

# Psychological Aspects of Unsuccessful Fatherhood

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## **Abstract**

The aim of this paper is to try to characterize the personality of men failing to be child bearers. The material was gained from 100 married couples seeking aid at the University Ob/Gyn Department in Cracow because of infertility. The following methods were used: 1) questionnaire, 2) Maudsley Personal Inventory (Eysenck). The following results were achieved:

1) Most patients (82%) did not feel inferior in comparison to men with children. There was no feeling of decreased self-evaluation and a change of self-concept. As a hierarchy of values the patients most highly rated the family, secondly job success and thirdly having children.

2) A child is not necessarily a pre-requisite for happiness in marriage in most cases (94%) studied, in these cases the marriage was considered successful.

3) In some cases (35%) difficulty in conception released a number of emotional changes. There were e.g. nervousness, irritability, uncertainty, sadness, jealousy, increased alcohol consumption and decreased libido.

4) The thoughts of the patients were centred around the child, their willingness to accept and undertake the task of upbringing in the future. Willingness to renounce and sacrifice much for the well-being of the family.

## **Zusammenfassung**

Das Ziel dieser Untersuchung ist es, die Persönlichkeit der Männer zu charakterisieren, die es nicht schaffen, Väter zu werden. Die Un-

tersuchung wurde an 100 verheirateten Paaren durchgeführt, die die Frauenklinik in Krakau wegen Unfruchtbarkeit aufsuchten. Die folgenden Untersuchungsmethoden wurden angewandt: 1) Fragebogen, 2) Maudsley Personal Inventory (Eysenck). Die folgenden Ergebnisse wurden gefunden:

1) Die meisten Patienten (82%) fühlten sich den Männern mit Kindern nicht unterlegen. Es gab keine Gefühle einer herabgesetzten Selbsteinschätzung oder eine Veränderung im Selbstkonzept. In der Hierarchie der Werte war den Patienten die Familie das Wichtigste, dann kam der Beruf und danach Kinder zu haben.

2) Ein Kind ist in den meisten Fällen (94%) nicht notwendigerweise eine Vorbedingung für Glück und Zufriedenheit in der Ehe; in diesen Fällen war die Ehe als erfolgreich eingeschätzt worden.

3) In einigen Fällen (35%) verursachten die Schwierigkeiten bei der Zeugung eine Zahl von gefühlsmäßigen Veränderungen. Es gab unter anderem Nervosität, Gereiztheit, Unsicherheit, traurige Verstimmung, Mißtrauen, erhöhter Alkoholkonsum und herabgesetzte Libido.

4) Die Gedanken der Patienten waren auf ein Kind konzentriert und ihre Bereitschaft die Aufgabe der Erziehung in Zukunft zu übernehmen, wie ebenso ihre Bereitschaft, auf vieles für das Wohl der Familie zu verzichten.

*"A child does not cease to give, even when in the beginning appears only to take. The unborn brings the woman a variety of experiences, and for the man a new value in the woman, for both brings dignity, for the father and the mother."*

## Introduction

Do changes occur, and if so, of what nature are these changes in the personality of the male who is unable to achieve the desire to possess his own child?

This question inspired me to try to evaluate this problem. Another factor considered was the scarce adnotations in literature concerning failure in the male. This paper considers only a limited number of aspects and serves only as the basis or introduction to a more indepth stydy.

Awareness of not being able to possess ones own child releases a number of emotional reactions, even schock, transforms into an urgent desire. This is one of the biggest cause of mental drama. The lack of children quite often is a personal tragedy, many a time more so than an unplanned pregnancy. This is the basis of the psychologic problem of childlessness and infertility<sup>1,2</sup>. This mental burden may cause a number of different changes in mentality from a transient systemic disturbance through neurosis to deep personality changes<sup>3-5</sup>.

It is estimated that 20% of all married couples are infertile of which in 10% of cases the cause remains unknown. In the remaining 90% of couples 40%

accounts for the male factor, 30% the female factor and the remaining 30% changes in both partners have been observed.

All authors engaged in the problems of infertility are unanimous as to mental factors in the pathogenesis of infertility, but as far as the mechanisms of these factors go there is a lack of unanimity because these mechanisms are not yet fully recognised.

### **Aim of this Paper**

The aim of this paper is to try to evaluate a characteristic personality of the male as an unsuccessful child bearer.

### **Material and Methods**

I have studied 100 married couples seeking aid at the Endocrinology Dept. of the Ob/Gyn Institute, Medical Academy of Cracow, from June to December 1990, because of a lack of children (sterilitas) and the inability to carry pregnancy to term by the wife (infertilitas). Male patients were andrologically examined (including: anamnesis, physical examination, hormonal estimations, analysis of spermogram) and after these they had psychological examination.

The following methods were used:

1. Questionnaire, including general information and the following problems: attitude to children and familial contacts, present marital situation, motives behind having children, self-appraisal and system of values.
2. The Maudsley Personality Inventory (Eysenck).

The studied group consisted of 100 patients, that is why the number of patients equals the percentage.

### **Results**

Table 1 shows the ages of male patients, the average age was 31 years, ranging from 24 to 50.

