

Sexual Neuropathy and Crowd Fear? A Field Experimental Study of Healthy Ghanaian Graduates in Comparison with Three Neurological Disorder Patients

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ABSTRACT

Objectives: This study aims to investigate whether sexual intercourse before disputation could capacitate individuals to perform better. This might help us to dispel the view that a neurological disorder is not behind audience fear.

Method: This investigation used the field experiment method (uncontrolled) to collect empirical data. It was to investigate if sexual experience before the defense could motivate graduates to perform better in their defense. The field experiment was not observational learning but experiential moments where graduates would account for their experiences. All told, 22 college graduates who had just completed their dissertations and were about to defend them gave their time to participate in the investigation. We assigned the sample in the experiment to 11 members in the experimental group (9 women and 2 men) and 11 members in the control group (10 women and 1 man). The mean age was 26.9. There was the need to have a third condition/group who were the three neurological disorder patients. The experimental group had sexual intercourse early in the morning (between 4.00 a. m. and 8. a. m.) before coming to face the crowd at 9.00 a. m. The control group, on the other hand, ate a nice favorite food before they came to meet the audience. The confidential aides' testimonies gave the third group (condition) experiences of sex since many adherents who were women had corroborated the numerous occasions they took place. Since the experimental and control groups did these acts right in their home environments before coming, we provided them some additional reminders of these sensual experiences by providing them bottles of wine, snacks, and coffee or tea to augment their emotions and feelings before the defense. Additionally, we lighted candles and played tape-recorded music, which was romantic instrumental music.

Results: Women in the experimental group felt relaxed with sex. It helped them to reduce their anxiety. Some of these persons experienced tension reduction and relaxation during the defense. Some control group members felt dizzy and calm with the wine which was given to them before the commencement of their defense. Though they did not have the manipulation with sex, the food eating did not make them hungry, as they could concentrate. For the third condition, sex was the symbol of relaxation and tension reduction even though many people attributed its use to juju or charms that helped these individuals to perform better in the podium and pulpits. For these individuals who had neurological symptoms, sex was a means to treat their secret chronic pain, which they were suffering. Their constant sex addiction gave us the impression that without these behaviors, they could have broken down early. Thus it was used to protect their unhealthy states which were plagued with pain, seizures, frustration, brain attack, which could release in public if they were to experience excessive tension while in the crowd.

Conclusion: This field experiment revealed that there are tension reduction and relaxation when some individuals have sex. Yet with the neurological patients, it is the reduction from tension and chronic neuropathic pain that they sought. It was not crowded fear that motivated them to be obsessed with sex.

Keywords

Neurological disorders; Pain disorders; Side effects; Social functioning; Testosterones; Psychopaths; Stroke; Addison's disease; Thesis defense; Psychological stamina; Sexual intercourse; Marijuana.

Introduction

Background Data

Many years ago, a president's aide reported that the president would always have sexual intercourse immediately before he mounted the podium to give an important speech. On many occasions, he had to rush to put on a coat and deliver his speech.

A well-known prophet who died in West African had his aids and other helpers confirmed the fact that the prophet would not mount the pulpit unless he had had sex with one or many of his young beautiful co-workers. These girls would be hanging at the doorways of this famous prophet and would go and perform oral sex. Sometimes they would discover that the prophet had no shower before he put his preaching robe or coat on to preach about the word of God. The question is: Is there a psychological power associated with sex before engaging in a task that involves the crowd? Or could there be a lurking neurological disorder behind these practices? Could sex immediately before preaching give the individual the stamina to deal with his audience's fear? Can sexual intercourse before disputation accelerate psychological motivation to face the audience and deliver a powerful thesis defense?

