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MANIFESTATION OF SPERMATORRHOEA (MALE HYSTERIA) IN ADULTHOOD- A GROUNDED APPROACH

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ABSTRACT

Objectives: *This research focuses on the manifestation of hysterical symptoms and its effects on personal, social and marital life of males diagnosed with Functional Neurological disorder.*
Design: *This study employed a grounded theory approach.*
Place and Duration of study: *This study was carried out in 2 different hospitals of Lahore from June to December 2019.*
Subjects and methods. *Through Purposive sampling, six men aged 18-45 years (under diagnostic label of Functional neurological disorder) were selected. On the basis of inclusion and exclusion criteria from the department of Adult Psychiatry, Mayo Hospital, Lahore and the department of Adult Psychiatry, Sir Ganga Ram Hospital, Lahore**.*** *Interview guide was formed to have insight about hysterical symptoms exhibited by males via semi structured interview protocol. Six categories were developed including bodily symptoms, paradox of control, mind-body conflict, disconnected self, constant battling and sexual incompetency.*
Results and conclusion*. Briefly, the theory that emerged posits that 38% of people with FND not only show physical or bodily symptoms but there are other aspects which are equally important and must be addressed. 22% People with FND feel hopeless at times for not having control on their bodies, self and in regard to the social world as well. They also reported mind-body conflict and how they find themselves in dilemma in understanding them and their surrounding resulting in developing a sense of disconnection. Further, they are struggling to maintain their true identities intact. Interestingly, it has been observed that all the participants have pent-up frustration due to their body symptomatology but 5% people who are married tend to have more sexual frustration. They find themselves drained with their bodily symptoms and its reactions. So it can clearly be seen that hysterical symptoms have great impact on people's (diagnosed with Functional Neurological disorder) personal, social and marital life.*

Keywords*: Male hysteria; Males with diagnostic label of FND; Effects of FND*

INTRODUCTION

We chose this topic to explore the manifestation of male-hysteria (now categorized under the diagnostic label of Conversion disorder/ Functional Neurological disorder) in adulthood because it is not as commonly reported as in women in our Pakistani culture. In a male dominating society, men are usually believed to be much competent, more motivated by reason, more in control of themselves emotionally. So, the possibility of men having hysterical symptoms would pretty quickly call into the question as the difference between the sexes and the idea that men were more self-possessed than their fragile, dependent female counterparts (Courtenay, 2014).

History has shown us that it conceives its own illnesses and medical disorders with symptoms that reflect their particular circumstances and anxieties of the time (Eriksen et al., 2013). The spermatorrhoea (male hysteria) epidemic (outbreak) of the mid-to-late 1800s, like the best understood epidemic of female conversion at that time had a profound impact (Mahalik et al., 2007). When comparing hysteria to spermatorrhoea, which had been subject of debate by the medical professionals and feminist scholars alike, spermatorrhoea occupies a very obscure standing both within the history of medicine and of masculinity which holds the quality traditionally associated with males (Berger et al., 1995). The word spermatorrdoea or spermatorrhee, was formulated in 1836 in the first volume of the French physician Claude (1836-42), where it was applied for referring to "an excessive and involuntary discharge of semen". It was connected with an uncontrolled seminal leakage, and because semen was recognized as the source of men's 'Vital Heat', the illness was thought to represent a whole series of debilitating bodily effects (Berger et al., 1995).

Hysteria comes from the Greek word for 'Womb' and was related to an illness that was mostly associated with being diagnosed in Females (Eriksen et al., 2013). It was mostly females with asthma, them having melancholia famously known as 'Widow's Melancholy' and uterine epilepsy; all these were synonyms confounded of complex symptoms that incorporated unexplained pains, convulsions which were mysterious, unforeseen loss of sensation in the limbs and many other complaints which didn't have any evident physical cause (Mahalik et al., 2007). A study was conducted by Potdar and Shinde (2014) in order to explore the psychological symptoms of hysteria in men and the approaches used by them to overcome these problems. A total of hundred men were selected through purposive sampling. The study included questions which were hinged on the psychological issues that the men had and the method they used to control them. The outcome of the study divulged that there is a connection between the mental health issues and the point of view used to overcome them.

It can be a mammoth task to define hysteria which a physician today can find workable. There have been substantial changes to the meaning of the word over time. There is substantial amount of bodily symptoms which don't correlate to any disease existed (Goldstein et al., 2015). Initially it could be seen to have diseases such as epilepsy, advanced syphilis and brain tumor but upon investigation it was seen that no such diseases are present. Ultimately the suspicion, the impression that is formed; these are bodily manifestations but the cause can be psychological (Goldstein et al., 2015).

