**Revista Infoacceso**
e-ISSN 2311-7605 (Online)
infoacceso.org/index.php/ri

Volume 13 · Issue 3 · 2026
Pages 3269–3276

# Beyond the Physical and the Social: Female Virginity Is Also a Psychological Phenomenon

**Dahbia Dahmani**

Akli Mohand Oulhadj University of Bouira, Algeria,Email: dahmanidahbia@gmail.com

**Received:** 25/01/2026 | **Accepted:** 20/10/2026 | **Published:** 04/11/2026

***Abstract*—**Female virginity is commonly regarded as a biological, social, and cultural phenomenon, particularly in societies where it is closely associated with honour, morality, and family reputation. However, beyond its physical and social dimensions, virginity may also have a psychological dimension that deserves further investigation. This study aims to explore the psychological repercussions associated with female defloration, including cases involving consensual sexual intercourse, by examining the functioning of the psychic envelope and its relationship with the clinical method and the construction of the ego. The study adopts the clinical method, drawing on the theory of the psychic envelope, semi-structured interviews, and the Rorschach test. The sample consists of six unmarried women aged 25 years and above. The collected data were analysed using content analysis, alongside a psychoanalytic interpretation of the participants' Rorschach protocols. The findings reveal difficulties in the functioning of certain psychic-envelope functions, as well as manifestations of psychological distress expressed through somatic symptoms, disturbances in clinical method, and indicators of vulnerability in the boundaries of the ego. The Rorschach protocols also suggest difficulties in managing internal and external stimuli and in maintaining psychological boundaries. These findings highlight the importance of considering female virginity not only as a physical and sociocultural construct but also as a phenomenon that may have psychological implications. Nevertheless, given the limited sample size, the findings remain exploratory and cannot be generalised. The study ultimately raises the question of whether the psychological consequences associated with defloration result primarily from traumatic experiences, such as sexual violence, or whether consensual sexual intercourse may also be accompanied by psychological repercussions depending on the individual's psychological organisation and personal experience

***Keywords*—**Female virginity; defloration; psychic envelope; ego boundaries; Rorschach test; psychoanalytic approach; clinical method.

## Introduction / Problem Statement

Female virginity is a subject that has been extensively addressed across various scientific and literary fields, particularly sociology, anthropology, and the physiological and medical sciences, where it is often reduced to a mere anatomical component, namely the hymen. In general, physiologists, including physicians, have traditionally considered the presence of an intact hymen sufficient to classify a person as a virgin. Through a medical and gynaecological examination intended to assess the integrity of the hymenal membrane, a determination of virginity is often made without any inquiry into the young woman's personal history or intimate experiences, even though such information may call into question the medical conclusion drawn from the examination findings. However, other specialists in physiology, particularly physicians, challenge this observation and argue that female virginity cannot be confirmed solely on the basis of an intact hymen, since certain types of hymen do not tear during sexual intercourse and may remain completely intact. Furthermore, according to specialists, including gynaecologists and forensic physicians, whether consulted directly or through the relevant literature, the absence of the hymen, just like its presence, does not in itself constitute an organic disorder or disease.

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From a social perspective, female virginity is often associated with norms and cultural representations that are likewise centred on the hymen. Culture plays a decisive role in this regard, as it provides individuals with the framework through which they develop attitudes towards particular issues. It also determines the strategies through which these attitudes are protected and defended. Maghrebi, Arab, and Arab-Muslim cultures have developed their own mechanisms through which female virginity has been transformed into a fundamental social norm, and even an object of veneration.

The simplicity that characterises virginity in its bodily dimension is reversed in its sociocultural dimension, allowing an attribute specific to women to become, in a number of societies, a fundamental norm underpinning the regulatory and organisational framework governing relationships and interactions between individuals, and even determining their respective roles and positions. According to several authors, including Bouatta (2009), this condition has contributed to the marginalisation of *gender* as a categorical principle, while establishing *sex* as the determining characteristic within the social hierarchy, thereby directing individuals towards particular social positions. Under these circumstances, female virginity mobilises an entire repertoire of representations, fantasies, behaviours, and patterns of conduct that invite us to reconsider its seemingly simple bodily constitution, behind which lies a striking degree of social and cultural complexity.

