

ORIGINAL ARTICLE:

SEXUAL DYSFUNCTION IN PAKISTANI MARRIED WOMEN WITH CURRENT EPISODE OF DEPRESSION AND BIPOLAR: A QUALITATIVE STUDY

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ABSTRACT

The aim of this research was to study the aspect of Sexual Dysfunction in Pakistani Married Women with current episodes of Depression and Bipolar Disorder.

STUDY DESIGN

PLACE AND DURATION OF STUDY

Psychology OPD of Dr Tahira Wellness Clinics in Karachi, from 17th August 2021 to 2nd February 2022

METHOD

A sample of 8 participants was selected with the help of purposive sampling. Participants with medical conditions like Diabetes Mellitus, Hypertension, Substance use disorders etc were excluded from the study. Each of these participants was diagnosed with current episode of depression and/or bipolar and was undergoing therapy for the same. A semi-structured interview was conducted with each of these participants to deduce information about their disorders and sexual dysfunction. Thematic analysis was employed as the qualitative analysis technique for the evaluation of results gathered from interviews.

RESULTS

The analysis revealed two main themes: Past experiences and current relationships. In the theme, experiences sub themes of parental relationships and childhood experiences were observed. Whereas in the theme Current Relationships, subthemes of the current marital relationship and current sexual relationship were observed.

CONCLUSION

The themes and sub-themes revealed that married Pakistani women who are facing Depression and Bipolar current episode depression, also go through sexual dysfunction.

KEYWORDS

Depression, Bipolar Disorder, Sexual Dysfunction, Semi-structured interview, Thematic analysis.

INTRODUCTION

Sex is a complicated and multi-layered activity that is performed for a variety of reasons. It is essentially meant to procreate; however, procreation is not the only reason why individuals of both genders indulge in sex. It provides pleasure, relaxation, and affirmation of gender, and boosts self-assurance and awareness of attractiveness, which contributes to mutual satisfaction¹. The First & Tasman framework identifies seven components of an adult's sexuality, including gender identity, orientation, intention (what a person wants to do with a partner's body and has already done with one's body), desire, arousal, orgasm, and emotional satisfaction. Sexual identity consists of the first three components (identity, orientation, and intention), the sexual function of the second three (desire, arousal, and orgasm), and the sexual identity of the seventh component consists of our reflection on the first six². The impairment of any one of these areas constitutes sexual dysfunction. In the case of disorders caused by the first three components, they can better be called identity issues or sexual behaviour disorders, such as gender identity disorder, homosexuality, and paraphilia instead of sexual dysfunction.

Sexual dysfunction is an impairment of any of the three phases of sexual function. Among the symptoms of this disorder are libido loss, impairment of physiological arousal, and loss, delay, or alteration of orgasm³. According to the American Psychiatric Association, sexual dysfunction can be defined by disturbances in sexual desire and in the psychological and physiological issues related with the sexual response cycle in individuals.

The sexuality of an individual derives their self-discovery, attachment, pleasure, and self-esteem, it is clear that sexual dysfunction can instigate the loss of all of these. If not treated appropriately, this may lead to severe psychological trauma and severe depression, which can eventually lead to suicide. However, successful treatment is difficult considering the stigma attached to sexuality and concerns about it in most parts of the world. Many countries look down upon those who are struggling with sexual dysfunction. In South-Asian countries especially Pakistan, an open discussion about sexuality is not only prohibited by their religion but is also not deemed appropriate by the society and culture, as conservative Islam is combined with collectivistic values and culture. As a result, Pakistani women are deeply influenced by a tradition of not openly discussing their marital and sexual matters and respecting the dignity of their families and husbands. Hence a lot of individuals especially women are unable to express any issues that they may be facing in their sexual lives⁴. It has been observed that around 40-50 percent of women are affected by Female Sexual Dysfunction (FSD) at some point in their lives.

A Danish study determined that psychological issues and poor self-rated health problems were strongly linked with female sexual dysfunction⁵. However, there are yet few links between sexual functioning and common mental health disorders noted in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)⁶. It is well known that depression and antidepressants affect sexual function negatively (but only a few studies include women with bipolar disorder)⁷.

A study showed that sexual dysfunction was found in 47.9% of patients from a sample of 148 patients diagnosed with depression. This means that sexual dysfunction and depression have a bi-directional relation in which either of these can cause the other. Research also concluded that individuals who are taking antidepressants also go through sexual dysfunction thereby reducing self-esteem and affecting mood and relationships adversely. This research has highlighted that sexual dysfunction can also be caused due to the medicines being taken during the depression and not by the disorder itself⁸. Mood disorders such as depression and bipolar disorder lead to significantly greater impairment in sexual response cycles like desire, excitement, and the ability to achieve orgasm. If proper counselling and treatment are not provided to the patient, this dysfunction can also lead to suicidal ideation in the affected individual⁹.

