

Masturbatory guilt and misconceptions: A study on male patients with psychosexual disorders

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Abstract

Introduction: Masturbation usually is a normal precursor of object-related sexual behavior and a form of sexual pleasure that generally lasts throughout a person's lifetime. Masturbation is a psychopathological symptom only when it becomes a compulsion beyond an individual's willful control. The misconceptions about masturbation are highly prevalent in general population especially in those with psychosexual problems. **Study Aim:** To find out the guilt and misconceptions about masturbation in patients with psychosexual disorders. **Method:** 155 male subjects who fulfilled inclusion criteria were taken up for study. Subjects having age below 18 years or were not willing to participate were excluded. **Results:** The mean age of the subjects was 26.3 years. Majority of the subjects were educated graduate and above (56.8%), married (52.9%), from rural locality (90.9%), from nuclear family (63.2%), Hindu by religion (89.0%) and belonging to lower socioeconomic class (51.6%). The mean age at the start of masturbation was 16 years, mean duration of masturbation was 5.7 years and mean frequency of masturbation was 2.6 times per week. Most common misconception about masturbation was that 'Masturbation is usually harmful to one's health' followed by that 'Semen is a derivative of blood', 'Masturbation leads to the rapid depletion of semen and that 'Masturbation leads to impotence'. **Conclusion:** Misconceptions about masturbation were highly prevalent among subjects. Patients especially those with psychosexual disorders still relate their current physical and sexual problems to adolescent masturbation. There is a need for proper sexual health education among people.

Keywords: Masturbation, guilt, misconceptions, sexual dysfunctions.

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INTRODUCTION

Masturbation usually is a normal precursor of object-related sexual behavior and a form of sexual pleasure that generally lasts throughout a person's lifetime. Masturbation is a psychopathological symptom only when it becomes a compulsion beyond an individual's willful control. Then, it is a symptom of disturbance not because it is sexual, but because it is compulsive. It is also symptomatic of sexual problems when it is the only sexual activity of a person who has an available intimate partner. However, masturbation is a universal and healthy

component of psychosexual development.¹ The misconceptions about masturbation are highly prevalent in general population especially in those with psychosexual problems. Verma *et al.*, 1998, analyzed data on 1000 consecutive patients with sexual disorders and found feeling of guilt about masturbation in about 33.4% of patients.² Bhatia *et al.*, 1992, in a study of potency disorders among 190 males found misconceptions about sexual disorders in about 5.8% of male patients.³ In a study by Chavan *et al.*, 2014, on premature ejaculation in 62 patients, found that 82.2% of the patients believed masturbation as abnormal activity.⁴ In another study by Sawat *et al.*, 2012, on cultural misconceptions and associated depression in dhat syndrome in 32 patients, they found that 81.2% of the patients believed that masturbation causes sexual, physical and mental weakness.⁵ Bhatia *et al.*, 2011, in their study on pattern of psychosexual disorders in 100 patients found that 7% of the patients believed that masturbation and nocturnal emission has delirious effects on health of a person.⁶ Chavan *et al.*, 2009, in their study on 42 patients of dhat syndrome, found that 14.28% believed that masturbation leads to physical weakness.⁷

MATERIAL AND METHODS

The study was conducted with due permission from the scientific and the ethical committee of National Institute of Medical Sciences and Research (NIMS), Jaipur, Rajasthan India.

Study Area

The outpatient department (OPD) of the department of psychiatry in NIMS medical college and hospital Jaipur, Rajasthan.

Study Population

Study population consisted of 155 male subjects who attended the psychiatry OPD in a duration of one year and fulfilled the inclusion & exclusion criteria.

Inclusion Criteria

- Patients of psychosexual disorders with the history of masturbation.
- Age group of 18 years and above.
- Who gave a written informed consent for participating in the study.

Exclusion Criteria

- The cases below 18 years
- The cases who did not give a written informed consent for participation.

Data Collection Method

The data was collected from 155 male patients with sexual problems who had history of masturbation and fulfilled the inclusion criteria, by providing them with (i) Patient Information Sheet; (ii) Written Informed Consent Form. After obtaining the written informed consent, the subjects were assessed and the information was obtained by providing them with (i) ‘Perfoma for socio-demographic and clinical profile’; (ii) Masturbation

misconception questionnaire, which is a semi structured questionnaire specially designed for the study. All psychosexual disorders along with comorbidities were diagnosed as per ICD-10 criteria.^[8] Severity of anxiety and depression was assessed by Hamilton Anxiety Rating Scale⁹ “HAM-A” and Hamilton Depression Rating Scale^[10] “HAM-D” respectively.

