

# The OCD Project: Educational or Sensational?

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Ninety-two young adults were randomly assigned to watch two episodes of *The OCD Project*, a reality television program depicting the treatment of obsessive-compulsive disorder using exposure therapy, or two episodes of another reality television program (*Big Brother*). Participants in *The OCD Project* condition ( $n = 35$ ) endorsed significantly fewer negative beliefs about exposure therapy than participants in the *Big Brother* condition ( $n = 42$ ). Participants' obsessive-compulsive disorder symptoms did not moderate the beneficial effects of watching *The OCD Project*. These results provide preliminary evidence that reality television programs can have a modest psychoeducational benefit and might be used to change attitudes about mental health problems and their treatment.

**Keywords:** obsessive-compulsive disorder; exposure therapy; psychoeducation; reality television

Reality television covers a wide range of situations from surviving in the deserted wilderness while competing for money to choosing a wedding dress (e.g., Burnett, 2000; Sorrenti, 2007). Recently, reality television has also begun to address mental disorders and their treatment on programs such as *The OCD Project*, *Hoarders*, and *Intervention* (Benz, 2005; Klasey, 2009; Reed, 2010). As mental health-related programming increases, it reaches more lay individuals who may have been otherwise unaware of phenomena such as obsessions, compulsions, and exposure therapy. The high 12-month prevalence of obsessive-compulsive disorder (OCD), estimated to be about 1.0% (Kessler, Chiu, Demler, Merikangas, & Walters, 2005), suggests that a substantial number of viewers of reality television programs such as *The OCD Project* meet criteria for the disorder themselves or have a loved one who does. As such, reality television programs may provide a valuable source of education about the therapeutic benefits of exposure therapy (also known as *exposure and ritual [or response] prevention*), the recommended first-line treatment for OCD (National Institute for Health and Care Excellence, 2011). Unfortunately, empirical research has not examined the effects of viewing television programs such as *The OCD Project* on attitudes toward exposure therapy. This study was conducted to address this issue.

Reality television has the potential to be an effective dissemination tool (Tolin, 2011). Viewers have the opportunity to better understand the rationale and delivery of exposure therapy and can observe the benefits of this approach to patients who receive it. In addition, therapists are generally portrayed as knowledgeable, helpful, and empathic, which may encourage potential patients to seek treatment. Lastly, viewers likely include individuals with clinically significant symptoms who are at different stages of readiness to change (Prochaska, DiClemente, & Norcross, 1993). Viewing a reality television program might increase viewers' awareness of their symptoms and motivation to change. For example, one viewer wrote,

*"The OCD Project" unequivocally saved my life . . . I was overwhelmed to know that I wasn't alone and that there was hope. It has now been a year since I began therapy . . . It has been tremendous. My path to healing began with [this] show. (Tolin, 2011)*

Alternatively, it is possible that reality television programs such as *The OCD Project* might have negative effects. Because these shows are created for purposes of entertainment rather than dissemination of accurate information about mental disorders and their treatment, they are often sensational and focus largely on more extreme aspects of therapy and on individuals with severe psychopathology (Tolin, 2011). Television episodes may highlight negative patient reactions to "extreme" exposure tasks, even when such reactions are atypical, thereby prompting concerns that exposure therapy is intolerable and unethical. Reality television risks sensationalizing mental disorders and their treatment and promoting negative beliefs by depicting these phenomena in oversimplified or inaccurate terms.

This study addresses the paucity of research on the effects of reality television programs about OCD and exposure therapy. Are viewer's negative beliefs about OCD and exposure therapy different after watching such programs compared to after watching other reality television programs? Based on arguments presented by Tolin (2011), it was hypothesized that viewing episodes of the program *The OCD Project* would reduce viewers' negative beliefs about exposure therapy, in comparison with viewing episodes of a control reality television program. We also speculated that individuals with subclinical OCD symptoms might be resistant to acknowledging the benefits of confronting one's fears through exposure. Accordingly, this study also examined the relationship between viewers' OCD symptoms and beliefs about exposure therapy after watching episodes of reality television programs.

## METHOD

### Participants

Undergraduate psychology students at a mountain west university were recruited through the Department of Psychology's study sign-up website. This website included a brief description of this study. Of the 92 students who signed up for this study, 77 (85%) completed all measures and received course credit for their participation. These individuals constituted the final sample. Participants were predominantly female (84%) and White (95%), and ages ranged from 18 to 31 years ( $M = 20.20$ ,  $SD = 2.77$ ).

