CASE REPORT

"The Green-Eyed Monster" in The Patient with Vaginismus: A Case Report

Nurul Hazwani Hatta[1], Hatta Sidi[2], Mohamad Farris Iman Leong[3], Tengku Mohd Saifuddin Tengku Kamarulbahri[3]

[1] Department of Psychiatry, Faculty of Medicine Universiti Kebangsaan Malaysia, 56000 Cheras, Kuala Lumpur, Malaysia
[2] Dean's Office, Faculty of Medicine, Universiti Kebangsaan Malaysia, 56000 Cheras, Kuala Lumpur, Malaysia.
[3] Department of Psychiatry, Faculty of Medicine, Universiti Sultan Zainal Abidin, 20400, Kuala Terengganu, Terengganu, Malaysia.

ABSTRACT

The term "green-eyed monster," coined in Shakespeare's Othello, metaphorically describes jealousy, which in clinical contexts may present as pathological jealousy or Othello syndrome (a subtype of delusional disorder). We report a case of a 30-year-old married woman who developed delusional jealousy towards her husband during the COVID-19 Movement Control Order (MCO) in 2021, coinciding with her sister's temporary stay in their home. The patient became preoccupied with unsubstantiated beliefs that her husband was romantically involved with her sister. Concurrently, she reported sexual pain and anxiety during attempted intercourse and was clinically diagnosed with vaginismus. A combined therapeutic approach was initiated, involving psychoeducation, relaxation techniques, and gradual desensitisation exercises for vaginismus. Despite limited engagement in psychiatric treatment for jealousy, the patient participated in sessions targeting her sexual dysfunction. This case highlights the clinical challenges in managing comorbid pathological jealousy and vaginismus, emphasising the importance of a multidisciplinary, holistic approach.
Malaysian Journal of Medicine and Health Sciences (2026) 22(SUPP4):189-191.doi:10.47836/mjmhs.22.s4.31

Keywords: The green-eyed monster, Othello syndrome, vaginismus, pathological jealousy

Corresponding Author:
Tengku Mohd Saifuddin Tengku Kamarulbahri,MMed (Psychiatry)
Email: tgsaifuddin@unisza.edu.my
Tel: +609-627 5546

INTRODUCTION

The "green-eyed monster" is a form of pathological jealousy that imagines "a monster that attacks people" based on Shakespeare's Othello description [1,2]. Jealousy refers to the perception of the threat of losing a significant and valued relationship to an actual or imagined rival, which includes cognitive, emotional, and behavioural components [1]. Jealousy is an unpleasant subjective experience of resentment, acrimony, deception, hurt, and loss of trust, mostly due to infidelity. A fit of jealousy is considered morbid, also called pathological jealousy, when it goes beyond the normal level of possessiveness within a society [1,2]. It causes distress to people surrounding the person, especially their partner.

We reported a delusional disorder in a patient who is suffering from vaginismus. Vaginismus is an involuntary muscle tightening of the outer ⅓ of the vaginal barrel, causing sexual penetration to be almost impossible. It was previously classified under sexual pain disorder (SPD), which caused a lot of distress to the patient and her sexual partner. In the Diagnostic and Statistical Manual, 5th edition (DSM-5), it is classified under the new rubric of Genito Pelvic Pain/Sexual Penetration Disorder as a fear-avoidant condition that poses a significant ongoing challenge to medical/ health professionals. The

aetiology of vaginismus is complex, with multiple bio-psycho-social determinants involving a bidirectional link between the signal between pelvic-genital (local) and higher mental function (central regulation).

We reported a case of a married lady, a 30-year-old, who was jealous of her husband during the movement control order (MCO) COVID-19 pandemic in 2021, as her sister started to stay with them. A brief dynamic and management approach is discussed.

CASE REPORT

A 30-year-old lady, Mrs A, nulliparous, presented with a history of pain while having sexual intercourse. Despite being married for almost one and a half years, the couple had engaged in sexual intimacy less than ten times. They recalled that they would spend around 15 - 20 minutes of foreplay until she got aroused, but any attempt at vaginal penetration, either by fingers or a penis, would turn her off. The duration of foreplay starts to dwindle over time. Due to her fear of pain, she would push her husband away and request him not to continue further. On many occasions, she would also feel tense and tighten her pelvic floor muscles in anticipation of vaginal penetration. On a few occasions, Mrs A started to scream due to an excruciating pain upon the penetration. Most of their sexual engagements ended with Mrs A tearfully reaching for the blanket to cover her body. Sometimes, she would cry under her blanket, and she would help her husband relieve his sexual needs either by oral sex or a hand job afterwards when she was calmer.

Of late, she described her husband refusing to engage in any activities related to sexual intercourse. There was no more caressing, hugging, or foreplay as before. Her husband told Mrs A that he would better opt for masturbation rather than trying to have sex with her. There was a time when there was an MCO's COVID-19 pandemic in 2021; Mrs. A's sister called her and said she got "trapped" and could not go back either to their hometown or her college because of the MCO and would like to stay in their apartment. Since her sister, a college student, is staying with them, and most of the time, her sister will be at home with her husband when Mrs A is working, Mrs A started to feel worried as her sister is young and not covering herself with a jilbab at home.

