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# Mood Disorders in Infertile Women (Depressive Disorder as a Model)

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Abstract ;

This study aimed to determine the level of depression among infertile women. To achieve this objective, a clinical methodology based on case studies was adopted. The research sample included two infertile women who were purposively selected. The study relied on a set of research tools, including observation, semi-structured interviews, and the Beck Depression Inventory (BDI). The study concluded with the following results: Infertile women suffer from a severe level of depression, and the level of depression in infertile women varies according to age.

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## 1. *Introduction*

experience for women, with deep impacts that extend beyond the physical to encompass psychological and social dimensions. The desire to procreate is an innate human instinct, and when a woman is unable to fulfill it, she may experience feelings of loss, frustration, and anxiety, leading to various psychological disorders, predominantly depression. When facing infertility, women may encounter psychological and social pressures that adversely affect their mental and emotional well-being, making them vulnerable to depression. In many societies, procreation is seen as a fundamental aspect of a woman's identity and her role in married life, intensifying feelings of helplessness and inadequacy should she be unable to conceive. Furthermore, undergoing repeated fertility treatments without satisfactory outcomes can heighten psychological stress and anxiety, thereby exacerbating depressive symptoms.

In Algeria, the age of motherhood has been delayed, and fertility rates are declining. It was anticipated that the proportion of childless women would rise. Indeed, recent years have shown infertility rates among Algerian couples ranging between 15% and 20%. Professor Belkacem Chafi, Head of Obstetrics and Gynecology at the November 1st University Hospital in Oran, affirmed this, noting that out of every 100 couples, 20 were unable to conceive children within the first two years of marriage. This issue is considered one of the most significant psychological challenges a woman can face, as it combines the emotional distress caused by infertility with societal pressures that often perceive procreation as fundamental to a woman's identity and life role.

Depression is considered one of the most prevalent and severe psychological disorders, impacting both physical and mental health. It is not confined to specific social categories, being present among people in all regions, countries, and societies (Mahmoud, 2016, p. 26). Taha Abd Al-Qadir defines it as a state of psychological disturbance particularly evident in an individual's emotional aspect, characterized by intense fear, despair of life, pangs of conscience, and crying over evils often not committed by the individual but largely imagined (Hussein Ali, 2017, p. 59). Depression is a common psychological disorder characterized by feelings of deep sadness, loss of interest or pleasure in daily activities, a sense of hopelessness, and disturbances in appetite and sleep. Depression can be temporary or persistent, and its severity varies from mild, affecting mood, to severe, potentially impeding daily life.

Therefore, depressive disorder in infertile women is considered one of the sensitive and prevalent topics in our society, and it has been the subject of numerous studies. For this reason, we chose this topic to study this segment of society. Accordingly, we pose the following questions:

**Main Question:** To what extent does infertility affect a woman's susceptibility to depression?

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**Sub-Question:** To what extent does the impact of infertility on a woman's susceptibility to depression vary with age and environment?

**Study Hypotheses:**

**General Hypothesis:**

The impact of infertility on a woman's susceptibility to depression is significant.

**Sub-Hypothesis:**

The impact of infertility on a woman's susceptibility to depression varies with age.

**Study Objectives:**

- To determine the extent of infertility's impact on the severity of depression.
- To identify differences in the degree of depression severity among infertile women based on age.

**Significance of the Study:**

The significance of the current study lies in the following:

- This study sheds light on a segment of society, namely infertile women, and their psychological state.
- Investigating the extent of the correlation between psychological and physical states.
- Raising awareness in the environment surrounding infertile women regarding how to interact with them.

**Study Terminology:**

**Definition of Depression: Operational Definition of Depression:** It is the score obtained by the two studied cases (29 and 30 years old) on the Beck Depression Inventory.

**Definition of Infertility: Operational Definition of Infertility:** It is the confirmed inability of the two studied cases to conceive after one year of marriage and regular unprotected intercourse, sometimes due to unexplained (psychogenic) causes.

**Field Aspect of the Study:**

**1 / Study Methodology: Definition of Methodology:** It is a set of foundations, rules, and systematic steps employed by the researcher to organize their activities in order to investigate or thoroughly examine scientific facts (Abd Al-Salam, 2020, p. 10).

