

SEXUAL BEHAVIOUR IN NORMAL AND NEUROTIC FEMALES

SUDHIR KUMAR¹, M.D.

A. K. AGARWAL², M.D., D.P.M.

J.K. TRIVEDI³, M.D.

ABSTRACT

Relationship of neurosis and sexual-behaviour has been a controversial issue to-date. This study was designed to explore (a) whether sexual dysfunctions are responsible for development of neurosis, (b) does neurosis affect sexual-behaviour. In the present study sexual-behaviour of 53 married female neurotics and 32 matched healthy controls was studied. Healthy subjects were screened by Cornell Medical Index. A sexual-behaviour questionnaire was administered to all subjects. Experimental subjects were enquired about the sexual behaviour at two periods (a) before the onset of neurotic illness, (b) after the commencement of neurotic illness. These observations were compared with those of healthy subjects as well as between the two periods. Sexual-behaviour of neurotics was no way different to that of healthy control before the onset of illness. However, after the commencement of illness experimental subjects showed significant decreases in sexual satisfaction (sexual adequacy) in comparison to their pre-illness sexual behaviour as well as from that of healthy controls. These results tend to refute the first proposition of holding sexual disturbances responsible for development of neurotic-illnesses but support the notion of presence of sexual-disturbances during illness.

Freud emphasized the role of sexuality in causation of neurosis. However, recently many investigators started questioning this notion and only a few differences in sexual behaviour of psychotic, neurotic and normal healthy females were observed (McCulloch & Stewart, 1960; Winokur *et al.*, 1959a and 1959 b). On the contrary, Coppen (1965), Kratochvil & Uhlirova (1978) found neurotic women to be more sexually dissatisfied and low on various measures of sexual experience. All the above studies are from the west where norms of sexuality are widely different from that of the Orient. Sexual behaviour in India though highly prized has yet not overcome the religious and cultural taboos. Thus, it may be worthwhile to study sexual behaviour of neurotics in this culture and to investigate its relationship to neurosis. The primary aims of present study were to compare the sexual behaviour of neurotic females with a matched group of normal females to find

if there is any difference between the two groups either before the onset of neurosis or afterwards.

METHODS

The sample for this study was drawn from neurotic patients attending psychiatric out-patient clinic of Gandhi Memorial and Associated Hospitals, Lucknow, India (from October 1980 to May 1981) on prespecified days. The diagnosis of neurosis was made according to ICD-IX. Only married females living with their spouse and who were within the age range of 16-45 years were included. Those 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 females living with their spouse. All control subjects were screened by Cornell Medical Index health questionnaire to exclude subject

1. Senior Resident, Central Institute of Psychiatry, Kanke, Ranchi.
2. Reader, } Deptt. of Psychiatry, K.G. Medical College, Lucknow.
3. Lecturer }

with sub-clinical neurosis (score below 30 on total scale and below 10 on M-R section). Sexual Behaviour Questionnaire:—The literature on sexual behaviour was reviewed (Kinsey *et al.*, 1948, 1953; Masters & Jhonson, 1970; Eysenck 1971a & 1971b) to identify areas of sexual behaviour which were considered meaningful for patients suffering from neurosis.

Questions were framed in simple Hindi (language of day to day use) pertaining to above areas. Most of the Questions could be responded to according to choices provided. The questionnaire was pretested on 10 healthy females and 10 psychiatric patients of different educational status to assess its applicability. Some of these questions were already used in our "Sex Clinic", in 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 the reliability and consistency of interview. It was impressed upon the subjects that their information would be strictly confidential as well as it might have an important bearing over their physical and psychological make up. 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 preceding the interview.

Following operational definitions were used for the study :

- i) *Frequency of coitus* : It has been taken as average number of sexual intercourse in a week.
- ii) *Sexual satisfaction* : It has been measured in terms of subjective experience of satisfaction/dissatisfaction

in sexual relations by the subjects.

- iii) *Sexual inadequacy* : It has been defined as a subjective feeling of dissatisfaction occurring more than 50% in sexual acts.

Statistical analysis : The data was analysed using Chi Square test of association.

