

Assessing Sexual Orientation–Related Obsessions and Compulsions in Italian Heterosexual Individuals: Development and Validation of the Sexual Orientation Obsessive-Compulsive Scale (SO-OCS)

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Sexual Orientation–Obsessive-Compulsive Disorder (SO-OCD) is characterized by intrusive thoughts, images, and urges related to one's sexual orientation, and by consequent avoidance, reassurance seeking, and overt and covert compulsions. Currently there is no short self-report measure that assesses SO-OCD symptoms. The current article describes two studies that develop and evaluate the first version of the Sexual Orientation Obsessive-Compulsive Scale (SO-OCS), a 14-item Italian self-report measure targeted towards heterosexual individuals. In Study 1, the SO-OCS was developed and refined through item analysis and exploratory factor analysis from an initial pool of 33 items administered to 732 Italian nonclinical participants. The SO-OCS showed a unidimensional structure and an acceptable internal consistency.

In Study 2, the factor structure, internal consistency, temporal stability, construct and criterion validity, and diagnostic sensitivity of the SO-OCS were investigated in three samples of Italian participants (294 from the general population, 52 OCD patients who reported sexual orientation-related symptoms or concerns as a primary complaint, and 51 OCD patients who did not report these symptoms as primary complaint). The SO-OCS was again found to have a unidimensional structure and good internal consistency, as well as to exhibit strong construct validity. Specifically, the SO-OCS showed an excellent criterion validity and diagnostic sensitivity, as it successfully discriminated between those with SO-OCD and all other groups of participants. Finally, evidence of temporal stability of the SO-OCS in a nonclinical subsample was found. The SO-OCS holds promise as a measure of SO-OCD symptoms in heterosexual individuals.

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OBSESSIVE-COMPULSIVE DISORDER (OCD) is one of the most common mental disorders, with a lifetime prevalence of 1.9%–2.5% across cultures (Nedeljkovic, Moulding, Foroughi, Kyrios, & Doron, 2012; Weissman et al., 1994), and it is also one of the 10 most debilitating medical conditions according to the World Health Organization (Murray & Lopez, 1996). It is characterized by the occurrence of persistent thoughts, urges, or images that are experienced as intrusive and unwanted (obsessions), and compulsive actions that the individual feels driven to perform in response to an obsession. The individual performs these actions with the aim to prevent or reduce anxiety or distress, or prevent some dreaded event or situation from occurring (American Psychiatric Association [APA], 2013). Excluding hoarding, which is now recognized as reflecting a separate disorder (APA, 2013), typical manifestations of OCD include contamination/cleaning; ordering/symmetry, and unacceptable/taboo thoughts (Bloch, Landeros-Weisenberger, Rosario, Pittenger, & Leckman, 2008) with doubt/checking occurring across these symptom domains.

Sexual obsessions are prominent within the unacceptable thoughts symptom dimension—with the most common themes of sexual obsessions concerning unfaithfulness, pedophilia, incest, AIDS, profane thoughts combining religion and sex, and obsessions concerning one's sexual orientation (Cathey & Wetterneck, 2013). Concerns regarding one's sexual orientation are prominent in this subtype of obsessions—given that sexuality is a topic often laden with moral, emotional, and religious meaning, it is clearly a fertile topic for obsessions (Gordon, 2002).

Williams (2008) defined “homosexual OCD” 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” (p.197). It can also manifest as the inability to tolerate doubt itself about one's sexual orientation. While generally seen with respect to fears of one having a gay sexual orientation,¹ it is possible for there to be unwanted anxiety regarding unwanted heterosexual thoughts in individuals who are lesbian/gay/bisexual/transgender (LGBT; see for a case example, Goldberg, 1984); as such, homosexual

OCD is now more generally known as sexual orientation OCD (SO-OCD; Williams, Tellawi, Davis, & Slimowicz, 2015; Williams, Wetterneck, Tellawi, & Duque, 2014).

This subtype of OCD is characterized by obsessive rumination on the meaning of one's intrusive and unpleasant thoughts and images with regards to sexual orientation. As with rituals related to other types of repugnant obsessions (see Moulding, Aardema, & O'Connor, 2014), mental rituals in SO-OCD may include a large number of cognitive acts such as mental repetition of special words, mental reviewing, and mental acts to reverse what has been done (mental undoing). More specific compulsions including repeating expressions—for example, in people with a heterosexual sexual orientation: “I don't like people of the same sex”; “My family and my friends know that I don't like people of the same sex”; or “Everyone knows that I fall in love with people of the opposite sex.” A heterosexual person with SO-OCD may also try to visualize two persons of the same sex kissing, and check that there is a negative visceral reaction to this image in order to confirm that she/he is not becoming gay. Some heterosexual SO-OCD patients might review past experiences with the opposite sex to try to convince themselves that they have never gained pleasure from such situations. They may further avoid situations that provoke the unwanted thoughts, such as locker rooms, movies that have same-sex themes, and sometimes even people perceived to be members of the LGBT community (Williams et al., 2014). Similarly, they may worry about a sudden lack of attraction to people of the opposite sex. As such, they may engage in testing behaviors, such as by having intercourse with their partner or by masturbating while watching pornography, in order to ensure that they are “still straight” (Williams, 2008). This form of checking is particularly counterproductive, as the OCD-related anxiety may result in a decreased sex drive and/or in performance anxiety, which the heterosexual individual then further misinterprets as evidence that they are gay (Williams, 2008). Finally, people with SO-OCD sometimes ask other people for reassurance, but as it is generally the case with reassurance in OCD, any sense of relief is brief and the doubts always return (Williams, 2008). These individuals may also use other forms of reassurance including self-reassurance, the need to confess to others, and compulsively searching the Internet. However, excessive demands for reassurance can contribute to family distress (Williams, Crozier, & Powers, 2011). Even though a professional may diagnose them with OCD, until they are successfully treated individuals with SO-OCD

¹ Please note that we use “gay” for same-sex sexual-orientation regardless of the individual's gender. We also use this term where possible in preference to “homosexual” or “homosexuality” given the historically negative connotations associated with these terms, outside of the discussion of “Homosexual OCD” which is a term that has been utilized in the literature.

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