**Table 1.** Patients age

Age	Number
up to 25	2
26-30	37
31-35	42
36-40	16
over 40	3
Together	100

**Table 2.** Years of marriage

Years	Number
up to 3	35
4-8	50
9-12	12
13-15	1
over 15	2
Together	100

**Table 3.** Education of patients

Education	Number
Primary	12
Trade	33
Secondary	35
Tertiary	20
Together	100

Table 2 shows the marriage duration, ranged from 1 to 18 years.

Table 3 shows education of examined males, 35% of them passed secondary school.

61% of participants were happy with their employment, 8% were undecided as to this parameter, 18% were not happy with their work, 13% were unemployed.

There was an equal representation as to place of residence, 50% city, 50% country.

46% of males examined were treated for infertility, of this 38% over a 4 year period; 7% were treated between 5 and 9 years and 1 % was treated for more than 10 years. The average time of treatment was 3 years. The remaining 44% have not yet been treated.

Extensive psychoanalysis of patients helped evaluate the following: 94% of childless males considered their marriage a success, only 6% thought differently. However, 84% thought that marriage with children is more valuable, 74% considered such a situation makes the marriage last longer. 91% of participants had positive attitude to children and liked being in their presence. A larger than average number of examined patients (67%) would like to have a minimum of 2 children. 74% of examined would like to take part in the birth process.

As far as upbringing was concerned the view was slightly less uniform. 58% preferred the upbringing to be similar to their own, 38% totally different and 10% had no view on the topic.

The outlook on adoption varied quite substantially. Generally a positive outlook was represented in 44% of cases, 22% had a negative one. However, in the

case of unsuccessful therapy 35% did not see adoption as a means of solving the problem and only 20% of cases were for adoption.

Likewise the use of artificial insemination with donor sperm (AID) had an even more varied outlook amongst examined patients. Generally a positive view on AID and future acceptance of offspring was the case in 36% of participants. 33% of males had a negative outlook, 8% had left the decision to the wife, and the remainder had no view on the topic. Similarly in the case of unsuccessful therapy 25% of cases were for AID and 20% did not have their own view on the topic.

19% of male participants reported sexual problems, the rest did not report such.

In 30% of cases love was thought to be most important in marriage, 20% considered having children as such. 30% of patients considered a mutual understanding gives them most satisfaction in their marriage, and 15% considered a feeling of love to be most satisfying, 5% had no opinion on the topic.

74% of participants considered that a lack of children influenced their marriage, 26% had a different view on the topic.

From the moment problems related to not being able to have children became abundant 35% of cases saw unfavourable changes in general wellbeings, e.g.: anxiety, uncertainty sadness, jealousy, alcoholism, and decreased libido. However among wives (from the husbands perspective) the following were present: anxiety, irritability in the presence of other children, crying fits, sadness, decreased libido, decrease in sense of womanhood. In the remaining 65% of cases no changes were observed in either the participant or his spouse.

**Table 4.** Motives for having children

Motives	Number
a goal in life	43
to leave sb behind	25
success and happiness	14
care for old ages	12
preserving the marriage	6
Together	100

As the main motive (Table 4) for having a child 43% of participants stated having a goal in life and a sense of having somebody to work for. 14% thought having a child was associated with success and happiness. 12% stated having someone to care for them in old age. 6% associated having a child with the hope of preserving the marriage.

85% of patients would agree to surgery if the need arose.

Most participants (82%) do not consider themselves inferior in comparison to men with children, 16% of them do consider inferior, and 2% has no opinion

on the topic. This fact does not decrease their self-evaluation and a change in their "picture" of themselves (self-concept).

From Table 5, we see that for 35% of participants the family has the greatest value, 30% consider their profession to be of the highest value. 20% considered having children to be of the highest value, the last 15% of males considered material values to be most valuable.

**Table 5.** Greatest values of life among patients

Values	% Number
family	35
profession	30
child	20
material values	15
Together:	100

Table 6 shows personality trends of patients – 34% of males were considered introvert and 66% extrovert.

**Table 6.** Personality trends of examined males

Trend	Number
Extroversion	34
Introversion	66
Together	100

As seen in Table 7 – 59% of participants had a normal level of neurotism, 11% had a low level and 30% had a high level.

**Table 7.** Level of neurotism in patients

Level	Number
High level	30
Normal level	59
Low level	11
Together	100

An analysis of a lying scale showed that 42% of patients had strong defence mechanisms, one must come to the conclusion that the male participants were eager to show themselves from their best side.

### Conclusion

1. Most participants (82%) do not consider themselves inferior in comparison to men with children. This fact does not decrease their self-evaluation and a change in their "picture" of themselves (self-concept). As a hierarchy of values the patients most highly rated the family, secondly job success and thirdly having children.
2. A child is not a pre-requisite (!) for happiness, in marriage most (94%) participants considered their marriage successful.
3. Difficulty in conception released a number of emotional changes in some men (35%), these were nervousness, irritability, uncertainty, sadness, jealousy, excessive alcohol consumption and decreased libido.
4. The thoughts of the patients were centred around the child. Their willingness to accept and undertake the task of upbringing in the future, to renounce and sacrifice for the wellbeing of the family.

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