

# Paternal Domination as a Cause of Somnambulism

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SOMNAMBULISM IS FREQUENTLY considered a minor extension of a psychoneurotic syndrome.<sup>5</sup> Often the patient is either too ashamed of his behavior to discuss it in therapy, accepting it as an evil habit to be regarded somewhat like masturbation, or he attempts to ignore it because he is dissuaded from seeking therapy by the jeers of his parents. Some somnambulists do not understand their condition to be a medical problem and do not know where to turn. In many cases when a physician is consulted, he encourages the patient to forget—perhaps to marry—or prescribes sedatives and gives assurance that in time the symptom will be outgrown.

In the armed forces there is, of course, considerably greater opportunity for the recognition of the condition, although the patient is faced with the same problem as in civilian life. The men about him may consider his nocturnal activity with indulgent amusement, referring to him as the comedian in their midst, or they may react with considerable anxiety to having a “queer” person in their midst. Not infrequently when the condition is reported, the medical officer consulted may consider the symptom not worthy of further investigation.

Legend and folklore present sleepwalking as an innocuous nocturnal exercise. The sleepwalker appears as an amusing figure in plays and movies, often with a thinly oriented sexual motivation. However, like most folklore, such interpretation is an ironic distortion of facts. The significance of the symptom cannot be ignored or ridiculed. Sandler<sup>6</sup> stated, “Somnambulism represents a direct threat to the sleepwalking soldier, for during his nocturnal perambulations he may injure himself or be shot because of failure to halt at the guard’s command.”

The indifference which stems from ignorance of the symptoms seemingly encourages the somnambulist to attempt to accept his disorder with complacency; but this attitude was not easy for the patients whose cases are here presented; they exhibited a tremendous amount of anxiety and were constantly

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• *The cases of 15 men admitted to the neuropsychiatric service of a Navy hospital for somnambulism indicate that sleepwalking is an aggressive or sexual motor activity seemingly aimed primarily at a fear-inspiring father. Although the patients varied in age from 18 to 36 years and in rank from seaman to chief petty officer, eight being married and seven single, all were from small-town or rural homes in the low economic class. Their training was religious and strict. They professed great respect for their fathers, to the extent that they could not criticize them or acknowledge hostility toward them. Their relations with their mothers were in general not satisfactory.*

*Apparently fear of the father and the inability to express resentment or aggression was applied to all situations so that the suppressed feelings could be released only in sleepwalking, nightmares and fantasies. These abnormalities, by making the patients conspicuous, increased their terror and anxiety.*

*It is emphasized that sleepwalking activities, far from being harmless, may endanger the patient or those about him.*

*Long-term psychotherapy is necessary for the disorders manifested by somnambulism.*

fearful they would do bodily harm to themselves or others while walking in their sleep. They recognized their ineffectuality in their assignments and were chiefly concerned about what might happen to them while they were asleep.

The material for this presentation was obtained from the study of 15 men who were admitted to the neuropsychiatric service of the U. S. Naval Hospital, Oakland, with “sleepwalking” as the chief complaint or as the secondary complaint incidental to a neuropsychiatric diagnosis. The data amplified herein were obtained from personal interviews with the patients and with their friends and relatives, and from psychological tests. The purpose of the study was twofold: To determine what personality patterns, character profiles, and family constellations were common to the patients, and to evaluate

the dangers of sleepwalking, both to the patient and to those about him. The results of this study are sufficiently uniform and consistent to be considered valid and reliable data with respect to the background and personality resulting in somnambulism.

The patients included in the study varied in age from 18 to 36 years; they had been in the Navy from 3 months to 16 years. Their ratings ranged from seaman to chief petty officer. Of the 8 married men, 6 were over 25 years of age; of the 7 single men, only 1 was 25 years old. They came predominantly from farms or small towns in the Midwest or the South; all had been reared in the American culture so well typified in "Smalltown," and were in the low but not the lowest economic groups.

The similarity of family background brought out in the study appears to result from certain parental characteristics. In each case the members of the patient's family were all regular churchgoers. Five patients were Baptists, 2 were members of the Church of God, 1 a Seventh Day Adventist, 1 a member of the Pentecostal Church, 1 was a Roman Catholic, and 2 were from families in which one parent was Roman Catholic and the other Protestant. Three did not express religious preferences other than Protestant.

Of the 15 patients observed, 13 were admitted to the neuropsychiatric service for observation because of disturbing nightmares and, in most cases, sleepwalking. All reported lifelong somnambulism. The frequency of their nocturnal walking varied from once in several years to three or four times weekly. The frequency for each individual was found to be constant in spite of changes in situation. The general environment had little to do with their activity, but all admitted sleepwalking was a manifestation of their anxiety about emotions experienced in connection with anger-inciting events about which they could not bring themselves to express overt hostility during the day. One of the patients could predict that he would walk in his sleep if he became emotionally upset during the day.

Somnambulism is the symptom of dissociated mass motor activity, not necessarily walking (one patient was crawling on hands and knees toward the rim of a deck when he was awakened by striking his head against a stanchion). The literature on the nature of this expression of neurosis is limited. Menninger<sup>4</sup> discussed similarities between sleepwalking and the unrealistic behavior of certain types of patients and indicated sleepwalkers do not ever become schizophrenic. Fenichel<sup>2</sup> suggested that sleepwalking expresses motor restlessness in consequence of unreleased internal tension developing through the day. Sandler<sup>6</sup> in his monograph accepted essentially the same mechanism. Abraham<sup>1</sup> stated the somnambulist converts his fantasies into more or

less complicated actions which he cannot recall on awakening. Jones<sup>3</sup> stated that the purpose in sleepwalking is disguised. None of these observers has brought out the relationship of sleepwalking to the manifest content of dreams, which in the series here reported was so striking. Most of the patients studied described at some length dreams connected with snakes. The sexual symbolism woven around dreams of snakes is by now too well known for repetition.

