
PSEUDOCYESIS AS A HEALING MECHANISM FOR PSYCHOLOGICAL TRAUMA: A CASE REPORT

Georgia Nektaria Porfyri^{1*}, Konsta Anastasia¹, Tsolaki Anthoula¹, Diakogiannis Ioannis¹,
Ioanna Ierodiakonou-Benou¹

¹Department of Psychiatry, Faculty of Medicine, Aristotle University of Thessaloniki, Greece

*Correspondence e-mail : geoporfyri@hotmail.fr

ABSTRACT

Pseudocyesis, a rare condition characterized by clinical signs and symptoms of pregnancy except for the actual existence of a fetus, is a somatic symptom disorder associated with a variety of biological, psychological and social factors. The present report aims to present the case of a 45-year old patient with pseudocyesis from a psychodynamic perspective. According to a psychodynamic perspective and based on patient's history, pseudocyesis functioned as a mental healing mechanism for the trauma of long-standing infertility, the trauma of eight unsuccessful and painful in vitro fertilization attempts and above all, the trauma of finally giving birth to a non-healthy child.

Keywords: Pseudocyesis; Infertility; In Vitro Fertilization

INTRODUCTION

Pseudocyesis (Ancient Greek *pseudēs*, i.e. false, and *kūēsis*, i.e. pregnancy) or “false pregnancy” or “phantom-pregnancy”, is a condition characterized by all clinical signs and symptoms of pregnancy except for the actual existence of a fetus. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), pseudocyesis is classified as an “Other Specified Somatic Symptom and Related Disorder”, defined as “a false belief of being pregnant that is associated with objective signs and reported symptoms of pregnancy”.¹ Women suffering from this condition may manifest, among others, morning sickness, abdominal expansion, breast enlargement, as well as cessation of menstruation. Affected women retain a pregnant woman's lordotic posture and gain weight due to increased appetite.^{2,3}

Patients with pseudocyesis may also suffer from other comorbid psychiatric disorders, such as schizophrenia, affective disorders, as well as personality disorders, among which histrionic (“hysterical pregnancy”).⁴

Based on limited data, obtained from USA hospitals, pseudocyesis is a rather rare condition (with ratio 1/22000 deliveries). According to data from African hospitals, pseudocyesis may predominantly affect women of African origin, possibly due to the emphasis placed on childbirth in these cultures.⁵

Biological factors, such as neuroendocrine abnormalities and gynecologic cancers, psychological factors, such as ambivalence towards maternity and pregnancy, as well as social factors, such as marital dissatisfaction and unemployment, have been implicated in the manifestation of pseudocyesis.⁴

The present report aims to present a case of pseudocyesis from a psychodynamic perspective.

CASE REPORT

A 45-year-old Caucasian woman visited the Emergency Department. The patient stated that she was pregnant, although pregnancy was excluded twice by two different gynecologists, who had performed both a human chorionic gonadotropin (hCG) test and

a vaginal ultrasound. The patient discarded the pregnancy test and ultrasound results, affirming her pregnancy. Eventually, her husband prompted her to refer to a psychiatrist. The patient was admitted to a general hospital psychiatry ward for further diagnostic assessment.

During hospitalization, the patient was sarcastic and kept questioning the necessity of her admission. She showed a dressing and kinetic code of a pregnant woman, that is, she wore maternity clothes, her arms were placed on her waist and abdomen, she held a lordotic posture and kept a slow walking pace. During the last two months she showed amenorrhea, somnolence, fatigue, abdominal enlargement, increased appetite, weight gain, mastodynia and complained of morning sickness. Furthermore, she sensed fetal movements and therefore urged doctors to detect them by palpitation.

With regard to psychiatric history, the patient had never sought mental health services before. Medical history did not include any pre-/perinatal events, neurodevelopmental milestones or systemic illnesses. The patient was not receiving any medication. There was no family history of neurological or psychiatric disorders.

The hCG blood test was negative. Hormone levels, including follicle-stimulating hormone (FSH), luteinizing hormone (LH), 17 beta estradiol (E2), progesterone and prolactin, were all within a normal range. The tumor marker CA125 was negative. Complete blood cell count, comprehensive metabolic panel and the thyroid function test were all within normal levels. Brain magnetic resonance imaging was normal. Conclusively, based on patient's clinical manifestation and diagnostic procedures, the patient was diagnosed with pseudocyesis.

The patient was treated with olanzapine 10mg/day. Since pseudocyesis is a condition lying on a margin between psychiatry and gynecology,⁶ a re-evaluation by a consultant gynecologist was attempted, in an effort of a dual-approach, but the patient was not cooperative.

Due to lack of response, olanzapine dose was increased to 20mg/day. Due to partial response, olanzapine treatment was augmented by haloperidol 5mg/day. Furthermore, the patient started attending psychodynamic psychotherapy sessions weekly.

The patient responded to the combination of pharmacotherapy and psychodynamic therapy. Consequently, she requested to be once more examined by a gynecologist. During the performance of an abdominal ultrasound, both the radiologist and a psychiatrist reassured her that there was no fetus. The absence of any negative reaction was considered the first clinical sign of improvement.

