

## Psychoanalytical Approach of the Sterility, which is Not Medically Explained: A Case Study Based on Two Projective Tests (Rorschach and TAT)

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### Abstract

This study aims, from the psychoanalytic dynamic approach, to understand the psychopathological functioning of sterile women. We have tried to deepen, the explanation of the psychogenic sterility, from a rather important research group, which will follow our results already published in previous publications, on the psychopathological organizations underlying psychogenic sterility. This is a clinical study based on the case study. The research group is made up of 32 sterile women. The means used are: clinical interview and projective techniques (TAT and Rorschach).

The analysis of the data shows the fragility of psychic functioning in sterile women; marked by a lack of flexibility in defensive elaborations; but above all it confirmed that behind the symptom of infertility lies a story specific to each woman and a suffering that can only be expressed in a particular context of the clinic.

**Keywords:** *Psychoanalysis; Sterility; Psychopathological Functioning; Rorschach; TAT*

### Introduction

The concept of psychogenic infertility was created by medically assisted procreation. This great progress has led hospital departments to ask psychoanalysts to participate in their work. The discovery of organic causes of infertility led to the identification of infertility inexplicable physiologically, and then described as psychogenic. Such sterility sometimes exists. The cause is obviously a violent psychic trauma. Let's talk about grief, the birth of a dead or abnormal child, abortions or other dramatic situations that can lead to infertility [1].

To become a mother supposes for a woman the happy combination of different parameters. While the body can prevent conception, the psyche sometimes plays a major role. Whether they are causes or effects of the diagnosis of infertility, psychic disturbances may justify psychotherapy [2].

The relation with the mother structures the personality of an individual since the beginning, since the conception of the embryo and the unborn child. Then everything is based on the notion of bisexuality for human beings because we all, constitutionally, immanently and intrinsically, have feminine and masculine components of our personality, regardless of biological sex; it will probably have an impact on the choices we make, one way or another, about our sexual identity, our personality and our destiny as a single individual.

So recognizing the mother as a different person is the essential moment in the organization and development of the child. The mother is not recognized physically only, but this recognition is done in a relationship of love and hatred, satisfaction and frustration, the object can thus acquire its existence only if the self becomes able to recognize its loss to try to replace the lost object by identifying with it, it is on these identifications that the personality of the girl is built [3].

All hypotheses of equilibrium and homeostasis are related to the well-constituted psychic apparatus; if the psychic apparatus is not sufficiently constituted, because the last stage of development is not in place and cannot be crossed, the person is, in this case, weakened in his development. Of course, she can make her life, but her fragility will put her psychic apparatus in front of the inability to absorb all the excitations, her very body will absorb excitations and manage them [4]. To explain these psychic processes in psychogenic sterility, we used the semi-directive clinical interview and two projective tests: the Rorschach and the TAT.

### **Problematic**

To address the subject of infertility leads us to observe that in the consultations of infertility and that in the speeches of the patients on their history and on their own failure, they evoke the events of their lives relating to the reproduction of their mothers, the latter, who waited sometimes for long to have their first children, or who repeated miscarriages, gravid pathologies... the sterility must therefore be interpreted in this transgenerational context [5].

Men have always tried to prevent infertility that affects a large number of couples: overall, it is estimated that one in six couples is confronted with the problem of infertility. But it is not so much the frequency of infertility that counts but its impact on the individual. It is badly experienced in the past but also nowadays. Infertility is considered an injustice, a curse; and aroused the interest of scientists and charlatans [6].

The phenomenon of unexplained infertility concerns an inability to become pregnant despite the absence of medical explanations and despite trials of hormonal stimulation and/or artificial fertilization. Psychogenic sterility, is studied by several psychoanalysts, these latter insist that each woman has her particular problematic and the factors generating sterility, can only be heterogeneous. We can classify psychoanalytic points of view in the field of infertility into three categories: schematically, we can cite the theory of sterility as a hysterical symptom represented by certain psychoanalysts "who consider the child who does not arrive (because of sterility) as a "product of oedipal desire", this point of view, considers sterility as a symptom of conversion ([6], p.90).

The second point of view is that of psychosomatic theory: P. Marty and his disciples point out that sterile women discharge into their bodies the excess excitement produced by a conflict related to their history. Their fragile narcissism is easily traumatized by the project of introducing a whole child into a fusional couple [7].