The aim of the present study was to investigate the impact of Sexual Dysfunction in married Pakistani women having depression and bipolar disorder. Since there is a gap of literature available regarding sexual dysfunction in women from Pakistan, this research will act as a cornerstone for further research in the future. It will also help future researchers know that due to a lack of focus on the sexuality of the female population in Pakistan, a number of women in Pakistan continue to live each day in agony and despair thinking about what they are going through in their sexual lives is something that's not valid.

METHOD

RB Date: 2 August 2021 and Study Date was 17 August 2021 to 2nd February 2022. Psychology OPD was conducted at Dr Tahira Wellness clinics in **Karachi**. The population from which the sample of 8 participants was drawn were the clients who had signed up for therapy. Each participant was diagnosed with current episode of Depression and Bipolar and was facing sexual dysfunction in their marital lives. A sampling frame

of 10 participants was initially chosen to ensure data satiation would be reached. Research suggested not limiting the number of selected participants initially but instead selecting participants gradually until the data reached saturation point, at which time participant selection would end. The researcher concluded data saturation was reached after eight interviews and ended participant selection¹⁰. Creswell and Creswell noted that data saturation in qualitative research is typically achieved with five to 25 participants, so the eight interviews conducted fall within this recommendation. Since the data is in the form of case studies, an unstructured format of questions was followed. A consent form was signed by each participant which clearly mentioned that their information is going to be used for research and that their names will be changed to ensure confidentiality.

RESULTS

Table

Main Themes and Sub-themes

| Main Themes | Sub-themes |
|----------------------|--|
| Past Experiences | <ul style="list-style-type: none">● Parental Relationship● Childhood Experiences |
| Current Relationship | <ul style="list-style-type: none">● Current Marital Relationship● Current Sexual Relationship |

PAST EXPERIENCES

Patients who were diagnosed with Bipolar or Depression and were also facing sexual dysfunction were asked to provide with different factors regarding their past experiences. It was found that their experiences were somewhat similar and hence played a vital role in sexual dysfunction. Amongst the various factors, some of the most common reasons found were their relationship with their parents and sexual abuse in childhood.

- “She described her relation with her father as disturbed, due to his dominating and authoritative personality”
- “Presence of emotional and physical abuse, unfulfilled needs, and neglect in childhood by the father have further aggravated her distress”
- “According to the client, her mother and her two elder sisters had dominating and authoritative natures, with excessive dictation”
- “This discrepancy between her parents’ ideologies resulted in conflicts between them, which the client witnessed as a child.”
- Her father’s dominating and aggressive personality also lead to the development of marital conflicts between the client’s parents, as her mother felt fearful of her husband”
- “She reflected that she obeyed her father for his attention and approval, while she cared for her mother because she pities her and thinks that her mother is helpless due to her father’s domination”

PARENTAL RELATIONSHIPS

One of the most common past experiences amongst the patients was their relationships with their parents. The patients did not have a stable relationship with their parents in childhood, or even as adults. However, in most of the cases, the patients had a disturbed relationship with their father, who they thought as dominant, aggressive, and unreachable whereas their mother was submissive, caring, and tolerant. The trait

of being aggressive or dominant from either of the parents was constant among all the patients. This caused them to feel neglected and traumatized them hence resulting in psychological distress.

- “It was identified that she had relational conflicts with her parents, especially her father who, although had been financially supportive of the client, but had a dominating and aggressive nature”
- “Her father’s dominating and aggressive personality also lead to the development of marital conflicts between the client’s parents, as her mother felt fearful of her husband”
- “She reflected that she obeyed her father for his attention and approval, while she cared for her mother because she pities her and thinks that her mother is helpless due to her father’s domination”
- “The client discussed that her mother was adequately attentive to her needs, caring and loving, whereas her father was mostly unavailable on account of his business. Thus, from her father’s side, the client felt neglected”
- She described her relation with her father as disturbed, due to his dominating and authoritative personality
- She reported that her mother experienced fright and adopted a submissive role due to the dominating nature of her husband (i.e. client’s father). Resultantly, her mother’s unassertive nature brought fort
- her relationship with her mother, to date, has been strained due to her dominating nature and strictness towards rules and regulations.

CHILDHOOD EXPERIENCES

The patients also faced another similar factor which was their childhood experiences. Despite the fact that each patient had a different childhood experience, it was clearly evident that it left them traumatized which later developed into psychological issues. The patients in their childhood faced low self-esteem, due to which they were shy and were scared most of the time. Furthermore, the clients felt that they needed to be good, tolerant, and submissive in order to receive the love of their parents.

