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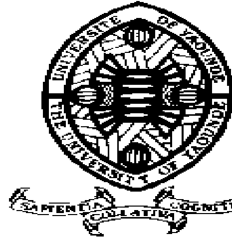

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UNIVERSITY OF YAOUNDE I
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POSTGRADUATE SCHOOL FOR THE SOCIAL AND EDUCATIONAL SCIENCES
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DOCTORAL RESEARCH UNIT FOR THE SOCIAL SCIENCES
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MATERNAL OBJECT LOSS AND FEMININE IDENTITY: A SINGLE CASE STUDY OF A HYSTERECTOMIZED NUN

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Domain: Psychopathology and Clinical Psychology

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To

My Lovely Parents

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.

List of Acronyms

ACOG: American College of Obstetricians and Gynaecologists

CDC: Centers for Disease Control and Prevention

WHO: World Health Organisation

ABSTRACT

Our Study entitled: “Maternal Object Loss and feminine identity: A Single Case study of a Hysterectomized Nun”. Hysterectomy is a gynaecological surgery that puts an end to the dream of pregnancy. Because of this outcome, some women are confronted with psychological suffering that questions their feminine identity as well as the destiny of their femininity. This destiny is considered as normal femininity. From a conceptual point of view, the theory of choice stipulates that when a choice is made, the subject anticipates the result of the said choice and integrates it. That's why he's prepared for the challenges that will come with it. He identifies with it, defence mechanisms of the mature order such as sublimation and altruism intervening as a shield in the face of adversity. Moreover, when the loss of the object confirms one's beliefs, the grieving process is facilitated. Put together the above, one would expect that a religious celibate woman, following a consented surgical removal of her uterus, which represents a concrete renunciation of the fantasy and the reality of reproduction, would no longer be subject to suffering related to the said loss. Conversely, against all possible odds, we observed in our study the manifestation of psychological suffering linked to the absence of the uterus in a nun. This presence of a psychic distress led us to the following question: how does the loss of the maternal organ affect the feminine identity of the nun? To overcome this question, we set ourselves the goal of understanding the place of the uterus in the feminine identity of a religious nun. To achieve this objective, we used the clinical method, more specifically a single case study. Our data was collected from non-structured interviews with a nun who had undergone a hysterectomy. The data collected was subject to content analysis and interpretation based on a dual phenomenological and psychodynamic approach. As a result of this inductive approach, this finding pinpoints an unconscious conflict. This conflict stemmed from the fact that she offered her motherhood to God. The underlying meaning was that she believed she would not as a choice give birth while keeping a uterus with her as a symbol of her identity and faith. The ongoing conflict is that of hysterectomy to save her life, while holding on to her complete body. The destruction of her uterus resulted in an inability to protect the covenant she had made. As long as she retained her uterus, she could maintain a sense of a worthy servant of God as well as her identity. The uterus serve as is a particularly invested organ in the feminine identity and spiritual journey a nun who have forgone a biological based maternity but still holds onto her uterus as an anaclisis (a support and proof of who she identifies herself as a woman). This is because being a nun does not mean she is has forgone her identity as a woman. Thus, all these contributes to her sentiment of guilt leading to a psychological sufferin g in the nun. The results of this study therefore provide a clinical conclusion that although some lay and religious women may have difficulty adapting to hysterectomy, the object behind this suffering is different.

Keywords: Lived experience; hysterectomy; femininity; single case study.

RÉSUMÉ

Notre étude intitulée : "Perte de l'objet maternel et identité féminine : Une étude de cas unique d'une religieuse hystérectomisée". L'hystérectomie est une chirurgie gynécologique qui met fin au rêve de grossesse. En raison de cette conséquence, certaines femmes sont confrontées à une souffrance psychologique remettant en question leur identité féminine ainsi que le destin de leur féminité. Ce destin est considéré comme une féminité normale. D'un point de vue conceptuel, la théorie du choix stipule que lorsqu'un choix est fait, le sujet anticipe le résultat dudit choix et l'intègre. C'est pourquoi il se prépare aux défis qui en découleront. Il s'identifie à cela, des mécanismes de défense de l'ordre mûr tels que la sublimation et l'altruisme intervenant comme un bouclier face à l'adversité. De plus, lorsque la perte de l'objet confirme les croyances de quelqu'un, le processus de deuil est facilité. Combiné à ce qui précède, on pourrait s'attendre à ce qu'une femme religieuse célibataire, suite à l'ablation chirurgicale de son utérus, qui représente une renonciation concrète à la fantaisie et à la réalité de la reproduction, ne soit plus sujette à la souffrance liée à ladite perte. Au contraire, contre toute attente possible, nous avons observé dans notre étude la manifestation d'une souffrance psychologique liée à l'absence de l'utérus chez une religieuse. Cette présence d'une détresse psychique nous a conduit à la question suivante : comment la perte de l'organe maternel affecte-t-elle l'identité féminine de la religieuse ? Pour répondre à cette question, nous nous sommes fixé pour objectif de comprendre la place de l'utérus dans l'identité féminine d'une religieuse. Pour atteindre cet objectif, nous avons utilisé la méthode clinique, plus précisément une étude de cas unique. Nos données ont été recueillies à partir d'entretiens non structurés avec une religieuse ayant subi une hystérectomie. Les données collectées ont fait l'objet d'une analyse de contenu et d'une interprétation basées sur une approche phénoménologique et psychodynamique. En conséquence de cette approche inductive, cette découverte met en évidence un conflit inconscient. Ce conflit découlait du fait qu'elle offrait sa maternité à Dieu. Le sens sous-jacent était qu'elle croyait qu'elle ne pourrait pas, par choix, donner naissance tout en conservant un utérus avec elle en tant que symbole de son identité et de sa foi. Le conflit actuel est celui de l'hystérectomie pour sauver sa vie, tout en tenant à son corps complet. La destruction de son utérus a entraîné une incapacité à protéger l'alliance qu'elle avait conclue. Tant qu'elle conservait son utérus, elle pouvait maintenir un sentiment digne d'être au service de Dieu ainsi que son identité. L'utérus sert donc d'organe particulièrement investi dans l'identité féminine et le parcours spirituel d'une religieuse qui a renoncé à une maternité biologique, mais qui conserve néanmoins son utérus comme un étayage. C'est parce qu'être religieuse ne signifie pas qu'elle a renoncé à son identité de femme. Ainsi, tout cela contribue à son sentiment de culpabilité, entraînant une souffrance psychologique chez la religieuse. Les résultats de cette étude fournissent donc une conclusion clinique selon laquelle, bien que certaines femmes laïques et religieuses puissent avoir du mal à s'adapter à l'hystérectomie, l'objet derrière cette souffrance est différent.

Mots clés : Expérience vécue ; hystérectomie ; féminité ; étude de cas unique.

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GENERAL INTRODUCTION

For a long time now, unlike a plethora of medical studies on the phenomenon of hysterectomy, there exist a paucity of psychological studies on the subject. Black women who have been detected to be the race with the most hysterectomies are underrepresented in these studies by researchers (Robinson et al, 2017) and most of the women of the black community undergoing hysterectomies are of a childbearing age (Green, 2022). Notwithstanding that studies on religious women experience of hysterectomy has been in a neglect. We learnt from scholars that the purpose for hysterectomy is to restore women suffering from a gynaecological illness to a healthy state. However, against all possible odds the surgery creates a deeper psychical wound which leaves some women in a more deteriorating state than they were before the surgery. A series of depression, low self-concept, anxiety and trauma are the most common outcomes(Chou et al., 2015). In our research we looked at the cause of this state in women, and from existing literature, researcher's findings demonstrate that these women suffered from feelings of "incompleteness", "less feminine", "half woman" "unworthiness" were because of the symbolical meaning they hold about the uterus(Vandyk et al., 2011; Goudarzi et al., 2022). The uterus symbolises "femininity" and "motherhood", a metonymy indeed for these women, a heavily invested organ for females where their identity lies (Martins et al., 2013). Losing it is experienced as losing what make them who they are, an important source of anaclisis has been destroyed.

So, for those women who are in religious orders, little or no studies have been done to understand their experience of hysterectomy. According to the choice theory, an individual makes a choice, knowing the consequences of those choices, when that choice is made the person has the resources embedded in them to face adversities positively and with Worden (2018) who posits that when death confirms our solid beliefs we overcome mourning easily and Cramer (2015) who stipulates that with the use of sublimation and altruism we are better armed against adversities. In this sense, we expect that each time a person makes a choice, and each time that a death confirms our solid beliefs, mourning is easily overcome, in other words, it means to a nun that has taken the decision of becoming a religious, we expect that she goes through the process of mourning normally because the death her which is the loss of her uterus confirms her most profound convictions which is not to procreate, we expect that she does not fall into pathology but against all possible expectation hysterectomy which confirms the nuns decision (renunciation of biologically-based maternity) have instead plunge her into a psychological suffering. The analysis of this situation drives us towards Freud's

theory on femininity (cited in Choukroun-Schenowitz, 2021) which posits no 'normal' femininity without maternity. This inspired us to do an explorative study through a double approach of phenomenology and psychodynamics. The first approach will permit us to analyse the subjectivity and the experience of the patient in the first person singular without a background theory enabling us to comprehend the suffering of the participant in her singularity and subjectivity but the psychodynamic theory enabled us to read the intra-psychic conflicts that caused the emotional suffering with an objective of understanding the place the uterus has in the feminine identity of a nun. Thus, both approaches are present in this study to widely deepen our understand of this unique case study which is quite rare to come across. The formulation of our research title: "The maternal object loss and feminine identity: A single case study of a hysterectomized nun", our choice of the words "maternal object loss" is about an object loss notably the uterus which represents maternity.

To attain our goal as formulated above, this study is divided into two main parts with respectively three chapters each. The first chapter is titled as the theoretical framework that is comprised of a first chapter titled "the problematic of the study", the second chapter titled "literature review on hysterectomy and the consecrated life" and the third chapter titled "theoretical framework on object relations and feminine identity". The second main part is all about methodological and operatory framework. It is constituted of a fourth chapter titled "The research's methodology", the fifth titled "Data presentation and analysis" and the sixth chapter titled "Data interpretation and discussion".

PART 1:

THEORETICAL FRAMEWORK OF THE STUDY

CHAPTER 1: THE PROBLEMATIC OF THE STUDY

1.1. Scope and Justification of the study.

In the past and now, the medical sector and its technologies have undergone continuous improvements and innovations. Though medications are very effective in treating some pathologies, they have limitations in others, leaving surgical interventions as the only option. This is true for benign symptoms such as Symptomatic myomas (54.4%) were the most common reason for hysterectomy, followed by abnormal uterine bleeding (29.0%), endometriosis (5.8%), pelvic pain (3.1%), dysmenorrhea (3.4%), and other (4.3%) as reported by Nguyen et al., (2019) and malignant condition like gynaecological cancer stated by the American College of Obstetricians and Gynaecologists (ACOG, 2021) that can be treated with a surgical procedure known as hysterectomy.

The term "hysterectomy" in its epistemology is derived from two Greek words: "hystero" signifying the "uterus" and "ectomy" meaning "ablation" from the human body (Essa et al., 2017). Known as a life-saving procedure and a way of ameliorating quality of life, it is used to intervene in cases of benign and malignant pathologies (Pity et al., 2011). In general, the primary motivation for this surgery is uterine health complications. It is a gynaecology procedure that involves the removal of the uterus in women. After caesarean section, it is the world's second most common gynaecological operation (Temkin et al., 2016, Dillaway 2016) done on both peri and post-menopausal women (Aerts et al., 2020). This particular type of surgical intervention is effectuated when a condition constitutes a nuisance to a person's physical well-being (Elson, 2004).

Statistics on the number of hysterectomies on a global scale reveals an unequal distribution. The Centers for Disease Control and Prevention (CDC) published data on the prevalence of hysterectomy in 2012, demonstrating how it varied across age groups (40-50),

countries, and races (Hammer et al., 2015). According to Robinson et al. (2017), the black community had the highest percentage of hysterectomies with 33%, 23% for Whites, 22% for Hispanics, and 9% for Asians. In the Western world, approximately 10% to 20% of women have had hysterectomy. Goudarzi et al (2022) gathered statistics on an international level that included countries such as the United States with an estimated prevalence rate of 26.2%, Singapore at 7.5%, Ireland at 22.2%, Taiwan at 8.8%, and Australia with 22%.

In North America, the United States rate of hysterectomies was at 5.5 in 1990 but rose to 5.6 per 1000 in 1987 in women as reported by the Agency for Healthcare Quality (Farquhar and Steiner cited by Elson, 2004). A massive amount of more than half a million hysterectomies are carried out annually (Fortin et al 2018). The CDC estimated that 20 million US women have had hysterectomies i.e. more than one-third of all the women would have had hysterectomy by the age of 60 (Temkin et *al*., 2016, Dillaway, 2016). In Canada, discharge from the Canadian Institute for Health Information Abstract Database (CIHIAD) was used to conduct a population-based retrospective cross-sectional study on women who had abdominal, vaginal, and laparoscopic hysterectomy in 2007 for benign gynaecologic conditions in Ontario, the proportion of hysterectomy performed minimally invasively (vaginal or laparoscopic), and rates of surgical complications were analysed. As a result, approximately 41, 000 of hysterectomies are done annually contributing to a total of 3.03‰ of the women who underwent hysterectomy in 2017 (I. Chen et al., 2019).

In Europe, from the period of 2000 to 2015, 798,484 women in Denmark underwent hysterectomy, with 74% due to benign disease and 26% due to malignant disease. An incident rate of 3.5% of the women underwent surgery (Lycke et al., 2021). In 2019, approximately 60,000 hysterectomy procedures in France (Chevrot et al., 2021) In Switzerland, one out of every five women has had a hysterectomy (Cordey & Schaffer, 2013). China has the highest prevalence rate in Asia, with a percentage rate of 3.3 women aged 40 and upward (Liu et al., 2017). In India, approximately 6% of these women have had hysterectomy (Shekhar et al., 2019). One out of every three women in Australia has had a hysterectomy, which is most commonly performed by women aged 30 to 50 (Wilson et al., 2004) and the most recent figures show that 14% of women aged 18 years or over have had a hysterectomy. This imply that one out of ten women have had this surgery before the age of 40 and about 20% before 50. This is usually done before the usual time at which a woman enters menopause in Australia (Markovic et al., 2008). In Germany, the prevalence of hysterectomy was 17.5% (n

= 689) among participating women (18-79 years old). When the surgery was performed, the majority of women (49.1%) were between the ages of 40 and 49. 6.1% of hysterectomized women had uterine or ovarian cancer, and 19.7% had a concurrent oophorectomy(Prütz et al., 2013).

In Africa, they were a paucity of results concerning this area. The general data per country are difficult to find but fortunately some medical healthcare centers published statistics. Through these different statistics, it is noteworthy that a majority of African women have pathologies such as uterine fibroids (Dillaway, 2016). Therefore, hysterectomy is highly recommended within the black population than within Caucasian women. Besides, Africa, often practiced surgical route is abdominal (Chale et al., 2021). Adama and colleagues (2017) published the statistics gotten from the university of Teaching hospital of Ouagadougou, Burkina Faso which indicated a prevalence rate of 3.8%.(Adama et al., 2017). In Nigeria, vaginal hysterectomy rate is 13.0% (Igbodike et al., 2020). In Cameroon, Nana et al (2021) through a cross-section retrospective study from 1st January 2000 to the 31st of December 2019 in the department of Obstetrics and Gynaecology of the Douala General hospital recorded that the average age of those who performed hysterectomy was 45.75± 71 and the ages ranging from 40-50years was the most represented with 56.40%. Out of 7126 surgical cases, 1007 was effectively performed hysterectomy with a frequency of 14.21%. the prevalence was 14.24% with mean age 45 (Nana et al., 2021). In addition, a 5-year review study carried out between the period of 1st January 2015 and 31st December 2019 in the Bafoussam Regional Hospital Cameroon on Emergency Obstetric–hysterectomy, gave a prevalence rate of 3.75 per 1000 deliveries (Mbakwa et al., 2021). Generally, it is estimated that about 75% of these surgeries are mostly undergone by premenopausal women between the ages of 20-49 (Elson, 2003). All these evidences demonstrate at what point it's a crucial public health issue globally and most alarming in the black communities.

Some scholars have looked into this phenomenon to determine what might be the risk factors and/or determinants for hysterectomy. In 1988, there were significant differences in the prevalence of hysterectomy based on socioeconomic status, place of residence, number of live births, and body mass (Prütz et al., 2013). According to Shekhar et al., (2019) findings, the sociodemographic determinants of hysterectomy were obesity, low level of education, older age group women aged 45-49, living in rural areas, and even those who married at a young age, particularly in Southern and Eastern India (Shekhar et al., 2019).

On a socioeconomic level, the United States discovered that factors such as income were related to hysterectomies status (Erekson et al., 2009). Another study discovered that employment status was one of the risk factors for hysterectomy (C. Lee, 2001). In Finland, hysterectomized women were 35 years old and from affluent families (Luoto et al., 1997). On the other hand, a study in Germany found that hysterectomies were more common in low-income women, who had higher rates of these gynaecological surgeries than those from higher-income families (Prütz et al., 2013). Another study from Ontario Canada hospitals revealed that according to neighbourhood educational attainment, neighbourhood income, rural or urban residency, and health service delivery area, crude and age-standardized rates of hysterectomy, that were analysed, there was an increased number of this procedure highly observed rural areas and areas with low educational attainment than in urban dwelling sectors (I. Chen et al., 2017).

Associations and International organs have paid close attention to the causes of the high rate of hysterectomies. In response to this, the ACOG provided responses indicating that a lack of diagnosis examination and alternative methods contributed to the continuous rise in hysterectomies (Flory, 2005). The World Health Organization (WHO) has devised primary, secondary, and tertiary preventive measures to combat gynaecological cancers. The primary objective is the provision of quality education based on sexuality, health information and warnings about tobacco consumption, male circumcision, condom provision, vaccination programs in girls 9-13 years old, accompanied by secondary prevention such as frequent screenings in women over the age of 30 for precancerous lesions followed by healthy treatments are the primary methods in addressing the recurrence. (WHO, 2013). The fight against cancer through the use of preventive measures has always sparked global opinions and concerns, and hysterectomy is one of the popular preventive measures, despite being at the root of some psychological sufferings (Mboua et Nguepy Keubo, 2022).

As for uterine fibroids, a potential condition that might lead to hysterectomy. Igboeli and his team (2019) believed that raising awareness and finding a solution to an endemic problem that infest Sub-Saharan Africa is critical, not only for a region, but for the global medical community. This endeavour must begin with a collaborative, patient-centred, cost-effective, and culturally sensitive approach. Although the exact pathogenesis of uterine fibroid development is unidentified, racial disparities are well documented. Women in the developed world have access to surgical and non-surgical treatment options; however, Sub-Saharan

Africa faces its own set of challenges in that direction. If not addressed, women suffering from it will have a low probability of surviving. And, it is rather tragic that there is a paucity of literature on how to prevent fibroid development, which may be critical for women who lack access to effective interventions (Igboeli et al., 2019)

Despite, the efforts put forward by some the Non-governmental organisations, associations and institutions to curb the conditions leading to hysterectomy, the demand for this surgery is particularly on a rise, in spite more than 80% of patients had received alternative treatments for a benign gynaecologic condition (Nguyen et al., 2019) in Sub-Saharan Africa (Gnangnon et al., 2020 cited by Mboua & Roger Nguépy Keubo (2021), they rarely have an option because of the lack of medical facilities and resources available. According to a data recently collected by Eurostat (2020) a doubled increase of hysterectomies is observed. This study presents comparatively the statistics of the year 2013 & 2018, and observed a rise in 20 of the 21 member states the exception being Cyprus. Sweden & Croatia are reported to be very high as their number of hysterectomies as the number of hysterectomies have doubled. In Hungary the number is 4 times more in 2018 than in 2013. Lithuania and Czech had more cases with 1.41‰ and 1.48‰ respectively with the lowest rate in Denmark with 0.6‰. In Belgium, it is 1.12‰, In Bulgaria we have 1.15‰, Germany it is 1.26‰, Ireland 0.51‰, France 0.92‰, Croatia 1.59‰, Netherlands 0.61‰, Slovakia 1.25‰, Sweden 0.76‰, Finland 0.84‰, united kingdom 0.71‰, Switzerland 1.38‰ (*Surgical Operations and Procedures Statistics*, n.d.). Several studies indicate constant annual number of 600,0000 hysterectomies over the past two decades.(Dillaway, 2016) and rampant in women of reproductive age (Huang et al., 2020). Also, statistics have revealed a number of approximately five million women of procreative age who have undergone hysterectomy within the last ten years (Dicker cited by Green 2022).

Hysterectomy, as a method of treating gynaecology pathologies, has been associated with some aftereffects in some women, which should not be overlooked because they have a negative impact on their post-operative life quality. 30 percent of women experience complications such as infections, haemorrhage, and damage to internal organs such as the urinary tract or bowel. Furthermore, contaminated wounds and underlying commodities significantly increase the risk of death (Johnson & Johnson 2014). Numbness, tickling, and limited physical movements were physiological issues mentioned (Pinar et al., 2012). Furthermore, the irreversible effects for women at younger ages are the elimination of the

uterus and cervix, the cessation of menstrual flow, resulting to sterility and other hormonal problems, leading to the emergence of new problems such as fatigue, abdominal/pelvic pain, constipation, lack of interest, and so on (Banovcinova & Jandurova 2018). Urinary problems such as inconsistency, frequent urination, urinary tract infections, fistula, hormone deficiencies associated with ovaries extraction, and the negative effects on sexual health such as a decline in sexual sensations and lubrication, heart attack and stroke are all reported consequences (Schmidt et al., 2019). In some cases, there is an eating disorder, insomnia, and immobility (Alshawish, 2021). These aftereffect differs from one person to the next.

Another issue in developing countries with hysterectomy is the lengthy surgery process, which, combined with a lack of blood transfusion prior to surgery, is the primary cause of complications(Mbakwa et al., 2021). Similarly, from 1988 to 1999, the most common complications encountered during surgery were haemorrhage (26.1%), urinary tract infection (36.9%), unexplained fever (18.9%), severe anaemia (13.5%), and wound infection (10.8%) in a 12-year retrospective study conducted in 2005 (Kouam et al., 2005). Excess bleeding, a lack of blood transfusions, and a prolonged duration of operation were all reported in the Tanzanian communities (Michael et al., 2020). Complications from hysterectomy appear to be more concerning and under-reported in developing countries.

On an economic level, this operation results in a high level of utilization of healthcare resources and medications to prevent and treat infections, resulting to an additional expenditure from the patient and the hospital centre. Likewise, health policymakers present factors such as length of stay, healthcare costs, and healthcare resources as being costly for both the patient and the institution (Carlson, 1997). Consequently, hysterectomy is an expensive procedure. In other words, hysterectomy is not only a problem for women, but it is also a significant problem for public health, as billions of dollars are spent on hysterectomy-related surgeries each year. (Green, 2022).

Granting that the medical literature is well-stocked with information about hysterectomy, studies focusing on the psychosocial lived impact on these women are rare (Cabness, 2010), notably African women are not given a voice from the psychological angle (Mbakwa et al., 2021). Few studies on black women's experiences were conducted between the 1900s and 2002, but only on African American women (Green 2022). Some renowned scholars brought up cultural factors, which include people's beliefs and attitudes toward hysterectomy and how they respond to it. Since hysterectomies are conducted on women of

various ethnic groups, demographic areas, race, educational level, and socioeconomic status (Giller et al. 1996), it is important to investigate the cultural perspective to comprehend the perception of hysterectomy from different locations and ethnicities.

According to Lalinec-Michaud et al (cited in Augustus 2002), ethnic background differences cause hysterectomy reactions to differ among women worldwide. This is because a society "describes a group of people who share common territory and culture", and culture "is a group of beliefs and behaviour a group shares". Which is relatively conceived from other social groups and culture (Little & Ron, 2014).

In a study on the Mexicans' perception of hysterectomy conducted by Marván et al (2012), it was discovered that a concept known as "machism" occupies a central place in their culture. The term "machism" refers to a set of attitudes and identities associated with masculinity and virility. As well, this society has distinct expectations for both men and women. Males must fulfil requirements such as bravery, self-confidence, independence, virility, and the ability to dominate women to attain the ideal of a full-grown man. The man is to be the family's head and has to protect their female counterpart. The latter is expected to be submissive, to fulfil her conjugal roles by procreating, and to ensure the maternal role. (Marván and colleagues, 2021).

Accordingly, men and women from this cultural background are more likely to have difficulty accepting this surgery (Augustus 2002, Desai et al., 2019). This is because a woman's identity is defined by the role she plays in society. The satisfaction of women is accounted for by the functionality of the body and the biological function projected on their bodies as social representations (Martins et al.,2013). The uterus, a symbol of femininity and fertility, is surrounded by myths and beliefs that are socially constructed. In this context, their presence and functionality influence the perception that a woman has of her body, in addition to biological functions related to sexuality and reproductive roles (Martins et al., 2013).

Out of 22 studies included in a meta-analysis, two came from developing countries such as Egypt and Nigeria. Nigerian women experienced anxiety, while Egyptians experienced both commodity anxiety and depression (Darwish et al., 2014). These depression and anxiety outcomes in African countries demonstrate how strongly African societies attach and judge women by their ability to procreate to the point where it becomes a moral

obligation to bear a child; in the case of infertility, most of them regard themselves as "unworthy" (Darwish et al., 2014).

Augustus illustrated through his article written in 2002 that African American cultural beliefs influences their perceptions and openness to hysterectomy. The fear of rejection explains why these women kept their surgery from their significant others or family members (Augustus, 2002). In these communities, a woman's uterus is what gives her the charisma to exercise her social role as a woman. So, the absence of this organ causes these women to withdraw from social interactions (Silva et al., 2010). Women who spoke up about their problems had a higher chance of getting divorced by their husbands (Zarshenas et al., 2020). Augustus's (2002) research led to myths, fears, and sexual symbolism derived from their speech. Even though the majority saw the improvement, they kept their hospitalization a secret. Reis and colleagues (2008) conducted semi-structured interviews with 31 hysterectomized women and discovered, through content analysis, the emergence of five dominant themes such as feminine identity, husband and family relationships, sexual life menopause, and relative's opinions that influenced the post-operative outcome.

The aforementioned somatic impacts (urinary inconsistencies, haemorrhages, anaemia, sterility); economic (As those with low income have difficulties paying the hospital and medication bills etc.); social impacts as in rejection and stigma can be overwhelming and can contribute adversely to their psychological health (Wang et al., 2007).

Literature is divided when it concerns the psychological outcome of hysterectomy (Rannestad, 2005). While hysterectomy offer an opportunity to some women to explore a new kind of femininity experience free from the pains, irritability of the menstrual flow, other women do not share the same feelings because it symbolizes a great for them a lost (Desai et al., 2019; Yazbeck, 2004). This is because, at the level of post-operative psychological health, prospective studies demonstrated by their findings that these women expressed their appreciation for the benefits and overall mental well-being they experienced after surgery (Thakar et al., 2004) and no matter the surgical approach applied for hysterectomy, the quality of life improved. While in retrospective findings on the risk of depression in women who had had hysterectomy concluded that effectively, these women were at high risk of having symptoms of depression after their operation due to number complains of psychologic nature (Chou et al., 2015).

The reason for this psychological hurt after the operation was because these women defined their identity around the womb, considered as a vital part of being a woman (Collins et al., 2020). The womb is a female organ best associated with femininity, sexuality and fertility (Martins et al., 2013). The womb is also a representation of the Great Mother. Symbolizing a Cave, it represents the totality of all possibilities, all potentials; it is fertility and abundance. Some women who had hysterectomy described themselves as "women without uterus," and were pained by their lost potentials (Garnault, 2017).

Interviewing these women unveiled that more than the wish to fulfil their desire to bear a child, they suffer most because they will not live the experience of pregnancy. Psychoanalysts are well aware that the explicit discourse of 'I want a child' is mixed with more subterranean motivations that are more ambiguous and nuanced, with unconscious barriers (Garnault, 2017).

When a hysterectomized woman encounters a pregnant woman, she starts rethinking about her lost maternal organ (the uterus) and how she is different from other women. This constitutes a form of vulnerability to the woman as she considers herself as been discriminated upon by her invalidity (Ravaud cited in Garnault, 2017).

Hysterectomy implicates a difficult transition and psychological processing. The more the body perception increases, the more depression rises (Erdoğan et al., 2020). hysterectomy has a significant impact on a woman's life, as it distorts the woman's perception of her body; she sees it as disabled and different from others, leading to an increase in depression scores (Erdoğan et al., 2020; Alshawish, 2021). The scars after hysterectomy hold a powerful effect on the women, it is the witness of her mutilation which continuously reminds her of the surgery of her unwelcomed current state (Flory et al., 2005).

Self-esteem is an important concept when dealing with hysterectomy, when the body image of a woman is shattered, her self-esteem gets wounded too. Elmir and his colleagues (2012) with a sample of women who had undergone the ablation of uterus and the control group consisting of a healthy group of women who had never undergone this surgery, described distinctively the rapport they had with their bodies. The former did not place the same value on their bodies as healthy women. Auto-sabotage was common in these women, who saw their bodies as holed, wounded, and incomplete. Since what provided them with a solid foundation to affirm their gender identity is no longer present. At the moment, their

encounters with pregnant women have caused them to become more depressed (Elmir et al., 2012). Therefore, creating intrapsychic conflict between their ego's ideal and their ideal ego.

Just as other authors above had mentioned, with a recent research conducted by Godrarzi and his team (2021) on the self-concept of these women, dominant themes such as irrational cognition of self, negative affects like defectiveness, anxiety towards their perceived self were recurrent in their discourse. The reason Godrarzi and his team (2021) provided were connected to the representation these women had their feminine organ and whether the sequelae were visible or not, it is profoundly linked to their social structure. These women experienced a paradoxical feeling of physical changes. Negative psychological effects were present such as changing of humour, impatience, depression, sadness, resentment, feeling of threat, concern about being judged by others etc. (Goudarzi et al., 2021).

The adverse psychological effects could be understood by Wolf's (cited in Elson, 2004) the definition of hysterectomy which *"a surgical disruption to the self-concept of 'femininity' due to the central role of the uterus in the development of women's perspectives regarding body image, social role, and gender role. Women who have undergone hysterectomy may consequently see themselves as defeminised by having a hysterectomy"*. After undergoing such operation, a new status of menopausal women is acquired provoking a complete mental breakdown visible through a depressive-anxiety mode (Vandyk et al., 2011; Goudarzi et al., 2022), with the loss of self- esteem (Pinar et al., 2012), and the feeling of self-blame (Wang et al 2007) and a projection on what people can see through her due to investment of the organ linked their femininity (Erdoğan et al., 2020), and withdrawal from socialization (Alshawish, 2021)

Collins (2016) concluded that women's hysterectomy experiences are not only informed by dominant modes of thinking about the body in general, and the female body in particular, but must also be understood in the context of women's socially ascribed identities and how these change over time. According to Markovic, once the uterus has accomplished its mission which is childbearing, it becomes worthless, potential disease producing and disposable organ. This explain why women who had children and had the surgery later on were more satisfied post-operatively than those who had never bore a child and had projects of childbearing (Markovic et al., 2008)

Throughout exploring the literature, the population that is most cited in the literature on hysterectomy are non-celibate sexually active women. This accounts for the fact that, the uterus has overtime been considered as a vital reproductive organ only for married women (Afiyah et al., 2020). As literature depicts, encountering a laywoman and/or married woman with psychological sufferings as a result of the loss of their uterus is expected. However, little or no research has been conducted on the psychological issues associated with hysterectomy among celibate women known as reverend sisters/nuns, which has piqued our interest in conducting a study based on their lived experience and representation of hysterectomy.

1.2. Formulation and the positioning of the Problem

In the article of Garnault (2017), she made mentioned of I. G's Leon (2010) who through his work, constructed a theory aimed at understanding how living without a uterus affects women. In his reflections and studies, he posited that:

> The aptitude to reproduce oneself is typically a fundamental assumption not only of a function (what one can do), but also of one's identity (who one is as man or woman) […] The sense of incompleteness described by these women, referring not only to the grief of not having experience the unicity of pregnancy, but also the loss of their reproductive organs as the vital centre of creativity (p.23).

This theory confirms how strongly the uterus has been associated with maternal role and sexual abilities (Martins, 2013) Feminine Identity is dominantly confirmed by pregnancy, the act of "giving life to the child is the most extraordinary thing that a woman's body can accomplish" (Garnault, 2017). So, the uterus is an organ "invested as a place of the 'matrix of the feminine' that influences the patient's lived experiences after the event such a surgical intervention" to extract that body part.

