

*Chapter VII*

---

## **Homosexuality Anxiety: A Misunderstood Form of OCD**

---

*Monnica Williams*

University of Virginia, Department of Psychology

### **Abstract**

Obsessive-compulsive disorder (OCD) involves unwanted thoughts and repetitive behaviors that can be highly distressing and disabling. Obsessive themes typically center on contamination, illness, worries about disaster, orderliness, and loss of control. Sexual obsessions are a common form of OCD, but it is not known how many of those with sexual obsessions experience homosexuality anxiety – an obsessive fear related to homosexual feelings, thoughts, or images. The phenomenology of OCD-related homosexuality anxiety is described and contrasted with an ambivalent homosexual orientation. Examples of OCD homosexuality anxiety are provided from an online OCD support forum. Mental health professionals who are unfamiliar with OCD may mistakenly attribute symptoms to a sexual identity crisis, resulting in greater distress and confusion in the patient. It is important that clinicians properly identify and treat this manifestation of OCD. More research is needed to quantify the prevalence of homosexuality anxiety and how to best tailor treatment.

**Keywords:** *obsessive-compulsive disorder, homosexuality, anxiety, assessment, sexual obsessions, HOCD, homophobia.*

### **About OCD**

Obsessive-compulsive disorder (OCD) is a psychiatric disorder that can cause severe distress, disability, and social impairment. Obsessions are unwanted, recurrent, disturbing thoughts that the person cannot suppress and which can cause overwhelming anxiety.

Compulsions are repetitive, ritualized behaviors that the person feels driven to perform to alleviate the anxiety of the obsessions. Depending on the severity of the disorder, the compulsive rituals can occupy many hours each day. A recent study reported the lifetime prevalence of OCD at 1.6% in the general population (Kessler, Berglund, and Demler, 2005).

Although OCD is typically treatable, many suffer in silence. In a large-scale study for National Anxiety Disorder Screening Day, fewer than half of the adults with OCD had ever received treatment for their disorder (Goodwin, Koenen, Hellman, Guardino, and Struening, 2002). The majority experienced significant interference in daily functioning, more than three quarters had a comorbid depression and/or another anxiety disorder, and approximately one-fourth had current thoughts of suicide.

OCD is classified as an anxiety disorder by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR); symptoms typically involve excessive washing due to contamination fears, repeated checking, impaired control over mental activities, and/or worries about losing control over one's behaviors (American Psychiatric Association, 2000). However, people with OCD may also obsess about violence, religious questions, or even sexual experiences (Gordon, 2002).

## **Sexual Obsessions**

Sexual obsessions appear to be a common symptom of OCD (Foa et al, 1995). Few studies examine prevalence of obsessions based on content, so there is little published information about rates of sexual obsessions. A recent study using a broad sample of OCD patients found that 25% experienced sexual obsessions currently or in the past (Grant et al, 2006). The actual prevalence rates may be higher as people with this class of symptoms may be more reluctant to seek treatment or participate in research studies, due to embarrassment or fears they will be considered deviant.

Sexual obsessions may revolve around a multitude of loci. Common themes include unfaithfulness, incest, pedophilia, unusual behaviors, AIDS, profane thoughts combining religion and sex, and, of course, homosexuality. Since sex carries so much emotional, moral, and religious importance, it easily becomes a magnet for obsessions in people predisposed to OCD (Gordon, 2002).

Sexual obsessions seem to be equally prevalent in both male and female OCD patients. People with sexual obsessions are particularly likely to have co-occurring aggressive and religious obsessions, clinical depression, and higher rates of impulse control disorders (Grant et al, 2006).

## **About Homosexuality Anxiety**

Homosexual anxiety has been documented in the psychological literature for decades, although descriptions and theoretical causes vary widely. "Acute homosexuality panic" was first described by Kempf in 1920 as a psychosis that resulted from the pressure of uncontrollable "sexual cravings" that occurred when men or women were grouped alone for

prolonged periods. This concept is no longer used to understand psychotic disorders; however, homosexuality fears have since been documented in people with schizophrenia, panic disorder, and other disorders (Keller and Foa, 1978; Rudden, Busch, and Milrod, 2003; Elmore, 2002).

