

HOC D THE SURVIVAL GUIDE

Probably the
gayest book
you'll ever read!

By Tweeby

Preface

You're probably wondering how the fuck did you get into the god awful situation... this mess... this nightmare. Hell is often described as being a place where people burn in a pit of fire, forget that, this ... is *worse* than hell.

Imagine a world where you the question the very essence of your true self. Where you ain't fucking sure if you're being your true self. Where the hell you create is all in your mind and plays constantly, like a bad record. Over and over again. You'd rather be in a hell where you can actually burn, at least that's real, it's tangible. But this nightmare, where it is all in your mind and you're not sure, it's worse... so much worse.

You've honestly got to a point, where you don't care if you might be 'secretly gay and just don't know it'. You've googled this crap countless times anyway. Now you're so sick to death with the compulsive questions you couldn't give a fuck if you've always been gay. You just want this fucking shit to stop!



My list is as follows:

OCD is chronic.

This means it is like having asthma or diabetes. You can get it under control and become recovered, but at the present time, there is no cure. It is a potential that will always be there in the background, even if it is no longer affecting your life. The current thinking is that it is probably genetic in origin, and not within our current reach to treat at that level. The things you will have to do to treat it are really controls, and if you don't learn to effectively make use of them throughout your life, you will run the risk of relapse.

This means that if you don't use the tools provided in cognitive/behavioral therapy, or if you stop taking your medication (in most cases) you will soon find yourself hemmed in by symptoms once again.

Two of OCD's main features are doubt and guilt.

While it is not understood why this is so, these are considered hallmarks of the disorder. Unless you understand these, you cannot understand OCD. In the 19th century, OCD was known as the "doubting disease." OCD can make a sufferer doubt even the most basic things about themselves, others, or the world they live in. Doubt is one of OCD's more maddening qualities. It can override even the keenest intelligence. It is a doubt that cannot be quenched. It is doubt raised to the highest power. It is what causes sufferers to check things hundreds of times, or to ask endless questions of themselves or others. Even when an answer is found, it may only stick for several minutes, only to slip away as if it was never there. Only when sufferers recognize the futility of trying to resolve this doubt, can they begin to make progress.

The guilt is another excruciating part of the disorder. It is rather easy to make people with OCD feel guilty about most anything, as many of them already have a surplus of it. They often feel responsible for things that no one would ever take upon themselves. Although you can resist performing a compulsion, you cannot refuse to think an obsessive thought.

Obsessions are biochemically generated mental events that seem to resemble one's own real thoughts, but aren't. They are as counterfeit bills are to real ones, or as wax fruit is to real fruit. As biochemical events, they cannot simply be shut off at will. Studies in thought suppression have shown that the more you try to not think about something, the more you will end up thinking about it paradoxically. The real trick to dealing with

obsessions is, “If you want to think about it less, think about it more.” Neither can you run from or avoid the fears resulting from your obsessions. Fear, too, originates in the mind, and in order to recover, it is important to accept that there is no escape. Fears must be confronted. People with OCD do not stay with the things they fear long enough to learn the truth that is, that their fears are unjustified, and that the anxiety would have gone away anyway on its own, without a compulsion or neutralizing activity. Cognitive/Behavioral Therapy is the best form of treatment for OCD.

Cognitive/Behavioral Therapy (CBT) is considered to be the best form of treatment for OCD. OCD is believed to be a genetically-based problem with behavioral components, and not psychological in origin. Ordinary talk therapy will therefore not be of much help. By the way, I went to see a therapist and it did me no good. She just thought I was in the closet and was restraining myself from talking about my homosexuality. Reviewing past events in your life, or trying to figure out where your parents went wrong in raising you have never been shown to relieve the symptoms of OCD. Other forms of behavioral treatment, such as relaxation training or thought-stopping (snapping a rubber band against your wrist and saying the word “Stop” to yourself when you get an obsessive thought) are likewise unhelpful. The type of behavioral therapy shown to be most effective for OCD is known as Exposure and Response Prevention (E&RP).

E&RP consists of gradually confronting your fearful thoughts and situations, while resisting the performing of compulsions. The goal is to stay with whatever makes you anxious so that you will develop a tolerance for the thought or the situation, and learn that if you take no protective measures, nothing at all will happen. People with OCD do not stay long enough in feared situations to learn the truth. I encourage you to stay with fearful things to the point where a kind of fatigue with the subject sets in. Our goal is to wear the thought out. I tell them, “You can’t be bored and scared at the same time.” Compulsions, too, are part of the system and must be eliminated for the recovery process to occur. There are two things that tend to sustain compulsions. One is that by doing them, the sufferer is only further convinced of the reality of their obsessions, and is then driven to do more compulsions. The other is that habit also keeps some people doing compulsions, sometimes long after the point of doing them is forgotten. The cognitive component of CBT teaches you to question the probability of your fears actually coming true (always very low or practically nil), and to challenge their underlying logic (always irrational and sometimes even bizarre).

