

NEUROSIS AND SEXUAL BEHAVIOUR IN MEN

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SUMMARY

Relationship of neurosis and sexual behaviour has been a matter of dispute till date. In the present study sexual behaviour of 40 married neurotics and 22 matched healthy control males was studied. Sexual behaviour of neurotics was similar to control subjects before the commencement of neurotic illness. But after the onset of the neurotic illness subjects showed significant decrease in frequency of coitus, sexual satisfaction and sexual adequacy in comparison to their pre illness behaviour as well as from healthy controls.

Sexual problems and neurosis are conventionally thought to be closely related. Freud said that no neurotic person can have normal sex life (1950). Lately, the relationship between sex and neurosis is being studied scientifically to confirm these clinical impressions. Roth (1969) observed that impotence was a common feature in anxiety neurosis. Pollit (1957), Kringlen (1965), Lo (1967), Dutta (1979) emphasized the role of sexual disturbances in aetiopathogenesis of obsessive compulsive neurosis, while Templer (1969) did not agree with their observations. Most of the workers did find sexual maladjustments in patients of hysteria (Purtell *et al.*, 1951; Parley & Guze, 1962; Winokur & Leonhard, 1963; Robins *et al.*, 1952). Contrary to general trend in Indian study Ponnudurai *et al.* (1981) observed sexual conflicts in only 4.3% of males whereas the same was noted in 29.3% of females.

In India hardly any study has been conducted to explore the relationship between sexuality and neurotic illness. Culture plays a prominent role in determination of sexual behaviour. Attitudes to sex in Indian culture are widely different from the west, so it is possible that sex and neurosis may not show same association

in India as in the west. So it was decided to conduct this study with the following hypotheses in mind.

- (i) Sexual dysfunctions are responsible for the development of neurosis.
- (ii) Neurosis affects sexual behaviour.

MATERIAL AND METHODS

The sample for this study was drawn from neurotic patients attending psychiatric out-patient clinic of Gandhi Memorial & Associated Hospitals, Lucknow (from October, 1980 to May, 1981) on prespecified days. The diagnosis of neurosis was made according to ICD-IX. Only married males living with their spouse and who were within the age range of 16-45 years were included. Patients who exhibited primary sexual problems were not included in the study.

Controls were group matched with the experimental subjects for age, education, domicile and economic status. Controls were also married males living with their spouse. All control subjects were screened by Cornell Medical Index-Health Questionnaire (Brodman *et al.*, 1949) to exclude subjects with subclinical neurosis (Score above 30 on total scale and above 10 on M-R-portion).

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Sexual Behaviour Questionnaire :

The literature on sexual behaviour was reviewed (Kinsey *et al.*, 1948, 1953; Masters & Johnson, 1970; Eysenck, 1971a, 1971b, 1971c) to identify areas of sexual behaviour which were considered meaningful for patients suffering from neurosis. After a survey of literature following specific areas were selected for the research—sex drive,

premarital sexual behaviour, autoerotic activities, nocturnal emissions, orgasm and heterosexual contacts.

Marital Sexual Behaviour :

frequency of sexual relations, sexual satisfaction, deviant sexual practices, extramarital relations, sexual experimentation, sexual inadequacy.

Questions were framed in simple Hindi (Language of day to day use). Most of the questions could be replied according to choices provided. The questionnaire was pretested on 10 healthy males and 10 psychiatric patients of different educational status to assess its applicability. Some of the questions were already being used in our sex clinic for eliciting information about sexual behaviour. Questions which were ambiguous or difficult to understand were modified. A number of duplicate questions or cross checks were included in the questionnaire to assess its reliability and consistency of interview. It was impressed upon the subjects that their information would be kept strictly confidential and it might provide vital information which may help setting up treatment for them.

Sexual behaviour of the experimental subjects was studied at two periods (a) before illness—subjects were asked to describe the sexual behaviour of the period when they felt they were completely well. (b) after illness—the second sample of sexual

behaviour was obtained for the month just preceeding the interview.

Following operational definitions were used for the study.

