

Original Research Paper

Clinical Science

INVESTIGATION OF SEXUAL DREAMS IN PATIENTS SUFFERING FROM PSYCHIATRIC DISORDERS

Celestine O. Mume

Bsc, MBChB, MSc, FMCPsych, Department of Mental Health, Faculty of Clinical Sciences, Obafemi Awolowo University, Ile – Ife, Osun State, Nigeria. - Corresponding Author

ABSTRACT Background and Objectives: Psychiatric disorders are generally associated with stigma which can be detrimental to the patients and hinder symptom remission. Stigma and discrimination have been reported among psychiatric patients in the areas of dating and marriage. This may mean that such patients are less likely to have regular sources of sexual satisfaction compared to the average person in the general population. This study was designed to test the hypothesis that by reason of not having regular sources of sexual satisfaction, sexual dreams are common among psychiatric patients who are in their sexually active years of life. Materials and Methods: Ninety- one (91) consecutive patients aged 18 – 40 years attending the Psychiatric Outpatient Clinic of the Obafemi Awolowo University Teaching Hospitals Complex were recruited into the study. The subjects were required to provide information on their current sociodemographic characteristics and to indicate whether or not they had had sexual dreams in the previous three months. Results : Sixty- six out of the 91 subjects (72.5%) were not in intimate partner relationship. Fifty-six percent (56%) of the subjects reported having had sexual dream experiences in the previous three months; majority of them were males generally people in the lower age bracket (18-30 years old).

Conclusion: The study showed that many of the patients were not in intimate partner relationship and sexual dreams are common among them.

KEYWORDS : Sexual dreams; psychiatric disorders; stigma; dating.

Introduction

Sleep is a constant phenomenon in human existence. Dream which is an event that occurs during sleep is a very interesting aspect of life. Dreams have always had different meanings and interpretations to different people. The tendency to interpret dreams has been for as long as one can remember. Some people view dream as the byproduct of increased activity in brain regions engaged during sleep (1) Sigmund Freud had described dream as the royal road to the unconscious (2).

Dreams are considered potent sources of information to certain people. Sometimes people tended to believe that dreams held hidden meaning and therefore had a general tendency to interpret those dreams and allow their interpretations of the dreams to affect their judgment and behavior (3). Disturbance in sleep and dream phenomenon has been detected in various psychiatric disorders such as schizophrenia and mood disorders (4)

Psychiatric disorders are generally associated with stigma which can be detrimental to the patients and hinder symptom remission (5). Stigma has been found to be significantly associated with internalized shame, low self-esteem, hopelessness and poor personal recovery (6).

With psychiatric disorders, stigma is not just from the larger society but also from the family members. Thus with a few exceptions, the tendency is for psychiatric patients to be neglected by their intimate partners and one may say that as for those who are not in intimate relationship at the time they develop psychiatric disorders, their chances of establishing any such relationship are grossly reduced and this by extension may mean that such patients are less likely to have regular sources of sexual satisfaction compared to the average person in the general population.

This study was designed to test the hypothesis that by reason of not having regular sources of sexual satisfaction, sexual dreams are common among psychiatric patients who are in their sexually active years of life.

Materials and Methods

A group of ninety- one (91) consecutive patients aged 18 – 40 years attending the Psychiatric Outpatient Clinic of the Obafemi Awolowo

University Teaching Hospitals Complex (OAUTHC), Ile – Ife, Nigeria were recruited into the study. Ile – Ife is a city in Osun State in Southwestern Nigeria. Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) is the Teaching Hospital affiliated to the College of Health Sciences of the Obafemi Awolowo University. In addition to offering services to residents of the State, The Hospital receives referrals from the neighboring states and sometimes from distant states in the country. In the Department of Mental Health, our diagnoses are made based on the criteria of the 10^{th} edition of the International Classification of Diseases (ICD- 10) by the World Health Organization (WHO).

The patients who were included in this study were those who had recovered from their acute symptoms and were on maintenance therapy. They had been regular with their appointment and indeed had been compliant with medications in the previous one year.

The study was approved by The Ethics and Research Committee of the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile – Ife, Nigeria. The subjects gave written informed consent after the objectives of the study were explained to them and each of the participants had at least an accompanied relative on the day of the study.

The subjects were required to provide information on their current sociodemographic characteristics and to indicate whether or not they had had sexual dreams in the previous three months. The study was absolutely non- invasive and the subjects were exposed to any danger. No distinction was made between those who experienced one sexual dream and those who had more than one. The response was categorical – yes or no. The diagnoses of the patients and the drugs they were using were known to the investigator, even though the study did not set out to investigate specifically those with those diagnoses or those using the medications they were on.