In our Pakistani society, male hysteria does exist but unfortunately most of the time it is unchecked. Just like women, males are also apt to have nervous breakdown which is usually not diagnosed for social and political reasons. Pederson and Vogel (2001) investigated hysterical symptoms in males and their approach towards trying to seek professional mental health. Study showed that males who were experiencing hysterical symptoms were least prone to seek professional help. A total 50 male patients were selected through purposive sampling in different hospitals of China. Analysts focused their research to self-stigma, self-disclosure and attitude towards seeking professional help or counseling. The research showed that males who experienced hysterical symptoms were less prone to open up about their feelings and were more likely to self-stigmatize. Not being able to disclose and high stigma led to not willing to seek psychological help.

The basic purpose of conducting this research is to develop insight about hysterical symptoms in men so that it would help them to manage the stressful situation more successfully. The current research will also question the myths and beliefs held by the society about hysteria resulting more in women as compared to men; as men are equally prone to it. This study will also help the clinical psychologists to consider these hysterical symptoms among men before devising a better treatment plan for them in face of adversity. Moreover, this study would also be helpful in generating awareness programs for men where they will be motivated to talk about their experiences with 'Conversion Disorder/Functional Neurological Disorder' without being labeled and stigmatized leading to stronger individuals with better quality life. Following hypotheses were proposed to reach the objectives of this respective study.

1. To observe the manifestation of spermatorrhoea (male-hysteria) in adulthood.
2. To examine the effects of spermatorrhoea (male-hysteria) in adulthood.

METHOD

Research Design and Sample

Qualitative research design was used for the present study and non-probability purposive sampling was used for sample recruitment. The sample of the study was recruited from Department of Psychiatry Sir Ganga Ram Hospital, Lahore, Pakistan and Psychiatry Department of Mayo Hospital Lahore, Pakistan. The sample consisted of 6 male patients diagnosed with Functional Neurological Disorder (N=6) on the basis of their availability and screening of patients. All the participants selected were men aged 18-45, (mean and SD for the married men were 30.56 (4.12) and for the unmarried men were 8.58(2.03) who have experienced the phenomena and identified under the diagnostic label 'CD/FND'. Participants such as women, children, individuals with learning disabilities, and older adults with dementia were excluded.

Research Instruments

Following instruments were used to collect data for the study.

1. **Demographic sheet**

It was used to take information about the participants i.e. age, level of education, family system (joint/nuclear), occupation and estimate of family monthly income.

2. **Interview guide**.

In qualitative researches, data are usually gathered through written verbatim of research participants with the help of open ended questions (Hallett et al., 2011). In-depth interviews provide great understanding of the phenomena under study. The researcher after developing the interview guide through semi structured approach tends to investigate the manifestation of hysterical symptoms in men.

3. **Grounded Theory**

Once done with data collection, all the data was transcribed into codes and categories. Grounded theory was used to examine the manifestation of hysterical symptoms in men in Pakistan.

Following the steps involved in the grounded theory analysis, data was initially coded on a descriptive level and then later analytical codes were generated. These levels of *theoretical coding* allowed the emergence and

identification of categories which shared central features or characteristics (Smith & Charmaz, 2007).

Procedure

An authority letter explaining the nature of the study was taken from the unit of clinical psychology. The study sample was recruited from Department of Psychiatry of Sir Ganga Ram Hospital, Lahore, Pakistan and Mayo Hospital, Lahore, Pakistan. Prior to the data collection written permission was taken from the head of institute. In the first phase, males who were diagnosed with FND were recruited as participants for the study. In the second phase of study, an informed consent form was created for each participant and it consisted of the purpose of the study, secrecy of responses and confidentiality of the data. Participants were informed about their ethical rights. None of them were forced to take part in research and share their experiences. Privacy and confidentiality was assured regards to their own identity and the information they shared.