1. *Autoerotic activities* : It included masturbation practised in any form.
2. *Sex-drive* (1) Mean number of sexual outlets (Sum of orgasm derived from various sources) per week during period of maximum sexual activity. Maximum frequency of orgasm in any 24 hours period.
3. *Frequency of coitus* : It has been taken as average number of sexual intercourse in a week.
4. *Sexual satisfaction* : It has been measured in terms of subjective experience of satisfaction/dissatisfaction in sexual relations by the subjects.
5. *Sexual experimentation* : Any deviation from conventional behaviour during coitus has been included under sexual experimentation. Conventional sexual behaviour include oral kissing, fondling by hands and sexual act in man on top or woman on top or side to side positions. The subjects who used other positions more than 10% of times during sexual relations or used oral/anal sex were regarded as sexual experimenters.
6. *Sexual Inadequacy* : It comprised of impotency and premature ejaculation occurring more than 25% times of their sexual activity in the males.
7. *Statistical Analysis* : The data was analysed by using Chi square test of associations.

OBSERVATIONS

Sample of the present study comprised of 40 married male neurotics and 22 controls who were drawn from the relatives and attendants of patients and were group matched for the variables of age, education, domicile and economic status. General sociodemographic variables of the

samples are shown in Table-I and diagnostic break up in Table-II.

TABLE-I. *General Characteristics of samples*

		Experimental (N=40)	Control (N=22)
<i>Age in years</i>			
16-25	N	16	9
	%	40.0	40.9
26-35	N	12	5
	%	30.0	22.7
36-45	N	12	8
	%	30.0	36.4
$\chi^2=0.45$, d.f.=2, N. S.			
<i>Education :</i>			
upto-V	N	5	2
	%	12.5	9.1
VI-XII	N	25	14
	%	62.5	63.6
Above XII	N	10	6
	%	25.0	27.3
$\chi^2=0.17$, d.f.=2, N. S.			
<i>Domicile :</i>			
Urban	N	22	12
	%	55.0	54.5
Rural	N	18	10
	%	45.0	45.5
$\chi^2=0.00$, d.f.=1, N. S.			
<i>Religion :</i>			
Hindu	N	34	20
	%	85.0	90.9
Muslim	N	6	2
	%	15.0	9.1
$\chi^2=0.44$, d.f.=1, N. S.			
<i>Economic Status (Monthly Income in Rs.):</i>			
Above 1000	N	4	1
	%	10.0	4.5
501-1000	N	21	11
	%	52.5	50.0
Upto 500	N	15	10
	%	37.5	55.5
$\chi^2=1.60$, d.f.=2, N. S.			

TABLE-II. *Diagnostic Breakup of Sample (N=40)*

Diagnosis (I. C. D.-IX)	N	%
Hysteria	5	12.5
Anxiety State	16	40.0
Neurotic Depression	15	37.5
Obsessive Compulsive	3	7.5
Neurosis		
Others (Hypochondriasis)	1	2.5

TABLE-III. *Sexual Behaviour*

	Experimental (N=40)		Control (N=22)	
	N	%	N	%
<i>Age of 1st Ejaculation</i>				
13-14 yrs.	13	32.5	10	45.4
15-16 yrs.	18	45.0	6	27.3
17-18 yrs.	9	22.5	6	27.3
$\chi^2=1.92$, d.f.=2, N. S.				
<i>Masturbation :</i>				
Positive	18	45.0	10	45.5
Negative	22	55.0	12	54.5
$\chi^2=0.0$, d.f.=1, N. S.				
<i>Nocturnal Emission :</i>				
Positive	36	90.0	20	90.9
Negative	4	10.0	2	9.1
$\chi^2=0.0$, d.f.=1, N. S.				
<i>Premarital Sexual Relations :</i>				
Positive	17	42.5	11	50.0
Negative	23	57.5	11	50.0
$\chi^2=0.32$, d.f.=1, N. S.				

The subjects were between 16-45 years of age and they were nearly equally distributed in each 10 years block. The majority of males were literate as about 80% were having education above Vth

Class. The sample represented mainly middle and lower middle classes.

