalance of physiological humors, according to Renaissance psychology. Modern and contemporary representations of obsessiveness more often depict psychologically realistic, rounded characters who also happen to suffer from obsessions and compulsions that are typically undesirable.

8. On the notion of the idée fixe in Flaubert, Baudelaire, and French Romanticism generally, see van Zuylen, esp. chs. 2–4. On Poe's tales and obsessiveness, see Hoffman.

9. I use the phrase "long-term victims" because the sort of nonfictional accounts of OCD given by Sedaris and Traig are exceptional in that both authors were able to securely overcome their symptoms. For most sufferers of the disorder, symptoms tend to persist over a lifetime, although they may remit with a combination of drugs and cognitive therapy. One assumes, then, that to the extent that OCD is a laughing matter to some victims of the disorder, those victims often suffer a temporary bout of symptoms and then retrospectively find humor in their earlier experiences with OCD.

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10. For an informative, unsparing critique of the positive-humor movement, see Lewis, ch. 2.

11. Freud found incongruity—and hence "absurdity"—to be central to obsessive neurosis, but he assumed that the manifestation of an obsession was simply a replacement of or substitution for underlying trauma ("Obsessions" 85). For a fascinating criticism of Freud's tendency to link all obsessiveness to meaningful events and instincts, especially the death drive, see Lear, ch. 2.

12. On the spectrum of OCD symptoms, see Silva. On the comorbid relation between OCD and GAD, see Krochmalik and Menzies 8–9.

13. Although Crick experiences what seem like voiced compulsions, as if he is comorbidly obsessive and psychotic, they issue from the real voice of Karen Eiffel, so one should not mistake a gimmick of the plot for Crick's comorbidity. If anything, the voiced compulsions help break Crick's otherwise routinized, obsessive habits.

14. Hobbes's cynical take on joking gets its most sustained modern elaboration in psychoanalytic notions of joke making and wit. Freud popularized the view that the purpose of laughter is to release excess nervous energy or, in Freudian parlance, to sublimate otherwise repressed id instincts, usually of a sexual nature, through joke work (*Jokes*, ch. 3).

15. For a provocative account of the evolutionary basis of OCD, see Abed and de Pauw, who contend that OCD is analogous to an autoimmune disease, in which "a protective response goes beyond the point of usefulness and becomes self-destructive" (247).

16. On Luther's obsessiveness, see Erikson, who describes Luther's comment "the more you cleanse yourself, the dirtier you get" as a "classic obsessive statement" (61). On Loyola's obsessiveness, see Meissner 374. For a brief survey of some other famous obsessives, including John Bunyan, Samuel Johnson, Thérèse de Lisieux, and Winston Churchill, see Osborne, ch. 3, as well as Rapoport 260–63.

17. This sense that Udall neeeds to be taught some moral lessons and that he is less a man at the beginning of the movie than he is at the end is also suggested by the fact that he seems initially to relate best to Simon's dog.

18. In this normalizing of obsessive-compulsive behavior, such texts participate in what Garland-Thomson describes in her work on the visual rhetorics of disablement as the "rhetoric of the realistic," which "trades in verisimilitude, regularizing the disabled figure in order to avoid differentiation and arouse identification, often normalizing and sometimes minimizing the visual mark of disability" ("Politics" 69).

19. In this sense, OCD impairment serves in mainstream narrative as what Mitchell has called "narrative prosthesis" (17).

20. Frye also underscores that the movement away from repetition and obsessiveness marks a decidedly moralistic transformation: "The society emerging at the conclusion of comedy represents . . . a kind of moral norm" (166).

21. For example, Terry Spencer Hesser describes at length in her memoir how her intimate relationships, especially with a young male friend and fellow obsessive, Sam, helped keep her OCD in perspective. See Hesser, esp. chs. 18–22.

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