After a 32-day hospitalization, antipsychotic medication and psychodynamic therapy, pseudocyesis symptoms were ameliorated. Discharge medication included olanzapine 20mg/day and haloperidol 7.5mg/day. The patient was regularly re-evaluated at the Psychiatric Outpatients' Department. Ten months after discharge, the patient remains without any symptoms. She is currently receiving olanzapine at only 2.5mg/day, while she also continues attending regular psychodynamic therapy sessions.

DISCUSSION

Pseudocyesis usually affects women between 20 and 44 years of age, married (80%) with long-standing infertility.^{4,7} Psychodynamic theories attribute the false pregnancy to emotional conflict. It is thought that an intense desire to become pregnant, or an intense fear of becoming pregnant, can create internal conflicts and changes in the endocrine system, which may explain some of the symptoms of pseudocyesis.^{8,9,10} Several psychological factors have been associated with pseudocyesis, such as ambivalence towards pregnancy, concealed grief after hysterectomy, as well as different kinds of losses.⁴

Pseudocyesis has to be considered as a transitory means to cope with the psychological conflict. Its protraction over

time results from the absence of further conflict resolution.⁸

In our case, during the psychotherapy sessions the patient revealed that she had eight failed attempts of in-vitro fertilization, before the last one which was successful. This in itself consists a trauma regarding her maternal identity. Sadly, soon after birth, her female neonate was diagnosed with arthrogyrosis, a rare musculoskeletal disorder with an incidence of 1/3000 live births.^{11,12} This in itself consists a second traumatic situation questioning her ability to give birth to a healthy child. During the first year, her daughter was subjected to four consequent surgical operations. The following years, the patient gave up her professional and social life and was fully pre-occupied with her daughter's health, bearing full responsibility for appointments with health professionals and physiotherapy at home. We can recognize that the mother reacted to the loss of a healthy child and the undergoing depressive feelings by using manic defenses and becoming "super mum". In doing so there is an additional loss, that of her feminine identity. Her husband was working long hours, leaving the patient to "carry the burden" alone. There was no parental couple.

It is interesting, that the patient presented symptoms of pseudocyesis after her daughter, at the age of 7, finally managed to take her first steps alone. While the daughter could become gradually less dependent to her mother, the patient would have to face a kind of separation, losing part of her overwhelming mother role. The pregnancy served two purposes: On one hand being "pregnant" kept her from taking intense care of her daughter and finally "accepting" the growth of her child. On the other hand, it seems that pseudocyesis was the "ideal pregnancy" for the patient, that is, conception without any medical intervention and a pregnancy that "permitted" her to distance herself from her main trauma, the "disabled child". Altogether, pseudocyesis functioned as a mental healing mechanism for the trauma of infertility, the trauma of painful assisted reproduction and

above all, the trauma of giving birth to a non-healthy child.

Conclusively, pseudocyesis reflected the somatization of the patient's unfulfilled dream of a healthy child. After long-term treatment, the patient revealed to the therapist, but mostly to herself, "...everything was rather my dream of becoming a mother to a healthy child...".

REFERENCES

1. BOLAND, R., 2015. DSM-5 Guidebook. *Journal of Psychiatric Practice*, 21(2), pp.171-173.
2. Yanti L. O lord...where is my fetus?: a case report of pseudocyesis. *MEDISAINS*.2019;17(2):47.
3. ThippaiahHIPPAI, S., George, V., Birur, B. and Pandurangi, A., 2018. A Case of Concomitant Pseudocyesis and Couvade Syndrome Variant. *Psychopharmacol Bull* 2018; 48(3): 29-32.
4. Azizi, M. and Elyasi, F., 2017. Biopsychosocial view to pseudocyesis: A narrative review. *International Journal of Reproductive BioMedicine*, 15(9), pp.535-542.
5. Tarin, J., Hermenegildo, C., Garcia-Perez, M. and Cano, A., 2013. Endocrinology and physiology of pseudocyesis, *Reproductive Biology and Endocrinology*, 11(1), p.39.
6. Campos D, Link D. Pseudocyesis. *The Journal for Nurse Practicioners*. 2016;12(6):390-394.
7. Dubravko, H., 2010. Pseudocyesis in peri- and postmenopausal women. *Open Medicine*, 5(3), pp.372-374.
8. Kenner W, Nicolson S. Psychosomatic Disorders of Gravida Status: False and Denied Pregnancies. *Psychosomatics*. 2015;56(2):119-128.
9. Anoosheh M, Hamednia S., 2020. A CASE REPORT OF DELUSIONAL PREGNANCY/PSEUDOCYESIS IN A 66 YEARS OLD WOMAN WITH A BIPOLAR MOOD DISORDER IN URMIA. *Urmia Medical Journal*, 30 (10), pp. 831-835.

10. Sandoz P, Wessel J. Evolutionary-rooted models for denial of pregnancy, concealment of pregnancy and pseudocyesis. *PeerJ Preprints*. 2018;.
11. Delaney S, Ussakli C, Fligner C. Rare etiology of arthrogyrosis multiplex congenital at term: congenital infection. *Case Reports in Perinatal Medicine*. 2018;(1).
12. Naja A, El Khatib H, Baydoun A, Nasser Eddine M. Arthrogyrosis in a Case of Chiari Malformation II: First Case Report in a Mediterranean Population. *American Journal of Case Reports*. 2019;20;719-722