In our study our main population of interest are the religious women. Correspondingly, it is important we know that a nun/reverend sister is someone who gives up this identity of child bearing towards the acquisition of a religious identity. Michèle Bertrand (2006) describes this form of living as negated from all representations related to femininity, sexuality, and maternal. Mary's attachment to the divine (Mother of God) necessitates a complete separation from any sexual connotation. Even the motherhood, which we venerate in Mary, is also desexualized (Bertrand, 2006). This religious identity is formed through a process, that starts by a decision and a lengthy period of preparation to solidify this new identity.

In its most basic form, identity is a categorical membership in a group. Gender, age, ethnicity, convictions, and lifestyle can all be used to determine membership. Given that some of these qualities serve as norms, "people compare themselves and others to those norms and end up in a state of conviction, or doubt, about whether or not they correspond to them."(Vanheule & Verhaeghe, 2009).

According to Melanie Thibault, our choices are the result of our personal power and liberty (2016). These decisions are not made hastily because of the heavy impact it has on our lives, making the decision processing carefully considered. Melanie Thibault (2016) defined three stages in the decision-making process. The first, (a) exploration, consists of a period in which the situation is analysed and all the elements involved in the decision are identified. In the second phase, known as (b) incubation, the benefits and potential drawbacks and risks are assessed. The final phase (c) Eureka occurs when the entire process concludes with a decision that makes sense and is convenient.

To become part of the catholic congregation as member of the consecrated souls, they are choices to be made on freewill, just like any group, they are some terms and conditions applied. The catholic church conceptualizes and acknowledge the consecrated life as a gift from the holy Spirit (c.574). It is the offering of one’s self as a gift for love and imitating the ways of Christ through the vows to be obedient, poor and chaste. In St. Thomas Aquinas definition *“A vow is a deliberate and free promise made to God about possible and better good, must be fulfilled by the reason of the virtue of religion”. (Can. 1191, § 1.).* According to the catholic encyclopaedia, if a vow exists in the roman catholic church, it means it has been judged be humanly possible to fulfil. This gives credit to why the vow of poverty, obedience and chastity is still practiced in the catholic church because it is judged humanly possible. As specified the catholic encyclopaedia. after such a vow, a person is irrevocably set apart and is appointed by the Church to serve God by the offering of that vow.

In that respect, a lady interested in missionary work first decides, then goes through a process of preparation to determine if the lifestyle and conditions involved are suitable for her. Can 597 2 states that "no one can be admitted without a suitable preparation." In accordance with the latter, an aspirant religious must follow a procedure. She chooses the community to which she wishes to belong, then goes through training (an intense period of discernment) as an aspirant, pre-postulant, postulant, or novice, and participation in all

activities with the nuns for the purpose of integrating the order. After this 4-5year period, the nun can apply to join the order, and with unanimous approval, she joins. Only then, she takes her first vows, known as temporal vows.

The temporal profession is another period of discernment renewal every 5-9 years, after which a religious can request her dismissal, which will necessitate a more formal procedure. When a religious takes a lifetime vow as a member of her community, she makes the definitive vows known as perpetual vows or solemn vows. She is fully-professed and will be a professional for the rest of her life. In this framework, it is obvious that there is a long process of decision-making, implying that the life's choice to be a nun is a well-considered one. In other words, the outcome of this process could be considered "rebirth" to be as holy and perfect as their master, Jesus Christ, who is perfect, an example of a consecrated life.

A consecrated life is a divine mission in which a religious freely vows to be obedient, poor, and chaste as stipulated by the canonical laws. This entails living a celibate life, which entails abstaining from sexual activities, romances, and marriage in order to follow Christ's path, to love without reservation, and to be faithful to God and the church. This is to fully express God's love to all people through her life (Dom Benedict Hardy OSB, 2014).

This chastity vow commits the professor to a life of celibacy. Jesus promotes celibacy as a sign of an anticipatory participation in the resurrection (Grung et al., 2015). "And Jesus answering said unto them, the children of this world marry, and are given in marriage: but they that shall be accounted worthy to obtain that world, and the resurrection from the dead, neither marry, nor are given in marriage," according to Luke 20, 34-36 they are like angels and cannot die (Grung et al., 2015). God's promise to women who choose this path of life is the foundation of their fate. They seek righteousness and are devoted a wholehearted and single-minded love for God and the church.

They strive to live as the Beatitudes, a sermon delivered by Jesus that paints a portrait of the true disciple of Jesus (Matthew 5:1-12) "Whoever wants to be my disciple must deny themselves, take up their cross, and follow me," Jesus told his disciples. (Matthew 16:24, NIV) It is a divine call and a gift from God, and He will provide all the assistance required for the person to accept the gift with generosity and joy, for both his own good and the good of the entire church. Because living a religious life entails keeping the three vows of obedience,

poverty, and chastity. We can deduct from the latter that every religious is obligated to oppose maternity.

People have their own unique values, beliefs, and priorities in their inner quality world, according to William Glasser's choice theory (cited in Cervantes & Robey, 2018). In agreement. Individuals make choices that resonates most with them. Correspondingly, believing in their embedded resources to respect and fulfil those choices results from them being the master of their thoughts, behaviours, and can even influence their emotions and physiology (Cervantes & Robey, 2018). This demonstrates how a person who is steadfast in their commitments, even in the face of mismatch, can modify their beliefs and behaviour to justify the choice by increasing a match in comparison of quality and perceived world (Cervantes and Robey, 2018).

Comparably, this implies that in a case where a woman takes the decision of becoming a nun, based on solid beliefs and values she prioritizes like the catholic theologies and dogma which excludes all forms of sexuality, femininity, and maternity from the divine (Bertrand, 2006), equally to renounce all earthly possessions to be a true disciple of Jesus (Matthew 16:24), she professes to be poor, obedient and chased. As such, in considering the theory of Glasser, we expect a nun to be able to remain steadfast in her decision regardless of the difficulties because she has complete control over her thoughts, behaviour, and emotions and can modify her actions to fit her ideal world.

As mentioned earlier, the process of entering into the nunnery is lengthy preparation because it is an important life decision which implicate signing in for a self-sacrifice life (Brock, 2010). This period can be compared to mourning the maternal potentialities like reproduction and other worldly materials, in this way as Freud (1917) elaborated, mourning entails the retrieval of the libidinal energy invested in a former loved object (maternal organ and worldly possessions) into reinvesting it in another relationship (life in the convent and their altruistic mission). With this done, and the to-be nun fully conscious and convince about her decision, takes the vows to remain obedient, poor, and chaste all throughout her life which is a form of self-renunciation. The religious, sublimates forbidden emotions or desires for the glory of God and charity (Sabine, 2013). Sublimation, and altruism as classified Vaillant (cited by Cramer, 2015) are mature mechanisms which are non-pathological because they modify the aim or object of a drive (Cramer, 2015).

In the course of our research we encountered a nun who had had hysterectomy which comes to confirm her life choice and as argued by Worden, (2018) when a death confirms basic beliefs mourning becomes less of a challenge. According to these different authors (Glasser Cervantes & Robey, 2018, Cramer 2015, Worden 2018), when a nun renounces maternity, we expected that no matter the difficulty, that she be able to overcome ordeals (severe trials/experience) preventing her from fall into pathology. But conversely, this surgery aimed primarily at relieving pain brought about the re-questioning of her choice to forgo maternity through the perceptible negative affects link to the absence of the uterus. This can be explained through the works of Freud on femininity (cited in Choukroun-Schenowitz, 2021) which posited that there is no normal femininity without maternity. So, the denial of maternity means to reject femininity.

Glasser's theory (1993 cited by Cervantes and Robey 2018) states that when a choice is made, the individual anticipates and integrates the outcomes of that choice. In other words, in the context of religious life, a woman who chooses to become a nun and takes a vow of chastity, renouncing motherhood, anticipates the outcome of that choice, which means she will no longer be able to bear children. In this case, one would not expect to observe psychological distress in response to the deprivation of motherhood in the nun. However, we have observed suffering related to the loss of the uterus in a hysterectomized nun. This suffering manifests through anxiety, sadness, tears, shame, guilt, and so on. The presence of this suffering raises questions about the impact of the loss of the uterus on the feminine identity of the nun.

1.3. Research Question.

In many cultures and most importantly in the African context, femininity is highly attached to motherhood and women are often called to priotize their roles as mothers over other aspects of their lives, hence the absence of this organ that gives the woman access to her femininity in both the societal and psychanalytic sense may have resulted to the nun's feelings of guilt and sadness which is biased because she had renounced her maternity. This instigated us to devise a research question to elucidate the main reason behind her psychological suffering following a life-saving procedure aimed at alleviating her physiological pain. In this sense, we asked:

How does the loss of the maternal organ affect the feminine identity of the nun?

1.4. Objective of the Study

Based on the problem and question posed above, the primary goal of this study is to understand the place of the maternal organ in the feminine identity of the nun.

1.5. The study's points of interest.

This study presents three main points of interests: Scientific, Personal and Social

1.5.1. Scientific point of interest

We discovered numerous limitations while reviewing the literature on hysterectomy. It informed us about that the fact, the uterus is a metonymy to represent a woman, the ablation of a woman's reproductive organ has many symbolical representations related to femininity, which includes fertility and maternity. In interviews, these women used terms like "less of a woman" to describe their feelings about their new body. With all of this, hysterectomy viewed through biomedical lenses occupies a large portion of the literature review, whereas psychological exploration in the subject represents the minority of the literature, and worse, black women literature and even worst literature on reverends' experience of hysterectomy includes little or no findings.

Our particularity of conducting this research is to address this issue in the psychological domain, and to contribute to the scientific advancement by enriching the knowledge we have of hysterectomy in the branch of psychopathology and clinical psychology by helping to explore and circumscribe the predisposing factors that renders the experience of hysterectomy psychological impeding to a nun. This is to ameliorate clinical psychology intervention in mitigating its comorbidities in women and most especially in women consecrated in the religious life.

In our research, we are equally interested in throwing more light on the complexities of women's spiritual and religious realities. It gives these women often neglected by researchers a platform were they can express their pre-occupations, rencontre, and objectives in their own words and voices.

1.5.2. Personal Point of interest

Personally, as clinical psychologists, the findings of this study will help us better understand the psychical dynamic processes in the lived experiences of hysterectomized women, particularly reverend nuns/sisters, in order to carry out optimal clinical interventions.

We want to make sure that all women have the chance to talk about their beliefs about the interrelationship between procreation, femininity and wellbeing. This will help us to understand and improve the way that we support women. After having a hysterectomy, some women may feel happy and relieved. Others may feel scared or sad. But it's important to remember that everyone reacts differently to surgery, so we encourage them to share their feelings with a specialist.

1.5.3. Social Point of Interest

In the social domain, it can be an information tool because we are looking at hysterectomy from a unique perspective, emphasizing the lived experience of a hysterectomized nun. To demonstrate that a nun is, first and foremost, a human being and, more importantly, a woman who has the right to experience her emotions and seek help for their resolution. In the social domain, it can be an information tool because we looking into hysterectomy in an original standpoint, by accentuating more on the lived experience of a hysterectomized nun. To show that nun is first of all human beings and above all a woman who has the right to feel what she feels as emotions and can seek help for her remediation.

1.6. Definitions of Terms

1.6.1. Identity

According to Larousse: “It is the permanent and fundamental character of a person, a group, that contributes to their individuality and singularity”

Erikson defines identity as a “fundamental organizing principal which develops constantly throughout the lifespan.” Identity involves the experiences, relationships, beliefs, values, and memories that make up a person's subjective sense of self. This contributes to the development of a consistent self-image that remains relatively constant even as new aspects of the self emerges or are strengthened over time. Identity offers: self-sameness, uniqueness, an psychosocial development (Kendra, 2022).

H. Lichtenstein believes that the principle of identity is more important than the development of infantile sexuality. If a threat to the psyche is detected, it is a threat to the identity. This can include things like sexuality, compulsion to repeat, and aggressiveness, all of which are used to help protect the core identity of a person. He believes that the evolutionary process is the following: the maternal seduction brings out in the child a "theme

of identity" which is irreversible and invariable. From this "theme of identity" the "sense of identity" of the individual arises, which is different for each person (Welnowski-Michelet, 2005).

The "theme of identity" is important because if it's not kept consistent, people can get anxious about their own identity which can led to annihilation. In the thoughts of Lichtenstein, the "principle of identity" is more important than the "reality principle" from Freud. This is because Lichtenstein believes that pathology result from the fact that, people can't take responsibility of their identity, or it is contradictory (Welnowski-Michelet, 2005).

1.6.1.1. Femininity/ Womanliness

The word is defined by petit Robert (1993) in the dictionary "feminine" as "that which the biological specificity of the woman, which is to be a "female," that is, an animal kingdom being that reproduces the species by producing fertilized by the male. It adds characteristics such as "feminine charm, feminine intuition, feminine intelligence," all of which refer to "femininity," which is defined the entire characters that correspond to a woman's image (charm, softness, delicacy) that we the social image of the man (Castro De Souza, 2014)

According to Garnault (2013), a woman is defined as « a territory to be conquered and controlled and her belly as an enclosed space to be opened" (p. 55). This definition defines a woman as passive being which just bears what happens to her.

According to the International dictionary of psychoanalysis (2005) by Alain de Mijolla, Freud uses the metaphor, "a dark continent" to refer to the female gender as an enigma that cannot be represented. He didn't define femininity but rather he preferred "…enquiring how she comes into being and how a woman develops out of a child with a bisexual disposition" (*International Dictionary of Psychoanalysis, Volume 1*, 2005).

1.6.1.2. Feminine Identity

According to Sarlin (1963), an identity is "determined by the physical reality of the anatomical constitution as well as by the mental and emotional characteristics which serves to differentiate one human being from another (Sarlin, 1963). Physical characteristics are biologically determined and relatively fixed but mental and emotional factors are determined by the structure of the ego and largely influenced by the environment". (Sarlin, 1963) Concerning the structure of the ego, there are 3 criteria to be fulfilled for a truly feminine identity to be established,

a) The representation of herself must realistically manifest her anatomical differentiation from the male, namely her body image should be represented as female and not male phallic

b) The representation of her libidinal drives must be primarily genital, vaginal, and pre-genital aggression, including envy and competition, must be largely neutralized and sublimated.

c) The representation of her primary genital libidinal object must be heterosexual masculine image; but her capacity to love cannot be limited to physical sensual expression nor restricted to one sex.

The feminine identity as described by Godfrind is “a set of characteristics, conscious and unconscious that are specific to a woman…It is a set of characteristics belonging to a woman in opposition to masculinity and virility”

1.6.2. Object

According to the international dictionary of psychoanalysis (2005), the object is a polysemy term composed of “the fluctuating impulse of unconscious, preconscious, and the conscious cathexes, that are exchanged on a reciprocal basis…therefore, the means by which the drive can attain this aim”. Which implies that an object is determined by a drive that is oriented toward a specific direction or thing with the goal of gratification.

According to the APA dictionary, an object in psychoanalysis can be a person, thing, or part of the body through which an instinct can achieve its goal of gratification. In other words, it is the primary focus of attention, perception, or another process. However, when compared to the classic definition of psychoanalysis as a means of satisfying a drive's desires, contemporary psychoanalysts appear to have a different point of view(*APA Dictionary of Psychology*, n.d.).

1.6.2.1. Object Loss

As described by Freud, is a two-step process whereby the subject is made. Primarily, the breast is the earliest partial object is lost. Then the primary love object, the mother is equally lost, as in melancholic, the object is incorporated in fantasy, where it maintains a silent existence within the silent existence within the subject. In “mourning and Melancholia” (1916–1917g [1915]), the object loss has probabilities of igniting anxiety, mourning, or pain,

as Freud posited in Inhibitions, Symptoms, and Anxiety (1926d [1925]). (Int'l dictionary of Psychoanalysis, 2005).

1.6.3. Maternity

As posited by Nicole stryckman, (1987), "That the maternal body, the mother is a pure hole, promise of infinite 'Jouissance'. That this body is present in all talk as nostalgia. The woman is the object promised to be receptacle of this body for the child, in a time, that of waiting to have this child. The child is first in the register of having it for the Other. This maternal body as Other is there from the beginning as well as the Other as the place of signifiers, linguistic structure. Motherhood is not a particular situation of the woman's sexual life (such as menstruation, pregnancy, deliverance, frigidity...), but a fact of structure! the structure of the Hole". In this perspective, the destiny of a womanhood is procreation.

Laplanche and Pontalis (1967) describe the Freudian definition of the ideal of the self as a model to which the subject tries to conform, a combination of narcissism, idealization of the self, and identification with parents, their substitutes and collective ideals. Blum explains motherhood as a maternal ideal based on the early identifications of the pregnant woman with her own mother.

1.6.3.1. The Desire for a Child and the Project for a Child

The desire for a child and the project for a child are two different concepts (Bouchard,2011), the desire for a Child is an unconscious psychic phenomenon for him linked to the Oedipus complex because it is a "subjective construction of the individual and the process of identification" (p.19). The child project, on the other hand, is conscious and corresponds to a significant time in the lives of a couple who decides to have a child. As a result, the child project would be a psychosocial concept rather than an intrapsychic phenomenon emanating from the subject autonomously.

1.6.4. A Religious/A nun/ Reverend Sister

In simple definition, a nun/a sister is a woman who has committed for religious purposes and service. Although the terms nun or sister can be used interchangeably, depending on the religious context, the appellation of nun is used refer to a religious woman who has devoted her life to live, pray and meditate within an enclosure without having any

contact with the outside world. While a sister is equally a religious woman who prays and meditates but the difference is her activeness in the outside world, to outreach the gospel, help the sick and the needy and can even further her education. They are women of faith otherwise known as consecrated women called by the Lord to dedicate their presence to him, what we called a vocation (Bianchi, 2007). They are called to be special witnesses to the mystery of the church, virgin, bride and mother by the virtue of their dedication lived in fullness and Joy (Brock, 2010). The religious life is comprised of a calling, faith and celibacy and a community life plus a specific mission. One day they will be called to answer question on the vitality of their community, the quality of their faith and on how exact they were the followers of Christ (Bianchi, 2007).

In the church, they are described as self-sacrifice women who commit themselves wholeheartedly and single-mindedly to God and the church (Brock, 2010)

1.6.5. A Single Case study

According to Yin cited Gustafsson, 2017), a case study can either contain multiple cases or single cases that can be utilized to understand a phenomenon. Therefore, a single case study is primarily a case study which is a method that " explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information," writes (Creswell cited in Gustafsson, 2017). and provides a case description as well as case themes"

A single case study has the advantage of being less expensive and time consuming than multiple case studies. When writing a high-quality theory, single case studies are preferable because they produce more and better theory. A single case study also forces the writer to think more deeply (Gustafsson, 2017). An advantages is the fact that single case studies can richly describe the existence of phenomena, and it is preferable to conduct a single case study rather than a multiple case study when the writer wishes to study, for example, a person or a group of people. When using a single case study, the writer can also question old theoretical relationships and investigate new ones.

CHAPTER 2:

LITERATURE REVIEW ON HYSTERECTOMY AND THE CONSECRATED LIFE

This literature review will permit the synthesis of comprehensive on hysterectomy and it psychological impact. This will help us to find out about current and previous research carried out in this topic. The themes we are going to explore are hysterectomy, the uterus and as well as the different conceptions of a woman across disciplines, the object loss as well as different defence mechanisms.

2.1. Hysterectomy

Hysterectomy is an ablation of the uterus from a woman's body (Kassem et al., 2019). This is method is generally made use of when the woman's body is experiencing an unhealthy state either caused by a benign condition or a life-threatening condition (Intisar Pity, 2011). This may happen as a result of its position and responsiveness to many aspects like hormonal imbalance and infection. Benign illnesses like Leiomyoma otherwise called Fibroids are the ones with most cases leading to hysterectomy. (Kassem et al., 2019) It is when alternative treatment has failed to relieve symptom that the surgical intervention is required as a last resort to safe the patient (Rannestad, 2005). Statistics have revealed a high prevalence of hysterectomies performed. For example, in the United states alone, 600,000 procedures are performed per year i.e. in every three women in the U.S.A, one is victim (Dillaway, 2016), other regions of the world like Europe comparing the number of hysterectomies undergone in 2013 and in 2018 discovered that the numbers had doubled, while in some nations like Hungary, it even sky-rocketed to four times more in 2018 than it was in 2013 (*Surgical Operations and Procedures Statistics*, n.d.).

Some reasons provided by the World Health Organisation as a result of this is due to the lack of sex education, healthy life styles, inadequacies of the health care facilities to encourage frequent check-ups in women in order to prevent and detect early enough the ingrowth of tumour. Instead it is when it has reached an advanced stage that health services

intervene and surgery becomes necessity for survival as a tertiary solution for survival (WHO, 2013). As reported, cervical cancer is the most prominent type of cancer amongst women in sub-Saharan Africa (Gnangnon et al., 2020 cited by Keubo et Mboua 2022) coupled with fibroids amongst black women ((Kadhel et al., 2020; Green, 2022) and It's being noted that more black women than the whites are susceptible of undergoing hysterectomies.(Pollack et al., 2020, Dillaway,2016). Other gynaecological disorders such as endometriosis, heavy bleeding, pelvic pain and uterine prolapse are equally popular hysterectomy-driven conditions (ACOG, 2015)

In sum, hysterectomy is the last option used when other means to stop the aggravation of an illness has failed. Cancer and fibroids has been classified as the main complications leading to this intervention. This surgery although successful in some cases is responsible for the high rate of morbidity and mortality. For a better view of the situation it will be an advantage looking into the aforementioned pathologies that can induce such a predicament.

2.1.1 Some Hysterectomy Driven-Conditions

2.1.1.1 Gynecological cancer

Cancer is defined as the rapid formation of abnormal cells that grow beyond their normal boundaries and can then invade neighbouring parts of the body and spread to other organs; this latter process is known as metastasis. The primary cause of cancer death is widespread metastasis (WHO, 2022). Cancers of the breast (in women), ovary, uterine corpus, vulva, vagina, and cervix are examples of gynaecological cancers. According to the findings, 30 cases of gynaecological cancer are diagnosed each month. Endometrial, vulval, and cervical cancers predominate in the elderly, whereas cancers of the placenta, vagina, breast, and ovary affect younger adults. 58% of these women were between the ages of 34 and 54 (Enow-Orock et al., 2006). The provinces with the most patients are the West (30.55%), the Centre (28.90%), and the Littoral (10.00%). At average ages of 42.80 years (19-76 years range), 53.08 years (24-78 years range), and 44.22 years, the most common cancers are breast (48.12%), cervix (40.18%), and ovary (5.82%). (9-75 years range). Uterine corpus cancer is uncommon. The majority of patients were illiterate, from low to average socioeconomic backgrounds, and were at an advanced stage of the disease. (Enow-Orock et al., 2006).

2.1.1.2 Non-Cancerous Gynecologic Conditions

It is uterus and the female reproductive system that are being affected by diseases which heavily influences the amount of hysterectomies. These conditions can cause abnormal menstrual symptoms, which are common across many different conditions unrelated to cancer, like fibroids and endometriosis. The pain and bleeding that usually occurs during periods (dysmenorrhea) is estimated to affect up to 50% of menstruating people, and the amount of blood that flows during a period (abnormal uterine bleeding) is also common (Wright, 2022).

Noncancerous gynecologic conditions can cause a lot of pain and problems. The victim may feel bloated, heavy, and sick. In some cases, you might have to take a lot of medication to get relief. Functioning well and having a good mental health can be affected by living with chronic discomfort. Some non-cancerous conditions can be treated through invasive surgical procedures, like hysterectomy(Wright, 2022).. Here are some conditions outlined in the table below:

Table 1 Non-Cancerous Gynecologic Conditions

Conditions	**Descriptions**	**Epidemiology**	**Symptoms**
Endometriosis (WHO, 2021).	Tissue similar to the lining of the uterus growing outside the uterus, causing pain and/or infertility	10% of reproductive age women	chronic pelvic pain, which may be accompanied by depression, anxiety and infertility
Fibroids (leiomyomas/ myomas) (Stewart et al., 2017)	noncancerous tumours that form in the myometrium from smooth muscle cells and fibroblasts	Fibroid prevalence among all women by age 50 is greater than 70%, up to 25% of women experience symptomatic fibroids	abnormal uterine bleeding and/or pelvic pain/pressure when symptomatic
Abnormal Uterine Bleeding (Wright, 2022).	Irregular or heavy menstrual bleeding, caused by a number of different things, including problems with the uterus (polyp, adenomyosis, leiomyoma,	Up to 33% of women	Abundant bleeding, bleeding for an extended period of time, missing periods, bleeding in between menstrual

	malignancy, or hyperplasia).		cycles
Dysmenorrhea	Excessive menstrual pain not linked to known pelvic disease	Women (50-90%)	Menstrual cramps
Adenomyosis	Presence of endometrial tissue within the lining of the uterus (myometrium)	20-65% of women	Menstrual cramps, heavy menstrual bleeding
Uterine Prolapse (C. J. Chen & Thompson, 2022).	herniation of the uterus into the vaginal canal caused by the weakening of its support structures		

2.1.1 The Evolution of Hysterectomy throughout history

Hysterectomy is the second most common gynaecological operation among women, with over 600,000 cases performed each year in the United States. The term "hysterectomy" is derived from two Greek words: "hysteria," which means "uterus," and "ecotomy," which means "removal." (Essa et al., 2017). Hippocrates coined the term hysteria in the fifth century BC. It is a disorder that describes a mental illness that only affects women. They blamed the condition on the sinful and childless women. It manifests itself as a troubling movement of the uterus in its bearer. Plato depicted the uterus becoming disgruntled, or in other words depressed and grievous, when it does not connect with a male to create life. Women were also perceived as physically and theologically weak, as confirmed by Thomas Aquinas aligning with Aristotle's assertion that women were failed men (Tasca et al., 2012).

During the contemporary era, Pierre Janet (1859-1947) stated that hysteria is "the result of the very idea the patient has of his accident." Physical disability can result from a person's thoughts about her illness. His works had an impact on Freud, Breuer, and Carl Jung. After conducting research, Freud concluded that hysteria was caused by a lack of conception and motherhood. Later, he revised his paradigm to include consequences rather than causes. According to psychoanalysts, hysterical symptoms are an expression of the impossibility of fulfilling one's sexual drive due to reminiscence of the Oedipal conflict. Since 1980, the

concept of hysterical neurosis has been removed from the DSM III. It is actually a manifestation of dissociative disorders (Tasca et al., 2012). Hysterectomy was recommended as a solution to restore sanity.

Hysterectomy, or the surgical removal of the uterus, also known as a womb, has a long history. People's perceptions of this surgery and its relationship to womanhood have changed. Prior to empirical studies, cultural theories had their own ideas about the worth of a woman's reproductive organs and the impact of hysterectomy. According to the Egyptians and Greeks, the "wandering womb" is the source of emotional distress and/or instability in women. Hippocrates' incorrect assertion that the human uterus was made of numerous chambers with "suckers" in antiquity was widely accepted until the Renaissance period, when surgeries were no longer considered taboo (Angier cited by Elson 2004).

In ancient times, Themison of Athens invented the vaginal surgical approach in 50 BC (Sparic et al., 2011) Many previous attempts to carry out a successful operation resulted in too few or no positive outcomes. Arhigenes was the first to perform vagina route hysterectomy in A.D 100 (Elson 2004), whereas Soranus of Greece was the first to write a book in obstetrics and gynaecology on the surgical intervention of abdominal hysterectomy and to perform it on women (Sparic et al., 2011)In the 17th century, a successful self-procedure was reported. Faith Howarth, a 46-year-old peasant, had her uterus prolapse and she bravely caught it off, living for many years, which was unusual at the time. The mortality rate remained at 90% in the 18th century.

The introduction of anaesthesia, instrumentation, antisepsis, and other advances occurred at the end of the nineteenth and beginning of the twentieth centuries. In contrast to the vaginal approach, a new abdominal route was used, which reduced the high rate of mortality, and in previous years, many attempts to carry out a successful operation had too few or no positive outcomes. Many other surgeons continued the trial-and-error story from 1881 to 1885, when the mortality rate was around 50%. Conrad Lagenbeck of Gottingen performed the first planned vaginal hysterectomy in 1813, Sauter of Baden in 1822, and Joseph Recamier of France in 1829, who succeeded but his patient died due to the already spread cancer (Sparic et al., 2011).

Some technological advancement facilitated the formal vaginal approach by laparoscopically-assisted hysterectomy, which allows for a better visualisation of the

abdominal cavity than 'blind' intervention. Ephraim MC Dowell performed the first successful abdominal surgery in 1809, followed by Conrad Langenbeck in 1813 with the first vaginal hysterectomy. In 1825, the number of deaths following surgery was steadily increasing. Charles Clay performed an elective abdominal hysterectomy in 1843, Walter Burnham performed a subtotal abdominal hysterectomy in 1853, and Harry Reich performed the first laparoscopic hysterectomy in 1988, among other things. As a result, other sophisticated methods have emerged over time (Papadopoulos et al., 2010; Sparic et al., 2011).

2.1.2 Types of Hysterectomy

According to the National Women's Health Network and the American College of Obstetricians (ACOG), there are four types of hysterectomy: total hysterectomy (removal of the entire uterus plus the cervix), supracervical hysterectomy (partial removal excluding the cervix), bilateral salpingo-oophorectomy hysterectomy, and radical hysterectomy (total removal and other structures around it). The following hysterectomy procedures are available: vaginal hysterectomy (the uterus is removed through the vagina and leaves no scar), abdominal hysterectomy, and laparoscopic hysterectomy (Kassem et al., 2019).

2.1.3 Types of Surgical Procedures for Hysterectomy

Actually, they are three surgical approaches through which this procedure is done: vagina hysterectomy, abdominal hysterectomy and laparoscopic. The shortcomings of laparoscopy have influenced the development of Robotic surgery (Sparic et al., 2011). Since 2001, they have been a declination in the use of the abdominal and vaginal methods (Pitter et al., 2014).

2.1.3.1 Abdominal hysterectomy

Contrary to other approaches like the minimal invasive, patients require a lengthier recovery time and their overall satisfaction are generally poor. The benefits of the minimally invasive approach over the abdominal approach include; better postoperative pain management, lesser complications, lower hospital expenditure and brief hospital stay after surgery(Price et al., 2017). In Cameroon, it is the most predominantly used (Nana et al., 2021).

2.1.3.2 Vaginal Hysterectomy

As explained by Mohammed et al., (2017), this is when the uterus is removed via the vagina. Its advantages over the classic abdominal method are as follows, minor scarification

complications, higher secondary morbidity and mortality rates, and a brief hospital stay after the operation.(Mohammed et al., 2017). This approach reveals to be of the most cost-effective (Mohammed et al., 2017)

2.1.3.3 Laparoscopic hysterectomy

Here, for more visibility, the surgeon uses videos cameras. This type of surgery is more sophisticated and expensive than the latter. Unfortunately, due to its high cost, less black women opt for this approach. Moreover, the laparoscopic-assisted hysterectomy has a more probable risk for preoperative medical commodities and the risk elements especially when it was used with the goal of electing multiple and large fibroids elevated in most women of colour (B. Lee et al., 2018).

2.1.3.4 Robotic Hysterectomy

It is gradually becoming the best methods for hysterectomy. Due to its high cost, limiting the amount of people who can afford this surgery.(Price et al., 2017). This approach is claimed to be the superior to other alternative methods (Price et al., 2017). In the western world, the robotic surgical hysterectomy method is one of the predictors of a more suitable patient experience and overall satisfaction after surgery (Pitter et al., 2014).

2.1.4 The Uterus

2.1.4.1 Anatomy of the Uterus

The uterus, also known as the womb, is a hollow, pear-shaped female reproductive organ that is responsible for many functions in the processes of implantation, gestation, menstruation, and labour.(Gasner & P A, 2022). The uterus is a thick-walled muscular structure that lies in the midline of the abdominal pelvic cavity. It contains three layers: the endometrium (innermost layer), myometrium, and the perimetrium (outermost layer). The endometrium’s thickness and structure vary based on hormonal stimulation. The uterus has four parts: the fundus, corpus, isthmus, and cervix. The corpus is the largest segment and connects to the cervix via the isthmus. The cervix connects the uterine body to the vaginal lumen. The uterus sits posterior to the bladder and anterior to the rectum (Gasner & P A, 2022).

