On Schizophrenics with Impotence as Chief Complaint

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INTRODUCTION

Impotence, dealt with in the domain of Psychiatry, concerns neither the trauma and deformity dealt with in Urology, nor the disturbances in the domain of Internal Medicine such as endocrinal abnormalities, but concerns the disorder of the mind itself.

Impotence belongs to a sexually perverse state, and it is often found in patients with neurosis or depression or those with psychopathic personalities[1].

Cases reported here are all schizophrenic males in whom the disease occurred with the symptom of impotence in adolescence or late adolescence. We would like to discuss the basis of impotence by a follow-up of these patients.

CASE REPORT

For all of the following cases, after 1-5 years of follow-up, there appears to be no doubt diagnostically about them being simple type or hebephrenic type schizophrenia. Psychiatric symptoms and results obserrved during the course of illness are shown in Table 1.

Case 1: 25 years of age at the first medical examination; technical stuff worker.

Family life: His father died in battle when he was an infant. His mother and his elder brother operate a medium scale farm. Siblings are three-elder brother, married elder sister and himself. Hereditary factors: No past history.

Personality: He is nervous and introverted.

Personal history: After graduating from a senior industrial high school, he was employed by the research laboratory of a firm where he now works. His work attitude was good, although he was extremely reticent.

Table 1. Table for patients' home life, symptoms and results

Case No.	Age at onset of disease	Age at first visit	Occupation	Home-life	Symptoms	Results
1	23 years	25 years	Engineer	Married child(−)	Difficulty in concentration; fear of interpersonal situation, delusion of reference; "gemachtes Erlebnis"; auditory hallucination	Attending out-patient clinic; conditions stabilized (1 year)
2	21	29	Plain laborer	Divorced child(−)	Delusion of persecution; impulsive acts	In hospital (5 years); conditions unstable
3	18	20	Agricultural worker	Bachelor	Delusion of reference	In hospital (4 years); conditions unstable
4	20	25	Clerk	Married, child 1 living separately	Delusion of reference; auditory hallucination; delusion of persecution	Hospitalized→attending out-patient clinic (1 year) conditions unstable
5	18	20	Student	Bachelor	Delusion of observation	Attending out-patient clinic conditions stabilized (3 years)
6	23	26	Plain laborer	Bachelor	Sleeplessness; delusion of reference	Attending out-patient clinic (2 years); conditions stabilized
7	19	25	Commerec	Bachelor	Delusional mood; auditory hallucination; cenesthopathy, hallucination	Hospitalized→attending out-patient clinic (3 years) conditions unstable

Note: Symptoms are mentioned in order as they appear subsequent to impotenc

At age 23, he got married by arrangement at the strong request of his mother and elder brother and started his married life in a company house. However, he separated from his wife after one month, and they divorced one year later.

His impotence is said to be responsible for divorce. While married, he sought the advice of a urologist but was told nothing was wrong. His wife was also diagnosed as being normal gynecologically.

His anthrophobia, which had been observed before his marriage, grew in intensity gradually, and with the separation as a trigger, he developed delusion of reference and delusion of persecution. Consequently, his work performance fell to the below-average level.

Case history: At the age of 25 he complained of difficulty in concentration and was seen at the Department of Neuropsychiatry in Yamaguchi University. From the time of marriage, he had felt uneasy with the notion that his mind was being read by his wife and neighbours. He complained that ever since premature ejaculation on his honeymoon he had felt as if he was being made a puppet by his wife. Later, he did ejaculate even in masturbation, but no longer had the pleasant sensation that accompanies ejaculation.

Then, we treated him with administration of psychotropic drugs and a twice-a-month interview, and these delusional symptoms disappeared one year later.

At 27, the subject of second marriage with a girl friend from his childhood was brought up. We continued the interview, supporting this proposal, and switched to pimozide in the administration of psychotropic drugs.

At 28, he married for the second time. Despite enough libido, he could not perform sexual intercourse for one month after marriage due to strong anticipatory anxiety over premature ejaculation. He even developed auditory hallucination and delusion of persecution. So, we started interviews with this couple. Three months later, pathological experience disappeared and he was able to perform normal sexual intercourse. At present, one year after this treatment, he is doing well with conditions stabilized, although his wife is not pregnant yet.

Case 4: 25 years of age at the first medical examination; a company clerk.

Family life: When he was three years old, his father died of pulmonary tuberculosis. He is the youngest of five siblings. The eldest brother acted as a father. His mother was expanding the scope of her business, while his elder sister had been taking care of him since his childhood.

Hereditary factors: No past history.

Personality: He was shy and unsociable. In his work, he was egocentric.

Personal history: In his high school days he had guilt feeling for masturbation. While he was preparing for university entrance examinations, his mother's business went into a slump, so he started his present job for financial reasons. He was distressed at first about not being able to take the entrance examinations, but after entering his company, he regained his stability. After joining the company, he was often reminded by his superior about his clumsiness in personal relations, but his ability to handle business was rated high.

At around the age of 20, he visited a brothel with a colleague, and there he failed in sexual intercourse with a prostitute. Partly because of this and partly because of his lack of morning erection, he started to worry about himself.

At age 23, he married for love. He was distressed over ejaculatio praecox and would often reject a sexual act, so their conjugal relations deteriorated rapidly. A child was born to him, and from around that time, he would often leave his office without notice. His wife later attempted to run away from home with the child.

At last he sank into a state in which he had no erection even in masturbation. Then, he complained, "Learning that I am impotent, everyone ridicules me. I sometimes hear it clearly or sense it from the behavior of those around me".

