

The experience of pregnancy at risk: the point of view of integrative psychosomatic.

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Abstract: The present work is part of the psychosomatic psychopathology; we 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 work is based on the method developed by Professor Stora, namely a summary sheet of the patient, based on the method of assessment and diagnosis of psychosomatic health. Overall assessment of psychosomatic risk, version 2011 and also we used the questionnaire and prevalence scores. This work also tries to reveal the importance of being empathetic with frail patients.

We will expose the evolution of our work with the case Selma, we will try to show the necessity but also the difficulty of working in the field of psychopathology in general, and especially "when the body displaced the mind (takes over)" (Stora 1999) of the surplus of excitations, generated by the conflicts impossible to elaborate, because the mind is defective.

Key words: Asthma; Diabetes; Integrative psychosomatic; Lupus ; Mental elaboration ; Psychic conflict; Risky pregnancy; Toxemia of pregnancy; Unconscious.

Résumé : Le présent travail entre dans le cadre de la psychopathologie psychosomatique, nous avons essayé de développer l'approche de psychosomatique intégrative. Il s'agit de la rencontre d'une patiente reçue dans le cadre du suivi de sa grossesse, qui présente des difficultés multiples à savoir la toxémie gravidique, l'asthme, des allergies différentes, diabète gestationnel...

Ce travail s'appuie sur les outils développés par le professeur Stora à savoir une fiche récapitulative du malade, basée sur la méthode d'évaluation et de diagnostic de la santé psychosomatique. Evaluation globale du risque psychosomatique, version 2011 et aussi nous avons utilisé le questionnaire et scores de prévalence. Ce travail essaie aussi de révéler l'importance d'être empathique avec les malades fragiles.

Nous allons exposer l'évolution de notre travail avec le cas Selma, nous essayerons de montrer la nécessité mais aussi la difficulté de travailler dans le domaine de la psychopathologie en générale, et surtout «quand le corps prend la relève» (Stora 1999) du surplus d'excitations, engendré par les conflits impossibles à élaborer, car le mental est défaillant.

Mots clés : Asthme, conflits psychiques, diabète, élaboration mentale, grossesse à risque, inconscient, lupus, psychosomatique intégrative, toxémie gravidique,

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I. INTRODUCTION

Integrative psychosomatic is 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 excitements 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. This is an economical approach since metabolic energy and libidinal energy are at the center of the excitations treatment device. It means that energies that are not treated by the psychic system and which it reaches the limit pass through the central nervous system and borrow complex neural networks which unload them at the different biological defense systems: functions and organs.

II. PROBLEMATIC, RESEARCH QUESTIONS, HYPOTHESIS

The mother is the person who gives the food and who presents the care at the beginning of the life. Recognize 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 hate, satisfaction and frustration. The Object can thus acquire its existence only if the self becomes able of recognizing its loss, trying to replace the lost object by identifying itself with it. The personality of the girl is built up on these identifications (Widlocher D., 1973). 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 (Stora, 1999).

The model of the psychosomatic integrative 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.

The importance of the approach of the theory of the five systems, developed by Pr. Stora, is fundamental; it is a new scientific approach of the psychosomatics referring to the new disciplines such as the psycho-neuro-immunology, the psycho neuro-endocrinology, neuro-psychoanalysis, etc. This new approach constitutes a break with the classical psychosomatic approaches, namely the psychosomatic of psychoanalytic inspiration and the psychosomatic of medical inspiration.

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 (Stora 1999). 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.

All the hypotheses of equilibrium and homeostasis are related to the psychic apparatus which has been well constituted. But if the psychic apparatus is not sufficiently constituted, because the first stages of development have never been integrated (are not in place or because it could not be crossed) the girl is, in this case, weakened in her development. Of course, she can make her life, get married but her fragility will put her psychic apparatus in front of incapacity to absorb all the stimuli and her body will take over and will absorb and manage it (Stora 1999).