For a long time, female virginity has been conceived as a phenomenon associated with Arab-Muslim culture. This civilisation has, for millennia, presented itself as a civilisation of “honour”, the preservation of which ensures individuals’ security and integration into the group (Zidani, F., 1992). In this context, honour serves as a guiding principle for the conscience. It is a value that governs all essential acts of social life and constitutes an imaginary framework through which individuals’ conduct is defined, evaluated, and condemned.

At the heart of this structure, referred to as “honour”, lies the question of female virginity, regarded as the supreme value among all values. It is not merely a personal attribute or individual state involving only the young woman herself. Rather, it transcends individual ownership and extends into the continuity and perpetuation of a value system in which the entire family considers itself involved and claims a role in its ownership and protection (Zemmour, Z-E., 2002). This is particularly significant because any violation of a daughter’s virginity is perceived as an assault on the family lineage and, consequently, on its material and moral inheritance.

Beyond the Arab-Muslim sphere and the patriarchal system that characterises it, the literature also documents the significance of female virginity in other communities. In her book *Female Virginity: Myth, Fantasies, Emancipation*, Yvonne Knibiehler (2012) provides numerous examples of societies that have regarded female virginity as an ideal and, in some cases, elevated it to an object of veneration. The author first discusses the concept of “mythical” virginity among the ancient Greeks, where it was associated with divine beings. Unlike human girls, who were expected to lose their virginity on their wedding day, virgin goddesses remained virgins perpetually. Indeed, the Greek myth surrounding this issue established a connection between the virginity of goddesses and their immortality (Knibiehler, Y., 2012). Furthermore, the author discusses Jewish and Christian communities that idealised virginity. In these traditions, virginity is regarded as a sign of modesty, expressed through the renunciation of sexuality. For various reasons, this ideal developed rapidly from the early beginnings of Christianity and applied to both men and women, since sexual renunciation was considered the most direct path to holiness.

Among the Hebrews, virginity was also accorded considerable importance, particularly since Hebrew society was no exception to the patriarchal system. For reasons related to lineage and the protection of material and moral inheritance, a Jewish man considered himself the owner of the woman and the children she bore. This explains the importance attached to female virginity among the Hebrews. In other words, its sacralisation derived from that of the marital framework, regarded as the legitimate context for the exercise of sexuality. Under these conditions, bodies were expected to remain intact until the day of the sacred union (Knibiehler, Y., 2012). Consequently, the transgression of this fundamental norm could lead to extreme sanctions, such as stoning or execution.

Furthermore, long before antiquity, female virginity also elicited diverse, and sometimes contradictory, reactions among primitive peoples. In his article entitled “The Taboo of Virginity” (1918), Freud opened up new avenues of inquiry by describing how certain primitive peoples regarded virginity. Surrounded by a range of rites and unusual practices, it took the form of a “taboo”, reflecting the significant place it occupied within these societies. Anthropology identifies two distinct attitudes in this regard. The first considers female virginity something to be sacrificed before marriage, making the removal of the hymen prior to the wedding an unavoidable act for the benefit of the future husband. According to the second attitude, customary practices require the young

woman to preserve her virginity until the wedding day, virginity being regarded as an exclusive attribute reserved for the husband.

The various sources consulted, together with empirical studies conducted on this subject, reveal that the rites and stratagems employed by primitive peoples have not entirely disappeared. In different parts of the world, traditional practices that continue to be performed today demonstrate that female virginity is a phenomenon that resists disappearance. On the contrary, in the face of contemporary changes occurring at multiple levels, it persists through new forms. Strategies used to protect girls' virginity include, first, symbolic or magical forms of closure, such as *r'bat*; these are followed by practices involving female genital mutilation (FGM), and then by modern methods of virginity preservation, such as virginity certificates and surgical hymenal reconstruction, which have emerged under the influence of modernity and scientific progress. Indeed, the persistent recourse to both traditional and modern strategies for protecting female virginity prompts us to ask the following questions: Why does female virginity resist complete disappearance? Why does it continually seek new means of survival despite the erosion of many of the traditional and patriarchal reference points that previously structured the social context?

