PSYCHOGENIC STERILITY

BY

M. D. ADATIA, M.D., F.C.P.S., F.I.C.S., B.Sc., D.G.O., *Bombay.*

Conception is a very stubborn and a complicated but delicate phenomenon. It often takes place when it is least desired, and it several times refuses to take place when one ardently craves for it. Many advances are made recently in the study of the physiology and biology of the reproductive system but very little progress is observed in the therapy of sterility cases. Many cases, though clinically and physiologically normal, do not conceive for some unknown reasons; it is in such cases that special endeavour should be made to find out psychogenic causes (Kroger & Freed).

Psycho-physiologic Mechanism

The body responds to psychic stimuli through the hypothalamus to the pituitary gland. The anterior pituitary in turn affects the adrenal and the ovary, influencing ovulation and ovarian function. There is also local effect on the uterus, tubes, ovary and blood vessels through the autonomic nervous system (Friedgood).

These effects are:—

1. Tubal spasm.
2. Tubal dyskinesia.
3. Abnormal uterine motility.
4. Change in cervical and vaginal secretion.
5. Injurious influence on the follicular apparatus, e.g. ejaculation of ova, etc.

These effects cannot be determined by special instruments or tests, nor can they be improved by medications. The correct way of eliciting these effects is by thorough physical examination, complete investigations and detailed history taking associated with the study of underlying psychogenic causes. A careful physician can easily learn and treat these cases if he can spend more time, be a good listener and be optimistic and sympathetic to the patient. It is very important to establish a good rapport and allow the patient to ventilate her feelings freely. In course of time a doctor-patient relationship is established which helps the patient herself to find a way out of her personal and family problems.

The study of the childhood experiences, inner conflicts and the personality trait of every individual can give a correct insight into the relations of a woman to her family and to her husband. Her hatred, indifference, jealousy, fear of pregnancy, fear of breaking harmony or a conflict between physical gratification and biological urge can be easily made out by patiently listening to her. Strained relations with a mother-in-law or sister-in law can also work detrimentally on the tubal and ovarian function. Thus psychosomatic sterility may result from conscious or unconscious rejection of pregnancy. The selection of the ge-

nerative system as target organ for psychosomatic expression is commonly observed (Maclean).

Doctors are more inclined to find out the physical causes of sterility and attach very little importance to the conscious or unconscious psychological conflicts of the individual. Parents who desire to adopt a child are often psychologically investigated but nobody ever worries to study the emotional maturity of the couples coming for the treatment of sterility (Mandy *et al*). Many workers, have stated that infertility in women can be a psychosomatic expression of the reproductive system. Again women are several times ambivalent as observed by Deutsch, Mandy, Kroger, Rubenstein. They have a conscious desire to bear a child and at the same time an unconscious one not to have one. My attention was drawn to this fact while observing four couples coming for artificial insemination who did not get satisfactory results even after six to eight months' continuous trial. It was understood later that in these cases unconscious conflicts played very important part in preventing conception. Kroger, Stein, etc. have observed that personality factors play a major role in psychosomatic infertility. Kelley also points out that unconscious conflicts should be treated adequately and the psychological status of the patient should be improved before advising any one to get pregnant. Emotional immaturity and strong dependence are common traits observed in several sterility cases (Duncan).

An emotionally immature woman often gets dependant and overprotected firstly by parents and then by husband. She would be upset by sexual contact and may remain sterile by unconsciously assuming father-daughter relationship with her husband. A domineering woman would reject feminity and assume a masculine role in marital relations and may unconsciously avoid pregnancy. A motherly woman gives all her affection to her weak husband and feels that husband needs her for motherliness, and unconsciously rejects pregnancy. Many women do not have true and genuine maternal instinct. Rivalry, possessiveness, satisfaction of elderly family members often make them conscious to get pregnant. Even though they show intense desire, they do not necessarily like to become pregnant. This creates a conflict or anxiety in them and often prevents or delays conception (Reynolds). Emotional stress often manifests itself as observed by Taylor, as a vascular disturbance in the pelvis and shows as high as 40% incidence of infertility in his series of cases.

As culture and civilization are progressing in the society, conflicts, anxiety and emotional stress are seen to be pervading everywhere. The psychogenic causes are thus observed to be disturbing the biological function of civilized women more commonly than the primitive ones. In olden times also stubborn sterility cases were suggested religious rituals, vacations or trips to places of pilgrimage for relief of emotional tensions.

Stallworthy has observed that uterine irritability, tubal dyskinesia and blockage are more or less permanently observed in tense individuals.