In integrative psychosomatic, the psychic apparatus connects thoughts, behaviors and emotions and will thus participate to the equilibrium of the whole "psychosomatic unit"; it will be able to act on the behaviors and emotions, by means of the process of psychic elaboration and stabilizing the effects of unbinding caused by the traumatism and other life events. The process of neuronal and psychic integration must include, in the studies of Neuro-psychoanalysis, the psychosomatic dimension by advancing the hypothesis of somatopsychic organizations (Stora, 1999, 2005).

III. CLINICAL STUDIES

1. Clinical vignette: the Selma case, 42 years¹

Youngest of a siblings of 3 girls and 3 boys

Marriage at 25

Level of study: first year of university and then leave voluntarily studies.

A. Report of the psychosomatic interview with Selma

We met Selma, 5 years ago she was 37 years old at that time, and she suffered unexplained infertility. In Selma's speech we noted expressions of the negative sense of femininity and the difficulty of identifying with the mother. We have seen ineffective attempts to gain access to it, such as leaving school and staying at home like her mother.

After this first part of research, where we applied the semi-directive clinical interview and two projective tests (Rorschach and TAT)², we reviewed Selma, where we practiced other clinical

¹ We met Selma for the first time in 2010, as part of the research for our doctorate, which was presented and supported in February 2012 in Algiers and where the practice took place between 2008-2010 in Ouargla at south of Algeria. We saw Selma during our internship for the University diploma of integrative psychosomatics; at university Paris VI, 2015, this explains the presentation of this history (which dates from 2010).

² The summary of the first investigation, we concluded that Selma is well adapted to the reality of projective tests. An apparent inhibition in both tests, but despite that, we can say that the process of thought is engaged to meet the requirements of reality, there is an avoidance of addressing bisexuality. A narcissistic fragility appeared in Rorschach who took a depressive dimension (given the nature of the test). In the same way, At TAT, the predominance of narcissistic control mechanisms (CN) that contributed to the avoidance of conflict, we have observed mechanisms of idealization in the regressive planks (PL 11 and 19) that are there to cope with archaic and distressing maternal representations and which aim to reinforce the limits. Regarding the identifications, we observed a depressive echo in Selma and conflicting identifications and discomfort with female identifications. We thought it was difficult for Selma to deal with aggressive and libidinal conflicts in a relational context, which makes her unable to take an identificatory position, so relations are avoided by Selma. In her speech to the tests (At Rorschach for example Kinesthesies are invested but are not adequate). Relationships appeared contradictory to the interview, where she manifested a clear difficulty in assuming her femininity, "because this society is a

techniques, as part of our internship for the university diploma in integrative psychosomatics, prepared at the University of Paris VI, between 2014/2015.

1. Some preliminary remarks on the Selma case, starting from the integrative psychosomatic approach namely:

The dimension of female sexuality is important. Here what emerges from the clinic, as Professor Stora J.-B. Teaches us, is that there are many problems around the feminine identity, which may be the origin of numerous somatisations and disorders of sexuality.

In Integrative Psychosomatics, developed by Professor Stora, there are two major figures of identification. In his book "When the body displaces the mind", 1999, Pr Stora talks about Eve. Eve is a genital mother; phallic mothers like Lilith are dangerous mothers. When a girl is attached to a phallic mother, she will live her mother in a threatening way that may disrupt or destroy her.

We know that Selma has trouble to represent her mother, she avoids talking about her and she said that religion teaches her that it is forbidden to criticize or harm the parents even verbally, especially the mother. Is this cultural content maintained or reinforced these initial positions of a possible confrontation with the phallic mother? We will try to understand it through the rest of our analysis. Selma's oedipal experience is clearly complicated, she is frustrated by her father and so she directly expresses her desire to have a special relationship with her father, she even speaks like a little girl when approaching her wishes, saying that she is her father's favorite.

Indeed, after the hypothalamus has managed to set up the entire hormonal system (7 to 8 years) to pre-adolescence, therefore, the problematic oedipal begins again. It is obvious that the problem was not solved, reactivating again in adolescence the parents, for multiple reasons, among other cultural, namely the too strong prohibition in the traditional Algerian society, the father gives the same answer: distance and deprivation but at the same time, paradoxically he watches over the slightest need and controls his behavior.