Sexual Behaviour : Data on sexual behaviour of the experimental and control groups is shown in Table-III. There was no significant difference on any of the variables studied between the two groups.

Sex drive was measured by eliciting information regarding maximum number

of sexual outlets during any 24 hours and mean number of outlets in one week during period of maximum sexual activity. No significant difference was observed between the experimental and control group regarding sex drive when measured in the afore-mentioned methods.

Frequency of coitus was widely scattered both in control as well as in experi-

TABLE-IV. *Sex Drive*

No. of sexual outlets in 24 hrs.	1	2	3	4	5 & above
Experimental (N=40)	5(12.5)	11(27.5)	7(17.5)	13(32.5)	4(10.0)
Control (N=22)	..	7(31.8)	7(31.8)	3(13.6)	5(22.8)

$X^2=1.90$ (Pooling : 1 and 2; 3 and 4), d. f. =2, N. S.

Median no. of sexual outlets in Experiment gr. =3

Median no. of sexual outlets in Control gr. =3

Figures in parentheses indicate percentage.

No. of sexual outlets in 1 week	0-5	6-10	11-15	16-20	21-25	25 and above
Experimental (N=40)	7(17.5)	19(47.5)	3(7.5)	5(12.5)	3(7.5)	3(7.5)
Control (N=22)	1(4.5)	9(40.9)	8(36.4)	1(4.5)	1(4.5)	2(9.0)

$X^2=3.21$, d. f. =2, N. S.

(Pooling: upto 10, 11-20 and 21 and above)

Median No. of sexual outlets in Experimental gr. =9

Median No. of sexual outlets in Control gr. =11

Figures in Parenthesis indicate percentage.

TABLE-V. *Frequency of Coitus/week*

Frequency/wk	<1	1-2	3-4	5-6	7-8	9 & above
Control (N=22)	2(9.1)	8(36.4)	3(13.6)	3(13.6)	4(18.2)	2(9.1)
Experimental (N=40)						
Before Illness (BI)	3(7.5)	10(25.0)	13(32.5)	7(17.5)	5(12.5)	2(5.0)
After Illness (AI)	8(20.0)	20(50.0)	7(17.5)	3(7.5)	2(5.0)	..

Figures in parentheses indicate percentage

BI Vs. AI : $X^2=11.6$, d. f. =2 (Pooling: 0-2, 3-6, 7 and above) $p < 0.01$

BI Vs. Control : $X^2=3.04$, d. f. =2 (Pooling : 0-2, 3-6, 7 and above) N. S.

AI Vs. Control : $X^2=6.88$, d. f. =2 (Pooling: 0-2, 3-6, 7 and above) $p < 0.05$

Median frequency in control =3/wk.

BI Median frequency in Exp. gr. =3/wk.

AI Median Frequency in Exp. gr. =2/wk.

mental group. Because of this wide scattering it was thought that mean will not be a reliable index of frequency of coitus so median frequency was calculated for both experimental as well as control population. Median frequency of coitus was 3/ wk. before illness and after the commencement of illness it reduced to 2/wk. The frequency of coitus was same for control population and experimental group before the onset of illness. After the illness the frequency of coitus significantly dropped ($p < 0.01$). Post illness frequency was also significantly less than that of control population ($p < 0.05$).

TABLE—VI. *Sexual Satisfaction in Males*

	Experimental				Control (N=22)	
	Before Illness (BI) (N=40)		After Illness (AI) (N=40)		N	%
	N	%	N	%		
76% & above	30	75.0	14	35.0	20	90.9
51—75%	9	22.5	11	27.5	2	9.1
26—50%	1	2.5	14	35.0	..	..
0—25%	..	..	1	2.5	..	..

BI Vs. AI : $X^2 = 15.51$, d. f. = 1, $p < 0.001$

BI Vs. Cont. : $X^2 = 0.53$, d. f. = 1, N. S.

AI Vs. Cont. : $X^2 = 10.88$, d. f. = 1 $p < 0.001$

Pooling for all comparisons : upto 50% Vs. above 50%.

