

Imaginary Pregnancy as an Hysterical Disorder about a Senegalese Case Report

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Abstract: Imaginary pregnancy or pseudocyesis is a condition in which a woman without being pregnant is convicted of being in pregnancy and develops pregnancy signs. It is a relatively rare condition that admits as etiologic factors cultural, endocrine but also psychological factors.

The diagnosis can be difficult. Nowadays, paraclinical gynecological investigations are a great contribution.

This table is encountered most often in cases of conversion hysteria, or depression, and reflecting the entanglement body / psyche.

We report the case of a young woman with the problem of imaginary pregnancy, occurring within the framework of his hospitalization. We discuss the possible relationship between such an event and a hysterical personality organization.

Keywords: Pseudocyesis, hysterical, adolescence, Senegal.

INTRODUCTION

Imaginary pregnancy is a phenomenon described since antiquity. It is defined as "a false belief of being pregnant, associated to pregnancy targets signs." It is a rare and few cases are reported in the literature psychiatric syndrome. Five hundred and seventeen cases have been reported cases in the literature: 500 women and 17 men [1-3]. Since the advent of screening techniques and monitoring of pregnancies, it has become more rare. The rate of all-cause delusional pregnancy combined declined significantly in the United States in the last century. In the 1940s, the incidence was one case per 250 pregnancies, whereas now it is estimated at one to six cases on 22,000 [4, 5].

The maximum number of cases reported had occurred between 1890 and 1910 (156 cases in the English literature), while between 1959 and 1979, only 42 cases have been reported. The phenomenon is more common in areas where accurate pregnancy testing and access to care are even less available. Very often in these regions, fertility is closely associated with the social value of a person [6]. It is rather the case in our Senegalese context.

Sometimes delusional imaginary pregnancy occurs most often in women aged 33 years on average, more than two thirds are married, more than two thirds have

never had children. The signs usually last between one and nine months, but the length can reach several years [3].

An intense desire to become pregnant, especially if primary infertility can create internal changes in the endocrine system, which may explain some of the symptoms [3].

Neurobiochemical of disturbances associated with depressive disorders have also been implicated in certain symptoms [3]

As part of our department of psychiatry in a general hospital, we followed as outpatient and inpatient a young woman with the problem of imaginary pregnancy on an array of hysterical conversion. This is the case we report in this article we specifically discuss possible relationships between such an event and a hysterical personality organization.

CASE NANA

Nana is a young girl of 18 years aged who was sent to us by external consultation, accompanied by her mother for " suicidal ideation." She appears younger than her age, about 15 years. Her troubles had started with epileptiform repeated crises that had led to a decision of the board of her school class. It offered her to interrupt her studies to devote herself to care. This has resulted in an apparent exacerbation of the crisis by telling her father that " she made her illness. To this is added the death of her grandmother, who was her " friend." She took refuge to her's in the event of

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disagreement with other members of the family. She regularly had multiple somatic complaints. It is this picture that motivated the consultation with management first outpatient. Hospitalization is decided when she returns before the scheduled appointment without much improvement and thoughts of death. Nana sent a message (sms) from her cell to her mother as follows: "I want to die before I thank you for everything, you're a great mom."

Nana's history reveals hospitalization for epileptic seizures triggered by the ruckus of classmates. In 2008, they would have hidden the mobile phone of a student in her bag, and pretending her to be the one who stole. Nana has subsequently been followed by neurologists for the same symptoms in 2009 before being sent to psychiatric after inconclusive paraclinical investigations and persistence of the clinical picture. This monitoring was associated with psychologist.

Nana is the third in a four uterine siblings. Her brother and two sisters were free of any psychiatric disorder. She comes from a monogamous family. Her father 55 years old, is an expert demographer. Her mother, 47 year old is a data entry operator. She is currently off work to care for her daughter repetitive crises. Nana relations with her older sister and the youngest are often conflicting. With the father, the relations are strained. The latter is described by his daughter incomprehensible and difficult. The father believes that the patient voluntarily creates her disorders. He finds she is too capricious.

With his mother, Nana would maintain relations of complicity she says: she lends her jewels, called her when her friends are there.

Described as a very good student still among the best, she resumed the first class because of her illness. Given the increase in crises, 2-3 seizures a day with periods of hypersomnia which can be explained by the treatment, the class council has recommended to stop over time to heal.

The patient is described by her mother as a very studious very nice girl despite coquetry considered too early, intelligent, with good grades, but very sensitive and nervous, getting angry easily with tears. It would also be very often determined when she wants something.