Stora is an author who started from the theory of Pierre Marty, but who distinguished himself from him by considering his integrative psychosomatic theory as a discipline whose scientific objectives are to understand the nature of somatization. "Somatic patients are approached along three axes: a meta psychological model specific to this theory, medical approaches and finally neural circuits. Integrative psychosomatic apprehends the relationships between psychic, central nervous, autonomous nervous, immune and genetic systems; according to the theory of the five systems, itself based on the general theory of systems of Ludwig von Bertalanffy which allows to link qualitative and quantitative disciplines. Integrative psychosomatics raises a main question concerning the destiny of the external and internal excitations that assail individuals in daily life; and which primarily solicits the psychic system. This approach proposes that these Excitements are evacuated according to three modes of privileged discharge: by means of a mental work of the psychic apparatus, by the behaviors so, when these two modes are insufficient, the central nervous system transmits the excitations to the biological defense system, paving the way for somatizations" ([8], P. 281).

So for Stora, the Object must be internalized. In psychosomatic approach, the problem of the constitution of a psychic image arises because there are two images there is the image constituted by the brain with all the zones. The brain needs the image of the body to manage it, but there is, also, a psychic image through the different stages of development, and everything depends on how we lived these stages in the process of maturation. The integrative psychosomatic model brings together the different disciplines as medicine, psychoanalysis and neurosciences. This new discipline integrates the psychic functioning model of Freudian meta psychology and the other systems concerning new discoveries on the biological functioning and the recent approaches of the neurosciences. Integrative psychosomatic is a global approach to the human being and his diseases. Man is a psychosomatic unit [4,8].

Finally, the third point of view is that of Faure-Pragier, who considers the symptom of infertility to be intentional and which responds directly to the unconscious refusal to procreate without repression. According to her, sterility would act as an illegible representation of conception, leading to an abrasion of mentalization and a direct discharge of excitement into the behavior or body [1]. Sterility reflects a denial of the feminine [2].

So for Pragier, the oedipal conflict is not at the origin of infertility but it is precisely the opposite, that is to say the lack of access to the Oedipus is problematic in infertile women; the father is not invested enough, the bond with the mother is very strong but unbearable for them. Infertile women are unable to break free from the image of the archaic mother. With a similar finding about Pragier, but from a different point of view, Stora develops a model of the psychosomatic integrative which is psychoanalytically different from Freud's genital model (which focusing only on the oedipal problematic). The model that Stora developed refers to Melanie Klein and many other eminent writers who refer to the archaic and pre-genital phases of human development.

In psychoanalytic psychopathology, two important modes of mental functioning can be distinguished: a functioning that could be described as neurotic and another non-neurotic functioning. To understand this, let us call that from the psycho-dynamic point of view, "we describe three types of psychic structuration, which itself is defined according to the type of psychological maturation but also according to the defense mechanisms to which the subject resorts in a privileged way [9]. The authors agree that the diagnostic criteria for psychogenic sterility do not fall under any nosographic reference to suffice to characterize it; however, neurotic (hysterical) organizations and borderline organizations are the most cited by researchers.

The fragility of identity that accompanies non-neurotic mental functioning is associated with an intolerance of certain "psychic contents. These contents, revolving around problematic relational issues, such as dependency or envy, are actively excluded or avoided. The patient cannot appropriate these experiences, which are experienced as bad and whose exploration or questioning is experienced as persecution ([10], p.96).

If an individual has not been able to cross the threshold at the oedipal phase, this means that he has remained attached to an earlier phase of his development, which in turn will make his development fragile and its maturity problematic.

The maturation process is really complex for women. Indeed, the body is always changing. For example, by the appearance of the female rules can be traumatic (or not); it depends how it is lived by the family, how it is lived by the little girl, the pre teenager and the teenager [4]. If the first experiments prove to be bad and if the second object - that is the father - does not present any feature favorising the projection of the good aspect of the object, The way towards the most serious disorders is open: as character disorders perversion psychosis and also somatization [8].

#### **In our study, we seek to know:**

1. What are the dominant psychopathological organizations in sterile women?
2. Will sterility appear in a specific psychopathological organization?

#### **The hypotheses**

From all that we have advanced previously, we propose the following hypotheses:

1. We expect that the psychopathological organizations underlying the phenomenon of psychogenic sterility will be varied.
2. The fact that our cases live a common problem related to infertility, will not let appear a specific psychopathological organization;
3. However, whatever the psychopathological organization, the psychic functioning of the sterile woman will tend to move away from the "normality" to fit within the limit of the "pathological" with rigid and insufficient defensive provisions to be able to approach the problems proposed by the projective tests that we will apply.