Case history: After his wife attempted to run away, he came to us with sleeplessness as his chief complaint. After a 6-month hospital treatment, he is now attending the out-patient clinic. While pathological experience has disappeared, hypochondriacal complaints centering around impotence still persist. He is living apart from his wife and child.

Case 7: 25 years of age at the first medical examination; engaged in commerce.

Family life: His father died from a traffic accident when he was an infant. He is the youngest of three siblings.

Hereditary factors: No past history.

Personality: He was moody and disliked close relationships.

Personal history: He helps his grandmother and mother in their sales business. When he was a school boy, he molested a neighbourhood girl. He says he had a sexual excitement then.

When he talked about masturbation with his classmates in his high school days, he noticed he had no feeling of sexual pleasure, and came

to firmly believe that he suffered from impotence.

He entered the science department of a university, but felt disgusted over the then rampant campus dispute, and subsequently left the university. With the subiect of marriage brought up by his family at age 25, he started having an unpleasant dull pain extending from the hip to the occipital region. Further, he came to experience auditory hallucinations of a persecuting nature along with this strange pain.

Case history: After the hallucinations, he received a medical examination and was admitted to the hospital at once. Pathological experience disappeared following administration of a psychotropic drug, but lack of initiative and apathy developed as side-effects.

With administration of clocapramine, he started recovering initiative, but there appeared an arrhythmia on his ECG. Presently on pimozide administration, he is being followed up an ambulatory basis. Still, he is complaining of impotence persistently, saying, "I have no erection even in masturbation, much less the sexual act."

DISCUSSION

1. Home environment and history of growth:

In all of the seven cases in this study, the patient lost his father in his childhood and spent adolescence in a fatherless family. The mother by nature, and partly because of such a family environment, is extroverted and of strong character. Four out of seven cases are the youngest child, and three cases have no brother among the siblings. All patients were brought up either indulgently or left alone. Hereditary factors for psychosis were not observed in any case, nor was there a heavy drinker in any of the families.

2. Personality:

All are nervous and unsociable. Having few friends. they are timid but stubborn, perfectionists, and remarkably egoistic. These attributes can be summed up as a schizophrenic temperament. According to the Yatabe-Guilford character test, they were classified as either type "C" or type "E". Rorschach test revealed that they had such characteristics in common as immature emotional activities, strong sexual urge, and rejection.

3. Physical findings and laboratory findings:

They all had the physical build typical of the average Japanese adult male and, if anything, were more of the slender type or athletic type, but none of them were overweight. The growth of secondary sexual

characteristics was average and external genitals normal.

Urological examinations revealed no abnormal findings, nor did neurological examination show any findings worthy of note. Electroencephalograms were also within the normal limit. Blood sugar levels and T_3 and T_4 readings were likewise normal.

On the basis of these findings, impotence complained of by these seven cases was diagnosed as being neither organic nor primary.

4. Impotence as a psychotic symptom:

It is a well known fact that many of the psychopathic patients on a long-term and large-dose administration of psychotropic drugs complain of impotence. This is probably because psychotropic drugs, particularly phenothiazine and its derivatives are antagonistic to male hormone metabolism. The seven cases in this study all have schizophrenia and its related disease, but impotence is the initial psychotic symptom, which should be noted. Cases 3, 5 and 6 followed a course akin to the "borderline case" (Knight[2]), but the other cases took a course which should be diagnosed as hebephrenic type schizophrenia. As the cause for their impotence, mental trauma at the first sexual act will be a possibility as with many cases of secondary impotence.

In these seven cases, which have the growth history in a fatherless family, it may be that impairment of identity as a male plays a part in the impotence.

The theory of Freud on the course of mental development based on libido must be considered of value as a theory of psychoanalysis even today in discussing neurosis. Today, there is a worldwide tendency for sex to be liberated from social suppression. That is, the significance of sex as a persistant conflict has declined. Meanwhile, however, it is only natural that establishing self while seeking a new system of valuse under a tumoultous social environment should give rise to many difficulties. Regarding impotence as the initial symptom of schizophrenia and also as a central issue complained by patients, it may be possible to interpret it as rejection to being a male.

It may also be regarded as one of the positive rejection symptoms such as anorexia nervosa (Yamada et al.[3]) and dysmorphophobia (Yamada et al.[4]) as already mentioned elsewhere. For a person to grow out of adolescence and take part in society as a mature youth, discovery of self and awakening of the erotic impulse are a barrier and question he must naturally pass through. The failure to do so is considered to manifest itself as the diseases mentioned above.

5. Treatment:

O'Connor and Stern[5] reported that a long-term treatment using the psychoanalytic approach applied to couples in the treatment of secondary impotence showed a 77 percent recovery rate. Jacobs[6] maintained that similar psychotherapy brought about improvement in 46 percent of the patients.

In our cases, the impotence was certainly of the secondary type. But we understood it as one of the symptoms of schizophrenia, and as mentioned earlier, treated it by giving neuroleptic drugs to the patients, while administering psychotherapy to their wives. Propericiazine was administered for 3-6 months in order to improve the psychological interchange between the patients and therapists, and subsequently small doses of pimozide were given. This approach proved effective. There has already been a report on pimozide used in the treatment of impotence[7], but the mode of its action calls for further studies.

SUMMARY

We have reported seven cases of schizophrenia which had impotence as the initial and most significant symptom.

The impotence they complained of was secondary or functional by nature, but we would rather like to understand it as rejection to being a male.

We administered neuroleptic drugs, particularly pimozide, which in addition to psychotherapy for the patients' wives, was found to be an effective treatment.

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