RESULTS

This chapter covered the depiction of identified categories on manifestation of spermatorrhea (male-hysteria) in adulthood. Grounded theory analysis was used to theoretically code the semi structured interviews conducted with 6 males (Married=3, Unmarried=3) diagnosed with Functional Neurological disorder (FND), on two levels (descriptive and analytical). The obtained categories can be understood in light of the phenomenon being studied (Manifestation of spermatorrhea) with the help of an explanatory framework, depicted below. Moreover, a demographic table involving sample characteristics is as follows:

Table 1
Following table displays Sample Characteristics

Sr. No.	Initials	Age	Education	*f(%)*	Marital Status	*M(SD)*
1.	S.Z.	45	Primary	2(3.3)	Married	30.56 (4.12)
2.	S.A	43	Uneducated	0 (0)	Married	
3.	K.H	39	Matric	14(23.3)	Married	
4.	A.H	28	B.A.	19(31.7)	Unmarried	8.58(2.03)
5.	Z.A	27	F.A	9(15)	Unmarried	
6.	A.M	18	1st year	16(26.7)		

Note: Characteristics of sample

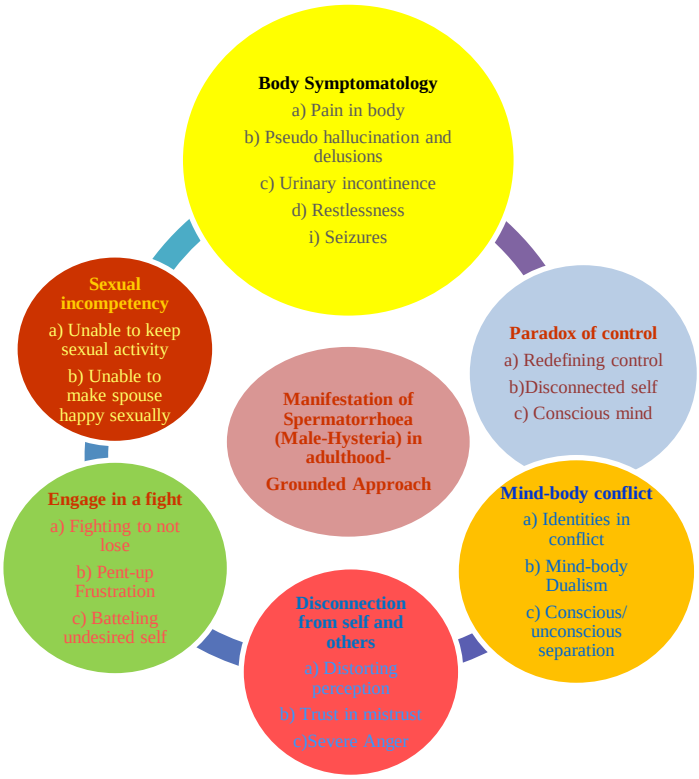

Fig 1 Framework showing categories and emerging subcategories from participant's response

Table 2
Categories and the emerging subcategories describing the manifestation of spermatorrhea in adulthood (N=6)

Married and unmarried males		**Married and unmarried males**	
Categories	***f* (%)**	**Subcategories**	***f* (%)**
Body Symptomatology	(100%)	• Pain in body • Seizures • Restlessness • Blur vision • Pseudo Hallucination and delusion	(100%) (80%) (80%) (80%) (50%)
Paradox of control	(80%)	• Redefining control • Conscious mind • Disconnected self	(80%) (60%) (100%)
Mind-body conflict	(90%)	• Identities in conflict • Mind-body Dualism • Conscious/unconscious separation	(100%) (100%) (30%)
Disconnection from self and world	(100%)	• Distorting perception • Trust in mistrust • Battling undesired self	(80%) (50%) (50%)
Engage in a fight	(80%)	• Severe Anger • Fighting to not lose • Pent-up Frustration	(100%) (90%) (100%)
Sexual incompetency	(50%)	• Unable to keep sexual activity • Unable to make spouse happy sexually	(50%) (50%)

DISCUSSION

The current study aimed to observe the manifestation of spermatorrhoea (male-hysteria) in adulthood. The first category 'bodily symptomatology' emerged as primary category as it was observed to have had the most significant impact on people diagnosed with Functional Neurological Disorder (FND). According to the participants' verbatim, it was discovered that initially they were unable to understand their condition for quite some time. They ascribed them primarily based on their physical or medical appearance (sleep disturbance, poor digestion leading to disturbed eating pattern and weakness, etc.) and consequently sought help from local physicians at the beginning. It is empirically supported that the tendency to somatize psychiatric symptoms based on physical attributes is positively related to soliciting medical help. This along with misattribution of symptoms and manners leads to a delay in receiving psychiatric treatment until symptoms reach to an extent of a crisis (Gallagher et al., 2005; Kranick et al., 2013; Voon et al., 2010).