While medication is a help, it is not a complete treatment in itself. I’ve been on anti-

depressants for over a year now and I'm slowly tapering off them. It helps if your sleep has become interrupted by your HOCD, but over time you need to get off them. It's a quick fix and not the solution.

It is human nature to always want quick, easy, and simple solutions to life's problems. While everyone with OCD would like there to be a magical medicinal bullet to take away their symptoms, there really is no such thing at this time. Meds are not the 'perfect' treatment, however, they are a 'pretty good' treatment. Generally speaking, if you can get a reduction in your symptoms of from 60 to 70 percent, it is considered a good result. Of course, there are always those few who can say that their symptoms were completely relieved by a particular drug. They are the exception rather than the rule. People are always asking me, "What is the best drug for OCD?" My answer is, "The one that works best for you." I have a saying about meds "Everything works for somebody, but nothing works for everybody." Just because a particular drug worked for someone you know, does not mean that it will work for you.

Relying solely upon meds most likely means that all your symptoms will not be relieved and that you will always be vulnerable to a substantial relapse if you discontinue them. Discontinuation studies (where those who have only had meds agreed to give them up) have demonstrated extremely high rates of relapse. This is because drugs are not a cure, but are rather a control. Even where they are working well, when you stop taking them, your chemistry will soon revert (usually within a few weeks) to its former unhealthy state. Meds are extremely useful as part of a comprehensive treatment together with CBT. They should, in fact, be regarded as a tool to help you to do therapy. They give you an edge by reducing levels of obsession and anxiety. While those with mild OCD can frequently recover without the use of meds, the majority of sufferers will need them in order to be successful. One unfortunate problem with meds is the stigma attached to them. See the problem? Your friends and family are wondering why you're on meds, maybe you're gay or something. LOL. Having to use them does not mean that you are weaker than others only that this is what your particular chemistry requires for you to be successful. You can't always fight your own brain chemistry unaided. Using psychiatric drugs also does not mean that you are 'crazy.' People with OCD are not crazy, delusional, or disoriented. When relieved of their symptoms, they are just as functional as anyone. You cannot and should not depend upon the help of others to manage your anxiety or to get well.

To begin with, and most obviously, you are always with you. If you come to depend upon others to manage your anxiety by reassuring you, answering your questions, touching things for you, or taking part in your rituals, what will you do when they are not around? My guess is that you will likely be immobilized and helpless. The same is true if you only work on your therapy homework when others are nagging or reminding you. No one can want you to recover more than you do. If your motivation is so poor that you cannot get going on your own (assuming that you are not also suffering from an untreated case of depression), then you will have learned nothing about what it takes to recover from OCD. As mentioned at the beginning, since OCD is chronic, you will have to learn to manage it throughout your life. Since you can find yourself on your own at any point, unpredictably, you will always need to be fully independent in managing it. The goal of any good treatment is to teach you to become your own therapist.

In line with the last point, good Cognitive/Behavioral treatment should aim to give you the tools necessary to manage your symptoms effectively.

In using your intuition to deal with what obsessions may be telling you, there is one thing you can always count on it will always lead you in the wrong direction. It is only natural to want to escape or avoid that which makes you fearful. It's instinctive. It really amazes me how common this is. This may be fine when faced by a vicious dog or an angry mugger, but since the fear in OCD results from recurring thoughts inside your head, it cannot be escaped from. The momentary escape from fear that compulsions give, fools people into relying upon them. While compulsions start out as a solution, they soon become the main problem itself as they begin taking over your life. People with OCD never stay with what they fear long enough to find out that what they fear isn't true. Only by doing the opposite of what instinct tells you will you be able to find this out.

Getting recovered takes time.

How long does it take? As long as is necessary for a given individual. Speaking from experience, I would say that the average uncomplicated case of OCD takes from about six to twelve months to be successfully completed. If symptoms are severe, if the person works at a slow pace, or if other problems are also present, it can take longer. Also, some people need to work on the rehabilitation of their lives after the OCD is brought

under control. Long-term OCD can take a heavy toll on a person's ability to live. It may have been a long time since they have socialized, held a job, or done every day household chores, etc. Some people have never done these things. Returning to these activities may add to the time it takes to finish treatment.

However long it takes, it is crucial to see the process through to the finish. There is no such thing as being 'partially recovered.' Those who believe they can take on only those symptoms they feel comfortable facing, soon find themselves back at square one. Untreated symptoms have a way of expanding to fill the space left by those that have been relieved. When explaining this to my patients, I liken it to getting surgery for cancer. I ask them, "Would you want the surgeon to remove it all, or leave some of it behind?" Or, put another way, it is not a game you can simply drop out of midway with your winnings and expect to keep them.

