

RELATIONAL TYPOLOGIES IN COUPLES SUFFERING FROM PSYCHOGENIC INFERTILITY

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Summary. - *The couple is observed within a large network in which the wider family, friends, work and society are included. These individuals find a great difficulty in establishing well-grounded and authentic interpersonal relationships swinging between the desire of omnipotent self-sufficiency and the contrasted and suffered need for dependence. The third one, the child absent in their real existences, seems to be excluded also from relational possibilities. The quality of the couple relationship, the acceptance of treatments and of their possible failures is determined anyway by the balance and the harmony which existed before the stressing event (diagnosis). Very often, the failure of various therapeutic treatments is caused by a preexisting disagreement within those couples, who believed to solve their problems with a pregnancy.*

KEY WORDS: relational typology, psychogenic infertility, couple, family, stress event.

Riassunto (Tipologia relazionale in coppie affette da sterilità psicogena). - *La coppia viene osservata all'interno di una vasta rete di relazioni in cui sono comprese la famiglia estesa, gli amici, l'ambiente lavorativo e la società. Questi soggetti hanno grande difficoltà a instaurare relazioni interpersonali valide e autentiche, oscillando tra il desiderio di autosufficienza onnipotente e il contrastato e sofferto bisogno di dipendenza. Il terzo (figlio), assente nelle loro esistenze, pare escluso anche dalle possibilità relazionali. La qualità delle relazioni di coppia, l'accettazione dei trattamenti e del possibile fallimento sono comunque determinati dall'equilibrio e dall'armonia esistente prima dell'evento stressante (diagnosi). Molto spesso infatti il fallimento delle varie terapie è causato da una discordia preesistente all'interno di quelle coppie che credevano di risolvere i loro problemi con una gravidanza.*

PAROLE CHIAVE: tipologia relazionale, sterilità psicosomatica, coppia, famiglia, evento stressante.

We may define as psychogenic the condition of infertility in which the lack of conception (primary or sterility) or the inability to bring the pregnancy to an end (secondary), is due exclusively to psychological factors [1]; psychogenic infertility has an incidence, on the total number of conjugal infertility, which goes from 5% according to Wolfram, to 1% according to Malcovati as reported by Cisternino [2], Cittadini [3], Delle Piane and Bocci [4].

The influence of psychosomatic factors on reproductive capacity is acknowledged by most of the authors and it is proven by a series of observations:

- after a simple gynaecological consultation for infertility, without any treatment, a pregnancy incidence swinging from 20 to 35% could be observed;
- the psychotherapeutic treatment is able to secure a high percentage of positive results [5, 6];
- conceiving cases after an adoption or the change of partner (because of divorce or widowhood), after a long period of infertility, are more and more numerous [7, 8].

The psychological reaction to the diagnosis seems not to be very intense perhaps for reasons inducing the symptom itself: as a definitive choice not to put oneself in relation to one's own infantile aspects, to discover a false communication and to break a pseudomutual and pseudo-mature relationship. To this aim, efficientism, hyperactivity, strong ideologies are used [9].

A couple with problems is observed within a large net of links in which the larger family, friends, working environment and society are included. Only in the last few decades the causes for serious emotional trouble have been found in familiar bonds, which are added to constitutional and infantile intrapsychic factors.

In the definition of diagnostic criteria of psychogenic infertility the commonest factor, according to Mai [10, 11] is "ambivalence towards procreation". Authors like Deutsch [12], Benedek and Kroger, assert that their patients were

unconsciously hostile to maternity. Ford [5] proposes a questionnaire to identify the causes of infertility: in which it is possible to identify femininity conflicts, hostile dependence from a rejected maternal image, unhappiness in genital sexuality, neurotic behavior originated in childhood. Since research is always done after diagnosis, the problem is: does infertility produce a peculiar psychological condition (as evidenced by the interviews) or is it the psychological condition the cause of infertility?

From projective tests it emerges that woman attitude towards infertility depends upon her own self image which, if negative, could generate reluctance to perpetuate, through procreation, a biological continuity as a sort of immortality.

From a research by Pasini [13], with sterile and infertile woman, psychiatric antecedents emerged more frequently than in the control group: chronic or reactive depression psychosomatic symptomatology; it seems also important the prevailing male identification and virility.

Sterile women are characterized by a bad integration of aggressivity: they showed themselves to be constantly hostile and chronically depressed, more troubled, anyway, than infertile women; their personality structure comes out as openly pathological, to more dangerous levels than neurosis (obsessive strict character, severe hysterical, schizoid tendency).

Altered relations with mothers are referred almost exclusively by this group, which often goes on living a conflicting relationship centered on feelings of destructive hate. In sterile women the persistence of paternal identification seems to be preminent; it cannot be excluded that this tendency towards virility could be a defensive solution against an intolerable female identity [14].

Besides, family environment has been definitely negative for the most part of them, sometimes with attempts against decency, a bad image of maternity and sexual identity.

Infertile women, instead show many signs of distress centered on the possibility of abort again or to give birth to a malformed child and show more often a phobic personality; they show a rather neurotic aggressivity and one of a more sophisticated quality; according to Sarrel [15] the two most important conflicts are: "fusion with mother" and fear of pregnancy: the "fusion with mother" indicates an overidentification, an intimate involvement of the mother in the daughter infertility and the involvement of the daughter in her mother's pregnancies and abortions. The emotional bond with the father results less altered on the whole: women themselves have hypothesized a punishment given by a father for precocious sexual intercourse and flight from home, or for their being female. Besides they have pointed out, with an impressive frequency, the premature death of brothers and spontaneous or induced abortion of their mothers. For both groups, in the end, puberty and adolescence development, as sexual life, have been satisfactory.

In the research by Maffei [16] on relapsing spontaneous abortion, performed with Philipson's ORT (object relation technique), it is possible to identify rather definite relational types:

1) apology of a situation of a perfect oniric couple, in which the two halves seem to be satisfied by reciprocal contemplation and by a desexualized eternal embrace, which tends towards the fusion of the two;

2) "virile acceptance" of solitude and self-sufficiency, supported by a cultural and spiritual dimension; the relation with others takes place only at a level of friendship;

3) fear of a needing and dependent condition which leads to the image of a place where everyone can get in order to harm; the only alternative is a perennial situation of exilium.

The research on these individuals is concerned essentially with the presence of a third one, the son, of whom no one ever speaks about. Absent as a living being in their real existences, he seems to be excluded also from relational possibilities. In the interviews these women appear indifferent or suspicious, sometimes apparently joyful; it does not seem to be any mourning elaboration.

In the physical and emotional symbiosis with the foetus, mother should differentiate her own real situation from the phantasmatic one of identification with her own mother; it is probable, however, that thanks to the peculiar psychological disposition in the maternal condition, the projective dimension prevails upon the realistic one. As a result, the foetus becomes the receptacle for negative and positive projections and the body a means to express mental and emotional states.

These individuals find a great difficulty in establishing well-grounded and authentic interpersonal relationships swinging between the desire of omnipotent self-sufficiency and the contrasted and suffered need for dependence [17].

According to Princivale [18], from very distressing feelings and fantasies which the child would have regarding his parents relations [19], a paranoid development, with defensive mechanism, for which the basic relation appears to be played on exclusion would be originated: either you exclude or you are excluded, as a relation of dependence does not seem possible.

Finally we can say that the quality of the couple relationship, the acceptance of treatment and of their possible failures is determined anyway by balance and the harmony which existed before the stressing event. Very often, as a matter of fact, the failure of various therapeutic treatments is caused by a preexisting disagreement within those couples, who believed to solve their problems with a pregnancy [20].

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