This utero-tubal spasm is often not relieved even under anesthesia and becomes a principal cause of psychogenic sterility. Rubin has often observed spasms during tubal insufflation tests of tense and anxious individuals and he and others have suggested spamolytic drugs to resolve the spasm (Rubin, Volmer). Sometimes this spasm of utero-tubal junction is relieved after great pressure. But though they become patent for carbon dioxide under high pressure, they may not allow the passage of ovum, which is the largest cell in human body. The passage of ovum through the fallopian tube is a very delicate and intricate process. The peristaltic movements of the tube or propagatory movements of cilia, very often get disordered due to psychological imbalance.

Prof. Jeffcoate has observed the fallacy of our insufflation tests and utero-salpingography in a large number of cases showing that in 31% of cases negative insufflation test proved to be fallacious and in 5% cases positive hystero-salpingography proved to be fallacious. The cause of this fallacy could be easily explained by psychological imbalance.

A number of obstetricians, Parks, Kosmak, Blakely, Cooke, have recently recorded advantages of treating the emotional along with physiologic and pathologic causes and found that emotional factors contributed a great deal in the process of conception.

Sufferings and sacrifices recorded and advised in olden times often worked to relieve the old guilt feelings and inner tensions and helped in conception. Deep seated dislike or hostility to the husband may prevent conception in one marriage, but the same woman may become fertile in the second marriage. Unrecognised objection to social change may lead to disturbance of mechanism of fertilization. A rich girl marrying a poor boy or two persons of widely different social culture arranging for marriage may undergo marked anxiety and emotional stress and strain, which may lead to involuntary spasms of the tubes and may even lead to reverse peristalsis or tubal dysfunction (Parks).

The psychogenic sterility may not only be limited to the females but might be seen in males as well. One should not be satisfied with a deficient or satisfactory semen report from a random masturbation specimen to exclude the male factor. The quality and quantity of spermatozoa may be influenced by emotional factors, and one can never be sure that the same count would be present during intercourse which takes place at the time of ovulation either with or without emotional exuberance.

Clinical Trial and Case Reports
Frigidity

Six cases of frigidity were very anxious to get a child. They had no physical defects and the routine investigations proved to be satisfactory. The sex history revealed that they had no liking but had a definite dislike for sex act. They could never enjoy the physical contact with the husband, but had to do the act mechanically whenever the husband demanded it. By patient hearing of their childhood experiences it was understood that stories of attempts at

rape and brutal behaviour by males resulting in physical trauma to females had made deep seated hostile feelings for males in general. Proper sex education, sympathetic and affectionate behaviour of the husband brought satisfactory results in 4 of them in a period of observation of two years.

Familial Hostility

Three cases have been recorded in which girls from rich aristocratic families were married to boys in very poor families because of shortage of males in that particular community. Every one of the girls often had plenty of genital complaints such as irregular menses, dysmenorrhoea, dysuria, pruritus, etc. and had a deep seated disgust for the husband's family. Every now and then they were visiting their mother's place and were never steady or relaxing at husband's residence. The period of sterility extended with them from 5 to 9 years after marriage. Tranquiliser drugs and emotional adjustment brought proper functioning of genital organs and resulted in pregnancy for each case within a period of six months to fourteen months.

Maternal Hostility

Two cases had lost their mothers in childhood and the step-mother had treated them very badly from the beginning. Even though biologically they were fit to become pregnant, conception could not take place for five years after marriage. Thorough history taking and detailed hearing of childhood experiences could reveal that emotionally they were not prepared to take the responsibilities of becoming a mother, as they had never experienced loving and affectionate care of a mother. Typical hostility to mother was observed and they were showing intense dislike for children. Rubenstein has observed in his similar cases where the hostility was so intense that unconsciously they were even willing to reject or throw away the child if they ever conceived. I have observed and followed them for more than six years but the behaviour has not changed.

Familial Insecurity

Six patients showed that they had no secure life in childhood. Their mothers had died from infancy and they had no satisfactory relationship with a suitable mother substitute with whom they could identify themselves. They all exhibited inability to function as a woman either sexually or maternally. They were emotionally immature and showed strong dependence and demanded affection and care from the husband. Three of them had also deep psychological conflicts. Proper training, educative psychotherapy and adjustment to the family requirements took very long time, and at the end of observation of a period of three years only two have recently conceived without any surgical interference. Two cases out of them had developed an unconscious father-daughter relationship with the husband, one was 38 years old and the other one was 34 years old and their husbands were 20 years senior in age to them. They were quite rich and extremely sympathetic and loving to the wives. For 10 to 12 years after marriage none of them could conceive. Many trials were

done and investigations were carried out but they did not conceive. The semen was also examined and was found to be normal. On analysis it could be found out that the husband had white hairs which gave similarity to features of father. Unconscious idea of father-daughter relationship was induced in their minds which could not give complete sex satisfaction. After education the complex could be resolved, but conception could not take place.