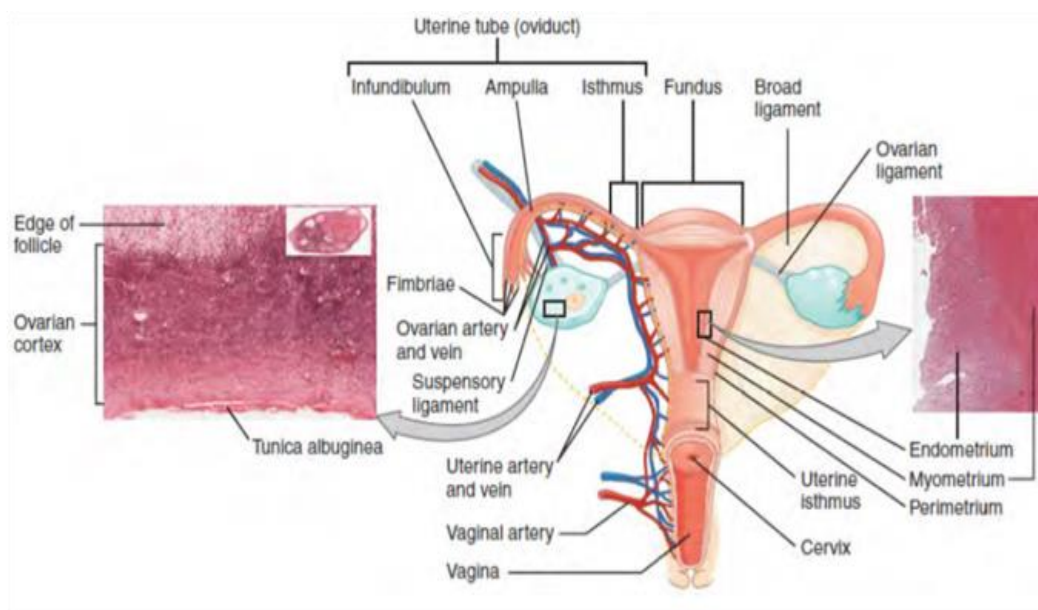

Fig.1

Figure 1 : A Diagram of a Uterus

2.1.4.2 The Functions of the Uterus

It is the organ that bears and houses the foetus during its stay in the maternal body. It is a site where a monthly cleansing is done to purify the body in order to regulate and maintain equilibrium in the mind and body (Adeguelide, 2020). The menstruation period is a moment of reminder of the reproductive abilities of a women. It permits her to "enter a transitional and potential space in order to interpret her situation, thus creating something new" (O'Sullivan, 2016 p.33).

It symbolically represents femininity, fertility, sexuality and motherhood ((Martins et al., 2013).The womb as a "symbolic space" has been pointed at by many authors. This organ is important no matter the woman status of having children or not having them. The identification does not need to depend on the inner space as she can get involve in the professional world (Erikson, 1964 cited in O'Sullivan, 2016). He alienates himself from that idea that women destiny is mother, he believed in women's individual and equality. Thus, the uterus is a symbolical significance which enables the women whether childless or not to be complete. As she declared, "the womb is a liminal space existing at the threshold between the real and symbolic offspring" (Ireland 1993, p.139 cited in O'Sullivan, 2016).

2.1.4.3 Biblical understanding of the uterus

It is an organ that represents the site of creation and the place where the Lord created the heavens and the earth through his womb. It represents the stages of life: waiting/growth, creation/birth, and burial/death. For example, the uterus' life cycle reflects God's image as a Creator and the cycle of creation, which can be observed through the year's four seasons: spring, summer, fall, and winter, which can be compared to the menstrual cycles three phases: follicular, ovulation, and luteal. This cycle is also reflected in the church calendar, which includes Advent/Christmas/Epiphany, Lent/Easter/Pentecost, and ordinary days.(Bauman, 2019)p.35-36). The human lineage is perpetuated from the womb, and it is this element that causes stigma, shame, and taboo. The term shame is defined as a sense of unworthiness. Menstruation is translated as moon and month in Greek and Latin, respectively.

The societies described in the Scriptures were primarily patriarchal. When it came to lineages, women were rarely mentioned, but her value as a woman was based on her reproductive activities and ability to bear a male child. It was suggested to her during her period that she live on the outskirts of her town. and described in the book of Leviticus 15:

> When a woman has a discharge, and the discharge in her body is blood, she shall be in her menstrual impurity for seven days and whoever touches her shall be unclean until the evening. And everything which she lies during her menstrual impurity shall be unclean. Everything also on which she sits shall be unclean. And whoever touches her bed shall wash his clothes and bathe himself in water and be unclean until the evening

During her menstruation, a Hebrew appellation "niddah" was used to call her in the bible's historical review of bleeding. The woman receives special treatment because the blood oozing from her renders her impure, and she should not have any intercourse or share the same bed with her man for twelve days. During this time, some orthodox churches discriminate against women by not allowing them to receive Holy Communion. This impurity stems from the belief that the spilling of blood equated to the spilling of life due to the unfertilized eggs and the men's sperm, both of which wasted life during the intercourse at the time. After seven days of inactivity, the "Mikveh" was required to cleanse the woman. The uterus took on greater significance in early medieval culture, particularly in ecclesiastical culture. The womb began to have divine connotations, such as "the Lord's uterus, the secret of divinity." Hrabunus Maurus revealed that the uterus has a profound meaning that "signifies what is hidden in nature." (Zubin, 2018).

2.1.5 Psychological Consequences

The notion of quality of life (QoL) have been newly inserted in contemporary health and well-being to have a better apprehension on the multidimensional wellness of a patient after treatment from a subjective and objective pointer of physiological and psychological happenings (Rannestad et al., 2001). In sum, it is a global evaluation of the physical, psychological, social, and the financial well-being of an individual. Thus, it is interested in the meaning patients have of their subjective experience (Rannestad et al., 2001). As specified by Calman (1984) It is the gap in between an individual's, expectations and achievements (Calman, 1984).

2.1.5.1 Hysterectomy and Amputation

Amputated people were regarded as monsters in the Middle Ages, and this perception has not changed to in our present day and for many people, having surgery can be a life-changing experience. In a society where physical beauty is constantly emphasized, the amputee is stigmatized by people who consider themselves to be healthy and the amputee to be unhealthy. Nonetheless, a person who has a part of his or her body amputated automatically becomes a person with a disability or vulnerability (Erving, 1963).

The law of 11th February 2005 No 2005102 on equal opportunities, participation, and citizenship of people defines handicap or disability as any situation that limits an individual's activities or restricts participation in social life due to the impairment of a function, whether physical, mental, cognitive, poly-handicap, or a disorder that invalidates a person and can last for a long period of time or permanently. It alters amputee attitudes toward life, work, family, and society as a whole. In this sense, an amputee requires a psychological adjustment to his environment and surroundings (Loi N° 2005-102 Du 11 Février 2005 Pour l'égalité Des Droits et Des Chances, La Participation et La Citoyenneté Des Personnes Handicapées (1), n.d.).

Although hysterectomy leaves no visible scars (Cordey and Gauthier-Schaffer, 2013), it causes a lot of ambiguity in the woman, causing her to question herself and her existence. Elmir et al. (2012) discussed the loss of normalcy as a recurring theme for hysterectomized women, as well as four subthemes such as "being incomplete: half a woman," "not myself: a

changed body," "being alone: isolation and disconnectedness," and "fearing intimacy: insecure and wary." Were the constant focus of these women's attention**.**

2.1.5.2 Hysterectomy and Body Image

The loss of a body part be it a leg, an arm, or other parts like the uterus disrupts the body image and identity of an individual and knowing that, the body image as defined by Schilder (1935) cited in (Reich, 2008): *“is the image of the human body means the picture of our own body which we form in our minds, that is to say, the way it appears to ourselves”.* It is the mental representation we have of our physical bodies which is a progressive construction a person acquires and makes of him or herself through his or her life (Featherstone, 2006). It is a traumatic event to see all these constructions go crashing through an operation like hysterectomy. The intensity of the trauma will also be determined by the level of investment the patient had for this particular organ.

As Salter postulates (1996), the response of individuals towards a mutilating surgery depends on the degree of development of their body image. For example, age, sex, personality, objectives, values, sociocultural background, the quality of the relationship with the medical experts, the level of preparedness etc. Therefore, each person has his or her own subjective representation and evidently their own specific response towards a situation. The body modification related to the ablation of the uterus can provoke psychopathologies symptoms like depression, anxiety, trauma, body image disorder (Reich, 2008). Seen as a new body different from the one they had before the surgery, there is a need of re-appropriation of the body. While According to Salter (1996) “we all have an image of our body. This image is reinforced by societal and environmental behaviours. We all aspire perfection that seems to be impossible to attain”.

2.1.5.3 Hysterectomy and the relation between the Body and the Mind

Without the body, humans are nothing. It is the ego's most treasured location, the centre, where psychic subjectivity and the most personal narcissistic identity are formed, experienced, and imagined (Joly, 2009). Our bodies are the source, a part of, and the entirety of our being, our grasp on reality, the transmitter and receiver of oneself to the world and others, and vice versa.

Inhabiting one’s body is a psychic act fundamentally based on sensory perception which paves the way for an identity construction. As well, “a body, even if damaged, can be

inhabited like a house and participate in a process of identity construction". The feelings of uncanny (a disturbing feeling of strangeness) in the Freudian sense of the Un-Heimlich comes in when there is a split (cleavage) or unrecognizable parts of his own bodily states or body image. As such the habitable becomes uninhabitable and strange (Joly, 2009)

The body's life is essential to psychic life, and psychic life is essential to bodily life; these two sectors or registers of the human, well distinct, are intimately entangled, and nourish each other indefinitely. Moreover, bodily symptoms inscription of a subjective psychic suffering that can be said to have occupied a particular area of the body. All of these body signs emerge as an quantitative overflow of psychic suffering signifying material that cannot be managed by the psyche, or that takes a shorter path than the path of mentalisation and the long work of psychic elaboration, in order to aim for a discharge, avoidance, or short management of this overload of suffering towards the body (Joly, 2009).

Any surgical intervention has an effect on the psychic, and some people experience it as a form of castration. The importance of the genitals in the lives women and their psychic makes gynaecological surgery to have a peculiar impact (I. Borten-Krivine, 2000). The ablation of the uterus, although non-vital impacts the life of women. It is lived as a narcissistic wound especially those who do not have a stable emotional life nor children. The field of anatomical castration differs from that of analytic register castration. Through motherhood, the uterus allows women to be narcissistically enriched by their children: real children or imaginary children. The brutal loss of this capital is hysterectomy. The loss of this organ, which is responsible for major symbolic representations, is not without psychological grief (I. Borten-Krivine, 2000).

Hysterectomy is a difficult prescription for separating the maternal from the feminine. The part, uterus is used to represent a whole. Demystifying this metonymy is the work Borten-Krivine (2000) thought it wise clinicians to be focused on. Preparation before the operation is an absolutely an important step not be miss. This continuous intervention will have facilitated mental elaboration of the loss organ. This will contribute in the narcissistic re-integration of their bodies. This work of separating the maternal and feminine has several levels: the disappearance of rules, the farewell to fertility. Period blood, a bath of femininity (I. Borten-Krivine, 2000).

2.1.5.4 Hysterectomy and Traumatic Neurosis

These patients present with postoperative traumatic neurosis (gotten from an internal organ mutilation). Traumatic neurosis is a psychic economy disruption; it has no immediate meaning, no representative content, but it is based, like any neurosis, on a fixation on a traumatic event. It is, according to Freud about his patient, a new trauma with the same roots as the previous trauma that caused the first hysterical attack (Cribier, 2016). Post-operative traumatic neurosis demonstrates a "rootedness," a fixation on early traumas defined by Freud as "lived events or impressions" from the period of infantile amnesia. These impressions or events "interesting the body of the subject," according to Freud, have escaped "normal liquidation," that is, integration into the ego's organization. These are wounds inflicted on the ego, which Freud refers to as narcissistic wounds, a term that first appeared in his pen in connection with defloration. Thus, a modification of the ego is created, "a state within the state," which will remain as "a narcissistic scar." When patients express their fear that the scar will burst, they are projecting onto their mutilated body a fear that an old narcissistic wound will open, a wound of an amputated ego that has not been able to integrate early traumatic impressions into its oedipal organization. The trauma fixation is also a source of automatic repetitions (Cribier, 2016).

Traumatic neurosis is a concept in between the body and the psychic. It is accompanied by three emotions: pain, shame, and a sense of abandonment. All of these narcissistically wounded patients are plagued by pain. It is Freud's hysterical symptom, and it persists in our patients long after the intervention. J.-B. describes pain. Pontalis blurs the lines, saying, "as if by pain, the body becomes a psyche and the psyche becomes a body (Cribier, 2016). a) The pain of the body is a high and continuous cathexis of the psychic representative of the injured body's location, and it creates the same economic conditions as the intense cathexis of the representation of the object from which one suffers a lack. The effect of the wound when it becomes an internal haemorrhage, impossible to contain, threatens to empty it, is pain, unthinkable, unspeakable. b) Shame frequently accompanies the traumatic experience because it returns the subject to the experience of primary distress of the infant passively experiencing an overflow of excitations that he is powerless to contain (Cribier, 2016).

These patients are embarrassed/ a sense of failure about their inability to cope with the passivity inherent in this experience. c) Finally, the sense of abandonment is included in this picture of distress. Patients claim they were not heard or taken seriously. They relive

traumatic experiences associated with the failures of the primary object, the helping object, when the latter, "well aware" of the infant's needs, ceases to pay attention to it despite the fact that it is in distress (Cribier, 2016).

2.1.6 Solutions Utilized by Hysterectomized Women

According to Cribier (2016) There are three main solutions these women could use; The masochistic solution, the anal solution

2.1.6.1 The masochistic solution

In this solution there are three types of solution that they use. The erogenous masochism which is the first form of drive entanglement, the second form, feminine masochism which is the expression of the feminine being, expressed by fantasies depicting a characteristic situation of femininity, "to be castrated, to be coitus or childish". The third type of masochism is moral masochism, which is an extreme form of ego masochism in its relationship with a sadistic superego. It ensures that the unconscious sense of guilt is satisfied through punishment in suffering. Moral masochism restores the illusion of mastery and the reestablishment of a link to the object, but it is a system of narcissistic, autoerotic confinement in which the patient's goal is the suffering itself.

2.1.6.2 The Anal Solution

Since the organs that served as support for representations of their feminine identity are damaged, they seek refuge in the cloacal theory where they believe the child is born the intestine like a piece of excrement**.** In an anal and genital confusion, the content of their female body becomes identical to the intestinal content. It is a return to anal sadistic period, a period of mastery, control, and reassurance regarding the problem of overflow and loss, but also a time of aggression and violence. These violent effects are transposed into the body through identification with damaged, fecalized objects.

They will also develop fantasies about changes in the interior of the body, which becomes a foreign object to them, such as a body on the verge of bursting, a devastated body, or a rotten body. According to Cribier (2016), Women are reassured by the good functioning of their genital apparatus, as evidenced by the return of menstruation on a regular basis, which they see as a sign of good psychological functioning. They live inside their bodies like a clockwork system with mysterious mechanisms, any malfunction of which quickly becomes persecutory.

2.2 Different conceptions of women in the world

2.2.1 The conception of a woman in the African Tradition

In Cameroon, the uterus has different appellations amongst tribes. In Cameroon's western region, the Yemba People refer to the uterus as "Nkah Ezeh," and a woman who has undergone hysterectomy as "Medjui yi me fock Nkah ezeh zi" (Adeguelide, 2020). Women in the African community are prepared for their roles from birth through childhood until marriage to ensure that they are adequate to the needs of the society. The girl child should be able to identify herself with her mother. A child born in this society is considered the society's child because everyone is allowed to groom the child and punish her when she misbehaves. However, society prioritizes or idealizes the fact that each member of the community must procreate individually in order to justify one's existence on Earth (Diop, 2019). In our tradition, the woman is regarded as a unique seed but is relegated to a subordinate position. A woman holds an important position in society. Therefore, her role as the mother of the house and the one who manages the household. Maternity is this context is very primordial to a woman because it is through putting to birth that she fully attained the position of a woman. Self-realisation or debt refunding are words used to describe a woman who finally puts delivers a child.

It is through this delivery that the woman finds personal self-satisfaction and also the community is satisfied. When the mother gives birth to the child, she identifies herself and the child receives satisfaction from her birth. This satisfaction is what Freud (1914) named as identification which is a psychic work aim at realising the goal of being the other. The individual derives satisfaction from the self-realisation as what has been received from the god's, ancestors are now transmitted and the social image carries the mark. The society refers to this reproductive function to classify the sexes into a particular social status. The powerful feminine figure is always related to guilt. Thus womanhood is constructed from the acceptance of this guilt and its acceptation to integrate femininity and maternity without cleavage (Diop, 2019).

Prejudices is the predicament of a childless woman who has undergone hysterectomy. Externally, she becomes a victim of clinical anxiety, amputation, that who something is missing in her. In that case of those who are in couple, she is being pointed on and accused from the side of her own husband's family and her own family. For this, she is depreciated,

de-valorised and humiliated. She carries this heavy load alone. She is incapable of putting to birth because she isn't in possession of the procreative organ anymore (Adeguelide, 2020). The guilt that she already carries is worsened by the husband who humiliates her instead of being supportive and even both families too which is supposed to play an anaclitic role turn against her.

Rice (2017) on "*Deconstructing Gender on Yoruba Society Using the Calabash as a Metaphor for women as containers of their own Gendered Identity*". She explores how the Yoruba notion of calabash and its contents are metaphor for the gender and the body. The woman's body is like a vessel (calabash) that contains and entombs the essence (fluid) of their gender identity. In this culture the calabash in question is a tool that can be used for both positive and negative purposes and akin to the female's body containing both the creative and destructive components. In this sense "rather than gender being an intrinsic part of the body…could her contents include the essence of her identity as a woman?". The fact that the uterus is the site of creativity and evil is what makes the woman body to be associated to a container. The body in the Yoruba culture is not perceived as a concrete nor complete entity but as a composite site where elements can manifest itself. There is the believe in this community that makes women at one certain age ascends a higher position in the society as it is commonly asserted that the older the woman gets, the wiser she becomes. With this acquisition of wisdom throughout her course of life, the community see as dangerous because knowledge is power and she can use that to unravel the society equilibrium if she wishes too. A woman is one who generates life, contains dangerous blood and ritual secrets, as a fertile woman she gives life, when menstruating she brings about pollution and the menopausal woman is considered a "blocked vessel" that traps the menstrual blood. Women have a higher likelihood than men to become witches because they have a womb which is not the same case with their male counterpart. The number of children a woman bears is what her value is based on.

The female's contribution is the monthly flow which is considered generally as a dirt or an agent of purification and a taboo. Which adjoins to what Schaeffer (2005) said of a menstruating woman as one who "destroys everything she is supposed to protect and produced as mother earth, she destroys life, as she destroys life, as she destroys the child she does not carry" Diop (2019)

2.3.2 The conception of a woman in the European Tradition

Throughout anthropological history, the relationship between men and women has been that of dominants and dominated. Women serve as passive receivers of benefits (Rogers, 1978). The woman is defined as a "weaker, gentler, more-timid sex that ceased being prey to males and was instead placed on a pedestal and protected by their men. As a result, the men were regarded as social actors. According to Andelin, as cited by Rogers (1978), men perceive their world as opposed to nature, whereas women perceive their universe to include both nature and culture. He claimed that anthropologists have failed to understand women in society because they often define women from a male perspective. Women's identity also include child bearing and child rearing, which they oppose. According to Meillassoux (1875), as cited by Adeguelide (2020), a woman's reproductive characteristics define her. Authors such as Firestone quoted in Adeguelide (2020), fought for women's place in society, so that they would be comfortable wherever they went, and to free them from their biological destiny, as he imagined a future in which mothering a child would result in the loss of all biological connections.

2.3.3 The Conception of a Woman in Religion

The polytheist religion apart from the monotheist religion recognise and do not exempt nor ignore femininity nor maternity nor sexuality as part of the divine. "*the monotheist notion of an almighty God is a paternal figure and excludes representations of maternity, femininity and sexuality" (*M. Bertrand, 2006).

2.3.3.1 The conception of a woman in the Islamic Tradition

In the Islam consideration of a woman, she is a human being and occupies the same rank as a man. The Chari'a promotes male and female equality, and valorises women. In Islamic theology and law, motherhood is not an essential part of womanhood. In fact, in Islamic scholarship, a woman's infertility does not necessarily jeopardize her 'womanhood.'(Chaudhry, 2010). A typical example of a Muslim women was with the wives of Muhammad who did not have any offspring but still consolidated their status of a woman in the society along with all the respect as they are called "mothers of believer". These women represent the Muslims ideal of wife, sister and mother. Thus, in the conception of a woman goes beyond the act of having biological offspring (Chaudhry, 2010).

2.3.3.2 The conception of a woman in the Catholic Tradition

The equality between men and women is being justified in the bible as both sexes are created in the image of God (Gn 1:27). The same principle is followed by the catholic church, men and women enjoy equal status, women are neither considered inferior or impure. Catholic Christians belief that the status and the dignity of an individual do not rely on their ethical origins, from their situation or from their physical traits (Maud and Chablis, 2015). According to Thomas Aquinas,

In reality as reported by Moingt (2011), the treatment given to the male reverends differ from the female reverends. The males are the only one who are given the rights to celebrate a mass whereas the females are never given such privilege. The reverend sisters pay allegiance to the bishop as they take the vow of obedience and are under the supervision of the latter which doesn't applies to the females being the supervisor of the male reverends.

Also, Pape and Lécuyer (2014) observed that the right to teach, sanctify, and handle church members is a right exclusively reserved to the men. Catholicism startlingly have representation of an ideal feminine woman as one who has to be fertile, faithful and possess other characteristics that gives an impression of second class citizens (Lautman, 1997). In churches, the woman is prohibited from speaking in a congregation as the concept of submission suggests. If she wants to share her opinion, she can only express the latter to her companion in their home.

The Anglican church decision to ordain women arose debates in the catholic church. This is because "the image of God by virtue his sex according to 1 cor 11:7, in consequence women can in no matter be ordained…as the non-congruity of priesthood with the female sex" (Grung et al., 2015). This occasioned the writing of the letter titled "ordination sacerdotali" to express their point of view regarding the subject. The book of Leviticus reveals some tips or some ways of living to the Jews, to maintain their purity. Abstaining or avoiding these three sources of impurity like leprosy, natural sexual discharges, menses and blood during the process of putting to birth, was the gateway to stay pure. Catholic conception of the human body

According to Labrecque (2017), The notion of the human body has been a controversial topic between the churches view and that of the world, with reference to the

Book of genesis (Gen. 1.31), the body is created from the word of God and He esteemed this body to be “very good” in its totality. The expression of sorrow towards the human race bathed into endless suffering have preoccupied the minds of many great thinkers and Augustine (1990, XXII. 22) who illustrates how the infant’s first cry is a synonym to how the destiny of human is condemned to a sad reality. A race towards dead is the main finality of life (Augustine 1999 XIII. 10). However, Augustine acknowledges how merciful the Lord has been by installing fecundity, the mind, love, and of the outstanding features of the body (functionalities and beauty) etc.

As hold by the catholic doctrines that all human beings are designed in the image and likeness of God, some spiritual leaders, exclude the body and argued that it is only the soul that resembles God. On the contrary, John Paul II believed in the unity of the body and spirit and qualifies the duality that people want to create between the two as a way of objectifying the human persons. Unity is what the church think the body is as a flesh of salvation and the pillar of the churches theology. The bible verse says of the body to be “a temple of the holy spirit” (1 Cor. 6.19-20), it partakes in the image of God, in this way, the church “teaches that a person can neither despise nor dispose of his or her bodily life but must regard the body as good and to hold it in honour since God has created it and will raise it up in the last day” (catholic church 1997, n.364). Hence, an individual’s identity emerges from the body and soul.

The church is actually referred to as the “the body of Christ”. The body and the should is separated through death and reunited through in resurrection and has an everlasting life known as a glorified body. As Jesus said to his disciple “Look at my hands and my feet” after raising from the death, “see that it is I myself, touch me and see; for a ghost does not have flesh and bones a you see that I have” (Lk 24:39). Jesus’ glorified body is also a wounded body which represents its former vulnerability and self-sacrifice incurred in the past and now has an imperishable body. (The religious bodies also follow the path of Jesus of self-sacrifice for a great compensation such as eternal life). The afterlife in the Lord’s kingdom “all blemishes and deformities of the body ‘whether common ones, rare and monstrous’ will be done away with resurrection while the ‘natural substance shall suffer no diminution. (Augustine 1999, XX19). The natural substance of the body in its quantitative form and qualitative form is modified to produce beauty. To complete what Augustine about the glorified body, Thomas Aquinas added that the glorified body is “raised up to the

characteristics: it will be lightsome, incapable of suffering, without difficulty and labour in movement and most perfectly perfected in its form (Aquinas 1955-1957). So far, the best communion I that of the body and soul.

Pope Francis declared that “The acceptance of our body as God’s gift is vital for welcoming and accepting the entire world as a gift from the father and our common home, whereas thinking that we enjoy absolute power over our body turns often subtly to be thinking we enjoy absolute power over creation” (Francis 2015, n.155). The body is important for an identity which takes source in the communion that triumphs over death. Labrecque (2017) suggested that all “these conceptions about the human body and, by extension of the material world evidently have much to say about how we ought to relate to and respect the bodies-individual bodies and bodies in community-as well as how we ought to relate to and respect the created order” (Labrecque, 2017).

2.5.3 The Vows

2.5.3.1 The vows of Chastity

It engages the professor to a life of celibacy. It is regarded to as a gift that God This choice is an announcement to the world to come, the kingdom of God:

> And Jesus answering said unto them, the children of this world marry,
> and are given in marriage: But they which shall be accounted worthy to obtain that world, and the resurrection from the dead, neither marry, nor are given in marriage (Luke 20, 34-36).

Chastity is a way of living in which enables individuals to keep their body and heart pure. This makes them a good example for other people and helps them connect with God in a special way. If a virgin consecrates herself to God completely, she will not become pregnant. She is called to be a mother in the same way that other people are called to be mothers. However, her motherhood is of a spiritual nature (Tschanz, 2021).

2.5.3.2 The vow of poverty

It entails the renunciation of all earthly belongings and to led the congregation dispose of our person and talents. Mathew 19,21: “Jesus said unto him, if thou wilt be perfect, go and

sell that thou hast, and give to the poor, and thou shalt have treasure in heaven: and come and follow me".

When poor, they rely on God to help them get by things. They sometimes have to give up things we don't need, because that's what Christ did - He gave all He had to the Father and He will give it all back to Him, who loves Him infinitely (Tschanz, 2021).

2.5.3.3 The vow of obedience

To engage cordially and in faith to decision taken by the superiors. To find a relationship defined by unicity with the mother superior, the sister in charge of the community. With the help of the virgin Mary, they strive to be obedience just like Jesus:

> For the Son of God, Jesus Christ, who was preached among you by us—by me and Silas and Timothy was not "Yes" and "No," but in him it has always been "Yes." For no matter how many promises God has made, they are "Yes" in Christ. And so through him the "Amen" is spoken by us to the glory of God" 2Cor 1, 19-20

Obedience is a very important vow because it means giving ourselves completely. Faith is the contradiction of believing that you have to die in order to live. When young women contact vocation directors or novice mistresses of religious orders, they want to know if their studies or profession will be helpful in their vocation. Some people are very gifted and talented, but they don't always want or need things to go the way they want them to. Mary was very gifted, but she understood that God's will was always better than her own. She never asked for guarantees that her gifts and talents would be used the way she wanted them to be. After enduring many difficulties and hardships, Mary was exalted by God above the angels and given the title "Queen of Heaven and Earth." She was able to triumph over all of her trials and tribulations because of her faithfulness(Tschanz, 2021)

2.5.4 Characteristics and role of a Celibate

Vocation. A woman called by God for the purpose of accomplishing His will in her life and to be an instrument for fulfil the missions assigned by God and the church, "the call to follow Christ with a special consecration is the gift of the trinity of God's chosen people" (CICLSAL, 2002 para. 8 quoted in Brock, 2010). A call independent of her will as she has no right to interrogate or reject it (Brock, 2010).

A self-Sacrificing Woman devoting herself in its entirety and single-mindedly to God and her missionary work in the church. The feminine identity of a female gender can be built

through several sites but in the monastery, it is the church which is masculine in its structure that dictates how the nun's/sisters identity should be formed. In Christianity, the woman's body is not regarded as made in the image of God but it is the male's which is put in the forefront to represent God's image as an unchanging male. (Brock, 2010) Their fecundity is appreciated in a spiritual sense, which means growing the seed of faith and unconditional love within them and working for the kingdom of God without expecting reward from people because her reward is taken charge of by God. The religious follows Jesus (Brock, 2010).

Her role is to meditate and seek a close union with God; to care and assist of the sick, orphans, mentally illed, and aged persons, (Brock, 2010). They were integrated within the deaconesses to effectuate the baptism of adult women and to carry out other functions reserved for the widows of sixty as specified by St. Paul. The solitary life produced many heroines; and when the monks began to live in monasteries, there were also communities of women.

However, it is noteworthy that Michèle Bertrand (2006), highlighted that even though maternity, femininity and sexuality that are ejected from the monotheist doctrine, the connotations of motherhood that pass through the body reappear in the meditations of believers, particularly mystics. According to Bertrand (2006) there is no such thing as the repression of maternity but a denial. J. Maître (Maître J., 2002) evoked by Bertrand (2006) noticed that there is a return of the maternal, which alternates between two poles: either entrusting the functions of breastfeeding to the Virgin), or feminizing and mothering Christ(Bertrand, 2006). This discovery of these authors inspired us to dive into the psychoanalytic development of women and defence mechanisms.

2.5.5 Femininity and Consecrated Life

The church is aware that some people might find it controversial to connect femininity and consecrated life. There are two main reasons to think that being a consecrated woman is related to being feminine. First, many consecrated women are enriched by their femininity and vice versa. The second idea is that the women who lead consecrated lives can help us understand what it means to be a woman today and what our mission is. The more feminine a woman is, the more it contributes to her consecrated life. This is because the consecrated life is a way of living that is free from repression and denial of sexual identity. Some things have

always been done a certain way, but that's not always the best way to do things. People used to think that sexuality was something to be embarrassed about, to hide, or to take for granted. whereas any suppression will only make things worse (Rodriguez, 2015).

Chastity can help a woman to grow in her emotional capacity, as well as to develop all her other talents. The woman is the heart of the family, and she wants to make her heart a warm and welcoming place where the Lord can feel at home and relax. Wherever she is, she makes it her family. If a woman lives her life as a woman, she will become more dedicated to her identity as a woman. As she takes on more of the responsibilities of consecration, the more feminine she becomes. She lives fully her femininity and all the transformations her body incurs as a gift. She feels “pregnant with the world” (Rodriguez, 2015).

According to Rodriguez (2015), a world where people run away from pain and sacrifice, the women's offering is a living reminder that love and pain, especially in women, go hand in hand. Spiritual motherhood teaches us that the key to being successful is giving ourselves completely to others, and that each child is born into a world of hurt and sadness. The women of this world often have to go through a lot of pain and sacrifice, because that's what it takes to keep the world running. They're always trying to help others, by showing them that love and pain go together. If we have a mentality that sees children as objects of our desires, spiritual motherhood reminds us that the most important thing is to give ourselves fully to them. Each child is born amidst pain and tears, but this is a sign that they are important and that we need to love them fully. By being a virgin, you show that you are ready to become a mom. Only a mom can really understand the deep mystery of virginity.