Relapse is a potential risk that must be guarded against.

It has always been a favorite saying of mine that, "Getting well is 50 percent of the job, and staying well is the other 50 percent." We have actually come full-circle back to Point #1, which tells us that OCD is chronic. This tells us that although there is no cure, you can successfully recover and live a life no different from other people. Once a person gets to the point of recovery, there are several things that must be observed if they are to stay that way. As mentioned in Point #7, the goal of proper therapy is to teach people to become their own therapists. It gives them the tools to accomplish this. One of these tools is the knowledge that feared situations can no longer be avoided. The overall operating principle is that obsessions must therefore always be confronted immediately, and all compulsions must be resisted. When people are seen to relapse, it is usually because they avoided an obsessive fear which then got out of hand because they went on to perform compulsions. Another cause can be an individual believing that they were 'cured' and stopping their medication without telling anyone. Unfortunately, the brain doesn't repair itself while on medications, and so when drugs are withdrawn, the chemistry reverts to its former dysfunctional state. Finally, some people may have fully completed their treatment, but have neglected to tell their therapist about all of their symptoms, or else they did not go as far as they needed to in confronting and overcoming the things they did work on. In pursuing treatment for OCD, it is vital to go the distance in tackling all of your symptoms, so as to be prepared for whatever you may encounter in the future.

Theory over, now for the meat. OK, so the pink cover of my book is deliberate. Because I know you probably got a spike just seeing the color and the title. But guess what, you want to beat this, you have to acustom yourself to anything 'gay' instead of running away.

Secondly, you have a lot of questions you need to ask. Yes... I know them all, why when I was younger did I only like girls, I masturbated to them, was it real, was I really attracted to them. Am I secretly gay and just don't know it? Why am I testing myself to gay porn? Why am I doing it more now? Do I like it. Should I look at that guy, what happens if he thinks I'm checking him out. No I'm not checking him out... Let me look at that girl. Is the finger ratio test scientifically correct, am I answering the gay quiz honestly.. If I like musicals am I gay, are my hands small like a womans, does my hips sway when I walk, OMG a gay guy looked at me, I must have triggered his gaydar, everyone seems to be gay now how am I just noticing this, are people laughing at me... why do I go red when the word 'gay' is mentioned, I never did it before, am I coming to terms with myself?

Blah, blah fucking blah... You know all the above. Now I've not fapped to gay porn, so you're probably thinking maybe I'm straight but you're not. Again this is the doubt kicking in again. What I will say is once HOCD catches and you escalate you use masturbation as *anxiety relief* nothing more. If you touch yourself until you get an erection and keep stroking it you *will come*. And it doesn't matter what you're looking at, goats, chairs, your mom, boku no pico LOL, nigga you will come. And then you'll test yourself again.

Another question you've asked is, why are there lots of stories of gays who come out and claim they never knew, it just felt right one time - what happen if that's the same with me? Well one, they're mother FUCKING lying. You see we can never use the legitimacy of these accounts or stories because there is no control test. All these phaggits were

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wrong. So wrong, that even now they're out of the closet, they still make up shit like they didn't know. They knew, just like you know. As soon as you hit puberty and you MO'ed to girls and you fucking enjoyed it... you know you're straight. Just like you know now.

Another question you have is, can you *turn* gay? This implies that you're not already gay, so you assume your sexuality can be altered. NOOOOOO. It can not be altered. You can NOT turn gay, and all the accounts or anecdotes on the internet are littered with testimonials of true homosexuals who want to believe they've got HOCD because their mommies and daddies are religious fruitcakes. This is not you, you're afraid of the gay relationship part, not the bit where mommy or daddy finds out.

OK so I hope the above helped calm yourself. Well... Actually, I know it didn't because you're not 100% sure. Maybe you're different. Maybe you're the 0.0001% who might actually be gay and doesn't know it! Oh fuck... See this is your doubting playing up again.

So now you understand what's going on. How do we go about fixing this? First, and most sadly is, don't bother telling ANYONE you got HOCD. Like seriously, your mom or dad, friends, girlfriend if you happen to have one, or even a therapist. Sadly, this health disorder is not even recognised, like just imagine the conversation when you say you 'test yourself to gay porn?!' Yeah no one is gonna buy that, but people with HOCD will know it all to well.

So first rule is to shut the fuck up and deal with this yourself.