As Mrs. A's sexual relations with her husband deteriorated of late, she was worried that her husband would leave her for other women, including possibly her own sister, due to her inability to fulfil her duty as a wife. When separated from her husband, particularly while she was at her workplace, Mrs. A frequently initiated video calls to monitor his whereabouts and ensure he was not in close proximity to her sister, such as sitting together on the sofa or in the kitchen. She reported calling him up to ten times daily in an attempt to alleviate her persistent anxiety regarding his perceived infidelity. She claimed that after her sister stayed with her, her husband appeared less interested in sex. Recently, Mrs. A. checked on her husband's phone. Even when her husband was with her sister, Mrs. A. asked her husband not to look straight at her sister's face. After the MCO was lifted and her sister moved out of their house, Mrs. A felt less worried and anxious about her husband's fidelity. So far, there was no evidence that her husband was having an affair, but Mrs. A continued to monitor her husband's movements with a GPS tracking device.

A combined therapeutic approach was initiated, involving psychoeducation, relaxation techniques, and gradual desensitisation exercises for vaginismus. When the therapist introduced the possibility that the patient's persistent suspicions might be indicative of pathological jealousy, Mrs. A responded with defensiveness and maintained that her concerns were justified. She expressed a strong conviction in the accuracy of her beliefs, stating that she was merely protecting her marriage. In contrast, she was more receptive to the diagnosis and treatment of vaginismus, which she perceived as a somatic and less stigmatised condition. She attributed her jealousy to relational factors, including her husband's diminished affection and her inability to fulfil her duty as a wife, rather than to an underlying psychopathology. The patient subsequently disengaged from therapy after two sessions and did not return for further psychiatric or psychosexual intervention.

DISCUSSION

A study has shown that "feeling jealous of other women" and "feeling isolated from other women" among women suffering from vaginismus could pose a significant mental health issue to both the patient and their partner [3]. Interestingly, in comparison to men, pathological jealousy is uncommon among women. The aetiology of pathological jealousy includes major psychiatric disorders, i.e., delusional (paranoid) disorder, schizophrenia, affective disorder, and, among others, organic brain syndrome. The role of relationship concerns and psychodynamic viewpoint, i.e., psychological conflicts with dependency on a romantic companion, and low self-esteem, are involved, as in this patient who was distressed due to her sexual inadequacy.

Pathological jealousy or the "green-eyed monster" inherits a high-risk forensic psychiatry imbroglio, which may warrant rigorous intervention, including hospital admission and antipsychotic treatment. Treatment options comprise early recognition, managing underlying sexual and neuropsychiatric disorders, psychoeducation, cognitive psychotherapy, and choosing an effective psychopharmacological agent, which could pose difficulties in this case as the

patient is insightless. When occurring alone, as in a paranoid (delusional disorder), delusions of infidelity, or Othello syndrome, may respond to antipsychotic medication [4]. Regarding psychosocial interventions, cognitive behaviour therapy (CBT) helps treat morbid jealousy, particularly when obsessional phenomena are prominent [4]. However, the lack of insight and refusal of psychiatric intervention in this patient give emphasis to the considerable challenge in implementing these evidence-based treatments, limiting the potential for meaningful clinical improvement.

In this case, the patient's reluctance to accept the diagnosis of pathological jealousy and her early dropout from treatment may be attributed to several factors. Firstly, her poor insight into the psychopathology, compounded by the stigma surrounding psychiatric disorders, led her to reject the possibility of delusional thinking. Secondly, her acceptance of the vaginismus diagnosis but rejection of psychiatric labelling highlights how somatic complaints are often more socially and personally acceptable than mental health issues. To prevent similar dropouts in future cases, clinicians should prioritise building rapport and use non-confrontational, empathetic communication. Psychoeducation should focus on normalising emotional responses while gently introducing the concept of maladaptive thinking patterns. Ultimately, a patient-centred and staged approach may gradually improve insight and promote adherence to therapy.

CONCLUSION

In conclusion, a therapeutic alliance in convincing the patient that she needs further treatment, not only for her vaginismus problem but also for her morbid condition, could pose a very challenging task. In some cases, divorce (geographical separation) vs. combined pharmacotherapy and psychotherapy may benefit a long-term, holistic approach to the management strategy.

ACKNOWLEDGEMENT

The authors would like to express their sincere gratitude to all individuals and institutions who contributed to the completion of this study. We are especially grateful to the Dean of the Faculty of Medicine, Universiti Sultan Zainal Abidin (UniSZA), for his unwavering support, encouragement, and facilitation throughout the research process. The authors declare no conflict of interest related to this publication.

REFERENCE

1. Mullen PE. Jealousy: the pathology of passion. Br J Psychiatry. 1991;158:593-601. doi: 10.1192/bjp.158.5.593. PMID: 1801774.
2. Miller MA, Kummerow AM, Mgutshini T. Othello syndrome: preventing a tragedy when treating patients with delusional disorders. J Psychosoc Nurs Ment Health Serv. 2010;48(8):20-7. doi: 10.3928/02793695-20100701-05. PMID: 20669866.
3. Ward E, Ogden J. Experiencing vaginismus: sufferers' beliefs about causes and effects. Sex Marital Ther. 1994;9(1):33-45. doi: 10.1080/02674659408409565.
4. Kingham M, Gordon H. Aspects of morbid jealousy. Adv Psychiatr Treat. 2004;10(3):207-15. doi: 10.1192/apt.10.3.207.