**Clinical Methodology:** It is an approach that examines individuals within specific situations, treating each as a unique case whose evolving psychological state (the subject of study and diagnosis) is influenced by various social, educational, cultural, and civilizational factors. This methodology is also utilized in personality tests (Ali Maamar Abd Al-Mu'min, 2008, p. 357).

**Case Study:** It is defined as a procedural analytical method used to study a phenomenon through in-depth analysis, aiming for a comprehensive understanding of a specific case (Larouna, 2015, p. 38). A case study aims to better understand a patient, including their problems, their nature, and underlying causes, and to facilitate the planning of therapeutic

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services. It provides a structured normative framework for general, personal, physical, and emotional data and information (Sura, 2000, p. 78).

**2 / Study Population and Sample:**

**A_ Study Group:** The researcher's choice of sample is a critical step in any research endeavor. A researcher typically considers the research sample from the outset, as the defined research problem, objectives, and chosen procedures will dictate the nature of the sample. This sample represents the research audience or population, depending on the specific topic, phenomenon, or problem being investigated (Obaidat, 2015, p. 100).

The sample was purposively selected to identify cases experiencing depression due to infertility and to determine their depression severity using the Beck Depression Inventory.

The study sample comprised two infertile women, purposively selected from a gynecology and obstetrics clinic. Prior to their selection, permission was obtained from the treating physician, and the study's content was explained to her, with assurances that the participants' privacy and names would be protected and not disclosed in the research report.

**b / Criteria for Selecting the Study Group:** The study group was selected according to the following criteria:

- **Age:** The ages of the cases range between 29 and 30 years.
- **Duration of Marriage:** The duration of marriage must be no less than 3 years; in our specific cases, it ranged from 5 to 7 years.

The following table represents the characteristics of the research group that align with our research hypothesis, which consists of a group of married women aged 29 to 40 years, provided that more than 3 years have passed since their marriage without children.

**Table No. (1): Represents the characteristics of the study sample.**

| Case | Name | Age | Occupation | Educational Level | Duration of Marriage (Years |
|---|---|---|---|---|---|
| **Case 1** | T. M. | 30 | Employee | Bachelor's Degree | 7 |
| **Case 2** | A. K. | 29 | Teacher | Bachelor's Degree | 5 |

**3 / Study Tools:**

**3-1- Observation:** Observation is one of the most important methods of data collection. Its essence lies in observing the actions or behavior of individuals, situations, and events. In scientific observation, specialists distinguish between non-participant observation and participant observation. In the former, the researcher's role is limited to observing the phenomenon under study and recording observations for reference when writing the research (Al-Manoufi, 2006, p. 123).

**- Clinical Observation:** As defined by Kattel Carthergood, it is the means by which we attempt to verify an individual's overt behavior by observing them as they express themselves in various

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circumstances and situations (Alamoud, 2010, p. 116).

**3-2 - Interview:** We utilized semi-structured interviews with infertile women to obtain precise information regarding their psychological state and the presence and levels of depression symptoms.

A semi-structured interview is defined as a type of interview where the researcher prepares a set of questions to ask the interviewee, while retaining the right to ask additional questions from time to time without deviating from the main topic (Mouain Khalil Omar, 1983, p. 211).

**Semi-Structured Interview Form**

An interview guide was developed, encompassing all potential questions relevant to the study's topic. It was aligned with the research title, problem, and hypotheses. The interview axes were as follows:

- **Axis 1:** Personal Data and Information.
- **Axis 2:** Before the Discovery of Infertility.
- **Axis 3:** After the Discovery of Infertility.

**Axis 4:** Depression and Inability to Conceive in Women. The clinical interview, therefore, serves as a means of collecting information through direct dialogue between two or more parties. It is utilized as a diagnostic and therapeutic tool in psychology to assess an individual's psychological or mental state. Conducted by a psychologist or psychiatrist with the aim of gathering information about the problem, we employed it in our research to verify the validity and accuracy of the information obtained for our study.

**3-3 - Definition of Psychological Test:** Psychological tests are utilized by psychologists to assess an individual's capabilities in diagnosis, prediction, guidance, and psychological counseling. They canalso be leveraged to study a wide range of human behavior, providing crucial information about an individual's personality (Ahmed Al-Khatib, 2011, p. 1

**3-4 Beck Depression Inventory (BDI)**

The Beck Depression Inventory (BDI) was developed by Aaron Beck and others (1961) and translated into Arabic by Abbas Mahmoud Awad and Medhat Abd El-Hamid (1988). It consists of 21 self-report items with varying response options for each item.