Statistical Analysis

After collecting the data, the statistical analyses were performed using the licensed version of Statistical Package for the Social Science Version 17 (SPSS-17). Descriptive analyses were computed in terms of mean and standard deviation for continuous variables. Nominal variables were computed in terms of frequency and percentage. Further inferential statistics were applied as required.

RESULTS

Socio-demographic profile: (Table-1)

The mean age of subjects was 26.3 years (Standard Deviation: 6.6; Range: 18–50). Majority of the subjects were educated graduate and above (56.8%), married (52.9%), from rural locality (90.9%), from nuclear family (63.2%), Hindu by religion (89.0%) and belonging to lower socioeconomic class (51.6%).

Sexual Profile

History of sexual contact was present in 134 (86.5%) of subjects, out of which 95 (70.9%) had sexual intercourse with single partner and 39 (29.1%) had sexual contact with more than one partners. The mean age of first sexual intercourse was 17.4 years (SD: 7.6); Range = 15 – 35 years.

Table 1: Socio-Demographic Profile

(N=155)		
Age in years		
Mean Age = 26.3 (SD = 6.6); Range = 18 – 50		
Variable	N	%
Marital Status		
Single	73	47.1%
Married	82	52.9%
Education		
Illiterate	3	1.9%
Below high school	22	14.2%
High school	11	7.1%
Intermediate/Diploma	31	20.0%
Graduate/Postgraduate	80	51.6%
Profession	8	5.2%
Occupation		
Unemployed	11	7.1%
Student	48	31.0%
Unskilled/Semiskilled	17	11.0%
Skilled	16	10.3%

Farmer/Shop Owner/		
Clerical	34	21.9%
Semiprofessional/		
Professional	29	18.7%
Religion		
Hinduism	138	89.0%
Islam	17	11.0%
Family Type		
Nuclear	98	63.2%
Joint	57	36.8%
Socio-economic status		
Upper class	2	1.3%
Upper middle class	31	20.0%
Middle class	42	27.1%
Upper lower	67	43.2%
Lower class	13	8.4%
Locality		
Urban	14	9.1%
Rural	141	90.9%

Table 2: Clinical Profile (N = 155)

Variable	N	%
Source of Referral		
Direct	127	81.9%
Dermatology	11	7.1%
Medicine/Surgery	14	9.1%
Cardiology/Urology	3	1.9%
Psychosexual Disorders		
Lack Of Sexual Desire	4	2.6%
Erectile Dysfunction	6	3.9%
Premature Ejaculation	17	11.0%
Dhat Syndrome	18	11.6%
DS + NE	37	23.9%
DS + PME	23	14.8%
PME + NE	20	12.8%
PME +ED	19	12.3%
LOD + PME + ED	6	3.9%
LOD + ED	5	3.2%

NOTE: DS - Dhat Syndrome ; NE – Nocturnal Emission; PME - Premature Ejaculation ; ED - Erectile Dysfunction; LOD - Lack of Sex Desire

Clinical Profile: (Table-2) In this study 81.9% of the patients reported of their own. The most common sexual disorder was Dhat Syndrome with Nocturnal Emission present in 23.9% of subjects followed by Dhat Syndrome with Premature Ejaculation in 14.8% and Premature

Table 3: Psychiatric Comorbidities N = 155

Anxiety spectrum disorders	59 (38.1%)
Depression	17 (11.0%)
Mixed Anxiety & Depression	11 (7.1%)
No Psychiatric Comorbidity	68 (43.8%)
Anxiety Severity on HAM-A	N = 59
Mild anxiety	54 (91.5%)
Moderate anxiety	5 (8.5%)
Severe anxiety	0
Depression Severity on HAM-D	N = 17
Mild depression	13 (76.5%)
Moderate depression	4 (23.5%)
Severe depression	0

NOTE: HAM-A= Hamilton Anxiety Rating Scale; HAM-D= Hamilton Depression Rating Scale

Table 4: Source of Sexual Health Knowledge

VARIABLE	N = 155	%
Friend	33	21.2
Internet	9	5.8
Book + Friend	4	2.6
Book + Internet	9	5.8
Book + TV	5	3.2
Friend + Internet	26	16.8
Friend + TV	4	2.6
Internet + TV	6	3.9
Book + Friend + Internet	17	11
Friend + Internet + TV	4	2.6
No Source	38	24.5