Homosexuality anxiety has also been recognized as a symptom of OCD, and it is referred to in this chapter as “HOCD.” Within the spectrum of OCD-related sexual obsessions, it is not known how many suffer from HOCD. Homosexual anxiety is described here as the obsessive fear of being or becoming homosexual, the experience of intrusive, unwanted mental images of homosexual behavior, and/or the obsessive fear that others may believe one is homosexual. A person may have only one of these facets of the disorder or any combination. Since OCD is characterized by doubt, the person with OCD will contemplate the uncomfortable thoughts or images, agonize over the meaning of the questions that arise, determine possible answers, and then doubt the answers. The person will continually seek evidence to help arrive at a decision, perform compulsive rituals to ward off anxiety, ask others for reassurance, and/or avoid things or situations that worsen the anxiety. At times the person will realize that the fears are extreme but at other times the concerns may seem perfectly rational.

In a male, the obsession might begin as a fleeting thought that a particular man seems attractive. This would then cause the person to question the meaning of the thought. “If I am having this thought, then might this mean I am really gay?” He may then begin looking for thoughts or physical responses that would confirm or discredit the validity of the obsession. He may start noticing more people of the same sex, and then use this new preoccupation as confirmation that he might be gay. The person may check himself for signs of physical arousal in the presence of an attractive same-sex person, and then misinterpret his anxiety as proof of sexual attraction. The person even may wonder if others think he “seems gay.” This is then followed by a cascade of confused logic. “How can I be attracted to men if I have always loved women? I have dated many women before and never thought about a relationship with a man. Thinking about doing sexual acts with a member of the same sex repulses me. I can’t possibly be gay. But why I am thinking of men all the time now? That must mean I am gay.” The cycle of doubt starts over again.

People with HOCD may engage in a multitude of checking behaviors and avoidances. They may avoid watching television out of concern that seeing a show with a gay character might trigger the obsessions, causing a “spike,” or surge of anxious thoughts. Others might look at pornographic images of homosexual couples and repeatedly assess whether they feel aroused, or even compare their responses to when they look at heterosexual images. Many people with homosexuality fears worry about a sudden lack of attraction to others of the opposite sex. They may attempt to have intercourse with their partner or masturbate to pornography just to ensure that they are “still straight.” This form of checking is particularly destructive because the anxiety from the OCD typically results in decreased sex drive and/or an inability to perform, which the patient then misinterprets as further evidence of homosexuality. People with HOCD will often solicit reassurance from others then feel temporarily relieved, but the doubts always return. No amount of reassurance is ever enough because complete certainty cannot be obtained. Even though the person may be diagnosed with OCD, until they are treated they often will doubt the diagnosis.

Why the OCD takes the form of homosexuality anxiety is usually due to a number of factors that differ from person to person. People with HOCD often feel that romantic relationships are extremely important, and therefore they should fear anything that might interfere with this. They may have legitimate concerns about their attractiveness, potency, or partner, which can serve as an unconscious catalyst for the obsessions. There have been reports of sexual obsessions becoming incorporated into OCD symptomology after sexual abuse (Freeman and Leonard, 2000), which illustrates that obsessional content can be linked to actual concerns. However, obsessions are rarely related to real-life problems in an obvious or direct manner. Indeed, the obsessions may have a meaning, however the person with OCD worries that the obsessions mean that he or she is a latent homosexual, which is not the case with HOCD.

It should not be assumed that people with HOCD are homophobic. Many will feel positively about the gay and lesbian community. Some will have been brought up in a homophobic atmosphere that they themselves have rejected. Homosexuality anxiety is not caused by dislike of homosexuals, but rather a fear that the person will no longer have access to the opposite sex, something they highly value. They worry that the sexual life they have enjoyed or imagined will be suddenly revoked and replaced with something unappealing and foreign.

## Examples of Homosexuality Anxiety

People with psychological disorders such as OCD have been using the Internet as a means of support and assistance for over a decade (Stein, 1997), and the literature indicates that online groups provide therapeutic benefits and support similar to face-to-face formats (Tate and Zabinski, 2004). The Neurotic Planet website, moderated by the author, features a discussion forum with a major section focusing on sexual obsessions. This site has been running for over eight years, in various formats, and currently receives approximately 500 visitors a day. Members use the forum as a source of mutual support, self-help, and psychoeducation. The following excerpts are provided to illustrate the phenomenology of the disorder.\* In the first two examples, notations are made next to the obsessions and compulsions for illustrative purposes.