- The client had a defect in one of her eyes from birth, which caused her to have low self-esteem and poor body-image from childhood till adolescence. She also feels that she was subjected to rejection and emotional abuse by others, due to her defective eye. She reported not being praised like other female members of the family and avoided taking group pictures at family gatherings so that she defective eye couldn’t be captured. Till the age of 19, she had undergone this trauma and was distressed due to her eye appearance.
- The client also reported feeling shy and extremely scared over everything during her childhood for no apparent reason. She stated that she was quiet, and did not socialize much with others.
- In order to fit in the role of a ‘good’ child and gain acceptance from her parents, she tried to be more forgiving and tolerant. Since she was the eldest, according to her, she always tried to rectify and better the situations.
- Regarding her childhood, the client reported that she is the middle child, with one elder sister and a brother, who got married early. Therefore, the client had been subjected to her father’s high expectations regarding her education and academic achievements. On the contrary, her mother believed that girls should be married off early. This discrepancy between her parents’ ideologies resulted in conflicts between them, which the client witnessed as a child.
- Since childhood, she hadn’t been able to perform and deliver results in studies up to the high expectations of her father, therefore her relationship with him had become strained.

CURRENT RELATIONSHIPS

The patients currently faced issues in two main domains of their life, firstly their marital relationship and secondly their sexual relationship. The clients however faced severe issues in both these relationships due to

their depression or bipolar disorder. There was however a difference in the sexual desire of the clients but all of them faced issues regarding it.

- According to her, during the initial years of her marriage, her sex life had been adequate. But since the onset of her depressive symptoms, she tends to feel low, with a decreased interest in sexual activities and thus tries to avoid them. She reported agreeing heartlessly to indulge in sexual relations with her husband upon his initiation. Additionally, she also reported that she lets her husband perform and reach his release quickly, but fails to orgasm herself as she has low interest and desire.
- the client suffered from another manic episode after her marriage and mostly stays in a depressive state. She is a high functioning person, who practices her profession with the help of psychotropic medications for bipolar disorder

CURRENT MARITAL RELATIONSHIP

The clients were facing issues in the marital relationship. Some of the clients' in-laws were the reason that they were disturbed however, their depressive and manic episodes also made it harder for them. According to the case reports the clients were not satisfied with their marital relationship due to various different reasons amongst which was unsatisfactory sexual life.

- She is also subjected to familial pressure to conceive a child, which acts as a trigger for her depressive symptoms. Her brother-in-law's wife, who was married last year, is currently pregnant, which further depresses the client as she is concerned that she cannot conceive due to her performance issue. Moreover, the client had not disclosed her issue to any member of the family, except recently to her mother-in-law, after her persistent insistence on consulting a doctor, or other people's advice on using the IVF method.
- After her marriage, the client experienced difficulty adjusting to the highly dominating and authoritative male figure, i.e. her husband, since her father had been a supportive, soft, and polite male role model for her. As a result, of her husband's excessive domination, the client reverted to being shyer than before. She had trouble speaking up, and till date, faces difficulty while communicating with her husband. She is fearful of her husband because of his aggressive and controlling nature, who dictates her actions.
- the client suffered from another manic episode after her marriage and mostly stays in a depressive state. She is a high functioning person, who practices her profession with the help of psychotropic medications for bipolar disorder
- Due to unresolved trauma, over the period of time, she had developed verbally aggressive tendencies, which now cause disturbance in her marital life.
- since the past month, her symptoms have aggravated to the level that she separated her room from her husband's.

CURRENT SEXUAL RELATIONSHIP

The main issue that the clients were facing was of their sexual relationship with their partners. Due to their manic phase, most of them had higher sexual desires and needs whereas those who has depressive episodes were very low sexual desires.

- The client disclosed that her sexual relationship with her husband has always been disturbed. She experiences low sexual desire and has separated her room from her husband's. She reported engaging in sexual activities only upon initiation and being insistent with her husband, whereas she has a disinterest in them and fails to reach orgasm most of the time.

- Additionally, during the manic phase of her bipolar personality, she develops heightened sexual needs, which remain unfulfilled due to the unavailability of her husband, on account of his business trips. The unfulfilled sexual needs generate feelings of frustration and exaggerated anger in the client which she displaces by breaking objects or hitting her children
- She also narrated that she has had higher sexual needs as compared to her husband, who used to be intimate, but not as much as she needed.
- The client also reported a loss of interest in sexual life, with decreased libido and sexual needs. She also stated that previously her sexual life was adequate, but in the past few months, after her depressive symptoms increased, she refused to engage in any sexual relation with her husband and rejected his advances as well.
- According to her, during the initial years of her marriage, her sex life had been adequate. But since the onset of her depressive symptoms, she tends to feel low, with a decreased interest in sexual activities and thus tries to avoid them. She reported agreeing heartlessly to indulge in sexual relations with her husband upon his initiation. Additionally, she also reported that she lets her husband perform and reach his release quickly, but fails to reach orgasm herself as she has low interest and desire.