**4- Study Delimitations:**

**4-1** This study's delimitations encompass the temporal scope (the period during which the research topic was selected and its implementation began), the spatial scope (where the fieldwork was conducted), and the human scope (the study sample). The study was conducted from January 2025 to May 2025.

**4-2 Spatial Scope:** This study was conducted in Bordj Bou Arreridj Province, specifically in two gynecology and obstetrics clinics.

**4-3 Human Scope:** The study sample consisted of two cases of infertile women aged between 29 and 30 years.

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**Presentation, Analysis, and Discussion of Study Results:**

**1. Presentation and Analysis of Case 1:**

**1-1. Preliminary Data:**

- **Name:** T. M.
- **Age:** 29 years old
- **Gender:** Female
- **Educational Level:** Bachelor's Degree
- **Economic Status:** Middle-income
- **Marital Status:** Married
- **Duration of Marriage:** 7 years
- **Occupation:** Employee
- **Marriage Method:** Traditional
- **Number of Siblings:** 4 (2 sisters and 2 brothers)
- **Birth Order:** 1st
- **Type of Infertility:** Hereditary
- **Medical History:** None

**1-2: Presentation and Interpretation of Observation Results:**

Through the clinical sessions conducted with the case, we observed her general appearance. She appeared well-groomed, and her clothing was coordinated and appropriate for her age. Upon initial observation, her facial features appeared sad (with paleness in her face and eyes). She seemed to be in good health, capable of understanding and answering questions, and her voice tone was audible. She was very cooperative and frank in her answers to questions posed about her condition.

**1-3: Presentation and Analysis of Interview Results with Case "T. M.":**

Through our analysis of the directed clinical interview, it was revealed that 'T. M.' lives a stable life. She does not suffer from any physical ailments, and her psychological state was stable before marriage. She lived with her parents and sisters. At the age of 23, she entered into a traditional marriage. Her view of marriage was that of a responsibility she could bear. Her marital life was stable and peaceful, characterized by understanding. She described her marital relationship as "beautiful and understanding with each other," affirming that she felt comfortable and secure in her marriage.

When asked how she discovered her infertility, 'T. M.' appeared very distressed. She explained, "I had no idea about my condition at all until a year passed. I once told my husband, 'Let's go to a doctor to see why I haven't conceived.' That's when my awareness began." This indicates that she considered going to a doctor after a year to undergo medical examinations to ascertain if there was a problem. After visiting a doctor, she was asked if anyone in her family had experienced delayed conception. She responded that her sisters suffered from delayed conception. From there, the doctor ordered tests. Upon undergoing examinations and analyses, the doctor informed her that she suffered from hereditary infertility and would not be able to conceive. Hearing the news was a shock to her. Since that day, she has repeatedly changed practitioners in search of treatment.

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Regarding her husband, his reaction was normal; he was accepting of his wife's condition. He has been a supportive pillar for her, which has prevented her from feeling pressured. He supports her in all circumstances and provides emotional encouragement. Concerning her in-laws, she stated, "Thank God, I landed in an amazing family. They never say anything negative to me and always support me, but even so, I still feel unwell/not good enough."

When asked about changes in her sexual relationship with her husband, she replied that their intimacy had become less frequent than before. She also views children as a blessing for the continuation of marriage and made it clear that she still hopes to be blessed with a child. Case 'T. M.' undergoes regular medical examinations to monitor her health and explicitly expressed her desire for procreation. She also stated, "Many people and doctors told me to do artificial insemination, and it's stuck in my mind; I want to do it soon, God willing." Here, she continues her attempts with great hope for conception.

Regarding depression, we observed that the interviewee does not become agitated or anxious quickly. However, she sometimes experiences sadness and distress. She indicated that her husband is her support in alleviating her anxiety and sadness. Concerning sleep, she suffers from a disturbance, stating, "I don't sleep well at all." Regarding appetite, she remarked, "I've lost a lot of weight; I don't eat at all, I just keep thinking." We also noted a decrease in her appetite due to excessive thoughts about having children. On the other hand, Case 'T. M.' does not experience any feelings of guilt, nor does she have problems with concentration or memory, and she does not contemplate suicide.