Selma's adolescence was difficult, all her comrades talked about things she did not know completely, she could not talk to anyone about monstrous. The monstrous, are related to degrading things.

2. The Selma case, from the investigation, during the course of DU³, in integrative psychosomatics

We have therefore reviewed Selma, by chance, by consulting for a follow-up of her pregnancy. We saw her as a trainee at the doctor's office, for the psychosomatic university diploma. Selma is pregnant from 5 months at the age of 42 years. She looks tired, very unkempt, seems to carry a weight even if she says she is obviously the happiest mom. Indeed, she is already the mother of a boy of 3 years which causes her worries, because his weight is below the norm.

She tells us that before this child and after a few months of our interview in 2010 (as part of the research for our doctorate), she became pregnant but unfortunately, she ends up with a spontaneous abortion at 12 weeks, she says that abortion is directly related to a stormy discussion with her husband.

In 2010, therefore, the year of the transfer of her husband⁴, very painful for her, she said she was able to reach a pregnancy following an incredible chance according to her; she visited

society of man", she said. Despite "her desire" to have a child, she said "I wanted to have a child ", but it is a will deprived of a real desire.

³ Universitary Diploma of Integrative Psychosomatics prepared during the 2014/2015 academic year at the Faculty of Medicine Pierre and Marie Curie (UPMC), Paris VI; created by Professor J.-B.Stora.

a doctor by mistake, because she had to see someone else. She did not know the city well, so she finds herself at another doctor's that the one she was looking for and "happily," she says, because this doctor, she consulted by mistake, took his time with her and explained to her, throughout the medical exams, how much she is normal and "she could have a child without problems". She says that this last expression still resounds in her ears. The balance sheet of the husband is normal (but she does not give us more details about her husband).

As Sylvie Faure Pragier puts it so well (2001), the importance of psychic factors has always been taken into account by doctors who obtained pregnancies by often contradictory "verdicts" of the type: "give up, there is no chance of success "or suggestion mode:" you will be pregnant now ".

The pregnancy was silent; there was no change in her "morality or in the body", in fact she said that everything went smoothly without problem, until that day where she is arguing with her husband, after which she does a spontaneous abortion. Three months after this spontaneous abortion, she falls pregnant again with her eldest son who is now 3 years old. She tells us her first childbirth as dramatic.

She gives birth of a boy who weighed 2kg 500⁵ at the 8th month. She said having lived a real nightmare, because the delivery was in a low voice while her doctor had scheduled a caesarean for a few days later. She had her first asthma attack during her eldest son's pregnancy. In addition to multiple allergies, she discovers a strong sensitivity to smoking all these problems have occurred during the pregnancy of her eldest son. She says that at this time, she could not stand anything; she still suffers because she keeps this sensitivity even after giving birth and even during the current pregnancy. She also discovers during her senior son's pregnancy, sensitivity to the sun and after delivery, lupus has been diagnosed, something that completely upseted her because she started to have joint pain and vertigo and also skin rashes whenever exposed to the sun.

Moreover, she had between the first and the second pregnancy, a lot of health problem among others a surgical intervention (extraction of the visicle) following a cholelithiasis, she says that she had complications, the crises gallstones, lasted more than 4 hours.

3. Events causing psychosomatic imbalance

There is an accumulation of excitations at the affective side, with a deficit of psychic work out and insufficiency of discharge in the behaviors, which opened the way to successive somatic disorders that it coincides with its maternities.

Selma's life is full of traumatic life events that have contributed to the appearance of repeated somatizations even though her life is not currently endangered. Her asthma attacks began with the pregnancy of her son and still persist, she said: "I am allergic to all, I cannot stand anything, my pregnancy revealed all my fragilities, according to my doctor." Selma suffers from toxemia of pregnancy and gestational diabetes. She is not aware of anything but following a visit to her doctor; she discovered hypertension (16/10). The doctors consulted (two of them), worried a lot for her and for the health of her baby. She was too tired; this pregnancy had deeply exhausted her. Selma lose her mother at the beginning of this second pregnancy she says that if it was not forbidden by religion, she would already be dead (insinuating suicide), because life without her mother is nothing more than suffering.

