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Assessment of Sexual Fantasies in Psychiatric Inpatients With Mood and Psychotic Disorders and Comorbid Personality Disorder Traits

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ABSTRACT

Introduction: Sexuality is an important aspect of quality of life and sexual fantasies comprise a normal part of human sexuality. However, the nature of sexuality and sexual fantasies of patients with mental illness remains an understudied area.

Aim: To investigate the nature and frequency of sexual fantasies in psychiatric patients, the present study compared the frequency of four types of sexual fantasies across four different mood and psychotic diagnoses and three personality disorder clusters.

Methods: Study participants included 133 psychiatric inpatients recruited from an urban hospital. Sexual fantasies were compared across patients with schizophrenia, bipolar disorder, schizoaffective disorder, major depressive disorder and three nonclinical samples from the literature and then correlated with personality cluster scores.

Main Outcome Measures: Subjects were administered the Structured Clinical Interview for DSM-IV for Axis I and for Axis II Disorders. Sexual fantasies were assessed by the Wilson Sexual Fantasies Questionnaire, which measures four types of sexual fantasies (exploratory, intimate, impersonal, and sadomasochistic).

Results: Within the entire sample, there were significant differences across sexual fantasy types, with subjects scoring highest on intimate sexual fantasies and then exploratory, impersonal, and sadomasochistic. There were no significant differences across mood and psychotic diagnostic groups for any of the sexual fantasy scales and the scores were within the normative range of nonclinical samples. Patients with high cluster B scores scored significantly higher on all four fantasy scales than those without. Patients with high cluster A scores scored lower on intimate fantasies, but there was no association between cluster C scores and sexual fantasies. The association between cluster B and sexual fantasies remained consistent across Structured Clinical Interview for DSM-IV for Axis I diagnoses (no interaction effect).

Conclusion: Patients with severe mental illness report sexual fantasies that are largely affiliative in nature and consistent with normative patterns. This suggests that assessment and treatment of sexual issues in the mentally ill should be part of the clinical routine as it is in healthy individuals.

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Key Words: Sexual Fantasy; Sexuality; Mood Disorder; Psychotic Disorder; Personality Traits

INTRODUCTION

Sexuality is an important aspect of quality of life and sexual fantasies comprise a normal part of human sexuality. Moreover, a positive correlation has been shown between the experience of sexual fantasy and sexual satisfaction.[1] In fact, the lack of sexual fantasies could be a symptom of psychopathology in some circumstances, as reflected in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*) diagnosis of hypoactive sexual desire disorder.[2] However, the nature of sexuality and sexual satisfaction of patients with mental illness remains an understudied area. In their review, Quinn and Browne[3] noted how poorly patients' sexuality was assessed in the mental health system and how infrequently it was explored by mental health staff. Nonetheless, it is widely accepted that individuals with mental illness experience high levels of sexual dysfunction, given self-reported low satisfaction and/or low interest in sex in this population in the community.[4]

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Most research on the sexual lives of people with severe mental illness has focused on physical dysfunction related to medication side effects.[5] In contrast, Östman[6] evaluated how these individuals experienced their sexual lives and assessed satisfaction with sex as a measurement of quality of life. Sex life had the lowest rating of all quality-of-life domains, with men indicating lower satisfaction in this area than women. Low sexual satisfaction also was associated with lower scores on the total quality-of-life index. Based on interviews, Östman concluded that sexuality and intimacy were generally experienced as unattainable to these individuals or as a desire of secondary importance that had to be controlled.[6]

Furthermore, these difficulties with sexuality affect not only persons with mental illness but also their partners. In their 2013 study, Östman and Bjorkman[7] investigated the impact of mental illness on the sexuality of long-term partnered patients with schizophrenia in the community; they found that patients and their partners reported feeling overlooked by psychiatric services as sexual beings and expressed dissatisfaction with a patient-therapist treatment model that excluded their partners.

