

Abnormal Sexual Behavior in an Adult Male with Obsessive Compulsive Disorder

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ABSTRACT

A male patient with homosexual obsession in obsessive compulsive disorder shows a better outcome following a combination of pharmacotherapy and psychotherapy. This case report emphasizes the importance of combination therapy in obsessive compulsive disorder with abnormal sexual impulses and behavior.

Key Words : Homosexual obsession, Obsessive compulsive disorder, combination therapy

Introduction

Homosexuality is the name commonly given to same sex relationship. It can apply to both men and women, although homosexuality is more frequently seen in the male gender, (Khanna et.al. 1990) there are very few reports on sexual obsessions in the literature. (Khanna et.al. 1990)

Homosexual obsessions in obsessive compulsive disorder (OCD) are unwanted thoughts, images or impulses which make the patient anxious or distressed every time these images come into his mind. They are completely inconsistent with a person's true values and desires and as a result they are often at high levels of shame and embarrassment in addition to anxiety or fear. Unwanted homosexual images and impulses to inappropriately touch or stare at breasts or genital areas, at times responding to thoughts would occur. Freund, B et al (1998), found one third of their OCD sample reported obsessions related to sexual themes. Homosexual men are likely to think about death, (Richard et al. 1999) want to die, (Jay et al. 2002) and think of suicide, attempt suicide, or exhibit any of these conditions. Mood disorders and anxiety disorder (Barbara et al. 2000, Bradford et al. 1994) are more prevalent in them. Compared to heterosexuals, homosexuals have more borderline traits and the prevalence of substance abuse (Welch et al. 2000) is also common among them. Homosexual obsession in OCD with mood disorder needs combination of therapies for a better outcome.

Case History

Mr. S, 20 year old, unmarried well built Hindu male, presented to our adult Psychiatry out patient department with six years history of recurrent and persistent thoughts of having dirt over his face. Thoughts being intrusive and distressing to him, led to repetitively wash his face to alleviate his mounting anxiety.

He also experienced inappropriate sexual thoughts of intending to have sexual affairs with male partners, whom he fantasized to be well built and neatly dressed. Mere appearance of photo image or confrontation would provoke his sexual desire. At many times, he had yielded to his thinking. The thoughts were excessive, intrusive, unnecessary and uncontrollable. They were associated with sexual arousal and complete erection. His masturbatory activities were mostly by fantasizing men.

Although he felt distressed with repetitive acts of washing his face and hands, he enjoyed the pleasure of male company. Three years later when his parents and neighbors noticed his deviant behavior with male partners, everyone despised him.

Slowly he lost interest in his studies. Poor academic performance impaired his education after secondary school. He lost interest in life and avoided social communication. He began to feel that the problems were due to his

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uncontrollable urge to act onto his irresistible thinking. He began to worry persistently. He had difficulty in maintaining sleep and also had early morning awakening. He lost interest in life and frequently ruminated death wishes. Over the last four months period, he became withdrawn, lost appetite, became more dependant on his parents.

Past history didn't reveal any significant finding. His personality assessment showed to have anxiety avoidant traits. Patient's mother had anakastic traits and his father was overprotective and stubborn towards the patient.

The patient was admitted as he was severely depressed. He was started on Cap. Fluoxetine and escalated to 40mgs/day after a week. Since the patient showed a good improvement of his depressive symptoms, the drug was escalated to 80mgs/day, along with β -blocker and low dose of Benzodiazepine to take care of his Obsessive symptoms and associated profound anxiety.

The compulsive washing of his face and associated anxiety features improved, while his sexual rumination of male partners remained untouched by the drug.

The patient was started on behavior therapy consisting of graded exposure and response prevention. A list of irresistible thoughts and associated behavior like touching, rubbing, kissing etc: - and the mounting anxiety while resisting these behaviors, ranging from 0 to 10 in visual analogous scale (VAS) were all noted down.

Covert sensitization (Cautela, 1966 ; Cautela, 1967) modified by the addition of an odiferous substance 'ammonia' at appropriate intervals during the procedure was carried out. Desensitization of homosexual desire, preoccupation and behavior with exposure to heterosexual stimuli (Davison et al. 1968) was also coupled with anxiolytic. The patient showed 60% of improvement in VAS. After discharge, he was called once a month to carry out the similar procedures in the hospital set up, where we found a good improvement both in his interpersonal areas and Socio-occupational functioning.

Discussion

Though the patient had the impulses of homosexuality in the beginning, he did not seek physician's help as it was ego syntonic. In male homosexuality, it is frequently found that the relationship between mother and son is of very intimate nature. This is referred by psychoanalysts refer this as a close-binding intimate relationship (Bieber et al.

