

Psychodynamics of Unexplained Reproductive Failure

Rajni Vyas, Gita Advanikar, Leena Hathi, Bhaskar Vyas, Ratubhai Parikh

Department of Obstetrics and Gynecology, Parimal Hospital, Samanvaya Trust, Raopura, Baroda 390 001, India

Summary

Objective: To investigate the psychodynamics of couples with unexplained reproductive failure to explore the linkage in the causation.

Study Design: A prospective clinical study of 454 couples with unexplained reproductive failure was conducted in a clinical setting. Psychological probing was done by one of the gynecologist after a couple has followed up for < 6 months and rapport was established. Huhner's test was done in a modified form as office procedure with a view to investigate the immunological barrier and its possible origin in psyche.

Results: All the couples showed a stressful psychological profile. The causes were conflict in 224, fear in 135 and intense desire/hyperanxiety in 95. A model profile of stressed couple emerged. Psychotherapy helped 334 couples.

Conclusion : The chronic stress arising out of conflicts, fear and hyperanxiety causes unexplained reproductive failure.

Introduction

Recently the modern medicine has undergone a radical paradigm shift from the Cartesian mechanistic view of the body because of advances in understanding of psychobiology of mind-body communication (Rossi, 1996). The molecular biological basis of emotion has been deciphered and, subsequently, the division between the sciences of physiology, psychology, neuroscience, immunology and endocrinology has come to be a historical artifact (Pert et al, 1985). Thoughts are equated with floating particles in the blood stream (Reichlin, 1993). There is a conceptual shift as to how the information is transmitted noncontiguously by information substances (Schmitt, 1984). This would mean that for most thoughts and particularly for the thoughts with emotional contents, there is a corresponding physiological state that is encoded as memory by the body.

After the battery of investigations prove to be within normal limits, there still remains a group of enigmatic couples with unexplained infertility (Dastidar, 1999). During the last decade or so, there have been some reports linking stress to aetiopathology of reproductive failure (Edelmann & Connolly, 1986, Jeker et al, 1988, Wright et al, 1989, Domar et al, 1990, Pines, 1990, Vartianinen 1990 and Wasser, 1999). But a detailed psychodynamic probing is not reported so far. The present paper explores the aetiology in the minds of such couples at the conscious, subconscious and unconscious' psychic planes.

Femininity is synonymous with deep experiential feelings. When feelings connected with sexuality are concerned, man is also affected at all levels of consciousness. This has been the basis of our hypothesis that psychodynamic reverberations of negative emotional feelings result in stress, and chronic

stress causes reproductive failure.

Material and Methods

This is a study of 2235 couples who came to us from June 1978 to May 1998 with reproductive failure. Out of them 1325 couples either succeeded in conception by standard therapeutic norms, or had some organic cause or dropped out. They do not form the part of the study. Of the remaining 910 couples rapport building was possible in 454. They were taken for psychoanalytic evaluation and therapy.

The standard format for the investigation and treatment of infertility was applied to all the couples. It involved, detailed history taking inclusive of job, career, educational status, economic background, sibling and their fertility status, and physical examination. Apart from routine investigations studies of semen, ovulation studies, patency of tubes and modified Huhner's test (vide infra) were done. The hormonal studies were carried out in 50 couples: since the results of these studies were not significant, they were discontinued.

Psychological probing was done by one of us. In 41 couples exploration of unconscious was thought to be necessary to access the repressed material. They were taken for hypnosis. Huhner's test in modified form was performed in 295 cases. The semen was collected after two days of abstinence as a masturbation specimen on the premises. The motile spermatozoa in the ejaculate were shown under the microscope to both the partners. Thereafter, with the insemination cannula, the semen was poured on the cervix. Some of it drained by itself into the posterior fornix. Whatever changes occurred in the sperm after half an hour of the deposition of the ejaculate was also shown and explained to the couple.

Results

Psychodynamic profile of these couples revealed maladjustment/negative feelings. When conscious about them, they were helpless/unable to cope with them. Or, they were repressed to the subconscious/unconscious when they were not perceived by the couple. The negative feelings arose from conflict, fear and intense desire or hyperanxiety (Table I). The conflict situations covered a wide range of personal, interpersonal, social and cultural issues (Table II). The commonest conflict situation arose from inability to cope with disparities like educational (49 couples), economic (37 couples), professional (35 couples) and cultural (34 couples) between the partners. A model profile of a couple emerged from these groups. The wife assumed a superior stance either on account of educational, social, intellectual, economic or other strata.

In such a situation she thought she had a climb down from a better city, a more aristocratic family or affluence. The husband in such a combination was gentle, kind, understanding and caring. He lacked assertiveness and was subdued. An alternate profile was that of male dominance countenanced by passive aggression from the woman. This combination produced a contradictory field of expectations and a negative feedback. Living in the joint family caused conflict situations in 35 couples. The mother-in-law in Indian cultural milieu has archetypal significance. The normative value for the ideal size of the family in India is fast changing in educated couples. In 10 couples, the female did not want yet another child. Discord arising out of the previous marriage caused tensions in 10 couples. Hostility on any other account either to the partner or his family was the cause of conflict in 14 couples. Fears and apprehension (Table IV) arising from varied perceptions were the dominant psychodynamic force in 135 couples. Earlier abortions left a trauma and caused fear of subsequent pregnancy in 35 women. Fears regarding the childbearing, labour and child rearing were noted in 30 couples. If there was a history of sterility in the family, it was projected on one's self in 15 cases. Fear of pain was noted in 15 women. Late age of marriage causing apprehension about coping with the pregnancy and the baby were noted in 10 women. The previous obstetric history in the form of traumatic delivery (10 cases) and unfortunate incidence of an ectopic pregnancy (5 cases) were fundamental to apprehension. The health status of either or both was a cause of fear and worry in 10 cases. A previous birth of a congenitally deformed child provided a strong deterrent in 5 women. Intense desire and high selectivity were counter-productive in 95 (Table IV) as per the psychodynamics of reverse effect (Kroger 1963).

