

IDIOPATHIC INFERTILITY

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Abstract. *Infertility is the inability of a sexually active, non-contraceptive couple to achieve pregnancy within a year (WHO, 2004). A special place is occupied by the issue of idiopathic infertility, recognized by obstetricians and gynecologists as a "problem within a problem" due to the impossibility of its resolution at the realized diagnostic maximum.*

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With idiopathic infertility, the anatomical integrity of a woman's reproductive tract is preserved and there are no objective reasons that could lead to a violation of reproductive function [4]. In foreign literature, idiopathic, unspecified infertility is defined as "the absence of a diagnosed medical cause of infertility for a couple or the inability to get pregnant in the absence of diagnosed medical reasons for a woman after 12 cycles of unprotected sexual intercourse. For women over 35 years of age – as the inability to become pregnant after 6 cycles of unprotected sexual intercourse" [5]. There are a number of terms of equivalent content used in medical science to denote idiopathic infertility: unspecified, unexplained [6], functional, psychogenic [7], psychological, infertility of unclear genesis [8].

In the International Classification of Diseases of the 10th revision, the diagnosis under discussion is encoded by the cipher N97.9 – "female infertility unspecified". The occurrence of idiopathic infertility is associated in most cases with the mental state of a woman, the influence of emotional stress, psychosocial and family factors, mental illnesses on her reproductive function [9-11]. At the same time, stress associated with the failure of reproductive function, concomitant anxiety or depressive reaction, sleep disorders affecting hormonal regulation are considered as links in the process of transformation of psychological processes into somatic ones (G. Selye, 1955). The modern literature discusses a wide range of effects on the hormonal profile (corticotropin-releasing hormone, luteinizing hormone, follicle-stimulating hormone, thyroid stimulating hormone, estradiol, testosterone, melatonin), as well as on inflammatory mediators (tumor necrosis factor α , interleukin 6, C-reactive protein) of sleep deprivation, sleep apnea syndrome, and the corresponding lack of brain oxygenation, eating disorders and dependence on psychoactive substances in both women and men, – factors that can cause the development of essential infertility or contribute to its mechanism [12]. The state of a woman's reproductive system largely depends on her premorbid personality traits and reactions in a stressful situation. Examples of such phenomena are the temporary cessation of menstruation during hostilities, "stressful" ovarian dysfunction, pronounced psycho-emotional stress in everyday life due to the negative atmosphere at work, worries about a partner, as well as a strong desire to become a mother (false pregnancy) [13]. A special influence on the state of reproductive function is exerted by the "family scenario", or "parental program" – the experience of motherhood of the older generation in a particular family. In some cases, at an unconscious level, special attitudes are included on the negative impact of childbirth on the development and self-realization of a woman's personality,

