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Assessment of Psychosomatic Risk in a Kidney Transplant Recipient: A Clinical Study within the Framework of Integrative Psychosomatics

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Abstract

Although kidney transplantation improves survival and autonomy for patients with end-stage renal disease, it is a significant transition that comes with a lot of psychological difficulties. Integrative approaches have not sufficiently examined the psychosomatic mechanisms underlying post-transplant vulnerability. Based on Jean-Benjamin Stora's integrative psychosomatic model, this qualitative single-case study examines Sadia's functioning after her transplant. The results emphasise psychosomatic vulnerability, which is typified by medical hypervigilance, narcissistic fragility, and limited affect elaboration. From a non-dichotomous perspective, clinical graft success does not in itself guarantee stabilization of the overall equilibrium: relational fragilities and chronic stress continue to influence the regulatory dynamics of the psychosomatic whole. This study aims to explore psychosomatic functioning in a kidney transplant recipient through Stora's integrative framework, with particular attention to affect regulation, object relations, and psychosomatic risk.

Keywords: *integrative psychosomatics, kidney transplantation, somatic vulnerability, psychic elaboration.*

Introduction

This study looks at how kidney transplant recipients feel and how their bodies work. Getting a transplant is a change for patients it helps them to be independent and do things on their own again after being on dialysis. But it also means they have to deal with not knowing what will happen in the term they have to take medicine to stop their body from rejecting the new kidney and they have to go to the doctor a lot.

Just because the transplant works from a standpoint it does not mean that everything will be okay forever. The real issue is not just getting to a point where everything's stable it is, about how the kidney transplant recipients bodies and minds work together which is very important for them to adapt to life after the transplant. Kidney transplant recipients have to get used to a way of living and this is what the study is looking at the kidney transplant recipients and how they feel and how their bodies work.

From a somatic standpoint, transplant recipients may endure chronic fatigue, lingering pain, and a variety of treatment-related side effects. Additionally, their social, professional, and familial lives might continue to be precarious, with challenges going back to work, interpersonal conflicts, or disruptions in personal life. Psychologically, patients may feel a strong sense of vulnerability along with feelings like anxiety, sadness, or frustration that can be challenging to communicate. J.-B. Stora's integrative psychosomatic approach offers a pertinent theoretical framework for comprehending these experiences. It views the human being as a psychosomatic unity, with the

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brain, immune system, and genome all continuously interacting with the psychic apparatus.
Through clinical interviews, it becomes possible to explore these experiences, identify areas of tension, and observe how suffering manifests itself. The aim is to analyse the psychosomatic functioning of this particular patient following kidney transplantation in order to achieve a deeper understanding of her case and to inform a more comprehensive and tailored approach to her care, rather than to establish a long-term therapeutic follow-up or to generalise findings to transplant recipients as a whole.

Theoretical Framework: An Integrative Approach to Somatic Imbalance

From Linear Models to Classical Limits

Explanatory models in the field of somatic diseases are still unable to adequately explain progressive, non-spectacular, and frequently silent processes of imbalance, where the onset of pathology cannot be attributed to either a failed adaptive response or a triggering event. Early theories of stress, especially Hans Selye's General Adaptation Syndrome model (1956), describe stress as a three-phase, non-specific biological reaction to a constraint: alarm, resistance, and exhaustion (Selye, 1956). Even though this model emphasised the negative consequences of extended exposure to stressors, it is based on a logic that is essentially linear and reactive.
This understanding has been enhanced by psychosocial approaches, particularly those of Lazarus and Folkman, 1984, (cited by : Stora, 2016)), who introduced the role of cognitive appraisal and coping strategies. They do, however, frequently view adaptation as a primarily functional process, which raises the question of circumstances in which coping strategies become inflexible, repetitive, or inadequate to resolve internal conflicts.
These theoretical limitations call for moving beyond a unidirectional causal interpretation toward systemic and dynamic models of organism functioning.