In an attempt to provide answers to the questions raised by the issue of female virginity, which physicians and sociologists have not convincingly explained, psychoanalysts and anthropologists have proposed new interpretative perspectives based on psychical factors. These approaches draw on studies of the attitudes of primitive peoples and ethnic groups, which reveal an ambiguous response to girls' virginity. Such attitudes suggest that virginity cannot be understood merely as an anatomical component of the female body. Rather, the extensive repertoire of rites and forms of veneration surrounding defloration may reflect a deep-seated preoccupation that has occupied the minds of men and women since primitive times and has also shaped representations of deities and goddesses, religions, ethnic groups, and clans. These anthropological contributions have provided fertile ground and an inexhaustible source of reflection for psychoanalysts, who have sought to explain female virginity and related issues, particularly defloration.

In his article entitled "The Taboo of Virginity" (1918), Freud opened up a new avenue of reflection concerning girls' psychosexual development. Starting from the premise that bisexuality is present in all human beings, he questioned how a young girl negotiates this bisexuality and proposed that this process involves a lengthy developmental trajectory in which defloration constitutes the threshold of femininity. For Freud, defloration does not merely involve the loss of a portion of bodily tissue, of which the hymen is a part. Rather, it signifies the girl's entry into the specifically genital stage of sexuality and the termination of the fantasy of masculinity that had long dominated her aspirations. From this perspective, defloration is conceived as a concrete manifestation of castration, which the girl has sought to evade since discovering her anatomical differences from the other sex. In this regard, Bouhdiba (2001) describes defloration as a narcissistic wound inflicted upon the girl, confirming her reality as a castrated being.

For his part, Toualbi (1983) compares defloration to male circumcision, emphasising that both phenomena function as rites of passage. According to this author, each represents a transition from one status to another: the male child relinquishes the status of boy and acquires that of man, while the girl leaves behind the status of a young girl and acquires that of a woman. Thus, circumcision, as a rite of passage, enables the individual to move into a new category of being. This new category entails not only the transition from childhood to adulthood but also the passage from a restrictive social status to one that permits greater freedom. Indeed, this transition from one category to another confers upon the individual the same social roles and responsibilities as those held by adult members of the community. Circumcision also grants the boy the same privileges, including the right to engage in genital sexuality. Following a similar developmental process, defloration is understood to enable the girl to move from a predominantly clitoral form of sexuality, associated with fantasies of future masculinity, towards a specifically feminine form of sexuality, that is, "vaginal" sexuality, thereby bringing the fantasy of masculinity to an end. This process of transition between two radically different statuses leads us to question its potential psychological repercussions. In other words, does the transition from clitoral sexuality to vaginal sexuality occur without psychological consequences?

It is worth noting that, during a preliminary survey conducted among a group of non-virgin young women who had consented to losing their virginity outside marriage, we identified a number of psychological manifestations, including depressive symptoms, suicide attempts, psychosomatic manifestations, and addictive behaviours. These manifestations are particularly significant from a psychoanalytic perspective, specifically in relation to the theory

of psychic envelopes, which we adopt in this research. This theory interprets such manifestations as indicators of inadequacies in these individuals' psychical functioning.

In light of these findings, together with the evidence presented above, can we conclude that the loss of virginity (defloration), even when consensual, has psychological repercussions? In other words, is female virginity merely a bodily and social construct, or does it also encompass a psychical dimension, the loss of which, even when consensual, may affect the girl's psychical functioning?

**Method and Research Tools**

To address the questions raised in this article, we drew on the findings of a study examining the effects of consensual hymenal defloration on the psychic envelope of unmarried young women. To this end, we employed the clinical method, whose importance lies in its capacity to examine human behaviour in context and through interaction while preserving its subjectivity and complexity. Within this method, the so-called "humanistic" orientation enables both a synchronic and a diachronic understanding of the individual. It relies on a qualitative approach based on discourse analysis and places considerable emphasis on exploring the "deeper layers" of the psyche, the "unconscious", and "depth psychology" (Lagache, D. 1983: 23), concepts that also encompass the notion of the "psychic envelope". This notion constitutes the cornerstone of the theory adopted as the theoretical framework for our research, namely the theory of psychic envelopes, which falls within the field of psychoanalysis.

In addition to the specific characteristics already mentioned, it should be noted that the clinical method offers considerable flexibility and a wide range of research tools. It therefore allows for the use of instruments with both qualitative and quantitative dimensions, which may contribute to the objectification of the knowledge obtained. In our study, the clinical method enabled us to employ a set of tools suited to our research topic. Accordingly, we used a semi-structured interview, complemented by the Rorschach test and the B/P index, selected on the basis of their capacity to provide information about the functioning of the participants' psychic envelopes.