#### **Objective of the Research**

The objective of our study is to show the specificity of the psychic functioning of each woman, forming part of the research group and to identify the psychic adjustments underlying the psychogenic sterility and to show then which is significant in every woman. We do not seek to classify women in psychopathological registers, but we seek to identify the specificity of each woman's problem.

This research opens perspectives for more psychology with regard to procreation:

- To show that the conception that is made in the body is also in the psyche;
- This is a very poorly addressed subject in the our country, so we hope by our modest contribution, to open up prospects for further research in the field of psychological factors relating to procreation.

#### **Limit of search**

- **Time limits:** The research took place between January 2012 and January 2014.
- **Spatial limits:** The research took place in Ouargla in one health institutions, Hay Ennaser (El Khafdji).
- **Human limits:** The research group is made up of 32 sterile women.

#### **Operational definition of concepts**

1. **Psychogenic sterility:** Is the fact of not being able to have children after 2 years of marriage, (duration specified by the doctors) and without the causes being explained medically. it is defined in our research, by the diagnosis of the doctor.

2. **Psychic functioning:** This is the way in which the person deals with the inner and outer reality; this way is detected in our search by the projective test Rorschach and TAT.
3. **Rorschach:** This test is also called, psychodiagnostic. It is a clinical tool of the psychological evaluation of the projective type developed by the psychoanalyst Hermann Rorschach in 1921. It consists of a series of symmetrical planks of spots which are proposed to the free interpretation of the evaluated person.
4. **Thematic Apperception Test (TAT):** Is a projective test used by clinical psychologists. The principle is to show planks with figurative drawings representing diverse and ambiguous social situations, and to ask the subject to tell a story about these planks, this is called passation. Several methods of interpretation can be used. In this research, we will use the method of Vica Shentoub in Paris. The clinical psychologist generally applies the Rorschach test and the TAT test together, but with an interval between the practice of the two tests (usually: two days to one week between the application of Rorschach and between the application of the TAT). The analysis of the production of people in both tests leads the psychologist to a complementary synthesis on the issues underlying the psychic functioning of each individual. According to Nina Rauch de Traubenberg, "the projective methods are a place where the theory is incarnated in a speech."

### Previous studies

The researches in the field of the procreation are very numerous in psychoanalysis but we will quote only the searches which directly related to our research:

- Sylvie Faure Pragier's research on infertility, such as that published in 1999 and 2003, where she presents her results concerning the problematic underlying infertility and where she says that the term "psychogenic sterility" poses a lot of problems and that the absence of an organic cause is a default definition that ignores the necessarily psychosomatic nature of reproduction. How can the psyche, if it acts, be able to do without the body as an intermediary? Why does the presence of an abnormality of endocrine function, ovulation or tubal permeability, affirming organicity, exclude a psychic causality? In general, but more specifically with regard to the act of reproduction, the entanglement of the psyche and the physiological seems the rule.

For Pragier, Psychogenesis and organogenesis of the symptom cannot be opposed. They stimulate each other without, however, being able to make two aspects of the same process. If anguish can have a psychic aspect and a physical aspect, infertility, on the contrary, involves a true circularity. The reciprocal influence of the psyche and the body obeys recursion. We can therefore describe a recursive loop in which the consequences are at the same time producing the process itself and where the final effect is necessary for the generation of the initial state. The recursive process is self-generated from a source that powers the startup. It is a fairly accurate models of the vicious circle that has become sterility, since that the contraception and the procreatic tried to control the mystery of fertilization.

- The study of Mari Gaille, 2008, which is part of the work of Pragier cited above, the study of Mari Gaille confirmed the need to overcome the archaic relationship to the mother and the ambivalence associated with it, to be able to be a mother.
- In Algeria, we can cite the research of Ikardouchene Zahia, who began her research in the field of maternity in 2002 with her thesis of Magister entitled: the mental functioning of women during pregnancy and after childbirth; Although this research does not directly address infertility, it has shown that it is not easy to become a mother for a woman and that being a woman does not necessarily mean being a "good" mother. Thus, for a woman to receive a child in her uterus during pregnancy, without health problems and to receive him after childbirth by the quality of care adapted to his needs (the needs of the child), she must have a good psychic functioning and the support of the entourage: medical, family, and so one... The thesis of Ikardouchene was discussed at the University of Algiers2 in July 2002. It was directed by Professor Si Moussi AER.
- We will always quote for the same author Ikardouchene, the doctoral thesis entitled: the feminine and maternal identifications in the sterile woman, this research confirm the fragility of identity and identification bases in the sterile woman. This study is a clinical study based on the case study using the Rorschach and TAT test. The thesis of Ikardouchene was discussed at the University of Algiers2 in 2012. It was directed by Professor Si Moussi AER.
- For the same author, we quote a research published in 2010, in the journal *Psychological and Educational Studies Review*, number 5, 2010, article entitled: "clinical and projective study of the psychopathological organizations underlying psychogenic sterility", the author applied the clinical method and studied the psychopathological organizations underlying psychogenic infertility. She applied the Rorschach test and the TAT test and was able to confirm that the problems underlying infertility are varied and do not respond to a single psychopathological register, despite the pathology that unites these women (i.e. infertility psychogenic) [11,12].

