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Case Report

Depression and Marital Dysfunction in a Swinger Couple: Case Report

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Abstract

Depression is a pathological alteration of mood with a drop of humor in which affective symptoms (feelings of pain, guilt, loneliness and irritability) predominate, are also present cognitive symptoms (low attention, decreased memory, suicidal thoughts), volitional (apathy) and somatic (headache, pain and sleep disturbances), so it is a global involvement of psychic sphere. Existing problems within couples are able to generate organic pathology; this forces them to demand medical attention, attending consultation for support but without exposing, except in rare cases, problems that have affected the marital interaction. we report a 38 years old patient which has a chronic depression secondary to marital dysfunction and sex swinger type for 18 years, who responded favorably to drug therapy and cognitive behavioral therapy individually and as a couple.

Keywords: Depression; Marital dysfunction; Swinger

Introduction

Depression is a pathological alteration of mood with a drop of humor in which affective symptoms (feelings of pain, guilt, loneliness and irritability) predominate, are also present cognitive symptoms (low attention, decreased memory, suicidal thoughts), volitional (apathy) and somatic (headache, pain and sleep disturbances), so it is a global involvement of psychic sphere [1]. In many cases this alteration may affect other existing subsystems of individual, conjugal especially.

Marital subsystem is constituted when two adults of different gender are united with express intention to form a family. It has specific tasks and vital functions for family functioning. Marital subsystem must reach a limit to protect it from demands and needs of other systems, adults should have own psychosocial system (without being drowned by family source systems or subsystems of children themselves) [2]. To assess marital subsystem different scales are used, most used in Mexico was proposal by Chavez which assesses five areas of marital functioning: communication, roles, sexual satisfaction, affection and decision making; communication area is considered most important by providing most points in scale [3]. Communication area is where couple disclosed intentions, desires, and plans and where agreements and limits are generated for proper coexistence.

Swinger couples are at high risk of contracting sexually transmitted infections by number of sexual partners. This practice can play a key role in transmission of infections, both within own network (swingers) and other populations (family). There are also studies showing an association between swinger relations and other risk behaviors such as drug use and sexually transmitted infections [4]. Marital functionality is an unknown aspect in couples who have swinger relations, however, one aspect to consider is impact that can generate within subsystems this type of practice and as areas of marital functioning are important for a couple decide to have swinger relationships.

Case Presentation

C.S.A. is a 38 years old woman who comes to psychiatry referring sadness, loneliness, irritability and high sensitivity; also feelings of failure as a wife and human being, besides discouragement, weariness of life and daily discussions with husband. Within family history is the youngest daughter of a family composed by mother, father and two brothers, she work in a department store. Her mother suffered depression 8 years ago by death of husband for acute myocardial infarction, was treated with fluoxetine and after a year of treatment was discharged. In C.S.A. medical history denies drug allergy, surgical events, and transfusions and does not suffer chronic diseases. Has morbid obesity with weight 105 kg and height 1.52 meters with BMI 45.5 kg/m^2.

During examination, says that condition began 18 years ago when left home to start new life with her husband. At beginning, symptoms were mild and occasional, but over years have only been increasing, this state is permanent all day but is exacerbated in afternoon, before her husband arrives. Feel sadness and anguish, she does not know what to do or how to act; usually think in his life and past behavior, only thing she does is try to be alone or go to church to pray. She recognizes that this situation has affected work and personal life; she does not practice hobbies that used to do. She liked reading and studying, go for a walk and, on weekends, go to countryside and spend hours at house and gardens. On physical examination are not organic alterations. Finally, when asked about marital relationship does not talk about it, avoid questions and concerns that relationship is normal. Treatment was initiated with fluoxetine 10 mg daily.

In next follow-up appointment three months later, refers continue with initial symptoms despite medical treatment, presents tearfulness and death wishes, so that an interrogation led to marital sphere was made, she cries when describing marital relationship however said that relationship is good, with frequent samples of

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Table 1: Conjugal subsystem functionality test [3].