These tools were administered to a research group consisting of six young women who had consensually lost their virginity. The participants were identified on the basis of the findings of a preliminary exploratory study conducted in psychological counselling and treatment practices. It should be noted that resorting to practising clinicians' offices to conduct the practical component of our research was not a matter of choice but rather a constraint imposed by the circumstances. The "taboo" associated with virginity led us to conduct the research within a secure professional setting that would protect both the researchers and the participants.

We thus established a research group consisting of six (06) non-virgin young women. In accordance with the inclusion and exclusion criteria, the loss of virginity had to be consensual; cases involving rape were therefore excluded. We also excluded sex workers, beggars, single mothers, and pregnant women, as these groups were considered to fall within psychological domains different from the one investigated in this study. Young girls and adolescents were also excluded because their physical and psychological development was not yet complete. Accordingly, the age group considered in this research was restricted to women aged 25 years and above.

Given the "taboo" associated with female virginity, as well as the obligations imposed by the ethical code governing research in clinical psychology, we ensured that our research was conducted within a safe environment that guaranteed, as far as possible, the confidentiality and privacy of the participants. Indeed, the ethical principles governing research and the humanistic orientation adopted in this study converge on the principle of "respect for the research participant", who must never be reduced to a mere "case". The participant's interests must always take precedence over any other consideration, including scientific objectives. Accordingly, our responsibility as clinical psychology researchers was to honour the agreement previously established with the participants concerning the confidentiality of their personal information, including their places of residence. For this reason, we deliberately limited the amount of information disclosed in order to protect their identities.

Following the data collection stage, which involved a semi-structured interview and a projective test, namely the Rorschach test supplemented by the B/P index, we proceeded to the data analysis stage. These instruments enabled us to assess the quality of the participants' psychical functioning and, on that basis, determine whether defloration had generated psychological repercussions. The data analysis stage involved subjecting the collected material to a process of decoding in order to produce meaningful information relevant to the research topic.

In view of our research objectives, content analysis was adopted as the preferred method because of its emphasis on identifying what Henry and Moscovici (1968) refer to as the "conditions of text production" (cited in

Bardin, L. 2007: 44). In other words, this analytical method constitutes a “technique of rupture” intended to move beyond a merely intuitive and subjective reading of reality and to transform the analysis into a means of constructing new objective understandings. This psychical construction becomes observable through manifest indicators that require a process of decoding in order to reveal their latent meanings.

The indicators were identified on the basis of the operational definition of impaired psychic-envelope functioning. They were then investigated through indicators derived from the Rorschach test, which enabled us to assess the quality of psychic-envelope functioning by examining the delineation of image contours, the capacity for elaboration, the ability to restrain the unregulated emergence of raw material, and the capacity to regulate the unimpeded entry of external stimuli.

For the analysis of the Rorschach protocols, we adopted Catherine Chabert’s approach (1983), which, according to Anzieu (1983), constitutes a systematised synthesis that is “more up-to-date, more comprehensive, expressed in clearer language, and characterised by an interplay between the precision of clinical data obtained from adult participants, the diversity of interpretative nuances, and the reformulation of basic projective concepts in psychoanalytic terms” (in Chabert, C. 1983: VI).

The relevance of this approach lies in its ability to facilitate the interpretation of data both within the framework of classical psychoanalytic theory and through the perspective of psychic envelopes, which serves as the theoretical framework adopted in this research.

**Results and Discussion**

Overall, the findings obtained from the semi-structured interviews indicate impairments across all the functions of the psychic envelope in the six cases examined. These impairments are manifested through indicators whose frequency varies from one case to another, including somatisation, depression, medication use (e.g., antidepressants and analgesics), an excessive attachment to concrete reality, binge eating, obesity, suicide attempts, adaptation difficulties, an inability to work through grief, aggression, memory problems, social withdrawal, and the development of a second skin. From a psychoanalytic perspective, we observed in most cases a withdrawal of the life drive in favour of the death drive, which entails the activation of the “Nirvana principle”. This principle tends to reduce the quantity of excitation originating from either external or internal sources to zero, or at least to minimise it as much as possible. Such a process places the entire psychic life at risk because of the lack of the energetic input essential to all psychic activity.