### Example: Lesbian Obsession

This example is from a heterosexual female health worker who is anxious about her sexual orientation. She finds the obsessions are triggered by contact with attractive women.

This is all started about two years ago, with obsessions about being gay. Over the past several months my thoughts have been insane. I can't do anything without freaking out that it is a sign [obsession]. I am in the medical profession. If I have to do a belly exam,

---

\* Excerpts have been edited for length, grammar, and clarity. Some details may have been changed to protect the identity of the writer.

and a girl is skinny (and of course I'm jealous), I get visuals that I don't want. If a couple comes in and the husband is ugly, but the wife is pretty and thin, I think, "Oh my God, I would rather be with the wife than the husband [obsession]." Then I try to picture myself years down the road [compulsion], and I can't see who I am with – a man or a woman. I feel like I have become obsessed with the female body, which could either be due to my horrendous self-esteem or that I'm really gay. I used to be obsessed with the male body and always talking about how hot this guy was or that guy, and now I feel like I can't do that anymore. These thoughts are shifting my entire outlook on who I want to be with. I have been dating someone for the past seven months, and he is aware of what has been going on. He tries to help, but doesn't really know how. It seems like it has gotten progressively worse since I have started dating him. In the beginning, sex was awesome, and now it's all I can do to make it through sex without crying because I feel like I'm going insane. And at times I feel so full of sadness and depression, that I forget how much I love (or think I love) [obsession] my boyfriend.

This example provides a good illustration of how the person with OCD attempts to glean meaning from her obsession. She hypothesizes that her obsessions are due to her "horrendous self-esteem" or that she is "really gay." In fact, it is probably neither; rather the OCD has attached itself to an important aspect of her life – that she is a romantic, sexual person.

#### Example: Compulsive Checking

The following example is from a 20 year old male who masturbates to images of men as a method of measuring his sexual valence.

I'm struggling with these bloody urges, and I can't stand it any more. It keeps saying, "You want it," [obsession] and eventually I say, "Fine," and I just masturbate to things I hate [compulsion]. It does a little bit for me, but I'm pretty sure that's the stimulation and not the content. But then as soon as I think of a girl [compulsion], boom, I finish, and I know I am straight.

But how am I supposed to get these thoughts out of my head? These urges feel real. I don't like this. I don't want to be gay at all. It's a scary thought that I'd have to spend the rest of my life with a guy [obsession]. I can't handle that, but something keeps telling me that's what I want [obsession], even though in reality that's disgusting to me. OCD is so confusing isn't it?

#### Example: Worried about Appearing Gay

This is an example of a high-school student who worries that others of the same sex might find her attractive.

There is one girl who works at the same place that I do. She always looks at me, always. I'll be talking to my friends and she'll walk past and look back at me. It's just really awkward. Of course then OCD kicks in with thoughts like, "Is this what I want?" Then my day is shot. There is a lesbian in my math class and she too kept looking at me. I

always worry why they look, and then I worry that I look back. Then I start worrying why I'm nervous and my legs are shaky. I start to think that it means I'm gay.

This person's surveillance of others may be causing them to stare back at her, creating the illusion that she is being observed. Her anxiety about appearing gay results in physical symptoms, such as shaking, misinterpreted as physical attraction.

### Example: Misdirected Psychotherapeutic Intervention

The following young man describes an attempt at psychological treatment for his homosexuality anxiety. The therapist failed to recognize the fears as a symptom of the OCD, resulting in a counterproductive intervention.

I had a really bad experience. I have been diagnosed with OCD for a while now. The therapist I was seeing told me that I should try to be with a man, and that everybody is bisexual. It really freaked me out, and I was suicidal for five months thanks to what she said. The thoughts grew even stronger. Eventually, I couldn't be with any person of the same sex alone in the same room, watch TV, read the newspaper, or listen to music with male voices. I'm amazed that I'm still in this world after that experience. Therapists should be aware of what they are telling people like us.