### Procedure

Participants signed up for this online study via a link on the Department of Psychology's website. First, participants were presented with a consent form; those who consented to participate in this study then completed a demographics questionnaire and the Obsessive-Compulsive Inventory—Revised. Participants were then randomly assigned to the experimental ( $n = 35$ ) or control ( $n = 42$ ) condition and completed the experimental manipulation, which consisted of watching

approximately 90 min of video presented via the Internet. Following each episode, participants completed a quiz assessing their retention of information from the episodes. Participants were then presented with the following information:

*Exposure therapy is a type of psychotherapy in which anxious clients practice gradually confronting feared situations (e.g., places, objects, thoughts, memories). Clients practice conducting exposure tasks during the session with the therapist and on their own in-between sessions as homework. Below are statements about exposure therapy for the treatment of anxiety. Please indicate how strongly you agree or disagree with each statement.*

Participants then completed the outcome questionnaire (see the following text for a description of the Patient Beliefs about Exposure Scale) and were debriefed.

**The OCD Project Condition.** In the experimental condition, participants watched two episodes of the *The OCD Project* (Reed, 2010). In this program, six individuals with a diagnosis of OCD live together in a house and receive exposure therapy from a prominent psychologist. These patients exhibit various OCD symptoms, ranging from contamination fears to obsessions about becoming a “psychokiller.” The primary psychologist in the program, David Tolin, conducts exposure therapy by identifying each individual’s obsessions and designing behavioral exposures. Sessions are conducted in both individual and group format.

Participants watched Episode 1 “Arrival” and Episode 3 “Today It Begins.” In Episode 1, the patients are interviewed about their OCD symptoms as they arrive at the house. The psychologist then explains exposure therapy, telling them that they will be “facing [their] deepest fears” and that they will experience a substantial life change. “We are not aiming for a little bit of improvement in OCD,” the psychologist tells the patients, “We are looking for big results, and so we are going to do big treatment.” In Episode 3, the patients must cease to engage in their compulsions or safety behaviors; these were specified for each individual by the psychologist, and responses ranged from tears to anger. The psychologist explicitly tells the patients that he is not forcing them to do anything or to not do anything; rather, he is telling them what they need to do to “overcome” OCD. In this episode, the patients begin to complete exposure tasks specific to each of their fear hierarchies until they are experienced as “silly” or “dumb” instead of scary. Some exposures from this episode include receiving henna tattoos of taboo numbers and words, shaking hands with homeless people and rubbing themselves with sewer water in an inner-city ghetto, and driving while the psychologist throws baby dolls at the car and screams, “Oh, my God! She’s killing the babies!” These episodes introduce viewers to OCD and exposure therapy and allow them to see exposure therapy in action (Reed, 2010).

**Big Brother Condition.** *Big Brother* is a reality television program that matches some of the content features of *The OCD Project* not related to OCD or exposure therapy; a group of individuals (called *houseguests*) live together in a house and experience a range of emotions while participating in odd, and frequently quite messy, activities (Shaner, 2011). Participants watched Episodes 1 and 3 (Season 13). In Episode 1, the houseguests were introduced to each other and the program; they also competed in their first challenge (Shaner, 2011). In Episode 3, the houseguests competed in a competition, and one houseguest left unexpectedly (Shaner, 2011). Neither OCD nor exposure was mentioned in the episodes used in this study.

## Measures

**Obsessive-Compulsive Inventory—Revised (OCI-R).** The OCI-R (Foa et al., 2002) is an 18-item measure of obsessive-compulsive symptoms and consists of six 3-item scales: hoarding, checking, ordering, neutralizing, washing, and obsessing (Foa et al., 2002). Participants are asked how distressing each item is, with responses measured using a 5-point scale ranging from 0 (*not at all*) to 4 (*extremely*). The OCI-R has excellent psychometric properties (Abramowitz & Deacon, 2006)

and is considered to be ideal for use in research of college students (Hajcak, Huppert, Simons, & Foa, 2004). In this study, internal consistency coefficients (Cronbach's alpha) for OCI-R total and scale scores were adequate to good, ranging from .70 to .93, with the exception of the neutralizing scale which was poor ( $\alpha = .53$ ).

**Content Questions.** To ensure that participants carefully attended to the content of the reality television programs, participants completed a 5-question multiple-choice quiz after watching each episode. Each quiz asked participants simple content questions specific to the episode that they had just watched (e.g., "What is Kristen [who is concerned with contamination] not allowed to do?"). A total score for each participant was computed by summing the number of correct answers out of a possible 10.