She even recognizes herself very sensitive, very open. She loves going out, TV, music and internet. Nana told having a boyfriend, which is currently in Morocco.

As projects, she wanted to learn medicine or telecommunications.

Looking small size, tiny and frail, Nana gives a young girl of 15. During the interviews, she is often dressed in a little short dress that fits her body. The contact is generally good. Nana is very seductive with her postures, tilting her head, rolling her eyes, and speaking in a singsong voice. The speech is abundant in details. The content of ideas is characterized by multiple somatic complaints (headache, dizziness, asthenia, blurred vision, amnesic disorders, difficulty thinking) all described with great indifference. Perceptual disorders that are characterized by pseudo-hallucinations were noted: "Sometimes I see strange images, I hear the sound of a television, sometimes images that scroll."

The mood is depressed: "I'm sad, I do not want to stop my studies. I feel alone and misunderstood by my family. We also note thoughts of death: "I often think that death would relieve me, as this morning I thought a lot about death and I texted my mother," but I am a believer.

Instinctual disorders are characterized by sleep onset insomnia and nightmarish dream activity with brutal waking up.

In total, it is about a girl of 18 years with a history of neuro- psychiatric care since 2008 for repetitive seizures, with multiple additional tests negative addressed in a psychiatric hospital who has:

- A conversion syndrome: recurrent seizures, erratic somatic complaints, with great indifference to his troubles
- A depressive syndrome with sadness and superficial ideas of death
- A pseudo- hallucinatory syndrome: effects and television images that sometimes perceived All on a hysterical personality marked by seduction, eroticism reporting, compulsive lying, manipulative the trend. The context is marked by difficult life events: Proposal of the class council to stop studies, disagreement with the father, the death of the grandmother.

The psychological assessment performed during hospitalization suggests a hysterical neurotic personality type based test Rorschach and TAT.

The hypothesis of a complicated hysterical neurosis depression is discussed.

Anxiolytic treatment with Alprazolam is set associated with psychotherapy.

A J5 hospital, Nana told us of delayed menstruation, believing she is pregnant. She had a regular cycle of 28 days. And for the first time, it has a delay of ten days. Nana is certain to be pregnant. She told us physical changes: breast tenderness, nausea and vomiting. Every morning during this period she worked up with nausea. She even showed a distended abdomen. Given this delay, she did a first pregnancy test first, then another one in the presence of a friend, that would be both negative.

She consults a gynecologist to have confirmation of being pregnant. According to Nana, the gynecologist had announced her pregnancy. That it completely invalidates. He even asked to do beta HCG, that Nana refused.

Right out of the doctor's office, she sends a "SMS" to her father to announce her pregnancy. In the SMS she wrote: "Dad, I'm pregnant"

Throughout this period, Nana did not seem concerned about her condition or by the reaction of his parents.

An appointment is made to the gynecologist for Nana with her mother who was very concerned and assailed us with questions.

DISCUSSION

Imaginary pregnancy remains a multifactorial disease. Psychological factors as organic are implicated in the genesis of problems encountered [3].

Several hypotheses have been advanced concerning the contribution of psycho dynamic factors in the occurrence of an imaginary pregnancy.

Nana has never had a child, had no history of miscarriage. She developed these ideas pregnancy no longer after the death of her grandmother who was her confident.

NANA IN THE OEDIPAL TRIANGLE

Regarding our patient, the psychologist stated that Nana is in the midst of adolescence with the

reactivation of the Oedipus complex. It would be more likely in the preoedipal regression where the manifestations of genital libidinal drives hard to be managed.

Intrapsychic conflicts therefore mark a hysterical neurotic symptomatology in a slope of the type where there is a lack of identificatory choice related to fear of losing the love of the object (the father). Projective tests show eroticism barely touched in the boards of the TAT. Her claim rather phallic gives importance to the discrete representation and child, that is to say, the delivery of the conflict. We also note a lack of response to the board representing the maternal image, which may suggest a lack of representation of the identification with the mother. In addition, this board the mother figure corresponds to the patient identified as the board she does not like in the Rorschach. The patient said she did not like this board which corresponded to the maternal image (board 7)

Nana is in identification mechanisms that are explained as hysterical claims and because unconscious desires. Which are unconscious infantile wishes to have a child of the father. Unconscious fantasies that cause Nana not a desire to have a child, but a phallic libidinal desire (which is to possess the phallus object symbolized the penis) whose translation is a symptom of pregnancy. It is therefore believed to be pregnant, but the results are negative which confirms the hysterical identification mechanisms and unconscious desire to have a child of the father.

