OBSTETRIC PATHOLOGY ORIGINATING FROM REFUSAL TO PROCREATE

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SUMMARY

The Author analyses the psychosomatic factors that influence the woman's sexual and reproductive life. Some gynecologic and obstetric pathologies originate from inner conflicts. Thanks to the use of contraceptives and the emancipation of women, many problems concerning the woman's inner life have been overcome.

Until recently, pregnancy and delivery were commonly regarded as two physiologic events on which little influence – if any – could be exerted.

Obstetricians and, above all, women often accepted certain events as ineluctable. This resignation originated from a long-lived situation that was handed down for centuries from generation to generation, from mother to daughter, almost 'chromosomically'. The feminine education refused to aknowledge sex as an expression of life. The sexual education almost exclusively concerned the pregnancy and the delivery, which are just the consequences of sex. Ignorance was considered a virtue and had to be safeguarded by excluding sex from any conversation.

However, like all forced attitudes, the women's resignation with regard to conception, pregnancy and delivery was only superficial. It often concealed much more serious problems entailing inner conflicts, often producing an obstetric-gynecologic pathology that could sometimes go as far as jeopardizing the mother's and the fetus' health and lives.

A wrong education assimilated from the family or the social environment can bear a negative influence on a woman. She can refuse sex or feel guilty and therefore refuse her femininity, thus compromising her psychosomatic development and equilibrium.

Secondary amenorrhea, caused by changes in the hypothalamo-hypophyseal axis, is a telling example. This pathogenesis is already well aknowledged and is demonstrated by the success of the psychologic therapies in curing amenorrhea. This kind of disorders can bear a negative influence on a subsequent conception and pregnancy.

The psychologically-induced sterility is rather well-known. In this case, the woman wishes to have what she unconsciously refuses – a child – and her sterility originates from a whole range of psychosomatic disorders including ovula-

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tion blockage, tubal spasms, micro-abortions and so on. The imaginary pregnancy is the paroxysm of this pathology.

Let us also recall psychologic vaginismi, extreme avertion to coitus or anorgasmy, that can be either the manifestation of the woman's anxiety in facing her first sexual intercourses, or the secondary manifestation of an unconscious fear of pregnancy.

Not only is a consciously or unconsciously refused pregnancy a problem, but it also adds the fear for the consequent aesthetic and functional after-effects on the woman's organism to her conflicts and anxiety. The deeper the inner conflicts, the more serious these groundless fears.

The various possible phychosomatic manifestations in pregnancy include hyperemesis (which could cause death in the past, but can luckily be controlled today), threatened abortion, abortion due to uterine hypercontractility, threatened premature delivery, premature delivery and chronic fetoplacental insufficiency caused by uterine hyperexcitability. These chronic placental insufficiencies can even produce irreparable fetal damages, unless the pregnancy is well monitored and subjected to the adequate treatments that are available today.

Reluctantly accepted pregnancies originate psychoses – often serious – in puerperium. At the end of a manifestly undesired pregnancy, that is during the delivery, a woman can show her unconscious refusal in many ways. For instance, hatred against the child which can make her squeeze her legs together tigthly, refusing to give birth, absolutely independent of her will. Fetal distress, serious mother's lacerations, intra- and post-labor haemorrhages often follow. These obstetric pathologic situations can only strengthen the refusal of the female maternal role, because of the consequent negative experience.

Luckily, today, most of these problems have been overcome. Thanks to the greater sexual liberalization and better sexual education, starting in school-age, many taboos have been overcome and sex, no longer identified with procreation, has been re-evaluated.

The increasingly widespread use of contraceptives makes procreation a free choice, which has led, over the last few years, to the improvement and reduction of the pathologies we have described.

When psycho-induced pathologies still appear, psychotherapies before and psychoprophylaxis during the pregnancy, together with a careful anaesthesiologic assistance in labor, can help the woman to go through the difficult experience of playing her very role of woman in motherhood more serenely.