Not long ago in Ghana, a man who claimed to be a prophet had had loggerheads with his confidential pastor. This individual had come out to reveal that this prophet would never go to the pulpit unless he had enjoyed sex with women. He does not discriminate whether the woman is married or not. The aid confirmed this information by saying that he was the one who indeed arranged for these women to have sex with the prophet before he went to preach on the pulpit. With this information reeling in the eyes of many people, the present study intends to find out whether there is some psychological support involved with this behavior or there might be some neurological disorder that has not yet been discovered. Could there be some neurological disorders (*Plithospobos* Crowded fear Neuropathy) lurking behind this behavior where men become obsessed with sexual intercourse such that they fear (πληθος φόβος) they must satisfy their needs else they would be disgraced in public by pouncing on a victim? As we all know, neurological disorders, such as epilepsy cannot be controlled in public. In the same vein, if the *Plithospobos* Neuropathy is the cause, then individuals could not control themselves concerning this serious sexual urge.

The objective of the Study

This study aims to investigate whether sexual intercourse immediately before disputation could capacitate individuals to perform well. This might help us to dispel the view that a neurological disorder is not behind this crowd fear. Since neurological disorders, such as epilepsy and seizures, Bell's palsy, stroke (brain attack), tension headaches, ataxia cannot be controlled

in public. The last-mentioned can affect speech, eye movement, and body [1,2]. In the same vein, if crowd fear (*Plithospobos* Neuropathy) is the cause, individuals could not control themselves in public concerning this serious sexual urge that turns itself into the fear of the crowd.

Research Questions

- Could sexual intercourse before thesis defense psychologically motivate individuals to perform better?
- Could sexual intercourse before thesis defense help individuals to possess psychological stamina?
- Could men rather than women report psychological motivation than women?
- How should the conduct of this kind of sexual experience be described from a neurological point of view?

Hypotheses

- Sexual intercourse before thesis defense will help individuals to perform better in their defense.
- Individuals will report psychological stamina to deliver.
- Men will describe intense psychological motivation than women.
- Sexual intercourse before the performance may be associated with a neurological disorder (*Plithosphobos* Neuropathy).

Literature Review

Theories on Sex and Neurological Disorders

Sexual desire commences in the brain of individuals. Right from the usual organs that receive "reward," erotic spur activates explicit regions of the brain at the peripheral level, genitalia, which links to the central nervous system through the autonomic nervous system. When damages occur to these central nervous structures and peripheral nervous structures, these can affect sexual function.

Patients who experience severe brain injuries of traumatic type or vascular origin frequently report having no sex with their partners. Therefore, sexual consequences of traumatic brain injuries and stroke are related. As often asserted by specialists, in stroke, it is not clear whether these effects are attributable to the concomitant use of antihypertensive [3].

Epilepsy, sexual gestures, genital automatisms, and even spontaneous orgasms could reveal complex partial seizures. In temporal seizures, erotic perceptions could be manifestations of an epileptic aura. Research has also revealed that erectile dysfunction and premature ejaculation is common in men who become plagued by Parkinson's disease. That is probably concerning the alteration of the dopamine system that characterizes this neurodegenerative disorder. The condition of hyper-sexuality, on the other hand, is present in connection with the treatment of this disease with levodopa. Erectile dysfunction is an initial symptom of extrapyramidal disorders, affecting the autonomous nervous system as in the case of multiple system atrophy.

Sexual dysfunction is when the spinal cord becomes hurt by traumatic injuries or multiple sclerosis. Altered sexual function

may be a consequence of compression of cauda equina, peripheral neuropathies, or injuries to the peripheral autonomic nervous system [4].

These and many related experiences make researchers suggest that accurate neurological examination should be obligatory in the management of patients who show symptoms of sexual diseases.

Brain Imaging with (MRI) and Neurological Disorders

The employment of non-invasive functional brain imaging techniques has elucidated which sections of the brain are engaged in during sexual excitement. Once injuries are detected in those sections and to the spinal cord and peripheral nerves that connect genitalia to limbic and cognitive centers, these can overwhelmingly affect sexual experience [5]. Concerning epilepsy, appearances of hypersexuality and hyposexuality interrelate with the site of epileptogenic foci in the temporolimbic circuitry and are mitigated by the sexual effects of drug application. There are sexual consequences of all neurological disorders which include epilepsy, stroke, multiple sclerosis, Parkinson's disease, and other familiar neurological disorders. That is all the more reason why management of sexual dysfunction from both disease and treatment is paramount to patients. Nerve-sparing techniques could mitigate the substantial sexual dysfunction in both men and women through surgical disruption of the autonomic nerves during radical pelvic surgery [6].