**1-4: Summary of the Semi-Structured Clinical Interview for Case "M.T.":**

Through a qualitative analysis of the semi-structured clinical interview axes for Case "M.T.", we found that she possesses coping abilities despite the difficulties and challenges she has faced. Nevertheless, she exhibited some negative emotions such as anxiety and sadness (including crying), but she managed to overcome them thanks to the support received from her husband, his family, and her own family.

Furthermore, it was revealed that the case sometimes suffers from feelings of exhaustion and fatigue, and her sleep is unstable, in addition to our observation of fluctuations in appetite loss. From this, it can be concluded that Case "H.A." may be suffering from a severe degree of depression.

To confirm this, a test will be administered using the Beck Depression Inventory, which will enable us to assess her condition more accurately.

**1-5: Presentation and Analysis of the Beck Depression Inventory Results for Case "M.T.":**

The participant's condition was determined based on her selection of statements from the Beck Depression Inventory (BDI) that accurately reflected her state. After summing the scores



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according to the chosen statements, the results were as follows:

**Table No. (2): Results of the Beck Depression Inventory for Case "M.T.":** Case "M.T." obtained a score of **25** on the Beck Depression Inventory. According to the scale's scoring guidelines, this score falls within the range of **(24-36)**, indicating that the participant is suffering from **severe depression**. The responses showed that some statements received high scores:

- **Score of (3):** This included 3 statements:

✓ "I have lost all my sexual interest."
✓ "I have lost more than 10 kg of weight."
✓ "I am completely preoccupied with my health problems."

- **Score of (2):** This included 4 statements:

✓ "I feel annoyed or irritated all the time."
✓ "I have lost most of my interest in other people."
✓ "I feel that there are permanent changes in my appearance that make me look repulsive and less attractive."
✓ "I don't work as effectively as I used to."

- **Score of (1):** This included the following statements:

✓ "I feel sad or gloomy."
✓ "I am disappointed in myself."
✓ "I criticize myself for my weaknesses and mistakes."
✓ "I cry more than usual."
✓ "I postpone making decisions more than before."
✓ "I wake up tired in the morning more than before."
✓ "I feel tired and exhausted faster than before."
✓ "My appetite is not as good as before."

On the other hand, **six (6) statements were not endorsed** by the participant, including:

✓ "I do not feel anxious or pessimistic about the future."
✓ "I do not feel like a failure."
✓ "I am not discontented/dissatisfied."
✓ "I do not feel any particular remorse or guilt about anything."
✓ "I do not feel that I am being punished."
✓ "I do not have any thoughts of harming myself."

**1-6: Conclusion for Case "M.T.":**

Case "M.T." suffers from a complete loss of trust in others, as evidenced by her statement: "I've come to a point where, to avoid hearing gossip, I just go to work, do anything, go to them, and I now prefer to focus on my health and keep my distance from people and their chatter." This is further supported by her selection of the statement "I have lost most of my interest in other people" from Item (12) of the Beck Depression Inventory.

Case "M.T."'s work performance is no longer as it was before, as she selected the statement "I don't work as effectively as I used to" from Item (15) of the Beck Depression Inventory.

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The participant also experiences sleep disturbance and insomnia, stating: "I don't sleep well at all." This aligns with her choice of the statement "I wake up very early and can't go back to sleep, even if I want to" from Item (18). Regarding appetite loss and weight reduction, she selected the statement "I have lost more than 10 kg of weight" from Item (19) and further elaborated, "I've lost a lot of weight; I don't eat at all, I just keep thinking," when completing the Beck Depression Inventory.

**2. Presentation and Analysis of Case 2:**

**2-1: Introduction of Case "A.K."**

Case "A.S." is a 29-year-old woman with a Bachelor's degree. She is married and a homemaker, having married at the age of 24 based on prior acquaintance. She has no children. Her financial situation is moderate. She has two sisters and one brother, and she is the fourth child. She discovered her infertility in the second year of her marriage, at the age of 26, with the cause of her infertility being Polycystic Ovary Syndrome (PCOS).