2.6 Defence Mechanisms

In the Psychoanalysis, the term of Defence mechanisms was first coined by Sigmund Freud in his 1894 work on “The Neuro-psychoses of Defence”. Later on in 1936, Anna Freud looked in to the concept more profoundly and came up with a number of ten defence mechanisms (A. Freud, 1936). As specified by Anna Freud, the defence mechanisms are used to “describe the ego’s struggle against painful or unendurable ideas or affects” (p.42). In her logic, this mechanism helps the ego fight against the id instinctual impulses and the feelings linked to it. They strive in assuring the security of an individual by avoiding unpleasantness. APA (2013) quoted in Di Giuseppe (2021) defines the defences as an “automatic

psychological operation that mediate an individual's reaction to emotional conflicts and to internal or external stressors" (Di Giuseppe & Perry, 2021)This enables us to see how defences act as a shield or "amortisseur" (shock absorber) against unpleasant or conflictual experiences. The use of mature mechanisms favour psychological Defences such as altruism, affiliation, repression, humour, and sublimation are included in the seventh defensive level, which is referred to as "highly adaptive." These defences encourage functional, balanced, and socially useful behaviours, allow for gratification, and frequently require awareness of emotions and their consequences. They are thus not dysfunctional and ensure a good fit with the subject's subjective reality (Cramer, 2006;Perrotta, 2020). Wandel (2011), asserts that sexual impulses cannot be gotten rid of in the religious but redirect these drives into through productive releases what he terms as an act of sublimation which consist of replacing sexual frustration through other activities (Wandel,

From the above literature review, it is very obvious how the woman genital organ and all that makes up the reproductive organ of a woman is precious. Though not it is known as a non-vital organ, the symbolic importance it carries is strong. This is because losing this organ is akin to losing the feminine identity. Mainly due to the capacities of children bearing. This is clear through the study of Garnault (2017) who presented the uterine transplantation procedure as a second chance to these women at a representational and fantasmatic level. Although surgery had taken place they far from accepting their fate of not possessing this non-vital organ to bear children on their own, they went in for a uterus transplantation rather than surrogacy. The medical personnel literally confirmed that "young women who want to have a baby will do almost everything…maternity is an element these women particularly desire"(Garnault, 2017 p.23-24). In psychoanalysis this can be interpreted as a desire to fulfil what Freud referred to as the "penis-envy" which simply means the "desire for a child" to resolve their fixation at the level of the oedipal phase of the psychosexual development. What's more of a religious nun who renounced child bearing, what could be the source of the suffering in these women? (Is there a possibility that she did not fully abandon her desire to "bear their own child," the access path to maternity that lay women they prioritize above all others, or is suffering having a different source other than the latter) These questionings lead us to use the object relations theory to explore which may give us an insight on the type on link the nun most have nursed with her uterus and the Feminine Identity development.

CHAPTER 3:

THEORETICAL FRAMEWORK ON OBJECT RELATIONS AND FEMININE IDENTITY

This section represents the theoretical insertion of our study. This entails presenting theories that describes the phenomenon of object relations and loss from a psychoanalytic point where our main authors gave their standpoints about the subject then we are going to demonstrate the pertinence of our study through the exploration of these theories and how they read a phenomenon. However, the phenomenology theory will be the main explanatory theory on this phenomenon

1.7. 3.1 Psychoanalytic Theories

Fibroids in other terms known as myomas or Leiomyomas falls into the category of the most famous benign tumours in women of reproductive ages. This condition can provoke pains and abundant menstrual flow (Lumsden et al., 2015). To remediate to this, medical drugs are prescribed but if the situation is beyond a simple intake of drugs, surgeries like myomectomy (preserving the uterus while removing the fibroids) and hysterectomy (the removal of the fibroids along with the uterus) are recommended depending on parameters measured by the medical doctor. Amongst these surgical options, the doctor makes sure to choose the most adequate option best for the health of the patient (Lumsden et al., 2015). The extraction of the uterus with all the symbols it is merged with can lead to an emotional damage manifested through suffering even though the illed condition that let to hysterectomy has been solved. This means although they have been a cessation of the physical suffering, a new problem which is the psychological suffering now emerges (Pinar et al., 2012). According to Garnault (2017) Women without uteruses wish give birth to unborn children through medical innovations (Garnault, 2017). Suffering as described by Freud in Civilization and its discontent, has three sources; our own body, the external world, and our relations to other people (Mijolla, 2006). Since the nature of the suffering can be deduced

from relations to other people, primary relations pattern incurred during childhood can be of great utility to understand the suffering related to the absence of the uterus that's why we choose the object relations theory as one of our explanatory theory.

3.1.1 Object Relations Theories

Object relations theory in psychoanalysis focuses on understanding individuals through their relationships with others, rather than studying them in isolation (Garrison, 2022). It suggests that personality development is shaped by these relationships (Mitchell, 1981). Object relations theory defines an object as something through which an instinct seeks to attain its aim, whether real or imagined (Laplanche and Pontalis, 2006). It encompasses the subject's mode of relating to the world, which is influenced by the organization of the personality, phantasies, and defences mechanisms.

For a nun who has undergone hysterectomy, object relations theory can shed light on her psychological suffering. The theory emphasizes the significance of early relationships and interdependency in identity development. During the pre-oedipal period, the primary caretaking between the infant and the mother plays a crucial role in forming the child's identity. The nun's suffering may stem from the loss of her uterus, which represents a significant object in her life. This loss disrupts her sense of identity and affects her ability to relate to the world.

3.1.1.1 Object Relations According to Freud

Freud's perspective on object relations explains that an object is formed through experiences of loss, and the primary object choice for an individual is the mother. Freud distinguishes between part-objects, which represent libidinal energy assigned to specific bodily parts, and whole objects or people, which are energized by the ego. The nun's suffering after hysterectomy may involve feelings of loss and a need to find the lost object. Freud's drive theory suggests that psychopathology arises from repressed desires rather than traumatic external memories (Freud 1915 cited in Frank Summers, 2015). If the nun's instinctual drives are not fulfilled, it can lead to psychological distress.

3.1.1.2 Object Relations According to Melanie Klein

Melanie Klein's (1957) object relations theory builds on Freud's work and focuses on children's intrapsychic world. Klein emphasized that children are concerned with their entire relationship with their parents, rather than solely seeking sexual attraction (Summers, 2015).

In Klein's view, children internalize representations of objects as either "good objects" filled with love or "bad objects" filled with hate. These internalized relational patterns influence how individuals relate to the world (Klein 1957 cited in Garrison 2022). The nun's suffering may arise from her struggle to integrate the loss of her uterus as both a good and bad object. She may experience difficulties in acknowledging the positive and negative aspects of the hysterectomy, leading to a splitting mechanism where she can only perceive it as wholly negative.

3.1.1.3 Object Relations according to Winnicott

D.W. Winnicott's object relations theory focuses on the developmental stages of the child and the importance of the environment in facilitating healthy development. Winnicott emphasizes the "maturation process" and the "facilitated environment" as crucial for psychological well-being (Winnicott cited in Summers, 2015). The environment does not need to be perfect but should be "good enough" for the child's development to unfold. Winnicott proposed three phases of dependence: the absolute phase, the relative (pre-oedipal) phase, and the phase "towards independence."

During the absolute phase, the new-born is not aware of separateness from the environment and relies on the caregiver for all needs. Gradually, through frustrations and experiences, the child develops a sense of reality and the recognition of "me" and "not me." The relative dependence phase involves the child exploring the environment and experiencing separation anxiety. The child begins to accept reality, manage ambivalence, and cope with separation anxiety through identification with the caregiver and the use of transitional objects (Summers, 2015).

In the case of the nun, Winnicott's theory suggests that her psychological suffering may be related to the disruption of the relative dependence phase. The hysterectomy represents a loss and separation from her maternal organ, leading to anxiety and distress. Without the ability to accept reality and manage separation anxiety, the nun may struggle to find ways to cope and integrate the experience into her identity (Winnicott cited in Summers, 2015).

Hence from the contribution above, object relations theory provides insights into the psychological suffering of a nun after undergoing hysterectomy. The theory highlights the significance of early relationships, the internalization of objects, and the influence of the environment on identity development. The nun's suffering may involve difficulties in

integrating the loss of her uterus as both a good and bad object, leading to a splitting mechanism and challenges in accepting the loss and adapting to her new sense of self.

1.8. 3.1.2 **Object Loss**

The psychoanalytic theories on object loss, developed by Sigmund Freud and other psychoanalysts, examine how individuals react to the loss or separation from a loved one. These theories explore the psychic and emotional processes that accompany the loss of an object of love, whether through death, breakup, or other forms of separation.

Grief, bereavement, and mourning are interconnected concepts that are often used interchangeably. Grief refers to an individual's response to a loss, mourning refers to the process that occurs after the loss, and bereavement refers to the objective situation of death without emphasizing the emotional aspect (Bacqué & Hanus, 2020; Worden, 2018). MAPS (2014) defines grief as the response to the loss in all of its totality-including its physical, emotional, cognitive, behavioural and spiritual manifestations. In other words, "*grief is the price we pay for love and a natural consequence of forming emotional bonds to people, projects and possessions*" (CEO of Australian health Centre for Grief and Bereavement, Chris Hall MAPS, 2014). When exploring the psychological suffering of a nun who has undergone a hysterectomy, we can draw parallels to the experience of object loss and its impact on grief.

3.1.2.1 Freud's Perspective

Object loss, as described by Freud (1915), is the habitual reaction to the loss of a loved one or an abstract concept. Mourning is the normal response to the loss of a loved object, involving the gradual withdrawal of emotional attachment. However, when mourning goes awry, it can lead to melancholia, which is characterized by the loss of the capacity to love, withdrawal from the external world, inhibition of activities, and self-reproaches. Mourning, as defined by Freud (1917), is a habitual reaction to the loss of a loved one or an abstraction, such as freedom or an ideal. Mourning is the normal responds we express towards the loss of a loved object which entails gradual withdrawal of the libido from the loved object. Melancholia is mourning gone wrong. It is characterized by the loss of the capacity to love, absence of interest in the external world, inhibition of all activities and guilt ("self-reproaches"). Thus, the ego becomes denigrated in all its forms. Guilt is pulled internally upon once ego. However, lowered self-regard is not present in mourning, discontent is poured outwardly to the external world. In normal mourning, the person is confronted with the reality of the non-existence of the loved object and retrieves libido invested in that object. In other

circumstances like in melancholia the person doesn’t perceive consciously what has been lost. i.e. object-loss is withdrawn from the consciousness. Consequently, resulting to non-acceptance of the lost object which maintains them in an emotionally stuck realm (Freud, 1917).

In melancholia, ambivalence (mixture of libido and aggression) describes the conflictual relationship with the object. The path of normal mourning moves through the withdrawal of libido from the object which is made conscious while in melancholia, there is a hindered access to the consciousness. Also, traumatic experience linked with the object may unleash other repressed materials and it is due to ambivalence that it stays away from the consciousness (Freud, 1917)

In the case of the nun who has undergone a hysterectomy, she may experience a sense of loss and grief related to the physical and emotional aspects of her identity as a woman. This loss can disrupt her connection with her own body and challenge her beliefs and assumptions about herself. The nun may also struggle with accepting the reality of the loss, as well as processing the pain and adjusting to a life without the reproductive capacity.

From a psychoanalytic perspective, other theorists have explored grief and loss. Helene Deutsch (1936) highlighted the absence of afflictions after death as a sign of pathology, emphasizing the significance of post-mortem rites. Melanie Klein emphasized that every death represents a re-enactment of the mother's separation from the infant, and recognizing the mother as a whole object capable of both good and bad allows for healthy mourning. Bowlby's attachment theory suggests that the threat of separation is a powerful organizer of a child's development, and reliving strong separation anxiety during a loss as an adult may indicate difficulties in mourning.

In addition to the perspectives discussed earlier, there are other contemporary psychoanalytic authors who have contributed to our understanding of grief and loss. These contemporary psychoanalytic authors provide valuable insights into the psychological suffering of the nun after undergoing a hysterectomy. By considering Winnicott's notion of transitional objects, Leader's exploration of shame, and Butler's analysis of social and cultural factors, we can gain a more comprehensive understanding of the complexities involved in her grief and mourning process. Donald Winnicott, Darian Leader, and Judith Butler offer unique

perspectives on object loss and its relationship with the psychological suffering of the nun following her hysterectomy. Let's explore each of their perspectives in detail.

3.1.2.2 Winnicott

Donald Winnicott emphasized the importance of transitional objects and the transitional space in mourning. Transitional objects, such as a teddy bear or a special blanket, serve as a bridge between the internal and external world, providing comfort and support during times of loss (Winnicott & Rodman, 2010). In the case of the nun, she may find solace in objects or rituals that symbolize her connection to her femininity or her role as a caregiver, helping her navigate the grieving process.

In the case of the nun, her hysterectomy represents a significant loss, as it involves the removal of her uterus and her ability to bear children. This loss can be deeply challenging and can evoke feelings of grief, sadness, and a sense of emptiness. Winnicott's perspective suggests that the nun may find solace in transitional objects or rituals that symbolize her connection to her femininity or her role as a caregiver. For example, the nun may have a particular religious artifact or symbol that holds special meaning for her, such as a rosary or a statue of a revered figure. Engaging with these objects, holding them, or incorporating them into her daily routine may provide her with a sense of comfort and continuity, allowing her to navigate the grieving process more effectively (Winnicott & Rodman, 2010).

Winnicott also emphasized the importance of the transitional space, which is an intermediate area between the inner and outer world. This space allows for creative exploration, imagination, and the expression of emotions. The nun may benefit from creating a transitional space for herself, where she can engage in activities such as journaling, art, or prayer, enabling her to process her emotions and connect with her internal world in a supportive and healing way (Winnicott & Rodman, 2010).

3.1.2.3 Leader

Darian Leader, explored the concept of "shame" in relation to mourning and loss. Shame can arise when individuals feel that they failed to protect or preserve the lost object or when they believe that others judge them negatively for their grief (Leader, 2009)The nun may experience feelings of shame related to her hysterectomy, questioning her worth or identity as a woman. Understanding and addressing these shame dynamics can be crucial in supporting her psychological well-being (Leader, 2009). The nun need to explore and challenge any

internalized shame messages associated with her hysterectomy. By recognizing that her worth and identity extend beyond her reproductive capacity, she can begin to redefine her sense of self and find healing and acceptance in her new reality.

3.1.2.4 Butler's Perspective

Furthermore, Judith Butler, a contemporary theorist, has discussed the social and cultural aspects of grief and mourning (Maze, 2018). She highlights how societal norms and expectations can shape individuals' experiences of loss and grieving. In the case of the nun, societal attitudes towards women, motherhood, and reproductive capacity may influence her perception of the loss and the support she receives from her community (Maze, 2018). Butler's perspective encourages us to challenge and deconstruct these societal influences to create space for diverse experiences of grief and loss (Maze, 2018).). It is important to recognize that the nun's worth and identity extend beyond her reproductive capacity and that her grief and suffering are valid and deserving of support and understanding.

Furthermore, Butler's concept of performative gender can be applied to the nun's situation. Performative gender refers to the idea that gender is not an inherent or fixed trait but is constructed through repeated performances and social interactions (Butler,1990). In the case of the nun, her hysterectomy challenges the traditional understanding of gender and motherhood. By acknowledging and embracing the nun's agency in defining her own gender identity and reimagining her role in the community, we can empower her to find new sources of meaning, purpose, and connection beyond traditional notions of femininity.

3.1.3 The Feminine Identity

The psychological suffering experienced by a nun after undergoing a hysterectomy can be analysed through the lens of feminine identity. The concept of femininity, as defined by M. and J. Cournut cited in Godfrind (2001), encompasses a set of conscious and unconscious characteristics that are specific to a woman contrary to masculinity or virility. However, psychoanalysis recognizes that there are diverse expressions of femininity, including the rejection of traditional feminine roles and traits, which can be present in individuals of both sexes. For psychoanalysts, feminine sexuality plays a central role in understanding a woman's psychological functioning, encompassing unconscious fantasies and desires.

3.1.3.1 Freud’s Perspective

Sigmund Freud's exploration of feminine psychology is characterized by the acknowledgment of female lacks, such as the absence of a penis, the absence of castration anxiety, a weak superego, passivity, and masochism (Freud, 1933). Freud famously described the female psyche as a "dark continent," indicating the mystery and complexity involved in understanding women. Rather than attempting to define what a woman is, Freud focused on examining how a woman develops from a child with a bisexual disposition (Freud, 1933).

Freud proposed that during early development, a male child forms a strong attachment to his mother, which persists throughout his life. In contrast, a female child's first object of love is also her mother, primarily due to the maternal care and nurturance provided. However, during the Oedipus complex stage, the girl begins to recognize the biological differences between herself and boys, particularly in terms of genitalia (Freud, 1933). This awareness leads to feelings of resentment toward the mother for not providing her with a penis. The girl replaces the mother with the father as a new love object, driven by the belief that males possess superiority (phallus) (Freud, 1933).

This shift in the love object is influenced by the castration complex, where the child holds the mother responsible for her perceived lack of a penis, leading to resentment. Freud termed this phenomenon as "envy for the penis." As the girl progresses in her development, she transitions from a paternal object to a final object. The resolution of the feminine situation outlined in the Oedipus complex occurs when the wish for a penis is symbolically replaced by the desire for a baby. By becoming a mother, herself and through identification, the girl re-establishes a connection with her own mother (Freud, 1933).

Freud identified three potential outcomes for female development after the Oedipus complex:

1. Sexual inhibition or neurosis, where sexuality is completely renounced.
2. A masculinity complex, in which penis envy is never resolved.
3. Normal femininity, characterized by the acceptance of the female anatomy, the abandonment of active clitoral sexuality in favor of passive vaginal sexuality, and a symbolic replacement of the missing penis with a baby (Freud, 1925/1961).

3.1.3.2 Deutsch's Perspective

Helene Deutsch, a prominent psychoanalyst, contributed to the understanding of feminine development by emphasizing the transition from the clitoris to the vagina as the girl progresses through psychosexual stages. According to Deutsch, the libidinal investment in the clitoris gives way to the vagina as the primary erogenous zone. Similar to the mother's breast in the child's mouth, the penis establishes a connection that invests libido in the vagina. The function of the vagina becomes activated through identification with the partner's penis. Overcoming the castration trauma occurs when the woman identifies the function of the vagina with that of the penis, considering the penis as an integral part of her own body. Vaginal intercourse also allows for the symbolic resolution of the separation trauma experienced during weaning. The successful establishment of the maternal function of the vagina and the relinquishment of clitoral activity in favour of the penis signify the achievement of feminine development and the attainment of womanhood. The child, both in the womb and as a symbol of the paternal ego-ideal, represents a part of the woman's ego, incarnating the process of sublimation. Sexuality and reproduction are intrinsically linked in a woman, providing her with the means to overcome various traumas (Deutsch, 1925).

3.1.3.3 Klein's Perspective

Melanie Klein, another influential psychoanalyst, proposed that femininity is inherent in individuals and emphasized the significance of breast envy preceding penis envy. According to Klein, feminine heterosexual desire develops as a response to the frustrations and conflicts experienced in relation to the mother, particularly during the processes of weaning and potty training (Klein, cited in Summers, 2015). These early frustrations reinforce the child's inborn genital impulses. In the girl's development, she seeks to incorporate biologically given oral aims from the mother's breast towards the father's penis. Klein argued that the girl desires the paternal penis libidinally rather than narcissistically, and the oral desire for the paternal penis becomes the prototype for genital desire for the penis (Klein, cited in Summers, 2015). However, the penis can also evoke intense aggression and represent threatening aspects. The introjection of the penis forms the nucleus of the paternal superego in both sexes, but in girls, the superego becomes stronger than that of boys. The organization of infantile fears influences the object choice of females, and the internalized "good" penis helps mitigate bodily anxieties, while the "bad" penis may trigger sadistic desires for destruction,

leading to female masochism as a form of sadism directed towards internalized objects (Klein, cited in Summers, 2015).

Contemporary psychoanalytic authors have further expanded on the understanding of feminine identity, offering additional insights into the psychological suffering experienced by a nun after undergoing a hysterectomy.

3.1.3.4 Kristeva's Perspective

Julia Kristeva, explored the concept of femininity within the framework of language and the symbolic order. She emphasizes the role of language in the formation of feminine subjectivity and the challenges women face in navigating patriarchal structures (Kristeva, 1986) Kristeva's work delves into the complex interplay between the feminine and the maternal, and she highlights the importance of recognizing women's unique experiences and expressions of femininity (Sadehi, 2012).

Julia Kristeva's work explores the concept of the "semiotic" and "symbolic" dimensions of femininity. The semiotic refers to pre-verbal, bodily experiences and drives, while the symbolic represents the realm of language, culture, and social structures(Sadehi, 2012). Kristeva argues that women often experience a tension between these two dimensions, as societal expectations and norms can suppress or repress the semiotic aspects of femininity (Sadehi, 2012). For a nun who has undergone a hysterectomy, this tension can be amplified, as the physical loss of the uterus disrupts the connection to the semiotic aspects of female identity, such as fertility and motherhood. The psychological suffering may arise from the struggle to reconcile these conflicting dimensions of femininity and find a new sense of identity that integrates both the symbolic and semiotic aspects.

3.1.3.5 Irigaray's perspectives

Luce Irigaray focuses on the relationship between femininity, desire, and language. She critiques the phallocentric nature of language and argues for the recognition and valorisation of women's unique experiences and voices. In the context of a nun who has had her uterus removed, Irigaray's ideas become particularly relevant (Irigaray's, 1994). The nun may experience a sense of voicelessness or marginalization within a patriarchal religious structure, and the loss of her reproductive capacity can further exacerbate these feelings. Irigaray's work invites a re-evaluation of the significance of feminine desire and expression beyond traditional patriarchal frameworks, allowing the nun to explore new forms of self-expression and meaning-making in her religious life (Irigaray, 1994).

3.1.3.6 Chodorow's Perspectives

Nancy Chodorow, another influential psychoanalyst, has explored the development of gender identity within the context of family dynamics and social structures. Chodorow's work examines how early experiences within the family, specifically the mother-child relationship, influence the formation of feminine identity. She emphasizes the impact of cultural norms and societal expectations on women's self-perception and the challenges they face in navigating the tension between individual desires and external demands(Chodorow, 1999). Nancy Chodorow's contributions to psychoanalysis include her exploration of gender and object relations theory. Chodorow highlights the role of early mother-child relationships in the development of gender identity and the formation of gendered subjectivity. She argues that women often bear the burden of nurturing and caregiving roles due to their early experiences with maternal figures (Chodorow, 1999)In the case of a nun who has undergone a hysterectomy, the loss of the uterus can disrupt her sense of self as a nurturer and caregiver. The psychological suffering may arise from a reconfiguration of her identity in relation to caregiving roles, requiring a renegotiation of her relationship with motherhood, both symbolically and practically.

When considering the psychological suffering of a nun after the ablation of her uterus, incorporating the insights of contemporary psychoanalytic authors like Kristeva, Irigaray, and Chodorow can provide a nuanced understanding of the challenges she may face in redefining her feminine identity. These perspectives encourage an exploration of the semiotic and symbolic dimensions of femininity, the re-evaluation of traditional gendered roles, and the reclaiming of women's voices and desires.

In conclusion to the psychoanalytic theories in the context of psychological suffering after undergoing a hysterectomy, these psychoanalytic perspectives shed light on the potential impact on feminine identity. The removal of the uterus, a central organ associated with female reproductive capacity, can evoke complex emotional responses and challenges to a woman's sense of femininity. For a nun who has dedicated her life to religious devotion, the experience of losing this aspect of her physical womanhood can be particularly profound.

The psychological suffering following a hysterectomy may encompass feelings of loss, grief, and a questioning of one's feminine identity. The absence of the uterus may symbolize a disruption in the connection to the reproductive and maternal aspects of

femininity. The nun may grapple with the sense of lacking a fundamental part of her womanhood, similar to the lack experienced by women in Freud's conceptualization. The hysterectomy may also evoke feelings of castration anxiety, as the removal of the uterus can be associated with a perceived loss of power or completeness. Furthermore, the nun's experience of undergoing a hysterectomy may challenge her relationship with her own body and her understanding of femininity within the context of her religious beliefs. The conflict between societal expectations and individual identity, explored by M. and J. Cournut (cited in Godfrind, 2001), becomes particularly pertinent in this situation. The nun may face internal and external pressures to conform to traditional feminine roles and ideals, including the expectation of fertility and motherhood. The loss of the uterus may lead to intrapsychic conflicts and feelings of inadequacy, as she navigates the tension between her religious vocation and societal expectations of womanhood.

3.1.4 Object Relations and Femininity

Since the nature of the suffering can be deduced from relations to other people, primary relations pattern incurred during childhood can be of great utility to understand the suffering related to the absence of the uterus that's why we included object relations theory. This theory is interested in the role of objects in psychological processes of an individual, in his surroundings and of those with whom they relate like his primary care giver (Mills, 2010). It is "a theory of the psychic activity based upon the internalization of functional aspects of the experience of others and how they relate to one another in the mind" (Mills, 2010). The early relationships are important because some elements that are internalized and contributes in the construction of personality. It particularly accords a lot of importance in the internal representations of relationships. Most theories on object relations, the main notions are that of internalizing and externalizing relationships, transmutation internalization, attachment and separations, and introjection and judgement (Hamilton, 1989). The primary intrapsychic representation or object throughout life is the mother figure. The pre-oedipal period is put forward in this theory, it is where the identity formation is carried out through the primary caretaking between the infant and the mother. Therefore, the early relationships and interdependency are crucial elements for the identity development.

To conclude, in Abdel-Baki's assertion,

"Every woman and even one denying her desire for motherhood one day comes

to desire the imaginary child, that of preconscious fantasies, the one who can accomplish everything, repair everything, fill everything: mourning, loneliness, destiny, feeling of loss" – Abdel-Baki & Poulin (2004)

3.1.5 The Choice Theory

According to the Choice theory by William Glasser, we can only control our own behaviour, which is almost all voluntary. Although all five of these needs exist in everyone, (survival, freedom, fun, power, and love/belonging) the desire for love and belonging is usually the most powerful (Glasser cited in Cervantes & Robey 2018). He proposed that behaviour is a choice made by an individual based on his or her feelings and needs, and is not thus determined or controlled by outside circumstances. In other words, each individual has the ability to choose how he or she will respond to adversities. Religious life is a path some people through God's Calling and personal conviction choose to follow. It is a choice and as Glasser theory stipulates, we make choices based on our values and beliefs that we hold strongly i.e. basic needs, quality world, reality and perception, comparing place and the total behaviour that holds that people can shape their thoughts, actions and emotions to fit what they have chosen for themselves even in mismatching situations (Glasser cited in Cervantes & Robey 2018). Our behaviour is the result of the five components named below.

3.1.5.1 Choice Theory's Key Concepts

Choice theory is a psychological framework that emphasizes personal responsibility, the power of choice, and the connection between our choices and our overall well-being. It proposes that individuals have the freedom to make choices and that these choices shape their thoughts, emotions, and behaviours. In the context we expected that after making her choice of becoming a nun, her thoughts, emotion and behaviour would be shaped to suit her decision but after an incident of ablation that confirms her life choice, we observe psychological suffering. The principles of choice theory could have provided insights into her experience and potential paths towards healing and personal growth (Glasser cited in Cervantes & Robey 2018).

According to choice theory, human beings are driven by five basic needs: survival, love and belonging, power, freedom, and fun. These needs motivate our behaviours and guide our

decision-making process. When these needs are not met or are disrupted, individuals may experience psychological distress (Glasser cited in Cervantes & Robey 2018).

The first principle of choice theory states that all behaviour is purposeful and aimed at fulfilling one or more of these basic needs.

The second principle of choice theory asserts that individuals have the freedom to choose their actions. While external circumstances may influence us, Glasser emphasizes that we have the power to respond to these circumstances in ways that align with our values and needs.

The third principle of choice theory suggests that all choices have consequences. Glasser argues that it is essential for individuals to take responsibility for their choices and the resulting outcomes.

Choice theory also emphasizes the importance of personal relationships and connections in our well-being. Glasser suggests that individuals thrive when they have supportive and nurturing relationships that meet their emotional needs.

Another aspect of choice theory is the concept of total behavior, which includes four components: acting, thinking, feeling, and physiology. According to Glasser, these components are interconnected, and changes in one component can influence the others.

So, choice theory offers a valuable framework for understanding the psychological suffering of the nun after undergoing a hysterectomy but not completely because it suggests that people after making a decision can influence their negative thought, behaviour emotions to align to that pattern but again all odds the equation does not seem to work with the nun who made her decision of being part of the religious order which do renounce the biology based maternity and retransition it towards the spiritually based form. As she logically, will not be needing it. This poses a question for an exploratory purpose on the place of the uterus in the nun religious functioning.

3.2) The Lived Experience Theory: Phenomenology

According to Van Munen (1990), Phenomenology is "*a way of looking at things which can be used in a qualitative research to understand the complexity of human experience, by considering people as connected to their world and inseparable from their contexts*" (Tavares et al., 2016). It begins with experiences, the world around the person who is experiencing a particular phenomenon, and the meanings and importance assigned by subjects to their own lived experiences. To get an insight to those experiences, interviews are common practice, according to Polit, Beck, and Hungler (2004), because they allow each participant greater freedom of response and clarification of their position; these authors define it as a conversation with a purpose. Phenomenological research tells us that understanding health, disease, life, and death involves understanding them from the perspective of the person living them, in their specific human experience. This is the only way to really know the other person and know how to help them.

Phenomenology opens up an extremely fruitful horizon of knowledge, because it carries, from the outset and at its very opening, of the full potential of human experience. Phenomenology is an epistemology insofar as Husserl responds to this first design by placing the subject or subjectivity at the foundation of all science, but defining this subject by means of the concept of intentionality, hence the motto inherited from Husserl and which characterizes his work: "all consciousness is aware of something". intentionality explains the link structural which ties the subject to the world: subject and world are no longer two entities which exist on different levels of reality and they exist and are linked on the common basis of the aim, intention and meaning (Tavares et al., 2016). For the world takes shape, reality and consistency in terms of meaning or significations, the subject here being the one who forges these senses or meanings. In this sense, the subject is defined essentially by his consciousness and this one by intentionality. Intentionality therefore designates the structural link that unites the subject to the object and the object to the subject (Tavares et al., 2016).

Phenomenology is the study of how things appear to consciousness everything from the simplest objects to the most complex thoughts and feelings. Phenomenology starts by looking at the world from the perspective of the phenomenon, which is what appears to consciousness. Then, we try to figure out the different ways that the subject can have an intention towards the world, such as thought, perception, imagination, will, and affectivity.

This understanding helps us to understand the ways in which consciousness constructs meaning from experience.

The important meaning of the term "phenomenon" is that it focuses on the subjectivity of experience. This means that it is about positioning or resituating the subject as the intentional pole of experience, which is what makes it important. The scientific approach to understanding things involves considering the object's qualities, meaning, and significance, as well as linking it to the subject's consciousness. Reduction is used to uncover the object's presence in the subject's consciousness, while also considering its essential structure. This method, based on Husserl's philosophy, is phenomenological. Phenomenology is the study of how different modes of experience (intentionality) relate to each other. It isn't just about understanding how one person experiences things – it's about understanding how experience itself is made up of different modes that each present their own specific link with the thing experienced. It's up to a phenomenologist to figure out what these specific links are and why they exist (Meyor, 2007).

The word “metodos”, which means “path” or “road”. It is the way to explore oneself as a researcher living the phenomenon and not, as expresses it Roberta de Monticelli in a strong formula, “a set of purpose-oriented procedures regardless of taking this way ". We can also understand the great particularity of the phenomenological method if one has previously grasped the inseparable link that makes the phenomenon a subjective experience, and which thereby constitutes the experience of everyone (Meyor, 2007). This is the meaning of intentionality: the world being constituted by the subject, it can no longer be conceived in a strictly empirical mode in the realistic sense of the term as the natural attitude would have it but acquires the status of phenomenon, i.e. what takes shape and exists for a subject in terms of meaning (Meyor, 2007).

Psycho-phenomenology is a sub-branch in psychology which is focused on both the empirical sciences and on the singularity of a subjective experience. To arrive at a result, it privileges analyses of essence over the analysis of results in an empirical sense. The subject here is described as responsible of his or her speech (Vermersch, 1997).

An experience is simply what we have in person experience which is different from what others have experienced confronted in the same situation, an experience is first of all subjective. An experience is a landmark that indicate that the person who speaks has left the

presence to his experience, since if the fact of speaking about his experience is so important for recollection in the mode of reliving, it will be necessary to know how to identify when this is not/no longer the case, in order to be able to guide it, bring it back to verbalization from experience (Vermersch, 2016).

The subjective experience, questions how humans "construct" their relationship with nature i.e. the set of natural elements in their living environment Bot (2013) concludes that the meaning of this relationship is dependent on what people say after conducting a survey of people living in urban areas using semi-structured interviews and basing himself on phenomenology, even if he occasionally finds that the words do not always adequately reveal the subjective experience in all its depth. He defines the principle as paying keen attention to what is said, done, lived, and experienced, even when it appears difficult to express the experience. To be more specific, he connects the subjective experience of physically experienced pain, where the "I am hurt here" in certain situations underpins the total expression of pain that must be integrated and thus accepted and supported by the subject.

