



CASE REPORT

Open Access

## Maternal Object Loss and Feminine Identity: A Single Case Study of a Hysterectomized Nun

Ndje Ndje Mireille<sup>1\*</sup>, Dongmo Tetsopguim Chesly Nira<sup>2</sup> and Tsala Tsala Jacques Philippe<sup>3</sup>

<sup>1</sup>Associate Professor, Clinical Psychologist, Department of Psychology, University of Yaounde 1, Cameroon.

<sup>2</sup>Master in Clinical Psychology, Department of Psychology, University of Yaounde 1, Cameroon.

<sup>3</sup>Full Professor, Clinical Psychologist, Department of Psychology, University of Yaounde 1, Cameroon.

### ABSTRACT

Hysterectomy is a gynecological surgery that puts an end to the dream of pregnancy and questions the feminine identity as well as the destiny of the femininity. The theory of choice stipulates that when a choice is made, the subject anticipates the result of the said choice and integrates it. 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, we observed the manifestation of psychological suffering linked to the absence of the uterus in a nun. The goal of this study is to understand the place of the uterus in the feminine identity of a religious nun. 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, it is clear that the psychological distress is due to the loss of an important object of attachment (Uterus) but the reason for this suffering is linked to the covenant made to God which is revealed as the foundation of her life of faith, of an offering of oneself as a whole. 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.

### ARTICLE HISTORY

Received Date: 11 Feb 2024

Accepted Date: 19 Mar 2024

Published Date: 26 Mar 2024

### KEYWORDS

Lived experience, Hysterectomy, Femininity, Nun, Identity.

### Background

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 and most of the women of the black community undergoing hysterectomies are of a childbearing age. 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. This research 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 [1]. The uterus symbolises "femininity" and "motherhood", a metonymy indeed for these women, a heavily invested organ for females where their identity lies [2]. Losing it is experienced as losing what make them who they

are, an important source of analysis has been destroyed. So, for those women who are in religious orders, little studies have been done to understand how they can experience 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 according to Worden [3] who posits that when death confirms our solid beliefs we overcome mourning easily and Cramer [4] 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

**Contact:** Ndje Ndje Mireille, Associate Professor, Clinical Psychologist, Department of Psychology, University of Yaounde 1, Cameroon.

of this situation drives us towards Freud's theory on femininity, which posits no 'normal' femininity without maternity [5].

According to Robinson et al., the black community had the highest percentage of hysterectomies with 33%, 23% for Whites, 22% for Hispanics, and 9% for Asians. In Africa, they were a paucity of results concerning this area. It is noteworthy that a majority of African women have pathologies such as uterine fibroids [6]. Therefore, hysterectomy is highly recommended within the black population than within Caucasian women. Besides, Africa, often practiced surgical route is abdominal [7]. Adama and colleagues [8] published the statistics gotten from the University of Teaching hospital of Ouagadougou, Burkina Faso, which indicated a prevalence rate of 3.8% [8]. In Nigeria, vaginal hysterectomy rate is 13.0% [9]. In Cameroon, Nana et al. [10] recorded that the average age of those who performed hysterectomy was 45.75± 71 and the ages ranging from 40-50 years 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 [10].

Some renowned scholars brought up cultural factors, which include people's beliefs and attitudes toward hysterectomy and how they respond to it. 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 [11]. 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. The womb is a female organ best associated with femininity, sexuality and fertility [2]. 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 [12].

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 [12]. 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 [13,14]. 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 [15].

Just as other authors above had mentioned, with a recent research conducted by Godrarzi and his team 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 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. [1]. 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 [16]. 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. In the article of Garnault [12], she made mentioned of I. G's Leon 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 (1). 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" [12]. 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 this study the 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. Bertrand [17] 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 [17]. This religious identity is formed through a process, that starts by a decision and a lengthy period of preparation to solidify this new identity.

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. 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." 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. 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.

The process of entering into the nunnery can be compared to mourning the maternal potentialities like reproduction and other worldly materials, in this way as Freud 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). The religious, sublimates forbidden emotions or desires for the glory of God and charity. We encountered a nun who had had hysterectomy which comes to confirm her life choice and as argued by Worden, [3] when a death confirms basic beliefs mourning becomes less of a challenge. According to these different authors [3], when a nun renounces maternity, we expected that no matter the difficulty, 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 [5] which posited that there is no normal femininity without maternity.

## Methodology

We are interested in circumscribing this research around a Christian nuns from the catholic denomination in an African cultural context, in Cameroon precisely. The study is interested in the distortion of the feminine identity due to the lived experience of hysterectomy in celibate women, a religious nun of a reproductive age who have undergone hysterectomy. Our present inquiry 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. We went through the clinical method which is interested in providing an answer to concrete life situations of an individual suffering. We used the single case study.

In this research, having in perspective the objective we aimed at, we conducted a non-directive 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 one hour and went on in an appropriate environment as it had most of the characteristics of a good clinical environment such as calmness, neutral, and clean. The participant gave her consent to participate to the study.

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. 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 were singled out.

## Findings

### Presentation of the Participant

We recruited a participant by the fictive name 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 devastating 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.

### 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 Lived Experience of Hysterectomy**

The lived experience of hysterectomy 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 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. 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.

### **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 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 order 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 analysis 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 define 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 proves her faith.

### **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.

### **The Phenomenological Approach**

Here, our attention is driven towards the lived experience of hysterectomy as it appears in the conscious mind of Maria.