**Patient Beliefs About Exposure Scale (PBES).** The PBES is a 15-item scale that assesses patients' attitudes toward exposure therapy. The PBES was developed by modifying 15 of the items from the Therapist Beliefs about Exposure Scale (TBES; Deacon et al., 2013) to assess the beliefs of patients and lay individuals. The PBES instructions were as follows:

*Imagine that you have been diagnosed with obsessive compulsive disorder. You experience frequent, upsetting thoughts about being contaminated by germs and developing a serious illness. You try to avoid touching potentially contaminated objects in public places and spend several hours each day washing your hands until they begin to bleed. Your therapist would like you to participate in exposure therapy. This would require you to expose yourself to germs by doing things you try to avoid, such as touching door handles and toilet seats. After such exposure tasks, you would not be allowed to engage in behaviors designed to reduce your anxiety, such as washing your hands. You would continue to practice this outside of therapy. Below are statements about exposure therapy for the treatment of anxiety. Please indicate how strongly you agree or disagree with each statement.*

Three sample items are (a) "I would refuse to participate in exposure therapy," (b) "Exposure therapy is inhumane," and (c) "I would drop out of therapy because it would be difficult for me to tolerate the distress exposure therapy evokes." Responses were measured using a 5-point scale ranging from 0 (*disagree strongly*) to 4 (*strongly agree*). Participants were instructed to answer as if they have been diagnosed with OCD and experienced frequent, upsetting contamination-related symptoms. Internal consistency of the PBES was .89 in this study, similar to that of the TBES (Deacon et al., 2013).

## RESULTS

### Baseline Equivalence of Groups

There were no significant differences between conditions in terms of age or gender ( $ps > .10$ ). Baseline OCI-R scores did not differ significantly between conditions (all  $ps > .10$ ). The mean number of correct answers on the postmanipulation quiz did not differ between conditions (overall  $M = 9.32$ ,  $SD = 1.16$ ,  $p > .10$ ), indicating that participants in both conditions closely attended to the content of the reality television episodes.

### Beliefs About Exposure Therapy

The primary purpose of this study was to test the hypothesis that watching episodes of *The OCD Project* would improve negative beliefs about exposure therapy, relative to viewing a control reality television program. As predicted, participants who watched *The OCD Project* endorsed significantly fewer negative beliefs about exposure therapy on the PBES ( $M = 32.40$ ,  $SD = 8.95$ ; range = 17–54) than those who watched *Big Brother* ( $M = 36.69$ ,  $SD = 9.02$ ; range = 15–55),  $t(75) = -2.09$ ,  $p = .04$ . This difference denotes a medium effect size ( $d = .48$ ; see Figure 1) according to criteria suggested by Cohen (1988).

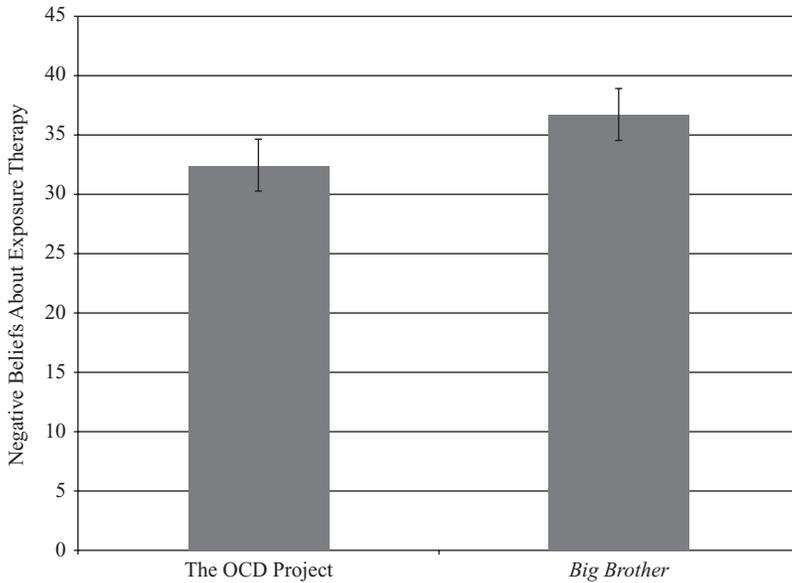


FIGURE 1. Mean levels of negative beliefs about exposure therapy after watching two episodes of *The OCD Project* or *Big Brother*, including standard error bars.  $N = 77$ .

### Baseline Obsessive-Compulsive Disorder Symptoms and Beliefs About Exposure Therapy

It is possible that participants with higher levels of OCD symptoms would hold stronger beliefs about exposure therapy for OCD and that beliefs that are more strongly held might be more resistant to change. To explore the possibility that the effects of the manipulation differed as a function of OCD symptoms, we examined the correlations between the baseline OCI-R scores and the post-manipulation PBES scores separately for participants in the two conditions and compared correlations between conditions (see Table 1). In *The OCD Project* condition, PBES scores were significantly correlated with OCI-R washing scores ( $r = .39, p = .02$ ) and marginally significantly correlated with OCI-R obsessions scores ( $r = .32, p = .06$ ). Correlations with OCI-R total and other scale scores were nonsignificant (all  $ps > .10$ ). In the *Big Brother* condition, PBES scores were significantly correlated with OCI-R hoarding scores ( $r = .39, p = .01$ ) and OCI-R washing scores ( $r = .31, p = .05$ ); associations with other OCI-R scales were nonsignificant (all  $ps > .10$ ). Using an  $r$ -to- $z$  transformation strategy, no significant differences in correlations between conditions were observed (all  $ps > .10$ ).