- Study by Ikardouchene Zahia and Stora JB. entitled: "The experience of pregnancy at risk: the point of view of integrative psychosomatic", published in 2017, in the journal *Psychological and Educational Studies Review*, Volume 11, Number 1/June 2018. The study is part of the psychosomatic psychopathology; the auteur tried to develop the approach of psychosomatic integrative. It is the meeting of a patient received as part of the monitoring of her pregnancy, which presents multiple difficulties namely toxemia of pregnancy, asthma, different allergies, gestational diabetes... This patient was before the current pregnancy, sterile for 7 years. The study is a clinical based on the clinical interview and the psychosomatic risk assessment grid of JB Stora. The study confirmed the fragility of the psychosomatic functioning of this woman.
- Ikardouchene Zahia, 2015, "Integrative Psychosomatic Approach to Maternity in Difficulty", dissertation submitted for the University Diploma in Integrative Psychosomatics, discussed in Paris, Faculty of Medicine, Pierre and Marie Curie, September 2015, dissertation under the direction of JB Stora. Published in the journal *Psychological and Educational Studies Review*, Volume 11, Number 1/June 2018.

## **Field Study Procedures**

### **Method and techniques used**

Our working method is based on the case study and uses projective techniques (RRCH and TAT). "The construction of the clinical case goes in the opposite direction. It starts from the description of the effects and will then suggest the causes. Where, by the way, it goes through the fundamental work of analysis, ordered by the hypothetical-deductive approach in its method. Thus, she constructs subtle articulations between clinical practice and theory, which allows us to finally see a relationship between the effects and the causes, that is, to induce a causal link which, like any product of clinical development, remains open to discussion, "One of the privileged areas of clinical psychology is that of psychopathology [...] psychopathology develops test methods that provide objective descriptions of the intellectual deficits of emotional disturbances or more general disorders of behavior. She describes pathological behaviors and proposes to build models to account for them ([13], p. 30).

The clinical approach therefore involves two activities: One is a "clinical mode of work allowing the collection (or reception) of data concerning a subject, these data must be rich, diversified, subjective (criterion of the representation of the subject of the problem by subject), extended (criterion of totality of the history) The other activity is the production by the clinician of an ordered explanatory representation, which must account for the determining elements of history and subjectivity of the person concerned. This explanatory representation, must satisfy the principles of totality (not isolate the symptoms and consider the subject as a totality) and the singularity (it is the person who imports with his specificities, his originality, his history) ([14], p.50).

We met each case individually, in an office reserved for our research. Three appointments are made for each woman: the first for the clinical interview, the second for the Rorschach test and the third for the TAT test. We explained for each woman our goal; We also explained to each woman that she is free to participate or not in our research and that she could leave the search at any time if she ever changed her mind; even after confirming her participation.

### **Study population**

The research took place in Ouargla in one health institutions, between January 2012 and January 2014, a period that follows our first research in the field between 2008 and 2012.

The choice of the research group was random, depending on the woman's presentation during the consultation with the doctor or midwife of the hay Ennaser health center (El Khafdji), Ouargla, Algeria. Sometimes midwives contacts by phone women they know to be sterile.

The criteria for choosing our study population:

1. The woman must be between the ages of 25 and 40 (that is, the age at which procreation is easy biologically);
2. The woman must be married (that is to say to avoid problems related to cultural and social factors: we know that in a conservative society like the society of our study, to conceive a child outside the bond marriage is forbidden);
3. Sterile for at least 2 years (according to the medical instructions of the sterility diagnosis);
4. The infertility remains unexplained according to the diagnosis of the attending physician (i.e. no cause is given medically to explain the infertility of the woman concerned by our study).
5. The infertility of the woman should not be explained, too, by problems in the husband.

### **Descriptive characteristics of the population**

The research group is made up of 32 women whose grade level extends from primary to university. All women are in the 30 to 40 age group.

### **Measuring instruments**

The technical device used: Our study is based on three techniques:

- The clinical interview;
- The Rorschach test;
- The Thematic Apperception Test (TAT).

