

UTERI AND MENTAL ILLNESS (Originally published February 1963)

The January first issue of the *American Journal of Obstetrics and Gynecology* contains a welcome report on the psychological effects of hysterectomy, by Drs. Patterson and Craig of Columbus, Ohio. The dire effects of hysterectomy on the psyche of womankind, long a favorite topic at bridge tables, has in late years been dignified by much ominous discussion on the part of those sexually oriented theorizers, the psychologists and psychiatrists. This study, a report on 100 women with a history of previous hysterectomy, who were admitted to the Psychiatric Institute at Ohio State University, and a review of 193 similar cases reported earlier, presents strongly suggestive evidence that most of the ill effects following uterus removal exist not in the infertile women, but in the fertile minds of the psychiatrists.

Buried in the dark jungle of hypotheses linking a supposed, increased incidence of mental illness to previous hysterectomy are such involved and appealing proposals as Helene Deutsch's deprivation of the necessary uterus-pregnancy-childbirth triad to provide feminine, masochistic pleasure. Psychological texts are fond of quoting Wengraf on the study of psychoneurotic symptoms following hysterectomy; and in the type of woman who establishes a strong emotional attachment to her physician, Wengraf elaborates in the following, deathless, psychiatric prose:

...reactivating her old relationship to her father . . . the woman's castration complex (jealousy over the fancied loss of the penis) is expressed as wish fulfillment (desire for the penis). The main complaint of this patient was that castration (the hysterectomy) rendered life worthless to her, preventing her from further fantasies (over the loss of the penis).

Some authorities emphasize the loss of the concept of being a "whole" woman, or the devastating effect of depriving a woman of her belief in menstruation as a periodic purification and evidence of femininity. Others have implicated changes in erotic drive, disturbances in the endocrine or vegetative nervous systems, or critical attitudes on the part of friends, husbands and relatives. All of these influences, real or imagined, conscious or subconscious, have been advanced in psychiatric folklore as the traumatic and tension-producing factors that eventually become triggered to cause more mental breakdowns in those women surgically deprived of their uteri.

Practical and practicing gynecologists all along have accepted such theorizing half heartedly, feeling that while it may be so in other practices, they seldom see it in their own. Unashamedly oblivious to hidden guilt complexes, castration reactions or quietly

brooding females torn by mutilated feelings and masochistic sufferings, the gynecologists point out that most of their own de-uterized patients seem not only remarkably unconcerned, but considerably relieved and happy with their new status.

After a few children and a moderate amount of aging, the average housewife is more concerned about her sagging chin and droopy bosoms than she is about losing a vague, unseen organ that is a monthly bother, a frequent malfunctioner and a potential troublemaker in marital and extramarital fields. The fact that any debonair, conscienceless, knife-happy surgeon can reap such a harvest of wombs at the drop of a suggestion is ample tribute to the regard held by womankind for the uterus, and an eloquent testimonial to the willingness with which she will part with it.

It is reassuring then to read that psychiatrists Patterson and Craig conclude from their Ohio State study that "hysterectomy is of little significance in respect to the development of mental illness," and that the majority of their patients were "quite contented with sterility and did not yearn for the masochistic pleasures of childbirth."