## DISCUSSION

This initial examination of the effects of a reality television program found evidence of a beneficial effect related to beliefs about exposure therapy. In this preliminary investigation, participants who watched two episodes of *The OCD Project* held somewhat fewer negative beliefs about exposure therapy compared to participants in a control condition. In addition, this study found no evidence that the beneficial effect of *The OCD Project* was influenced by viewers' OCD symptom levels. There was a relationship between some OCI-R subscales and beliefs about exposure therapy. It is possible that individuals with lower levels of OCD symptoms may have difficulty imagining exposure as being as distressing compared to those with higher levels of symptoms. Although *The OCD Project* has sensational elements designed to entertain its audience, it may serve a positive psychoeducational function by leading to less negative attitudes toward exposure therapy.

**TABLE 1. CORRELATIONS BETWEEN OCI-R AND PBES FOR *THE OCD PROJECT* AND *BIG BROTHER* GROUPS**

|  | <i>The OCD Project</i> Condition<br>( <i>n</i> = 42) | <i>Big Brother</i> Condition<br>( <i>n</i> = 35) |
|--|--|--|
| Obsessive-Compulsive Inventory—Revised Scale |  |  |
| Hoarding                                     | .200   | .385*  |
| Checking                                     | -.002  | .125   |
| Ordering                                     | .100   | -.017  |
| Neutralizing                                 | -.113  | .150   |
| Washing                                      | .394*  | .310*  |
| Obsessing                                    | .317†  | .084   |

Note. PBES = Patient Beliefs about Exposure Scale.

† $p < .10$ . \* $p < .05$ .

One potential limitation of this study is that it was administered online. Because of this method of administration, participant compliance could not be ensured. This issue was partially addressed through the administration of short content-quizzes, which demonstrated good and equivalent retention of episode content across both conditions. A second limitation is that, although *Big Brother* was selected as the control reality television program because it shares numerous elements in common with *The OCD Project*, we did not directly assess the extent to which these programs were equated with respect to emotional content and viewer interest. A third limitation is that we did not use an educational video or documentary as an additional control condition. Such a condition would have allowed for an examination of the potential differences in public education strategies. A fourth limitation concerns recruitment of undergraduate participants rather than a representative community sample or a clinical sample. Although this raises the question as to whether the present results will generalize to other populations, young adults are an important target audience of reality television programming and may be the demographic most likely to view, and benefit from, programs such as *The OCD Project*. Because only subclinical levels of OCD symptoms were observed, it is not clear whether the individuals most in need of education benefited.

Another limitation concerns the primary dependent variable, the PBES. This scale was modified from an existing measure but has not been previously validated for use with nonprofessionals. Although the items are face valid and the scale appears to be reliable, the degree to which scores on this measure correspond to real-life behavior is unknown. In addition, the measure was administered only at posttreatment, so *change* in beliefs was not examined. Given these limitations, a future study examining this topic could include examinations of belief change, a community sample, multiple control groups, more episodes of the television programs, and additional outcome variables. It is also important to note that, in this preliminary investigation, the potential beneficial effects of this reality television program series (i.e., *The OCD Project*) on beliefs about exposure therapy were noted after viewing just two episodes. It is not clear to what degree these episodes were representative of the other six episodes in the series or of other reality television programs. Given the small difference between conditions found in this study, future research might investigate whether watching more episodes would produce a stronger effect. Finally, this study did not examine specific elements of *The OCD Project* or the mechanisms by which the program might influence beliefs. Programs about OCD might lead to destigmatization; information about the exposure treatment model might increase hope for change; empathy for individuals with OCD might foster more positive attitudes—it was beyond the scope of this study to examine specific aspects of *The OCD Project* and the mechanisms by which they might influence beliefs and attitudes.

Is reality television programming about exposure therapy educational or sensational? This study provides initial evidence that watching *The OCD Project* may be associated with fewer negative beliefs about exposure therapy compared to watching a different reality television program. This effect was modest and was not moderated by severity of current OCD symptoms. Although there appears to be a beneficial effect of watching *The OCD Project* on beliefs about exposure therapy in this preliminary examination, it is possible that reality television programming may also have negative effects. Television programs that portray mental illness in a sensational manner may increase stigma and strengthen stereotypes. Reality television is a nontraditional venue for the dissemination of information about the nature and treatment of mental disorders, but it has the potential to affect belief change on a wide scale. Based on the preliminary findings obtained in this study, future research should examine the potential of reality television programs to improve the dissemination of accurate information about exposure therapy for anxiety disorders as well as other effective but underused mental health treatments.

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