Although in the example above, the patient's distress was probably not due solely to the therapist's misguided comment, it does illustrate the need for careful attention to the possibility of HOCD as this population is prone to excessive worry and panic.

### Example: Cognitive Understanding a of Homosexuality Obsession

Cognitive-behavioral therapy can be an effective way to address the distortions in thoughts associated with the disorder. The following example illustrates how a patient was able to understand his obsessions differently after cognitive exploration.

I have been in therapy since February. Finally, I was willing to ask myself, "What really bothers me about the thought 'You're gay'?" I suddenly realized I was dealing not only with OCD-induced thoughts but an underlying distorted belief system that was causing my depression.

I realized that when the phrase "You're gay" popped into my head I was telling myself the following: (1) You are inferior to other men, (2) You are effeminate, (3) You are a sissy, (4) No woman would be interested in you.

When I saw the lies in these statements, I said to myself, "You know what, even if I am gay this distorted belief system is a problem and needs to be fixed." Once I saw the lie, it was like a fog lifted, and the horrible depression disappeared instantly. I thought this was really too good to be true so I called my therapist. She told me that, yes, once you realize the distortions in some of your thoughts your mood can change instantly. It was unbelievable.

The therapeutic process allowed the patient to see the self-defeating components of his obsession, and he was able to recognize the error behind his thought processes. This led to a change of perspective that subsequently changed his mood.

## Differential Diagnosis

Mental health professionals who do not typically treat OCD patients may fail to properly diagnose a client complaining of primary sexual obsessions. Therapists may attribute the symptoms to an unconscious wish, latent homosexuality, or sexual identity crisis. Such a misdiagnosis will only panic an already distressed individual. Conceptualizing homosexuality anxiety as a struggle with "coming out of the closet" can cause the patient to become even more upset and confused (Gordon, 2002). The key issue to understand is that the ideation is ego-dystonic or ego-alien, meaning that the HOCD obsessions are inconsistent with the individual's fundamental desires, fantasies, and sexual history.

Homosexuality anxiety in OCD is not the same as ambivalence about one's sexual orientation (Gordon, 2002). Gays and lesbians with internalized homophobia are sometimes described as having "ego-dystonic homophobia," because they have negative feelings about their own sexuality, and worries may overlap with HOCD. Both groups may fear that homosexuality represents an end to lifelong dreams of a socially desirable lifestyle, a traditional wedding, and/or raising children; and in fact, these are concerns that many homosexual individuals work to process as they accept their orientation. Both groups may suffer from anxiety, depression, and low-self esteem, and both may share concerns about being accepted by others (Meyer, 2003). Nevertheless, a person with internalized homophobia usually has some positive feelings about homosexuality and will enjoy same-sex fantasies, whereas the person with HOCD dreads the thoughts and finds them intrusive. People with HOCD see no consistency with homosexuality and their actual sexual desires, though they may have no problems with others being gay.

Clinicians, educators, and people with HOCD can use Table 1 to better understand differences between the experience of someone with HOCD and the experience of someone with a homosexual sexual identity. Note that this is not a clinical screening instrument as it has not been validated for use in this manner, and not all items will apply to every person. Furthermore, the second column applies to a relatively well-adjusted gay person. A homosexual person with severe internalized homophobia may not be well represented in either category.

Few standard screening instruments for OCD specifically address homosexuality anxiety. However, these are still of value because it is very likely the patient will have obsessive-compulsive symptoms in other areas as well. Measures such as the Obsessive-Compulsive Inventory, short version (OCI-R; Foa et al, 2002), the Padua Inventory (Sanavio, 1988), and/or the Yale-Brown Obsessive-Compulsive Scale Checklist and Severity Rating Scale (YBOCS; Goodman et al, 1989) are important tools to assist in gaining a comprehensive picture of the symptomology. However, even an experienced clinician may have difficulty with a diagnosis if the OCD is limited to homosexuality obsessions. To complicate matters, it

is possible to have both internalized homophobia and OCD. It is also possible for gay people to have unwanted anxiety about heterosexual thoughts (Goldberg, 1984).

