JUVENILE DYSMENORRHEA, PERSONALITY PROFILES AND THERAPEUTIC APPROACH WITH AUTOGENIC TRAINING

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SUMMARY

The biological, psychological and sociological characteristics of the personality during the adolescence make this period of life one of fundamental importance for the development of the individual.

In order to better understand the adolescent's crisis we have studied the personality of 102 girls between 15 and 16 years of age, a number of which complained of severe dysmenorrhea, some only of mild dysmenorrhea and lastly some which lacked this symptom.

The data collected from the psychological study showed that contrary to what could have been expected, we found a highly pathological personality in only 16 % of the subjects with severe dysmenorrhea and in 6 % of the subjects with a light one while it was present in 22 % of the subjects without dysmenorrhea.

Treatment by Autogenic Training has resulted in a reduction or disappearance of the symptom dysmenorrhea, already during treatment itself, in a high percentage of cases.

Considering such results it seems to us that this therapeutic technique is of substantial help crisis.

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In adolescence, which is the scene of more events than in any other period of life, we have typical and original processes by which the previous evolutionary steps are summarized and may find stability even in regards to those facets which are still in search of an adjustment pro-

Adolescence represents a period of crisis which can manifest itself by complaints of different kind not only on psychological and adjustment grounds but also on a psychosomatic one.

Among the complaints that are usually considered as a warning light of hidden maturity problems a great importance is attached to dysmenorrhea in as much as it seems to be the expression of the difficulties that a girl finds in accepting her natural sexual role.

MATERIAL AND METHODS

In order to better understand the adolescent's crisis we have studied the personality of 102 girls between 15 and 16 years of age, a number of which complained of severe dysmenorrhea, some only of mild dysmenorrhea and lastly some which lacked this symptom.

For this research we have used a set of psychological tests (Zulliger, Luscher 8 F, M.A.Ś., P.A.R.I.) and anamnestic questionnaires.

RESULTS

The data collected from the psychological study showed that contrary to what could have been expected, we found a pathological personality in only 16 % of the subjects with severe dysmenorrhea and in 6 % of the subjects with a mild one while it was present in 22 % of the subjects without dysmenorrhea.

Similarly a well-adjusted personality was present in 33 % of the first group, in 35% of the second one and in 22% of the third one. Slightly maladjusted personality was found in 51% of the first group, 59% of the second one, 56% of the third one.

The total absence of the symptom seems therefore to indicate a refusal to accept a natural role instead of being typical of a situation of normalcy.

We have found these subjects to be characterized by a remarkable affective lability, by an evident difficulty to develop social relationships and selfesteem, and finally by a negative relationship with the mother image.

The subjects complaining of a severe dysmenorrhea present a refusal of affective life, an inability to be spontaneous, a trend to an excessive rationalization of facts so that their social relationships are poor and sterile.

They are furthermore characterized by high will-power, ambition and susceptibility. They usually are in good terms with their mothers.

Finally the subjects in the group with only a mild dysmenorrhea seem to have a personality within the limits of normalcy for their age.

80 subjects underwent Autogenic Training.

Only 52 are considered in the final results as we preferred not to take in consideration those who showed little interest or followed irregularly the courses.

Of those 52, 36 complained of a severe dysmenorrhea, 10 of a mild one and 6 lacked this symptom. The cases of severe dysmenorrhea are prevalent because at the beginning of our research we considered them more interesting and purposely included them.

The results of a 3 month Autogenic Training course were evaluated at the end of the second and third month and 5 months after the end of the course. During this period the subjects continued the training at home.

At the second and third month check we already observed in a high percentage of the subjects a definite and constant improvement of the dysmenorrhea and in many cases even its total remission. Another interesting observation was that in some cases we had the normalization of previously irregular menses.

At the check after five months we collected the following data.

In the group of 36 subjects with severe dysmenorrhea, 36 % (13 cases) showed a total remission, 61 % (22 cases) had a definite improvement, the dysmenorrhea becoming only a mild one, and in a single case there was no improvement at all.

In the group of 10 subjects with a mild dysmenorrhea only one case had no improvement while in the other 9 there was a total remission.

In the group of 6 subjects without dysmenorrhea we could observe the improvement of some behavioural parameters (increased attention, reduced anxiety, better school grades and better interpersonal relationship).

This kind of beneficial effects was also evident in the groups with a mild or severe dysmenorrhea.

CONCLUSIONS

In conclusion from the psychological evaluation and from the results obtained through the Autogenic Training we can make some interesting observations.

First of all adolescent personality, seen in this critical period of life, was normal in 32 % of the cases, maladjusted in 54 % and tending to the pathological in 14 %.

Specifically, the symptom dysmenorrhea cannot be taken as a sure sign of an upset personality or as a symptom of psychosomatic troubles as it is present in subjects with the most varied personalities.

Actually if we consider a really pathological personality we will find that both severe dysmenorrhea and no dysmenorrhea are present with a much higher incidence than the mild dysmenorrhea which seems to be a sign of normalcy.

The good results obtained with the Autogenic Training in all three of the groups show that the individual response of each subject to menstruation represents only an adjustment period which is conditioned by multiple factors on which it seems to be necessary to act according to psychologic criteria, so as to avoid having later a serious medical problem where it could have been possible to restore health and normalcy with ease at an earlier age.

It is quite difficult to evaluate the positive effects due to the assistance performed by the team of obstetrician and psychologist to whom the Autogenic Training was entrusted and who constantly followed the subjects but we believe that definitely it also had its influence on the results.

Lastly we must never forget that much of the symptomatology of the adolescents in this particular age is linked to the ignorance and especially to the misinformation which afflicts so many of them. Considering such results it seems to us that this therapeutic technique is of substantial help to the adolescent in order to better overcome the difficulties of this important evolutional crisis.