Co-Occurrence of Sexsomnia and Dhat Syndrome in an Adolescent Male

Tanvi Mittal, MBBS, and Nishanth Jalaja Haridas, MD

Sexsomnia, also known as sleep-related abnormal sexual behaviors, is a relatively rare parasomnia characterized by automatic sexual behaviors during sleep, occurring predominantly during non–rapid eye movement sleep stages. Dhat syndrome is a culture-bound syndrome commonly observed in South Asian countries, characterized by excessive concerns about semen loss and its perceived health consequences. Here, we present the case of a 17-year-old boy with co-occurring sexsomnia and Dhat syndrome.

Case Report
A 17-year-old boy with no past or family history of mental illness presented with the chief complaint of nocturnal emissions and masturbation during sleep, as reported by his roommates. He expressed embarrassment and distress due to his inability to recall these episodes and his perceived lack of control over his behavior. Additionally, he reported feeling increasingly anxious about the potential health consequences of semen loss. He believed he had lost weight and his hair had turned gray because of loss of semen. He was attributing his fatigue and perceived physical weakness to these nocturnal emissions.

The symptoms of fatigue and weight loss reflected mild depressive disorder; however, the possibility of depressive disorder was ruled out due to the absence of low mood, anhedonia, and other features characteristic of the disorder. The patient’s presentation aligned more closely with Dhat syndrome, characterized by excessive preoccupation with semen loss and associated somatic symptoms.

The patient denied engaging in any sexual activity while awake, citing religious and cultural prohibitions against masturbation practices. Upon examination, the patient was cooperative but appeared anxious, expressing worry about his condition and its impact on his health and social life. He expressed willingness to consider medication for his symptoms but exhibited reluctance for follow-up appointments due to feelings of embarrassment and discomfort discussing his sexual health concerns.

Discussion
This case highlights the complex interplay between sleep disorders, cultural beliefs, and psychological distress in the context of sexsomnia and Dhat syndrome. Sexsomnia can lead to embarrassment, impaired functioning, and interpersonal difficulties. Common manifestations of sexsomnia include sleep masturbation, sexual moaning, vocalizations, and even full sexual intercourse with a bed partner. Importantly, individuals with sexsomnia typically have impaired or absent memory of their sexual behaviors during sleep, which can contribute to feelings of shame and confusion. Individuals with Dhat syndrome typically report concerns about the health consequences of semen loss, including fatigue, weakness, and physical debility. These beliefs regarding the importance of preserving semen for vitality and well-being are rooted in cultural and religious systems. Despite lacking empirical support, these beliefs can have profound psychological and physiological effects on individuals with Dhat syndrome, leading to distress and functional impairment.

In the current case, the patient regarded loss of semen equivalent to loss of vital fluids and attributed his physical and mental symptoms to nocturnal emissions. The patient’s symptoms can be explained by his cultural background and lack of knowledge about the physiology of the human reproductive system. The co-occurrence of sexsomnia and Dhat syndrome in this case underscores the complex interaction between sleep disorders and cultural beliefs in shaping individual’s experiences and perceptions of their symptoms.

Article Information
Published Online: August 8, 2024.
https://doi.org/10.4086/PCC.24cr03742
© 2024 Physicians Postgraduate Press, Inc.
Prim Care Companion CNS Disord 2024;26(4):24cr03742
Submitted: March 15, 2024; accepted May 15, 2024.
Author Affiliation: Department of Psychiatry, Government Medical College, Kozhikode, India (both authors).

Corresponding Author: Tanvi Mittal, MBBS, Department of Psychiatry, Government Medical College, Kozhikode, Kerala, India 673008 (tmpsymd@gmail.com).

Relevant Financial Relationships: None.

Funding/Support: None.

Patient Consent: Consent was obtained from the patient to publish the case report, and information has been de-identified to protect patient anonymity.

ORCID: Tanvi Mittal: https://orcid.org/0009-0009-4608-6413; Nishanth Jalaja Haridas: https://orcid.org/0000-0002-2517-2031.

References


