

## MASTURBATION DURING SLEEP — A SOMNAMBULISTIC VARIANT?

K E Wong

Unit II  
Woodbridge Hospital  
Yio Chu Kang Road  
Singapore 1954

K E Wong, MBBS, DPM, MRCPsych  
Registrar

### SYNOPSIS

The wife of a 34-year-old happily married man was upset about his nocturnal episodes of masturbation during sleep. The man himself was not totally convinced that the activity actually took place as he claimed total ignorance. This case of sleep masturbation is being put forth as a rare variant of somnambulistic activity.

### INTRODUCTION

Various kinds of sleep-walking or somnambulistic activities have been reported in literature. A common example is the aimless wandering of the sleeping child (1). Uncommon but intriguing examples are the sleep-walking homicides (2) and the dubious sleep-walking shoplifter (3). As far as is known, particularly during the last decade or so, there has been no reported case of masturbation during sleep. However, the effect of masturbation with or without orgasm on sleep has been studied recently (4).

## CASE REPORT

SC, a tertiary-educated professional, was referred by his general practitioner after he had not responded to minor tranquillizers. His wife, a 30-year-old tertiary-educated housewife mother of 2 young daughters, reported that he began masturbating himself to ejaculation nightly from Nov. 1983 despite his usual practice of nightly sexual intercourse with her. The onset coincided with an increase of his life events: he was worried about getting a new job and extending his work permit in Singapore, his hearing impairment had exacerbated (diagnosed as otosclerosis) and he had had to abstain from sexual intercourse for a week because his wife was having a vaginal fungal infection. His masturbation took place around 12—1 AM after he had gone to bed at 10 pm. It was described as a spontaneous act and he could not be aroused from it. The frequency decreased to around 2 to 3 times per week from around June 1985, a time when his circumstances improved: problems relating to his new job and work permit were successfully settled, he had procured a hearing aid and his wife's fungal problem was cleared.

He had no past history or family history of somnambulism. But he started to sleep-talk after completion of his University studies and continued to do so right through his marriage at about 2 to 3 times per month. This did not coincide with his masturbation, but it was just as difficult to arouse him from his sleep-talking. The content was of a mundane nature, mostly centering around his work.

He also had infrequent episodes of night terrors during which he woke up extremely frightened and shouting but without any subsequent recollection of the episodes. There was an instance in Feb, 1986 when he fell off his bed in a very frightened state, shouting away.

The couples were married in the fashion expected of his race and culture: match-made, without prior sexual experience. A pattern of nightly sexual intercourse was established from the outset right up to today; both expressed satisfaction though SC admitted his enjoyment was not of as sharp a quality as before, on account of the frequent occurrence. Yet he had no desire to reduce the frequency. He did not indulge in purposeful self-masturbation except from May to Oct '1982 when he was here in Singapore alone without his wife; his frequency then was 2—3 times per week. When his wife was with him but was incapacitated by menstruation, she would masturbate him.

The sleep-masturbation worried his wife more than it did him. She felt sexually redundant, "cheated" of her husband's confidence (because he masturbated "surreptitiously" when she was supposedly asleep) and inadequate in not having sons. SC was not totally convinced that he actually masturbated in his sleep as he had no recollection of it. If he conceded that it did take place, he worried about the effect of excessive drainage of seminal fluid on his health.

## DISCUSSION

There is no reason to doubt SC's declaration of total amnesia for his sleep-masturbation. For if it were done consciously and intentionally, he could have masturbated in a more discreet place and time.

If it is agreed that SC is truly amnesic of his sleep-masturbation, then it must be a sleep-related phenomenon which takes place during non-REM sleep as there is no loss of muscular activity (5). This would be akin to phenomena like night terror, sleep talking (1) (both of which he manifests too) and sleep-walking. It is probably a variant of sleep walking in that the muscular activity is performed by the hands rather than the legs.

The characteristics of his sleep-masturbation such as the time occurrence, frequency per night, duration of the episode, and peak frequency in direct relationship to psychosocial stresses, are similar to those of sleep-walking (7).

The best proof of establishing this phenomenon as a somnambulist variant is to observe SC in hospital with a view to monitoring his EEG during such an episode. Somnambulism is known to occur during orthodox or non-REM sleep (ie non-Rapid Eye Movement sleep) with EEG spindles and large slow waves; the typical somnambulist episode occurs within the first three hours of sleep, rarely occurs more than once per night and the subject is usually amnesic for the episode. This would establish indisputably the non-REM nature of the event. Regrettably this option was declined by SC on the basis of a tight work schedule.

What of the treatment? Psychoanalysis or behaviour therapeutic interventions are probably indicated.

## ACKNOWLEDGEMENT

The author is grateful to the Medical Director of Woodbridge Hospital, Ministry of Health, for his permission to submit this paper for publication.

## REFERENCES

- Oswald I. Sleep Disorders. In: Kendell RE, Zealley AK. eds. *Companion to Psychiatric Studies* 1983: 548-56.
- Oswald I, Evans J: On serious violence during sleep-walking. *Br J Psychiat* 1985; 147: 688-91.
- Legal Correspondent. Sleep-Walking and Guilt. *Br Med J* 1970; 2: 186.
- Brissette S, Montplaisir J, Godbout R, Lavoisier P: Sexual activity and sleep in humans. *Biol Psychiat* 1985; 20: 758-63.
- Priest RG. Sleep and its disorders. In: Gajnd RN, Hudson BL. eds. *Current Themes in Psychiatry I* 1978: 83-93.
- Kales JD, Kales A, Soldatos CR, Caldwell AB, Charney DS, Martin ED: Night Terrors: Clinical Characteristics and Personality Patterns. *Arch Gen Psychiat* 1980; 37: 1413-7.
- Soldatos CR, Caldwell AB, Kales AB, Humphrey FJ, Charney DS, Schweitzer PK: Somnambulism: Clinical Characteristics and Personality Patterns. *Arch Gen Psychiat* 1980; 37: 1406-10.