Ejaculation with Nocturnal Emission in 12.8% of patients. Psychiatric comorbidity was present in 56.1% with Anxiety spectrum Disorders in 38.1% and Depression in 11.0% of the patients (Table – 3). Majority (24.5%) of the patients had no source of sexual health knowledge while 21.2% had it from friends and 16.8% from friends & internet both. (Table- 4) **Masturbation:** The mean age at the start of masturbation was 16 years (SD: 1.6) ranging from 12 – 20 years. The mean duration of masturbation was 5.7 years (SD: 3.8) ranging from 1 – 25 years. The mean frequency of masturbation was 2.6 times per week ranging from 0.25 – 7 times per week.

Masturbatory Guilt & Misconceptions: Among 155 patients, 108 (69.7%) had guilt about their masturbation. All patients believed that '*As compared to women, men masturbate more frequently*'; 81.3% believed that '*Masturbation is usually harmful to one's health*'; 75.5% believed that '*Semen is a derivative of blood*'; 61.9% believed that '*Masturbation leads to the rapid depletion of semen*'; 60% believed that '*Masturbation leads to impotence*'; 58.7% believed that '*Masturbation leads to physical weakness*'. (Table-5)

Table 5: Masturbation misconception questionnaire

क्र.सं	प्रश्न (Question)	हाँ (Yes)	नहीं (No)
1	वीर्य खून का निचोड होते है। (Semen is a derivative of blood)	117 (75.5%)	38 (24.5%)
2	हस्तमैथून करने से वीर्य कमज़ोर हो जाते है। (Masturbation decreases the potency of semen)	89 (57.4%)	66 (42.6%)
3	हस्तमैथून करने से वीर्य जल्दी खलास होने लगता है। (Masturbation leads to the rapid depletion of semen)	96 (61.9%)	59 (38.1%)
4	स्त्रियों हस्तमैथून नहीं करती है। (Women do not masturbate)	92 (59.4%)	63 (40.6%)
5	स्त्रियों के मुकाबले पुरुषा ज्यादा हस्तमैथून करते है। (As compared to women, men masturbate more frequently)	155 (100%)	0
6	हस्तमैथून आम तौर पर सेहत के लिए नुकशादेह है। (Masturbation is usually harmful to one's health)	126 (81.3%)	29 (18.7%)
7	हस्तमैथून से शारीरिक कमज़ोरी होती है। (Masturbation leads to physical weakness)	91 (58.7%)	64 (41.3%)
8	हस्तमैथून से नामर्दगी हो जाती है। (Masturbation leads to impotence)	93 (60%)	62 (40%)
9	ज्यादा हस्तमैथून करने से दिमागी रोग पैदा होते है। (Frequent Masturbation leads to development of mental illness)	6 (3.9%)	149 (96.1%)
10	बचपन में ज्यादा हस्तमैथून करने से विवाहित सम्बंधों पर बुरा असर पड़ता है। (Frequent masturbation in childhood has a negative impact on marital relationship later on)	66 (42.6%)	89 (57.4%)
11	विवाहित व्यक्ति का हस्तमैथून करना बिगड हुए सैक्स सम्बंधों की निशानी है। (Masturbation in a married individual is an indication of disturbed sexual relationship)	47 (30.3%)	108 (69.7%)
12	हस्तमैथून के कारण गलत काम किया की आदत पड़ती है। (Masturbation accustoms one to bad habits)	52 (33.5%)	103 (66.5%)
13	हस्तमैथून बच्चा न होने का आम कारण है। (Masturbation is a common cause of infertility)	74 (47.7%)	81 (52.3%)
14	पुरुष-पुरुष संभोग अक्सर उनके आपसी हस्तमैथून से ही शुरू होता है। (Homosexuality is often a result of mutual masturbation)	13 (8.4%)	142 (91.6%)
15	मां-बाप को चाहिए की वह अपने बच्चों को हस्तमैथून करने से रोकें। (Parents should prohibit their children from masturbating)	79 (51%)	76 (49%)