Data Analysis

The data were analyzed using SPSS version 20. Proportions, percentages and inferential statistics were done as appropriate.

Results

A group of consecutive patients aged 18 – 40 years were used for the study. There were a total of 91 subjects. Fifty-two of them (57.1%)

were males while 39 of them (42.9%) were females. Sixty- six out of the 91 subjects (72.5%) were not in intimate partner relationship.

Thirty-six of the males (69.2%) and 15 of the females (38.5%) reported having had sexual dreams in the past three months. Thus significantly more males had sexual reams compared to females (x_{\perp}^2 7.361, df=1, p=0.007).

The subjects were classified on the basis of age into two categories: those 18 – 30 years old and those 31 – 40years old. There were sixty patients in the 18-30 age category (66%) and 31 patients in the 31-40 age category (34%).

Forty-two out of the 60 subjects in the 18 - 30 year category (70%) and nine out of the thirty-one in the 31 - 40 year category (29%) reported having experienced sexual dreams in the previous three months. Thus sexual dreams were experienced significantly more in the younger age group of 18 - 30 years compared to those aged 31 - 40 years ($x^2 = 12.312$, df = 1, p =0.000). Twenty five out of the 91 subjects (27.5%) were in intimate relationship while 66of the subjects (72.5%) were not in intimate relationship. Eight patients out of the 25 who were in intimate relationship (32%) and 43 out of the 66 subjects (65.1%) who had no intimate partners reported having had sexual dreams in the previous three months. Sexual dreams were significantly experienced by those who were not in intimate relationship ($x^2 = 6.79$, df = 1, p =0.009).

Clinical Characteristics

On the issue of diagnoses, out of the 91 subjects, seventy-one of them (78.0%) were diagnosed as suffering from schizophrenia. Twenty out of the total subjects (22%) were receiving treatment for mood disorder. Thirty-three out of the 71 patients on treatment for schizophrenia (46.5%) and 13 out of the 20 who had mood disorder (65.0%) reported sexual dreams experiences in the previous three months. There was no statistically significant difference in the rate of occurrence of sexual dreams between schizophrenia and mood disorder ($x^2 = 0.434$, df = 1, p = 0.510). Sixty-eight of the 91 subjects (74.7%) were on typical neuroleptics while 23 of the total patients (25.3%) were on atypical neuroleptics. Thirty-six out of the 68 patients on typical drugs (53%) and 15 out of the 23 patients on atypical drug (65.2%) reported sexual dreams experiences. There was no statistically significant difference in the occurrence of sexual dreams in the two groups of subjects ($x^2 = 0.612$, df = 1, p = 0.434).

Table 1: Distribution of sexual dreams according to the different parameters used. Sexual dreams

Variable	Yes	No	Total	2	df	Р
SEX						
Male	36	16	52	7.361	1	0.007 *
Female	15	24	39			
AGE RANGE						
(years)				12.312	1	0.000 *
18 – 30	42	18	60	12.512	1	0.000 *
31 – 40	9	22	31			
RELATIONSHIP						
Yes	8	17	25	6.79	1	0.009 *
No	43	23	66			
DIAGNOSES						
Schizophrenia	50	33	71	0.434	1	0.510
Mood disorder	13	7	20			
DRUGS						
Typical	36	32	68	0.612	1	0.434
Atypical	15	8	23			

Put together, out of the 91 subjects who took part in the study, 51 of them (56%) reported having had sexual dream experiences in the previous three months while 40 of them (44%) did not report experiencing it. Thirty –six males (39.5%) and 15 females (16.5%) out of the total subjects reported having experienced it. The details of these distributions are shown in Figures 1-4.

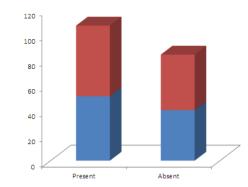


Figure 1: Distribution of Sexual Dream Experiences among the Subjects (N=91)

The upper portion of each bar represents the percentage while the lower portion represents the actual number of those who either experienced or did not experience sexual dreams

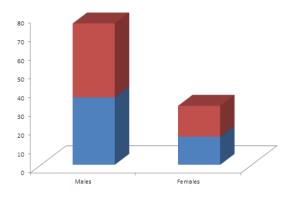


Figure 2: Distribution of Sexual Dream Experiences among the Subjects (N=91)

The upper portion of each bar represents the percentage while the lower portion represents the actual number of males and females respectively who experienced sexual dreams