The reports are conflicting with her mother and in rivalry, she wears the clothes of her mother and her jewels which confirms the unconscious infantile regression to take the place of the mother to the father. It is a behavior that can be found in girls between 5 and 10 years latency period Freud [7, 8].

In the interview, she said the doctor had told him that she was indeed pregnant. At the question why prevent her father rather than her mother, Nana said, "I thought he would understand better...he would understand me.." Then she considers her father as: "too strict." Relations with the other sisters are also conflicting.

So her grandmother who was her friend died shortly before the beginning of his troubles. This event may have been a trigger in that Nana had lost an attachment figure at a crucial age.

NANA, BETWEEN THE DEVELOPMENT OF FEMALE SEXUALITY AND THE DESIRE FOR MOTHERHOOD

Compared to projective tests Nana is in a identificatory research and gender identity.

The young chick in full adolescence she is, is proving herself or demonstrating others her femininity? That means to her being in pregnancy? Which representation does she have for a woman expecting a child? The desire for motherhood comes as say S and S Lebovici Sterolu from a distant past, the distant conflict became unconscious. [9]. Could this be a way to show her maturity to her parents? Does the age of 18 years means he majority for it?

One can hypothesize that Nana feels age to carry a pregnancy and thus prove she is a woman.

This allows us to question about sexuality spoken or practiced in the family. In the African context, sex education is difficult with parents and easier with grandparents, namely Nana with her grandmother. Nana is in the last class of secondary school so already had the rudiments sexual education including fourth grade.

It remains important to note that early pregnancy out of wedlock in addition are poorly tolerated in our societies.

The physical changes in our patient namely breast tenderness even though it was early, associated with nausea, vomiting and could initiate or consolidate its false belief pregnancy like what we find in the literature [3].

NANA, FROM REALITY TO FANTASY OF PREGNANCY

There is, as in the majority of Senegalese society, in Nana's family lot of not allowed, including sex.

The gynecologist has formally denied the existence of a pregnancy. Nana meanwhile remains convinced of being pregnant, to the point of presenting nausea and vomiting. Nana even breast tenderness. She is not looking for the ways to prove she is not pregnant, what could be expected of a girl of her age, not married, with a father as strict as she says. But Nana, instead seeks to confirm this fact, without any guilty or remorse. What should the medical team understand through all this? Did the patient manage to drag us through the maze of adolescence, bringing us to come into contact with the

gynecologist, to talk to the mother, looking for contact with the father without ever succeeding.

Another cultural particularity is that it is not to the father that we tell news that have sexual connotation. This moreover, when one is not married yet. Nana called his father too strict and said he was the cause of her problems because he did not stop telling her how she should behave to be a young "good" girl thing she complains a lot.

It begs the question: "What did she want by first announcing her father and in by this way?" "Was she aware of what she was doing?" "Was she in the situation of a wife telling to her "husband" her pregnancy? In fact, the father was quick to call the mother to ask her what happened to his " daughter", this is how the mother came running service to share this with us.

Early pregnancy and brandish it could represent a way of transgression, a phenomenon that makes sense in adolescence. Is this a way for Nana to defy the laws of family to reach parents? To the mother showing her that her daughter has become a woman and she was not the only one who can carry, to the father a way to show him what his little capricious girl was able to do?

On the other hand, a manipulative behavior was highlighted with all the messages she sends to prevent what she will do, as to initiate calls using.

In teenage perception, it is difficult to explicitly express request, without hurting his own narcissism.

It is clear that the fantasized pregnancy as attempted suicide with clearly sent message to her mother may represent calls for help. In a teenager growing means of communication to be accessible must be decoded to be understood in their proper sense. A deepening of the mode of operation that girl who always sends sms to shout discomfort would have been a great contribution to a better management of the means used alongside therapies.

So all this, the believing she is pregnant, the mythomania about the gynecologist, the sms sending like manipulation, the great indifference are in favor of hysterical disorder.

We did not have the all time requested, namely the persistence of symptoms until a certain period, but we find it is important to emphasize the active approach of this patient to prove her pregnancy.

CONCLUSION

The patient allows the problem of the relationship between personality building and somatopsychic conversion accidents. It seems appropriate to follow up this young girl to know if there will be other episodes of imaginary pregnancy in his woman life and better understand the meaning of this conversion.

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