

CASE REPORT

“Any Kind of Crisis Can Be Good. It Wakes You Up”: A Case Report on Infidelity, Posttraumatic Stress Syndrome, and Hypersexuality

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ABSTRACT

Love is frequently regarded as a source of pleasure and emotional accomplishment. On the other hand, infidelity or betrayal is a state of traumatic experiences that shakes and rocks a marriage to the bottom of trust. The traumatic experience leads to a clinical psychiatric syndrome, as reported by Mrs H in our case report. After discovering her husband, Mr A, had been unfaithful, she began to exhibit depressive symptoms along with features resembling post-traumatic stress disorder. The couple also experienced significant relational damage, with thoughts of divorce, which were observed. Mrs H reacted to the betrayal by having a reactive hypersexuality. However, early marital counselling helped the couple reconnect emotionally and address unmet emotional needs, contributing to their recovery. We explored the personal and relational factors that enhanced the couple's resilience in the face of various reactions to a discovered affair. Ultimately, we illustrated how the couple's delicate experience brought hope to the therapeutic process.

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INTRODUCTION

Infidelity is conceivably one of the most complex issues faced by couples therapists. Although clinical work and opinions on this topic are widely available, the research literature is sparse. Between one-third and slightly more than half of betrayed individuals suffer from symptoms of posttraumatic stress disorder (PTSD), depression, and anxiety psychopathology (1).

On the other hand, hypersexuality has been reported in individuals with infidelity (2, 3). Hypersexuality occurs when a person is preoccupied with thoughts of sexual themes, such as having sex with their partner. They are infatuated with engaging in sexual activities, including sexual fantasies, and frequently not related to pornography (2, 3). Individuals with hypersexuality

experience substantial distress or significant impairment from their sexual acts, such as frequent sexual engagement, sexual approaches in inappropriate settings, and problems with intimate relations.

In this case report, we highlighted a case of a 50-year-old lady with trauma-related symptoms after she found that her husband was having an intimate relationship with his colleague in his workplace. She also reacted by becoming more hypersexual and increasing her sexual activity with her husband.

CASE REPORT

Mrs H, a 50-year-old professional, has been married for 20 years. Her husband, Mr A, is also a professional working for a large conglomerate, and he needs to be away regularly for outstation assignments. They were blessed with two children. As a high-ranking professional, Mrs H was preoccupied with a very busy workload and frequently had to travel overseas.

Around three months prior to the psychiatric consultation, Mrs H presented with low mood, reduced appetite, poor concentration, tearfulness, insomnia, and anger towards her husband. These symptoms started after she discovered her husband's affair with his colleague. She identified an intimate sexual text from her husband to a lady colleague. They were also together inside a hotel room on a business trip. Though Mr A admitted to having an intimate relationship with his colleague, including hugging her in a hotel room, he denied any sexual intercourse.

Mrs H refused to confront her husband's colleague, the lady who frequently travels with him. She anticipates that her action would hurt her more if "she knew the truth." Her husband's betrayal caused her to feel depressed almost every day for more than two weeks, which qualifies under the diagnosis of a major depressive disorder without psychotic features. In addition, she also experienced PTSD symptoms, such as being easily startled when she cried and feeling tense on many occasions, even when she was at work, particularly when she was alone in her office. This significantly impacted her work quality, as she had difficulty concentrating, missed major appointments, and repeatedly asked her subordinates questions. She experienced difficulty falling asleep and interrupted sleep. She had early morning awakenings due to frequent nightmares of being abandoned by her husband in a dark place. Mr A's outstation trips further worsened her symptoms. She was easily irritable and had aggressive outbursts as she thought that the lady was having an affair with her husband. She imagines that the lady is sitting next to her husband's seat in their new 4x4 wheel car, subsequently having a good time chatting in a hotel.

Ever since the betrayal, Mrs H has behaved differently, and this change of "weird behaviour" was validated by her husband, especially her "sexual appetite." According to Mr A, his wife, Mrs H, appears more sexually appealing compared to before, when she did not care about her appearance. She applies lipstick, cosmetics, and red lingerie to attract her husband to have sex with her. Indeed, she requested more frequent sex than before, and the frequency of sex increased, especially when Mr A was scheduled for a long outstation for work. The couple have more motivation for sex and sexual behaviours. However, she denied any symptoms of sex addiction syndrome, like consistent preoccupation with compulsive sexual behaviour.

Mrs H was diagnosed with major depressive disorder. Although Mrs H exhibited trauma-related symptoms such as hypervigilance, nightmares, and emotional distress following the betrayal, these symptoms did not fulfil the full DSM-5 diagnostic criteria for post-traumatic stress disorder, particularly in terms of symptom duration and diagnostic clustering. Therefore, a diagnosis of major depressive disorder with trauma-related features was

made. Mrs H was not prescribed medication. She opted for marital counselling with her husband. No individual trauma-focused psychotherapy was administered. The couple, Mr A and Mrs H, undergo a series of marital sessions with a psychologist where open and honest communication with the partner is pivotal and crucial. While it may be thought-provoking, discussing the underlying motivations for moving forward and sharing their emotional state will help both partners recognise and navigate this tumultuous period. A skilled therapist can deliver a safe space for both parties to explore, discover, share, and address their feelings, empowering them to recognise and adopt understanding, empathy, and resilience. The journey towards healing by Mr A and Mrs H was achieved after three sessions addressing the traumatic syndrome. Following three counselling sessions, the intensity of Mrs H's sexual behaviour gradually decreased. It became more reciprocal and emotionally motivated, aligning with improved emotional intimacy and trust.