### **The clinical interview**

The semi-structured clinical interview consists of eight axes: the personal data on the case, the story of the sterile woman's life, her reaction to care, her relationship with her family and with her husband, the woman's reaction sterile to its sterility, the explanation she gives to her sterility, her dreams and finally her projection into the future.

### **The Rorschach test**

The Rorschach test is a projective test that evaluates the intrapsychic characteristics of individuals. This instrument developed by Hermann Rorschach in 1921 is composed of 10 cards that represent ink stains. The instruction is: "What could this be?" Each card represents an unstructured stimulus and the individual projects various aspects of his inner world into his answers [15].

The first step: The examiner makes passing the ten cards, according to their order. The examiner, must record the responses and the time of return of the cards and the total time taken, as well as the gestures and the rejections.

For the second step: after the end of the request from all expert cards, the examiner moves to the investigation stage; to determine the location of the answers, he must check, also, if there is an additional answer.

The sensitivity and reliability of the Rorschach test is confirmed by numerous studies in projective psychology, clinical psychology and psychopathology [16].

### **The TAT test**

The Apperception Test Thematic is a projection test that "reveals contents relating to the personality, the nature of the conflicts, the desires and the basic reactions to the environment" [17,18]. Developed for the first time by the American biochemist Harry Murray (Murray H) in 1935 and improved, later, in 1943. Originally, the test consisted of 31 cards with ambiguous meanings corresponding to different situations: some represented landscapes, others were people of different age and sex, some are photographs and some are paintings. There are boards for all individuals and others for children or adults, depending on the age and sex of the examinees. All cards are numbered behind with signs in English letters, which indicate the person for whom the cards is intended.

One of the most important modifications of the TAT test was that of Shentoub V [19] within the research team in projective psychology in Paris, which is our theoretical reference in the analysis of TAT protocols. In the application of the TAT, the team has selected 13 boards for the exam that must be presented in one session. This series of 13 boards is sufficient to address the issues and basic situations.

According to this group, what matters is not the content of the story, but the way in which the person organizes his response in a conflict situation

These selected boards represent "universal conflict situations" and regardless of the board, it is constantly referred to the treatment of libido and aggression, in the context of the Oedipal problem (difference between the sexes and generations) or in that of the most primitive problems [15,19].

### **Method of analysis of the techniques used**

We analyzed the interviews from the content and referring to the psychoanalytic literature. It should be noted that during our analysis of the interview data, the objective is to support our clinical understanding of the case. But to understand the psychopathology of the infertility symptom in every woman, we will rely primarily on projective test data (Rorschach and TAT).



The Rorschach protocols were quoted with reference to the Cécile Beizmann quotation book [20] and analyzed with reference to the work of C Chabert [18,21].

For the classification of women according to the pathological register, we refer the reader to the grids established by Si Moussi A and Benkhelifa M [22] (work in Arabic quoted at the bottom of references). For the construction of these grids, the authors relied on the studies of the Paris V team to identify the characteristics of production in Algerian subjects.

## **Presentation of the Results and Discussion**

### **Clinical interviews**

In general, women's discourse appears poor in terms of relational investments. There is a form of trivialization of speech.

As our previous research, between 2008 and 2012 women did not express a libidinal investment shift towards the father. Only the pre-Oedipal relationship is approached in an ambivalent way: idealization and aggression against the mother.

In 18 of them, there is an ambivalent relationship with their mother, like Amaria who says "my mother is everything to me, because the mother is a mother, we should not judge her"; or as Hafida says: "my mother was good but severe, yet kind to everyone" It must be said that these women have representations that had ambivalent content towards the mother, which explains the problematic identifications to the mother and As says Sylvie Faure Pragier, "women must first love a woman, their mother, before they can love men, provided that the mother to whom she will then be able to identify herself, be loved by a man and not just by his own daughter, who is only an extension of the mother" ([1], p. 53).

As in our previous results, women do not speak for themselves - there is a lack of communication about their relationships. Among the 32 women, 12 women present an oedipal choice of their husband (where the father represents a prototype in this choice); 20 women do not have an Oedipal configuration in this choice, we observed a position of little girl subject to the will of the parents. Out of 32 women, 12 expressed their joy at having the blessing of their parents in the choice of their spouse, this submission to the entourage was observed almost in all women.