Sexual Disorders and the Brain Connection

Neurological disorders upsetting the brain, the spinal cord, or the peripheral nervous system are habitually responsible for sexual disorders. Their influence can be foremost and could be on top in the concerns of patients who are a neurological handicap. This is the case with the paraplegic. Medical literature and reviews that have originated from expert opinions and philosophers [7] have discussed them.

There have been many studies that dealt with subjects. The results reveal that sexual dysfunction can vary depending on the site of the lesion, its complete or incompleteness for the spinal cord, its natural history, the age of onset. The information present in the books varies depending on the pathology. Many neurological patients are on medication and an iatrogenic factor is not to be excluded when managing and comprehending the physiopathology of sexual dysfunction. Clinical trials appraising the effectiveness of pharmacological treatments are often precise. They point to one pathology. That implies that extrapolating to other neurological disorders is difficult and could even be dangerous in the presence of orthostatic hypotension. Due to the vicinity of the spinal centers controlling the bladder, sphincteric, anorectal, and sexual functions, the symptomatology is often mixed associating urinary, sexual, and fecal disorders. Therefore, the handling of urinary incontinence and management of anorectal disorders should come before the treatment for sexual complaints. Sexual disorder can be of great help in the neurological diagnosis in certain vicinities (extrapyramidal syndromes). Sexual dysfunction must be part of the overall management of neurological patients [8,9].

Stroke and erectile dysfunction

Men who have problems with erectile dysfunction are at risk from stroke events. Equally, post-stroke patients are also at high risk of erectile dysfunction, whereas a quantitative result from all the relevant studies has not been previously studied. A recent meta-analysis of twenty studies with a total of 3,382 stroke events was included, of which six studies were included for quantitative analysis, and the remaining 14 studies were calculated for the ratio of erectile dysfunction. Results from four eligible studies providing the erectile dysfunction cases showed that stroke patients were associated with a significantly higher risk of erectile dysfunction than the general population [pooled relative risk (RR) = 3.32, 95% confidence interval (CI): 1.25-8.82, $P = 0.016$]. Men with stroke were also found to be associated with a significant decline in International Index of Erectile Function -5 (IIEF-5) score as compared with the healthy controls [three studies, standard mean differences (SMD) = -1.8, 95% CI: -2.94 to -0.67, $P = 0.002$]. The prevalence of erectile dysfunction in post-stroke patients among 14 studies ranged from 32.1 to 77.8%, which were dramatically higher than that of the general population. The result of the GRADE-pro revealed that the quality of the evidence in this work was moderate. The investigation has confirmed the high prevalence of erectile dysfunction in men with stroke. Erectile dysfunction in stroke patients is a result of both neurological and psychological factors. Rehabilitative interventions rather than phosphodiesterase-5 (PDE-5) inhibitors were recommended to improve the erectile function for these survivors with erectile dysfunction [10].

Remarks on Literature Review

The review has shown that neurological disorders disturb the brain, the spinal cord, or the peripheral nervous system, which in turn causes sexual disorders to prevail. These sexual disorders' influence can hurt the concerns of patients who become neurologically handicap, especially those who are paraplegic. Some men have problems with erectile dysfunction, and they are usually considered to be at risk from stroke events. Post-stroke patients are also at high risk of erectile dysfunction. The employment of non-invasive functional brain imaging techniques (MRI) has elucidated which sections of the brain are engaged in during sexual arousal. These disabilities of the brain and spinal cord, which affect individuals' sexual response have been documented in medical literature and other reviews, which have originated from medical experts and that of philosophers.

But our focus is not on those who suffer a lack of sexual desire as a result of neurological disorders. But instead, on those individuals who become excessive sexual addicts due to the association with neurological disorders. Are the sexual desire disorders present due to the craving to release psychological tension or minimize tension headaches/pain? Is excessive craving for sex there to prevent seizures, brain attack, ataxia, or Bell's palsy? Or the sexual disorders are there to help them release tension, which could, in turn, aid them to face the crowd? These sexual intercourses before thesis defense would educate us to comprehend psychological motivation. It could help us to understand the relationship between sexual intercourse and psychological stamina. We could

then compare the healthy individuals' experiences with that of neurological patients, whose craving for sex is equivalent to sexual obsession.

