

CASE REPORT

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A Case Report of Situational Night Compulsory Ejaculation as a Different Complication in Sexual Functional Disorders

^{id} Ahmet Fatih TUNÇAY^a, ^{id} Soner ÇAKMAK^b

^aIstanbul University-Cerrahpaşa, Institute of Forensic Medicine and Forensic Sciences, İstanbul, Türkiye

^bDepartment of Psychiatry, Çukurova University Faculty of Medicine, Adana, Türkiye

ABSTRACT Among the factors affecting sexual health are sexual dysfunctions. Physiological and psychological factors play a role together in the etiology and prognosis of sexual dysfunctions. Sexual health is not just the absence of disease, dysfunction or disability; it is defined as the maintenance of physical, emotional, mental and social well-being related to sexuality. Difficulties experienced in sexual life are not only related to biological problems in the genitals, but can also be affected by the psycho-social structure of the individual and the traditions and customs of the culture, religious and political factors. In this article, a case report of a 29-year-old male who experienced situational nocturnal ejaculation as loss of control over ejaculation, which has not been reported before in the category of sexual dysfunctions, is presented.

Keywords: Sexual behavior; sexual dysfunctions/psychological; sexual health; sleep; ejaculation

World Health Organization (WHO) sexual health: “Not just the absence of disease, dysfunction or disability; It is defined as the maintenance of physical, emotional, mental and social well-being related to sexuality”.¹

The case to be presented in this study is remarkable in that it meets the definition of sexual dysfunction in general terms, unlike the diagnostic criteria previously reported by the WHO or the American Psychiatric Association, and that no similar case has been reported in the literature before.

CASE REPORT

A 29-year-old, divorced, master degree, middle-upper socioeconomic male client stated that he had symptoms of depression and therefore applied to the clinic. He stated that he is living alone at the moment, and that his inability to enjoy life has increased especially in the last 6 months. In his anamnesis, that his family’s child-rearing style was oppressive and strict discipline and even a discipline up to physical vio-

lence was applied to him in this regard. In the interview, the client was observed as someone whose physical appearance is compatible with his cultural level, speech content is organized, his orientation is correct, but his posture and body language are depressed, expressing emotions and avoiding eye contact.

Although the case stated that the reason for the application was the intense unhappiness he experienced at the beginning of the interview recently, he stated that he wanted to explain the main reason for all these complaints with a concrete example When he hit adolescence, he felt very sad and anxious after her first masturbation experience because her family had strict taboos about sex. After that, he slowly started to accept it. But when he woke up in the morning in the houses where he went as a guest for the first time, he noticed that he had a ejaculation in his sleep and described it as a specific event that happened to him, a coincidence or a normal situation related to adolescence, but then this situation continued after

Correspondence: Ahmet Fatih TUNÇAY

Istanbul University-Cerrahpaşa, Institute of Forensic Medicine and Forensic Sciences, İstanbul, Türkiye

E-mail: fatihtuncay5@hotmail.com



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adolescence when he woke up in the morning in the house where he stayed for the first time. He was very ashamed of this situation and made a great effort to hide it. After every experience of this situation, he described himself as someone who does not unseemly his family and felt extremely worried and afraid that he would be punished if this situation appear. In order to prevent this situation, he stated that he masturbated a few times before going to the houses where he was going to be a boarding guest for the first time, however, he still experienced ejaculation during his first visits.

He stated that masturbating before staying in the houses he will visit for the first time only caused a decrease in fluid flow, but he noticed that there was still wetness and semen in his underwear. What made the situation more interesting was that this night ejaculation occurred in the first night's sleep in the house where he stayed for the first time, and then this situation did not occur in other days or time periods. He stated that this situation is still an ongoing problem, so he went to the urology doctor several times and was examined to understand if he had a physiological problem and but no physiological problem was detected. He stated that due to this problem, he was making great efforts to adjust the distance in interpersonal relations, that he was afraid to stay in close contact with other people in order not to go to stay as a guest in someone's house other than his own, and that he blamed himself for years in his internal accounting, such a situation was shameful, but he could not control it.

Except for the situationally occurring loss of ejaculation control, the case was evaluated diagnostically and no sexual dysfunction was detected. Apart from the current problem, the case did not express any complaints about sexual function. It was learned that the case had an active sexual life, had a regular sexual partner, had sexual intercourse 1-2 times a week, and did not experience erectile dysfunction or premature ejaculation during these intercourses. After the therapeutic relationship established as a result of the interviews with the person, his/her permission was requested regarding this case report; he volunteered to be a case report, saying that it would make me happy to see if there are other people who have a

similar situation with me. After that, informed consent was obtained from the person.

DISCUSSION

Although it is understood that the client does not have a physiological or chronic sexual dysfunction, it is clear that he experiences a chronic emotional, mental and social problem related to sexuality. This situation that the person is experiencing is the unconscious somehow loss of control over ejaculation. It has been reported in the literature that cognitive and emotional mechanisms are associated with sexual dysfunctions.² The psychodynamic approach also clearly points out the necessity of considering intrapsychic and interpersonal conflicts when evaluating male sexual dysfunctions. Also, previous studies have shown that sexual dysfunction is associated with a wide variety of psychological problems such as general anxiety, depression, and difficulties in interpersonal relationships.³⁻⁶ In addition, it has been emphasized that negative early childhood experiences, disruptions in psychosexual developmental periods, and unresolved and unconscious conflicts are the etiology of sexual dysfunctions.⁷ In the light of this information in the literature, it is thought that the rare condition observed in this case may be the continuity of unconscious conflicts, especially in the sleep phase. In the light of the information in the anamnesis, this problem can be interpreted as the emergence of feelings that were under the influence of cultural factors and prevented from revealing. Although the ejaculation situations experienced during sleep in the case can be considered as a physiological and psychic experience in normal processes, it is remarkable that the experience is situational. An oppressive family structure and upbringing environments in which mistakes are not tolerated and a strict punitive attitude are exhibited bring along the existence of many unconsciously suppressed impulses, along with the fear of punishment. The patient's first self-satisfaction experience and feelings of guilt in his later self-satisfaction, along with fear of punishment, bring with him excessive controlling attitudes in his sexual life.

In the places where it first ejaculation, during sleep was evaluated as a suppressed impulse expression secondary to the ego and superego control that

disappeared during sleep. The absence of this experience after the first night suggests that this unconscious impulse ends with the satisfaction of the first experience, and then the appropriate environment for the impulse is not formed. Pleasant and suitable environments for urge are the situations the case stay for the first time and because of the power of the urge, the self-satisfaction attempts made before these situations are also insufficient. Many impulses that people suppress during their psychosocial development periods are shaped according to their environmental characteristics and cognitive structures, and they create self-appropriate and individualized ejaculation processes similar to the one seen in this case.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Ahmet Fatih Tunçay; **Design:** Ahmet Fatih Tunçay; **Control/Supervision:** Soner Çakmak; **Data Collection and/or Processing:** Ahmet Fatih Tunçay, Soner Çakmak; **Analysis and/or Interpretation:** Ahmet Fatih Tunçay, Soner Çakmak; **Literature Review:** Ahmet Fatih Tunçay, Soner Çakmak; **Writing the Article:** Ahmet Fatih Tunçay, Soner Çakmak; **Critical Review:** Soner Çakmak; **References and Fundings:** Ahmet Fatih Tunçay, Soner Çakmak; **Materials:** Ahmet Fatih Tunçay, Soner Çakmak.

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