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Present State and Development of the Psychosomatic Obstetrics and Gynecology in West

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I look briefly at the pre and post Cartesian models, regretting the increasing concentration of medicine on the body and the dualism of the doctor/patient relationship. I define my concept of psychosomatic medicine. Deely suppressed emotion often underlies “unexplained” infertility. Psychosomatic disorders may be cured by those outside medicine. We need to be careful not to authenticate a psychological disorder with physical treatment, and it is the responsibility of the doctor to uncover hidden, unacknowledged trauma.

The future is encouraging because of an increased interest in the concept of “well being” and because of neuroscientific research into the concept of the self. The ego theory is an essential component of psychosomatic medicine.

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Female Depression

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The male–female differences in rate of depression are frequently found in epidemiologic studies of depression. Women preponderate in the rates of depression. There are many reasons to explain the differences.

1 Biological factors

Clinical depression tends to occur in association with events in the reproductive cycle. The syndrome called premenstrual dysphoric disorder (PMDD), includes depression, irritability, and headache during the four to five days before the onset of menses. In the postpartum period women are at great risk for depression. The menopausal period is also to produce an increased risk of depression.

2 Sociopsychological factors

Women sometimes judge life events as more stressful. Social role plays an important role in the vulnerability of women to depression. As an example marriage, sometimes has a detrimental effect for women. This support the view that elements of the traditional female role may contribute to depression.

In summary, there are many explanations why women preponderate. But firm evidences of these explanations are not sufficient. Further understanding of these areas are promising.