**2-2: Presentation and Interpretation of Observation Results:**

During the clinical sessions, we made the following observations:

The participant appeared to be of pleasant appearance. She greeted me with a smile, but as soon as she learned the purpose of my visit, her facial features shifted to sadness. Initially, she was reserved in her speech, but after a short period, she became more relaxed and frank. She was very restless and exhibited a fluc exhausted, and her voice tone was low, with its level changing depending on the question asked. She was highly interactive and frank in her answers to questions about her condition, though sadness was a predominant characteristic.

**2-3: Presentation and Analysis of Interview Results with Case "A. K.":**

Through our analysis of the semi-structured clinical interview, it became evident that Case 'A. K.' is culturally educated, yet her thinking is predominantly influenced by the metaphysical aspect, specifically 'black magic.' Her current condition appears to be a result of psychological pressures and suppression. Case 'A. K.' married at the age of 24 to her husband, whom she had known previously. Her outlook on marriage was very positive, and she lives a blissful life with her husband in their separate home, expressing the extent of her love and mutual understanding with him, noting that he has always been her support. Regarding their sexual relationship, it was healthy with no use of contraception. A year into her marriage, she became concerned due to delayed pregnancy and went voluntarily, without coercion from anyone, stating: "My husband and I went to a doctor, and I was scared, but I didn't show it to him," driven by her desire for conception.

Analyses confirmed her husband's good health. For her part, it was diagnosed as merely mild Polycystic Ovary Syndrome (PCOS), and the doctor assured them it was not a major issue and would not impede conception. Her husband shared the same view, which demonstrates their

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compatibility and his unwavering support. From this point, her journey began to seek treatment, starting with visits to various doctors who all agreed on the same diagnosis. This highlights the extent of support from both her husband and her own family, in contrast to her in-laws. She asserted that she does not suffer from any health problem and that the reason for her inability to conceive is 'black magic.' This reveals her complete conviction that she does not require medical treatment, is in good health, and is afflicted by black magic. Consequently, she stopped visiting doctors and resorted solely to Ruqyah (Islamic spiritual healing). This leads us to interpret that the participant suffers from cognitive distortions and employs denial as a defense mechanism. Regarding the depression axis, she indicated that her psychological state is very exhausted, which makes her constantly tense, emotionally reactive, quick to anger, and prone to frequent crying. She prefers solitude and also suffers from sleep disturbances, sleeping in fragmented periods. She stated: "I like to sleep to escape from thinking," indicating an attempt to escape reality, but she suffers from excessive rumination. She also discussed eating disorders and loss of appetite. Case 'A. K.' does not experience feelings of guilt, but she has a deficit in attention and poor memory, stating: "I started doing things and forgetting in a way that's not normal, and I'm constantly distracted/absent-minded." She does not suffer from feelings of guilt and has no suicidal thoughts. As for the idea of adoption, she stated that she is not ready and does not consider adoption, maintaining hope for biological conception.

**2-4: Summary of the Semi-Structured Clinical Interview for Case "A.K.":**

Through a qualitative analysis of the semi-structured clinical interview axes for Case "A.K.", we conclude that the participant faced difficulty in accepting her condition due to exposure to harassment and pressure, and her feelings of sadness, anxiety, and stress. Her husband and family were a source of support, optimism, and hope for her. She also suffered from fatigue, loss of appetite, sleep disturbance, and forgetfulness. From this, we deduce that the participant has severe depression, which will be verified through the administration of the Beck Depression Inventory.

**2-5: Presentation and Analysis of Beck Depression Inventory Results:**

The participant's condition was determined based on her selection of statements from the Beck Depression Inventory (BDI) that accurately reflected her state. After summing the scores according to the chosen statements, the results were as follows:

The participant obtained a score of **28** on the Beck Depression Inventory. According to the scale's scoring guidelines, this score falls within the range of **(24-36)**, indicating that the participant is suffering from **severe depression**.

The statements that received the highest score, a score of **(3)**, included four expressions:

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- ✓ "I feel dissatisfied and bored with everything around me."
- ✓ "I have lost interest in others and no one matters to me anymore."
- ✓ "I believe my appearance is indeed neglected and unattractive."
- ✓ "My weight has decreased by more than 10 kilograms."

Regarding the statements that received a score of **(2)**, there were six expressions:

"Whenever I look back at my past life, I find many setbacks and failures."

- ✓ "I blame myself most of the time for my mistakes."
- ✓ "I cry because I constantly feel angry right now."
- ✓ "I get tired much faster than I used to now."
- ✓ "My appetite is significantly poor."

