

It concerns, first, the trauma as an inflow of drives stimuli which are provoked by outward traumatic occurrences, which cannot be symbolically metabolised by the patient's immature Ego. Second, trauma concerns the frustration of basic drives' demands that, in the case of the borderline patient, have threatened radically, during a primary phase of his psychosexual development, the very same narcissistic constitution of the subject. Defence mechanisms, like projection and splitting, comprise the pathological attempts of eradication of the effects of the traumatic split in the psychic structure of the person.

Clinical material that stem from the psychoanalytic psychotherapy of a borderline patient allows for the elaboration of the therapeutic technique, as far as patients of this structure are concerned, towards the direction of the setting of indicated therapeutic frame and the appropriate therapeutic relationship, which on the one hand will be proved enduring enough to the attacks attempted by the spirited part of the patient and, on the other hand, they will comprise the objects which the patient could internalize by covering missing parts of his Ego.

Given the traumatic character, on behalf of the patient, of the contact with the other, which motivates inside him deforming mechanisms of projection and idealization-devaluation towards to a supposedly "totally" neutral analyst, within the framework of transference the patient is asking of the therapist "tangible" proofs that he is good enough to be trusted. It seems that from a therapeutic point of view, at least during a phase of the therapy, a flexible, almost concrete, benevolent presence on behalf of the therapist can be indicated, which in connection with the analysis of the counter-transference will comprise a "transference therapy" and in time will permit to the patient the internalization of a "good" analytic object which will transform him structurally.

#### **SES11.04** PSYCHOTHERAPY OF SUICIDAL PATIENTS

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We will study psychotherapy of suicidal patients and notably borderline patients. Compliance of these patients is a first important point in the process which allows the possibility of setting up psychotherapy. Another point concerns efficacy of psychotherapy. Very few studies have demonstrated their efficacy, notably by comparing the rate of repetition of suicidal attempts between two groups, like in Lineham's study (1992) using behavioural cognitive psychotherapy in borderline patients. It is also important to remind that studies comparing either specific psychotherapy or a usual out patient follow-up, tend to select a certain type of patients, those without serious personality disorders, nor alcohol or drug addicted disorders, excluding men as well as, young or older patients. Thus, it is important to carry on studies including such groups of more risky patients. Another important issue concerns the possibility to improve compliance of suicidal patients by different methods, like home visits, special procedures like the green card in Morgan's study or by improving quality of the relationship between the patient and the practitioners.

#### **SES11.05** SOJOURN IN THE PSYCHE: SOME EFFECTS OF (BORDERLINE PATIENTS') PROJECTIVE IDENTIFICATIONS

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This paper suggests that the psychoanalytic therapy of borderline patients has progressively led to the formation of a new

psychoanalytic paradigm: the interplay between transference and countertransference, and the analytic dyad as a "mutative relationship" for the patient. These recognitions put emphasis on the containing function (Bion) of the analyst; the patient strives for an experience of an object (analyst) that does tolerate and cope with patient's projections. Analytic neutrality and genetic interpretations are considered valuable technical instruments only in the frame of the "container-contained" relationship between analyst and patient. During the therapy with borderline patients, the analyst's capacity to contain and elaborate the projections of the patient and finally give meaning to them and communicate it verbally to the patient is becoming a central therapeutic factor.

There are some moments when the analyst feel himself to be invaded or controlled or abused by his/her patient's products. As Bion (1958) has postulated, this situation takes the form of a sojourn in the analyst's psyche. Kernberg, McDougall, Ogden, among others, have demonstrated the processes involving this sojourn.

Clinical vignettes are given to provide support for the ways the analyst contains, elaborates and modifies the projections of the borderline patient in his own mind and the therapeutic role that these processes have.

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## **FC08. Violence and suicide**

*Chairs: M. Benoit (F), M. Hrdlicka (CZ)*

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### **FC08.01** PERSONALITY DISORDERS AND EARLY DEVELOPMENT IN FEMALE OFFENDERS

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The purpose of this study was to determine origins of crimes and other forms of social deviance in females. Biological, social and psychiatric factors were analyzed in 271 women who committed homicides and other aggressive crimes and underwent forensic psychiatric assessment. The most frequent diagnosis found in 65 percent was personality disorders. The study has revealed that the majority of women in their childhood were exposed to physical, sexual and psychological abuse in their families and outside. 30 percent of adult women as a delinquent girls underwent psychiatric assessment in their adolescence. In their adulthood women suffered from depression, low self-esteem, drug abuse. Thus the study reveals that victimization and psychological traumatization of women in their childhood may be one of the causes of personality disorders in adulthood and antisocial and aggressive behavior.

### **FC08.02** ETHNOCULTURAL PECULIARITIES OF SUICIDE PREVALENCE IN RUSSIA

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Peculiarities of suicide prevalence in different ethnic groups of the population of Russia were studied using the records of the National Health Statistics. The Republic of Komi, Where, alongside with the Slav (Russians), Komi people belonging to the Finno-Ugor ethnic live, was chosen as an object of the study. It was found that the incidence of completed suicides in the Finno-Ugor (113.4 per 100 000) was 1.8 higher than the similar index in the Slav (62.5 per 100