Furthermore, second category which emerged through analysis was 'Paradox of control'. As it was clearly seen in an interviews that people usually feel that they are in control of their own self, their bodies and bound to act accordingly. Based on their prevalence, thorough participants' verbatim, three distinct paradoxical subcategories were identified which included redefining control, disconnected self and conscious mind. It was clearly observed that people lose their control and feel hopeless leading to a theme 'body disconnected'. The other sub-theme 'conscious mind' also showed that the people with FND were trying their best to control their body movements and have interactions among the society they live in. Most of the people with FND stated that under stressful condition people around them help to keep the balance intact. But mostly they were unable to maintain the body control under adversity.

The third category was 'Mind-body conflict' which explained how participants find themselves in a dilemma to choose their mind over body or other way round. It is also divided into three sub-categories. The first sub-category 'conflicted identities shed light on the phenomenon being experienced by people with FND. People faced a dilemma within oneself i.e., a constant fight between mind and body. They wanted to know why this is happening to them and what are repercussions of it? They have certain questions regarding their physical or mental health but even the medical science is unable to explain certain aspects of their condition which has left them in despair and they tend to feel lost. They experienced a 'new self' among them leading to 'conscious/unconscious separation' which is another sub-category. They tend to make sense of their environment but couldn't

figure out. When they encounter any stressful condition, it is difficult for them to differentiate between the conscious/unconscious and found themselves as lost souls that were unable to make sense out of the world which makes them vulnerable. They used to feel alienated and angry but couldn't help it.

Fourth category which was emerged was disconnection from self and others and has three other subcategories included i.e., body as distorting perception, trust in mistrust and dissevering anger'. Most of the people with FND feel lost and unconscious in face of adversity leading to sub-theme 'distorting. They tend to less socialize because of their condition. They are confused whom to trust or not? They started to doubt everything around them as the medical science didn't fulfil their expectations of giving clarity about their condition. So they started doubting the people who were close to them too leading to another sub-category 'trust in mistrust'. People with FND tend to keep themselves in home to avoid any episode of FND. As they have no clear answers about their physical health leading to harbor more anger. At one moment, they feel angry and in the other moment they were unable to comprehend their feelings i.e., why they were so angry in the first place?

The fifth category was 'engaging in a fight' which is further sub-categorized into three sub-themes i.e., Battle to not lose, frustration, fighting undesired self. Most of the participants reported that they are in a constant rush either to lose or not? They are in a continuous battle with their self to maintain their identity intact. They are in constant fear of losing their respective self completely which make them so worry and upset. They also reported that they are in constant fight to not give up leading to subtheme 'fighting undesirable self'. They feel so frustrated at times that they couldn't get a hold on their life which left them so miserable.

Finally, the sixth category which emerged through grounded theory analysis was of 'sexual incompetency'. This theme represented the types of sexual problems experienced and studying their impact was one of the primary objectives of the study at hand. The narrative presented by majority of the participants reflected their experiences of facing sexual problem due to illness. Their fear of sexually questioned, social exclusion, labeling, and stereotypical thinking associated with was clearly evident. Through the verbatim, it has been seen that married males diagnosed with FND tend to have more sexual complications making them non-active during the sexual process. As reported by the participants, being called 'unmanly' is more like a general reaction, leading to their public disapproval, and this is experienced significantly higher than in conditions related to physical illnesses (Stone et al., 2014).

Furthermore, it is empirically supported that a condition labeled as a sexual incompetency is likely to receive a stigmatized response and often leads towards a probability of social rejection. Thus, label of being impotent has behavioral implications (Dallos, 2006). If a sexual incompetence is genetic, the prevalence of stigmatization gets higher as it gives a sense of permanence, a condition that affects the families beyond the time of any single individual (Vasterling, 2003).

Based on the verbatim provided by participants (3 married males), it was noticed that labeling and stigma of patient being 'sexually non-active' or 'impotent' elicited the social distance expressed by their immediate family i.e., spouses, relatives and neighbors. All the patients (married males) reported a distant relationship with their wives complaining of not making them sexually happy.

Moreover, 'unable to keep the sexual activity' was identified as the first subtheme under sexual incompetency. Participants' account of events that followed since patient's manifestation of FND symptoms portrayed an unsupportive and abandoned climate of social network. There was a reduction and in some cases depletion of support given by family, relatives and neighbors. Research indicates lack of moral support received by people suffering from mental illness, especially FND, in multiple instances. As discussed before, in order to avoid labeling or public stigma, people often refrain from addressing their true condition and therefore hospitalization normally occurs when symptoms have escalated to a level which can no longer be controlled (Carson et al., 2000). In such instances, help is not only withheld but at times is completely absent. As a case in point, researchers examining the needs and nature of burden experienced by patients already diagnosed with FND and further have sexual problems usually lack support (emotional and social) and need for professional advice are mostly felt missing. Families are usually dissatisfied primarily by the missing support and assistance they receive in the wake of their member's illness (Carson et al., 2000). The support systems that do exist for mental illnesses are broadly stigmatized. Thereby patients have no other option than to fulfill their emotional, financial, physical, sexual and spiritual needs by themselves (Reuber et al., 2005; Carson et al., 2000; Stone et al., 2014).