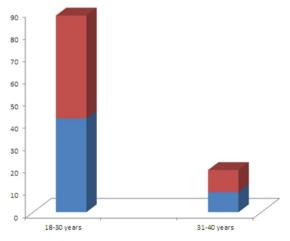


Figure 3: Distribution of Sexual Dream Experiences Based on the Age groups of the Subjects (N=91)

The upper portion of each bar represents the percentage while the lower portion represents the actual number of those in the different age groups who experienced sexual dreams

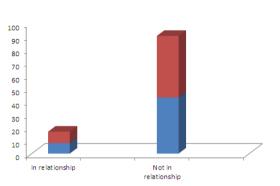


Figure 4: Distribution of Sexual Dream Experiences Based on the Relationship Status of the Subjects (N=91)

The upper portion of each bar represents the percentage while the lower portion represents the actual number of those in intimate relationship and those not in intimate relationship respectively who experienced sexual dreams

Discussion

A very important finding of this study is that majority of the subjects are not in intimate partner relationship. This study has shown that the experience of sexual dreams is common among psychiatric patients who are not in intimate partner relationship. It has also shown that in this category of subjects the experience of sexual dreams is very common among males and those in the younger age group.

Stigma and discrimination have been reported among psychiatric patients in the areas of dating and marriage, among other areas (7). The argument is that such patients may not have satisfactory sex life.

Dreams in addition to serving as the royal road to the unconscious, may also be a way of wish fulfillment (2). It is therefore not surprising that people who suffer discrimination in sex and marital life fulfil their wish for sexual desire in dreams. As can be seen from the results, the experience of sexual dreams is very common among those in the sexually active age range.

Some workers are of the view that sleep is involved in memory consolidation among other functions (8). It has been held that dreams may serve certain functions even though these functions may not necessarily be adaptive (9) while others regard dreams as an epiphenomenon of sleep that do not add anything to any of the functions of sleep (10). The issue of the functions of dreams is not settled. This is why the present author is in complete agreement with Schredl (11) who stated as follows:

"Even though the question about possible functions of dreams is the most interesting one, I believe that much research is needed before this enigma can be solved. As dream research is a small field, it is necessary that researchers discuss their theories openly and replicate each other's findings, applying different methodological approaches for studying the same phenomena"(11)

However Some studies have suggested that the sexual content of dreams, reflect waking-life sexuality—such as the association between lower levels of sexual gratification with a partner and more frequent sexual dreams (12).

References

- Muzur, A., Pace-Schott, E., Hobson, J. A. The prefrontal cortex in sleep. Trends Cogn Sci 2002; 6:475–481
- Freud, S. The interpretation of dreams. London: Hogarth Press 1953 (Original work published 1900).
- Morewedge CK, Norton MI. When dreaming is believing: the (motivated) interpretation of dreams. J Pers Soc Psychol 2009 96(2):249-264
- Langs RJ. Manifest reams from three clinical groups Arch Gen Psychiatry 1966; 14: 634-643
 Wood L, Irons C. Experienced stigma and its impacts in psychosis: The role of social

VOLUME-6, ISSUE-8, AUGUST-2017 • ISSN No 2277 - 8160

[Epub ahead of print] Wood L, Byrne R, Burke E, Enache G, Morrison AP. The impact of stigma on emotional distors and account from provide still. The understand

- distress and recovery from psychosis: The mediatory role of internalised shame and self-esteem. Psychiatry Res. 2017 May 10;255:94-100. doi: 10.1016/ j.psychres. 2017.05.016. [Epub ahead of print]
- Corker EA, Beldie A, Brain C, Jakovljevic M, Jarema M, Karamustafalioglu O, Marksteiner J, Mohr P, Prelipceanu D, Vasilache A, Waern M, Sartorius N, Thornicroft G. Experience of stigma and discrimination reported by people experiencing the first episode of schizophrenia and those with a first episode of depression: The FEDORA project. Int J Soc Psychiatry. 2015 Aug;61(5):438-45. doi: 10.1177/ 0020764014551941.Epub 2014Oct8
- Diekelmann S., Wilhelm I, Born J. The whats and whens of sleep-dependent memory consolidation. Sleep Medicine Reviews 2009; 13:309-321.
- Blagrove M. Distinguishing continuity/discontinuity, function and insight when investigating dream content. International Journal of Dream Research 2011;4:45-47.
 Flanagan O. Dreaming is not an adaption. Behavioral and Brain Sciences 2000; 23,
- 936-939.
 11. Schredl M. Continuity in studying the continuity hypothesis of dreaming is needed. IJODR 2012;5:1-8
- 12. Robbins PR., Tanck RH. Sexual gratification and sexual symbolism in dreams: Some support for Freud's theory. Bulletin of the Menninger Clinic 1980; 44: 49–58.