Methodology of the Study

The researchers used the field experiment method (uncontrolled) to collect empirical materials. It was to investigate if sexual experience before the defense could motivate graduates to perform better in their defense. In this sense, the field experiment was not observational but experiential studies where graduates would account or report their experiences. In the investigation, 22 college graduates who had just completed their dissertations and were about to defend gave their time to participate. We assigned the sample in the field experiment to 11 members in the experimental group (9 women and 2 men) and 11 members in the control group (10 women and 1 man). The mean age was 26.9. There was the need to have a third group who were the three neurological disorder patients. The experimental group had sexual intercourse early in the morning (between 4.00 a. m. and 8.a. m.) before coming to face the crowd at 9.00 a. m. The control group, on the other hand, ate a nice favorite food before coming to face the crowd. The confidential aides' testimonies gave the third group (condition) experiences of sex since many adherents who were women had corroborated the numerous occasions they took place. Since the experimental and control groups did these acts right in their home environments before coming, we provided them with some additional reminders of these sensual experiences. They were provided with bottles of wine, snacks, and coffee or tea to augment their emotions and feelings before the defense. Additionally, we lighted candles and provided tape-recorded music, which only played romantic instrumental music. The song was titled "Love Making Music: Romantic Saxophone Music, Sensual Mindset, Background Music, and Instrumental Music." Good Vibes-Binaural Beats recorded it on YouTube. Both the control group and experimental group had the opportunity to enjoy these snacks with candle lights and soft music behind the scene.

The researcher and his assistant asked both groups, that is, the experimental group and the control group to report their experiences and return them within the next two days. We did this to prevent them from going through stress before their disputations, which were to be graded by their lecturers and the committee members. We asked them to report their age and gender. Anonymously, they have to report their experiences, which were guided by some numerous questions we presented to them.

As mentioned above, three persons make the group in the third condition, which were the people we considered had neurological disorders. We shall describe their conditions by using Psychobiographical notes.

Brief Description of Neurological Disorders

Person JF

He was officially diagnosed with Addison's disease. In 1950-51, X-rays showed narrowing of fourth lumbar vertebrae and some compression of fractures. His fifth lumbar vertebrae had collapsed.

As a result of this condition, he suffered from back neuropathic pain. Scientific understanding relevant to the condition is the life course of genetic autoimmune disease; the development and impact of severe osteoporosis; and the development of centralized pain, that is, permanent imprinting of pain memory in brain cells. Records reveal that because there were no blood tests, the real cause of osteoporosis could never be known. He lived on different drugs to maintain his health; among them were copious injections of testosterone, the male hormone, which had a deep influence on his sexual life.

Person TB

He was declared officially having a stroke when he visited Turkey the last time before his death. That means that he probably had stroke events but kept it secret because of the nature of his work. But we know that he was 15 months in his mother's womb until he was born. That might have caused some brain damage coupled with his untimely serious accident, which occurred during his 3rd year when a boulder nearly fell/fell on his head. This near-death experience might have had more damage to his brain, such that he could not continue his studies at a Secondary School because of his chronic pain. He dropped out soon from school after his first year. The next time we heard from him, he was mentally unstable and confused and went about cleaning dirt on people's shoes to earn a living in Legos city. Then, later he went to work at a poultry farm. His shamanistic practices revealed his psychopathological behavior before he became a person who organized "miracles," "healing," and "deliverance," programs. He was obsessed with sex before any preaching. He had many girls around whose purpose was to satisfy his sexual urge before he mounted the pulpit.