Career Women

Three cases were of successful career women, possessing considerable executive ability. They rejected the feminine role. Their unconscious assumption was that children come in the way of their business or career. One of them was very dominant and was even ruling the husband in all activities. She assumed a thoroughly masculine behaviour which resulted in divorce. She married again after a year but could not become pregnant in spite of all possible treatments.

Adoption of a Child

Three cases were observed in whom legal adoption of a child resolved the emotional barrier to natural motherhood. One of these cases is very interesting. A rich lady, Mrs. M. M. S., age 48 years, had been to almost each and every gynaecologist of repute in Bombay for her sterility. In despair she adopted a child and sought consolation for her troubled mind. Her emotional tension relieved, the injurious influence on the follicular apparatus disappeared and she was able to conceive at the age of 48 years, exactly 32 years after marriage, within only a year after adoption.

Dyspareunia with Vaginismus

Four cases are recorded of dyspareunia with vaginismus. They had a terrible fright for pain during coitus. Their sex education from childhood was faulty and were unable to accept the role of feminity. Unconsciously male was understood as a powerful person who often hurts the genitals. Proper sex education, perineal exercises, understanding and psychological suggestions could relieve the complaints.

Emotionally Immature

Seven cases of emotionally immature individuals were observed. Because of parental over-protection they could not adjust themselves emotionally to the family life. They had inner dislikes for duties of a wife as well as of mother. Two of these cases were markedly obese. I tried very much to control their diet by different aphetamine preparations. But the oral regression was so intense, that their weight could not be reduced till a complete course of psychotherapy was given to them by a specialist. Proper training and education could give them sexual satisfaction.

Two cases were of obsessive compulsive type. Sex was something undesirable, unclean and filthy for them. They were every time rejecting the product of sexual act. The smell of semen was obnoxious for them. They usually took dettol douche soon after coitus and applied scented powder to avoid the smell. The complaint of pain, leucorrhoea, itching,

etc., was continuing for a long time after every act. The tubes were often found to be blocked on insufflation test. Proper sex education, understanding and psychological suggestions could relieve the state and both of them conceived within two years.

True Motherliness

Two cases were of true motherliness. Both the girls after marriage were observed to be very much affectionate. The liking for the husband was very intense and both never liked to part from the husband. Both of them had adjusted themselves so much to the needs of the husband, that they could not be emotionally prepared to get pregnant and spare some energy and time for a child. Subconsciously they started thinking not to have a child who would share their interest from the husband and disturb the harmony of their pleasant life. They have not conceived even after six years of married life.

Table of Cases Observed

Number of cases	Complaints	Sterility cured
6	Frigidity	4
3	Hostility to family	3
2	Maternal hostility	nil
6	Familial insecurity	2
3	Career women	2
3	Adoption of a child	3
4	Dyspareunia with vaginismus	4
7	Emotionally immature	2
2	True motherliness	nil
Total: 36		20

Treatment

In all cases of sterility one should routinely study the emotional strain, temperament and the personality of every individual. Good history-taking and critical study of life incidents and experiences, and her attitude to life and likes and dislikes towards pregnancy and motherhood give a clear idea of pattern of every individual. If any underlying conflict is detected, treatment by psychotherapy is to learn the 'insight' of the conflict. After getting the insight the patient then should herself work further with the doctor to find a way out of her difficulty. And it is the real 'insight' obtained, aided by the emotional relationship between the doctor and the patient, that helps in understanding and resolving the personality problems of the sterile couple. The physician can help the patient by properly explaining the emotional cause of her sterility and suggest suitable ways and means to develop mature emotional control. She can then decide herself whether she would like to remain sterile or accept pregnancy and motherhood.

The more deep seated the conflicts the more difficult it is to resolve the problem and change the attitude, behaviour and pattern of thinking which is firmly ingrained for a long time. The success in such cases is remote. Again these women with deep seated psychosexual conflicts, if by chance become pregnant, reflect very badly on the psychic development of the next generation, as they cannot be satisfactorily prepared emotionally to shoulder the responsibilities of motherhood.

Conclusion

i. Along with other routine investigations for a sterile couple

it is quite essential to study the emotional strain, temperament and personality of every individual. The inner conflicts leading to rejection of maternal role play a very important part in preventing conception.

ii. It is very difficult to remove the deep seated conflicts which are ingrained with the individual from childhood. Out of 36 cases only 20 could be successful. If these psychosomatic disorders are treated from the beginning, the chances of success would be much more.

iii. Very rarely women with serious psychosexual disturbances become capable of providing proper environment of either bearing or rearing emotionally healthy children.

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