Her mother had asthma but she was on treatment. Asthma attacked her when she was visiting her family, it was fatal for her. She says that following the death of her mother, a

⁴ The year of our first interview consecrated to research on female infertility.

⁵ The delivery took place in her hometown and she stayed at her parents' home for 40 days, as planned by tradition, to care for the woman who had given birth until that time.

series of health problems during her pregnancy appeared, such as toxemia of pregnancy (although she was in early pregnancy), high sugar levels, the threat of involuntary abortion, etc.

A mammogram prescribed by her doctor, following breast pain, revealed nodules. These pains appeared recently. She says that her doctor advocates monitoring. The experience of the second pregnancy was difficult, the pregnancy was really at risk that her gynecologist decided to do a caesarean section at 37 weeks of pregnancy and avoid risks for the baby and the mother.

Selma gives birth to her second child after a difficult and uncertain course. The baby is very small, he is 2kg, and she tells us that he seems much less.

Psychosomatic assessment sheet

C. Psychosomatic analysis of Selma

To evaluate the psychosomatic risk of Selma, we will follow the framework proposed by Prof. Stora, developed from 1993 to 2011. The questionnaire completed by Selma is validated and can help us in our evaluation.

1. AXIS 1 - Psychic processes and mechanisms

a. Axis 1A - Object Relationships

It can assume that the mother after Selma's birth was sufficiently warm and empathetic, present for Selma and reassuring her during the first months of her life (the first seven months), which gives a good progress of the excitement protection system.

It is hypothesized that the mother's hospitalizations (which started in the 7th or 8th month as reported by Selma) caused a sudden change in the quality of care, the maternal substitute (maternal grandmother) is described as a lack of care; she was too worried about her sick daughter. It can be deduced that this trauma, in the affective relationship, caused a stop in the development of Selma and that even if there was an internalization of a pre-object, which is not sufficiently installed but which exists, the Selma self is poorly structured.

b. Ax 1B - Psychic states and personal life events

The scale 1B is the one that, through the psychodynamic approach, shows the conflicts of the ego, the id, the superego and the outside world. It seeks to measure the psychic states of the ego and its consequences on its organization.

1. Anxiety. The anxiety is very strong in Selma. Indeed, the questionnaire reveals the anxiety scale score 94, which goes in the direction of the strength of this anxiety. The fusion with the mother persists and is observed with Selma. Given the fragility of the ego, anxiety and stress can be the cause of the onset of somatic disorders.

2. Mourning. Selma did a spontaneous abortion, 5 years ago, but she only tackles it furtively, she is in the inability to develop the trauma associated with this abortion. Selma has just lost her mother, a recent mourning, recent loss, or loss of significant objects, not developed [203].

The mother died at the beginning of the Selma pregnancy, which can be related to the deterioration of the experience of pregnancy and Selma's state of health.

Selma cannot work out mentally her traumas and she seems overwhelmed by events, she responds by avoiding any expression of her affects. Her speech is highly intellectualized; she has common sense without any personal commitment. Her speech is not in relation with her own representations. Selma refrains from recognizing her anxieties and her sufferings. However, the fact that Selma is looking for sympathetic listening of the psychologist, proves that she has latent abilities to address and develop her conflicts, if the conditions are favorable.

3. Influence of culture on psychic functioning. Selma shows no curiosity or personal elaboration about her beliefs. There is a development of a false self, like in Winnicott's works (1957), it can be said that she developed a superficial personality that gives a sense of unreality, a character that is too adaptable, without interiorization. It may be supposed that Selma's serious lack of maternal function in childhood has caused a distortion of the ego functions and Somatopsychic fragility in Selma. Also, this fragility and false self, originates from a demanding environment that leaves no possibility for personal development.

a.Axis 1C – points of fixations regression

Selma's points of fixations are archaic, they are located in the archaic stages of development and they also are pre-genital, more specifically oral.

d. Axis 1D - Mechanisms of defense of the ego

The repression of representations is the essential mechanism with Selma. We observe a denial of psychic reality. The object is faulty and excessive, which has led to anxiety of persecution and intellectualization based on common sense as a defense against poverty of the internal world.