Second rule, is stop fucking PMO'ing. Now you've reached a stage where it is no longer done for pleasure but reassurance, and as the HOCD cycle grips you, you end up

peeking at some tranny or gay stuff maybe and bam. You're fucked. Ejaculation reduces testosterone, and creates anxiety. Also if you've been PMO'ing everyday since you were 14, you've been on a dopamine high for all your life. That means, when you're not PMO'ing you're on a low - a come down. I liken it to being on MDMA and then having the come down. This is what you're experiencing right now. I recommend gradually increasing your abstinence periods. Eventually, you can go one to two weeks. But if you do FAP, for fucks sake don't binge. I know it's tempting but you must control yourself. The binge is the worst because then you feel REALLY fucking low, more so than normal. Also during the nofap training you will notice morning woods, and arousal to women again, like spontaneous erections. If you've been fapping everyday of course this doesn't happen anymore and most likely you use this to question if you're secretly gay!

Third, start training, like lift some weights brah. This increases testosterone and builds the body's natural feel good chemicals. Do this three times a week if possible. NO fuck that, MAKE it three times a week for definite.

OK now we get onto the HOCD exercises. Yes this is going to spike you. But like I said before... you can't be bored and anxious at the same time. It's impossible.

1. You have to be totally comfortable with the fact that you might be gay. I say the word might, as in you're probably not, but when you wake up everyday you have to tell yourself, 'hey I might be gay and that's OK. Wake up everyday and everynight before bed and write yourself a I'm gay and that's OK... Read it out and believe what you're reading.'

2. You have to start using the word, gay or phaggit in conversations with others again. Maybe throw the word around now and again and see how you react to it. Even laugh about it and deliberately say, I bought a shirt yesterday but it was seriously gay as fuck. You have to keep doing this, gradually building up the intensity. This is going to be hard, and people will naturally think this is unusual, especially if you've been anxious about it in the past. What I recommend is start small. Say shit like, oh that's a bit girly, then that's a bit camp, then that's a bit gay, then that's a bit faggy, etc. It may take a week per word. Like just using the word 'girly' for a week. Seriously, you have no idea how long this takes to beat before you can get to throwing the word 'g' bomb in conversation again without reacting to it.

4. Remove *all* songs from your ipod and download just gay, or songs that are perceived to be gay and listen to them everyday, during college or work. Don't be afraid to leave your ipod out on show either. If someone accidentally sees those songs on your ipod, you couldn't give a fuck. It's just a song. Songs I recommend are, scissor sisters, Justin bieber when he was younger, same love by macklemore, it's raining men, YMCA these are classics, whitney houston, George Michael, and it's ok to be gay -google it etc. This is all you're going to listen to for the next couple of months or years. Start on quiet, playing them really low on your ipod, then gradually play them on loud. Then play them in your car, low at first, then gradually increasing the volume, winding down your windows and blasting it from the car. I even go to extreme and start dancing and singing along with it. I force myself, and if someone driving by catches me, who gives a fuck! Nigga I'm an alpha gaylord LOL.

5. Start reading gay articles, maybe the gay times, just get comfortable with anything to with gay issues. If a TV show comes on and there's a person you suspect to be gay instead of flickering the channel stay there, increase the volume. Are your parents or friends in the same room? Who cares, you need to stay there and crank up your anxiety.

6. Plan a coming out, record memos of yourself coming out on your ipod. Make it as ridiculous as possible. Buy a pink T-shirt and nail varnish, and pretend you're going to come out to your family. Make it as real as possible. Actually try talking to yourself and telling yourself you definitely 100% home grown queer. And nothing else makes sense.

7. This is the hardest task, but I started going to the local gay bar every Friday. Yeah I know this sounds fucking crazy, because you're think what if you like it and you meet a hawwwwt gay guy there or someone catches you. But I don't give a fuck, you need to do this to one understand, you can't stomach being in a gay relationship and this is about as much as you can possibly stress your HOCD - to the max. So at first this is going to be hard. You're heart will start pounding like mad, so I recommend walking past your local gay bar a few times maybe 7 times, once everyday for a week. Then quickly go in, use the toilet and get the fuck out. Then go in and order a shot, drink it and get the fuck out. Then stay for a bit longer, then chat the staff, ask them how they are etc.

Believe it or not, there is a benefit to going to gay bars. Sadly you'll get hit on a bit, if only girls hit on me like I was getting hit on in the gay bars LOL, but yeah, you should be able to talk with girls/lesbians in a non confrontational way. When you're in straight

bars all the girls have got their bitch shields on, in gay bars no such thing. You can have proper conversations with lesbos and actually get to understand women, this is great if you're naturally shy around girls. Also, have you seen how many fucking hotties accompany their gay males friends to gay bars, like seriously... Even if you pretend to be gay you can actually chat with some of the hottest girls imaginable.

Continue this mother fucking shit everyday for months... Literally months and it will gradually fade into a quiet hum. Will it ever go away? Will you ever know for sure? NO. But that's fine.

-Your boy Tweeby