Table I
Psychological Profile

Conflict	224
Fear	135
Intense desire and Hyperanxiety	95
Total	454 (100%)

In 145 women modified Huhner's test showed immobility of sperms, extending to autolysis after half an hour of deposition. This forms the text of a separate paper that attempts to explain transduction of negative feelings to immunity. The demonstration of the test under the microscope to the couple had significant psychotherapeutic effect. Out of 454 women, 335 conceived following some form of psychotherapy (Table V). This data is being compiled and shall be reported later in a separate publication.

Table II
Causation of Conflict

Educational Disparity	49
Economic Disparity	37
Cultural Disparity, intercaste marriage, career expectations	34
Professional Disparity and Discord of Career Expectations	35
Joint family-family discord, dominant mother in law	35
Second child not desired by the wife	10
Second marriage	10
Hostility either to the partner or to his/her family	14
Total	224 (49.3%)

Table III
Fears and Apprehension

Fear based on earlier abortions	35
Fear of child-bearing, caring and rearing	30
Fear based on family history of sterility	15
Fear of pain	15
Fear based on late age of marriage	10
Fear based on earlier traumatic delivery/caesarean section	10
Fear based on earlier ectopic pregnancy	5
Fear of his/her illness, its effect on delivery and repercussion on the child	10
Fear based on earlier birth of congenitally deformed child	5
Total	135 (29.7%)

Table IV
Intense Desire

Hyperanxiety and agitation	45
Only male child wanted	40
High ideal for the child to be born	10
Total	95 (20.9%)

Table V
Outcome of Psychotherapy

Age group	Total cases	Success	Failure
18-24 years	148	103	45
25-29 years	179	147	32
30-34 years	93	65	28
35 and > years	34	20	14
Total	454	335 (73.7%)	119 (26.3%)

Discussion

Fertilization of an ovum by a sperm is a molecular biochemical event, based on many known and yet to be known biochemical factors. While the infertile couples are known to be under various levels of psychological stress arising from their infertile status, we postulate a different paradigm whereby the stress arising out of a difficult relationship is attributed as the cause of unexplained reproductive failure. We hint at the mind-body continuum whereby molecular biological events are seen as arising from the ideas, thoughts and

emotions. The negative feelings undergo transduction to such molecular biochemical events that the conception is thwarted, resulting in reproductive failure.

It is likely that the emotions and ideation works through a three tier mechanism comprising of the autonomic nervous system, hormonal mediation and immunological. Ever since Selye demonstrated a fight or flight response to stress, the influence of the autonomic nervous system over the various organs of the body is well recognized. Frigidity, dyspareunia, and spasm of the fallopian tubes are some of the manifestations. At

the laparoscopic examination under general anesthesia, we have seen white, string like tubes that will not allow any dye to flow through. Repetition after intravenous administration of atropine and taking the patient under deep anesthesia made the tubes to relax and open out.

The chronic stress has its effect on the function of the endocrine glands. It is usual for the menstrual cycle to be irregular during bereavement and such other emotional turmoil. It may also become anovulatory or there may be irregular ovulation. While single readings of the hormones were found normal in our studies, the hormone levels may fluctuate during acute exacerbation of stress to abnormal levels causing failure in fertilization and nidation. In male, impotence and low sperm count are frequently seen as a consequence to stress. The striking instance was that of a stock market broker, who following a crisis in the market not only became impotent but his sperm count also fell to a low of less than a million.

The third tier of operation is immunological. In coining the term, "cervical hostility" for the Huhner's test, the gynaecologist of yore has demonstrated her insight. The "hostile factors in the cervical mucus have been identified as immunoglobulin IgG, IgA and rarely IgM (Sood et al 1987). The prognostic value of their presence in the cervical mucus is established (Shulman 1988). The exact mechanism of transduction of psychodynamic factors to immune response remains to be worked out.

We have been treating infertility over a period of 40 years (1959-1999). During the early period of our practice (1959-1978), we were guided only by the standard therapeutic norms and were confused when we encountered unexplained reproductive failure. Every clinician matures in her practice. This happens not only because of better dexterity. It is also on account of the generation of insight. Following the changing paradigm of the body mind relationship, in 1979 we came to believe that psychodynamic factors might be causative in such cases. The present paper is the presentation of our own insight generation applies particularly to the patient. It was client oriented to suit individual need. The therapy comprised of various methods, like non-directive psychotherapy, rational emotive psychotherapy, guided imagery as well as Ericksonian indirect and direct hypotherapy. All forms of psychotherapy bring about insight generation that reverses the abnormal psychocybernetics.

Our results indicate a significant role of

psychodynamic stressors in the causation of so far "unexplained" reproductive failure. A recommendation is therefore made that investigation of the psychodynamic profile of the couple should be routinely done. Wright et al (1989) also have advocated this. The gynecologist as the leader of the infertility team is in a better situation to establish rapport and take care of the psychotherapeutic aspects.

Conclusion

This is a clinical study of 454 cases of unexplained reproductive failure seen by us over a period of 1979-1999. Psychological profile of all the couples (100%) revealed negative feelings. Conflict in the interpersonal relationships was the dominant factor (49.3%). Fear of some kind was reflected in 29.7% women while 20.9% had intense desire. A high success rate, 73.7% so far not reported in the literature, following psychotherapy has led us to conclude that the psychological profile is of profound aetiology significance.

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