The reversal of aggressive impulses on oneself is manifested through asthma attacks, toxemia of pregnancy, and inflammation of the gall bladder and lupus -which makes any exposure to the sun difficult.

1- Somatic fixation. Somatic fixations concern reproduction apparatus (sterility, then spontaneous abortion, toxemia of pregnancy, threat of spontaneous abortion), respiratory tract (asthma attacks), digestive system (chololithiasis), metabolic system (gestational diabetes), and system immune system (lupus).

2- Psychic fixation. The environment in which Selma evolved from birth to maturity was an environment full of frustration, which did not foster a good development, so the process of maturation did not structuring an emotional development and a structuring of a self.

These two levels of fixation are linked to deep distress, and also a fragile identity that prevents the recognition of her desires and the development of her femininity.

The fact of living unexplained infertility during 12 years can be explained by investment of the mother object with the aggressive impulses. She continues to invest the mother object with aggressive impulses (death drive) but turns, this time, against herself and the child she carries. In fact, the pregnancy of her first child, endangered her during the second and third trimester, and the symptoms are more severe during the pregnancy of her second child because the toxemia of pregnancy was very trying and dangerous for her and also almost lost her child. Her doctor plans, for these reasons, a caesarean section at 37 weeks. Even after giving birth, she felt unable to care for her baby she was very tired.

Selma's fragility was reflected in her maternal function, about her first baby, she says she does not look at her baby while breastfeeding while giving him breast. She asks us about her difficulties in caring for her baby and the distress she feels. She says that she does not enjoy taking care of her baby. She makes sure that her son is clean, but it's often technical. These difficulties are observed during her second motherhood, when she has difficulty breastfeeding.

e. Ax 1E - Character traits**f. 1- Oral traits****g. Phobic character traits of the Object, abandonment and rejection, relationship disorder.****h. Aggressive drive and self –destruction (Rejection of aggressive impulses.)****f. Axis 1F - sublimation activities**

Selma practices religion without any apparent personal elaboration and her practices of religion appear as rituals more than a soothing faith. Selma does not like listening to music since her wedding, before getting married, she says that she liked music, but now she listens to the Koran a lot.

1- 1- Diagnosis of the Selma case, according to the psychosomatic nosography J.-B. Stora

- Current neuroses.
- Anxiety neurosis.
- Narcissistic character trait.
- Weakness of the ego.
- Instinct repression.

3. AXIS 2 - Behaviors and body manifestations in the Relationship

Affects express themselves through behavior by:

- The cries
- Avoidance of relations,
- Investment of household chores and activities related to the house,
- Social isolation,
- Denial of reality, she does not talk about important things, like the death of her mother she talks about this only after several sessions, where we insist on traumatic events in her life [454], Problem of mourning the mother.
- She says that her husband is only bringing back money and she takes care of all things; so according to Stora's approach; she has a libidinal exhaustion [460].
- Many somatic difficulties since the age of 27 (infertility, spontaneous abortion, pregnancy at risk (for problems of toxemia of pregnancy, gestational diabetes, asthma, lupus), which can be considered as somatic repetitions [470].
- Problems of identity [467], in particular the problem of female identity.
- We note the cessation of sports activity after marriage; the excitations that are not treated by the psychic apparatus therefore remain currently, not evacuated and destroying the homeostasis..
- Positive point: Insist to follow psychotherapy with us.

3. Axis 3 -capacity of expression of affects

The education received by Selma is very severe and forced her to repress all expression. We have already seen that the affects are repressed because they represent the memory of a traumatic experience.

There is a lack of affect in Selma's speech and she is not communicating 68/115. Scale of absence of binding affect and behaviors (Of J.-B. Stora) reveals a score of 75/115, which is significant.

Nevertheless, the scale of emotional expression; reveals the score 70/115, which means Selma got a latent ability to express her affects, especially with the psychologist encouragement.

4.AXIS 4 - Risks related to the personal, family and socio-professional environment

Here we recall about the disturbed family environment [601] of Selma: the distance from her husband (who reproaches her for not following him), an environment that prevents the expression of the emotions relating to mourning, take care of two children, disorganize her completely, and a prevalence score at the scale of absence of family and social support is significant 77/115. The score of Excessive Care Demand (unconscious maternal care search) is 71/115, Selma may be seeking a secondary benefit from medical care.

