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Psychological Journey of False Pregnancy (Pseudocyesis)

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ABSTRACT

This case report delves into the rarely discussed phenomenon of pseudocyesis, also known as false pregnancy. It explores the emotional and psychological impact on a woman experiencing the physical and emotional symptoms of pregnancy despite being non-gravid. The case highlights the importance of recognizing the psychological underpinnings of pseudocyesis and employing a holistic approach to diagnosis and management.

INTRODUCTION

False pregnancy, clinically known as pseudocyesis or pseudopregnancy, stands as a captivating and intricate phenomenon in the realm of reproductive health. This condition, characterized by the compelling mimicry of pregnancy symptoms in the absence of an actual gestation, has perplexed clinicians for centuries and remains a challenging diagnostic and therapeutic puzzle. This article aims to unravel the enigma of false pregnancy, delving into its historical context, underlying mechanisms, clinical manifestations, and contemporary approaches to understanding and managing this complex psychosomatic condition (1-4).

Pseudocyesis represents a unique intersection of psychological and physiological factors, where the mind exerts profound influences on the body, leading to the manifestation of signs and symptoms closely resembling those of a true pregnancy. Despite its rarity, pseudocyesis poses significant clinical challenges due to the emotional and physical toll it takes on affected individuals. The condition often involves a complex interplay of psychological distress, hormonal fluctuations, and the intricate connections between the central nervous system and the endocrine system. Throughout this comprehensive review, we will explore the historical evolution of false pregnancy, examining cultural perceptions, societal influences, and the shifting landscape of its recognition within the medical community. The article will delve into the multifaceted nature of pseudocyesis, including its varied presentations, potential

causative factors, and the role of psychological stressors in triggering and perpetuating this fascinating phenomenon (4-8).

Here it was aimed to present a false pregnancy case.

CASE PRESENTATION

A 32-year-old woman presented with a four-month history of abdominal distention, weight gain, breast enlargement, and morning sickness. She expressed intense excitement about her perceived pregnancy, sharing elaborate plans for the baby's arrival. Physical examination revealed no uterine enlargement or fetal heart sounds. Further investigations, including urine and blood tests and pelvic ultrasound, confirmed she was not pregnant.

Despite the objective evidence, the patient initially struggled to accept the non-gravid state. She exhibited denial, emotional distress, and even anger towards healthcare professionals. However, through supportive counseling and open communication, she gradually acknowledged the psychological component of her symptoms and expressed willingness to explore underlying emotional stressors.

Psychological evaluation revealed a history of childhood neglect and low self-esteem. The patient felt unfulfilled in her personal life and career, leading to a strong desire for motherhood and a sense of purpose. Pseudocyesis served as a

subconscious coping mechanism, offering a temporary feeling of fulfillment and control over her life.

DISCUSSION

While the exact cause of pseudocyesis remains unclear, a biopsychosocial model is often invoked. A strong longing for motherhood and a sense of incompleteness can manifest in physical symptoms mimicking pregnancy. Individuals struggling with depression, anxiety, or trauma may find solace in the perceived state of pregnancy. Societal pressures and emphasis on motherhood can fuel the desire for pregnancy and contribute to the development of pseudocyesis. The physical symptoms, typically hormonal fluctuations and stress-related physiological changes, are believed to be triggered by the psychological state. Diagnosing pseudocyesis requires a combination of physical examination, ruling out organic causes of pregnancy symptoms, and a thorough psychological evaluation. Treatment focuses on supportive counseling, addressing underlying emotional issues, and exploring alternative avenues for fulfilling the desire for motherhood or a sense of purpose (7-10).

Pseudocyesis, though often misunderstood, is a genuine medical condition with significant psychological underpinnings. This case report underscores the importance of approaching it with empathy and understanding, recognizing the emotional distress it can cause. By employing a holistic approach that addresses both physical and psychological aspects, we can effectively manage pseudocyesis and support individuals towards emotional well-being and finding alternative paths to fulfillment.

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