DISCUSSION

Infidelity is widely recognised as a significant issue in romantic relationships and is often viewed as morally unacceptable (4). Infidelity, as a form of betrayal within romantic relationships, often disrupts an individual's fundamental beliefs about themselves and their partner, thereby affecting their sense of safety and trust in future intimate connections (5). Such experiences can be highly distressing and have detrimental effects on the psychological well-being of those who have been betrayed (4). In addition to its emotional toll, infidelity may also elevate the risk of exposure to sexually transmitted infections, further impacting both physical and mental well-being (5).

Given its potential to profoundly shape one's self-concept, infidelity can be perceived as identity-shattering and traumatic, possibly resulting in psychological responses similar to those observed in DSM-5 Criterion A traumas (5). A cross-sectional study involving 162 participants aged 19 to 40 who had undergone betrayal in a romantic context revealed that a significant majority (93.21%) scored above the threshold indicative of probable post-traumatic stress disorder (PTSD), with many also exhibiting severe symptoms of depression, anxiety, and stress (4).

Hypersexuality, which is commonly reactive after a betrayal, is an excessive desire for sexual intimacy or sexual activity, frequently stemming from the agony of infidelity. This case offers insight into an under-recognised form of reactive hypersexuality as a relational strategy rather than a pathology. It illustrates how psychological trauma from infidelity can manifest in increased sexual engagement to regain emotional closeness, validation, and control (a clinical presentation seldom addressed

in traditional literature). Subsequently, as an attempt to regain a sense of self-control, validation, self-worth, and closeness after the aftermath of an affair, the couple is taking a U-turn by “spicing up” their sexual relationship by being excessively sexual. Though it may appear opposing, this reaction has significant psychodynamics. In seeking intimacy, the person who has been betrayed seeks reassurance and emotional closeness from their partner. Engaging in excessive or hypersexual behaviour could help reestablish this “lost” bond and connection. Sexual activity or sex can also serve as an instinctual reminder of the sharing “oath” between the two partners amidst the confusion, chaos, and uncertainty in their relationship. This psychodynamic response may also reflect an unconscious attempt to counter feelings of abandonment and narcissistic injury by re-establishing desirability and relational significance within the marital bond.

In this case, the term ‘reactive hypersexuality’ is used deliberately to distinguish from hypersexual disorder. It was not marked by loss of control or distress, but rather by an adaptive, although intense, effort to preserve relational closeness and self-esteem. After discovering the betrayal, Mrs H started to feel rejected, with a loss of self-worth, and a total sense of inferiority and inadequacy. Engaging in sexual activity may serve to find solace and reclaim some semblance of voluntary control over this chaotic relationship. This may lead to increased sexual intimacy, thus restoring the sense of self-worth hurt by the betrayal.

Interestingly, reactive hypersexuality may also be driven by underlying subconscious or unconscious anger and a yearning for revenge. This paradoxical situation may empower the betrayed partner to reassert their sense of fantasised self within the relationship by establishing their sexuality as a source of control and domination. This phenomenon may represent a natural psychological response to the profound emotional pain and relational upheaval following an affair. However, it is vital to examine how this response could impact the individual’s healing process and the relationship in the long term.

Indisputably, a betrayed spouse most likely will undergo severe distress. The consequences of this can result in anxiety, obsessive-compulsive disorder (OCD), and posttraumatic stress disorder (PTSD). Therefore, it is crucial to support couples with early marital counselling. The goal of marital counselling is to help couples communicate more effectively, identify and resolve conflicts, and build stronger emotional bonds to improve and strengthen their relationships.

CONCLUSION

This case provides a valuable example for physicians in practice, especially those in primary care, to recognise

a couple’s concerns that may go unnoticed in a busy clinic. Furthermore, marriage-related concerns that can have a major impact on a person’s psychological health are learned through experience and self-gained knowledge rather than being explicitly taught in medical schools. Marital counselling sessions may prevent psychiatric illness and improve relationships between couples for a better, more productive, and higher quality of life. Clinicians, especially in primary care, should be trained to recognise emotional distress as a potential manifestation of relational trauma. Simple screening questions related to marital satisfaction or recent betrayals can lead to timely referrals for counselling and prevent chronic psychiatric sequelae.

While pharmacological treatment or TF-CBT may benefit PTSD, in this case, a non-pharmacological, couple-based intervention was prioritised based on the couple’s preference and therapeutic goals. The journey towards healing by Mr A and Mrs H was achieved after three sessions addressing the traumatic syndrome. This experience is exclusive, where resilience and self-compassion will act as guiding ‘lights in this storm.’ This experience resonates with the notion that ‘any kind of crisis can be good, as it awakens insight and growth.’

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REFERENCE

1. Lonergan M, Brunet A, Rivest-Beauregard M, Groleau D. Is romantic partner betrayal a form of traumatic experience? A qualitative study. *Stress and Health*. 2021;37(1):19-31. doi: 10.1002/smi.2968
2. Rachman S. Betrayal: A psychological analysis. *Behaviour research and therapy*. 2010;48(4):304-11. doi: 10.1016/j.brat.2009.12.002.
3. Geiker KW, Giraldo A, Johansson KS, Bengtson S. Hypersexuality. *Ugeskrift for Laeger*. 2021;183(16):V10200769-V. PMID: 33913428.
4. Tauy JJM, Perez JA. Mediating Role of Infidelity-related Posttraumatic Symptoms in the Relationship Between Forgiveness and Psychological Health Concerns. *Psikoislamika: Jurnal Psikologi dan Psikologi Islam*. 2023;20(2):579-98. doi: 10.18860/psikoislamika.v20i2.23871
5. Jules BN, O’Connor VL, Langhinrichsen-Rohling J. Judgments of Event Centrality as Predictors of Post-Traumatic Growth and Post-Traumatic Stress after Infidelity: The Moderating Effect of Relationship