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Psychiatric Problems

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Great advances in medical progress have been made during the fir t half of this century. This progress has been speeded with the develo - ment of the various specialties, but while this was all going on, the e was some tendency to lose sight of the patient as a whole. During tl e past ten years, however, there has been an increasing awareness of th s concept and particularly concerning the influence of the emotions o somatic disturbances. As a result, psychosomatic medicine has evolve which is a specialty interested in the influences that the emotions ha upon the body itself.

Special attention is now being given to the problem of sterility o infertility. This condition can be defined as the inability to conceive an is classified as either organic or functional. It is the psychogenic o functional sterility, where no pathology or organic disfunction can b demonstrated, that interests the psychiatrist. The theory that conceptio is subject to emotional influences is nothing new, for even in ancient day incantations were used by primitive people with *some* success to reliev a sterile state. The female genital tract was once described as the mos hysterical portion of a woman's anatomy. It is under both a hormona and nervous control, a fact which was for a long while forgotten by th researchers in the field of sterility. Anxiety modifies salivary and gastri secretions so that it is not surprising that upset emotional conditions ma adversely affect the chemical and physiological properties of the repro ductive organs. For example, instances of conception are frequent shortl after a married couple has started adoption procedures. Many caree women who have never been pregnant conceive shortly after they decid to leave the business world. There are many such examples existin which point to alterations in endocrine and reproductive processes direct ly attributable to emotional disturbances. With shifts in a patient's mood one sees various combinations of menstrual irregularities. Amenorrhe is a frequent symptom in a depressed state while anxieties or worrie may produce irregular or prolonged cycles. It is the experience o doctors working in the psychosomatic field that rarely is there a patien with a functional type of infertility who does not demonstrate some primary emotional conflict. This does not imply, however, that a patien with such a problem need necessarily be overtly neurotic, psychotic, etc It is sufficient that there be certain subconscious or unconscious emo- tional stresses, tensions, or conflicts. Almost uniformly, women who

have been unable to become pregnant disclose after investigation an abundance of tension-provoking stimuli.

Many of our leading medical centers have given considerable analysis to the problem of sterility and emphasize the importance of determining how the patient is reacting to the question of pregnancy. And how a patient reacts is dependent on a multiplicity of factors—her relationship to her parents, brothers and sisters, husband, associates, neighbors; and whether she is influenced by threats of financial insecurity, household problems, loss of freedom, companionship, etc. Sufficient data is accumulated so that a psychogram or infertility profile is often in use. This profile includes data involving: 1) the motivation for pregnancy; 2) menstrual history; 3) marital history; 4) family background, and 5) personality structure. Frequently these women have an unconscious motivation for achieving pregnancy which is actually other than the desire to bear a child. They are motivated by unconscious reasons such as their wish to satisfy the hopes of the husband, or to be like other girls, etc., and actually fear the responsibilities of bearing and raising a baby. Many hints as to the underlying emotional problems can be discovered in obtaining adequate menstrual and marital history. Disturbed menstrual cycles are pronounced in this group and relative or real frigidity is the rule rather than the exception. As stated previously, the family background is the predeterminant in the scheme of psychosexual development. Analysis of groups of sterile women has revealed that infertility may be serving as a protective device against what unconsciously are thought to be the dangers and overwhelming obligations of motherhood.

There are certain broad patterns into which such women can be classified. These are as yet mostly descriptive. For example, there is the dependent type of female whose dependency-needs are unconsciously threatened by the demands of the new-born. On the other hand, the aggressive, competitive, ambitious woman does not fear the child itself but fears the intrusion and limitations of activities that a baby may enforce upon her. These are but a few of the many problems which the psychiatrist must consider when attempting to understand and help to solve the problem of psychogenic infertility.

It might also be pointed out that this condition being discussed is not limited entirely to the female. The male undoubtedly plays an important role, but investigation to date in the sphere of masculine functional disturbances has been rather neglected.

If the difficulty is due to a psychic disorder, therapy along psychotherapeutic lines should be started. Ventilation is important. The patient

should be able to discuss her fears and anxieties with a physician who demonstrates to her the interest and understanding needed. It is frequently noticed that following one such visit, the anxiety is allayed and the patient becomes pregnant before the next visit. Confidence must be instilled, and once the psychic origin of the trouble has been determined there should be minimization of involved laboratory procedures, etc. which in themselves frequently exaggerate the existing anxiety. Sex instruction for both partners is often important along with creation of newer and wider outside interests.

If, however, the fundamental emotional problem lies deep within the unconscious, then psychotherapy in a psychiatric clinic should be instituted.

It is not the purpose here to discuss the more involved dynamics and therapeutic approaches, but rather it is intended to introduce the concept of psychical influences into the study and investigations of the problem of infertility.