

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.

FC08. Violence and suicide

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

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

000). And the incidence of suicides in Finno-Ugor males achieves 177 cases per 100 000 of the population. Taking into account the comparable social conditions of both peoples living the cause of greater suicidal activity of the Finno-Ugor largely depends on their ethnocultural peculiarities. Among them are historically founded traditions and patient attitude to the suicide, as well as such a trait of national psychology as high sensitivity.

FC08.03

PECULIARITIES OF SOCIALLY DANGEROUS BEHAVIOR OF THE MENTALLY ILL IN MODERN RUSSIA

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The comparative study of socially dangerous acts (SDA) committed by the mentally ill in different periods of Russian society development showed significant changes in their nature and structure. Findings of forensic psychiatry evaluations for 1984 and 1999 were studied. It was found that nowadays violence against the personality has become to prevail in the SDA structure - 37% of all cases. In comparison with 1984 their share in the SDA structure increased thrice. It is significative of the progress of severe offences committed by the mentally ill and reflects insecure social situation in the country in which the least socially protected people, including the mentally ill, especially suffer.

FC08.04

IMPACT OF DEPRESSION, IMPULSIVITY AND RECENT LIFE-EVENTS IN FIRST-TIME AND REPEAT SUICIDE ATTEMPTS

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Background: Many studies have reported an association between chronic depression, impulsivity, and repeated suicidal behavior. It is also frequently assumed that the impact of life-events tends to decrease with the number of suicide attempts.

Aims of the Study: We identified biographical, psychological and socio-environmental factors associated with suicide behavior in a psychiatric emergency unit. Our hypothesis was that repeat suicide attempters when compared to first-time attempters have a comparable amount of recent life-events, but are more depressed and are more chronically impulsive.

Design: We prospectively evaluated 200 subjects referred to our psychiatric emergency unit immediately after their suicide attempt. All subjects had a standardised evaluation of demographic, social, psychiatric history, actual and/or previous suicide attempts characteristics, recent life-events, severity of depression and anxiety, suicide intention, trait- and state-impulsivity.

Results: Medication overdose was used by the majority of patients (92%) and 61% had an history of suicide attempt. Repeated attempts were more severe than first ones, and more frequently associated with physical abuse and mood disorders in the past. Numbers, repartition and psychological impact of life-events occurring in the month before the admission were equivalent in the two groups. On the other hand subjective but not objective suicide intent level was higher in repeat attempters, as were depression, anxiety, trait- and state-impulsivity scores ($p < 0.001$)

We conclude that depression severity and impulsivity were the best predictors of recurrence of suicidal behavior. Taking into account that repeat suicide attempters had a comparable amount of

recent lifeevents, these results reinforce the hypothesis of a lack of coping with stress and of serotonin-related dysfunction in suicidal behavior.

FC08.05

ADHD AS A RISK FACTOR FOR SEXUAL DELINQUENCY

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(a) The intention of this study was to examine the implications of ADHD in sexual delinquents.

(b) During a forensic-psychiatric assessment we presented the Wender-Utah-Rating-Scale (WURS) and the I₇ by Eysenck to 93 male delinquents, who had committed a sexual offense.

(c) A criminal record was found in 54% of the sample. 23% of the delinquents had been previously convicted for the same offense. We found a high inverse correlation between the age of the onset of delinquency and the WURS sum score ($r = -.524$). The prevalence of ADHD was 27% with a persistence rate of 43% resp. 11.5% of the total sample. We also found a significant interdependency between previous convictions and the retrospective diagnosis of ADHD. This was more prominent when a previous sexual offense could be found in the criminal records (Fisher's ET $p = 0.021$ resp. 0.012). A currently higher impulsivity without evidence for ADHD during childhood and adolescence did not play a significant role in these interactions.

(d) These results illustrate the fact, that the diagnosis of ADHD is an important vulnerability factor for sexual delinquency, esp. when there is a persistence into adulthood. This demonstrates the need for an early therapeutical intervention.

FC08.06

MENTALLY DISORDERED OFFENDERS IN BRITAIN: CURRENT PRACTICE AND FUTURE PROPOSALS

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Aims: To describe current service provision for mentally disordered offenders in the U. K., contrasting the differences in practice for offenders diagnosed with personality disorder compared with those diagnosed with mental illness and to consider the impact of proposed legislative changes on patient care.

Methods: Data will be presented from a cohort of 150 consecutive referrals to maximum secure psychiatric hospital and 150 consecutive referrals to medium secure psychiatric hospital.

Results: Differences between services offered for patients diagnosed with personality disorder and those diagnosed with mental illness will be presented.

Discussion: The British government have proposed new legislation to address the gaps in service provision between mentally disordered offenders diagnosed with personality disorder and those diagnosed with mental illness. Detention under this new legislation is to be on the grounds of potential risk to others instead of the current criteria of treatability of the disorder. The proposals have been criticised by professional and patient representatives as a legislative framework for indefinite detention of individuals disguised as medical care. Implications for potential appeals to the European Court of Human Rights will be discussed.