**Table 1. Differential Diagnosis Grid**

Suggestive of HOCD	Suggestive of Homosexual Orientation
You feel more sexually aroused by people of the opposite sex.	You feel more sexually aroused by people of the same sex.
Your thoughts about engaging in same-sex relationships are unappealing to you.	Your thoughts about engaging in same-sex relationships are arousing to you.
You feel anxious about romantic relationships with people of the same sex.	You look forward to romantic relationships with people of the same sex.
You have most enjoyed sexual experiences with a person of the opposite sex.	You have most enjoyed sexual experiences with a person of the same sex.
You worry about your same-sex thoughts mainly because you don't want to give up being with people of the opposite sex.	You worry about your same-sex thoughts mainly because of what others might think or because of religious concerns.
You are not able to stop thinking about same-sex relationships, and the thoughts are a severe distraction.	Even though you often think about same-sex relationships, you are able to stop thinking about it when you need to.
You feel emotional intimacy with a partner of the opposite sex.	You feel emotional intimacy with a partner of the same sex.
You are worried that people of the same sex might find you attractive.	You like when people of the same sex find you attractive.
You fantasize about being in physical relationships with people of the opposite sex (including dreams).	You fantasize about being in physical relationships with people of the same sex (including dreams).
You try to learn more about sexual identity issues to reassure yourself that you are not gay.	You try to learn more about sexual identity issues to better understand yourself and others like you.

## Treatment

Because homosexual anxiety is not well-described in the research literature, people with HOCD may have difficulty finding knowledgeable treatment providers. HOCD is believed to respond to the same treatments used for other forms of OCD – cognitive-behavioral therapy (CBT) and, typically, serotonergic antidepressant medications (SSRIs); people with sexual obsessions may, however, need a longer and more aggressive course of treatment (Grant et al, 2006). How treatment should be tailored specifically to people with homosexuality fears has not been studied.

Like other forms of OCD, HOCD cannot be effectively treated by offering reassurance or reasoning with the patient. Professionals may explain to the person with HOCD that homosexuality is common and not something to be feared. However, the person with HOCD



does not want to be gay, and normalizing homosexuality will not help the person feel more at ease. However, initial psychoeducation about sexual identity and normalizing some homosexual thoughts in heterosexuals can be useful at the outset, just as providing accurate information about AIDS transmission can be important at the beginning of treating someone who has contamination concerns.

Psychological treatment should not focus on the meaning of the symptoms, as the patient already spends an excessive amount of time pondering this. A standard course of CBT should be administered to bring about relief. CBT has a well-documented record of efficacy for OCD (for an excellent review, see Franklin and Foa, 2008), but the treatment process can be difficult, and HOCD may offer its own difficulties. Treatment involves educating the client about the disorder and how the obsessions are maintained, exposure to situations that trigger anxiety (for example, taking a shower in a crowded locker room or looking at fashion magazines without ritualizing), and cognitive restructuring. Traditional psychodynamic approaches may help the client feel that he better understands himself, but they will not be sufficient to stop the OC behaviors. Purdon (2004) provides an excellent guideline for the CBT treatment of repugnant obsessions.

SSRI medications will typically help alleviate the anxiety but will also cause sexual dysfunction in at least a third of patients (Bystritsky, 2004). For many the relief from the anxiety is enough to overcome the resulting sexual problems, but for others the medication itself makes intercourse impossible. This may be a temporary problem, but if it persists a competent psychiatrist can usually adjust or augment the pharmacotherapy to ameliorate the side-effect. One aspect that requires mention is that people with HOCD may become even more alarmed by sexual performance problems. Early psychoeducation about this specific side-effect is especially important for this population.

## Conclusion

Sexual obsessions are a common symptom of obsessive-compulsive disorder. It is not known how many suffer from homosexuality anxiety, and further study is needed. Homosexuality anxiety is not to be confused with a sexual orientation crisis, as such a misdiagnosis will only further distress the OCD patient. However, an accurate diagnosis may be difficult if the OCD obsessions are limited to sexuality themes. CBT and medication are considered the treatment of choice for this population. Nonetheless, research is needed to ascertain how treatment might be specifically tailored to OCD patients with homosexuality anxiety.

