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OCD Turns Identity into Obsession, not Reality: Obsessive Intrusions and Sexual Orientation, a Case Study of a 26-Year-Old Male with Persistent Doubts.

Rudrani Mitra

Department of Psychology, Swami Vivekananda University, Barrackpore, 700121, West Bengal, India

Corresponding Author: Rudrani Mitra, Department of Psychology, Swami Vivekananda University, Barrackpore, 700121, West Bengal, India

Email: rudranim@svu.ac.in

Abstract

Obsessive-compulsive disorder (OCD) is a chronic mental health condition characterized by intrusive, distressing thoughts (obsessions) and repetitive behaviors (compulsions). Obsessive-compulsive disorder (OCD) affects approximately 2–3% of the global population, with varying subtypes. One lesser-known but clinically significant subtype is Sexual Orientation OCD (SO-OCD), often referred to as Sexual Orientation OCD (SO-OCD) or Homosexual OCD (HOCD), involves persistent, ego-dystonic fears about one's sexual orientation. These thoughts are ego-dystonic, meaning they conflict with the individual's true identity, causing severe anxiety and compulsive reassurance-seeking behaviors.

This paper presents a case study of a 26-year-old heterosexual male experiencing obsessive thoughts regarding his sexual orientation, leading to significant distress and impairment in daily life. By highlighting this case, the paper aims to contribute to the growing body of research on SO-OCD, emphasizing the need for increased awareness, accurate diagnosis, and evidence-based interventions for individuals struggling with intrusive sexual orientation fears.

Keywords: *Obsessive-compulsive disorder (OCD), Sexual Orientation OCD (SO-OCD).*

1. Introduction

Obsessive-Compulsive Disorder (OCD) is a chronic mental health condition characterized by persistent, intrusive thoughts (obsessions) and repetitive behaviors (compulsions) aimed at reducing distress. Sexual Orientation OCD (SO-OCD) is one lesser-known but highly distressing subtype of Obsessive-Compulsive Disorder (OCD), characterized by intrusive, unwanted doubts about one's sexual orientation. Individuals with SO-OCD experience persistent fears that they might be gay (if they identify as heterosexual) or straight (if they identify as homosexual), despite no prior indication of a change in attraction. These thoughts are ego-dystonic, meaning they contradict the person's genuine sense of identity, causing severe anxiety and emotional distress. Unlike natural sexual identity exploration, which involves curiosity and self-discovery, SO-OCD is driven by fear and compulsive reassurance-seeking behaviors, such as repeatedly checking for arousal, avoiding same-sex interactions, or excessively researching sexual orientation. Studies indicate that SO-OCD shares core features with other OCD subtypes, including intolerance of uncertainty, thought-action fusion, and hyperawareness of internal sensations. Despite its significant psychological

impact, SO-OCD remains underdiagnosed, often misinterpreted as latent sexual identity struggles rather than a distinct obsessive-compulsive condition. Given the potential for misdiagnosis and unnecessary distress, increased clinical awareness and appropriate cognitive-behavioral interventions, particularly Exposure and Response Prevention (ERP), are essential for effective management of SO-OCD. Cognitive-behavioral theories propose that SO-OCD arises from maladaptive thought processes, including: Thought-Action Fusion (TAF): Believing that having a thought about being gay means it must be true, Intolerance of Uncertainty: Individuals with OCD struggle to accept ambiguity about their identity, Hyperawareness of Attraction: Repeated self-monitoring leads to false perceptions of sexual arousal. These cognitive distortions reinforce obsessive thinking and drive compulsive behaviors such as reassurance-seeking and avoidance of triggers (e.g., same-sex individuals).

Functional MRI studies suggest that SO-OCD follows the same brain circuit dysfunctions observed in general OCD, particularly Hyperactivity in the orbitofrontal cortex and anterior cingulate cortex, linked to excessive doubt and compulsive checking (Mataix-Cols et al., 2004), Dysregulation of serotonin, which is why Selective Serotonin Reuptake Inhibitors (SSRIs) are often effective in treatment.

This paper presents a case study of a 26-year-old male experiencing obsessive thoughts about his sexual orientation, resulting in significant distress and functional impairment. Through a clinical lens, the study explores the symptomatology, differential diagnosis, cognitive mechanisms, and treatment approaches, with a particular focus on Cognitive-Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP). By highlighting this case, the paper aims to contribute to the growing body of research on SO-OCD, emphasizing the need for increased awareness, accurate diagnosis, and evidence-based interventions for individuals struggling with intrusive sexual orientation fears.

