

DELUSIONS OF PREGNANCY - A REPORT OF FOUR CASES

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ABSTRACT

We report four cases (three women, one man) having delusions of pregnancy seen over a four month period at a short - stay in-patient facility in a General Hospital Psychiatry Department. None had organic factors and all could be explained on the basis of psychological mechanisms. Delusions of pregnancy may not be as uncommon as was previously believed.

Key words : delusions, pregnancy.

Delusions of pregnancy are considered rare (Shankar, 1991). They have been described in schizophrenia, schizoaffective disorder, delusional disorder, mental retardation, senile dementia, cerebral syphilis following encephalitis and in association with drug-induced lactation. (Cramer, 1971, Chaturvedi, 1989 ; Chengappa et al 1989 ; Shankar, 1991; Bitton et al, 1991 and Micheal et al 1994).

Delusions of pregnancy have been reported more often among men ; they can also occur in women - postmenopausal, virginal or both. (Sims, 1988). They have been described lasting for upto 20 years (Michael et al, 1994), involving multiple pregnancy and multiple birth (Chengappa et al. 1989), in context of drug induced lactation (Cramer, 1971), in delusional disorder - a man inserted a knife in his anus to facilitate delivery of the baby (Bitton et al, 1991).

Delusions of pregnancy should be differentiated from :

a) PSEUDOCYESIS :in which false 'pregnancy' occurs in either sex with abdominal swelling simulating pregnancy.

b) COUVADE SYNDROME :In which husband of a pregnant women experiences manifestations of pregnancy like loss of appetite, nausea, vomiting, indigestion, and constipation. The husband, as a rule, knows that he is not pregnant (Enoch and Trethowan, 1988).

C) MALINGERING :In which person claims to be pregnant with the knowledge that he or she is not.

d) PSEUDOPREGNANCY : In which ovarian tumors cause endocrinal changes suggestive of pregnancy (Hardwick & Fitzpatrick, 1981).

We report four cases of delusions of pregnancy seen in a 19 beded shortstay facility at a medical college general hospital.

CASE :1

U, 24 years old, never married man, already under treatment for schizophreniform disorder of 3 months duration presented in an emergency. He was acutely anxious, feared that he was pregnant from homosexual encounters with friends twice - 5 years and 3 years back when he acted as a passive partner. He was fond of sexually explicit videos and had recently read a magazine story about pregnancy in a man. He had constipation, abdominal distension and difficulty in passing urine. He felt the movements of the child in his abdomen. He demanded emergency investigations for pregnancy and intervention for termination.

CASE :2

N., 43 years old, divorced woman with undifferentiated schizophrenia of 25 years duration with several exacerbations and incomplete remissions. Her six month old marriage ended in divorce due to discord 23 years back. Whenever her psychosis worsened, she claimed to be pregnant, walked with protruded abdomen, would lie down, cry and thrust pelvis as if in the process of

giving birth to a child. She would go in to another room with a doll, and would cuddle the doll. If parents entered the room, she accused them of killing the baby. There was no history of either abortion or medical termination of pregnancy. She wore flamboyant dresses and behaved seductively. She was on antipsychotics all through the 25 years, had amenorrhea for 5 years in between; recently she had regular menstrual cycles.

CASE :3

H., 50 year old, married housewife lost her 9 year old son by accidental head trauma 12 years back. He was conceived after several years of married life. For the last 4 months she had persecutory delusions against husband, lived separate from him, claimed that she was pregnant, and that the lost son was in her womb for 2 months. She refused medication lest it harm the baby. She had her last menstrual period 7 years back.

CASE :4

R., 30 years old married tribal woman with 3 months amenorrhea claimed that a ghost resembling a handsome, powerful tribal leader comes to her every night and has sex with her. This started soon after her fifth delivery of a boy, 3 years back. The patient had delusions of infidelity, believed that husband had illicit relations with his elder brother's wife. She believed that soon after the delivery, she became pregnant by the seed of the ghost and had been so for the last 3 years. While straining for defaecation she felt that the child would come out and complained that something came out regularly even prior to the onset of amenorrhea. She requested termination of pregnancy. On gynaecological examination - prolapse of uterus was confirmed. When the gynaecologist advised continuation of "pregnancy" due to risks of termination, patient absconded from the hospital.

These four patients seen over a short period of four months suggest that delusions of pregnancy are not as uncommon as it was thought. In contrast to earlier literature. there was female

preponderance.

In the case of U., upon reading a popular article reporting pregnancy in a man, abdominal distension was misperceived as a sign of pregnancy. It became the basis of the delusion. Apart from abdominal distension, U did not have changes like breast enlargement, galactorrhea or motion sickness which occur in pseudocyesis. Delusion of pregnancy in this case may be related to guilt feelings regarding anal intercourse with a male friend.

Pseudocyesis occurs in perimenopausal women or in women who intensely desire to be pregnant. For N. and H. delusions of pregnancy had a wish fulfilling function.

N. is not married currently and does not have any socially acceptable relationship in which sexual and procreative needs may be gratified. She also probably grieves over the never born child. Although delusions of pregnancy occurred intermittently for 20 years, antipsychotic induced amenorrhea for 5 years strengthened the delusion. This patient protruded her abdomen, showed pelvic thrusting, but there was no actual increase in abdominal size, nor did she have breast changes or morning sickness which usually accompany pseudocyesis.

Through the delusion of pregnancy post menopausal H. regains her only son, lost by death.

R. cannot accept her erotic feelings towards the more powerful leader consciously. Hence she had sexual activity with the ghost who impregnated her. The projection led to the delusion of infidelity and the 'pregnancy' limited sexual activity with the unfaithful husband.

Thus in all these cases the dynamics is almost transparent. This is contrary to the conclusion of Chaturvedi (1989) that organic factors seem to be implicated more than psychodynamic factors in most of the cases.

The sociodemographic characteristics and the diagnosis of the patients with delusions of pregnancy cannot be generalized as these are determined mainly by the setting from which they are reported.

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