1962, Green et al. 1987)

Homosexuality is the likely result of complex mixture of genetic, intra uterine and extra uterine biological, familial and social factors as well as repeatedly reinforced choices. These create a particular blend of impulses which are engraved in the brain. Role of prenatal hormonal influences on brain sexual differentiation has been hypothesized. Abnormality in fetal exposure to hormones, leading to physical misdifferentiation first and later homosexual inclination in genetically, phenotypically normal men would occur (Macculloch et al. 1981).

In our case, pharmacotherapy could improve the depressive symptoms and fear of getting dirt and the act associated with it, but the homosexual impulses remained uncontrolled. Exposure and response prevention, desensitization of homosexual behavior and heterosexual orientation have improved the patient as combination of therapies. Homosexual behavior is difficult to modify as other forms of compulsive behavior because it involves innate impulses and reinforced choices by which sinful activities become embedded in the brain. In treatment process, transference phenomena might take place and the patient will feel the emotions from childhood directly in relation to therapist. These feelings need to be analyzed and interpreted. The whole process can only be undertaken in the context of long term psychotherapy over a period of years, in a non-directive way.

Family factors can predispose to OCD (Frisch et al. 2000), maintain the symptoms or enable them. Getting the family involved in treatment is obviously an important component in planning any mode of treatment. Interventions oriented towards training family members to use technique that foster problem solving, independence and greater self-confidence is required. . Psychotherapy claims about a 30% cure rate, and religious commitment seems to be the most helpful factor in avoiding homosexual habits. Although few studies have predicted poor outcome in adults with obsessive sexual symptoms (mataix-Cols et al. 2002, McConaghy et al. 1970) more systematic, dynamic and combination of therapies and full co-operation from therapist and client would give a better outcome.

References

- Barbara G. Valanis, Deborah J. Bowen, Tamsen Bassford, Evelyn Whitlock, Pamela Charney, Rachel A. Carter. (2000) Sexual Orientation and Health: Comparison in the women's Health Initiative Sample, *Archives Family Medicine*, 9: 843-853.
- Bieber, I., Dain, H., Dince, P., (1962) *Homosexuality : a Psychoanalytic study*: Basic Books, New York.

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Bradford J., Ryan C. and Rothblum E.D. (1994) National Lesbian Health Care Survey: Implication for Mental Health Care, *Journal of Consultative Clinical Psychology*, 62: 228-42.

Cautela, J.R. (1966) Treatment of Compulsive Behavior by Covert Sensitization. *Psychological Records* 16: 33-41.

Cautela, J.R. (1967) Covert Sensitization. *Psychological Reports* 20: 459-468.

Davison, G.C. (1968) Elimination of sadistic fantasy by a client-controlled counter conditioning technique: a case study, *Journal of Abnormal and Social Psychology*, 73: 84-90.

Freund, B and Steketee, G. (1989) Sexual history, attitudes and functioning of obsessive compulsive patients. *Journal of Sexual & Marital therapy*, 15 (1): 31-41.

Frisch A., Michaelovsky E., Rockah R., Amir I., Hermesh H., Laor N., Fuchs C., Zohar J., Lerer B., Buniak S.F., Landa S., Poyurovsky M., Shapira B., Weizman R. (2000) *European Neuropsychopharmacol.* 10(3): 205-9

Green, R. (1987) *The "sissy boy syndrome" and the development of homosexuality.* Yale University Press, New Haven, CT.

Jay P. Paul, Joseph Catania, Lance Pollack, Judith Moskowitz, Jesse Canchola, Thomas Mills, Diane Binson and Ron stall (2002), *Suicide*

Attempts Among Gay and Bisexual Men: Lifetime Prevalence and Antecedents. *American Journal of Public Health*, 92: 1338-1345.

Khanna, S., Kalliaperumal, V.G. and Channabasavanna, S.M. (1990), Clusters of obsessive-compulsive phenomena in obsessive compulsive disorder. *British Journal of Psychiatry*, 156: 51-54.

MacCulloch M.J. and Waddington J.L., (1981), *The British Journal of Psychiatry* 139: 341-345.

Mataix-Cols D, (2002) Symptom stability in adult obsessive-compulsive disorder: Data from a naturalistic two-year follow-up study. *American Journal of Psychiatry*, 159: 263-268.

McConaghy, N. (1970), Subjective and Penile Plethysmograph responses to aversion therapy for homosexuality: A follow up study. *British Journal of Psychiatry* 117: 555-560.

Richard Herrell, Jack Goldberg, William R. True; Viswanathan Ramakrishnan; Michael Lyons; Seth Eisen; Ming T. T Suang. (1999), *Sexual Orientation and Suicidality; A Co-twin control study in Adult Men.* *Archives of General Psychiatry*, 56: 867-874.

Welch S, Collings S. C., Howden-Chapman P. (2000), *Lesbians in New Zealand: Their Mental Health and Satisfaction with Mental Health Services.* *Australian and New Zealand Journal of Psychiatry*, 34: 256.