3.2.1 The features of subjective experience

Define the concept of subjective experience by precisely identifying its various characteristics. As a result, the subjective experience is as follows:

- Singular. The subject's use of the pronoun "I" marks his entry into the process of individuation. According to Vermersch (1997), the singular represents the fact that one is alone in living and appreciating a situation or phenomenon at the time it occurs. Because of its uniqueness, this author distinguishes what is singularly experienced from what is general.
- Private. What is private is something that is not accessible to everyone except the subject. This relates to the subject' interiority as well as intimacy. In short, it is about what is the subject's property, to which he has the keys from the moment he agrees to open up to others.
- Unique and temporary. The distinction here stems from the fact that a single experience cannot be substituted or compared to another. Each experience is a component of a temporality characterized by the present (moment of the experience of the event). Vermersch (1997) is correct in believing that several subjects may experience the same event, but each one experiences it in their own unique way. which

is, however, distinct from those of the others, unique and singular According to Cranier (2012), the principle of phenomenology is to position or reposition the person or persons in a logic of encounter defined in a given framework, "in the present."

- Subject specific. Subjectivity is defined here as an intentional act driven by consciousness that operates in a free, autonomous, and determined manner. It is self-reflexive because it is derived from the subject's authority.
- Present. It is the state of being that is not rooted in the past or anticipates the future, but rather is happening in the present moment and thus here and now (Crasnier, 2012).
- Real. The lived experience is the result of a collision between consciousness and events outside of the subject. It is not imagined because, according to Vermersch (1997), the fact of being imagined translates an experience, but this experience is relative to the fact of imagining and this only remains in the imagination.
- Unplanned. What is subjectively experienced here is unaffected by any condition, much less by any preparation. It is what is revealed or appears to the subject in a natural and unexpected (spontaneous) manner.

Phenomenology has not always agreed on the question on gender, as Oksala (2006) explain, Husserl categorically did not appreciate this idea, from his opinion, phenomenology is a transcendal. Oksala (2006), explored the main paradigms in phenomenology in understanding how the apprehend the question on gender. The classical reading, from the standpoint presented by Husserl, gender should not be elaborated on by the discipline because, the transcended subjective which it treasures a disembodied consciousness.

3.3 Integrating Psychoanalysis and Phenomenology

The integration of both the psychoanalytic and phenomenological approaches in the study of the psychological suffering of the nun after undergoing a hysterectomy can provide a comprehensive understanding of her experience. Each approach brings unique perspectives and methodologies that complement and enrich one another, allowing for a more holistic exploration of the nun's subjective experience.

The psychoanalytic approach, rooted in the works of Freud and other psychoanalytic theorists, delves into the unconscious processes, early childhood experiences, and the dynamics of the psyche. By employing psychoanalytic concepts such as object loss, castration complex, and Oedipus complex, researchers can shed light on the underlying psychological mechanisms that may contribute to the nun's suffering. It helps uncover unconscious conflicts,

desires, and defences that shape her experience, providing insight into her emotional struggles, anxieties, and psychological defences related to the loss of her uterus. The psychoanalytic approach allows researchers to explore the intricate interplay between the nun's inner world, her relationships, and her sense of identity.

On the other hand, the phenomenological approach focuses on the lived experiences and subjective perspectives of individuals. It emphasizes the importance of understanding the meaning and significance individuals attribute to their experiences, their embodied engagement with the world, and the ways in which they make sense of their existence. By employing phenomenological theories and research methods, researchers can explore the nun's first-hand accounts of her suffering, her unique interpretations of her bodily changes, her emotional responses, and her efforts to find meaning and cope with her situation. The phenomenological approach allows for a deeper understanding of the nun's subjective experience, her perceptions of her own femininity, her spiritual beliefs, and her existential challenges

Integrating both approaches provides a more comprehensive and nuanced understanding of the nun's psychological suffering. The psychoanalytic approach helps uncover unconscious processes and symbolic meanings underlying her experience, while the phenomenological approach brings forth the richness of her lived experience and her unique ways of making sense of her suffering. By combining these approaches, researchers can explore the interplay between the unconscious and conscious dimensions of her experience, the influence of societal and cultural factors on her sense of femininity and identity, and the ways in which her subjective experience is shaped by both internal and external factors

Furthermore, the integration of psychoanalytic and phenomenological approaches can contribute to the development of a more individualized and person-centred understanding of the nun's psychological suffering. It recognizes the complexity of human experience and avoids reducing her suffering to simplistic explanations. Instead, it acknowledges the multidimensional nature of her experience, encompassing both intrapsychic and interpersonal factors, as well as her unique subjective perspective

In conclusion, the integration of both psychoanalytic and phenomenological approaches in the study of the nun's psychological suffering allows for a comprehensive exploration of her experience. It combines insights from the unconscious dynamics and

symbolic meanings of the psychoanalytic approach with the lived experiences and subjective perspectives emphasized by the phenomenological approach. This integration enables a more holistic understanding of the nun's suffering, taking into account both the intrapsychic and interpersonal aspects of her experience and honouring her unique subjective perspective.

PART 2:

METHODOLOGICAL FRAMEWORK OF THE STUDY

CHAPTER 4:

THE METHODOLOGY OF THE STUDY

This chapter is dedicated to present the methodology of our research. Methodology as suggested by as suggested by Igwenagu (2016) is

> a set of systematic technique used in research. This simply means, a guide to research and how it is conducted. It describes and analysis methods, throw more light on their limitations and resources, clarify their pre-suppositions and consequences, relating their potentialities to the twilight zone at the frontiers of knowledge. (Igwenagu, 2016 p.5)

We understand by this definition that it is a set of methods and techniques that are combined together for the purpose of answering research questions and getting an answer about a phenomenon. Hence, the role of methodology is to pave guidelines for our research. Following this logic, we are going to dive into some aspects relating to our work presentation and the justification of our research, the method used to carry out the research, our data collection technique, and the technique used in analysing our data, the difficulties encountered as well as ethical considerations. But before proceeding actively in our methodology, we are going to first recall the problematic of our study.

4.1 A Brief Recall of the Problematic

This is a section aimed at outlining elements involved in the construction of our problematic like the statement of problem of our study, the research questions, the research objective, and its respective contents.

4.1.1 A Recall of the Statement of Problem

The entrance into the nunnery is lengthy preparation because it is an important life decision which implicate signing in for a self-sacrifice life (Brock, 2010). This period can be compared to a symbolic mourning of the maternal potentialities like reproduction and other worldly things, in this way as Freud (1917) elaborated, mourning entails the retrieval of the libidinal energy invested in a former loved object (maternal organ and worldly possessions) into reinvesting it other relationships (life in the convent and their altruistic mission). With

this done, and the to-be nun fully conscious and convince about her decision, takes the vows to remain obedient, poor, and chaste all throughout her life which is a form of self-renunciation. The religious, sublimates forbidden emotions or desires for the glory of God and charity (Sabine, 2013). Sublimation, and altruism as classified Vaillant (cited by Cramer, 2015) are mature mechanisms which are non-pathological because they modify the aim or object of a drive (Cramer, 2015).

In the course of our research we encountered a nun who had had hysterectomy which comes to confirm her life choice and as argued by Worden, (2018) when a death confirms basic beliefs mourning becomes less of a challenge. But conversely, this surgery aimed primarily at relieving pain brought about psychological suffering due to the loss of the uterus. This can be explained through the works of Freud on femininity (cited in Choukroun-Schenowitz, 2021) which posited that there is no normal femininity without maternity. We are going to use a dual approach of phenomenology and psychodynamic, to find out sorts to inquire the new meaning attached to the uterus causing about suffering after its ablation but in its conscious and unconscious sense

4.1.2 A Recall of the Research question

Concerned by the underlying mechanisms that will spark off a psychological disequilibrium in a celibate woman who undergoes the removal of her maternal organ. In the quest of uncovering the main object behind her psychological suffering after undergoing a surgical operation which had the aim of easing her physiological pain, we formulated a research question as such:

How does the loss of the maternal organ affect the feminine identity of the nun?

4.1.3 A Recall of the Study’s Objective

The major goal of this study is to understand the place of the maternal object in the feminine identity of the nun

4.2 Characteristics of the Research participant

Speaking of our study’s population, there are evidently multiple types of nuns from several denominations. There exists the Buddhists nuns and other nuns of many kinds and culture but in this study we are interested in circumscribing our research around the Christian nuns from the catholic denomination in an African cultural context, in Cameroon precisely.

4.2.1 Procedure and the criteria for Participant's Selection

Since our study is interested in the distortion of the feminine identity due to the lived experience of hysterectomy in celibate women. So, a participant to this study is a religious nun of a reproductive age who have undergone hysterectomy.

4.3 Type of Research: Qualitative

According to McLeod (2007), the world is complex and full of diversities, and can be analysed from various angles. It is a subjective, social and relational world built from talks, actions and system of meanings and from established structures. Each qualitative approaches aim at the comprehension of how the world is constructed but within different lenses. In qualitative research, the technique used to collect data is either through semi-directive or non-directive interviews in a natural milieu, and equally through focus groups.

Qualitative research has gained acknowledgement because of it flexible and sensitive nature and for broadening our knowledge on subject matters concerning phenomenon that are unclear. Some researchers are reluctant to integrate this research in their practice because the results are not generalizable like with the quantitative approaches. To highlight the importance of the qualitative approaches, McLeod (2007) argued that it has a unique part to play in the creation of knowledge. O'sullivan (2016) added that it gives "voice to those who are often unheard by the society as well as examines institutional and social practices" it proceeds by the identification of the obstacles and the facilitators of change and the success and failures of change. With Starkes and Trinidad (2007) it is important selecting a method that corresponds to the line of inquiry and this will provide an adequate result.

For that reason, due our present inquiry which is knowledge about a lived experience of an event, we choose to carry out a qualitative research using a dual approach of psychoanalysis and phenomenology approach. This because it is the most suitable for our research. In fact, it would permit us to attain the goal of our research and as confirmed by Terreblanche and Durrheim (2002), phenomenology unveils the structures of the participant's experience through the usage of their terms of reference.

Phenomenology, as a qualitative research method, seeks to understand the phenomenon studied, and the researcher works in it from experiences, the world around the

one who experiences a particular phenomenon, and the meanings and importance attributed by subjects to their own lived experiences. Given that it is not always possible to obtain descriptions of the phenomenon from the subjects, interviews are a critical source of information (Tavares, 2016). According to Polit, Beck, and Hungler (2004), this allows each participant more freedom to respond to and clarify their position.

4.4 Clinical Method

According to Pedineilli et Fernandez (2015), the clinical method is interested in providing an answer to concrete life situations of an individual suffering which involves taking note of the individuality and being fully focused on the case. One of the French founding father of Clinical psychology Lagache contended that we should consider the conduct from the perspective of the person involved, and identify it as faithfully as possible. This means that they should try to understand the way that person behaved, and the reasons for it. He believed that the domain of human behaviour could be studied in the same way as the study of single cases. The clinical method is based on the principle of being accurate and keeping things constant, looking for meaning in what you see, and finding ways to resolve conflicts. Lagache was talking about how different people can have different jobs and do them well. He was saying that there is no one right way to do things, and that everyone is different (Fernandez & Pedinielli, 2006)..

Psychologists now know that it's important not to focus on just one symptom, but to take into account the entire context and how the person is perceiving it. But it's still possible to get some information about a person without doing a complete case study (Fernandez & Pedinielli, 2006).According to Schmidt cited in Clinical psychology is the study of how psychological theories, methods, and techniques can be used to help people who have problems. This can include things like mental disorders, sicknesses, or problems that seem to be caused by them (Fernandez & Pedinielli, 2006).

The clinical method is designed to help people who are in pain. It focuses on the individual case, rather than on general principles. People are unique, but they don't have to be limited to their individual personalities. The "clinical method" is a way of recognizing and naming certain states, abilities, and behaviours in order to propose a therapy (like psychotherapy). It is a practical activity that aims to help someone in a positive way. This method is specific because it focuses on looking at the information in its individual context.

The clinical method has two different ways of using techniques to help figure out what's going on with someone. The first is using techniques to figure out what is happening with them, and the second is using those techniques to help the person. In vitro (or laboratory) studies are designed to collect information about a particular situation without disrupting it (Fernandez & Pedinielli, 2006). This is done by isolating the information as much as possible from the natural environment in which it was collected. In-depth, exhaustive studies of individual cases are conducted at the second level. The difference between the first and the second level of knowledge is based on the purpose of the knowledge. The first level of knowledge is used to understand a problem. The second level of knowledge aims to understand a subject, such as understanding how a person behaves or why something is happening (Fernandez & Pedinielli, 2006).

Everyone is always in conflict with the outside world and with others. This can be difficult, but it's something that everyone needs to do in order to stay in balance. Everyone is a unique person who is constantly evolving. Their behaviour is based on the things that have happened to them in the past. The clinical method is based on the medical approach, which was created to help preserve the rigor of the approach and to help restore individuality (Fernandez & Pedinielli, 2006). The clinical method strives on creating a low constraint situation to collect information in a more intensive manner and to reduce to the least artificiality igniting the possibility of expression. The main purpose is to awaken the hidden hypothesis in an individual. Tsala Tsala (2006: p.137) pen writes that the understanding of a mental illness from the sick person’s perspectives rather from the illness itself.

On the one hand, a psychologist can use a questionnaire to get a better understanding of the problem someone is experiencing. This information can help them create an effective intervention. Psychology is a kind of knowledge that is created by people who study and learn about people's thoughts and feelings (Fernandez & Pedinielli, 2006).This kind of knowledge is called "clinical" because it is used by people who work in the field of psychology as part of their job. Clinical observation is a method used to collect reliable information in the clinical field. It is used to study, evaluate, diagnose, and treat mental suffering or adaptation difficulties. The clinical method is a series of techniques that can be used to collect information, as well as to process it. These techniques help you learn more about yourself or the problems you face (practical activity) (Fernandez & Pedinielli, 2006).

In this study choosing the clinical method because it takes into consideration an individual holistic and singular sense. In this research we want to elucidate the singularity of the nun experiencing the psychological aftermath of hysterectomy and more precisely delve in understand the meaning attributed to the uterus.

According to Widlöcher (1991, cited in Fernandez & Catteeuw, 2001: 61) highlights that the basics of a clinical study is an intensive study of a single case. So, the researcher acquires knowledge on a single by the accumulation of data. That is what propelled us in choosing a case study method.

4.5 Research Strategy: Phenomenology

Phenomenology is the study of a phenomena at a conscious level. Martin Heidegger 's interpretative phenomenology diverts from Husserl's which is more concerned about the description of essence of experiences through bracketing (the exclusion of presupposition and assumption about a phenomenon). His attention was more directed towards "the question of being in particular, explores human's experience of being which he terms Dasein" (Gill, 2020). This is to indicate the integral role of interpretation in the study of human beings. Gill (2020), highlighted Heidegger's believed that humans exist in a cultural and historical setting in which they cannot separate themselves from it. "Experiences is always set against a background that conceptualizes experience". Thus, the culture and traditions a person is immerged in right from birth influence in one way or the other their understanding of their experience. In this apprehension of phenomenon by Heidegger, it is absolutely unrealistic to totally separate reflection from the study of human experience

In 1972, Foucault argued that sick persons were excluded from all logic, therefore it will be more advantageous to centre our focus on lived experiences and the singular or subjective stories of the patient. Subjectivity is of primary importance as well as the beliefs, representations and the patient's resources including that of their relatives and healthcare providers. According to Bruner (2003), the narrative approach belief that the way the patient recounts his story will probably have an impact on their way of living. Ricœur (1990), added that the story builds up the identity of the character by building that of the recounted story (Bioy et al., 2021).

4.6 Case study

A case study is defined as an investigation method with a goal of analysing and understanding a well-defined and precise problem or phenomenon through a detailed set of characteristics that occurred in a situation and is evaluated to be representative of the object to be studied (Albero & Poteaux, 2010, cited in Bioy et al., 2021) It proceeds through following steps and having a clinical apprehension, that goes from a clinical observation interested in the psychic reality and subjectivity. This clinical observation is the pivotal point of a case study (Bioy et al., 2021) thus, any new information can lead to a case re-examination. About its function, it searches the most pertinent means of accompanying the individual in a process of change in unveiling some obstacles accompanied by symptoms, and offering a better comprehension of himself (Luca, 2020 cited in Bioy et al., 2021). As future clinicians, it plays a fundamental role in our training because of its representativeness of individual's singularity. It is applicable in several domains like the clinical practices involving the evaluations, problem elaboration, psychological diagnosis; in the professional milieu it implicates professional interaction about some clinical exposés, supervisions: as a rigorous method of research it offers a description, demonstration, and illustration of clinical reasoning (Bioy et al., 2021). It is a major instrument of research in clinical psychology as well as in psychopathology. It presents the contextual background and the psychological functioning of an individual. It has the goal of:

- Examining the psychic functioning of a person by taking into consideration complex situations dealing with sufferings, anxieties, defence mechanisms, relational modalities involved.
- In takes into account the social implications and individuals'

According to Yin (2018), Planning is the very first module when it comes to elaborating a case study research, they are some pre-requisite the researcher needs to know and understand. As it is known, it is the research question type which determines the type of methodology to be used. For example, the "why" and "how" indicators could imply using a case study. More commonly used in field work, most researchers find it difficult to insert case studies as a research method. Case studies have gone through a lot of combat to established itself as one of the methodological approach in social sciences. Schramm cited in Yin (2018) defined a case study as a "central tendency to amongst all type of case study, is that it tries to illuminate a decision or a set of decisions: why they were taken, how they were implemented, and with

what result". Defined based on the decision and omitting the mode of inquiry, Yin (2018) gave a twofold definition of case study firstly as an "empirical method that investigate a contemporal phenomenon ("the case") in-depth within the real world context especially when boundaries between phenomenon and context may not be clearly evident" (p.45). Its aim is to understand the real-world case and such a comprehension is likely to involve "important contextual information pertinent to your case". And Secondly, It

> copes with the technically distinctive situation in which they will be many more variables of interest that data points and as a result benefits from the prior development of theoretical proposition to guide design, data collection, and analysis and as another result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion (Yin 2018, p.46)

Yin believes in the realist aspect of the case study as each phenomenon is independent of any observer. However, case study has two variations of study design, the single case studies and the multiple case study design. There are a set of four applications to case study

- To explain causal links in the real world interventions not easy to carryout experimentally nor through a survey;
- To describe an event and the real-world context in which it happened
- To illustrate certain topics within an evaluation
- To enlighten unclear situations

The scepticism of using the case study method comes from some points which will be explore in this section.

The rigorousness of the research has been the centre of a lot of pre-occupations, because numerous times researchers performing a case study inspired research do not careful follow the systematic procedures which opens the way for doubtful results and conclusions. This type of errors need to be avoided

The case study as a research method is often confused with the non-research case study. This is because, it serves as didactics for teaching, for popular literature and media and administrative archives. All these three elements fall under the non-research because they do not follow the research procedure. But it should be noted that the case study as a research method follow a set principle which are very distinct from the aforementioned non-research case studies

Another preoccupation is that of the generalisation of case studies. The same question on the possibility of the generalisation of a single experiment brought in many doubts as with the case of single case studies. This doubt is derived from the law of generalization which stipulates that physical and life sciences are scarcely based on single experiments. However, just as experiments, case studies do not aim at generalizing their findings over a population or a universe, but on theoretical propositions. In this way, its objective is not to represent samples but to enlarge and generalize theories and not to extrapolate probabilities.

The point on the unmanageable level of effort has drawn more attentions to case studies. The lengthy period it takes and can consequently become bulky. It is oftentimes mistaken for ethnographic studies which places a significant importance on detailed observational and interview evidence which consumes too much time. Conversely, case studies do not only rely on ethnographic information.

Investigations about the comparative advantage of case studies raised questionings. This is because the randomized controlled trials because they detected the effectiveness of treatments and other interventions. Though effective, this method has difficulties answering the "why" and the "how" whereas case studies respond to such questioning which makes this method to merit its place in scientific research in the social sciences. Also, the selection criteria for the RCT can be sometimes be very strict and highly selective and consequently keeping aside other potential participants (Morley, 2018) Moreover, the result of the research implementing this method offer replicable proof for determining health policy, although this method is good, the fact that it transforms a clinician into a passive consumer of health technology is bothersome because a clinician needs to be actively involved in exercising and producing knowledge. In Morley's terms, "a clinician need tools both to deliver good healthcare and to generate robust practice-based evidence" (Morley, 2018 p.19). To carry out an active practice-based evidence research, single case studies present themselves as the most suitable and offer a clinically practicable, scientifically valid and credibility (Morley, 2018). In this perspective, a case study in clinical psychology, a "large series of single cases studies, confirming predicted behavioural changes after the initiation of the treatment may augment the evidence of efficaciousness from a field trial" (Yin, 2018). Also case studies can incorporate mixed method research involving statistical, quantitative approaches.

With the aim of producing more quality, rigorous and a methodologically sound case studied, the next step in the procedure Yin (2018) introduces is the designing section. The

case study is a whole research method and not a variant of a research design. The selection of a case study should primarily respect the criteria of corresponding to the research question and having a plethora of documents, interviews and other useful material on the investigated potential case. A research design is "a logical sequence that connects an empirical data to a study's initial research question and, ultimately its conclusions" (Yin, 2018 p.60).

4.6.1 Single case Study

Inspired from Freud, this type of case study offers possibility of a detailed and holistic knowledge of an individual (Moget & Heenen-Wolff, 2013). The motive of this method is to expose a descriptive note on an exemplary case which demonstrates an existence of a mental state or of a mechanism that is currently unknown or not sufficiently explored or taken into consideration (Widlöcher, 1990 cited in Moget & Heenen-Wolff, 2013).

Since the main aim of a research is to examine the psychical functioning of an individual, the single case study serves as an adequate technical method in pursuing such goals. It enables the following :

i. An opportunity of widening and nourishing our knowledge and understanding about an individual.
ii. It is a method of observation which permits the verification and the falsification of research hypothesis
iii. Discovering the internal logic of an individual, by establishing the difference the event's reality and the fantasies and psychical reality
iv. Highlights the meaning or sense the individual attributes to his or her story. The subjective understanding of the lived experience by the subject.

According to Moget & Heenen-Wolff (2013), this technical method can be applied to studies involving data collection instruments like: life story account, semi-directive interview, projective methods etc. The single case study can even lead the researcher into uncovering unexpected pertinent subject matter arising from the investigations. This method is not focused on proving but nourishing knowledge through logical exploration of the case. Thus, its interest is specificities and general tendencies (Revault d'Allones, 2014)

4.7 Clinical Interview in Research

It is the most privileged data collection tools for clinical psychologists. The clinical interview is a way of getting information about a person that is unique and complex, like their life history and how they feel and think. The clinical interview is specific because it establishes an unequal relationship between the clinician and the patient. The patient asks the clinician for something, and the clinician is specifically identified according to their role and position during the conversation. The clinical position is one that is focused on the subject, and is non-directive. It also has characteristics of being benevolent and neutral, and having empathy for the person being treated (Fernandez & Pedinielli, 2006).

4.7.1 Types of clinical interview

The choice of the type of clinical interview to use for a research should totally depend on the context and the kind of study being carried out. The clinical interview can be used to help diagnose a problem, provide therapy, or collect research data. Searches can be used in many ways, including experiments, biographies, clinical cases, and so on. Each type of search has its own model, which is a way of thinking about how researches work. The interview is a way to objectify someone's subjectivity, and the conditions of production and analysis of discourse question the validity of the knowledge produced. The term “clinical maintenance of research” thus condenses all the paradoxes linked to the use of the clinical method (Moro, 1993) as research method (Fernandez & Pedinielli, 2006). In a clinical research interview, the researcher will be very non-directive and let the subject talk freely. However, sometimes the researcher may have specific goals in mind and will help guide the conversation in a specific direction. The clinician-researcher uses a thematic guide to help them find information about a particular topic. The directive interview is not a clinical interview because it is structured in a way that has been predetermined by the researcher based on his hypotheses. Interviewing someone for research is a way to get information about them. You have to be patient, take care to be respectful, and adopt a clinical attitude in order to make the interview as beneficial as possible for the person you're interviewing (Fernandez & Pedinielli, 2006).

4.7.1.1 Data Collection instrument : Non-structured interview

The nondirective interview lets the participant or patient talk about what he wants with very little interruption. The non-directive interview is a qualitative study research method that allows the collection of data. It is used to obtain detailed information on a general subject and to carry out an investigation. For the interviewer, this involves conducting an individual (or

collective) interview during which the floor is given to the interviewee. The latter will have the time and the opportunity to express their point of view and the researcher must intervene sparingly. The interviewer does not conduct the non-directive interview: the interviewee is free to answer what he wants and can take the interview wherever he wants (Gaspard Claude, 2019). *"The non-directive interview constitutes a generic model of interactions thanks to its flexible structure which allows the interviewee to appropriate the interview."* (Magioglou, 2008)

4.7.1.2 The characteristics of the non-directive interview

The non-directive interview differs from the semi-directive interview and the directive interview in the sense that it leaves a lot of freedom to the interviewee. While the other two types of interview are based on specific questioning, the non-directive interview lets the interviewee speak and offers a broad approach to the subject studied. It uses complex questions for this purpose.

4.7.1 The Unfolding of the Interview

In this research, having in perspective the objective we aimed at, we conducted an interview with a nun which according to her and her medical report underwent a hysterectomy. We presented our research goal to the participant and in what way this could enable clinician to effectively take care of women like herself faced with hysterectomy.

After presenting our research and the aspiring aims, we explained and guaranteed the confidentiality the participant's personal data. She was equally free to make a suggestion or asks question for clarifications. After answering to all her preoccupations, we reassure her that participating in the study is voluntary and the right to stop the interview at any point of time solely depends on her.

The interview lasted approximately 45mins following the schedule of the participant. The interview went on in an appropriate environment as it had most of the characteristics of a good clinical environment such as calmness, neutral, and clean. In this session, we disposed of a pen, a bloc-note, a phone for the recording for the purpose of data collection. The participant gave her consent in relations to these instruments which permitted us to loss data

Afterwards, at the end of the interview, we proceeded to the next step which is the content analysis/discourse analysis.

4.8 Method of Data Analysis: Discourse Analysis

In order to meet results, it is vital to realise discourse analysis stage of a case along with an observation checklist. For each of these methods, two periods are often respected. The first is similar to an accounting software, but contrary to appearances, we are far from quantitative analysis. Consequently, the various segmentations to be made whether or not it is a speech or a sequence of behaviour are greatly determined by the significance of what is observed. The holistic approach is best suitable for this kind of understanding. The second part is meant to be more qualitative, for a purpose of a profound understanding of the subject matter. As a result, the object is approached mainly from the inside than the outside. This level of analysis seeks to emphasize the unintentional process that escapes the individual awareness. This will be approached within the framework of discourse thematic analysis

4.8.1 Discourse Analysis

Data Analysis have been in neglect in the qualitative research literature. Imprecision and unclear definition of terms and procedure leads to the lack of the sufficient knowledge to perform and interpret results efficiently (Kiger & Varpio, 2020). This problem renders thematic analysis to be less sophisticated as compared to other qualitative methods. Reason being the inability of researchers to provide consistent account of the followed analysis process, the theoretical assumptions supporting the analysis. Accordingly, there are so many in comprehensions regarding the definitions of thematic analysis, when and how to it can be practically used.

Thematic analysis aims at analysing qualitative data through identifying, analysing and reporting repeated themes in a set of data. According to Kiger and Varpio (2020),

> it is a method for describing data but, it also involves interpretation in the process of selecting codes and constructing themes. A distinguishing feature of the thematic analysis, its flexibility to be used within a wide range of theoretical and epistemological frameworks and to be applied to a wide range of study questions, designs and sample sizes (p.2)

The thematic analysis can be singly used as a whole or can be associated to some other qualitative research paradigms. It usage can differ amongst these paradigms as the purposes and objectives are not the same. For example, the post-positivist paradigm is orientated into exploring the people’s experiences and the meaning they attach to it in order to understand their external reality whereas the interpretivist approach are more focused around how contextual elements influence the individual’s experience. In a synthetic way Boyatzis (cited

in Kiger and Varpio, 2020) contended that the two paradigms can be integrated within a study making them a complementary. Scholars equally agreed that analytic method is the best start for novice qualitative researchers. The research aim needs to be the undergirding factor for choosing the analytic method since it is an appropriate and powerful method when used for the purpose of understanding a set of experiences, thoughts or behaviour from a collected data. A true qualitative research like the phenomenological which implies a deep transformation and interpretation of data through exploring the individual experiences and the meaning they attribute to them can inform a question of interest.

Also, it is important to get the right definition of a theme which is as Kiger and Varpio (2020), it is a "patterned response or meaning" extracted from the data that tell us about the research question. So, the research can identify themes notwithstanding the number of time a specific item resurfaces. We should equally have in mind that it is not the number of time a particular theme reappears that make it very pertinent or capital. Some themes are classified as manifest and other latent. The research should be more focused on the themes that addresses and give an insight to the research question. The identification of themes can be done through two approaches;

- the inductive method where the themes are picked-out from the researcher's data implying it is data driven not portraying the questions demanded of the participants
- the deductive method whereby researchers get inspired from pre-existing theories or assumptions to identify the themes they are in pursue of, enabling a wider analysis of the total data.

According to Kiger and Varpio (2020) the six-step method of analysis by Clarke and Braun (2006) is a the most recommended and adopted in the qualitative methodology. It is design to be a procedure that can repeat itself countlessly/ indefinitely (recursive). Its following steps may incite the researcher to return back to the preceding steps in the light of newly emerging themes that deserves further exploration.

Step One: *Familiarizing yourself with the data* – It involves thoroughly re-reading through the discourse actively. Coding is no the priority at the first stage.

Step Two: *Generating Initial codes* – A code as defined by Boyatzis (cited in Kiger and Varpio, 2020) "is the most basic segment or element of the raw data or information that can be assessed in a meaningful way regarding the phenomenon" (p.5). The code should avoid

overlapping with other codes by being well-defined and to ensure it fits perfectly and logically to the main branch of codes which guides the coding process by defining and enumerating the codes to be used. Once the discourse has been all coded and critically compared it by code the third step can unfold,

Step Three*: Searching for themes* – It consists of the examination of the coded and collated data discourse to look for an umbrella theme. As precised by Kiger and Varpio (2020), theme do not just emerge from data, rather, they are constructed by the researcher through analysing, combining, comparing and if need be graphically framing how each code relate to the other. A miscellaneous section theme can be used to classify orphan codes which do not fit into one existing thematic scheme. It is noteworthy that vital themes should provide the significant link between the data items and the main components of the research questions.

Step Four: *Reviewing Themes* – Here, the recursive nature of the method reveal itself. This step consists of a two-way analytic process; first the researcher needs to evaluate the coded data placed beneath each theme, it coherence, adequacy, concision and precision. It is the researcher's confidence and reassurance about this stage that permits the finalisation of the rest of the work. The themes must be able to cover all the coded data, and the research should be able of making connection between the themes. In the second line, the establishment of meaning within the data and the interrelation amongst the themes and illustrate how they correspond to the research question.

Step Five: *Defining and Naming Themes* – After putting out a map, the researcher can now proceed into defining and narrating each theme and it importance to the main question of research. Then diving into correlating the theme and discourse. By constructing a coherent narrative about the how and why, the coded data within each theme provide a unique insight thereby enabling the full understanding of the study's question. It is the perfect timing discourse extraction in order to create a narrative story around each theme. It is importance to re-verify theme overlapping, and emergent sub-themes.

Step Six: *Producing the Report Manuscript* – This involves the write-up of the final analysis and the finding's description. It is not only the description of codes and themes that is requested here, but the researcher's perspicacity in providing a clear, logical and concise narrative and also to illustrate not uniquely how the data is interpreted but why the researcher's selection of themes and interpretation of data are important and accurate.

Moreover, "the analysis should describe the data and provide an argument for the why the researcher's explanation richly and fully answers the research question. Each discourse used should be accompanied by a text that explains its importance.

The section discussion will be the set ground for widening the analysis where themes are related to the main question, discussing about the implications of the findings, and questioning the assumptions that led to the themes. The strength of the discussion can also be derived from literature to helps give reasons why some themes where singled out.

The advantage of the thematic analysis is that it is a powerful method for data analysis and permits a résumé of key traits and a broadened interpretation of data set. In addition, it is easier to follow by less experienced researchers. What's more, its flexibility regarding the types of research question it can address, the type of data and documents it can explore, the data size, the theories applied, and provides the possibility of choosing either inductive or deductive approach.