RESULTS

Sample of the present study comprised of 53 married females i. e. neurotic patients and 32 normal controls, who were group matched for the variable of age, domicile, education, and economic status. (Table-I). Majority of the

TABLE I. *General Characteristics of Sample*

	Experimental (N=53)		Control (N=32)	
	N	%	N	%
<i>Age in years :</i>				
16—25	18	34.0	10	32.2
26—35	20	37.7	14	43.8
36—45	15	28.3	8	25.0
	$X^2=0.30$, d. f.=2, N. S.			
<i>Education</i>				
0—V	33	62.2	17	53.1
VI—XII	18	34.0	12	37.5
Above XII	2	3.8	3	9.4
	$X^2=1.41$, d. f.=2, N. S.			
<i>Domicile :</i>				
Urban	28	52.8	20	62.5
Rural	25	47.2	12	37.5
	$X^2=0.76$, d. f.=1, N. S.			
<i>Religion :</i>				
Hindu	35	66.0	20	62.5
Muslim	18	34.0	12	37.5
	$X^2=0.11$, d. f.=1, N. S.			
<i>Economic Status (Monthly Income) :</i>				
Rs. 1001 & above	9	17.0	11	34.4
Rs. 501—1000	19	35.8	8	25.0
Upto Rs. 500/=	25	47.2	13	40.6
	$X^2=3.08$, d. f.=2, N. S.			

subjects were less educated which is a normal pattern in Government hospital setting in this country. Similarly, the income of the sample was also on the lower side. Thus, the sample largely belonged to lower socio-economic strata.

Diagnostic break up of experimental subjects is given in Table-II.

TABLE II. *Diagnostic break down of sample (N=53)*

Diagnosis	N	%
Hysteria	20	37.7
Anxiety State	11	20.8
Neurotic Depression	16	30.2
Obsessive Compulsive Neurosis	5	9.4
Hypochondriasis	1	1.9

None of the females either in the experimental group or control group gave information regarding premarital sex. This may be largely due to the fact that the information was obtained in an interview setting and subjects might have felt inhibited in providing this information. Masturbation was acknowledged by 8 (15%) of the experimental group and 9 (28.1%) of the control group and there was no statistically significant difference. Nocturnal orgasm was acknowledged by 15 (28.3%) of experimental group and 9 (28.1%) of the control group which again was not significant (Table-III). It tends to reflect that the neurotics did not significantly differ from normal controls on these two variables. Information was also obtained regarding menarche, menstrual cycle and dysmenorrhoea and there was no difference on these variables between experimental and controls.

Frequency of coitus was widely scattered both in control as well as in experimental population. Because of

TABLE III. *Sexual behaviour prior to the onset of illness*

	Experimental (N=53)		Control (N=32)	
	N	%	N	%
<i>Masturbation</i>				
Positive	8	15.0	9	28.1
Negative	45	85.0	23	71.9
$X^2=2.11, d.f.=1, N.S.$				
<i>Nocturnal Orgasm</i>				
Positive	15	28.3	9	28.1
Negative	38	71.7	23	79.9
$X^2=0.0, d.f.=1, N.S.$				

this wide scatter it was thought that mean will not be a reliable index of frequency of coitus so median frequency was calculated for both groups. Median frequency of coitus was 3.5% wk. in controls. In experimental group it was 3wk. before illness and after the commencement of illness it was reduced to 2/wk. (Table-IV). However, there

TABLE IV. *Frequency of Coitus/wk*

Frequency/ wk.	<1	1-2	3-4	5-6	7-8	9 and above
Control (N=32)	N 5	6	12	4	2	3
	% 15.6	18.8	37.5	12.5	6.2	9.4
<i>Experimental (N=53)</i>						
Before illness (BI)	N 3	17	20	4	4	5
	% 5.7	32.1	37.8	7.5	7.5	9.4
After illness (AI)	N 9	22	13	5	3	1
	% 17.0	41.5	24.5	9.4	5.7	1.9

BI Vs. AI : $X^2=5.15, d.f.=2$, (Poolings : 0.2, 3-6, 7 & above) N. S.

BI Vs. Cont.: $X^2=0.18, d.f.=2$ (Poolings : 0.2, 3-6, 7 & above) N. S.

AI Vs. Cont.: $X^2=4.86, d.f.=2$ (Poolings : 0.2, 3-6, 7 & above) N. S.

Median frequency in Control=2.5/wk.

Median frequency in BI Expt.=3/wk.

Median frequency in AI Exp.=2/wk.

was no significant difference between control and experimental population either before illness or after illness. It might largely be explained by the presumption that frequency of coitus is determined by the male and because husbands were not sick, hence frequency of coitus did not differ significantly even after the onset of illness.

Sexual satisfaction was assessed by asking the subjects regarding the percentages of time they felt satisfied in sexual intercourse. They were given four choices 76% and above, 51%—75%, 26%—50% and 0—25%.

Table-V clearly shows that the frequency of satisfaction was similar in the normal and the neurotics before the onset of the illness and there was no statistically significant difference. Sexual satisfaction showed marked reduction after the onset of neurosis and it was significantly different from pre-illness sexual satisfaction as also from controls.

