References
Research publications and sources about the topic.


Questions & Answers about HOCD

About Monnica Williams, Ph.D.

Dr. Monnica T. Williams is a clinical psychologist and Associate Director of the Center for Mental Health Disparities at the University of Louisville in the Department of Psychological and Brain Sciences. Prior to joining the faculty at UofL, she was an assistant professor at the University of Pennsylvania School of Medicine in Philadelphia for four years. Her clinical practice includes adults and families with OCD, PTSD, and other anxiety disorders. Dr. Williams completed her undergraduate studies at MIT and UCLA. She received her Master's and Doctoral Degrees in clinical psychology from the University of Virginia, where she conducted research in the areas of psychopathology, tests and measurement, and ethnic differences. She completed her clinical internship at McGill University Health Centre, Montreal General Hospital Site, where she completed rotations in mood disorders, major mental illness, and sexual identity issues.

Dr. Williams has published multiple book chapters and peer-reviewed articles, focused on anxiety disorders and cultural differences. She has served on the board of directors of the Delaware Valley Association of Black Psychologists, the National Alliance on Mental Illness (NAMI), Main Line chapter, and the OC Foundation of California. She is currently a member of the International OCD Foundation (IOCDF), the Association of Black Psychologists, and the Association of Behavioral and Cognitive Therapies. More about Dr. Williams at www.monnicawilliams.com or send email to contact@monnicawilliams.com.

Teens & Parents
Sexual Orientation Worries in Obsessive Compulsive Disorder
Sexual Orientation Worries in OCD

HOCD is a term that was coined by the online community that stands for "homosexual OCD." It refers to a subtype of obsessive-compulsive disorder (OCD) that includes obsessions about sexual orientation. OCD comes in many different forms, but one key feature of the disorder is ongoing doubt. People with OCD may worry about all sorts of unlikely events, such as "What if I left the stove on and my house is burning down?" or "What if that speed bump I ran over was really a small child?" In the case of sexual orientation obsessions in OCD, the process is the same but only the content of the worry is different. The person wonders, "What if the fact that I noticed that buff guy in the locker room means I’m gay?" or "What if I become gay and have to break up with my girlfriend?" or "What if I have been secretly gay all along and I just don’t know it yet?"

What causes HOCD? What are the symptoms?

OCD is caused by a combination of genetics, environment, personality, and life events. There is no one psychological factor that causes OCD in a particular person and no single gene that can be identified and removed. Someone with sexual orientation obsessions will have many unwanted thoughts, images, and/or impulses. It’s important to understand that the thoughts are very upsetting, so the person with OCD may frequently request reassurance, have an urge to over explain, and have long periods of silence while the person seems to be ruminating. Symptoms may result in depression and lead to social withdrawal, a short temper, or even suicidal thoughts. It’s important to understand that these behaviors are caused by the illness and are not intentional.

Are people with HOCD really gay? Can they turn gay? Or is HOCD really a form of homophobia?

Most people with this type of OCD are not gay, but OCD cannot cause a person’s sexual orientation to change. HOCD is not a form of homophobia. People with HOCD have a wide range of opinions about homosexuality, just like everyone else.

What is the difference between someone who is gay and someone with HOCD?

HOCD is not the same as someone who has homosexual feelings, but has not yet “come out of the closet.” Lesbian, bisexual, and gay individuals who have negative feelings about their own sexuality may be diagnosed with internalized homophobia/heterosexism (IH). These worries may overlap with HOCD, but a person with IH 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.

What can parents do to help?

People with OCD need support and encouragement; being critical or harsh will only worsen the symptoms. If you already have a mental health provider, a family meeting can be a good start.

Is there a cure? Will it get better on its own? What is the best treatment option?

There is no cure for OCD, but most people with OCD can reduce their symptoms to manageable levels with the proper treatment. In most cases, it will tend to get worse over time if not treated. Over 40 years of research have demonstrated that a special type of therapy called exposure and ritual prevention (EX/RP) is very effective for OCD. Certain antidepressant medications can also be helpful, although for most people with OCD, medication alone is not enough. Sexual orientation-themed OCD can be somewhat tricky to treat, so you should be sure to find someone who has lots of experience with OCD. One excellent resource is the International OCD Foundation’s Therapist Directory, found at www.ocfoundation.org.