Integrative Psychosomatics and the Five-System Model (Stora)

According to Jean-Benjamin Stora's integrative psychosomatics, the human being is a single, cohesive system in which psychic processes, behaviours, affects, biological systems, and the environment all constantly and reciprocally interact (Stora, 2023).
The overall quality of interactions between various levels of functioning determines psychosomatic balance rather than a single factor. A dynamic regulatory process leads to health, while inadequate or disorganised regulation leads to somatic imbalances (Stora, 2013)
Based on five interrelated systems -the central nervous system, the autonomic nervous system, the immune system, the genetic system, and the psychic system- Stora offers an analytical model of psychosomatic functioning.
These systems don't have a single causal hierarchy; instead, they interact constantly. Depending on the unique configurations of each subject, imbalances can start at any level and spread to other systems (Stora, 2005)
According to this viewpoint, the psychic apparatus is not thought of as a better system than the other biological systems. It is one of several regulatory systems that are part of a larger dynamic that also includes the immune, endocrine, and central and autonomic nervous systems. Accordingly, the organism is viewed as a cohesive collection of co-regulating systems (Stora, 2011).
As a result, stress is viewed as a transversal modality of activation and imbalance that circulates throughout the various systems rather than an independent explanatory model. Rather than being a specific cause of somatic disorders, it is a clinical indicator of the global dynamics of

psychosomatic regulation (Stora, 2022).

Toward a Processual Understanding of Somatic Diseases

Because of this, stress is not seen as a separate explanatory model but rather as a transversal modality of activation and imbalance that circulates throughout the various systems. It is a clinical indicator of the global dynamics of psychosomatic regulation rather than a particular cause of somatic disorders (Stora, 2016).

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Therefore, it is necessary to comprehend somatic imbalances as the result of a global regulatory dynamic that concurrently involves psychic, relational, behavioural, and biological dimensions.

The development of a severe somatic pathology frequently marks a shift in the subject's psychosomatic equilibrium. The severe nephrological condition that required a kidney transplant in Sadia's case raises concerns about how psychological functioning, the relational environment, and organic vulnerability interact. The psychic economy may be severely impacted by the long-term reliance on the medical system, ongoing surveillance, and frequent encounters with somatic uncertainty associated with chronic illness and transplantation (Stora, 2005).Therefore, it is necessary to comprehend somatic imbalances as the result of a global regulatory dynamic that concurrently involves psychic, relational, behavioural, and biological dimensions.

From a psychosomatic standpoint, the main concern is how the individual handles -or does not- the psychological elaboration of internal conflicts, emotions, and experiences. A portion of the excitation may not find an outlet in psychic work and instead tend to be expressed through bodily pathways when the capacities for psychic elaboration are diminished.

Jean-Benjamin Stora is credited with developing integrative psychosomatics, which aims to investigate these phenomena by viewing the human being as a psychosomatic unity (Stora, 1999). This method analyses the dynamic interactions between the various systems involved in the regulation of the organism's overall balance by articulating contributions from neuroscience, medicine, and psychoanalysis (Stora, 2006).

Understanding the connections between psychological functioning, behaviours, emotions, biological processes, and the environment is made possible by Stora's theory of the five systems within this theoretical framework. This viewpoint is in line with the growth of modern fields like neuropsychoanalysis, psychoneuroimmunology, and psychoneuroendocrinology, which emphasise the intimate connections between biological processes and psychological processes (Stora, 2006).

Research Questions and Hypotheses

As a result, the current study aims to investigate Sadia's psychosomatic functioning through her clinical discourse, which is regarded as a privileged access point to the modes of regulation functioning within Stora's five-system model.

From a developmental standpoint, psychosomatic balance is largely dependent on the development of the psychic apparatus and the ability to elaborate emotions. The subject may have trouble psychically resolving internal conflicts when these abilities are compromised by early relational experiences, personal history, or specific life events (Sami Ali, 1974). In these circumstances, the body may become a privileged site for the expression of internal conflict and

