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PSYCHOLOGICAL ASPECTS OF INFERTILITY IN
EGYPTIAN FEMALES

Thesis

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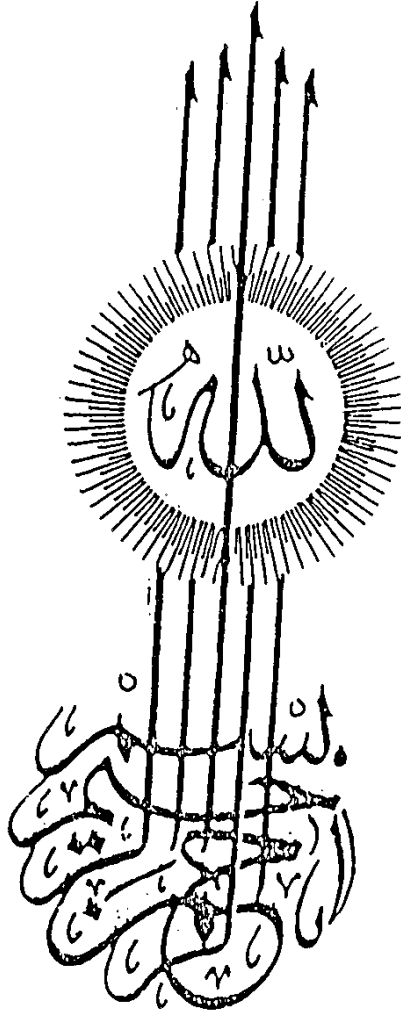
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I N T R O D U C T I O N

INTRODUCTION =====

Fertility and parenthood are psychosomatic conditions. Their failure even when physical in origin must be psychosomatic too. (Philipp, E.E. 1981)

He added that if the mind were not considered to play a considerable part, there would probably not have arisen so large a mythology about the subject, for the Greeks had their goddesses and their one male god of fertility with an enormous phallus and the Egyptians already in the Kahun papyrus of about 2200 BC (650 years before the Ebers papyrus) stated that women who had spots before their eyes were sterile! Less mythological but still very much before modern science, Paul of Aegina, who was born in AD 625, stated, and how correctly, that coitus designed for conception should take place after dinner and in bed 'because the woman falling asleep is more likely to retain the semen'.

Psychosomatic medicine maintains that physiologic and psychologic symptoms are correlated occurrences, each the result of an adaptation to a stress situation. This concept implies that a proper investigation of infertility must consider somatic and psychologic factors. Clinical observations and

perusal of the literature have been convincing that this interrelationship is too often ignored, and at times psychologic evaluation is recommended only in the absence of any organic findings. Surely there is a basis for greater conviction and objectivity in applying the psychosomatic concept to infertility. (Heiman, M. 1959)

Van Hall, 1983 stated that gynaecologists have been trained mainly to deal with the somatic and technical aspects of their profession, and as a result they tend to believe only what has been proved, preferably by statistically significant findings.

He added that discussion of the emotional and psychological aspects of infertility will encounter some resistance and questioning of the validity of the opinions expressed.

Without denying the value of such studies dealing with infertile couples have been come to conviction that sensitivity for and observation of non somatic aspects of infertility can improve not only quality of care but also the actual results of the treatment.

The role emotions is one of the most controversial issues in infertility treatment. Although psychogenic stress factors have been recognized as capable of producing amenorrhea, the precise biochemical intermediaries of psychic stress and the re-

productive system are poorly understood.

(Freeman et al,1983)

Do infertile couples have psychogenic characteristics which differentiate them from comparable fertile couples?. Little research has been directed to this question.(Platt et al, 1973)

AIM OF WORK

AIM OF THE WORK

The objective of this study is to attempt at finding out the possible relationships of infertility and the psychologic make-up of the female patients suffering from infertility of variable durations.

The psychologic make-up would be assessed by psychometric tests constructed by psychiatrists in the psychiatry department of Ain-Shams university hospital. The tests measure certain personality features which could affect or being affected by the childlessness state.

The value of these tests in the diagnostic work-up of infertile women is the main concern of the present study.

In addition, serum prolactin levels in a group of infertile and a control group of fertile women will be compared and assessed for use as a probable psycho-endocrine parameter.

**REVIEW OF
LITERATURE**

PSYCHOPATHOLOGY OF INFERTILITY

Psychosomatic medicine maintains that physiologic and psychologic symptoms are correlated occurrences, each the result of adaptation to a stress situation. So, infertility may be defined as the result of an interaction between the psychologic and physiologic factors within each partner, and of the interaction of psychologic and/or physiologic factors between the partners. (Heiman, 1959.).

If we wish to understand the individual as a whole we cannot separate organic pathology from psychopathology but must view each as different manifestations which influence each other.

Psychopathology is the causing, contributing, and maintaining factors and will be discussed under the following headings:

- I. Pathophysiological approach.
- II. Psychological approach.
- III. Environmental and social approach.

I. PATHOPHYSIOLOGICAL APPROACH

Rothman and Kaplan(1962) suggested that some women do not achieve pregnancy because of psychological factors which may either prevent pregnancy or produce a spontaneous abortion.

It is not always clear in every case if emotional factors could produce physiological changes which prevent conception. The following factors either alone or in combination, have been described as being held responsible.

1-Tubal spasm

De Waitteville (1957) suggested that stimulation from the autonomic nervous system produce tubal spasm sufficient to prevent their visualization on salpingography.. In some instances, the administration of antispasmodics has been successful in showing a release of spasm, and in other cases pregnancy has occurred even though no other treatment was directed at remedying the blocked tubes.

While it is hard to demonstrate the psychological origin in some cases of infertility and to quantify its real incidence, Cerutti (1983)pointed out the

importance of ruling out any psychological factors at the beginning of the work-up for the infertile couple and particularly while ascertaining the tubal patency through the hysterosalpingography, a diagnostic technique which can be very stressing for women.

According to Marsh & Vollmer (1951), tubal spasm occur throughout the tubes, but particularly in the isthmus.

Rubenstein (1951) described a patient who invariably showed a positive Rubin test which, however, became negative during ovulation; the test returned to positive when amyl nitrite was given.

In tense subjects, insufflation of gas and lipiodol contrast radiography may give rise to tubal spasm (which lead to erroneous diagnosis of tubal occlusion) (Blijham 1961)..

The occurrence of ectopic pregnancy in previously sterile women has been connected with tubal spasms. According to Grant, (1951) ectopic pregnancy is six times as frequent among patients in out-patient clinics for sterility than in the average population.

However, Gaehtgens, (1953) denied the importance of tubal spasms in sterility. He contended that these spasms are too brief to be capable of causing sterility.