False Pregnancy in a Male

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A 33-YEAR-OLD merchant marine seaman was seen in a private diagnostic clinic. He gave a history of having had the following symptoms for 6 to 8 weeks: abdominal distention, morning nausea, movement felt in the abdomen, and increased appetite after the onset of abdominal swelling. The physician, who examined him carefully, thought there was possibly some fluid in the abdomen. He noted the rather marked abdominal distention, and the patient reported that his waist had increased from 32 to 37 inches. The physician felt that these symptoms were suggestive of liver disease and questioned the patient about his drinking habits. The patient gave a history of practically no intake of alcohol. Acute infectious hepatitis was considered. Many laboratory procedures were done, including urine, hematologic, and blood chemistry studies. All were within normal limits. Radiographic studies, including a flat film of the abdomen, GI series, and barium enema were negative.

Physical examination revealed a well-developed white male who appeared his stated age. The abdomen was large and protuberant, and seemed out of proportion for his muscular build. He was 5 feet, 7 inches tall and weighed 160 pounds.

The physician reported to the patient that all the studies were negative. He mentioned that he had considered seriously liver disease but had come to the conclusion that the symptoms were related to some kind of functional gastrointestinal disturbance. The patient then said, "I don't think it is that." The physician then asked him what he thought was wrong. The patient replied, "I think there is life in my abdomen. This may be a pregnancy." The physician, taken aback by this pronouncement, told the patient his case would be studied further.

At this point this writer was consulted.

When the patient came for his first psychiatric appointment, he was anxious at the beginning of the interview but relaxed very soon. He related with warmth, and the therapist had no difficulty empathizing with him.

The beginning part of the first session is reported to give a feeling for the patient's symptomatology:

Therapist: I am glad you were able to come, and I would like you to tell me something about the development of your present symptoms or what we might call your present state of health.

Patient: The doctor said I had a nervous condition in my bowel. Studies have been done on my urine and my blood. X-rays were taken. It all added up to a nervous condition in the bowel, according to my doctor.

Therapist: Well, tell me how your symptoms began.

Patient: I was lying out in the sunshine and I had this peculiar feeling in my abdomen. I watched my toilet for bleeding. I noticed none.

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I went to the ship's doctor and told him about the movements in my abdomen. He gave me some vitamins. Later on he put me in the hospital before the ship arrived in Rio de Janeiro. I rested and read. Later I came back to port in the United States and then finally went to a private medical clinic.

Therapist: What was your job on the ship?

Patient: I was a bellboy or waiter. I did not do my best job on this last voyage because I was somewhat preoccupied with my health.

Therapist: What do you think is wrong?

Patient: A vague feeling began in my mind while aboard ship that I was going to have a child. I am an ardent believer. With God all things are possible. I have had morning nausea with some gagging. No pain. Nothing would come up. Especially did I have nausea after morning coffee. Since I have been back from sea, I was helping a lady move some household furniture. I felt very definite movement in my abdomen. Then I decided for sure it was a form of life. It seemed incredible but the thought came back to me over and over again. I am in a state of suspense. What is it? It could not be fat because I have gained no weight and I am not fat anywhere else.

Therapist: What is your attitude toward having a baby?

Patient: It leaves me without explanation—that a miracle has happened. Recently when one of the doctors was examining me in the abdomen, trying to feel my liver or something, I received a warning that this doctor was applying too much pressure. I felt flushed. I thought maybe he may harm whatever life was in my abdomen. I have been trying to take care of myself physically and have been taking prenatal vitamins.

Therapist: What about the delivery of this baby?

Patient: I don't know. I have made no preparation in my thinking. I suppose a cesarean section would be the only way.

Therapist: Tell me about your sexual orientation or interests.

Patient: I have been with both sexes. I lean toward the masculine. I have tried to find out why. I yearn for the same sex. I think it goes back to my religious teaching. Our picture of God through the Bible is that He is a male figure. God is a man. His first and preferable creature was a man. Man has always been the most desired of the two sexes, so I have chosen the strongest. Having known both sexes, I feel most secure and contented with the male sex. To tell you the truth, I have no strong drives for either heterosexual or homosexual activity.

Therapist: Are you comfortable with your sexual orientation?

Patient: I held many conversations with the ship's doctor about my sexual problems. I often wonder what I am, who I am, and why.

Therapist: How would you feel if it turned out that you were really going to have a baby and this could be proven medically?

Patient: Delighted. Delighted. Delighted.

The patient always wore his trousers open at the top. His trousers were all new in appearance, but he was unable to zip them up because of the increase in the size of his abdomen. Lack of money kept him from buying a new wardrobe. He wore the tail of his sport shirt outside of his belt. This covered his unzippered trousers and gave the appearance of a maternity smock. He appeared strong, healthy, and masculine.