Person NG

At age 10, person NG was smoking marijuana/weed. He then started seeing visions already at JSS I and had confusing dreams. With his chronic pain, he went about aimlessly at first in the marketplace until he decided to sell things in the market close to a place where they kept patients with mental problems (Asylum Down). Later, he was inspired to go and study at a Secondary School and managed to get a university education as well. He was raised by a single parent and during that time he kept Rastafarian hair. Amid his career as a prophet, he traveled together with a woman to the Gambia. This woman later confessed that she helped the prophet consulted with a Juju man in The Gambia to help this prophet become a powerful preacher. He was obsessed with sex before any preaching. He confessed it himself that he had sex always with a woman before he mounted the pulpit.

Results

Experimental group

Women in the experimental group felt relaxed with sex. It helped them to reduce their anxiety. One man in particular among the experimental group experienced tension reduction and relaxation during the defense.

A 32 years old male graduate says these words: *"I was very anxious ever since the disputation date was announced. But having sex before the day energized me and put my mind at rest."*

A 23-year-old male graduate writes: *"Yes, having sex before the disputation made me feel a little less nervous. I also felt confident."*

A 27-year-old female graduate made this startling revelation: *"Sex always helps me perform better, so I feel it did again in my disputation."* And so were these female graduates with ages 31, 30, 27, 26 33, say something like: *"Oh yes, the sex did magic."*

Control group

Some control group members felt dizzy and calm with the wine, which was provided to them before the commencement of the defense. Though they did not have the manipulation with sex, "the food eating did not make me hungry, and I was able to concentrate.

A 27-year-old female graduate accounts: *"... Contrary to what I expected to feel, which was calm. I still felt nervous even after I had taken the wine."*

A 26-year-old female writes: *"I took wine hoping it would calm me down, but I was edgy throughout the disputation time."*

A 20-year-old male graduate described with these words: *"Yes, I think eating before the disputation calmed my nerves. I was feeling a little bit more confident than usual."*

Third condition/group

Sex was the symbol of relaxation and tension reduction even though many people attributed its use to juju or charms that helped these individuals to perform better in the podiums and pulpits. For these individuals who had neurological symptoms, sex was a means to treat their secret chronic pain, which they were suffering. Their constant sex addictions gave us the impression that without these behaviors, they could have broken down early. Thus, it was powerfully used to protect their unhealthy states, which were of pain, seizures, frustration, brain attack, which could release in public if they were to experience excessive tension while in the crowd. NG, in particular, used marijuana in secret, which had been corroborated by those who had been with him.

Discussion and Conclusion

Our studies have earlier shown that neurological disorders disturb the brain, the spinal cord, or the peripheral nervous system of patients, which in turn, originate sexual disorders. These sexual disorders' stimuli can injure the concerns of patients who become neurologically handicap, especially paraplegic individuals. Some men have problems with erectile dysfunction, and they consider them to be at risk from stroke events. Equally, post-stroke patients are also at high risk of erectile dysfunction. The use of non-invasive functional brain imaging (MRI) has clarified which brain regions are involved in sexual arousal.

In the present result, we know that people with neurological disorders are a handicap when it has to do with social functioning

in the public domain. Healthy people usually have no problem with social functioning in public. They do have pain in secret, and their treatments often have strong side effects. Some lack the cognitive power to function in the public domain. For these patients who had hidden neurological symptoms, sex was a means to treat their undisclosed pain, which they were in affliction. Their strong addiction provided us the impression that without these unusual sexual behaviors, they could have broken down early. They could not have functioned well in the public domain. Thus, sex was powerfully utilized to aid their unhealthy conditions, which were chronic neuropathic pain, seizures, frustration, brain attack, which could release in public if they were to experience excessive tension while in the crowd.

Women in the experimental group felt more relaxed with sex. The experience helped them to reduce their anxiety and hidden worries. Among these Experimental group members, some experienced tension reduction and relaxation during the defense. "I always enjoy sex to help me deal with difficult things."

This field experiment revealed that there are tension reduction and relaxation when some individuals have sex. Yet concerning the neurological patients, it is the reduction from tension and chronic neuropathic pain that they sought. It was not crowded fear that motivated them to be obsessed with sex.

Direction for Future research

Future research among the elderly men and women could help us to become more sure about these results, which employed young adult graduates who certainly had many important things to worry about them.

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