Of these, 5 women expressed a clear choice against Oedipal. Although these 05 women did not relate their infertility to their choice of husband, they nevertheless expressed their ambivalence about the idea of having a child in a context of uncertainty in the choice of husband. Referring to the impossible child now, they associate their fear of having a child who is not in the same lineage as the parents: 3 married a husband of different cultures and languages than those of the parents, one (1) of them married a stranger (from an Arab country) and another who married a man of a different color. These women expressed an ambivalence concerning their choice of spouse, which goes to the direction of the non-resolution of the Oedipal problematic, Hana said, "I always wanted to leave my village, so I married someone who was 900 km away from me and finally, it's so far from the heart, I feel like a stranger, but it's my choice, though, if I had not married him, I would never be married! Puberty, marriage and the birth of a child, are important periods in life, these are times when there is reactivation of unresolved conflicts, in childhood in the hope of developing them better, especially if the person is surrounded by good objects, unfortunately this is not always the case, many continue to live in the repetition of failure to overcome conflicts. Thus, Hana, trying to cope with these reactivations not by effective mental defenses but by behavior by using external means such as choosing a foreigner to avoid the oedipal prohibition, or precisely this recourse to the concrete means, at the expense of mental mechanisms, reflect the mental fragility due to not exceeding the Oedipal problem.

All women had difficulty expressing about their sexuality; the genitals are perceived as shameful, dirty. Sexuality is presented as a masculine need; the woman must content herself with satisfying her husband.

The genitals are perceived by the women in our research group as shameful, dirty. Sexuality is presented as a masculine need and the woman has to content herself with satisfying her husband. As in our previous research, women were unable to express their sexuality, it is the man who must take the initiative in this area and they would not venture to take risks.

Not all women have a psychological representation of infertility. Women have shown a clear misunderstanding about this issue and find it difficult to explain their infertility by referring to themselves and their experiences. All women evoke supernatural causes: fate, the evil eye; that is to say, they project outwards, problems that they can not contain in themselves.

We note the varied nature of defensive developments and levels of functioning that we cannot develop here, as each woman has a particular way of expressing her problematic.

### **The most apparent results at Rorschach**

The results express average productivity ( $R = 16$ ). The defensive attitude appears more in time response testifying to a need not to get too involved personally.

The mode of apprehension of the reality, also reveals the avoidance of the personal implication, opting for a global perception ( $G = 38\%$ ), the partial answers ( $D = 60\%$ ). This attitude testifies to a lack of creation and the clinging to the concrete reality against a personal implication, this is justified if one takes into account that the percentage of the small details ( $Dd$ ) is almost null ( $02\%$ ).

Adaptation to reality is supported by the number of form responses ( $F = 60\%$ ). The positive forms are lower and they are only  $58\%$  on average. The women in our research group are not strong enough and control has failed momentarily with them. It can be said that the reactivations imposed by the Rorschach caused an echo in relation to the latent content of the test; the women have, thus, no other choice but to resort to the inhibition, because they are too much fragile.

Kinesthetics are rare ( $K = 1.5$  on average) with a lack of human kinesthesia in  $18\%$  of women, which can mean a shock to the material (the Rorschach test) and a problem of control and regulation of impulses; add to that that these women gave no human answer. These last data go in the direction of a deficit in the representation of oneself and the other.

On the other way, the average animal kinesthesia is ( $kan = 1.5$ ), which is always in the same direction of the rigidity of the defense mechanisms; indeed, thanks to the animal content, the human kinesthesias could have found displacements, allowing a representation of oneself and relations. Kinesthesias of objects are almost null ( $kob = 0.09$ ). These data show that the control is important. We note that in  $23\%$  of women, kinesthesia always appear after responses to distressing content, which reveals great anxiety in these women.

However, considering the presence of the normal percentage of Animal responses ( $A\% = 43$ ) the identity problems are to be discarded in  $88\%$  of the women. Adaptation to reality also appears through the average banal responses ( $Ban = 3.5$ ).

The color responses are below standard ( $C = 2.5$ ) and  $RC$  is on average  $28\%$ . Women are disturbed by the pastel colors (the last three planks).

The TRI shows that  $51\%$  of women are extratensive, indicating their ability to express themselves despite a relative abrasion of affects. However,  $38\%$  of them (of these  $51\%$ ) presented a secondary formula of introverted TRI, which shows once again that inhibition is important. A little as if these women were trying to be different in front of the psychologist, as a way of not giving themselves up as they are.

The overinvestment of the limits was evident in Rorschach, but we were able to rule out, with all the cases, a fragility of identity (in the TAT test). It is not therefore a narcissistic fragility strictly speaking, but an inhibition, relative to the solicitations of the latent content of the material (the Rorschach test). The inability of the ego to elaborate the problems underlying this test makes women resort to the avoidance of conflicts and the absence of the expression of affects.