After a few sessions with the patient, he revealed the fact that one of his close friends aboard ship had begun talking of getting married and having a child. The patient felt rejected and began to wish that he could give his friend the child he wanted. His symptoms began shortly thereafter. He became convinced that he was pregnant. Since this was something unique in physiological history, he began to endow his experience with special significance. A part of the interview material is given verbatim to show the meaning of the patient's symptoms for himself and society:

Therapist: Tell me why you, a man, should be pregnant.

Patient: I thought God may use me in a special way in his work. All things are possible through God. After I felt I was pregnant, I began to think about the meaning of this pregnancy for myself and for society.

Therapist: So you began exploring what this could mean; why this was happening to you; what would result from this. This explains some of your spectacular ideas.

Patient: Yes, I would argue both sides. I always seek a meaning. Finally, I stopped being too introspective. Afraid I would end up be-

hind bars in a mental institution. Yet if I could be used for something remarkable and grand, something wonderful, if in the process of this thing I would die, it would not matter. The idea is strongly implanted in me, and I don't know how to turn loose of the idea.

Therapist: You don't know what will be left if you turn loose. You now feel caught up in some great purpose and if this great purpose is taken away, what will be left of you but your loneliness. Is this what you mean?

Patient: Yes. Maybe it is happening to teach me something. Exactly what I don't know. Where did I get this big idea? God creates from nothing, so if one believes in miracles, such a task would not be too difficult for Him. For I believe still in miracles of the spirit if not of the flesh. This is all tied up with my idea of seeing love prevail and not hate. I want my love to live, to be creative and not destructive. This atomic age seems to be hastening toward destruction.

Therapist: You are saying that you want your love and your human relationships to be creative. You fear world destruction and if you could do something to prevent this you would, even if it cost you your life.

Patient: Yes. Man always seeks a why. All of us are counted—have some definite purpose. So anyone could be singled out for a specific purpose. Some such tasks are difficult. Wonder who would want to be singled out for such a task as being pregnant, especially if he is a male.

Therapist: I do not feel you are unhappy for being chosen for what is happening to you.

Patient: But I am very lonely. I have been lonely before. It is so easy to slip into self-pity. Somebody has to be chosen to develop, to withstand the destruction of the atom bomb. Somebody to perpetuate life. Against fire and radiation, how could one live? My thoughts here are all a fantastic dream. The entire world and at least all life on the face of the globe may be destroyed by our fooling around with atomic energy and the radiation which results. If somebody could be born or developed in some way to be resistant to atomic energy and radiation, the race could be perpetuated in the face of man's destructive tendencies. If God would bring to life certain people with resistant qualities, the race would continue.

Therapist: Maybe you are so hoping for man to survive his destructive tendencies and the atom bomb and radiation that your hopes are creating a fantastic dream that you or the child will have a part in this survival.

Patient: Yes, but he will be saved only by love. Out of love will come salvation.

Therapist: It seems that what has happened has grown out of your need and hope.

Patient: I agree that what is happening to me has grown out of my needs and hopes, but it probably won't lead to happiness. But Christ was not always happy. Many people who made contributions in philosophy and art and in other areas were unhappy.

Personal History

The patient was born October 29, 1925, in Kansas City, Missouri. He is very uncertain of his own background. He has no recollection of his mother and believes she died when he was very young. Once his father told him that he was adopted. He thinks that his father could have been kidding. Yet, often the patient expressed the childlike fantasy that he was probably adopted, that probably his true parents were of royal heritage. He made many efforts to get an official birth certificate but never succeeded. He was reared by his alcoholic father and a series of stepmothers. Often he and his father lived alone for months. Then a new stepmother would appear in their home. Some of these women treated him well and others poorly. He wonders now if his father were really married to these women or had them as mistresses. He always felt inadequate and unaccepted by his father and these women. He longed for his father's acceptance and strength. There were no other siblings in the family.

He attended both public and Catholic parochial schools. His father moved so often that he seldom remained more than a semester in any school. He developed close ties with many of his teachers and felt grieved when he had to move away with his father. No long-lasting friendships were developed among classmates because of his transiency, according to the patient. His favorite subjects were art and science.

As for sexual development, he remembers sex play with boys and girls his age when

he was 5 and 6. A resurgence of this began again when he was 9 and again when he was 12. At 15 he began dating and indulged in petting but made no effort to engage in sexual intercourse until the age of 20.

He claims to have had heterosexual and homosexual experiences. He lived with a divorcée for several months and, according to his report, performed adequately sexually. Gradually through the years, beginning with puberty, his interest in men has grown. He does not describe this as a craving but a desire to share their company.

