

Psychosocial Aspects of Infertility

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Infertility generally refers to women who have never conceived despite exposure to the chance of pregnancy and women who have previously conceived but subsequently are unable to succeed.

An infertile woman or a couple is constantly subjected to psychosocial stressors due to deep rooted cultural belief that children are continuation of family / pedigree and security of old age. Parenthood is an inherent instinct and a passion of high order and thus culminates in diverse psychiatric and psychosomatic disorders if this passion does not translate into parenthood. These effects are described in a number of studies.¹ Typically the psychological response is that of loss and subsequent grief.^{2,3} One hypothesis suggests that unexplained psychogenic and physiologic infertility are the result of Psychological stress.⁴ A terrible emotional complex of guilt, fear and anger is the major stress to which an infertile woman is continuously exposed to.

A woman with this problem specifically blames herself and on occasions attributes her problem to past transgressions and a punishment.

The infertility as such leads to strong guilt feelings, an uncertain future and fear of unknown.

The fear that she possesses an imperfect body, fear of losing control over her life

arouse feelings of anger directed towards self and therefore sense of worthlessness, hopelessness, helplessness and the inappropriate projection of anger to the partner as unsupportive, callous and insensitive person emerge and usually generates marital disharmony as well as sexual problems.

It is a common observation that women unable to conceive within a few months after marriage start visiting different general practitioners, specialists, homeopaths and more so the faith-healers on account of vague somatic complaints which are infect the manifestations related to their infertility. Various studies have further emphasized that psychotherapeutic measures are more important for couples seeking help from infertility clinics since psychological factors largely affect the fertility rate which has also cultural and social impact.⁵

A number of other research studies have established that women with infertility are at higher risk of developing psychiatric illnesses as compared to general population.⁶ Mahtstendt found that 80 % of their infertile sample described infertility as extremely stressful where as Free man and her colleagues found out 49 % of female sample considered as the most upsetting experience in their life.^{7,8} Depressive disorders are the commonest morbidity followed by somatization disorder, dissociative (conversion) disorders, generalized anxiety disorder, obsessive compulsive disorder and panic disorders

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and phobic disorders.⁹ It is thus high time to create awareness among medical professionals and the patients alike for understanding basic psychopathology and spectrum of symptoms of psychiatric disorders in this group of female population.

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