The results obtained from the Rorschach test, meanwhile, reveal apparent psychological deterioration. Within the theory of psychic envelopes, this is described as “rigidity” of the psychic envelope, which calls into question its capacity to transform raw instinctual material, cope with external stimuli, maintain sufficient energy levels to sustain normal psychical dynamics, and ensure differentiation between the internal and external worlds and between the ego and the non-ego. In the Rorschach protocols, indicators of psychic rigidity are expressed through reliance on perceptual responses as a defence against the emergence of instinctual impulses. Thus, in three participants, we identified an excessive reliance on form responses (F), with percentages exceeding normative levels. This pattern reflects the use of perceptual reality as a defence mechanism to control the participant’s subjective involvement, although it may also indicate inhibition (Rausch de Traubenberg, N. 1970: 73). Although two of the six cases exhibited F percentages within the normal range, all six participants’ protocols showed below-average levels of F+ responses, indicating perceptual distortion.

This pattern points to the ineffectiveness of defences based on external reality, suggesting a disruption in adaptation. It also calls into question the adequacy of the boundary distinguishing the internal from the external world, which appears insufficient to maintain the stability of identity boundaries. Furthermore, this boundary seems unable to contain psychic processes, which appear to be in a state of confusion with the external world. This may be explained by a paucity of psychic representations and affects necessary for the elaboration of fantasies, which constitute a privileged means of discharging aggressive or sexual drives. The same pattern is evident in the scarcity of K responses among three participants and their complete absence among the other three. Furthermore, the predominance of animal kinesthetic responses (Kan) suggests a tendency towards control and mastery. It also points to insufficient psychic containment, characterised by psychic breaches that allow instinctual and fantasy-related pressures, experienced as disturbing, to pass through and find expression.

Moreover, the expression of affect through colour responses (C) varied considerably: four cases produced no colour responses, one case produced one response, and one case produced three responses. In the four cases with

no colour responses, this pattern may reflect affective impoverishment, a characteristic associated with psychosomatic disorders. In general, an excess or scarcity of colour responses indicates boundaries that are either too fragile or too rigid in regulating the distinction between the internal and external worlds (Chabert, C. 1983: 188). Accordingly, in cases displaying a complete absence of C responses, this may indicate the establishment of impermeable boundaries intended to protect against the impact of external stimuli or internal pressures triggered by the test material (Chabert, C. 1983: 193). In the case that produced three responses, weaknesses in psychic containment and in the boundaries of the psychic envelope appear to permit the unrestrained passage of affects. As representatives of the drives, affects in this case emerge freely because of the fragility and permeability of these boundaries. Nevertheless, it should be noted that, even in the other cases, the contents elicited included references to the interior of the body, such as anatomical content (*Anat*) and blood. This finding reflects the fragility of the boundaries that protect the internal world from intrusions originating in the external world (Chabert, C. 1983: 193). It therefore suggests a deficiency in the protective stimulus barrier (*pare-excitations*), whose function is to regulate incoming stimulation originating from the external world.

The impairment of the participants' psychical functioning can also be confirmed through various manifestations, including somatic symptoms observed in three of the six cases, which indicate deficiencies in psychical elaboration. These deficiencies result from the inadequacy of the "body-ego" (*Moi-chair*), understood as a space encompassing the psychical images and affects involved in fantasy processes, which constitute an ideal means of transforming instinctual impulses and external stimuli. This situation reflects a form of psychological vulnerability that manifests itself in other ways, such as resorting to external supports to compensate for impaired psychical functioning. This pattern was observed in four of the six cases, in which participants relied either on medication or on food to alleviate an intolerable state of anxiety within their internal world.

Furthermore, three participants developed a separating layer in the form of obesity, which serves as a barrier against external stimuli. According to the theory of psychic envelopes, this constitutes a sign through which the psychical problem is materialised by the accumulation of fatty tissue, serving to reinforce bodily boundaries. This tendency to establish a thick and impermeable boundary reflects the participants' psychological vulnerability and fragility, which they attempt to overcome by relying on a physical boundary. Moreover, the sensation of physical "holes" reported in two cases, together with the inability to contain aggressive impulses observed in all participants, indicates an impairment of ego integrity, which, in this instance, takes the form of what Anzieu describes as the "perforated ego" (*Moi-passoire*). This condition manifests itself through the unrestrained discharge of impulses, expressed in acting-out behaviours, such as suicide attempts, and aggression.