The drawback of the thematic analysis is that its flexibility makes it less rigorous and making it challenging for the research to determine which elements they should focus on. Also its vagueness can play on its consistency.

The three fundamental errors not to make when doing a thematic analysis are for example, not providing the theories or assumptions through which the analysis are based, and these analyses should align with the latter. Interview questions should not be used as themes.

In sum, thematic analysis explores the individual's use of language to create their identities and initiate action. Data can gather from either observation of participants in their natural milieu, or having an interview with them to investigate on intertextual meaning (O'Sullivan, 2016). An attention and interest is directed towards the words of the participants, the manner in which the story was narrated and the given meaning through language. As asserted by Starkes and Trinidad (2007), the research considers the bias, his presents might have caused in the research process. Research on some topics can draw the attention of the authorities on certain facts they missed and remediate to some elements that can ameliorate health.

4.9 Difficulties Encountered

A problem as such is a very enriching, pertinent and original, but the major adversity encountered was during data collection. A delicate subject matter for most reverends it was a real challenge collecting information as most showed reticence in regard to this exercise. To overcome this, we opted for a single case study through which we explored lived experience of hysterectomy in a nun.

One other challenge was that a participant agreed to participate in the study, but recommended that we not include their name or the name of their congregation in the research because of the fear of disclosure.

4.10 Ethical considerations of the study

Ethics are set rules that distinguishes between the right and the wrong, or better still they are norms that helps us differentiate what is acceptable from what is unacceptable in a research. Even though we could acquire such skills in various domains in life and throughout our developmental stages, it is noteworthy to understand that while conducting are research, they are standardized rules and regulations to be scrupulously implemented in a study to be. As stated by Resnik (2020), ethics is “a method, procedure or perspective for deciding how to act and for analysing complex problems and issues”. Thus, it is a guide for human behavioural conduct either as a research or an average person who lives in a given society.

Equally, ethics helps us to avoid certain errors in research such as data falsification, misinterpretation of data, while giving us more credit to our research by promoting truth and knowledge. Apart from the recruitment of participants, using the adequate research methodology for a research another important factors are the ethical consideration to be taking into account. Psychological studies are interested in understand how human beings behave and reaction to specific situations as the do and since it is mainly based on the human population, it is a fundamental duty to have the informed consent from the participant and keep the data collected.

Informed consent is important because, it ensures that nuns who participate in the study fully understand the nature of the research and the potential risks and benefits of participating. This includes providing them with information about the purpose of the study, the procedures involved, and their rights as participants. Nuns should be given the opportunity to ask questions and should be free to choose whether or not to participate.

By confidentiality, we mean it is important to ensure that the confidentiality of nuns who participate in the study is protected. This may include using pseudonyms to protect their identity, storing data in a secure location, and avoiding the release of identifying information in any publication or presentation of the findings.

The risk of emotional distress is possible because some nuns may experience emotional distress while participating in the study, particularly if they are asked to discuss sensitive or personal topics. It is important to have measures in place to minimize the risk of emotional distress and to provide support to nuns who may be experiencing distress. This may include providing information about resources for emotional support, such as therapy or support groups, and debriefing sessions with a trained counselor after the interview.

There may be a risk of stigma for nuns who participate in the study, particularly if they are asked to discuss sensitive or personal topics. It is important to minimize the risk of stigma by using sensitive and respectful language in all materials related to the study and by maintaining the confidentiality of the participants.

Overall, it is important to carefully consider the ethical implications of a study on the emotional response of nuns to a hysterectomy and to take steps to protect the rights and well-being of the nuns who participate in the study.

CHAPTER 5:
DATA PRESENTATION AND ANALYSIS

In this essential part of our study, we are expected to present the data collected in the course of our work, followed by the analysis of the results. Our analysis will be done with the help of themes. Thematic analysis as suggested by Carpenter (2002) necessitates that, researchers to explore profoundly into stories and safeguard what is unique in the life experience of each participant, the only means to profitably understand the phenomenon that we studied. This chapter consists of a brief presentation of the participant and the thematic analysis of her speech while respecting confidentiality in the process. Nevertheless, this part will be subdivided into two sections, the first covering the presentation of the participant together with the results and the second section will be all about analysing the results. Interview extracts will be inevitably used for an in-depth analysis of the lived experience of hysterectomy in a religious woman.

5.1 Presentation of the participant

In our study, we recruited a participant by the fictive name of Maria. This section of this chapter will consist of a brief presentation about who is Maria her background, status, activities and whilst.

5.1.1 The case of Maria

Maria is a 38 years old woman, who derives her ethnical origins from the centre region of Cameroon. She comes from a monogamous family of five children; three girls and two boys, occupying the rang of the eldest. Deeply ingrained as devoted Roman Catholic Christians, her and her family scrupulously observed every single Sunday Mass in church and prayed the sisters. Going to church every Sunday was not just a family routine by her personal routine which she adopted and even nursed the desire to become a nun herself. Her frequent encounters and involvement religious community and the nuns influenced her childhood, growth and even the desire to be like them (reverends) too. With Joy, she presented the desire and her parents wholeheartedly accepted and respected her decision to pursue her vocation

and her parish was in support too. Moreover, she entered into a congregation, went through all the stages, had her perpetual vows and is on her eighteenth year of her profession. Since announcement of the necessity to undergo a hysterectomy to treat her fibroids that was inflicting unbearable pains on her, she has never felt the same after the operation, it was such a devasting experience for her and although she feels fulfilled in her religious activities, life has never been the same since seven years after the incident, she reports to be in immense pain and sadness.

5.2 Thematic analysis

We are going to do a thematic analysis of the interview's transcript. The capacity to categorize into themes the speech of the study's participant inspired our choice of this technique. The analysis of the interview's transcript reveals a lot of meaning summarized in the form of indicators. Since we are using the phenomenological approach that will be more put into evidence in the interpretation section which is focused on the meanings individuals attach to their experiences. In the exploration of our study's data, we identified a series of themes that will be detailed in this section.

5.2.1 Lived experience of hysterectomy

This part is about inquiring the elements that fall under the lived experience of the participant through certain indicators like the feelings surrounding the announcement of the operation as well as the feelings accompanying the participant during her treatment period to know what might possibly have led to the psychological distress of the nun. This constitutes our major interest in this section, which is to find out the meaning Maria attributes to this experience and understand why the experience of hysterectomy had such a great impact in her life. For this chapter, we will be contented more on picking out the themes that arose from the content.

5.2.1.1 Feelings during the announcement of the diagnostic

An illness can have a negative impact on a person's health and mental well-being. This can be explained two different phases as seen in the case of sister Maria. The first phase is when is told about the illness and most especially she is told by her medical doctor the necessity of an ablation. At this stage the mechanism of denial coupled with an intense moment of great shock is first put into place by Maria which plays of a protective shield to fight against the overwhelming and least expected solution to her pains. The result of the

diagnostic expertise created a doubt, so she felt the necessity of getting a second opinion expertise. The latter proved the first diagnostics to be totally right about the ablation of her uterus. The mechanism of denial is put away giving way for existential disorders such as an intense anxiety and sadness. The medical results and the patient's pain guide the way the person enters the process of agonizing fantasies.

When a person experiences physical health issues, this state can impact their mind too, leaving the illed person in an embodiment of negative emotions. Also, receiving a medical report certifying that they are ill can be devastating destroying the hope it could ever be a false diagnosis. What's more, is the treatment method that will be used in the process of restoring health, and when surgery is the only way out of the situation, it can sound more painful than the actual pain itself.

Recounting the event of how the whole incident can be a difficult task because it can revive the emotions accompanying situation and the individual can have a sense of reliving the event all over again. For example, in the speech of Mariah, she described how startled and inassimilable the news was about getting a hysterectomy. At that point, when it was not fibroid pain that pre-occupied her the most but the idea that she was going to get her whole uterus being extracted completely.

> I had disturbances at the level of my menstrual cycle, and uh…it was uh…quite painful and well I took medication, I endured it for a while but after that it became more and more complicated and this time around I went to hospital, I was prescribed a series of tests, which I did and the doctor said that I had a lot of myomas, a lot of myomas were present but they told me a lot of women we're living with them, and that it was no problem and that if I could bear it. She adds that: But over time it got worse, I had enough heavy bleeding, and that's how when I went back to the hospital; the doctor found that myomas have taken on a lot of volume, it's was another hospital, went to another hospital, so the medicine did not find that (silence) the myomas had taken on a lot of volume, and he had told me that as they are placed, it was becoming difficult for me (silence) so, so I don't know but at the time I didn't understand well at first or then I don't know but I had the impression that I didn't understand well and I asked him again what does that means? and he told me uh…that I was going to have a hys-te-rec-to-mie, yes! that they were going to remove my uterus, and that made me a very big shock.

Sickness implies a state whereby the normal functioning is impaired. This unhealthy condition is not always accepted easily because is threatens the body's integrity and the type of treatment. It is strange situation during which the patient experiences unpleasant and painful sensations. Maria going to the hospital with her problem might have thought a medical

expert would have likely proposed other solutions get through the excruciating pain but she was far from imagining a surgery option as the last resort available which created a lot of tension within her. This is what we note from the discourse of our participant Maria's life became a nightmare as soon as the diagnosis for a surgical operation. We therefore noticed the experience as she tells was lived with so much despair, weariness and confusion i.e. the landmarks that existed until then lose their containing and protective function. Women feel to be thrown into what they call "a state of precariousness ».

As reported by Maria, shocked by the diagnosis, felt devastated. The news struck hard in her and was a painful reality to ingurgitate. The experience she describes is a painful and traumatic, printing an unforgettable mark in her life. Her physiology reactions also express how intense the situation appeared to her psychic, how incomprehensive it was too. Maria found difficulties to integrate was she just had as news and preferred to stay in doubt and denial with the hopes the diagnosis would change or would be different from what she heard on the previous day. This can be illustrated from the direct speech of Maria, where we could extract the following

> *I don't know why, but it shocked me a lot I had like a strong pain that pierced my chest, a very very strong pain and I was silent for about ten minutes I didn't understand what was happening to me, I even started to sweat, I was shaking, I was saying but how can this happen to me? how is it possible? how? I don't know it was very, very difficult, it was because even very strong news, and I took a deep breath, and then I didn't even have the courage to ask the doctor questions (...). I left.it was after a few days that I came back to see him to ask him…*

It is practically a difficult task to accept that we are going to lose a part of body even if it is for health reasons, it is not always a news we our ready to assimilate even though it is obvious. This explains why it is difficult to accept such reality positively. Doubt might appear to be defence to protect the ego from the devastating truth.

Also, she even came days later to be sure she heard the doctor rightly but she felt dejected when it turns out to be true that it when the acceptance of the reality that she has to lose a part of her body in order to survive started to be integrated. "…*he repeated the same thing to me it was again a shock, as if I was learning it for the first time, it was very very difficult, I had to come home very downhearted*"

> *I arrived at the community, everyone asked me what was going on, everyone was noticed that I was not in a good mood and were worried, but then I couldn't tell, I didn't say anything, I went to my room, then I cried, I cried, I cried, I cried. cried a*

> *lot, and I asked my god! but what is happening to me? why me? what? how is it possible?*

Furthermore, she trusted the sisters, who are like her family members and recounted the reason for her depressive mood. Here, the sentiment of doubt resurfaced when advised by sister in the congregation to perform a counter expertise elsewhere. Maria re-verified the first diagnostics by consulting another medical doctor with the hopes of dismissing the surgical option recommendation. Unfortunately, the diagnostics performs afterwards revealed the same predicament as the first. In her words:

> *I was able to tell some of my sisters, especially the leaders, and everyone was dejected, it was difficult, and one of the sisters advised me to do a second opinion expertise, which I did, so I went to see another doctor and the sentence was the same, it was the same sentence!*

Receiving another confirmation from another medical doctor, contributed in making her painfully accepting the reality and the necessity of the surgical intervention, perceptible through the following statement "*I finally understood that was it, and here it is, with the pain it was still as sharp but I ended up understanding that this was my fate and that I had to take responsibility of it*".

Illness that affects the body and that requires surgery is never really a light thing to accept most people fall into denial, doubt, incomprehension and profound sadness. They insist in convincing their self that the impossibility that such a fate can happen to them. To be certain they are likely inclined to cross-check by performing a double diagnostic to be sure of the authenticity of the test results. However, to accept the reality of the necessity of the surgery and undergoing the actual surgery are two different realities. Reason for the next theme we included below.

5.2.1.2 Feelings during the treatment of the fibroids

The treatment consists of administering the treatment planned method. To the participant it confirmed and concretized the existence of the illness which is actually real. Hysterectomy is classified under the group of gynaecology surgery which is a surgery performed on the vagina, cervix, fallopian tube, uterus and ovaries, i.e. specific to the females' reproductive system. Maria accepted her fate and proceeded with the operation *"I said that's okay I'm ready for the operation, it was not easy, I assure you, it was not easy but I arrived so we scheduled the operation*".

Treatment is known as an attempted remediation to a health problem. During treatment a fear and anxiety are often known as the frequent displayed emotions. The patient to be operated on is preoccupied if the surgery will really guarantee survival or end her life. For instance, the participant Mariah had pre-occupations relating the fact the surgery could take away her life "*this that day it was I didn't know will I live or not live*"

- **Body Image and Schema**

In general, self-concept is how a person feel about their self, how they perceive their self, and the kind of person they think they are. It changes all the time, and is based on how you interact with your environment and other people. It includes your feelings, your attitudes, and your values. It affects how you react in all kinds of situations. The way you think about yourself is important. It enables the creation of a mental image of yourself, your worth, and your abilities. You also include your body image, your ego ideal, your self-esteem, your performance, and your personal identity.

Maria had an impression that her body was been separated from her although it was a part that was being taken out. She made use of metonymy to qualify the uterus as representing the whole body. It equally illustrates how highly invested the uterus is for her. A concept originally from psychoanalysis, Body image is that psychical representation of her body in her mind of how she subjectively thinks her body appears to be. It is the sum of conscious and unconscious judgements we make in relations to our body occurring presently or in the past. While body schema often confused with the concept of body image which is the general understanding of how the body looks and works physically/biologically. It is independent of how you feel about your own body. The body schema is partly unconscious, but also pre-conscious and conscious. The image of the body is largely unconscious. Therefore, in this case the ablation of a part of her body was viewed as a whole since she has been used to representing herself as a whole, so a part of her body been removed is simply understood by her as the loss of her entire body as illustrated in the extract below.

> *I saw this part of me that was going to leave me, it's as if a part of me was being removed, I felt this great pain that invaded me, I saw my body separating from me, was it very very painful, but I was operated on…*

When someone is traumatized, their body schema can change drastically. The pain attains both the real body and the psychic. The psychological pain intensifies the physical pain

anaesthesia becomes ineffective because of the patient's mental state. This can often lead to people thinking about how their body might look if it changed in that way, and also how their body image might be affected. The mental image of the body is affected by changes on the real body, and any changes to the perfect body has affected the nun's mental. She finds herself immerged into a state of crisis that will consequently attain her perceived identity. As seen in the extract above.

5.2.1.3 Feelings after Treatment

The woman finds herself alone facing memories of her illness and the after effects of it. Returning to normal life is not easy. The experience of the treatments means that the woman feels "different". She will have had time to reflect on her life choices and the organization of her existence. At this stage mourning is what takes place not for a symbolical loss this time around but for a real loss. "*…but I have to tell you that since this operation, I'm not the same, I'm not the same uh…"*

- **Mourning**

Mourning, as a habitual reaction to the loss of a loved one or an abstraction, such as freedom or an ideal. So, mourning is a set of reactions to death, and it is not always associated with an actual death, but with a loss that is symbolical. An important remark here is that loss has not been integrated. This is because as outlined by Maria in the following extract:

You see every time I think, I have tears in my eyes, I I'm recovering, cried like that day, where I learned, I started crying again, until it's been over seven years; it's been over seven years since it happened but the pain is still so lively, it's still so difficult for me, very very difficult.

Object integration has not yet been concretised in Maria's psychic. This since close to a decade ago, the pain still remains very alive. She mourns the real loss of the uterus and her ignorance of his unconscious loss known as the ego's loss. The extract above indicates the strong attachment ties Maria has with the ablated body part. This has incurred deep sadness and to some extend melancholia due to the prolonged grief. Her object of desire is narcissistic one which in turn provokes grief like emotions such as lots of crying also known as a form of regression.

5.2.2 Incompleteness

This concept of psychological distress illustrates the objectivity of the suffering captured in the speech of Maria. To start with, the feminine identity which encompasses a set of characteristics unique to the female gender creates a form of belonging to a woman contrary to masculinity. In women, the uterus and the breasts are organs that are particularly invested. This is highlighted in Maria's speech as being the root cause of her psychological suffering a missing identity. A hysterectomy is a surgery that removes a woman's uterus. She experiences it as a traumatic event, because it can disrupt her long forged identity of a woman. This points out that Maria's identity takes it source from the body.

> *I feel like I'm missing something, I feel like I'm missing something, I'm not the same, there's a big part of me that's gone, a very big part of my body, I feel it deep inside, and I've felt a lot of sadness ever since, I think I've never been the same again that I was never the same, everything has changed, I'm not longer the same… I feel I'm not complete*

Thus, the more intensely an individual loves an object just as Maria, the more sensitive does it becomes from disappointments and frustration from that object. The nun's attachment to her uterus made her sensitive and frustrated from losing it. The effect of her treatment brings about the feelings of uncertainty and powerlessness. This surgery can bring in anxiety due to mutilation and the feeling of strangeness that something is missing in its place. This sets in self-depreciation, sadness and guilt. Maria's words as follows "*I feel unhappy, very very unhappy. Oh yes! I feel really unhappy, I feel, I'm not complete, I'm not whole, I don't know but I feel, and you see*". The surgery causes anxiety in the face of the mutilation and a feeling of strangeness: "something is missing in its place ". Women feel belittled. Often, this self-depreciation goes hand in hand with a sense of guilt.

Also, she feels that her sense of incompleteness can be perceived and judged by other people when she uses the word "you see" to express herself to the researcher.

In this first main theme carried out on the lived experience of hysterectomy, it is clear from the nun's discourse that this experience seems to be of great challenge for her. there a frequent repetition of word like "I'm fulfilled", "too, too painful", "I'm not the same", a lot of and hesitations. The intensity reveals of the experience, at the same time from the extreme suffering to a fulfilled live which reveals oscillation. This is because in her discourse she leaves for a talking about her satisfactory life to an extremely painful life. Through the

psychoanalytic lens, the unconscious possesses a deeper meaning, it is a way of concealing the true origins of our feeling or simply a way of showing how intensified the emotions felt in regards to the situation or simply both.

5.2.2.1 The resolution of the castration complex

It is the sight of the other sex that led to the castration complex. Ladies who choose a profession like being a nun, renounce the desire for children. This means that these no longer regard motherhood as being biological important but spiritually. Women have been familiar with the kinds of discourse that focus on essentialist notions of what it means to be a woman. Many people disagreed with this idea, but some women like the case of a hysterectomized nun felt that their womanhood was compromised because they no longer had a uterus.

> *I already renounced the possibilities of having a child, I have taken solemn vow, because I am convinced never to procreate, I answered God's call and I am very fulfilled with it, but I'm not sure I will ever recover from it… I feel I'm not that full woman who promised to serve God because of the operation, I don't think I will ever Recover from it. I don't think I will ever get over the fact that I am not complete; I have failed God.*

Spiritual motherhood is practiced in the convent. Although celibate religious women have given up their capacity to procreate, they manifest motherhood but in its spiritual form as pointed out in Mariah's discourse.

- **The meaning given of the Uterus**

Otherwise called the womb or Hystera. After a long period of silence recall's her role as a servant of God and seeks to keep her promise. She doesn't consider it as a child bearing organ but as a sacrificial lamb. That should be in it perfect state for the honour and glory of God. As she affirms in her words below.

> *"(long silence), in my own situation as a sister, I made a promise to God to worship him Uh… I offered myself to God, my whole self as an offering to God but now I am not complete, I have failed to keep my promise(sobs)",*

The meaning given to the uterus by the religious is that of a sacrifice to God which she was not prepared to lose it to surgery but to kept it as a reminder of her consecration to God.

5.2.3 The lived experience of being a nun

- **Renunciation**

The oxford dictionary defines renunciation as *"a formal rejection of something typically, a belief or course of action".* Maria expresses her renunciation through the text. This is to demonstrate her acquired religious identity and how she faithfully responded to the divine call. This call as she puts it is wholeheartedly and single-mindedly accepted due to the unconditional love towards her divine spiritual master to live life according to his will. This is the reason why she discussed on the process and factors it took to follow her passion. The boost and the determination earned her, her religious career as an authentic servant of God.

> *"I'm a Sister…So I walked with the sisters and I decided to uh… to enter fully into their congregation. I followed the stages, I followed the postulancy and then I entered the novitiate, and after four years, it's four years yes! I made my profession, and until today I have already made my perpetual vows… this is where I have always wanted and responded to the call of the Lord that I felt deep inside me, I responded positively to the call of the Lord".*

This translates the symbolical transitioning from all the world things, egocentrism, negative body, in favour of a community life, obedience, selflessness.

5.2.2 Support System (Community life)

This type of life as opposed the private life, involves taking responsibility/ take care of others and working with people in togetherness. The religious community is more than just a bunch of people who are all trying to be perfect Christians. It's also a way of being part of a bigger group that share a common connection to God. The community is made up of people who are all linked together because they all share a special relationship with the Father, the Son, and the Holy Spirit. She evokes in a very short sentence her "community life" which although short was very pertinent. Community life means living together in a way that is friendly and cooperative. The sharing of love and compassion with one another (her colleagues). In the context of Maria, her community showed compassion for her and contributed in their own way to make her feel better, just like it is supposed to be in a community life. However, in her speech we remarked that in her community she is very selective of whom she should trust.

> *I arrived at the community, everyone asked me what was going on, everyone saw I was downhearted, and then I couldn't tell, I didn't say anything…I was able to tell*

some of my sisters, especially the leaders, and everyone was dejected, it was difficult, and one of the sisters advised me to do a second opinion expertise,

- **Satisfaction**

It is when an event or something fulfilling our needs and expectations but not necessarily perfect. She reveals how satisfied she is of her religious life through her choice of words and repetition to lay emphasis and expresses the notion of belonging.

I am in religious life, and I am very fulfilled in religious life. I am with my community here in Yaoundé, and things are going well. We have our good times sometimes difficulties are like every life but I am well fulfilled, I am fulfilled in religious life…religious life was going well for me because I feel that this is where I should be, this is where I have always wanted to be.

CHAPTER 6:

THE INTERPRETATION OF RESULT AND DISCUSSION

This chapter is all about discussing the results of our study. Given that, interpretation refers to the process of making sense of data that has been collected, analysed and presented. We will start by summarizing what we found as the outcome of our study and then we will use the supporting theories of our research to interpret it. After that, we will make a discussion based on the existing literature. Finally, we'll give some thoughts on the implications of our study.

6.1 The Summary of our Results

The study results stem from data collected from a religious woman who had had hysterectomy in the context of convent life. She experienced hysterectomy at the reproductive age of 31. Out of all the different discourses we looked at, we found three emerging main themes that were important to her: the lived experience of hysterectomy, Incompleteness and the lived experience of being a nun.

The first theme which is the lived experience of hysterectomy, as we have analysed from the content provided by the nun is the most important event that led to the psychological suffering. The announcement that the uterus would be amputated was not well received by the Reverend. Hysterectomy which is represents a form of symbolic castration was characterised by a moment of great shock, incomprehension, denial, doubt and pain. This shows that surgery was unexpected and the degree of investment in her uterus, she was reassured by her medical doctor when the benign tumour (fibroids) that she could live with it as other women in her. But as time went on, the pain was becoming unbearable leading to the recommendation of hysterectomy as last resort towards survival, which was not light news leading to suffering at that moment, during the operation and even seven years after the operation. The memories from that time still lingered in her mind, causing her to suffer from pathological mourning.

Therefore, the nun has been through a lot of mental pain because of her hysterectomy which means the uterus was particularly invested.

The second theme, incompleteness. It is known that this surgery disrupts the woman's identity. This can happen because the uterus is a key part of girls' development when it comes to their views of their body, social role, and gender identity. After a hysterectomy, some women may feel incomplete due to the symbolical representation of the uterus as the bearer of femininity and its destiny. This influences their sense of self, perceived as lacking an essential element to the constituency of their femininity leading to psychological unhealthy women though physiologically healed. But this conception, does not apply to reverend women. The object behind the suffering is not only related to an incompleteness linked to the loss of femininity but that related to a broken convent, that of dedicating her complete self to God as an offering which serves as a witness of her profound faith and devotion.

The third theme which is the lived experience of being a nun. To be a nun/sister in the catholic church, it starts with a divine call from God, a personal conviction, then a series of steps to follow in other to fully integrate the order of the consecrated life. Maria in her discourse expressed that was her choice and her desire and that of God to be a celibate religious woman. A satisfactory and fulfilled life is what she experiences from the convent as she receives support from those she trusts. But unfortunately the support provided does not constitute enough anaclisis to help through this situation, the pain remains the same.

In analysing her discourse, the place the uterus has in her feminine identity is not that of child bearing. She does not make mention of the uterus in that sense. The sense she places on the organ is predominantly characterised as part of her bodily constituent which makes her whole. She had made a promise to God to serve Him in her total being. Thus, the absence of the organ creates hole in her promise, it has lost its validity and value because it has reaped her of her sacrifice, destroying the covenant made to God resulting to emotional suffering caused by the guilt of an unfulfilled promise. This equally demonstrates the fact that women can defined the direction and goal their femininity such as having the power to procreate but choosing not to do so for a purpose the individual esteems to be a greater reason that proofs her faith.

6.2 Application of a dual approach (Phenomenological and psychodynamic approach) to the understanding of the results

The study looked at the experiences of religious woman who have had hysterectomies, and found that her experience can be better understood with the usage of a double approach, the phenomenological approach which will permit us to read the phenomenon from the first person point of view in order to really get in touch with the suffering, experience and subjectivity as consciously expressed and labelled by the patient without a prior theoretical explanation and the psychodynamic approach to read the data with the unconscious conflictual impulses.

6.2.1 The phenomenological Approach

Van Munen quoted in Tavares (2016) *"phenomenology is the pure description of lived experience"* (p.113). Phenomenology describes experiences just as the way they appear, it recognizes the essence of being of life and or relationships (Van Munen 1990). Phenomenology is *"a way of looking at things which can be used in a qualitative research to understand the complexity of human experience, by considering people as connected to their world and inseparable from their contexts"* (Tavares et al., 2016). The latter will guide us in our interpretation. Here, our attention is driven towards the lived experience of hysterectomy as it appears in the conscious mind of Maria.

According to Pereira (2011), people are considered as a unit of life, and health is not seen as grouped under good, bad, more or less but as an integral part of the qualitative life experienced by people. The qualitative research method seeks to understand the phenomenon being studied by examining the experiences of those involved, the world around them, and the meanings and importance assigned to their own experiences. This research will help us in the search for the experience of hysterectomy and its impact on the feminine identity of a religious woman. Our interpretation will be based on three considerations, namely the meaning given to the lived experience of hysterectomy, the temporality of the moment and the singularity her experience. And the psychoanalytic interpretation will go from the conflictual object relationship to the resolution of the castration complex.

6.2.1.1 The meaning given to the lived experience hysterectomy

As defined by Boylorn cited in (Mcintosh & Wright, 2019)

> lived experience involves representation and understanding of a researcher or research subject's human experiences, choices, and options and how those factors influence one's perception of knowledge. [… it] responds not only to people's experiences, but also to how people live through and respond to those experiences. […] Lived experience seeks to understand the distinctions between lives and experiences and tries to understand why some experiences are privileged over others (Boylorn, 2008: 490)

In Husserl's lens, he responds to those experience in this this first design by placing the subject or subjectivity at the foundation of all sciences with the concept of intentionality which means: "all consciousness is aware of something". Intentionality explains the link structural which ties the subject to the world: subject and world are no longer two entities which exist on different levels of reality and they exist and are linked on the common basis of the aim, intention and meaning (Meyor, 2007). For the world takes shape, reality and consistency in terms of meaning or significations, the subject here being the one who forges these signification or meanings. (Meyor, 2007). In this study, just as precised by Meyor (2007) found that the participant had her own meaning she gave to her lived experience of hysterectomy.

As specified by Meyor (2007), the relationship between the subject and the world is determined by the intentionality of the situation. This intentionality comes from the thought of the participants. The emotional situation of the participants has meaning or significance for them, even though it is difficult. The intentional modes of expression are perception, imagination, willpower, affectivity, and impression all play a role in how a person experiences the world. They help create meaning out of what happens in the world. This can be analyzed in the speech of Mariah which says:

I feel like I'm missing something, I feel like I'm missing something, I'm not the same, there's a big part of me that's gone, a very big part of my body, I feel it deep inside, and I've felt a lot of sadness ever since, I think I've never been the same again that I was never the same, everything has changed, I'm not longer the same…

The results of the research reveals that all the profound sadness, and incompleteness she faces and consciously attributes it to a reason at the cause of this suffering;

"(long silence), in my own situation as a sister, I made a promise to God to worship him Uh… I offered myself to God, my whole self as an offering to God but now I am not complete, I have failed to keep my promise(sobs)"

From the meaning the nun makes of her experience, she feels reduced in her self of self. Although, she has consecrated her life to God, what generates suffering in her is that she renounced her uterus in order to consecrate to God as an offering which she has lost, she is guilty for not honouring the contract she made with God, the uterus represented an act of adoration, an offering to God she made consciously and voluntarily. Therefore, the uterus, symbolizes the covenant she made with God, this uterus which played an important role in her religious life, being the receptacle of the presence of God in her. Since phenomenology valorises the consciousness. In this sense, the place of the maternal organ represented a highly affective and significant organ in a spiritual sense. Thus the loss of the uterus, represents the loss of her credibility before God reason for her manifested pathology.

6.2.1.2 The temporality of the lived experience of hysterectomy

One of the universal properties of all experiences is to be inscribed in the time: to have a duration, to have an asymmetrical temporal unfolding and irreversible from the present to the future basis of a productive causality. The unfolding feature of this property is important because it will help to follow up on our questions and make sure we understand the details of the process described (Vermersch, 1997) . Time is important in the phenomenological reflection on how people experience their lives. In particular, people's emotions are often based on how they view their present moment. For example, people may feel happy or sad depending on how they feel about the present moment. Furthermore, people may continue to move forward or backward in time, and eventually want to reach a future moment that is even more important to them.

When reading an interview transcribed, when conducting an interview, one of the questions background of the interviewer is whether he has the temporal unfolding of the experience, and if not, what else is missing. This is what makes it efficient (Vermersch, 1997). The present is the time in which things are happening, Mariah described how she was feeling when being recommended hysterectomy:

I don't know why, but it shocked me a lot I had like a strong pain that pierced my chest, a very very strong pain and I was silent for about ten minutes I didn't understand what was happening to me, I even started to sweat, I was shaking, I

> *was saying but how can this happen to me? how is it possible? how? I don't know it was very, very difficult, it was because even very strong news, and I took a deep breath, and then I didn't even have the courage to ask the doctor questions (...). I left.*

She speaks about her lived experience and how she feels as a human being, a diminished human. This instance of the situation in the nun is lived as an unbearable, from the elements she discloses describing a bodily experience. Her body schema and image is in a process of disintegration through the elements of anxiety, depressing and a never-ending mourning.

> *I saw this part of me that was going to leave me, it's as if a part of me was being removed, I felt this great pain that invaded me, I saw my body separating from me, was it very very painful, but I was operated on, but I have to tell you that since this operation, I'm not the same, I'm not the same uh…* she adds *You see every time I think, I have tears in my eyes, I I'm recovering, cried like that day, where I learned, I started crying again, until it's been over seven years; it's been over seven years since it happened but the pain is still so lively, it's still so difficult for me, very very difficult.*

Phenomenology believes that the present is the most important thing to focus on when trying to understand a person. This approach differs from psychoanalytic theories in that the unconscious is held responsible for explaining a person's current behaviour. Phenomenology does not focus on the past, since it believes that this would prevent a person from developing and growing. Instead, this approach focuses on a person's present experiences and how they can make sense of them. This phenomenological gaze is the possibility of letting the things, without thinking, by simply living, the present moment (Crasnier, 2012)

6.2.1.3 Singularity of the experience

According to Vermersch (2016), Everyone has a unique life experience, which means that every one of them is different from all the others thus, every experience is different and unique to each persons. Here, we are going to talk about our case in her singularity, how she lives this situation independently and different from others who might be nuns too, we want to view the experience through her lenses, because she is a unique entity who views the world in her own manner different from other persons in the same situation. In her intimacy and profoundness, hysterectomy sounded like the end of the world. She does not feel as a full human. "*above all I feel unhappy, very very unhappy. Oh yes! I feel really unhappy, I feel, I'm not complete, I'm not whole, I don't know but I feel, and you see*"

The psychological processes that enable us to understand that her experience of hysterectomy appears as a unique phenomenon.