Sexual satisfaction was assessed by asking the subjects whether they felt satisfied in sexual intercourse. They were asked to indicate whether they were satisfied in less than 25% of coitus or between 25 to 50% or between 51-75% or more than 76% times of their intercourse.

There was no significant difference between experimental and control groups with regard to sexual satisfaction before the onset of illness. After the commencement of illness, there was a significant reduction in sexual satisfaction ($p < 0.001$). After illness sexual satisfaction also signi-

TABLE—VII. *Spouse's sexual Satisfaction (Perception of Male)*

	Experimental				Control (N=22)	
	Before Illness (BI) (N=40)		After Illness (AI) (N=40)		N	%
	N	%	N	%		
76% & above	18	45.0	15	37.5	10	45.5
51—75%	18	45.0	9	22.5	11	50.0
26—50%	3	7.5	10	25.0	1	4.5
0—25%	1	2.5	6	15.0	..	..

BI Vs. AI : $X^2 = 9.60$, d. f. = 1, $p < 0.01$

BI Vs. Cont. : $X^2 = 0.56$, d. f. = 1, N. S.

AI Vs. Cont. : $X^2 = 8.96$, d. f. = 1, $p < 0.01$

Pooling all comparisons : upto 50% Vs. above 50%.

ficantly differed from control population ($p < 0.001$).

Subjects were asked to assess the sexual satisfaction of their spouse. Before illness no difference was observed in their perception of the wives' satisfaction between experimental and control groups. But after illness, males perceived that their spouse are also dissatisfied as they themselves were. It may indicate that men correlates their own satisfaction/dissatisfaction with their spouses' satisfaction/dissatisfaction.

TABLE—VIII (A) *Male sexual Inadequacy**

Premature Ejaculation	Experimental				Control (N=22)	
	Before Illness (BI) (N=40)		After Illness (AI) (N=40)		N	%
	N	%	N	%		
76% & above	..	..	1	2.5	..	..
51—75%	3	7.5	12	30.0	..	..
26—50%	19	47.5	19	47.5	10	45.5
0—25%	18	45.0	8	20.0	12	54.5

BI Vs. AI : $X^2 = 5.70$, d. f. = 1, $p < 0.05$

BI Vs. Cont. : $X^2 = 1.68$, d. f. = 1, N. S.

AI Vs. Cont. : $X^2 = 7.75$, d. f. = 1, $p < 0.01$

Pooling for all comparisons: upto 50% Vs. above 50%.

TABLE VIII (B) *

Impotency	Experimental		Control (N=22)			
	Before Illness (BI) (N=40)		After Illness (AI) (N=40)			
	N	%	N	%	N	%
76% & above	..	..	1	2.5	..	..
51-75%	1	2.5	4	10.0	..	..
26-50%	8	20.1	14	35.0	3	13.6
0-25%	31	77.5	21	52.5	19	86.4

BI Vs. AI : $X^2=5.49$, d. f. =1, $p<0.05$

BI Vs. Cont. : $X^2=0.71$, d. f. =1, N. S.

AI Vs. Cont. : $X^2=7.10$, d. f. =1, $p<0.01$

Pooling for all comparisons : upto 50% Vs above 50%

*Subjects who had premature ejaculation and impotency more than 50% times of their intercourse were included in sexual inadequacy group.

Before illness there was no significant difference between experimental and control groups in premature ejaculation as well as impotency. However, after the onset of illness the neurotics tend to have significant increase in sexual inadequacy.

TABLE—IX. *Extramarital Sexual Relations*

Extramarital relations	Experimental (N=40)		Control (N=22)	
	N	%	N	%
History present	9	22.5	8	36.4
History absent	31	67.5	14	63.6

$X^2=1.37$, d. f. =1, N. S.

TABLE—X. *Sexual Experimentation*

Sexual Experimentation	Experimental (N=40)		Control (N=22)	
	N	%	N	%
Present	18	45.0	13	59.1
Absent	22	55.0	9	40.9

$X^2=1.12$, d. f. =1, N. S.