For statements that scored **(1)**, there were four expressions:

- ✓ "I feel somewhat worried and sad."
- ✓ "I feel that starting anything requires a lot of effort."
- ✓ "I don't sleep as well as I used to."
- ✓ "My sexual interest has decreased compared to before."

Furthermore, **seven (7) statements were not endorsed** by the participant:

- ✓ "I am not pessimistic about the future."
- ✓ "I do not usually feel guilty or self-reproach."
- ✓ "I do not feel that I deserve punishment."
- ✓ "I do not feel that my hope in myself has been dashed."
- ✓ "I do not have any thoughts of harming myself."

"My ability to make decisions is as effective

- ✓ as it used to be."
- ✓ "There is nothing that makes me worried about my health."

**2-6: General Conclusion for Case "A.K.":**

Based on our findings from the semi-structured clinical interview, it became clear that the participant:

- Case "A.K." has lost interest in others and has become more isolated, according to Item (12).
- She also experiences a loss of pleasure in doing anything and a constant feeling of boredom, according to Item (4).
- Furthermore, she has lost confidence in herself and a significant amount of weight due to eating and sleep disturbances, as indicated by Items (14, 16, 18, and 19).
- The participant experiences feelings of failure and self-blame, but infertility is not among the situations where she felt she failed, according to Items (3 and 8).
- As for her mood and psychological stability, Case "A.S." suffers from feelings of sadness, becoming prone to frequent crying, rapid emotional reactions, anger, and a constant feeling of exhaustion, according to Item (10).

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Therefore, in conclusion, we can state that the findings from the interview align with the results of the depression scale, indicating that the participant has severe depression.

**Discussion of Study Results:**

**Discussion of Results in Light of the General Hypothesis:** The hypothesis that infertility has a high impact on the incidence of depressive disorder is confirmed, as both cases examined suffer from a high degree of depression.

This finding aligns with Abdel Fattah's (2004) study, which investigated the mental health of infertile women. His research indicated that infertility has numerous psychological effects on women, causing feelings of inadequacy and sadness. Infertile women experience their condition as an irremediable failure, especially when they compare themselves to mothers. The researcher found significant differences between infertile and non-infertile women regarding feelings of anxiety, depression, and pessimism, with these feelings being more pronounced among infertile women (Klakh, 2016, p. 13).

**Discussion of Results in Light of the Sub-Hypothesis:**

**Sub-Hypothesis One: The extent to which infertility impacts women's depression varies with age.**

Based on the results obtained from the semi-structured interview and by referring to the tables presenting the Beck Depression Inventory results, it was found that the level of depression in infertile women does not vary according to the age variable. Specifically, Case One, "T. M.," aged 30, suffers from severe depression, having obtained a score of 29 on the Beck Depression Inventory. Similarly, Case Two, "A. K.," aged 29, also suffers from severe depression, having obtained a score of 25 on the Beck Depression Inventory.

Age has an impact on delayed pregnancy, as fertility is at its peak between 20 and 30 years old, as seen by Berg. It gradually decreases around 35 years old, while the situation deteriorates in the forties. The negative effect of age occurs at the ovarian level, as with each menstrual cycle, a woman loses one egg, and their number decreases with age until they diminish in the forties or fifties. Additionally, for anatomical reasons, there is a recorded increase in chromosomal abnormalities after the age of 35, along with the appearance of edema and fibroid tumors in the uterus starting from the age of forty. These causes are diagnosed by various medical methods (Dmor, Al-Hawari. 2020, p. 156).

Therefore, we find that Case Two suffers from severe depression stemming from her fear of menopause before achieving her dream of motherhood, or due to her declining fertility rate, which increases the difficulty of accepting the idea of losing the opportunity to conceive and experience motherhood.

**Conclusion:**

Depression among infertile women is one of the profound psychological issues that necessitate understanding

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and both family and societal support. Infertility not only affects the physical aspect but also leaves a deep imprint on a woman's psyche, touching her sense of femininity, motherhood, and belonging. Hence, the importance of psychological support and intensified awareness about this topic emerges, to ensure the inclusion of women and the provision of necessary care, free from stigma or neglect. Empowering women to confront this painful experience begins with acknowledging their psychological suffering and working to alleviate it, thereby enhancing their mental health an

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