The impaired psychical functioning associated with psychosomatic manifestations is reflected in the Rorschach test through several indicators, including an excessive reliance on form responses (F), which expresses a tendency to depend on perceptual and objective reality at the expense of the emergence of subjectivity. This pattern indicates internal vulnerability that compels the individual to maintain a distance from their inner world, since approaching it appears to threaten their psychical stability. Their capacity to cope with internal and external threats seems insufficient. Furthermore, this pattern may reflect a withdrawal from instinctual life, particularly among individuals with psychosomatic difficulties, who experience an impoverishment of representations and fantasies. Indeed, four of the six cases exhibited a proportion of form determinants (F) above the average, indicating an anchoring in perceptual reality and an avoidance of subjective reality. At the same time, all six participants produced an above-average proportion of poor-quality form responses (F−). This finding indicates perceptual distortion and suggests impaired adaptation to the external world. The reduction in good-form responses in favour of poor-form responses may also be interpreted as a weakening of control, suggesting that the psychic boundaries are unable to restrain the unrestricted emergence of primary psychical processes because of an insufficient capacity to maintain a separating boundary between the internal and external worlds.

Thus, based on the analysis of the interviews and the Rorschach protocols, we concluded that the findings support the central hypothesis of our study: consensual hymenal defloration has repercussions for the psychical functioning of unmarried young women, as reflected in the weaknesses identified through indicators of psychical impairment. Indeed, the same manifestations revealed by the interview analysis are discussed in the work of Didier Anzieu (1995), who points out that depression, somatisation, and reliance on supporting objects, such as medication, are signs of deficiencies in psychic containers. Furthermore, the predominance of the death drive among most participants represents an expression of the self-destructive function, understood as a negative function or anti-function that, in a sense, serves Thanatos (Anzieu, D. 1995: 129). In contrast to the life drive, the

self-destructive function damages psychic containers and binding processes that enable internal and external excitation to be discharged safely. It also indicates an energetic impoverishment, which subsequently results in a deficiency in the energy required to sustain psychical functioning.

With regard to the Rorschach test, it is also noteworthy that the participants produced protocols saturated with indicators of functional deviations, some of which were pathological in nature. In this regard, three of the six cases displayed a predominance of the global mode of apprehension, whereas the other three exhibited a predominance of the detail-based mode at the expense of other modes of apprehension, indicating a lack of coherence. The predominance of simple global responses highlights a defensive attitude characterised by reluctance to engage in more in-depth exploration. This may represent an avoidance of details due to the fragility of psychic containers or a lack of interest in the external world (Chabert, C. 1983: 98). In the second situation, the predominance of the detail-based mode indicates an inability to construct a unified representation of the self, owing to deficiencies in psychic containment that prevent the expression of psychical integrity. However, it may also reflect a mode of functioning based on control.

The same pattern is evident in the production of form responses whose poor quality indicates deficiencies in psychical transformation. Perceptual distortion likewise signals an inadequacy in the interface between the internal and external worlds, while elevated F response rates indicate an anchoring in perceptual reality associated with an impoverishment of psychical products, particularly representations and affects. The scarcity, and sometimes complete absence, of major kinesthetic responses provides further evidence of this pattern. It is also consistent with the interpretation of response content, whereby the low frequency of human responses (H) may indicate deficiencies in psychical integrity and identification with a human image. These findings can be understood within the framework of the theory of psychic envelopes, which posits an analogical relationship between the psyche and the body.

**Conclusion**

In conclusion, we may argue that defloration poses no physical danger, yet its psychological repercussions are considerable. The impairments identified in the functioning of the psychic envelopes of the participants in our study support the hypothesis that consensual hymenal defloration leads to impairments in the functions of the psychic envelope of unmarried young women. In other words, female virginity is not merely a physical and social phenomenon; it also has a psychical dimension.

This finding invites us, first, to reconsider traditional and primitive attitudes towards female virginity, as well as attitudes towards other issues in which the psychical dimension is entirely disregarded in favour of the physical and social dimensions. The findings of this study also prompt us to reconsider the question of rape, in relation to which the presence of psychological trauma has consistently been reported in previous studies. Does the psychological trauma associated with rape actually result from the act of rape itself, or does it stem from the sexual act, even when the latter is consensual?

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