### **The Meaning Given to the Lived Experience Hysterectomy**

Husserl responds to 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. 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, xs. In this study, just as precised by Meyor found that the participant had her own meaning she gave to her lived experience of hysterectomy.

As specified by Meyor, 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.

### **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 [18]. 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. 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.

### **Singularity of the experience**

According to Vermersch [19], 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. In Maria's 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.

### **The Psychodynamic Approach on Femininity 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 [20]. 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 such as the uterus. Because they believed people's personality is built from those relationships [21] 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 pre[oedipal] phase as determining to the girl's child access to femininity. 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.

### **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.

### **Discussion of the Results**

At this level, we are going to convoke the existing literature in order to confront it with our current findings. 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.

### **Psychological Suffering in the Hysterectomized Nun**

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, the uterus being part of the highly invested organ in

women is what makes the experience more dilapidating. Many authors regard the womb as a "symbolic space". This organ is important regardless of whether a woman desires children or not. 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, Worden [3], Cramer [4] 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 use of the mature defence mechanisms no pathologies are expected. This is not the case here neither for Beltran 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 and Worden [3] 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.

### **Catholic Conception of the Body**

The monotheist concept of an all-powerful God as Michèle Bertrand asserts [17] 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". 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.

### **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. 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”.

Since hysterectomy according to Beltran “*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*” 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.*

## Conclusion

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). Covering the psychological consequences of hysterectomy 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. From a methodological point of view, we choose the qualitative approach specifically the clinical method based on a single case study. 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 only 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. 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.

## References

1. Goudarzi F, Khadivzadeh T, Ebadi A, Babazadeh R. Iranian women's self-concept after hysterectomy: A qualitative study. *Iran J Nurs Midwifery Res.* 2021; 26(3): 230-237.
2. Martins C, Pinto B, Soares M, Muniz R, Pickersgill M, et al. Feminine Identity: The Representation of The Uterus for Women Undergoing Hysterectomy. *Revista de Pesquisa: Cuidado é Fundamental Online.* 2013; 5(4): 574-582.
3. Worden JW. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner.* 5th ed. Springer Publishing Company. 2018.
4. Cramer P. Understanding Defense Mechanisms. *Psychodyn Psychiatry.* 2015; 43(4): 523-552.
5. Choukroun-Schenowitz J. La jouissance féminine et le maternel en questions. *Revista Latinoamericana de Psicopatologia Fundamental.* 2021; 24(4): 570-585.

6. Dillaway HE. Are hysterectomies necessary? Racial-ethnic differences in women's attitudes. *J Women Aging*. 2016; 28(4): 309-321.
7. Chale GJ, Salim RM, Leshabari KM. Clinical indications for total abdominal hysterectomy among women seen in Dar es Salaam regional referral hospitals, Tanzania: A prospective, observational hospital-based study. *Pan Afr Med J*. 2021; 38(10).
8. Adama O, Gueswendé KFX, Rodrigue SS, Danielle MF, Issa O, et al. Indications and Prognosis of the Hysterectomy Operation in the Obstetrics and Gynecology Department at the University Teaching Hospital of Ouagadougou (UTH-YO) Burkina.
9. Igbodike E, Adepiti C, Ubom A, Ajenifuja K, Loto O, et al. Trends in vaginal hysterectomy in a Nigerian teaching hospital: A 14-year review. *Tropical Journal of Obstetrics and Gynaecology*. 2020; 37(1): 160-166.
10. Nana TN, Tchounzou R, Mangala FN, Essome H, Kobenge FM, et al. Hysterectomy 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*. 2021; 11(7): 885-897.
11. Desai S, Shukla A, Nambiar D, Ved R. Patterns of hysterectomy in India: A national and state-level analysis of the Fourth National Family Health Survey (2015–2016). *BJOG*. 2019; 126(S4): 72-80.
12. Garnault D. A Double Hope? On A Few Representational and Fantasmatic Issues in Uterus Transplants: Research in Psychoanalysis. 2017; 23(1): 69-78.
13. Erdoğan E, Demir S, Çalışkan BB, Bayrak NG. 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. *J Obstet Gynaecol*. 2020; 40(7): 981-987.
14. Alshawish E. Perspective of Women about Her Body after Hysterectomy. In H. Abduljabbar (Ed) *Fibroids*. IntechOpen. 2020.
15. Flory N, Bissonnette F, Binik YM. Psychosocial effects of hysterectomy. *J Psychosom Res*. 2005; 59(3): 117-129.
16. Afiyah RK, Wahyuni CU, Prasetyo B, Dwi Winarno D. Recovery Time Period and Quality of Life after Hysterectomy. *J Public Health Res*. 2020; 9(2).
17. Bertrand M. *La Maternité de Dieu: Topique*. 2006; 96(3): 51-56.
18. Vermersch P. *La référence à l'expérience subjective | Pierre Vermersch—Academiaedu*. 1997.
19. Vermersch P. *L'entretien d'explicitation une superbe imprudence méthodologique! Remémoration et explicitation*. 2016.
20. Mijolla A. *International dictionary of psychoanalysis = Dictionnaire international de la psychanalyse*. Thomson Gale. 2006.
21. Mitchell SA. *The Origin and Nature of the Object in the Theories of Klein and Fairbairn*. *Contemporary Psychoanalysis*. 1981; 17(3): 374-398.