assume the role of psychic elaboration (Stora, 1999).
According to this viewpoint, a more thorough examination of Sadia's body, illness, and transplantation experience is necessary for the case study. An improved understanding of how physical experiences, psychological depictions of illness, and transplant adaptation processes are expressed is made possible by the examination of these dimensions.
The patient's body image and relationship to her body, the experience of renal disease prior to transplantation, especially the experience of chronicity and the waiting period for transplantation, the imaginary representations associated with kidney transplantation and the transplanted organ, and the psychological experience of the post-transplant period, which is characterised by the integration of the transplanted organ, dependence on immunosuppressive treatment, and potential fear of rejection, all seem to be crucial axes of investigation (Stora, 2005).
Stora's methodological tools, especially the psychosomatic risk assessment questionnaire, which enables a comprehensive understanding of the interactions between the various systems involved in psychosomatic balance, can be used to investigate these dimensions (Ikardouchene Bali, Stora, 2018).
Thus, the analysis of Sadia's case aims to understand how body representations, illness experience, and environmental conditions contribute to the regulation-or the fragilization- of psychosomatic balance in the specific context of kidney transplantation.

Research Questions
This study is structured around the following questions:

1. How can the quality of Sadia's psychosomatic functioning be understood through her clinical discourse, in reference to Stora's integrative model?
2. What representations does Sadia construct of her body, her renal disease, and the graft, and what do these reveal about her mode of psychosomatic integration?
3. To what extent does her discourse highlight difficulties in psychic elaboration that may indicate a psychosomatic fragility or risk, in the sense of Stora's theory?
4. How does Sadia describe her medical and relational environment, and how do these elements, as subjectively experienced and narrated, reveal modalities of regulation -or, conversely, of destabilization- of her psychosomatic balance?

Hypotheses
Based on these questions, several hypotheses can be formulated:

1. Sadia's discourse will make it possible to identify a psychosomatic functioning of varying quality, depending on the psychic elaboration capacities mobilized.
2. Her representations of the body, illness, and the graft will reflect a variable degree of psychocorporeal integration.
3. Indicators of fragility in psychic elaboration will be associated with a psychosomatic risk, according to Stora's model.
4. The lived experience of the medical and relational environment will contribute to either the regulation or the destabilization of psychosomatic balance.

Methodology
Research Design
This study adopts a qualitative single-case design within a clinical psychosomatic framework. The objective is not statistical generalization but an in-depth exploration of psychosomatic

functioning

Setting and Study Context
The research was conducted in a private medical clinic « Rameau de l'Olivier », In Bejaia, Algeria. Participants were adult patients who had undergone kidney transplantation and were followed after the graft. Sadia was randomly selected from seven cases meeting the inclusion criteria.

Data Collection
Data were collected through:

- Semi-structured clinical interviews.
- Administration of Stora's psychosomatic risk assessment questionnaire (Stora, 2011)

The interviews explored illness experience, relational history, affect expression, body representation, and post-transplant adaptation.

Ethical Considerations
Participant provided informed consent. Confidentiality and anonymity were ensured. Participation in the study did not interfere with medical care.

Clinical Vignette: The Case of Sadia

Out of three sisters, Sadia is the youngest. She is childless and has never been married. After high school, her educational path came to an end for family and personal reasons. Before and after her transplant, we met Sadia as part of the follow-up for her renal pathology. Several clinical components were discovered during the interviews:

Affective Relationships and Identification

Sadia struggles to form enduring emotional connections. She has few and occasionally conflicting relationships with her family and close friends. She makes significant investments in relationships by giving gifts and attention, but these actions are frequently unilateral and do not ensure reciprocity. Affective dependence and fragility in her self-worth are reflected in this dynamic.

Psychic Elaboration and Affect Expression

Sadia rarely expresses her emotions. Her emotions -such as tension, exhaustion, crying, or agitation- are conveyed more viscerally than verbally. Her recollections of her life are frequently presented objectively, devoid of sentimental nuance. These findings point to a potential displacement of affect onto the body as well as challenges with mentalizing and symbolising her experiences.

Experience of Illness and Transplantation
Uncertainty, anxiety, and psychic tension were felt during the severe nephrological condition and the waiting period for a compatible donor. Although kidney transplantation was a significant

turning point, it also brought about a new reliance on immunosuppressive therapy and medical monitoring. Sadia's worries about graft monitoring and her fear of complications are indicative of a persistent somatic vulnerability.