## Acknowledgements

The support of the Southern Regional Educational Board Doctoral Scholars Program is gratefully acknowledged. The author would also like to thank Jonathan Huppert, Ph.D., of the Center for the Treatment and Study of Anxiety at the University of Pennsylvania, Mark-Ameen Johnson, M.A., of American Language Institute at New York University, and the

membership of the Neurotic Planet OCD Discussion Forum at [www.neuroticplanet.com](http://www.neuroticplanet.com) for their contributions to this chapter.

## References

- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – Text Revision*, Washington D.C., USA: American Psychiatric Press.
- Bystritsky A. (2004). Current Pharmacological Treatments for Obsessive-Compulsive Disorder. *Essential Psychopharmacology*, 5(4): 251–272.
- Elmore JL. (2002). Fluoxetine-Associated Remission of Ego-Dystonic Male Homosexuality. *Sexuality and Disability*, 20(2):149–151.
- Foa EB, Huppert JD, Leiberg S, Langner R, Kichic R, Hajcak G, and Salkovskis PM. (2002). The Obsessive-Compulsive Inventory: Development and validation of a short version. *Psychological Assessment*, 14(4): 485-495.
- Foa EB, Kozak MJ, Goodman WK, Hollander E, Jenike MA, and Rasmussen SA. (1995). DSM-IV field trial: Obsessive-compulsive disorder. *American Journal of Psychiatry*, 152(1): 90–96.
- Franklin ME and Foa EB. (2008). Obsessive-Compulsive Disorder. In: *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual, Fourth Edition*. Barlow DH; The Guilford Press, New York, NY. pp. 164-215.
- Freeman JB and Leonard HL. (2000). Sexual Obsessions in Obsessive-Compulsive Disorder, *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(2): 141–142.
- Goldberg RL. (1984). Heterosexual panic. *American Journal of Psychoanalysis*, 44(2): 209–211.
- Goodman WK, Price LH, Rasmussen SA, Mazure C, Fleischmann RL, Hill CL, Heninger GR, and Charney DS. (1989). The Yale-Brown Obsessive Compulsive Scale, I: development, use, and reliability. *Arch. Gen. Psychiatry*, 46:1006–1011.
- Goodwin R, Koenen KC, Hellman F, Guardino M, and Struening E. (2002). Helpseeking and access to mental health treatment for obsessive-compulsive disorder. *Acta Psychiatr. Scand.*, 106: 143–149.
- Gordon WM. (2002) Sexual obsessions and OCD. *Sexual and Relationship Therapy*, 17 (4): 343–354.
- Grant JE, Pintob A, Gunnipb M, Mancebob MC, Eisenb JL, and Rasmussen SA. (2006). Sexual obsessions and clinical correlates in adults with obsessive-compulsive disorder. *Comprehensive Psychiatry*, 47: 325–329.
- Keller D and Foa EB. (1978). Phenothiazines combined with systematic desensitization in a psychotic patient with obsessions about homosexuality. *Journal of Behavior Therapy and Experimental Psychiatry*, 9(3), 265-268.
- Kempf EJ. (1920). The psychopathology of the acute homosexual panic. Acute pernicious dissociation neuroses. In: *Psychopathology*. Kempf EJ; Mosby Co., St Louis, MO. pp. 477-515.

- 
- Kessler RC, Berglund P, and Demler O. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6): 593-602.
- Meyer IH. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5): 674-697.
- Purdon C. (2004). Cognitive-Behavioral Treatment of Repugnant Obsessions. *Journal of Clinical Psychology/In Session*, 60: 1169–1180.
- Rudden M, Busch FN, and Milrod B. (2003). Panic disorder and depression: A psychodynamic exploration of comorbidity. *International Journal of Psychoanalysis*, 84(4): 997-1015.
- Sanavio E. (1988). Obsessions and compulsions: The Padua Inventory. *Behaviour Research and Therapy*, 26(2).
- Stein DJ. (1997). Psychiatry on the Internet: Survey of an OCD mailing list. *Psychiatric Bulletin*, 21(2): 95-98.
- Tate DF and Zabinski MF. (2004). Computer and Internet Applications for Psychological Treatment: Update for Clinicians. *Journal of Clinical Psychology*, 60(2): 209-220.