DISCUSSION

The current study was done in a clinical setting in rural area. Subjects comprise of males with psychosexual disorders along with history of masturbation. The mean age of presentation of the subjects in our study was 26.3 years (SD: 6.6), which is similar to other studies like 28.14 years (SD: 8.97) in a study by Grover et al., 2015^[11] and 29.32 years (SD: 6.39) in a study by Chavan et al., 2014^[4]. Whereas it is slightly lower than few studies like 31.86 years (SD: 5.92) in a study by Rajkumar et al., 2014^[12] and 32.20 years in a study by Aswal et al., 2012^[13]. To the best of our knowledge the study is among very few others that primarily focus on guilt & misconceptions regarding masturbation. The mean age at the start of masturbation was 16 years, mean duration of masturbation was 5.7 years and the mean frequency of masturbation was 2.6 times per week. Misconceptions about masturbation were highly prevalent among subjects. 69.7% patients had guilt about their masturbation. 100% patients believed that '*As compared to women, men masturbate more frequently*'; 81.3% believed that '*Masturbation is usually harmful to one's health*'; 75.5% believed that '*Semen is a derivative of blood*'; 61.9% believed that '*Masturbation leads to the rapid depletion of semen*'; 60% believed that '*Masturbation leads to impotence*'; 58.7% believed that '*Masturbation leads to physical weakness*'. Few other studies have also shown misconceptions about masturbation like Verma et al., 1998, found feeling of guilt about masturbation in about 33.4% of patients.² Bhatia et al., 1992, found misconceptions about sexual disorders in about 5.8% of male patients.³ Chavan et al., 2014, found that 82.2% of the patients believed masturbation as abnormal activity.⁴ Sawat et al., 2012 found that 81.2% of the patients believed that masturbation causes sexual, physical and mental weakness.⁵ Bhatia et al., 2011 found that 7% of the patients believed that masturbation and nocturnal emission has delirious effects on health of a person.⁶ Chavan et al., 2009 found that 14.28% believed that masturbation leads to physical weakness. Most common psychosexual disorder in current study was Dhat Syndrome with Nocturnal Emission (23.9%) followed by Dhat Syndrome with Premature Ejaculation (14.8%), of Premature Ejaculation with Nocturnal Emission (12.8%) while 12.3% of the patients have combination of Erectile Dysfunction & Premature Ejaculation and only 2.6% have Lack of Sexual Desire. Where in most of the other studies, Dhat Syndrome was most common finding like 39.2% (Jagawat et al., 2013)^[14], 62% (Bhatia et al., 2011)^[6], 62% (Gurmeet Singh, 1985)^[15], 57.9% (Bhatia et al., 1992)^[3]. While in few studies Erectile Dysfunction is the most common disorder like 29.50% (Verma et al.,

2013)^[16], 28% (Aswal et al., 2012)^[13], 34% (Gupta et al., 2004)^[17], 33.3% (Nakra et al., 1977)^[18]. Fewer studies have Premature Ejaculation as the most common finding like 77.6% (Verma et al., 1998)^[3]. The mean age of onset of illness was 25.96 years which is similar to most other studies where mean age of onset was 23.5 years (Nakra et al., 1977)^[18], 23 years (Sawat et al., 2012)^[5], 28.6 years (Rajkumar et al., 2014)^[12]. Among psychiatric comorbidities, anxiety spectrum disorders (38.1%) were most common than depression (11%) in current study which is similar to the study by Bhatia et al., 2011, where anxiety was 30% and depression - 20%, while in other depression was the common finding than anxiety like in studies, anxiety was 12.9% & depression - 15.1% (Grover et al., 2015)^[11], anxiety - 10% & depression - 28% (Aswal et al., 2012)^[13], anxiety - 21% & depression - 39% (Bhatia et al., 1991)^[19].

CONCLUSION

The mean age of subjects was 26.3 years. 81.9% of the subjects reported on their own. Majority of the subjects were educated graduate and above, married, from rural locality, belonging to lower socioeconomic class. Guilt and misconceptions about masturbation were highly prevalent among subjects. Most common misconception about masturbation was that 'Masturbation is usually harmful to one's health' followed by that 'Semen is a derivative of blood', 'Masturbation leads to the rapid depletion of semen and that 'Masturbation leads to impotence'. The most common sexual disorder was Dhat Syndrome with Nocturnal Emission followed by Dhat Syndrome with Premature Ejaculation. Patients especially those with psychosexual disorders still relate their current physical and sexual problems to adolescent masturbation. There is need for proper sexual health education among people especially at community level.

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