The results of our study was interpreted through the phenomenological approach, which enabled us to explore the lived experience of the hysterectomy and the relation to the nun's feminine identity. Three main axes have help us to investigate on the matter which are as follows; the meaning given to the lived experience of hysterectomy, its temporality and the singularity of the event. These various aspects are going to enable us to have a merged and above a common outcome of the lived experience of the hysterectomy in the life of a nun in relationship to her feminine identity. An event experienced as negative in all its forms by the nun, this is what phenomenology prescribe, to give space to the individual to express the situation the way she deeply felt it in her own way. Her reveals the relationship with hysterectomy and her feminine identity at a spiritual level. Without further ado, we can proceed to the psychodynamic apprehension of the result.

6.2.2 The Psychodynamic Approach on Femininity

6.2.2.1 Object Relations and the resolution of the castration complex

Suffering as described by Freud in Civilization and its discontent, has three sources; our own body, the external world, and our relations to other people (Mijolla, 2006). Since the nature of the suffering can be deduced from the type of relations to other people, object, primary relations pattern incurred during childhood can be of great utility to understand the suffering related to the absence of the uterus.

The object relations in psychoanalysis which seeks to explore and understand humans through their genuine or imagined relationship with objects (Garrison, 2022) such as the uterus. Because they believed people's personality is built from those relationships (Mitchell, 1981) they nursed externally and internally. The pre-oedipal period is put forward in this theories, it is where the identity formation is carried out through the primary caretaking between the infant and the mother. Therefore, the early relationships and interdependency are crucial elements for the identity development. With the theory of Freud on femininity, he evoked this preoedipal phase as determining to the girl's child access to femininity (1933).

As the theory predicts, for the female child to access femininity, a conflictual situation needs to arise in between the child and the mother, whereby detachment takes place in favor a strong tie with the father in pursuit of the "penis". With this done, the child is on the path to

normal femininity which is the case with Maria. Taking this perspective into consideration, we could understand the intensity of her emotion regarding the lost the organ.

The drive theory stipulates that "human motivation originates in the press of biological drives that gain psychological expression in the form of wishes that power the psychological functioning" (Frank Summers, 2015p.3) and so psychological disorders are caused by repressed desires not from traumatic external memories. When the instinctual drive does not reach its aim, there is a high probability of psychopathology.

6.3 From the ablation of the uterus to the alteration of the sense of Self

Hysterectomy reaps the female body of an important organ that supports the feminine identity. However, the place a religious celibate women give to this organ. It is the distorted sense of self that is at the heart of her suffering. This is because unlike married or lay women, it is not impossibility of child bearing that causes suffering but that of a broken promise made to God, that of a gifted self in all its entirety. Thus, the absence of the organ induces the loss of the validity of her promise. This illustrates the place given to the uterus as part of the body that has been invested in a particular form not related to femininity but to the self of sense leading to an emotional suffering caused by the sentiment guilt of an unfulfilled promise.

6.4 Discussion of the Results

At this level, we are going to convoke the existing literature in order to confront it with our current findings. We recall that the objective of our research was to understand the place of the maternal organ in the feminine identity of a religious woman. We had a participant in this qualitative study. The results we obtained demonstrated that, in the religious nun that hysterectomy did not have an incidence on her feminine Identity, it is the place it occupies as a gift of self which at the source of her suffering. So, hysterectomy which reaped her of the offering to God. The uterus symbolically occupies a highly treasured place filled with spiritual energy, whereby she remains connected and communicates with her Lord in her entirety. This event remains unforgettable and unbearable because her convent with God has been broken. Her full self that was destined to God as a symbol of self-sacrifice for a much greater glory. This experience is at the core of her trauma. Literally, her world crumbled without any hopes of reconstruction when her uterus was taken away rendering her incomplete.

It is from the basis of this outcome that we are going to elaborate on a discussion. In this direction, we are going to outline the possible similarities and contradictions in between the psychoanalytic and phenomenological theories which served as the foundation of our research.

6.4.1 Conflicting Desires : Spirituality vs Motherhood

The outcome of this research demonstrates that the lived experience of hysterectomy is highlighted by an intensity of negative emotions that bring the victim into a complete mental breakdown depending on the meaning given to the lost organ. This assertion corresponds to the elaborations of Lehman (2014), the uterus being part of the highly invested organ in women is what makes the experience more dilapidating. This is because our participant was in an extremely anxious state when the medical doctors delivered the results of her state and presented the surgery as her unique option for survival and an ameliorated quality of life. This state of pain, anxiousness, shame still persists.

Many authors regard the womb as a "symbolic space". This organ is important regardless of whether a woman desires children or not (Erikson, 1964 cited in O'Sullivan, 2016). Erikson, unlike Freud and his followers, rejected the idea that a woman's destiny to be mother and instead believed in women's individuality and equality. Thus, the uterus has a symbolic meaning that allows women, whether childless or not, to be complete. it's a symbol of her femininity and its role in her life is unique to her.

Hysterectomy as a gynaecological operation, consists of a context of distorting the feminine identity of a woman. In a case of a nun where the destiny of her femininity is not motherhood, the issue here is that of a distorted feminine identity, but that of an incomplete sense of self. In this sense, an identity readjustment needs to be done to in order to enable the nun to reinvest herself and to reinvest her relationship with God. To reach at the level of acceptance for the purposing of resolving the pathological mourning she faces daily. Reinvesting her body, and her womanhood, her spirituality is the possibly pathway for liberating herself from the bondage of the loss.

Conversely form what Glasser (1998), Worden (2018), Cramer (2015) believed that we made choice based on our solid belief and when a death confirms our choices and beliefs, mourning becomes less challenging, and with the of use the mature defence mechanisms no

pathologies are expected. This is not the case here neither for Beltran (2014) who held that post-hysterectomy suffering necessary means that the victim desired the child before this project or desire was abruptly distorted by the hysterectomy. Glasser (1998) and Worden (2018) exclude the fact that at some point in the time, the choice made can loss it validity and pertinence, due to some very intense upheaval that does not give her a choice anymore, she became a bearer of circumstances rather than a choice maker.

6.4.2 Catholic conception of the body

Spiritual motherhood is practiced in the convent. Although celibate religious women have given up their capacity to procreate, they manifest motherhood but in its spiritual form. Catholicism believes that there are two different types of mothers: the spirit mother, who is a virgin, and the flesh mother, who is a woman who has had children. Mary, who is the mother of Jesus, is both spirit and flesh. This means that every other woman has to choose between these two types of mothers, but all women can share in the functions of maternity.

> *I already renounced the possibilities of having a child, I have taken solemn vow, because I am convinced never to procreate, I answered God's call and I am very fulfilled with it, but I'm not sure I will ever recover from it… I feel I'm not that full woman who promised to serve God because of the operation, I don't think I will ever Recover from it. I don't think I will ever get over the fact that I am not complete; I have failed God.*

The convent has institutionalized the true attributes of a woman's nature, including piety, purity, and submission. For example, when a priest recommends a woman to become a Sister of Charity, he looks at her practical skills, her piety, her modesty, and her manners. Catholic sisters provide household services such as cooking, washing, and sewing to clergymen and seminarians. This is similar what fathers and sons expect from female family members. These religious women make use of their maternal sentiment to help orphans and widows, and also tended to the sick. This was something that other people could see and testify to (Mannard, 1986).

The monotheist concept of an all-powerful God as Michèle Bertrand asserts (2006) is a paternal figure who excludes representations of maternity, femininity, and sexuality. This is assertion does not correspond to the situation in which the nun finds herself in because she includes maternity and femininity in her relationship with God.

The body is described in the Bible as "a temple of the Holy Spirit" (1 Cor. 6.19-20), and it bears the image of God. As a result, the church "teaches that a person cannot despise or

dispose of his or her bodily life, but must regard it as good and to hold it in honour because God created it and will raise it up in the last day" (catholic church 1997, n.364). As a result, an individual's identity emerges from his or her body and soul. Moreover, this argument corresponds to the experience of the nun because, the inability to honour God through her body by keeping it sacred, has lost its sacredness through surgery, the torturous guilt of not honouring the temple of God.

6.4.3 The Construction of Meaning Given to the Ablation of the Maternal Organ.

The meaning as it resonates in our study is derived from the content expressed by the participant which highlights the turbulent and the negatively life-changing experience of hysterectomy. It consists of the act perceptible to the consciousness which as the phenomenology principle describes, trusts the human capacity of give meaning to the daily situations and circumstances of life, so each experience that is lived occurred in the present. It is through a conscious state of mind that our participant could construct their viewpoint and give a meaning of her shattered feminine identity due to the event of hysterectomy.

In psychoanalysis, the more intensely a child loves its object, the more sensitive does it becomes from disappointments and frustration from that object. The nun's attachment to her uterus made her sensitive and frustrated from losing it. The effect of her treatment brings about the feelings of uncertainty and being weak *"all treatments, whether surgery, radiotherapy or chemotherapy, damages body image, female identity and sense of self" (Lehman 2014, P.31).* This surgery can bring in anxiety due to mutilation and the feeling of strangeness that something is missing in its place. This sets in self-depreciation and guilt. *(Lehman 2014).* What Lehman explains can be depicted in Maria's words as follows "*I feel unhappy, very very unhappy. Oh yes! I feel really unhappy, I feel, I'm not complete, I'm not whole, I don't know but I feel, and you see*". The surgery causes anxiety in the face of the mutilation and a feeling of strangeness: "something is missing in its place ". Women feel belittled. Often, this self-depreciation goes hand in hand with a sense of guilt. Lehman knew that any kind of illness can have a negative impact on a person's health and mental well-being, and he explained two different phases of this idea. The first phase is when the person is told about the illness. This is characterized by intense shock and anxiety. The medical results and the patient's pain guide the way the person enters the process of agonizing fantasies (Lehman 2014).

Here, the participant was submerged with the feelings of sadness, asserted by Lehman (2014) as one of the factors that characterises this moment. The tonality of her voice changed at this instant of expressing her emotions while recalling the experience. In recognizing the unbearable reality that she needs loss an organ in order to survive, she desperately searched for answers. According to Hanus and Bacqué (2020) during the first week, these types of responses are common.

What incites our attention in her speech is that though the event happened close to a decade ago, the pain still remains very alive. This implies that the grief-work has failed leading to a prolonged grief. As described, grief work as a process of detaching ties that links the survivor to the deceased. And believed that this period could last for a brief period of time. Freud takes us through his essay on Mourning and melancholia to describe and differentiate between two important concepts. Mourning is the normal responds we express towards the loss of a loved object which entails gradual withdrawal of the libido from the loved object. Melancholia is mourning gone wrong. It is characterized by the loss of the capacity to love, absence of interest in the external world, inhibition of all activities and guilt (Freud, 1917).

The melancholic person's object of desire is narcissistic in nature. When an object is lost, the narcissistic identification with it promotes regression. However, melancholic individuals are ambivalent towards the ego, resulting in a mixture of love and hate manifested by suicidal intent. Because it is a potential love object, this intention is skewed toward the ego (Bacqué & Hanus, 2020).

Pathological mourning is characterized by unconscious hostility toward the object. It is this ambivalence feeling that will prolong the work of libido decathecting. This allows for a dual conclusion: grief work passes through conscious and unconscious detachment, the process is characterized by pain and depressive manifestations; Grief depression is completely normal. If it is comparable to the pathological depression of melancholy, it differs from it in that the lost object is very real, it is not completely identified with the subject, and ambivalence in the choice of object never leads to self-hatred (Bacqué & Hanus, 2020).

Grief as a process of oscillation between two contrasting modes of functioning. The term oscillation means "the alternation between loss and restoration coping, the process of juxtaposition of confrontation and avoidance of different stressors associated with bereavement". In the 'loss orientation' the griever engages in emotion-focused coping,

exploring and expressing a number of emotional reactions connected to loss. When it is time of the ‘restoration orientation, the griever engages with problem focused coping like what needs to be dealt with and how it should be dealt with and is required to focus on the many external adjustments required by the loss, which involves diversion from it and attention to ongoing life demands. During the early stages of grief, it is the loss orientation that is most experienced before later diversion into other activities as time goes on. This alternation in between the loss and restoration orientation is important for an exquisite adjustment to loss (Schut and Stroebe, 1999). But we do not perceive any of this grief oscillation in her discourse that is why we can pinpoint a maladjustment to her new perceived body.

The uterus, otherwise known as the womb or Hystera. It is defined as a child bearing organ found in female It is where the foetus grows and develops (Solbrække & Bondevik, 2015). It is the woman psychological investment in her genital organ that leads to issues on self-image and identity ((Markovic et al., 2008). As Maria explained, *“(long silence), in my own situation as a sister, I made a promise to God to worship him Uh… I offered myself to God, my whole self as an offering to God but now I am not complete, I have failed to keep my promise(sobs)”.*

However, with the psychoanalytic approach, in the position of giving meaning to a human response to an event as such, psychoanalysis encourages us to profoundly investigate the past infantile circumstances (object relations experience) which involves the relationship with the parental figures and the world around that stage of life. It is the type of relationships that the individual had nursed during that tender age that will determine their future relationships with objects (organ, things, people) all through her life and the manner of understanding situations and event in which she might find herself. The notion of choice occupies an important place in the unconscious in which its exploration is done through the means of free association enables the participants to give meaning to events that took place in their childhood. This is the reason why we use more of the term “analytic experience” in psychoanalysis than “lived experience”.

For example, in an analytic perspective with the theory of Freud on femininity which stipulates that at the pre-oedipal stage, the girl child recognises her genital difference between her and the male child and develops hatred for the mother from depriving her on the penis. This situation will get her closer to father with the hope of getting the penis (phallus). The Oedipus complex is only solved when the wish of the penis is replaced by a baby which

equates the penis symbolically (Freud, 1933). In this sense since hysterectomy according to Beltran (2014) "*represents the end of the dream of pregnancy, the loss of the organ that allowed them to carry their child and this absence makes them feel useless. The uterus is not essential for life, but it is primordial to give life and this lack can reactivate a desire for motherhood*" (p.45) which explains the psychological suffering of women understood as the reactivation of her repressed maternity *"the return of the repressed"*. But with phenomenology is the approach used in our study to interpret our result which is quite the opposite of the psychoanalytic approach whereby the consciousness is privileged in the manner of conceiving a phenomenon unlike the latter which attaches an individual to his past. On the contrary, the absence of the uterus did not reactivate her desire for motherhood, but that of a broken covenant.

In addition, it should be noted that through the phenomenological lens, we accentuated on the subjectivity and singularity of experience of the removal of the uterus as lived by the nun in relations to her distorted sense of self. Even the psychoanalytic approach is concerned with the singularity and in the subjectivity of the individual in their proceedings.

6.5 Implications and Perspectives

In this last section, there are discussions about the potential consequences of this study. First, there's a look at the possible consequences; and, second, some perspectives on it.

6.5.1 Implications

Every surgical intervention has a psychological impact, and any surgical act can have a charge of castration. The place that the reproductive organs occupy in a woman's life and psyche gives gynaecology a particular impact. The most commonly performed surgery is hysterectomy, which is the removal of an internal organ, the uterus. This is a traumatic loss that can have a significant psychological impact. The loss of this symbolic organ, which is loaded with major symbolic representations, cannot happen without a psychological repercussion in most women. The loss at the level of narcissism and the alteration of body image is a brutal separation of maternity from their womanhood in some woman and the separation from covenant made to God in other women (nun). This shows that hysterectomy is likely to generate great psychological suffering. In this situation, Thus, to mitigate this suffering linked to their belittled sense of self, a mental elaboration needs to be done by the individual, support is needed, in order permit a readjustment of her identity i.e. a mental

preparation prior to surgery needs to be done. The mourning of the uterus, of what it carries within it, like all symbolic representations, needs not only time but a follow-up and psychological support of these individuals.

This study shows the importance of taking into account the meaning attribute to their uterus by women undergoing hysterectomy for the pre-operative preparation and the post-operative follow-up to be more effective and more traumatic experiences can be avoided.

This study on the psychological implications of uterine loss in nuns has other potential implications that can contribute to various areas of research, practice, and support. This includes it enhances our understanding of nun's lived experiences as it provides an insight into the subjective experiences of nuns who have undergone uterine loss. It offers a nuanced understanding of their emotional distress, conflicts, coping strategies, and support systems. This enhanced understanding can inform future research, allowing for a more comprehensive exploration of psychological well-being of nuns in relation to uterine loss.

Also, this research encompasses an integration of multiple theoretical frameworks. By exploring the psychological implications of uterine loss, this study has the potential to integrate theoretical frameworks such as choice theory, femininity, object relations theory. It shed light on how personal choices, internal conflicts, identity formation and the interplay between femininity, motherhood, and spirituality influence the psychological well-being of nuns. This integration can contribute to a more holistic understanding of the complex factors at play.

The findings of this study can have implications for clinical practice and interventions. Understanding the psychological challenges faced by nuns who have undergone uterine loss can inform therapeutic approaches tailored to their unique needs. Mental health professionals can be better equipped to provide support, address emotional distress and facilitate the exploration of identity, spirituality, and meaning-making within the context of uterine loss.

Supportive interventions and guidance is what this study equally contributes to the development of support systems and guidance for nuns who have experienced uterine loss. It can inform the design of interventions that address the psychological well-being of nuns within the specific context of their chosen path. This may involve providing resources for emotional support, guidance on navigating conflicting desires, and facilitating discussions on femininity, motherhood, and spirituality.

Advancement of gender studies as it adds to the existing literature on gender and identity by exploring the unique experiences of nuns who have undergone uterine loss. It offers insight in the complexities of femininity, motherhood, and spirituality and their intersections within a specific sociocultural and religious context. These findings can contribute to broader discussions on gender roles, reproductive choices, and the impact of societal expectations that get ingrained in some women's unconscious, thus affecting their psychological well-being.

Education and Awareness are the areas this study touches as it raises awareness about the psychological challenges faced by nuns who have experienced uterine loss. It can contribute to educational initiatives aimed at fostering understanding, empathy, and acceptance of diverse life choices and experiences. By disseminating the findings, this research has the potential to promote dialogue and reduce stigma surrounding women who have chosen a life of celibacy and experienced uterine loss.

Overall, the implications of this study extend to multiple domains, including research, clinical research, clinical practice, support systems, gender studies and education. By deepening our understanding of the psychological implications of uterine loss in nus, this research has the potential to inform interventions, contribute to theoretical frameworks, foster a more inclusive and empathetic understanding of delivers life choices and experiences. This research presents a comprehensive understanding of the psychological implications of hysterectomy in nuns. It offers a unique lens through which to explore the complex interplay between femininity, motherhood, and spirituality within the specific context of nuns' lives. Moreover, it underscores the need for further research and exploration of this topic to deepen our understanding and inform supportive interventions for celibate religious women who have undergone a gynaecological ablation.

6.5.2 Perspectives

This study has looked into the lived experience of hysterectomy and the place of the uterus (maternal organ) in the nun's feminine identity. It has revealed that, in fact, above the place of maternity it holds in literature, for a religious woman it occupies the place of a covenant made to God**.** Here are a few potential future directions for a study on the emotional response of nuns to a hysterectomy:

For future perspective, a collaborative research between researchers, mental health professionals, religious institutions, and nuns themselves is crucial for advancing knowledge and understanding in this area. Collaborative research projects can involve the active participation of nuns in shaping the research agenda, sharing their experiences, and co-creating interventions and support systems. Such collaboration ensures that research findings are relevant, respectful, and have practical applications.

Moreover, incorporating an intersectional perspective can enrich the understanding of how uterine loss impacts nuns from diverse cultural, ethnic, and socioeconomic backgrounds. Exploring how factors such as race, ethnicity, class, and cultural beliefs intersect with uterine loss can provide a more comprehensive understanding of psychological implications and the unique challenges faced by different groups of nuns.

In addition, a comparative study comparing the experiences of nuns who have undergone a uterine ablation with other groups, such as women who have chosen no to become mothers for personal or medical reasons, can offer valuable insights. Comparative studies can help identify unique factors specific to the context of religious life and celibacy, as well as common psychological themes related to feminine identity and motherhood.

A quantitative research that can recruit more religious women who have had hysterectomy to explore the meaning they give to their uterus, for more credibility and generalisation can help enrich literature.

A longitudinal study would involve following nuns over time to understand how their emotional response to a hysterectomy changes and evolves over time. This type of study would provide valuable insights into the long-term impact of a hysterectomy on the emotional well-being of nuns and could inform the development of interventions to support their adjustment to the procedure.

Intervention research would involve testing the effectiveness of specific interventions, such as therapy or support groups, to support the emotional adjustment of nuns to a hysterectomy. This type of study would provide valuable information about the most effective interventions for this population and could inform the development of best practices for supporting nuns who are facing a hysterectomy.

In addition, since our study was limited in the perspective that we did not make use of a projective test, a study that will make use of the Rorschach and the TAT to measure psychological processes: defences, object relationships, anxiety types, …, as well as cultural symbols around the uterus in religious context will be of more advantage. This is because the usage o f a projective test will permit a beyond interview discourse analysis.

By pursuing these future perspectives, researchers can contribute to a deeper understanding of the psychological implication of hysterectomy and foster the development of interventions, support systems, and resources that promote the psychological well-being and resilience of nuns within the context of their chosen path.

GENERAL CONCLUSION

Our study entitled: "Maternal Object Loss and Feminine Identity: A single case study of a hysterectomized nun", was studied from a clinical psychology lens. The aim of this study was to explore the reason of the distorted feminine identity of a devoted nun after undergoing a life-saving procedure (hysterectomy). This inspired the statement of problem of this research which is the contribution of the status of being a nun in facilitating the mourning process of a loss like the uterus as stipulated by Worden (2018). In this regard, the question that arises is "how does the loss of the maternal organ affect the feminine identity of a nun?". We grounded our work on the theory of Freud on femininity (1933) and the lenses of phenomenology to guide us through our reading of the phenomenon. Our objective of conducting this research is to find out the place of the uterus in the feminine identity of a devoted religious woman who has given up her capacities of child bearing. In order to realize this project, we had to explore the already existing findings on the subject.

We proceeded in this quest by investigating of the notion of hysterectomy, its corresponding subject matter, its symbolical forms and subsequent representations. The term of hysterectomy was discussed with its generalities, what hysterectomy actually is, how it evolved overtime, types of surgical procedure utilized, then we further went into outlining the health conditions which can lead to a woman having a hysterectomy. Since this gynecological surgery concerns the uterus, we judged it essential to bring out the characteristics of the organ, its functions and the different perspectives of it. In addition, covering the psychological consequences of it permitted us to know how it is perceived by the individual undergoing it, the predominant themes it is interconnected such as the trauma, depression, anxiety and the self-concept that embodies the body image as perceived by the individual and the society. Moreover, the different theoretical understandings on lost, the different connotations of woman were evoked. Overall, we could not terminate this chapter without evoking the generalities on catholic nuns and the conception of the human body and finally the defense mechanisms. These explorations gave us an upper-hand in pinpointing the theories that could better orientate us in our study.

The part of this work reserved for the theoretical insertion, helped us to discuss on the psychodynamic approach based on the notion of femininity and the phenomenological approach on lived experienced. Regarding the theoretical approach on femininity, authors like Freud, Klein, Deutsch, Godfrind were not exempted. For the section dedicated to the

phenomenological approach, we presented the notion of subjective experiences that draws its origins in the work of Husserl and Heidegger.

From a methodological point of view, we choose the qualitative approach specifically the clinical method based on a single case study. This method was chosen on the fact that it is capable of providing a profound analysis of a phenomenon in their emerging state. Following this we made use of a non-structured interview that enabled us to collect data from a participant by the named of Maria aged 38. It is from her discourse that we identified and classified emerging themes for content analysis in the data analysis section.

The findings of this study shows that, the lived experience of hysterectomy in a nun, distorts not her feminine identity but her sense of self as complete due to the ablation of the uterus and most importantly because it has broken her covenant made to God, that of self-sacrifice in its fullness. It pinpoints an unconscious conflict. This conflict stemmed from the fact that she offered her motherhood to God. The underlying meaning was that she believed she would not as a choice give birth while keeping a uterus with her as a symbol of her identity and faith. The ongoing conflict is that of hysterectomy to save her life, while holding on to her complete body. The destruction of her uterus resulted in an inability to protect the covenant she had made. As long as she retained her uterus, she could maintain a sense of a worthy servant of God as well as her identity. The uterus serve as is a particularly invested organ in the feminine identity and spiritual journey a nun who have forgone a biological based maternity but still holds onto her uterus as an anaclisis (a support and proof of who she identifies herself as a woman). This is because being a nun does not mean she is has forgone her identity as a woman. Thus, all these contributes to her sentiment of guilt leading to a psychological suffering in the nun. In this light, it is important to implement psychological intervention measures to focus too in supporting celibate women get through the suffering. Furthermore, the research underlines the fact that regardless the social category and individual belongs to, other than generalizing is some group of women should suffer or not due to the social status, we should be more inclined into acknowledging singularity of individual, by taking into consideration their systems of representations of hysterectomy. This is because, the knowledge of this will help in reducing the psychological distress related to this gynecological surgery. For future perspectives, there is a need for more research on the emotional response of nuns to a hysterectomy to better understand the challenges that nuns may face after the procedure and to develop effective interventions to support their

adjustment. This may include research on the prevalence and intensity of negative emotions, the factors that may influence the emotional response, and the effectiveness of different coping strategies. It may also include research on the role of culture, religion, and personal experiences and values in shaping the emotional response of nuns to a hysterectomy for a longer period of time.

In addition to research, it is important to ensure that nuns who are facing a hysterectomy have access to support resources, such as therapy, support groups, and other forms of social support, to help them cope with the challenges of the procedure and facilitate the recovery and adjustment process. This research does not stand as a way of generalizing individual's experiences but to take into account the singularity of a person rather than enclosing an individual in a certain category who should not experience psychological distress related to certain life events. Providing support when the need is felt and understanding to nuns who are facing a hysterectomy can help to ensure that they are able to cope with the challenges of the procedure and to achieve their optimal physical and emotional well-being.

BIBLIOGRAPHICAL REFERENCES

Adama, O., Gueswendé, K. F. X., Rodrigue, S. S., Danielle, M. F., Issa, O., Boubakar, T., Ali, O., Charlemagne, O. M., & Blandine, T. (2017). Indications and Prognosis of the Hysterectomy Operation in the Obstetrics and Gynecology Department at the University Teaching Hospital of Ouagadougou (UTH-YO). *Open Journal of Obstetrics and Gynecology*, *7*(13), Article 13. https://doi.org/10.4236/ojog.2017.713126

Aerts, L., Komisaruk, B., Bianco-Demichelli, F., Pluchino, N., & Goldstein, I. (2020). Sexual Life After Hysterectomy: Still a Neglected Topic? *Sexual Medicine Reviews*, *8*(2), 181–182. https://doi.org/10.1016/j.sxmr.2020.03.001

Afiyah, R. K., Wahyuni, C. U., Prasetyo, B., & Dwi Winarno, D. (2020). Recovery Time Period and Quality of Life after Hysterectomy. *Journal of Public Health Research*, *9*(2), jphr.2020.1837. https://doi.org/10.4081/jphr.2020.1837

Alshawish, E. (2021). Perspective of Women about Her Body after Hysterectomy. In H. Abduljabbar (Ed.), *Fibroids*. https://doi.org/10.5772/intechopen.94260

APA Dictionary of Psychology. (n.d.). Retrieved 24 November 2022, from https://dictionary.apa.org/object

Augustus, C. E. (2002). Beliefs and Perceptions of African American Women who have had Hysterectomy. *Journal of Transcultural Nursing*, *13*(4), 296–302. https://doi.org/10.1177/104365902236704

Bacqué, M.-F., & Hanus, M. (2020). *Le deuil*. Que sais-je.

Banovcinova, L., & Jandurova, S. (2018). Subjective perceptions of life among women after hysterectomy. *SHS Web of Conferences*, *51*, 02009. https://doi.org/10.1051/shsconf/20185102009

Bauman, C. A. (2019). *Theology of The Womb: Knowing God through the Body of a Woman*. Wipf and Stock Publishers.

Beltran, L. (2014). *Hystérectomie: Le point de vue du psychologue*. 2.

Bertrand, M. (2006). La Maternité de Dieu: *Topique*, *no 96*(3), 51–56. https://doi.org/10.3917/top.096.0051

Bianchi, Fr. E. (2007). L'entrée des jeunes dans la vie religieuse. *Nouvelle revue théologique*, *129*(4), 608. https://doi.org/10.3917/nrt.294.0608

Brock, M. P. (2010). Resisting the Catholic Church's notion of the nun as self-sacrificing woman. *Feminism & Psychology*, *20*(4), 473–490. https://doi.org/10.1177/0959353509359138

Cabness, J. (2010). The Psychosocial Dimensions of Hysterectomy: Private Places and the Inner Spaces of Women at Midlife. *Social Work in Health Care*, *49*(3), 211–226. https://doi.org/10.1080/00981380903426798

Calman, K. C. (1984). Quality of life in cancer patients—An hypothesis. *Journal of Medical Ethics*, *10*(3), 124–127. https://doi.org/10.1136/jme.10.3.124

Carlson, K. J. (1997). Outcomes of Hysterectomy: *Clinical Obstetrics and Gynecology*, *40*(4), 939–946. https://doi.org/10.1097/00003081-199712000-00029

Castro De Souza, L. (2014). *Le féminin, douleur et fatigue: Approche en psychopathologie psychanalytique de l'expérience subjective de la fibromyalgie* [Theses, Université Paris 13 - Sorbonne Paris Cité]. https://hal.archives-ouvertes.fr/tel-01393827

Cervantes, S. N., & Robey, P. A. (2018). Aligning reality therapy and choice theory psychology with cognitive psychology. *International Journal of Choice Theory and Reality Therapy*, *38*, 13–20.

Chale, G. J., Salim, R. M., & Leshabari, K. M. (2021). Clinical indications for total abdominal hysterectomy among women seen in Dar es Salaam regional referral hospitals, Tanzania: A prospective, observational hospital-based study. *The Pan African Medical Journal*, *38*(10), Article 10. https://doi.org/10.11604/pamj.2021.38.10.17695

Chaudhry, A. S. (2010). Unlikely Motherhood in the Qur'ān: Oncofertility as Devotion. *Cancer Treatment and Research*, *156*, 287–294. https://doi.org/10.1007/978-1-4419-6518-9_22

Chen, C. J., & Thompson, H. (2022). Uterine Prolapse. In *StatPearls*. StatPearls Publishing. http://www.ncbi.nlm.nih.gov/books/NBK564429/

Chen, I., Choudhry, A. J., & Tulandi, T. (2019). Hysterectomy Trends: A Canadian Perspective on the Past, Present, and Future. *Journal of Obstetrics and Gynaecology Canada*, *41*, S340–S342. https://doi.org/10.1016/j.jogc.2019.09.002

Chen, I., Wise, M. R., Dunn, S., Anderson, G., Degani, N., Lefebvre, G., & Bierman, A. S. (2017). Social and Geographic Determinants of Hysterectomy in Ontario: A Population-Based Retrospective Cross-Sectional Analysis. *Journal of Obstetrics and Gynaecology Canada*, *39*(10), 861–869. https://doi.org/10.1016/j.jogc.2017.03.109

Chodorow, N. (1999). *The reproduction of mothering: Psychoanalysis and the sociology of gender: with a new preface*. University of California Press.

Chou, P.-H., Lin, C.-H., Cheng, C., Chang, C.-L., Tsai, C.-J., Tsai, C.-P., Lan, T.-H., & Chan, C.-H. (2015). Risk of depressive disorders in women undergoing hysterectomy:

A population-based follow-up study. *Journal of Psychiatric Research*, *68*, 186–191. https://doi.org/10.1016/j.jpsychires.2015.06.017

Choukroun-Schenowitz, J. (2021). La jouissance féminine et le maternel en questions. *Revista Latinoamericana de Psicopatologia Fundamental*, *24*(4), 570–585. https://doi.org/10.1590/1415-4714.2021v24n4p570.5

Collins, E., Lindqvist, M., Mogren, I., & Idahl, A. (2020). Bridging different realities—A qualitative study on patients' experiences of preoperative care for benign hysterectomy and opportunistic salpingectomy in Sweden. *BMC Women's Health*, *20*(1), 198. https://doi.org/10.1186/s12905-020-01065-8

Cramer, P. (2006). *Protecting the self: Defense mechanisms in action* (pp. xv, 384). Guilford Press.