Relational Modalities
Sadia exhibits controlling or self-sacrificing behaviours at times, alternating between withdrawal and seeking presence. She may withdraw or take a detached stance, which reflects her conflicted feelings about affective security and other people. Her relational economy revolves around the healthcare team, which reinforces both a sense of security and an increased sensitivity to frustration.

Psychosomatic Vulnerability
When considered collectively, these factors imply that Sadia is situated within a context of psychosomatic vulnerability: identity and affective fragility endure, unexplained psychic tensions manifest through the body, and dependence on the medical setting is still high.

Preliminary Clinical Remarks (Integrative Perspective)
From an integrative perspective, the clinical elements previously described make it possible to deepen the understanding of Sadia’s psychosomatic functioning. Identity and affective fragility persist, while unelaborated psychic tensions tend to be expressed through the bodily register. In addition, dependence on the medical environment remains significant.

Results: Psychosomatic Analysis of Sadia
Axis 1 – Psychic Processes and Object Relations
Affective insecurity, ambivalent attachment, and heightened sensitivity to abandonment are characteristics of Sadia's relational functioning. It seems that early relational arrangements offered little emotional containment. Parental figures appeared to be inconsistently emotionally available despite their physical presence.
Narcissistic vulnerability is linked to this relational fragility. Intense relational investment, which is frequently out of proportion to the reciprocity she receives, is how Sadia seeks affective confirmation. Feelings of frustration arise when there is a lack of recognition, but they are rarely expressed explicitly.
Her limited ability to symbolise affective conflicts is revealed by her psychic organization. Subjective states are rarely elaborated upon when reporting emotional experiences; instead, they are often described in factual terms.

Axis 2 – Behavioral and Somatic Manifestations
At the behavioral level, Sadia demonstrates medical hypervigilance. She closely monitors her bodily sensations and strictly adheres to treatment protocols. This vigilance reflects both adaptive responsibility and underlying anxiety.
Despite graft stability, somatic fatigue, tension, and increased sensitivity to physical discomfort continue to exist. These symptoms imply that her internal tensions are still largely controlled by bodily pathways.

Axis 3 – Capacity for Affect Expression
Repression of affect is prevalent. Although acknowledged, anxiety about graft rejection and

medical dependence is frequently downplayed. Only in the setting of a safe therapeutic alliance does Sadia's emotional life become more accessible. It seems that the body serves as a transitional area where unprocessed emotions are released.

Axis 4 – Environmental Risk Factors
A high degree of medical dependence persists in post-transplant life. Chronic vigilance and a sense of security are reinforced by routine follow-up. Although there is social support, it is still emotionally constrained.
The open display of vulnerability may also be discouraged by cultural norms surrounding emotional control and resilience.

Axis 5 – Somatic Status
After suffering from severe renal insufficiency, Sadia had a transplant. Strict immunosuppressive therapy is necessary for post-transplant immune vulnerability. Stress sensitivity and chronic exhaustion are still present.

Discussion
Psychosomatic Interpretation of Transplantation Outcome
This example demonstrates that psychosomatic stabilisation is not always a prerequisite for biological graft success. According to Jean-Benjamin Stora's integrative psychosomatic viewpoint, the psychic apparatus, central and autonomic nervous systems, immune system, and genetic factors are all part of a global regulatory system that encompasses both somatic and psychic processes.
It is not possible to reduce comorbidity and persistent vulnerability to isolated disorders or linear causality. Instead, they show changes in how well interacting systems co-regulate. Therefore, the outcome of transplantation must be assessed both biologically and in terms of systemic regulatory balance.

Stress as a Transversal Regulatory Modality
According to this theory, stress is a transversal modality of excitation that circulates throughout systems rather than an independent cause.
Neuroendocrine and immune activation may be sustained by persistent anxiety, medical uncertainty, and alertness. Stress, however, serves mainly as a gauge of global regulatory dynamics. Psychic regulation may become less effective when symbolic elaboration of affect is restricted, which could lead to ongoing biological activation.