When the boy was 16 his father moved to Hawaii. Shortly after arriving there, he was taken from the custody of his father and placed in a boarding home by the juvenile court. This decision was made by the court because of the father's alcoholism.

After the Japanese attack on Pearl Harbor the juvenile authorities encouraged him to join the Army in a special arrangement whereby he was assigned to duty in the Pearl Harbor navy yard. He worked there throughout the war.

Since World War II he has been a seaman in the Merchant Marine Service. He sails on shipping vessels which carry also about 100 passengers. He works as a bellboy or in some other capacity under the direction of the chief steward.

He is fond of the sea. He is able to read widely and continue a program of self-education. He looks upon himself as a self-appointed diplomat to all foreign ports of call.

While in port, he has lived with the same family for the past 8 years. The widowed landlady has accepted him as a son, and he looks upon her as a mother. The relationship is a very warm one, and on a few occasions she came with the patient to see the therapist.

A few of his philosophical ideas are given to point out some of his major concerns.

He considers himself a pacifist. He witnessed the Japanese attack on Pearl Harbor. Throughout the war, as he worked in the navy yard, he saw come through a steady stream of half-destroyed ships and wounded men. He began to contemplate war, a nation's guilt or innocence, and man's possessiveness. These are his words:

> Japan was provoked out of economic necessity. I have visited Japan, Italy, and Germany and found the people no more vicious than we are. A prominent Russian philosopher, Nicolas Berdyaev, once stated that in the Old Testament story of Cain and Abel, one other question should have been asked. God spoke to Cain and said, "Cain, where is thy brother Abel?" He should have then turned to the slain Abel and asked, "Abel, where is thy brother Cain?" This philosopher is saying what I believe, that both the victor and the victim must share the blame for a criminal act.

Although reared as a Catholic, he is not active in any church but looks upon himself as a devout believer. He stated that he once wore a cross around his neck but feels such an outward display to be inappropriate and in most instances insincere:

> In some sections of the world I saw great cathedrals with golden crosses and altars, and these cathedrals were surrounded by hungry, ragged, ignorant children. I am sure such displeases God no end. He wants bread in children's stomachs before he wants bread and gold on any altar. The temple of the human body is more beautiful than a man-made temple. And if to build a temple, children's health and happiness are jeopardized, then we sin grievously. Display the cross? No. The finest place to wear it is in the heart.

A few of the authors he frequently quoted were Albert Schweitzer, Aldous Huxley, and Kahlil Gibran.

His attitude toward women deserves special attention. He felt that the women in his father's life failed his father as well as him, as they never accepted him. He often implied that he would like to be the type of woman that his father should have had —that any man should really have. Such a woman would protect and care for a man.

He looked upon himself as a woman in a man's body and expressed the belief that "the female hormone" was dominant in him rather than the male.

His only avenue of expression of womanhood has been through some form of homosexuality. He has attempted to act toward men as he wanted a mother to act toward him. He has never wanted to wear women's clothes or jewelry or to dress in other ways like a woman. He feels that a man in woman's clothes looks ridiculous. He has considered having his genitals amputated but decided this would not make him a woman but only a castrated male. He expressed it this way: "If under the surgeon's knife I could become a woman, that would be fine—but I know better. I would be just a castrated male in woman's clothes. Thus I must accept what I really am—a woman in a man's body." His ideal woman is the Japanese type, "for the women of Japan have been taught for centuries the true art of taking care of the man."

Diagnosis

The patient functioned so well that one would not suspect any difficulty, unless he discussed his delusion. Psychological tests were administered by 2 psychologists, who reported no evidence of an integrative defect.

He appeared oriented in all spheres at all times except about himself. He was well controlled and carried on intelligent and sensible discussions about many subjects. His practical knowledge and self-education far exceeded that suggested by his formal training. (He did not finish high school.)

At this stage diagnosis is difficult. The psychosomatic manifestations of his pseudocyesis suggest an hysterical overlay. The patient is paranoid, but whether this is an episode to cover a bizarre situation (pseudocyesis in a male) or part of a more malignant process is difficult to say. It is conceivable that the patient went through the initial stages of paranoid development, which for the time being might have been stopped due to intensive psychotherapy.

Although he gave up his delusion while in treatment (the details of this will be discussed later), it seems unlikely that this turn to recovery is definitive. It is much more likely that sooner or later the old delusions will flare up again and flourish possibly with new ones. Whether or not this is going to happen, one is even faced with the question as to whether he is not dealing already with a schizophrenic. The basic delusion is very absurd, although its elaboration appears to be logical. Yet how much of this logic is due not so much to the patient's own thought as to the dialogue between him and the physician is a moot question. One might object that the ease with which contact could be made with the patient speaks against his being a schizophrenic.