Cramer, P. (2015). Understanding Defense Mechanisms. *Psychodynamic Psychiatry*, *43*(4), 523–552. https://doi.org/10.1521/pdps.2015.43.4.523

Cribier, F. (2016). Le tombeau des secrets. Fantasmes concernant l'intérieur du corps après une intervention gynécologique. *Le Coq-héron*, *226*(3), 97–106. https://doi.org/10.3917/cohe.226.0097

Darwish, M., Atlantis, E., & Mohamed-Taysir, T. (2014). Psychological outcomes after hysterectomy for benign conditions: A systematic review and meta-analysis. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, *174*, 5–19. https://doi.org/10.1016/j.ejogrb.2013.12.017

de Mijolla, A. (Ed.). (2005). *International dictionary of psychoanalysis, Volume 1: A–F.* (p. cxxxvii, 661). Macmillan Reference USA.

Desai, S., Shukla, A., Nambiar, D., & Ved, R. (2019). Patterns of hysterectomy in India: A national and state-level analysis of the Fourth National Family Health Survey (2015–

2016). *BJOG: An International Journal of Obstetrics & Gynaecology*, *126*(S4), 72–80. https://doi.org/10.1111/1471-0528.15858

Di Giuseppe, M., & Perry, J. C. (2021). The Hierarchy of Defense Mechanisms: Assessing Defensive Functioning With the Defense Mechanisms Rating Scales Q-Sort. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.718440

Dillaway, H. E. (2016). Are hysterectomies necessary? Racial-ethnic differences in women's attitudes. *Journal of Women & Aging*, *28*(4), 309–321. https://doi.org/10.1080/08952841.2015.1017429

Dom Benedict Hardy OSB. (2014). *The Life of Vows*. Pluscarden Abbey. https://www.pluscardenabbey.org/life-of-vows

Elmir, R., Jackson, D., Schmied, V., & Wilkes, L. (2012). "Less Feminine and Less a Woman":The Impact of Unplanned Postpartum Hysterectomy on Women. *International Journal of Childbirth*, *2*(1), 51–60. https://doi.org/10.1891/2156-5287.2.1.51

Elson, J. (2004). *Am I Still a Woman?: Hysterectomy and Gender Identity*. Temple University Press.

Enow-Orock, G., Mbu, R., Ngowe, N. M., Tabung, F. K., Mboudou, E., Ndom, P., Nkele, N., Takang, W., Essame-Oyono, J. L., & Doh, A. (2006). Gynecological cancer profile in the Yaounde population, Cameroon. *Clinics in Mother and Child Health*, *3*(1), Article 1. https://www.ajol.info/index.php/cmch/article/view/35816

Erdoğan, E., Demir, S., Çalışkan, B. B., & Bayrak, N. G. (2020). Effect of psychological care given to the women who underwent hysterectomy before and after the surgery on depressive symptoms, anxiety and the body image levels. *Journal of Obstetrics and Gynaecology*, *40*(7), 981–987. https://doi.org/10.1080/01443615.2019.1678574

Erekson, E. A., Weitzen, S., Sung, V. W., Raker, C. A., & Myers, D. L. (2009). Socioeconomic indicators and hysterectomy status in the United States, 2004. *The Journal of Reproductive Medicine*, *54*(9), 553–558. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2883776/

Essa, R. M., Ismail, N. I. A. A., & Hassan, N. I. (2017). Effect of progressive muscle relaxation technique on stress, anxiety, and depression after hysterectomy. *Journal of Nursing Education and Practice*, *7*(7), 77. https://doi.org/10.5430/jnep.v7n7p77

Fernandez, L., & Pedinielli, J.-L. (2006). La recherche en psychologie clinique: *Recherche En Soins Infirmiers*, *N° 84*(1), 41–51. https://doi.org/10.3917/rsi.084.0041

Flory, N., Bissonnette, F., & Binik, Y. M. (2005). Psychosocial effects of hysterectomy. *Journal of Psychosomatic Research*, *59*(3), 117–129. https://doi.org/10.1016/j.jpsychores.2005.05.009

Frank Summers. (2015). *Object Relations Theories and Psychopathology: A Comprehensive Text*. Routledge & CRC Press. https://www.routledge.com/Object-Relations-Theories-and-Psychopathology-A-Comprehensive-Text/Summers/p/book/9781138872455

Freud, S. (1917). *Mourning and Melancholia*. The Hogarth Press.

Freud, S. (1931). *Female Sexuality*. The standard Edition.

Freud, S. (1933). *Femininity*. The standard Edition.

Freud, A. (1936). *The ego and the Mechanisms of Defence*. International Universities Press.

Garnault, D. (2017). A Double Hope? On A Few Representational and Fantasmatic Issues in Uterus Transplants: *Research in Psychoanalysis*, *N° 23*(1), 69–78. https://doi.org/10.3917/rep1.023.0069

Garrison, C. L. (2022). The psychoanalytic relational clinician as the transitional object: the lived experiences of male borderline patients on separation-individuation and object constancy. 136.

Gasner, A., & P A, A. (2022). Physiology, Uterus. In *StatPearls*. StatPearls Publishing. http://www.ncbi.nlm.nih.gov/books/NBK557575/

Gibson T Green. (2022). *Hysterectomy and Self-Esteem Among African American Women*[Doctoral dissertation, Walden University]. ProQuest. https://www.proquest.com/openview/da616412ed5b0a91288ce4a131a826ec/1.pdf?pq-origsite=gscholar&cbl=18750&diss=y

Godfrind, J.(2001). *Comment la feminité vient aux femmes*. Presse Universitaires de France

Goudarzi, F., Khadivzadeh, T., Ebadi, A., & Babazadeh, R. (2021). Iranian women's self-concept after hysterectomy: A qualitative study. *Iranian Journal of Nursing and Midwifery Research*, *26*(3), 230. https://doi.org/10.4103/ijnmr.IJNMR_146_20

Grung, A. H., Kartzow, M. B., & Solevag, A. R. (2015). *Bodies, Borders, Believers: Ancient Texts and Present Conversations*. Wipf and Stock Publishers.

Gustafsson, J. (2017). *Single case studies vs. Multiple case studies: A comparative study*. 15.

Huang, C.-C., Lo, T.-S., Huang, Y.-T., Long, C.-Y., Law, K.-S., & Wu, M.-P. (2020). Surgical Trends and Time Frame Comparison of Surgical Types of Hysterectomy: A Nationwide, Population-based 15-year Study. *Journal of Minimally Invasive Gynecology*, *27*(1), 65-73.e1. https://doi.org/10.1016/j.jmig.2019.02.020

I. Borten-Krivine. (2000). *Chirurgie gynécologique et psyché*. https://www.edimark.fr/lettre-gynecologue/chirurgie-gynecologique-psyche#

Igbodike, E., Adepiti, C., Ubom, A., Ajenifuja, K., Loto, O., Fasubaa, O., Onwudiegwu, U., & Orji, O. (2020). Trends in vaginal hysterectomy in a Nigerian teaching hospital: A 14-year review. *Tropical Journal of Obstetrics and Gynaecology*, *37*(1), 160. https://doi.org/10.4103/TJOG.TJOG_20_20

Igboeli, P., W, W., A, M., A, S., & A, A.-H. (2019). Burden of Uterine Fibroids: An African Perspective, A Call for Action and Opportunity for Intervention. *Current Opinion in Gynecology and Obstetrics*, 287–294. https://doi.org/10.18314/cogo.v2i1.1701

Irigaray, L., & Irigaray, L. (1994). *Thinking the difference: For a peaceful revolution*. Athlone.

Joly, F. (2009). Chapitre 10. Corps et psyché. In *Les grandes problématiques de la psychologie clinique* (pp. 175–194). Dunod. https://doi.org/10.3917/dunod.mart.2009.01.0175

Kassem, Z., Coleman, C. M., Bossick, A. S., Su, W.-T., Sangha, R., & Wegienka, G. (2019). Patient Perceptions of Planned Organ Removal During Hysterectomy. *Journal of Patient-Centered Research and Reviews*, *6*(1), 28–35. https://doi.org/10.17294/2330-0698.1658

Kendra, C. (2022). *Identity vs. Role Confusion in Psychosocial Development*. Verywell Mind. https://www.verywellmind.com/identity-versus-confusion-2795735

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher*, *42*(8), 846–854. https://doi.org/10.1080/0142159X.2020.1755030

Kouam, L., Kongnyuy, E. J., Ngassa, P., Fomulu, N., Wamba, M. T., & Doh, A. S. (2005). Hysterectomy: A 12-year retrospective review in the Yaounde University Teaching Hospital. *Clinics in Mother and Child Health*, *2*(2), Article 2. https://www.ajol.info/index.php/cmch/article/view/35834

Labrecque, C. (2017). The Glorified Body: Corporealities in the Catholic Tradition. *Religions*, *8*(9), 166. https://doi.org/10.3390/rel8090166

Leader, D. (2009). *The New Black: Mourning, Melancholia and Depression*. Penguin Adult.

Lee, B., Kim, K., Park, Y., Lim, M. C., & Bristow, R. E. (2018). Impact of hospital care volume on clinical outcomes of laparoscopic radical hysterectomy for cervical cancer: A systematic review and meta-analysis. *Medicine*, *97*(49), e13445. https://doi.org/10.1097/MD.0000000000013445

Lee, C. (2001). Non-Clinical Risk Factors of Hysterectomy. *All Graduate Theses and Dissertations*. https://doi.org/10.26076/ebdf-4724

Little, W., & Ron, M. (2014). *Chapter 3. Culture*. https://opentextbc.ca/introductiontosociology/chapter/chapter3-culture/

Loi n° 2005-102 du 11 février 2005 pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées (1).

Lumsden, M. A., Hamoodi, I., Gupta, J., & Hickey, M. (2015). Fibroids: Diagnosis and management. *BMJ*, h4887. https://doi.org/10.1136/bmj.h4887

Luoto, R., Keskimäki, I., & Reunanen, A. (1997). Socioeconomic Variations in Hysterectomy: Evidence from a Linkage Study of the Finnish Hospital Discharge Register and Population Census. *Journal of Epidemiology and Community Health (1979-)*, *51*(1), 67–73. https://www.jstor.org/stable/25568406

Mannard, J. G. (1986). Maternity... of the Spirit: Nuns and Domesticity in Antebellum America. *U.S. Catholic Historian*, *5*(3/4), 305–324. http://www.jstor.org/stable/25153767

Markovic, M., Manderson, L., & Warren, N. (2008). Pragmatic Narratives of Hysterectomy Among Australian Women. *Sex Roles*, *58*(7–8), 467–476. https://doi.org/10.1007/s11199-007-9361-7

Martins, C., Pinto, B., Soares, M., Muniz, R., Pickersgill, M., & Antoniolli, L. (2013). FEMININE IDENTITY: THE REPRESENTATION OF THE UTERUS FOR WOMEN UNDERGOING HYSTERECTOMY. *Revista de Pesquisa: Cuidado é*

Fundamental Online, *5*(4), 574–582. https://doi.org/10.9789/2175-5361.2013v5n4p574

Marván, Ma. L., Quiros, V., López-Vázquez, E., & Ehrenzweig, Y. (2012). Mexican Beliefs and Attitudes Toward Hysterectomy and Gender-Role Ideology in Marriage. *Health Care for Women International*, *33*(6), 511–524. https://doi.org/10.1080/07399332.2011.610540

Maze, J. (2018). Public and Private Lives: Judith Butler's Grief and the Loss of Black Self. *Gender Studies*, *17*(1), 45–56. https://doi.org/10.2478/genst-2019-0004

Mbakwa, M. R., Tendongfor, N., Ngunyi, Y. L., Ngek, E. S. N., Alemkia, F., & Egbe, T. O. (2021). Indications and outcomes of emergency obstetric hysterectomy; a 5-year review at the Bafoussam Regional Hospital, Cameroon. *BMC Pregnancy and Childbirth*, *21*(1), 323. https://doi.org/10.1186/s12884-021-03797-3

Mboua, C. P., & Roger Nguépy Keubo, F. (2021). Modélisation d'une approche théorique du deuil blanc dans l'accompagnement psychologique et sociale de l'amputation d'organe en chirurgie oncologique: Une ressource pour l'accompagnement en soins palliatifs. *Médecine Palliative*, *20*(3), 167–171. https://doi.org/10.1016/j.medpal.2020.07.006

Mcintosh, I., & Wright, S. (2019). Exploring what the Notion of 'Lived Experience' Offers for Social Policy Analysis. *Journal of Social Policy*, *48*(03), 449–467. https://doi.org/10.1017/S0047279418000570

Meyor, C. (2007). *Le sens et la valeur de l'approche phénoménologique*. 16.

Michael, D., Mremi, A., Swai, P., Shayo, B. C., & Mchome, B. (2020). Gynecological hysterectomy in Northern Tanzania: A cross- sectional study on the outcomes and correlation between clinical and histological diagnoses. *BMC Women's Health*, *20*(1), 122. https://doi.org/10.1186/s12905-020-00985-9

Mijolla, A. de. (2006). *International dictionary of psychoanalysis = Dictionnaire international de la psychanalyse*. Thomson Gale.

Mitchell, S. A. (1981). The Origin and Nature of the "Object" in the Theories of Klein and Fairbairn. *Contemporary Psychoanalysis*, *17*(3), 374–398. https://doi.org/10.1080/00107530.1981.10745670

Mohammed, W. E., Salama, F., Tharwat, A., Mohamed, I., & ElMaraghy, A. (2017). Vaginal hysterectomy versus laparoscopically assisted vaginal hysterectomy for large uteri between 280 and 700 g: A randomized controlled trial. *Archives of Gynecology and Obstetrics*, *296*(1), 77–83. https://doi.org/10.1007/s00404-017-4397-6

Nana, T. N., Tchounzou, R., Mangala, F. N., Essome, H., Kobenge, F. M., Adamo, B., Halle, G. E., Egbe, T. O., & Nguefack, C. T. (2021). Hystererectomy in a Tertiary Hospital in a Sub-Saharan Setting: A 20-Year Retrospective Review of the Indications, Types and Analysis of Technical Index. *Open Journal of Obstetrics and Gynecology*, *11*(07), 885–897. https://doi.org/10.4236/ojog.2021.117083

Nguyen, N. T., Merchant, M., Ritterman Weintraub, M. L., Salyer, C., Poceta, J., Diaz, L., & Zaritsky, E. F. (2019). Alternative Treatment Utilization Before Hysterectomy for Benign Gynecologic Conditions at a Large Integrated Health System. *Journal of Minimally Invasive Gynecology*, *26*(5), 847–855. https://doi.org/10.1016/j.jmig.2018.08.013

Perrotta, D. G. (2020). *Human Mechanisms of Psychological Defense: Definitions, Historical and Psychodynamic Contexts, Classifications and Clinical Profiles*. *7*(1), 7.

Pinar, G., Okdem, S., Dogan, N., Buyukgonenc, L., & Ayhan, A. (2012). The Effects of Hysterectomy on Body Image, Self-Esteem, and Marital Adjustment in Turkish Women With Gynecologic Cancer. *Clinical Journal of Oncology Nursing*, *16*(3), E99–E104. https://doi.org/10.1188/12.CJON.E99-E104

Pitter, M. C., Simmonds, C., Seshadri-Kreaden, U., & Hubert, H. B. (2014). The Impact of Different Surgical Modalities for Hysterectomy on Satisfaction and Patient Reported Outcomes. *Interactive Journal of Medical Research*, *3*(3), e11. https://doi.org/10.2196/ijmr.3160

Pity, I., Jalal, J., & Hassawi, B. (2011). *Hysterectomy: A Clinicopathologic Study*. *17*, 7–16.

Pollack, L. M., Olsen, M. A., Gehlert, S. J., Chang, S.-H., & Lowder, J. L. (2020). Racial/Ethnic Disparities/Differences in Hysterectomy Route in Women Likely Eligible for Minimally Invasive Surgery. *Journal of Minimally Invasive Gynecology*, *27*(5), 1167-1177.e2. https://doi.org/10.1016/j.jmig.2019.09.003

Price, J. T., Zimmerman, L. D., Koelper, N. C., Sammel, M. D., Lee, S., & Butts, S. F. (2017). Social determinants of access to minimally invasive hysterectomy: Reevaluating the relationship between race and route of hysterectomy for benign disease. *American Journal of Obstetrics and Gynecology*, *217*(5), 572.e1-572.e10. https://doi.org/10.1016/j.ajog.2017.07.036

Prütz, F., Knopf, H., von der Lippe, E., Scheidt-Nave, C., Starker, A., & Fuchs, J. (2013). [Prevalence of hysterectomy in women 18 to 79 years old: Results of the German Health Interview and Examination Survey for Adults (DEGS1)]. *Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz*, *56*(5–6), 716–722. https://doi.org/10.1007/s00103-012-1660-7

Rannestad, T. (2005). Hysterectomy: Effects on quality of life and psychological aspects. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *19*(3), 419–430. https://doi.org/10.1016/j.bpobgyn.2005.01.007

Rannestad, T., Eikeland, O.-J., Helland, H., & Qvarnström, U. (2001). The quality of life in women suffering from gynecological disorders is improved by means of

hysterectomy. *Acta Obstetricia et Gynecologica Scandinavica*, *80*(1), 46–46. https://doi.org/10.1080/791201833

Rodriguez, M. (2015). *Femininity and consecration*. http://www.laity.va/content/laici/en/sezioni/donna/tema-del-mese/consacrazione.html

Rogers, M. L. (1978). Fascinating Womanhood as a Regression in the Emotional Maturation of Women. *Psychology of Women Quarterly*, *2*(3), 202–214. https://doi.org/10.1111/j.1471-6402.1978.tb00503.x

Sabine, M. (2013). *Veiled Desires: Intimate Portrayals of Nuns in Postwar Anglo-American Film*. Fordham University Press. https://doi.org/10.5422/fordham/9780823251650.001.0001

Sadehi, C. T. (2012). Beloved and Julia Kristeva‟s The Semiotic and The Symbolic. *Theory and Practice in Language Studies*, *2*(7), 1491–1497. https://doi.org/10.4304/tpls.2.7.1491-1497

Sarlin, D. N. (1963). Feminine Identity. *Journal of the American Psychoanalytic Association*, *11*(4), 790–816. https://doi.org/10.1177/000306516301100406

Schmidt, A., Sehnem, G. D., Cardoso, L. S., Quadros, J. S. de, Ribeiro, A. C., & Neves, E. T. (2019). Sexuality experiences of hysterectomized women. *Escola Anna Nery*, *23*(4), e20190065. https://doi.org/10.1590/2177-9465-ean-2019-0065

Shekhar, C., Paswan, B., & Singh, A. (2019). Prevalence, sociodemographic determinants and self-reported reasons for hysterectomy in India. *Reproductive Health*, *16*(1), 118. https://doi.org/10.1186/s12978-019-0780-z

Silva, C. de M. C. e, Santos, I. M. M. dos, & Vargens, O. M. da C. (2010). A repercussão da histerectomia na vida de mulheres em idade reprodutiva. *Escola Anna Nery*, *14*(1), 76–82. https://doi.org/10.1590/S1414-81452010000100012

Solbrække, K. N., & Bondevik, H. (2015). Absent organs—Present selves: Exploring embodiment and gender identity in young Norwegian women's accounts of hysterectomy. *International Journal of Qualitative Studies on Health and Well-Being*, *10*, 10.3402/qhw.v10.26720. https://doi.org/10.3402/qhw.v10.26720

Sparic, R., Hudelist, G., Berisavac, M., Gudovic, A., & Buzadzic, S. (2011). Hysterectomy throughout history. *Acta Chirurgica Iugoslavica*, *58*(4), 9–14. https://doi.org/10.2298/ACI1104009S

Stewart, E., Cookson, C., Gandolfo, R., & Schulze-Rath, R. (2017). Epidemiology of uterine fibroids: A systematic review. *BJOG: An International Journal of Obstetrics & Gynaecology*, *124*(10), 1501–1512. https://doi.org/10.1111/1471-0528.14640

Surgical operations and procedures statistics. (n.d.). Retrieved 11 April 2022, from https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Surgical_operations_and_procedures_statistics

Tasca, C., Rapetti, M., Carta, M. G., & Fadda, B. (2012). Women And Hysteria In The History Of Mental Health. *Clinical Practice & Epidemiology in Mental Health*, *8*(1), 110–119. https://doi.org/10.2174/1745017901208010110

Tavares, M., Moreira, M. I., Ferreira, P., Tavares, P., & Silva, S. (2016). *L'expérience vécue: Une approche phénoménologique en sciences infirmières*. 13.

Temkin, S. M., Minasian, L., & Noone, A.-M. (2016). The End of the Hysterectomy Epidemic and Endometrial Cancer Incidence: What Are the Unintended Consequences of Declining Hysterectomy Rates? *Frontiers in Oncology*, *6*. https://www.frontiersin.org/article/10.3389/fonc.2016.00089

Thakar, R., Ayers, S., Georgakapolou, A., Clarkson, P., Stanton, S., & Manyonda, I. (2004). Hysterectomy improves quality of life and decreases psychiatric symptoms: A prospective and randomised comparison of total versus subtotal hysterectomy. *BJOG:*

An International Journal of Obstetrics and Gynaecology, *111*(10), 1115–1120. https://doi.org/10.1111/j.1471-0528.2004.00242.x

Tsala Tsala, J-P. (1989). Secret de famille et clinique de la famille africaine. *Le divan familial*, *2* (19), 31- 46

Tschanz, A. (2021, January 8). Feminism: An Obstacle to Religious Life. *Vocation Blog*. https://vocationblog.com/2021/01/feminism-an-obstacle-to-religious-life/

Vandyk, A. D., Brenner, I., Tranmer, J., & Van Den Kerkhof, E. (2011). Depressive Symptoms Before and After Elective Hysterectomy. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, *40*(5), 566–576. https://doi.org/10.1111/j.1552-6909.2011.01278.x

Vanheule, S., & Verhaeghe, P. (2009). Identity through a Psychoanalytic Looking Glass. *Theory & Psychology*, *19*(3), 391–411. https://doi.org/10.1177/0959354309104160

Vermersch, P. (2016). *L'entretien d'explicitation une superbe imprudence méthodologique! Remémoration et explicitation*. 21.

Vermersch, P. (1997). *La référence à l'expérience subjective | Pierre Vermersch—Academia.edu*. https://www.academia.edu/7441041/La_r%C3%A9f%C3%A9rence_%C3%A0_lexp%C3%A9rience_subjective

Wang, X. Q., Lambert, C. E., & Lambert, V. A. (2007). Anxiety, depression and coping strategies in post-hysterectomy Chinese women prior to discharge. *International Nursing Review*, *54*(3), 271–279. https://doi.org/10.1111/j.1466-7657.2007.00562.x

Welnowski-Michelet, P. (2005). *Approche clinique de la crise identitaire du demandeur d'emploi de longue durée et de sa dynamique de ré-intégration socioprofessionnelle: Vers une pédagogie de la restructuration identitaire* [These de doctorat, Paris 5]. https://www.theses.fr/2005PA05H003

WHO. (2021). *Endometriosis*. https://www.who.int/news-room/fact-sheets/detail/endometriosis

WHO. (2022). *Cancer*. https://www.who.int/news-room/fact-sheets/detail/cancer

Winnicott, D. W., & Rodman, R. (2010). *Playing and reality* (Reprint). Routledge.

Worden, J. W. (Ed.). (2018). *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (5th ed., pp. 978-0-8261-3475–2). Springer Publishing Company. https://doi.org/10.1891/9780826134752

Wright, M. A. (2022). *Appropriateness of hysterectomy for treatment of noncancerous gynecologic conditions*. 313.

Yazbeck, C. (2004). La fonction érotique après hystérectomie. *Gynécologie Obstétrique & Fertilité*, *32*(1), 49–54. https://doi.org/10.1016/j.gyobfe.2003.10.026

Zarshenas, M., Sorkhenezhad, M., & Akbarzadeh, M. (2020). Comparison of Quality and Lifestyle in Women with and Without Uterine Leiomyoma Referred to Gynecology Clinics of Shiraz University of Medical Sciences in 2018. *Shiraz E-Medical Journal*, *22*(2). https://doi.org/10.5812/semj.100815

Zubin, M. (2018). *The womb of the church: Uterine expulsion in the early middle ages—University of Edinburgh Research Explorer*. https://www.research.ed.ac.uk/en/publications/the-womb-of-the-church-uterine-expulsion-in-the-early-middle-ages

APPENDIX

Thank you for agreeing to participate in this study. My name is DONGMO TETSOPGIUM CHESLY NIRA and I am a psychologist student at the University of Yaoundé I, I am conducting a research study on the feminine identity of nuns after a hysterectomy, and I would like to ask you some questions about your experiences. Please feel free to ask me any questions you may have, and please know that you can stop the interview at any time if you feel uncomfortable or do not want to answer a question.

Before we begin, I would like to explain that this is a qualitative research study, which means that I am interested in understanding your experiences and perspectives in your own words. There are no right or wrong answers to the questions I will be asking, and I am not looking for specific responses. I am simply interested in hearing about your experiences and what you think and feel about them.

Do you have any questions about the study before we begin?

- Great, let's get started.

I'm a Sister, I'm 38 years old and I'm a nun, so I've been in religious life for uh...it's been 18 years already and uh...I have great responsibilities. I come from a family of five children; three girls, two boys and I am the eldest in my family. So, I am in religious life, and I am very fulfilled in religious life. I am with my community here in Yaoundé, and things are going well. We have our good times sometimes difficulties are like every life but I am well fulfilled, I am fulfilled in religious life. So what led me to become a nun? ? it's that in (…) my village, where I grew up a little, where I spent my childhood, there was a religious community next to us and we also lived not far from the church, and every time we went to church, we prayed to the sisters and I admired them a lot and also I come from a very religious family, my parents were very pious and we went to mass every Sunday and here I took taste for the religious thing, and that's how I started seeing sisters, I went there I did a lot of activities with them, I stayed with them, I talked a lot with them, and like that I felt deep inside me that I wanted to be a nun. That's how I said I presented my desire to become a nun to my parents who! who welcomed the news because we were because even in a very religious family they welcomed this desire, and I went to see the priest of my parish, and I told him too and he agreed but he asked me which congregation I wanted to go to, I thought of the sisters who were right next to us but in the end that's not where I went and I finally chose my current congregation. So I walked with the sisters and I decided to uh…to enter fully into their congregation. I followed the steps, I followed the postulancy and then I entered the novitiate, and after four years, it's four years yes! I made my profession, and until today I have already made my perpetual vows. So, religious life was going well for me because I feel that this is where I should be, this is where I have always wanted and

responded to the call of the Lord that I felt deep inside me, I responded positively to the call of the Lord.;

So uh… regarding uh… uh… uh… (hesitation) how am I going to say this, regarding uh…, my problem and I had already started to feel uh…that I had disturbances at the level of my menstrual cycle, and uh…it was uh… quite painful and well I took medication, I endured it for a while but after that it became more and more complicated and this time around I went to hospital, I was prescribed a series of tests, which I did and the doctor said that I had a lot of myomas, a lot of myomas were present but they told me a lot of women we're living with them, and that it was no problem and that if I could bear it. But over time it got worse, I had enough heavy bleeding, and that's how when I went back to the hospital; the doctor found that myomas have taken on a lot of volume, it's was another hospital, went to another hospital, so the medicine did not find that (silence) the myomas had taken on a lot of volume, and he had told me that as they are placed, it was becoming difficult for me so, so I don't know but at the time I didn't understand well at first or then I don't know but I had the impression that I didn't understand well and I asked him again what does that means? and he told me uh…that I was going to have a hys-te-rec-to-mie, yes! that they were going to remove my uterus, and that made me a very big shock, I don't know why, but it shocked me a lot I had like a strong pain that pierced my chest, a very very strong pain and I was silent for about ten minutes I didn't understand what was happening to me, I even started to sweat, I was shaking, I was saying but how can this happen to me? how is it possible? how? I don't know it was very, very difficult, it was because even very strong news, and I took a deep breath, and then I didn't even have the courage to ask the doctor questions (…). I left.it was after a few days that I came back to see him to ask him… did he say that's what I understood, "…he repeated the same thing to me it was again a shock, as if I was learning it for the first time, it was very very difficult, I had to come home very downhearted, I arrived at the community, everyone asked me what was going on, everyone was noticed that I was not in a good mood and were worried, but then I couldn't tell, I didn't say anything, I went to my room, then I cried, I cried, I cried, I cried. cried a lot, and I asked my god! but what is happening to me? why me? what? how is it possible?, and uh, here I slept, in the morning I was able to tell some of my sisters, especially the leaders, and everyone was dejected, it was difficult, and one of the sisters advised me to do a second opinion expertise, which I did, so I went to see another doctor and the sentence was the same, it was the same sentence! so uh, I finally understood that was it, and here it is, with the pain it was still as sharp but I ended up

understanding that this was my fate and that I had to take responsibility of it so uh I spent some time and then finally I went to see the first doctor who had given the diagnosis, and then, I said that's good, I'm ready for the operation.

It was not easy, I assure you, it was not easy but I arrived so we scheduled the operation, but this that day it was I didn't know will I live or not live, I saw this part of me that was going to leave me, it's as if a part of me was being removed, I felt this great pain that invaded me, I saw my body separating from me, was it very very painful, but I was operated on, but I have to tell you that since this operation, I'm not the same, I'm not the same uh…I feel like I'm missing something, I feel like I'm missing something, I'm not the same, there's a big part of me that's gone, a very big part of my body, my uterus, my womanhood, I feel it deep inside, and I've felt a lot of sadness ever since, I think I've never been the same again that I was never the same, everything has changed, I'm not longer the same… I feel I'm not a full woman because of the operation, I am fulfilled with my sisters, I have a lot of activities, I keep myself busy, and I even have a lot of responsibilities, but uh, every time I come home, I I'm alone in my room, I think, I've never forgotten what happened, I think and I feel that there's a part of me that's missing, there's a part of me that lack and I assure you it's painful, above all I feel unhappy, very very unhappy. . Ah yes! I feel really unhappy, I feel, I'm not complete, I'm not whole, I don't know but I feel, and You see every time I think, I have tears in my eyes, I I'm recovering, cried like that day, where I learned, I started crying again, until it's been over seven years; it's been over seven years since it happened but the pain is still so lively, it's still so difficult for me, very very difficult., there's something I missing, something was torn from me, I was taken away and I'm in pain.

I feel like I'm missing something, I feel like I'm missing something, I'm not the same, there's a big part of me that's gone, a very big part of my body, I feel it deep inside, and I've felt a lot of sadness ever since, I think I've never been the same again that I was never the same, everything has changed, I'm not longer the same… I feel I'm not complete (long silence), in my own situation as a sister, I made a promise to God to worship him Uh… I offered myself to God, my whole self as an offering to God but now I am not complete, I have failed to keep my promise(sobs) Uhm… it has been very difficult for me accepting this surgery in general and amongst the most significant is living a life unable to fulfill the promise, I made to God (sobs), I feel very empty inside (crying) and that paralyses my inner being, I feel, the

communion I have with God has been destroyed, I am ashamed of myself. How would my place in the convent be justified now (…) each day come more and more difficult to bear this hurtful reality in mind.

The only positive aspect of this surgery I can tell is the relieve from myoma but the pain I felt by then is nothing compared to what I feel now.

I just spoke to some reverends who gave me a moral support, sometimes being with them and those I cater for, help ease the pain but after of that (…) uhm…Uhm when I find myself alone in my room, I feel overwhelmed by what happened, my relationship with God I feel would no more be the same, that sacred place has been taken away.

, I have taken solemn vow, I answered God's call and I am very fulfilled with it, but I don't know what is happening... I feel I'm not that full who promised to serve God because of the operation, I don't think I will ever recover from it. I don't think I will ever get over the fact that I am not complete; I have failed God. (Silence) uhm No nothing more

Conclusion:

Thank you for sharing your experiences with me. I really appreciate your willingness to share your thoughts and feelings with me.

Do you have any final thoughts or questions about the study?

Not Really!

Thank you again for your participation in this study. Your insights and experiences are invaluable and will help to deepen our understanding of the emotional response of nuns to a hysterectomy.

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