Transplantation and Reconfiguration of the Self
Organ transplantation necessitates a reconfiguration of bodily and identity continuity in addition to biological repair. Instead of being a static entity, the « self » is perceived as a dynamic process of integration.
In addition to challenging bodily boundaries, the introduction of a foreign organ may rekindle past dependency issues. The ability of the subject to incorporate this change into a continuous regulatory process is necessary for psychosomatic stabilisation.

Complexity Theory and Dynamic Systems Perspective
Models derived from complexity theory and non-linear dynamic systems-often referred to as

« chaos theory »- can shed more light on this integrative perspective. In contrast to a linear and predictable trajectory, these models suggest that living systems evolve through fluctuations, bifurcations, and successive reorganisations.
Therefore, somatic imbalances can be viewed as transitional states in a system that are looking for new ways to achieve equilibrium. Disease may indicate a stage of systemic reorganisation rather than a breakdown brought on by a single factor. In dynamic regulatory processes, stability and instability coexist.
This viewpoint highlights the necessity for psychosomatic medicine to go beyond reductionist or unidirectional explanatory models.

Clinical Case Integration (Sadia)
Affective insecurity and narcissistic vulnerability are pre-existing conditions in Sadia's case when transplantation takes place. Psychosomatic sensitivity is maintained through the interaction of limited affect elaboration, relational fragility, and ongoing medical demands. Medical follow-up serves as a source of anxiety as well as containment. Somatic sensitivity and persistent hypervigilance can be interpreted as regulatory changes in a system that is still reorganising.
Therefore, long-term adaptation depends on the quality of systemic integration across psychic, biological, and relational dimensions; biological stability of the graft does not guarantee psychosomatic equilibrium.

Clinical Implications
These results imply that a psychosomatic evaluation should be routinely incorporated into post-transplant care in addition to medical monitoring. Strengthening affect elaboration and facilitating identity reconfiguration after transplantation should be the goals of psychological support. The therapeutic alliance can serve as a transitional area that facilitates the symbolic integration of emotional and physical experiences within this framework. Additionally, early detection of psychic elaboration limitations and narcissistic fragility may help avoid future psychosomatic instability and encourage more stable long-term adaptation.

Conclusion
In Sadias case getting a transplant happens in a situation where she's already emotionally insecure and very self centered. Even though the transplant is a success her body and mind are still not working well together. She has a time dealing with her emotions and her relationships with others are fragile. She also needs a lot of care.
The doctors who take care of her after the transplant have a role. They help her. Make her feel safe but they also make her feel like she needs to be careful and worried all the time. This makes her very aware of her body and sensitive to any thing that might be wrong. This can be seen as a sign that her body and mind are still trying to adjust to the transplant.

References

Ikardouchene Bali Zahia, Jean-Benjamin Stora, 2018, The experience of pregnancy at risk": the point of view of integrative psychosomatic, psychological and educational revue, Volume 11, Numéro 1, Pages 280-291. Visited, 10/10/2025 On line: at the following link: https://asjp.cerist.dz/en/article/55067

Selye H., (1956), The Stress of Life, New York, McGraw-Hill.

Sami-Ali. (1974). L'espace imaginaire. Paris: Gallimard.
Stora J.-B. (2023). Psychosomatique intégrative : une nouvelle approche des relations entre le corps et l'esprit. Paris, In Press.
Stora, J.-B. 2022, la psychosomatique, Paris, Que sais je.
Stora J.-B. 2019, 15 cas de thérapies psychosomatiques: Comment soigner les malades, non simplement leurs maladies, France, Hermann.
Stora J.-B. (2016). Le stress. Paris, PUF. 1re éd. 1991, 128 p.
Stora, J.-B. (2013). La nouvelle approche psychosomatique: Neuf cas cliniques (8th ed.). Paris: MJW Fédition.
Stora, J.-B. (2011). La psychosomatique de l'adulte (8th ed.). Paris: Presses Universitaires de France.
Stora J.-B. (2006). the neuropsychoanalysis. Paris, PUF.
Stora, J.-B. (2005). Vivre avec une greffe: Accueillir l'autre, Paris, Odile Jacob.
Stora, J.-B. (1999). Quand le corps prend la relève: Stress, traumatismes et maladies traumatiques. Paris: Odile Jacob.