There isn't enough evidence to consider seriously transvestism in this patient, but it is mentioned because he did possess one or two transvestic tendencies.[1] He felt he was a woman in a man's body. Although he had no desire to wear women's clothes and jewelry, he had become preoccupied with a woman's domain—giving birth to a baby. Although he had considered having his genitals amputated, he discarded this approach to solving his problem, stating that such would not make him a woman. Thus he did not seek to be regarded as a woman by society, to be called by a woman's name, and to occupy himself with womanly tasks other than the birth process.

The patient's conflict over his homosexuality is obvious. Only a diagnostic impression should be ventured at this time. The development of a schizophrenic process, paranoid in type, is postulated.

Psychodynamic Formulation

The patient's image of himself is that of a lonely person who is seeking for a mission in life to give special meaning to his existence. He is not certain of his own identity. He knew only a single parent, and his efforts to obtain a birth certificate or a hospital record of his birth were all in vain.

He looks upon himself as a woman in a man's body. He has used homosexuality as a way of expressing his feminine tendencies.

His feelings of inadequacy are clearly seen. It is obvious that his father never accepted him and that he has longed for his father's acceptance and strength. There is ample evidence of this in the interview material.

His yearning for the male, then, represents deep dependency needs wherein he seeks through a close male relationship to appropriate the strength of the male. The nuclear problem is homosexuality.*

In making a grandiose repair, it appears as though this patient in his messianic role had attempted to identify himself with the Mother of Christ and the expected child was Christ.

Treatment Plan and Course

At the beginning of therapy, the question occurred to the therapist whether he should go along with the patient's delusion. An excellent precedent for so doing is the way Robert Lindner handled the patient described in "The Jet-Propelled Couch."[3] After getting to know the patient, I was certain I should stand for reality. Thus, in reply to direct questions of whether I believed he was pregnant, I replied that I could not see how a man could have a baby. But I always went on to say that the feeling that he was pregnant meant something very special to him and that he could hold on to this idea as long as he needed to do so.[4]†

The patient accepted the therapist as a benevolent authority figure and gradually seemed to accept the therapist's explanation regarding the patient's delusional system. Gradually the therapist diverted the patient's attention from the delusion to thinking about himself and talking about other phases of his life experience.

Slowly the delusion of being pregnant was abandoned. He acquired considerable intellectual insight into what had happened to him and apparently also some emotional acceptance and understanding. He was in treatment for about 4 months. He reached the conclusion that his situation was a classic example of mind over body. He was interested in learning how he could handle strong wishes and stressful periods in the future, so that such a predicament would not overtake him again. He did mention that the mind was so subtle and wise that instead of choosing this type of illness again, it would probably choose something else.

Thus, he may well be ready for another delusional experience or for the resumption of his old one whenever he may need it.

The patient's psychophysiologic symptoms began to subside after 2 months of psychotherapy. At this stage in treatment he had begun to discuss freely his interpretation of the role for which he had been chosen. By this time he seemed to have acquired considerable insight into his frustrations and needs. When he began to show some understanding of the relationship of emotions to bodily functions, the therapist noticed for the first time the beginning of a decrease in his symptoms. Improvement continued from this point, and after 2 months his abdominal distention and movements had subsided, as well as the other symptoms.

Summary

A 33-year-old merchant marine seaman was treated because he felt he was pregnant. He described symptoms not unlike those of a pregnant female.

As for the diagnosis of the patient, only an impression is ventured at this time: a

*Dependency and power components of this patient's motivation are so much stronger than his sexual motivation, possibly pseudohomosexuality should be considered here. See Ovesey, L.[2]

†Dr. David A. Boyd, in discussing the paper by Fried *et al.*,[4] commented that in treating a woman with pseudocyesis, therapy can be approached only from the standpoint that the patient has developed the symptoms because she needs them. Thus any treatment must be directed toward the total needs of the patient rather than the relief of the presenting symptom.

‡The author reviewed the literature with the help of Dr. Eugen Kahn but found no cases similar to the one described in this paper.

developing schizophrenic process, paranoid in type.

A psychodynamic formulation was attempted, with homosexuality as the nuclear conflict. Of the 3 motivational components of homosexuality—sex, power, and dependency—the sexual component appeared the weakest in this patient. He identified with strong male figures in an unconscious effort to appropriate their strength. His struggle for power coupled with his conflict over socially unacceptable sexual interests pushed him into a delusion of grandeur as a specific self-reparative effort. The despised one would become the chosen one.

His symptoms began to subside after 2 months of treatment, and in 4 months he was almost free of symptoms.

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