Medication side effects and commonalities in core symptoms, such as impairment of sex drive, exist across mood and psychotic disorders.[4,8] However, it is unclear how these impairments differ across mood and psychotic disorders.[9] For example, patients with psychotic disorders might be primarily impaired in sexual function by limitations in social cognition and interaction associated with negative symptoms that decrease the opportunity for engaging in sexual activities.[10] Those with bipolar mood disorders might experience hypersexuality and sexual impulsivity during manic episodes that can disrupt long-term relationships. Those with bipolar and unipolar depression might experience diminished desire for and enjoyment of sex as symptoms of depressive episodes.

Importantly, many individuals with a mood or psychotic disorder also have comorbid personality disorders,[11] which have their own impact on sexual fantasies and behavior.[12] A recent study has found a significant positive relation between narcissistic personality traits and scores on the intimate sexual fantasy scale of the Wilson Sexual Fantasy Questionnaire (WSFQ).[13] Other studies have shown that patients with borderline personality disorder have problems related to heightened sexual impulsivity, increased sexual boredom and dissatisfaction, and greater preoccupation with and avoidance of sex, among other sexual complaints, despite higher sexual assertiveness. In addition, this population is more susceptible to instability in sexual orientation and gender identity.[14,15]

Sexual fantasies could prove a particularly promising lens through which to study sexuality in a psychiatric population. Although correlated with overall sexual desire and activity,[16] sexual fantasies are dependent on neither interaction with another person nor intact physiologic function, both of which can be compromised in this population.[4,8] Moreover, sexual fantasies can offer a rich view of the subjective experience of sexual desire and of important interpersonal aspects of patients' sexuality.

AIMS

In the interest of improving our understanding of the experience of sexuality in patients with mental illness, it is worthwhile to investigate the nature of sexual fantasies in individuals with psychiatric diagnoses. To what extent do sexual fantasies vary across different diagnoses and to what extent are they influenced by comorbid personality pathology? To address these questions, the present study compared the frequency of four types of sexual fantasies (intimate, exploratory, sadistic, and impersonal[17]) across four different psychiatric diagnoses (major depressive disorder, bipolar disorder, schizoaffective disorder, and schizophrenia). Furthermore, the interaction between comorbid personality pathology and severe mood and psychotic disorders was explored with regard to the nature of sexual fantasies.

Because of the sparse literature on this subject, this study is primarily exploratory in nature. Nevertheless, based on the literature cited earlier, we hypothesized that the frequency of sexual fantasies would differ across mood and psychotic diagnoses, such that patients with schizophrenia would report the lowest frequency of sexual fantasies, those with bipolar disorder would report the highest frequency, and those with major depressive disorder and schizoaffective disorder would fall between the two other diagnostic groups.

METHODS

Subjects

Subjects included 133 English-speaking psychiatric inpatients presenting with mood or psychotic disorders who were 18 to 65 years old, able to understand the informed consent form, and willing and able to provide informed consent. Patients with primary substance use disorders were excluded from the study, as were patients with mental retardation and dementia (intellectual disability and neurocognitive disorder in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* [DSM-5]) as determined by clinical observation and diagnosis in the patients' charts. In addition, patients deemed too disorganized to provide valid self-report data were excluded. Participating subjects were compensated $8.00 per hour, up to $40.00, for their time. This study was initially approved by the Beth Israel Medical Center institutional review board and later by the institutional review board for the Icahn School of Medicine at Mount Sinai. The change of institutional review boards' resulted from a merger between hospitals after initiation of the study.

Materials

Structured Clinical Interview for *DSM-IV* for Axis I Disorders

The Structured Clinical Interview for *DSM-IV* for Axis I (SCID I)[18] is a widely used semistructured interview that provides diagnoses for the major Axis I disorders in DSM-IV.[19] The modules for major depressive episode, manic episode, hypomanic episode, and psychotic screen were administered, allowing for diagnoses of major depressive disorder, bipolar I, II,