2. Literature Review

This literature review explores the clinical presentation, underlying mechanisms, diagnostic challenges, and treatment approaches for SO-OCD, particularly in the context of a 26-year-old male experiencing obsessive doubts about his sexual orientation. Research indicates that OCD can manifest in various subtypes, including contamination fears, harm obsessions, and intrusive sexual thoughts. A specific subset of OCD involves doubts about one's sexual orientation, which has been widely documented in clinical studies. A study by Doron et al. (2016) found that individuals with SO-OCD had higher levels of anxiety, rumination, and avoidance behaviors compared to those undergoing natural identity exploration. A study by Williams et al. (2014) found that up to 10% of OCD patients experience intrusive thoughts related to sexual orientation, making it a significant but underrecognized phenomenon. It was found by Abramowitz (2006) a gold standard treatment approach for SO-OCD is Exposure and Response Prevention (ERP). It involves: Exposure- Gradual exposure to feared thoughts (e.g., viewing LGBTQ+ media) without compulsions, Response Prevention- Resisting urges to check, analyze, or seek reassurance, and Cognitive Restructuring- Challenging irrational beliefs about thoughts equating to reality. Atypical antipsychotics may be used in treatment-resistant cases (Fineberg et al., 2018). SSRIs (e.g., Fluoxetine, Sertraline) are commonly prescribed, as they reduce obsessive thinking. Mindfulness helps patients recognize intrusive thoughts as mental noise rather than truths, reducing compulsive engagement with them (Towhig et al., 2015).

3. Case Presentation

3.1 Patient Background

Name: M.C.
Age: 26 years.
Gender: Male.
Occupation: Post Graduate Student.
Marital Status: Single.

3.2 Clinical Symptoms and Diagnosis

M.C reports experiencing persistent and distressing thoughts about his sexual orientation for the past four months. Despite never having experienced sexual attraction to men, he finds himself obsessively questioning his identity. These thoughts began spontaneously and have since intensified, leading to daily distress and behavioral changes.

3.3 Symptomatology

Intrusive Thoughts: Constant worries about being gay, despite a lack of past attraction to men.
Reassurance-Seeking: Frequently researching signs of homosexuality, taking online sexual orientation tests, and asking others for validation. Compulsive "Checking": Comparing his reactions to men and women, monitoring arousal responses. Avoidance Behaviors: Avoiding male friends and media that depict same-sex relationships.

Cognitive Rumination: Analyzing past interactions for signs of latent homosexuality. Emotional Distress: High anxiety, occasional panic attacks, and depressive symptoms.

3.3 Impact on Daily Life

Difficulty concentrating at work due to obsessive thoughts.

Social withdrawal and avoidance of male peers.

Decline in self-esteem and increased frustration.

3.4 Differential Diagnosis

Obsessive-Compulsive Disorder (OCD) - Sexual Orientation Subtype.

The primary diagnosis for him is OCD, specifically the SO-OCD subtype. Key indicators include:

Ego-dystonic thoughts that cause distress.

Compulsions to neutralize the anxiety, such as reassurance-seeking and avoidance behaviors.

Recognition of irrationality, but inability to control the obsessions.

4. Treatment Approach

4.1 Psychoeducation

He was educated on the nature of OCD, emphasizing that intrusive thoughts do not reflect reality. Understanding the mechanisms of thought-action fusion (mistaking thoughts for reality) helped reduce self-judgment.

4.2 Cognitive-Behavioral Therapy

(CBT) with Exposure and Response Prevention (ERP)

Exposure: M.C. was gradually exposed to feared situations (e.g., suggested for watching films with same-sex relationships) without engaging in reassurance-seeking behaviors.

Response Prevention: He was encouraged to resist checking behaviors and allow discomfort to pass naturally.

Cognitive Restructuring: Challenging catastrophic interpretations of thoughts (e.g., "Having a thought means it's true").

4.3 Pharmacological Intervention

Selective Serotonin Reuptake Inhibitor (SSRI) was prescribed to reduce obsessive thinking.

Outcome: Within few weeks, M.C reported a 40% reduction in intrusive thoughts and improved ability to tolerate uncertainty.

4.4 Lifestyle and Mindfulness Strategies

Mindfulness-Based Cognitive Therapy (MBCT): Practicing detachment from thoughts rather than engaging with them.

Reducing Internet Reassurance-Seeking: Limiting time spent researching sexual orientation.

5. Discussion

SO-OCD can involve repetitive behaviors and recurring thoughts about sexual orientation that are difficult to manage. These may include doubts about a person's own sexual orientation and whether they have an attraction to people of another sex.

Treatment for OCD and SO-OCD includes therapy such as CBT, which can help a person acknowledge his thoughts and behaviours without engaging, and medications such as SSRIs. With treatment, people with OCD and SO-OCD can manage symptoms and live healthy, fulfilling lives. This case highlights the ego-dystonic nature of obsessive thoughts and the compulsive behaviors used to manage distress.

Differentiating SO-OCD from genuine sexual identity exploration is crucial to avoid unnecessary distress. CBT and

ERP remains the gold standard treatment, with SSRIs providing additional symptom relief. Internet reassurance-seeking fuels OCD cycles, making behavioral interventions critical.

6. Conclusion

SO-OCD remains underdiagnosed and often misinterpreted as actual sexual identity confusion. It is characterized by intense, unwanted doubts and compulsions aimed at seeking certainty. Evidence suggests that CBT with ERP, combined with SSRIs, is the most effective treatment strategy. Greater awareness of SO-OCD is crucial in ensuring accurate diagnosis and appropriate intervention for affected individuals, such as the 26-year-old male in this case study. His case demonstrates the debilitating nature of SO-OCD and the effectiveness of CBT (ERP) and SSRI treatment in managing symptoms. Increased awareness of this OCD subtype is essential to prevent misdiagnosis and unnecessary distress for individuals experiencing intrusive doubts about their sexual orientation.

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