The study revealed a striking similarity in the personalities of the patients. Although their perceptive powers were better than average, their intellectual faculties normal or above average, and their memories intact, verbalization of difficulties with respect to feelings concerning their thoughts was all but impossible. These difficulties, in general, revolved around a distorted relationship with their fathers. They spoke with apprehensive reluctance of their wives, expressing deep concern for their cloudy future, feeling indecently stigmatized by such an obscure psychological defect—judging themselves as they thought others judged them. They were highly voluble about the opinion of others with respect to themselves. Emotionally somewhat naive, labile and immature, under a considerable degree of tension and with only a minimal tolerance to anxiety, they tearfully expressed an inability to externalize their deeper emotions. Frightened at their role in the world and inhibited in all personal relationships, they lived in fear of each approaching night. One patient, in a childish attempt to gain approval from shipmates, described his somnambulism with a pathetic histrionic pride.

The chief identification figure of these men was an authoritarian father, to whom they reacted by an inordinate drive for success to emulate or perhaps to surpass him. They felt hostility about what they considered indifference to them of maternal figures. All revealed that sexual and aggressive impulses were severely repressed. It was difficult for them to have any type of long-term sexual relationship or to express anger at superiors. Their interpersonal relationships were highly ambivalent and tinged with anxiety. When sudden situations developed aboard ship, at home, or in community life, which they had made no plans for handling, they verged on panic. The normal tension-relieving devices on which most people lean were replaced in these patients only by rich fantasy in which they were authoritarian figures who could express resentment and aggression without fear of retaliation.

While aboard ship, because the patients could not indulge in the expression of anger, resentment or hostility, they became more and more anxious; as the normal tensions incidental to the day's activity mounted, their relieving devices instead of being acted out in a meaningful manner were utilized pre-

dominantly at night in motor activity. Another factor increasing their anxiety was the concomitant fear of each approaching night. They did not know what their nocturnal activities might lead them to do.

Physical examination, electroencephalography and all other tests to rule out organic or metabolic factors as an etiologic element disclosed no abnormality in any of the patients.

To understand the sleepwalker adequately, it is essential to understand his family. Attention has been called to the similarity of family background in the patients. Significantly, there was not a divorce or separation among the parents of any of the sleepwalkers studied in this series. The only second marriage occurred following the death of a spouse.

The patients described their fathers in almost lyrical terms comparable to extracts from Father's Day cards: "The best dad a boy could have," "the perfect father," "a swell pal," etc. The fathers were unusually stable in occupation (several had retired after long years of service in the employment of only one company); they were considered honest and reliable men, well thought of in the community, the type of father a son could emulate. Even to speak disparagingly of such fathers seemed to the patients positively sinful. Frequently the fathers were officials in the church, or at least well known and regular churchgoers. The relationship between the patients and their fathers was, according to American cultural standards, of the type regarded as most conducive to inculcating paternalistic ideals into the sons. This relationship, however, appears unrealistic, for while an authoritarian figure may be respected or admired, it is difficult to love wholeheartedly when subjected to harsh, reproving measures and stern unyielding discipline.

Sandler<sup>6</sup> pointed out this identical pattern, stating: "The fathers in the entire group were feared, respected and idolized; the soldiers painted a consistently rosy picture of their fathers. Some of the 22 men were so emotionally attached to their fathers that they had selected the same vocations and expressed considerable satisfaction at having worked with their fathers. In contrast to the fathers, 17 of the mothers were placed in the inferior category . . ." In this series, the mothers were described as being submissive to their husbands, frequently nervous, sickly; and while several did report a rather punitive mother, it is significant that few of the patients had a really close relationship with the mother. None of them spoke of her with the tenderness exemplified in American culture. American culture at present tends to relegate the father to a submissive role and make the mother the authoritarian family figure. This would seem to indicate that in the family of the sleepwalker there is a pathologic distortion of what should be "normal" American standards. The

seniority of the patients in their families was not significantly consistent; they ranged from the older of two children to the youngest of ten. The relationship of the patient to his siblings would bear further study in this connection.

When patients were able to express their feelings, they did show some affective lightening of tension; nonetheless, it is the opinion of the authors that psychotherapy for somnambulism must be on a long-term basis and is not suitable for the naval service. The history of long-term psychological maladjustment, stemming from fear of retribution and inadequate resolution of oedipal conflicts, growing more severe from early childhood, would in itself suggest a poor prognosis.

The data in this study indicate the somnambulist is, in general, infantile, naive, emotionally labile, impulsive, moderately histrionic and egocentric. He is constantly fearful of tension which has reached proportions so severe as to induce a nocturnal type of acting out of aggressive or sexual impulses the admission of which is too frightening for him to contemplate. This exaggerated tension stems from childhood repression of hostility to the parental figure. Overtly, the patient wishes to emulate a strong father, who looms to him as a large and threatening male figure. Concomitantly, there is a feeling of being abandoned by a timid, indifferent, and/or ineffectual mother. The parental roles are pathologically restricted and aggressive impulses are of such intensity as to result in an emotional trauma of lifelong duration. The maternal functions of solicitude, interest, support and protection are apparently lacking because—or so the patients implied—the mother is also terrified by her stern husband. The emulation arises from fear and requires the child to create for himself a restrictive pattern which is all-pervasive; an ineffectual effort to protect him from his own fear of retribution.

To this repression the patient reacts by acting out in a dream world the distorted fantasies he has about all authoritarian figures (fathers, officers, stern superiors) which culminate in night walking.

Sleepwalking, therefore, is an aggressive or sexual motor activity seemingly aimed primarily at a fear-inspiring father.

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