6. AXIS 5 - Assessment of the somatic state

- Severe measles at 6 years old
- During childhood and adolescence, she has flu and frequent tonsillitis.
- Unexplained infertility that lasted 12 years.
- Spontaneous abortion in 2010 at 12 weeks of pregnancy.
- 3 months after this abortion, she becomes pregnant with her eldest son and she has:
 - * toxemia of pregnancy;
 - * Asthma;
 - * Allergy to cigarette smoke;
 - * Allergy to some detergents; during her eldest son's pregnancy she had a lot of health problems;
 - * Cholelithiasis, with biliary colic attacks that lasted for a very long time (sometimes 4 hours or more);
 - * Systemic lupus erythematosus, which began as extreme sensitivity to the sun, which occurred during pregnancy but was not diagnosed until after delivery.

After the birth of her eldest son:

- celioscopy (to extract the gallbladder);
- Diagnosis of lupus, the diagnosis was difficult because she had to travel to Algiers for the diagnosis;
- Refuses to take treatment to stop the effects of lupus because she wants to become pregnant;
- Lupus manifests itself more and more on the skin;
- Taking care of her baby, makes her tired;
- Repeated asthma attacks;
- At 2 months of pregnancy, of her second child, she had a threat of abortion;
- She takes progesterone and she stays in bed;
- At 3 months of pregnancy, she has hypertension (HTA (16/10));
- At 4 months of pregnant, diagnosis of gestational diabetes;
- A week after her gynecologist, decides to intervene for a caesarean and avoid risks for the baby
- Selma refuses to give breast to her second child, she had not supported she had pains of crevasses.

7- Overall assessment of psychosomatic functioning, prognosis and therapeutic strategy:

Perhaps during Selma's evolution, there would have been no support for reproductive function in the body. This expression by sterility is a consequence of what is difficult to symbolize or represent. The child project, as long as it was impossible, Selma was protected from somatic risks. Once this project is completed, with the first pregnancy, the direct discharge of the unrepresentable into the body "expels" the baby directly and causes an abortion. The project is realized again with the pregnancy of his eldest son, which also ends

with repeated threats of abortion, the medical follow-up was close and the support of the mother of Selma was permanent. She ends up having a child after a difficult delivery but with a happy ending, the child is alive and the mother too.

It is more appropriate to speak about anxiety neurosis, where there is a discharge of anxiety in the body: the sterility experienced during 12 years and the pregnancies realized with health difficulties which put the pregnancy in danger and also the Selma's life. This can be explained by the regression and disorganization of a neurosis of character or behavior. Selma is still a little girl and not an adult woman.

It is therefore desirable for Selma to make a psychological follow-up, in order to be able to appropriate her psychic life and to favor the progressive constitution of an intermediate space (Winnicott's transitional area) where her representations will be staged. The psychological care will also allow her to live her maternity without great difficulty.

The reinvestment of the containing frame would be possible by the empathic receptivity of the psychologist, taking into account the narcissistic fragility of Selma. The fact that Selma has exceeded her sterility, without living a full motherhood, means that she project what is destructive in herself on the child; we can said as noted so well by Faure Pragier S. : "Cure of infertility, is not necessarily to have a child"(Pragier, 2004).

To become a mother supposes for a woman a process of maturity, which brings together several parameters. In our previous research on female infertility, that which is without organic explanations was considered as psychogenic. The case Selma enters in this perspective. Today, and with our training in integrative psychosomatics, we ask ourselves the question of what justifies such a qualifier.

If we consider the human as a psychosomatic unit, how to consider the sterility with organic causes, which sense could take the sterility in this case? Such questions have already been raised in our different works, but the answer is not simple when we try to go out with the relation between the body and the psyche. Integrative psychosomatic offers an integrated explanation of the organic and psychic dimension, proposing an approach based on the five systems (as cited above).

