

Posters, Monday, 21 September 1998

Topics

Addiction
Alcohol
Bipolar Disorders
Care
General Anxiety Disorder and Social Phobia
Mental Health
Obsessive Compulsive Disorder
Placebo

PMS

Post-Traumatic Stress Disorder
Pregnancy
Private Practising Psychiatrists
Psychotherapy
Relatives
Somatic Diseases and Depression
Training
Various Topics

Mon-P1

DRUG ADDICTION AND BORDERLINE PERSONALITY

M.C. Carreau^{1*}, H. Sztulman². ^{1,2}*Centre d'Etudes et de Recherches en Psychopathologie, 31058 Toulouse cedex 01, France*

Objective: The aim of this communication is to propose an explicative model of drug addiction in borderline personality and to consider a new orientation in cares. This study is placed in a psychoanalytic perspective. For that, the research concerns 30 drug addicts with a borderline personality (according with DSM IV), assessed during the first month of residence in a therapeutic community.

Method: All subjects was assessed with the following experimental protocol: a diagnostic semi-structured interview, a Rorschach, a Thematic Apperception Test, a Machover's Drawing-a-person. The general hypothesis is that drug addiction in borderline personality derives from the convergence (outside the psychical life) of instincts of self-preservation, partial sexual instincts and death wish.

Results: Drug addiction reveals an archaic and partial erotic pleasure, a temporary sensation of the self restoration and death wish. This attempt to resolve the intrapsychical conflict on an intersychical level explains the overinvestment of the behaviours in a system of actions and reveal the importance of early emotional and identifications deprivation understood as a non-elaboration of a sufficiently structured system of actions. The disorganisation of the system of actions is linked with alterations of body integrity and narcissistic fragility. Finally, the borderline drug addict confirms that anti-social personalities and narcissistic personalities are part of borderlines organisations.

Conclusions: Results show that psychical process must be taken into consideration in all institutional cares. Further, we must consider the psychical working over to allow the person to get him/her self-sufficiency and to avoid (in the framework of the system of actions) substitutions of an addiction with another one (ex. alcohol, bulimia, addiction to the community).

Mon-P2

THE MARIHOLIC ADOLESCENTS: SYSTEM OF ACTIONS AND BORDERLINE PERSONALITY

A. Bernoussi^{1*}, H. Sztulman². ^{1,2}*Centre d'Etudes et de Recherches en Psychopathologie, 31058 Toulouse cedex 01, France*

Objective: In this study, we suggest to conceive the addiction solution of the mariholic adolescent an unbalanced system of actions with several negative consequences on the behaviours, environmental and personal relations; these psychological disorders inducing a negative self esteem. The purpose is to demonstrate in wich system of actions, the mariholic adolescent take place: what are the links between the type of system of actions and the borderline personality?

Method: Population: 15 mariholic adolescents (average 18). Chronic consumption: 5 joints/day. **Test evaluation:** Self Esteem Inventory (Coopersmith); Hand Test; T.H.C. Dependence Questionary.

Results: We find two types of system of actions:

- Active System of Actions (ASA) is linked with a moderate self esteem and a weak consumption of marijuana based on a normal environmental and personal relations.
- Passive System of Actions (PSA) is linked with a weak self esteem and a strong consumption of marijuana based on a difficult environmental and personal relations.

Conclusion: The description of the two types of system of actions shows, in the framework of borderline personality, that the ASA is based on a nevrotic organisation and the PSA a psychotic organisation.