Functions	Never	Occasionally	Always
Communication			
Do you communicate directly with your partner?	0	5	10
Does your partner clearly expresses the messages?	0	5	10
Is there congruence between verbal and analog communication?	0	5	10
Roles			
Does your partner fulfill roles allocated?	0	2.5	5
You are satisfactory roles assumed by your partner?	0	2.5	5
Sexual satisfaction			
Are you satisfied with frequency of sex?	0	5	10
Are you satisfied with quality of sex?	0	5	10
Affection			
Are there manifestations of physical affection in your partner?	0	2.5	5
Is the time spent with your partner enough?	0	2.5	5
Are you interested in development of your partner?	0	2.5	5
You are loved by your partner?	0	2.5	5
Decisions			
Are important decisions taken together?	0	7.5	15
Interpretation (points) 00-40 severely dysfunctional couple 41-70 moderately dysfunctional couple 71-100 functional couple			

affection. Lost her job last month because of many absences that had for several months. Medication is changed for sertraline 50 mg daily by lack of response to fluoxetine. In third follow-up visit, patient reported slight improvement of symptoms, this time looks relaxed, with face expressions and cooperative during interrogation. When questioned again about relationship, patient cries and says that for 18 years supported a situation which although initially was accepted by herself, with passage of time caused physical and emotional problems that never told her husband, they have swinger sex.

Our patient began with swinger sex relationships by husband because he wanted to have that experience, initially accepted this relationships for love and to live that experience. Couples who have sexual encounters were strangers, contacted through websites which visited together, they established a time and place where meeting took place. Although initially these relationships were accepted by our patient, over time she did not like but never told her partner for fear to have discussions. She continues with established treatment and cited again in a month with husband. A month later patient attends accompanied with husband, during consultation a test of conjugal subsystem functionality was made, in which our patient gets a score of 20 points (severely dysfunctional couple) and husband a score of 75 points (functional couple), differences between conjugal subsystem vision was demonstrated. Husband has intention of helping his wife to improve health, so both are send to psychology for couple therapy and improve marital relationship. Continues with sertraline 50 mg daily, individual and couple cognitive behavioral therapy as nonpharmacological treatment with good results in a year follow-up (Table 1).

Discussion

Swinger word is derived from English verb "to swing" which means balance, freedom of movement; swinger, is that person, married or single, who choose to exercise freedom of action in sex life. This includes sharing partner, practice of sex in groups and all variations that may arise with its [5]. Swinger practice has occupied important spaces in different social circles, achieving awakening and generate multiple feelings, not only in people who practice swinging, but also in people who know about that. In 60's there were worldwide publications containing swinger ads and began to organize swinger parties. In 70's first swingers clubs were founded. In 80's and 90's swinger community spread to almost every country [6].

In this case couple exchange activities occurred when marriage is involved with a similar or an unmarried individual. Swinger couples claim that incorporate third parties on sex improves sexual couple bond and helps improve life together by communication and trust they have, considering swinger life as style that accepts a wide range of erotic and sexual activities made between two or more. As consent exists is thought that there is not any violation because it is voluntary, but it is important research that may be violated rights despite mutual consent [7].

Based on above, one important condition to have swinger conjugal relations is a proper conjugal functionality, with a excellent communication; communication is the most important thing in marital subsystem and, as noted in previous case there was no adequate marital communication, so that negative feeling of our patient towards such relationships are perpetual over time and damage relationship generating negative feelings. Depression was

diagnosed based on DSM-V and treatment was established according to clinical Mexican guide for depression [1], with satisfactory results.

Studies in Mexico show that most important areas for conjugal dysfunction are communication and affection [8], communication is an important indicator for functionality, as means to exchange experiences, ideas, feelings, beliefs [9], couples with poor communication are more likely to have marital dysfunction than couples whit clear and direct communication [10]. Based on above it is easy to assume that cause of depression and marital dysfunction in marriage case was miscommunication and low affection, combined with risky sexual practices. In humans, sexual behavior is not necessarily linked to reproduction, reproduction it is one of most potent natural reinforces. It seems clear that pleasure caused or expectation of desire for sex is main psychological determinant of sexual behavior [11].

Conclusion

Swinger couples experience lifestyle covertly of society; similarly, these couples are not sealed to other experiences like threesomes, bisexual contacts, voyeurism, orgies, sadomasochistic. However, it is a common factor that each expression or contact to be made with other couples is agreed with previous permission. Our patient initially accept relationships, however, with passage of time realized that did not like but never told anything, so continued performing despite intrapersonal conflicts that caused it.

Swinger faces criticism and social rejection, also faces sexual risks between its members and it may be strengthening of relationship or otherwise destroying it. One of most difficult in swinger lifestyle and conjugal subsystem is jealousy and risk of falling in love with exchange partner. Fidelity in Swinger culture is often ignored by its members with couple approval. Even emotional aspect is obviated by rules that this culture has. Couples with a lifestyle Swinger, approach relationship from sexual aspect, obscuring another relationship areas, complicity is argued, however, relationship is based on sexuality. Further research is needed to determine if consent of partner to maintain a lifestyle out of ordinary could contribute to family/marital dysfunction or marriage rights violations.

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