TABLE V. *Sexual Satisfaction*

% times of Sexual satisfaction in coitus	Experimental		Control		(N=32)	
	Before illness (N=53)		After illness (N=53)		N	%
	N	%	N	%		
76 & above	20	37.7	10	18.9	14	43.7
51—75%	24	45.3	14	26.4	15	46.9
26—50%	9	17.0	19	35.8	3	9.4
0—25%	—	—	10	18.9	—	—

BI Vs. AI : $X^2=16.40$, d. f.=1 (Pooling : 51—75 & 76 onwards; 0—25 & 26—50), $p<0.001$

BI Vs. Control : $X^2=0.95$, d. f.=1 (pooling as above), N. S.

AI Vs. Control : $X^2=17.47$, d. f.=1 (pooling as above), $p<0.001$

All subjects were asked whether they felt that their husbands were satisfied in sex or not. It was seen that most of the subjects felt that their husbands generally

felt satisfied and there was no statistically significant difference between experimental and control groups either before illness or after illness. Similarly, they were asked about sexual adequacies in their husbands regarding premature ejaculation and impotency. Roughly one third of the sample both in experimental as well as in control group complained that their husbands do ejaculate prematurely while impotency was reported by only less than 5% of the sample and there was no difference between the normal and neurotics in this context.

There was little difference between the experimental group (before illness) and control group in respect to dyspareunia. After the commencement of illness, there was significant increase in dyspareunia ($p<0.05$) from the preillness experience and it also significantly differed ($p<0.001$) from controls (Table-VI).

TABLE VI. *Dyspareunia*

	Experimental		Control		(N=32)	
	(N=53)		(N=32)		N	%
	Before illness	After illness	Before illness	After illness		
	N	%	N	%	N	%
76% and above	2	3.8	4	7.6	—	—
51—75%	—	—	3	5.7	—	—
26—50%	13	24.5	20	37.7	4	12.5
0—25%	38	71.7	26	49.0	28	87.5

BI Vs. AI : $X^2=5.67$, d. f.=1, (Pooling 51-75 & 76 onwards; 0—25 ; 26—50), $p<0.05$

BI Vs. Cont.: $X^2=2.87$, d. f.=1 (pooling as above) N. S.

AI Vs. Cont.: $X^2=12.7$, d. f.=1. (pooling as above), $p<0.001$

DISCUSSION

Most of the investigators studied sexual behaviour during the course of illness, while present investigators tried

to explore sex behaviour prior to onset of neurosis to assess their etiological significance. Hence this part of our study cannot be compared with any other investigations. The authors are aware that retrospective data regarding sexual behaviour might suffer from deficiencies of recall and distortion. But as there is no other better way to obtain this information an attempt had to be made. The observations of pre-illness sexual behaviour did not differ from normal controls in any of the variable studied. Though not exactly comparable the frequency of sexual satisfaction in the neurotic group compares favourable with similar observations made in normal population. In our study 83% of neurotic females reported sexual satisfaction while in controls the figure is 90%. Sen Gupta and Lynn (1972) in a study of 100 married couples observed that 86% women found their sexual relations satisfactory to a large extent. Similar figures from Western studies are within the same range (Kinsey *et al.*, 1953—70—77%; Landis *et al.*, 1940—70%). These observations help to allay the suspicion that retrospective data might not be reliable. Our observations do not favour the first assumption that neurotics show abnormality of sexual behaviour prior to the onset of illness. Indirect evidence regarding the relationship of neurosis and sexual difficulties may also be obtained by observing the evidence of neurosis in sexually dysfunctional persons. Munjack & Staples (1976) found that female patients who complain primarily of sex-dysfunction appear almost identical to a normal control group in terms of their psychological profile which is similar to the observations made by Masters & Johnson (1970). These observations indicate that overt sexual difficulties are not common in neurotics prior to onset of illness.

In this study the frequency of coitus was not significantly reduced after the onset of illness. This appears largely due to the fact that the frequency of sex is determined by the needs of the husbands and wives possibly submit to it passively. Kinsey *et al.* (1953) also felt that frequency of sex is determined by the male partner. Sexual dissatisfaction was significantly greater in neurotic females. It may be due to the fact that neurotic females did not need sex as frequently as their healthy husbands desired. It is also possible that neurosis by itself reduced their sexual satisfaction. Similar observations have been made by Coppen (1965) and Kartochvil and Uhlirova (1978). In contrast, Winokur *et al.* (1959 a & b) did not observe difference in regard to frequency of coitus, dyspareunia, dysmenorrhoea and orgasm. amongst control, psychiatric and neurotic females. They, however, found that 54% of neurotics as compared with 23% of controls reported dissatisfaction in sexual life which is more or less similar to our observation. Thus one can state that neurotic illness adversely affects sexual satisfaction in females.

The implication of the present study are that the hypothesis that sexual problems might be associated with the onset of neurosis appears to be disproved at least in Indian culture where sex does not enjoy the same status as in the West. Neurosis does affect sexual satisfaction which is most probably due to general dysphoria and distortions in interpersonal relations.

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