### **The most apparent results at the TAT**

The defensive processes show that the majority of the protocols are poor and reveal a massive defense in front of the material. The most used methods are the inhibition methods ( $C = 41\%$ ), follow the control methods ( $A = 21\%$ ), the primary processes are classified in third ( $E = 20\%$ ) before the labile processes ( $B = 18\%$ ).

These results concern the average observed in women and are not relevant for identifying individual differences.

The inhibition is expressed mainly in the form of restrictions on production ( $CP2 = 11\%$ ), silences ( $CP1 = 16\%$ ), anonymity of personages ( $CP3 = 13\%$ ). The speeches are often trivialized and impersonal. The emergence of significant representations often overcome by the immediate appearance of inhibition or behavior processes ( $CC2 = 10\%$ ). The appearance of primary processes has often disrupted the discourse instead of reviving it. Plating and trivialization were important ( $CP4 = 13\%$ ), women avoided the problematics underlying the tests.

Inhibition appeared to be the best way used by women to contain the fantasies solicited by the TAT test with a clear repression of the anxiety related to the loss of object. The strength of this inhibition sometimes leads to the rejection of the board.

The processes of the control when to them, are present in the form of verbal precautions ( $A2-3 = 22\%$ ), temporal-space distance ( $A2-4 = 9\%$ ), back and forth between the drive expression and the defense ( $A2-7 = 12\%$ ), focus on intra-personal conflicts ( $A2-17 = 21\%$ ).



The labile processes were present in the form of strong and exaggerated affect (B2-4 = 20%), instability and hesitation identifications on the age and or sex of the personages (B2-11 = 18%), focus on a thematic of style: to go, to run, to say, to flee, etc (B2-12 = 13%).

The most common primary processes are: scotomes of objects (E1 = 09%), perception of fragmented objects (E6 = 22%), expression of affects and or massive representations related to any problematic (including disability, destitution, megalomaniac success, fear, death, destruction, persecution, etc.) (E9 = 17%), fuzzy speech (E19 = 13%).

Depending on the nature and quality of the defensive structures, we divided the women into four groups: classic neurosis, severe neurosis, borderline states, psychosis.

We observed in women of the first group (neurotic organization), access to the secondary identifications of the Oedipus. In the women of the second group (severe neurotic organization), one notices depressive representations against the separation (with the maternal figure) which does not favor, a successful identificatory work.

In women of both neurotic groups, the hysterical identifications are operative but the conflict with the maternal figure is not exceeded. The Oedipal conflict is alive and mobilizes a massive repression of aggression, under the weight of guilt. Oedipal identifications remain conflicting because there is a failure of the renunciation of objects of love.

Female identification is accessible to these women, but femininity is sometimes associated with lack, which gives their identifications a depressive dimension. with Farida, for example, there is an intense conflict in Rorschach, which has revealed a neurotic connotation to the problematic. The feminine representations are pledged, each time, phallic accessories. The two tests revealed a difficulty in taking an identificatory position in front of bisexuality (the feminine and masculine representations are given at the same time without the possibility of taking a clear position), which is precisely problematic for the hysteric.

In the women of the third group (limit organization), we observed a relation to the deficit reality, sometimes approaching the psychotic functioning, but without going to the psychotic deficit and especially that the hysterical identifications remain accessible, for the majority of women in this group.

#### **Example Amaria<sup>1</sup>:**

- Plank II (Rorschach): "Two people stuck together"
- Plank III (Rorschach): "Like two people stuck together"
- Plank VII (Rorschach): "Two little girls who look so much the same!"
- Plank 2 (TAT)<sup>2</sup>

"What do I have to see? (Psy: what do you want)... two women who are alike... this woman looks at this man... it looks like, I do not know... but I do not know if there is a link between them... he works, I'm not sure he knows she's here, we cannot know it... A country life their everyday life.."

The board refers to the oedipal triangle father/mother/daughter by testing the more or less structuring character of the oedipal organization (to observe the hysterical and/or narcissistic character of the identifications). It is clear that Amaria avoided the oedipal problem first by a direct question to the psychologist before the shock raised by this board. She manages to start her speech by the special use of narcissistic processes: by identifying female characters as similar and this is how she manages to erase the rival character following several silences and hesitations; it ends up condense the narcissistic defenses to avoid the representations awakened by the board ("he is working, I'm not sure he knows that she is there", "we cannot know it").

She ends the speech with recourse to everyday life, so any drive and libidinal representation is avoid. The narcissistic defenses are dominant and have served to avoid the clearly identificatory position and gives essentially the narcissistic character to the identifications.