Some women discover, during their analysis, psychic difficulties concerning procreation, their infertility, seems linked, almost always, to a femininity that is not assured (Le Guen A., 2001).

In this work, psychogenic sterility is not our direct research object. It is however important to talk about it, because our case (Selma) has lived this sterility during 12 years of marriage. We then ask ourselves about the psychic processes in Selma to live her maternity, already problematic from the beginning.

Working at the Necker hospital with people suffering from infertility, Sylvie Faure Pragier (2004), realized that patients with serious injuries had the same type of unconscious conflicts as other consultants, those whose doctor said : "They have nothing, it's psychic".

Also the concept of psychogenic sterility is no longer relevant. The concept of psychogenic sterility should not be considered as a specific pathology because the psychic dimension is present in all sterility, whether organic or without organic causes.

General discussion

We have presented one case, in this work, but during the course of our DU, we have met women who have organic causalities such as an abnormality of endocrine function, ovulation or tubal permeability. This organic diagnosis also says a dimension psychic fragility, relative to the developmental history of these women. It is important to take care of each woman by referring to her psychosomatic dimension. The reproduction is not only the act; we are, as

Professor Stora says, mammals, to reproduce is natural for us but to be able to be mother or father, it is more complicated.

To avoid the irruption of too violent affects, Selma's body responds by sterility; our first investigation, led us to an attractive psychoanalytic explanation, namely that the symptom of sterility plays in Selma, a role of hysterical conversion, expressing the compromise between desire and repression, driven by the guilt of the superego; However, the following questions arise after our training in integrative psychosomatic as:

- What about the desire for an oedipal child in this supposed conversion, especially that Selma does not really show a desire for a child?
- What is the place of the body eroticized in this symptom that is played out in a real body? Is it really a staged fantasy?
- Should we link the narcissistic fragility revealed in projective tests to castration?

Our second investigation of the Selma case, from other tools, reveals a much more archaic fragility in her. Its sterility appears as an expression of the psychological conflict related to the child project that would provoke a somatic imbalance that appears as a consequence. It is more appropriate to speak of anxiety neurosis, where there is a discharge of anxiety in the body; infertility can be explained by the regression and disorganization of a neurosis of character or behavior. There is a tendency for sterile women, "to act in reality or to unload in their body the increased excitement produced by a conflict related to their history" (Pragier, 2004).

The associative difficulties the poverty of the fantasies observed in Selma, in 2010, (as part of our doctorate) would they answer this diagnosis? But then we ask ourselves the question, what role have we played in seeking from her psychic factors, in female sterility.

The fragile psychic functioning diagnosed as conversion hysteria would simply be linked to the abrasion of the mentalization linked to an operative functioning in which Selma would be found. This operating operation observed at the time (but not exploited), would it be momentary and relative to the period of our investigation?

These questions find, for the majority, an answer in the experience of the maternity of Selma; indeed, Selma exceeds its sterility and gets a pregnancy 2 to 3 months after our meeting, in 2010. Although pregnancy has given "no change in the body or morale," as Selma tells us, the abrasion of affects can explain a dominant operative life it seems legitimate to think so; especially since Selma does a spontaneous abortion at 12 weeks of pregnancy. Not to forget also that at this time, the signs of lupus began to manifest themselves.

Following this abortion, Selma falls pregnant again, this time the pregnancy completed, but then with health difficulties that turn against Selma: toxemia, asthma, allergies, and gestational diabetes. *These details invite us to be very careful in our metapsychological hypotheses.*

Unlike our first hypotheses in the doctorate, the problem of conception would not be linked to the Selma's oedipal conflict (and thus desire of child dismissed because linked to the forbidden) but to the absence of this conflict; we note an excessive adherence to the social ideal.

Conclusion

Our choice of the Selma case is to demonstrate precisely that the conception that is made in the body, imposes to refer to the body and the psyche altogether, We refer to the integrative psychosomatic dimension.

Can we then conclude that indeed, to cure of infertility, is not necessarily to have a child (Pragier, 2004).

Taking into account the teachings of the integrative psychosomatic, the psychological follow-up of Selma, is more than necessary, before initiating another pregnancy which can disorganize her more, especially as she advances in the age.

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