DISCUSSION

Humans are complex beings that are shaped by a number of factors that impact our personalities, thoughts, daily interactions, and even our sexuality. Sexuality is a complex development synchronised by the neurological, vascular, and endocrine systems¹¹. Impaired sexual function can have psychologically damages. In some cases when the female sexuality is highly disturbed, eventually leads to divorce, and problems in reproduction. To simply put any form of sexual dysfunction in women can be an issue that may have a negative impact on not just her life but also on those of the people around her. While the prevalence and risk factors for male sexual dysfunction is not much known until the present times¹².

The literature available regarding sexual dysfunction in females is even scantier pertaining to women living in Pakistan. The main reason for the same is the prevailing taboo related to sexuality. Therefore any/all issues relating to sexuality in both genders are considered as a topic that cannot be discussed with people. In Pakistan, women are underprivileged in the freedom of choice of their sexual partners. This gender inequality increases their risk of violence and mental disorders and decreases women's ability to have a healthy sex life¹³. This is why most women in Pakistan are unable to seek the help they need for issues related to their sexuality. Hence, this research suggests that Pakistani women tied their explanations for both positive and negative sexual outcomes more strongly to the assessment of their relationship with their husbands. This means that most women are not aware of the fact that sexual issues are not just due to their partners and there are many underlying issues that may be causing the same.

Sexual dysfunctions combined with marital issues that are faced by married women of Pakistan can cause psychological disorders such as depression and bipolar disorders. A study found a relationship between depression with certain sexual issues¹⁴. Studies conducted in 10 countries for the World Health Organization (WHO) reported that women who experienced abuse were significantly more emotionally distressed and more likely to consider or attempt suicide¹⁵. Moreover, numerous Pakistani studies indicates that depression is a common problem in women and identified numerous socio-demographic risk factors.

Unlike depression which is now a somewhat known disorder in the Pakistani community, Bipolar disorder is relatively unknown and hence carries its own set of taboos and myths. According to this study comparing Bipolar I, Bipolar II, and healthy individuals with hypersexuality, Bipolar 1 had increased implicit sexual interest

while there was no significant difference in explicit sexual interest or sexual dysfunction. Whereas, in the depressive phase the increased libido takes a turn and it decreases¹⁶. Researchers found that more than 70% of drug-naïve women with depression had sexual dysfunction in a recent study evaluating depression in drug-naïve women. Sexual dysfunction was also linked to depression severity, according to the study. It has been estimated that women's risk of developing sexual dysfunction increased with age after becoming depressed¹⁷. These inconsistent levels of libido can bring about many issues in sexual relationships and may even cause sexual dysfunction in some cases.

Two main themes were identified in the sample: Past Experiences and Current Relationships. These two themes have been observed to impact the sexual dysfunction in Married women along with their diagnosed disorders (Depression and/or Bipolar Disorders). The theme of Past Experiences includes sub themes of parental disturbed relationships and childhood experiences. A study indicates that predictability of sexual dysfunction is associated with secure and distance attachment style to the mother¹⁸.

Whereas the theme of Current Relationships includes current marital relationships and current sexual relationships. When it comes to current marital relationships many women face marital rape which also impacts their current sexual relationships. Some women with a history of marital rape report flashbacks, sexual dysfunction, and emotional pain for years after the violence. About 10-20% of the women surveyed in 5 out of 10 countries believed that a woman does not have a right of consent for sexual activity with partner¹⁹. In another study in Pakistan, 95% of women reported committing verbal abuse by male partners is viewed as a norm²⁰.

Limitations

This study enlightens us regarding female sexual dysfunction in those who have bipolar and current episodes of depression. However, there are certain limitations to the study. Firstly, the data was collected from only 8 females hence data from more females would provide more reliable data. Furthermore, the interviews should have included more questions that would help specify the type of sexual dysfunction and the kinds of therapies being applied. Moreover, this research provides a ground for future researchers and a longitudinal study would be helpful for a deep analysis of this issue.

CONCLUSION

All participants were female as the investigation was based on the impact of sexual dysfunction on married Pakistani women experiencing depression and bipolar disorder. The frequency of bipolar disorder occurrences in these women is lesser as compared to depression.

The main dilemma leading to these mental dysfunctions was attributed to both Past experiences (Parental Relationships and Childhood experiences) and Current Relationships (Current marital relationship and current sexual relationship) Pakistani married women face in their marriages.

The findings of this research might be significant for mental health experts in Pakistan searching for the treatments for depression and bipolar disorder and the influences sexual dysfunctions make on these women after being bound in marital relationships.

CONFLICT OF INTEREST

None

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