At the Maternal Plank (9GF), too, we observed this narcissistic defense intensifying to cope with the latent stresses of the board plank 9GF (TAT): 06".

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<sup>1</sup>we translated the content of Amaria's mother tongue response which is the Arabic dialectal to the English one, we tried to be as faithful in translating.

<sup>2</sup>we remind the reader, that the vagueness of the content is due to the blur that has sometimes characterized the speeches of women, we have translated the content as faithful as possible, without touching the content

"It's the same too? They are so similar... maybe I do not know as if she is her mistress... maybe she looks at herself in the water, there is maybe one who sees her reflection... seen how this image is presented, I think that it's difficult we cannot imagine... it looks like... seen how she looks at her looks like she's the... mistress... I do not know. (Make the board)".

The female rivalry is perceived directly but quickly eliminated by the use of narcissistic defenses: first by identifying female characters as identical, then she manages to approach the rivalry after a long silence "... maybe I do not know as if it is his mistress..." by linking directly with the specular relationship, with justifications always narcissistic ("... maybe also that she looks at herself in the water, there may be one who sees her reflection...", but the inhibition Massively intervenes in the form of a refusal this time ("I do not know"); Amaria finds the resort to narcissistic identification as the only way to avoid confronting these issues.

Plank 4: "A husband and his wife... I think it's a couple who does not seem to... I do not know... she's in love with him... according to his posture he's not really in love with her. They are not the same age... yes as if.. Can be too, that he is not serious, a womanizer, is not it? (she asks the question to the psychologist) (psychologist: as you see) she is humiliated this woman, it looks like!

The story revolves around the oedipal register, but with much control in the form of hesitations (I think, maybe, it looks like...) and also narcissistic defenses that have hindered the quality of hysterical identifications. Amaria, initially relies on her perception of the posture of the characters to account for the links between the male and female characters. She manages to express all this after a lot of disturbances and especially hesitation. The speech is vague. She manages to conclude her speech in a more labile fashion. At this broad, the hysterical identifications are operative but they remain precarious. The identification was part of a triangular system with recognition - even if with great difficulty - of sexual dynamics, otherness and difference. (This was not the case in the boards that solicits it directly (for example, PL.2).

In our population the neurotic defenses switch in favor of the limit operating register. In a system of "alternation between hyper adaptive moments and hyper-projective moments" ([16], p.28) expressing the cleavage of the ego in the majority of women studied.

For women in the third group, the relation to reality is truly deficient because the projection dominates reality. The analysis of the answers and the confrontation of the two tests, show that the spaces in-out are not confused; the coming and going between the other and self is realized "without the two spaces being confused [...] And without the discursive practice being altered" ([23], pp. 168-169).

We have postulated that the psychopathological organizations underlying the phenomenon of psychogenic sterility, will be varied ranging from neurotic organizations to borderline organizations, with perhaps a psychotic fringe. There is no typical functioning that characterizes all sterile women, so the main hypothesis is confirmed [24-26].

The women presented rigid defensive arrangements, which revealed a "pathological" functioning that was revealed through:

- At Rorschach: a fragile representation of the body that results in a massive narcissistic investment. Self-representation is fragile in these women. this explains that the process of individuation is not solid and that the image of the body is not integrated. Marking the boundaries between the inside and the outside is problematic for the women in our research group, reflecting the lack of acquisition of a level of libidinal development and that the object relationships would not be established. Inhibition defenses were dominant in Rorschach.
- Rigid defenses at the TAT, which are concentrated around phobic inhibition (CP) processes associated with the control processes (A) and despite the presence of labile processes (B) and primary processes (E), the mental development abilities in this test, have proven minimal.

Thus, the second hypothesis is confirmed.

## **Conclusion**

The comparison and deepening of interindividual psychic differences makes it possible to better understand the metapsychological status of infertility and to give meaning to the plurality of psychopathological configurations underlying the same symptomatology.

In this presentation, we insisted on the quantitative values found in our study, even if these data are important, they will be easier to grasp by presenting illustrative cases that can show the importance of the individual dimension in infertility.

Even if our data coincide with the results reported by the authors in the field, it is important to discuss the individual dynamics of each woman. From this point of view, each case is a new adventure that cannot be compared to any other case. Trying to understand the logic that operates in every woman was a very enriching experience; Listening to women without judging them was important for her to express herself with confidence.

Finally, we want to insist on the importance of understanding the processes underlying the symptom of infertility instead of wanting to eliminate it directly.

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