and the thought of pregnancy is repressed. The reproductive function is blocked by the central nervous system, as a result of which there may be ovarian dysfunction with the formation of cysts, ovulation disorders, lack of production of hormones by the yellow body, spasm of the fallopian tubes, increased production of antisperm antibodies [13]. The psychological prerequisites of infertility, regardless of the fertile age, are described. These include a special predisposition of personality, formed as a result of family upbringing, in which a special role is given to maternal influence with a negative sign, when the onset of pregnancy is blocked on an unconscious level. We are talking about distanced relationships with the mother or both parents, increased demands on the child, devaluation of his success, imposing the need to take care of younger siblings if they are in the family [14]. Since the 30s of the XX century, psychosomatic concepts of infertility formation in women in the absence of organ pathology have appeared in obstetrics and gynecology. W.C. Menninger (1943) called unexplained infertility "a mental conflict going under the gynecological flag." By mental conflict, the author understood a variety of its variants, the most frequent of which are altered sexual identity (same-sex sexual attraction) and dysfunctional relationships with the mother [15]. I.C. Fischer (1952) believed that women suffering from idiopathic infertility are distinguished by two personality styles "incompatible with motherhood." We are talking about weak, infantile, emotionally immature, overprotected by the environment – and domineering, aggressive, with the presence of many masculine traits of women [16]. Among the psychological causes of idiopathic infertility, there is an overcoming of traumatic events of past experience, which often come from childhood: the departure of the father from the parental family, a difficult financial situation, which can be associated with the presence of children in the family, contributing to the formation of such a woman in childbearing age "psychological renunciation of pregnancy" [2]. It also describes internal personal conflicts due to the struggle of motives when a woman wants to be realized both in her career and in motherhood. Both of these desires may have the same value and intensity, but they are multidirectional and therefore, being presented to a woman as conflicting, they cannot be realized [2]. A psychoanalytic view of the problem of idiopathic infertility admits that at a particular moment in life a person is in a state of intrapersonal or interpersonal conflict, which at an unconscious level blocks the possibility of having a child. T.F. Benedect (1952) believed that women with idiopathic infertility, compared with fertile, differ in a more pronounced manifestation of such unconscious mechanisms in the realization of their reproductive function. The author came to this conclusion as a result of clinical interaction with women who became mothers, but had a history of idiopathic infertility. In their anamnesis, the author was able to establish special life situations that the woman subconsciously regarded as unfavorable for the birth of a child, which blocked the onset of pregnancy. After the birth of a child, such women were distinguished by the high quality of their children's upbringing [17]. In recent decades, when considering the psychological and psychotherapeutic aspects of infertility, the authors have been paying more and more attention to its consequences both for everyone in a couple and for marriage as a whole. Individual factors include: violation of a stable, continuous sense of one's own identity (self); decrease in self-esteem; experiencing loss of control over the body and the failure of one's generative function; violation of the separation-individuation process; deprivation of the reparative role of parenthood in terms of the possibility of processing and healing one's own childhood narcissistic traumas and modification of one's own, already more caring and understanding, treatment of the child; strengthening the experience of one's own extremity. For marriage as a whole, the following are important: social stigmatization; weakening

of ties with family members and friends; decreased pleasure in sex and intimacy in marital relations; decreased emotional intimacy in marriage and the threat of divorce [18]. The obstacles that make a "desired pregnancy undesirable" (M. Hirsch, 2021) [19] are individual in each case, as illustrated by the clinical observations presented below. Discussion The representation of the bodily sphere in the mental world of an individual [23-25], the presence of aspects of physicality (bodily boundaries, internal psychological space) in the self-image underlie the influence of mental experiences, interpersonal (1st observation) and intrapersonal (1st observation) conflicts on reproductive function. Childbearing, which is an important milestone in psychological ontogenesis, requires many superior personality characteristics – successful identification with one's own mother and her realized childbearing function; the presence of an unconscious fantasy about the presence of space inside one's own body (as in the mother), capable of accommodating and retaining the fetus [26]; growing up, with the transition to the identity of an adult who has the ability to integrate various needs and be ready for a fairly long time to renounce their individual needs or limit them in favor of the realization of reproductive function and the fulfillment of the maternal role [24, 26]. Women also have a complex of typical fears and other emotional experiences associated with pregnancy and childbirth, which can maintain a state of stress and anxiety that prevent pregnancy – the fear of not coping with the maternal role, combining pregnancy and motherhood with the realization of other personal needs, the birth of an unhealthy child, shame, fear of unfavorable course of childbirth and their complications. On the other hand, infertility can create a traumatic situation of mutual accusations in couples, the search for the culprit, cause shame for reproductive failure, self-stigmatization. These experiences themselves support the stress effect on the subtle biological mechanisms that ensure the onset and maintenance of pregnancy, forming a kind of vicious circle: infertility – stress – infertility. In the above observations, conflicts that prevented the onset of pregnancy turned out to be available for discussion and processing in the process of psychotherapy or were resolved independently when circumstances changed. In other cases, the cause of infertility may be rooted even deeper – in the failures of the ontogenesis of the mental apparatus, creating one or another deficiency of personal structures, the replenishment of which is the subject of long-term efforts of psychoanalytically oriented psychotherapists and psychoanalysts. Thus, in cases of idiopathic infertility in women due to the presence of psychological problems in the family (intrapersonal, interpersonal), there is an indication to refer them to a psychotherapist for individual or group psychotherapy to overcome psychological obstacles to pregnancy (cognitive approach) or to strengthen the personal structure and the formation of missing functions (psychodynamic approach), as well as in psychological support groups for women, men and couples with infertility problems to reduce the experience of stress, stigma and self-stigmatization.

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