In addition, second subtheme under sexual incompetency was of 'unable to keep spouse happy sexually'. Participants' experiences of being taunted and disrespected by spouses as a result of sexual incompetency were echoed within this subtheme. Contrary to the study's assumptions, sexual incompetency being the behavioral implication of stigmatization was reported by only 30% of the participants but its effect was evidently significant to be reported. The attitudinal bias of patient's immediate family, relatives and

neighbors was profoundly distressing for the participants. As they are being taunted for not able to produce off-spring and make their spouses satisfy sexually. According to literature, sexual incompetency is a consequence of public stigma and is likely to manifest in different forms; such as denying help, avoiding, unwilling or forced treatment and separate institutions. Sexual incompetency is conceived as one of the biggest challenges patients can face and as a result many report being uncomfortable to reveal their family member's condition to others. As evident from participants' experiences with impotency, they are subjected to this stigma and attitudinal bias merely because of their family relationship (Reuber et al., 2005, Stone et al., 2014). Thus, it poses yet another adverse implication that patients endure due to FND.

Conclusion

The main category was bodily symptoms and it was thought to have significant impact on people diagnosed with FND. This category depicts the picture of people with FND and their general approach to understand those symptoms, the duration and intensity of symptoms over the period of time, family support, severity of symptoms and their approaches of opting different treatments. Moreover, the other major finding was the identification of paradox of control being experienced by patients diagnosed with FND and shows how people feel so helpless at times for not having control on their bodies, self and in regard to the social world as well. Third category consisted of mind-body conflict and analysis of six interview revealed that participants have dualistic approach to understand themselves and their surroundings. The fourth category seemed to explain how all participants feel disconnected from people around them and also from some aspects of their own personalities. Fifth category obtained was engaging in a battle. It explained how participants fight themselves to keep sane. Furthermore finding also provided a reason for strained relationship among married men. It was mainly due to sexual incompetency expressed by all married males. Married males with sexual incompetency found it hard to stay sexually active and lose their interest in the middle of the process. They don't feel like having a drive (sexual libido) to do it.

Briefly, the theory that emerged posits that people who are diagnosed with FND not only show physical or bodily symptoms but there are other aspects which are equally important and must be addressed. As participants reported paradox of control when having FND episode that they feel so hopeless at times for not having control on their bodies, self and in regard to the social world as well. They also reported mind-body conflict and how they find themselves in dilemma in understanding them and their surrounding resulting in developing a sense of disconnection. They have deep anger and

end-up in frustration. Contrary to it, they are struggling to maintain their true identities intact. Furthermore, a finding also provided a reason for strained relationship among married men. It is mainly due to sexual incompetency expressed by married males. Interestingly, it has been observed that all the participants have pent-up frustration due to their body symptomatology but people who are married tend to have more sexual frustration. They find themselves drained with their bodily symptoms and its reactions that they do not have energy to do the sexual act which has directly affected their marital relationship. So it can clearly be seen that hysterical symptom have great impact on people's (diagnosed with Functional Neurological disorder) personal, social and marital life.

Limitations and suggestions

The current study also had several limitations which must be dealt in order to have better approach for future research. The participants are fewer to establish reliable inferences. Future studies needs to make large sample for better results. The data was collected from only two hospitals within a city. Diverse areas and sample should consider and data would be assessed in collecting data. There was a limited time period in the process of data collection which was an obstacle. Data was generated only from the males who have come under the diagnostic criteria of 'CD/FND. It would be interesting to generate a causal comparative research to examine the difference between men and women who will come under the diagnostic label of CD/FND and manifestation would be checked. Future research can include women diagnosed with Functional Neurological Disorder and its effects on their personal, social and marital life. As the societal constraints and approaches are different for men and women, so the research in that particular area would be productive as well.

Compliances

All procedures performed in this study involving human participants were in accordance with the ethical standards of the national and/or institutional research committee and with the 1964 Helinski declaration and its later amendments or comparable ethical standards. Written informed consent was obtained from all individual participants included in the study.

Conflict of Interest

As per all the authors, the main author states that this article has no conflict of interest.

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