22.5% experimental and 36.4% of control subjects accepted extramarital relations. But there was no significant difference between the two groups. Sexual experimentation (See Table-X) also did not reveal any significant difference between experimental and control population.

DISCUSSION

A study of sexual behaviour in any population is likely to suffer from many pitfalls which are unavoidable. Sex is one of the most intimate and sensitive aspect of one's life and one is reluctant in providing information. However, the investigators in this study tried their best to persuade the subjects to provide accurate information by establishing good rapport. The possibility of retrospective falsification can not be excluded. As this was a controlled study, we expect that same limitations will apply to both experimental and control groups and thus the effect of this variable will be nullified. Sample of the study largely belonged to lower education and income group, and they were mostly Hindus, so the findings of the study may not be generally applicable to upper classes and non-Hindus.

Main purpose of the study was to answer the following questions: (a) are sexual dysfunctions responsible for development of neurosis which should be indicated by altered sexual behaviour prior to onset of illness. (b) does neurosis affect sexual behaviour, if it is so, then one would expect more abnormality in sexual behaviour after the onset of neurosis.

Apart from Freud many of the psychoanalysts, to name but few (Jones, 1919; Stebel, 1927; Fenichel, 1945; Horney, 1950) are of the opinion that disturbances in libido are responsible for the development of different types of neurosis. Though, most of the disturbances are considered to be unconscious yet the proof of their existence lies in expressed abnormal-

lities of sexual behaviour. Many investigators tried to measure sex behaviour in neurotics with variable results (Winokur, *et al.*, 1959 a&b; McCulloch & Stewart, 1960; Coppen, 1965; Kratochvil & Uhlirva, 1978). Most of the investigators have studied sex behaviour only during the period of illness due to which their studies can not answer our first question regarding etiological relationship between sexual difficulties and neurosis.

In the present study we collected retrospective data on sex behaviour prior to the onset of neurosis. The sex drive, frequency of masturbation and nocturnal ejaculation, pre/extra marital relationship and deviant sexual practices were not found to be significantly different between neurotics and normal control. The frequency of coitus, degree of sexual satisfaction and other measures of sexual pathology (impotency, premature ejaculation etc.) also did not differ significantly before the onset of neurosis from the control group. This implies that disturbances in sexual behaviour are not particularly common before the onset of neurosis. Thus this study failed to provide support to our first hypothesis that sexual disturbances are important in the development of a neurotic's illnesses. This observation indirectly finds support from the studies of Masters & Johnson (1970) who did not find sexual difficulties directly correlated to neurotic illness. Cooper (1968) also did not observe any relationship between neurosis and male potency disorder. Similarly, Maurice & Guze (1970) did not find any evidence of neurosis in 20 sexually dysfunctional couples.

After the onset of illness frequency of coitus as well as sexual satisfaction decreased significantly. Similarly, sexual inadequacy also increased significantly. It clearly indicates that a neurotic illness does produce increase in sexual difficulties while complete impotency or premature ejaculation did not develop de-novo in any of the

case. This observation suggests that neurosis per-se is not the cause of sexual inadequacy but neurotics may experience occasional increase in premature ejaculation as well as in impotency. We could not find any relevant comparable study on males, with which our findings could be compared. McCulloch & Stewart (1960) compared the sexual behaviour of (100 male and 108 female) neurotic and psychotic subjects with that of Kinsey's (1948, 1953) normal data. They observed no difference between them as far as their sexual behaviour and enjoyment of sex was concerned. However, they studied only pre and extra marital coitus and their sample also included nearly 50% subjects with character disorders, so those findings are not comparable with our sample. Males felt that after the onset of illness, they were more often sexually dissatisfied. They also felt that their wives are also more sexually dissatisfied after the onset of neurosis. This may indicate that men are very fragile in their own estimates of their sexual power because of which they may develop new anxieties. It might be an important factor in perpetuation of their illness.

The study demonstrates that neurotic disorders significantly affect the frequency of sexual act as well as sexual satisfaction which may further aggravate neurosis. These observations should prove useful in planning the management of neurotic disorders.

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