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## NARCISSISM AND MOTHERHOOD

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This study supported by the INSERM CJF 9406 (National Institute of Health and Medical Research) focuses on the difficulties of articulation between the narcissistic libido and the objectal libido during pregnancy indicating a developmental disorder of the original narcissistic crisis. Our working hypothesis is that articulation between narcissistic and objectal investment is related to the quality of the early interactions between the mother-to-be and her own mother. The population consists of 73 pregnant women recruited in an obstetric-gynaecological department of a large metropolitan hospital in Toulouse, France. Subjects were interviewed twice during pregnancy and once in the post-partum period for a total of three evaluations. Evaluations included: 1) semi-directed interview examining psychopathologic functioning on the narcissistic level; 2) The Objective Social Prevention Inventory (OPSI) (Kipper and Zigler-Shani, 1976) exploring four elements of psychological experience of the pregnancy (perceptions of: feminine gender, motherhood, marital relations, maternal relations); 3) The Hospital Anxiety Depression Scale (HAD) (Zigmond and Snaith, 1983); 4) The EVAN Questionnaire (Visual Analog Scale of Psychiatric Disorders, Narcissistic Level). This tool seeks to explore the semiological elements of an isolated narcissistic crisis over time during pregnancy. It is a non-standardized, non-validated tool and 5) The Pitt Questionnaire and the Edinburgh Post-Natal Depression Scale (Cox) examining the presence of depressive disorders during the post-partum period. This study also examines the predictability of certain depressive decompensations during the post-partum period, with particular attention towards preventive interventions. Our results indicate: 1. that the subjects presenting a disorder in the development of and surpassing of the narcissistic crisis, as identified by clinical evaluation and high score on the EVAN Questionnaire, exhibit a relational deficit with their own mothers as well as higher levels of anxiety and 2. that those subjects seem to be more at risk for anxious and depressive manifestations during the post-partum period.

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Etude d'une population d'HM intégrée dans une Institution Démédicalisée après un séjour prolongé en Hôpital Psychiatrique. G. Galli Caminati et J. Moura-Serra. Dans cette étude, nous présentons les caractéristiques d'une population d'HM hospitalisés à long terme qui a pu être intégrée dans une Institution Socio-Educative Démédicalisée. Les 7 patients présentaient le diagnostic de Retard mental profond. Nous définissons le Retard mental comme un fonctionnement intellectuel général signif. au-dessous de la moyenne avec déficit dans les comportements adaptatifs qui se manifestent pdt la période du développ. L'âge des patients étaient compris entre 24 et 53a. au moment de l'intégration et ils avaient été hosp. pdt une période en moyenne sup. à 10a. Les patients présentaient une polyopathologie associée au RM sur le plan somatique. Nous avons évalué la présence de troubles du comportement avec l'ABC\* - The Aberrant Behaviour Checklist. 4 types de Facteurs ont été considérés: Facteur I (irritation, agitation, pleurs) avec 15 items; Facteur II (létargie, retrait social) avec 16 items; Facteur III (comportement stéréotypés) avec 7 items; Facteur IV (hyper activité, inadéquation) avec 16 items; Facteur V (langage ou paroles inappropriée) avec 4 items;

L'échelle de gravité est de 0 à 3 (0= aucun problème; 1= léger; 2= moyen; 3= grave).

La présence d'un pattern symptomatologique chargé indique la nécessité d'un soutien psychiatrique tout au long du processus d'insertion en milieu démédicalisé pour des patients hospitalisés à long terme dont les troubles du comportement constituent un tableau de gravité moyenne - grave.

La coordination des soins restent la clef de voûte d'une démarche d'intégration en institution démédicalisée et rend possible le projet de réhabilitation en milieu Socio-Educatif.

\*ABC, The Aberrant Behaviour Checklist: A Behaviour Rating Scale for the Assessment of treatment effects. M.G. Aman and other-- American Journal of Mental Deficiency. 1985, Vol 89 n.4-485,491.

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## DREAMS AND IMAGINARY ACTIVITY IN DEPRESSED PATIENTS

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Dream activity, equivalents in wide-awake life and their perceptions are compared between depressed subjects and controls. Recently, K. M. Beauchemin (1995) indicates that dream activity is dependent on mood state. Depressed people are 30 hospitalized unipolar patients (DSM-IV). The control group is a random sample of 307 people ranging from 18 to 80 years old. All the subjects answered an analogue scale questionnaire including 11 items such as frequency, content of dreams, emotions, interest in dreams, daydreaming, magical thought, creativity, awareness of spatiotemporality. The efficiency of the imaginary's function of depressed subjects appears very inferior to that of controls ( $p < 0.01\%$ ). The most discriminant questions concern frequency of dream ( $P < 1\%$ ), content of dream ( $P < 0.01\%$ ), interest in dream ( $P < 1\%$ ), questions about dream ( $P < 0.1\%$ ). The function of imaginary is all the more efficient when the subject is young. In the control group, women tend to dream more frequently than men (dream often and rather often; women: 70.9%, men: 56%) and question their dreams more than men (women: 50.7%, men: 31%). As nightmares are known as symptoms of depression, this study shows that dream and imaginary are significantly impoverished in depressed patients.

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## PERSONALITY AND PSYCHOPATHOLOGICAL FACTORS ASSOCIATED WITH GENDER IDENTITY DISORDERS

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**OBJECTIVE:** In recent years there has been an increasing recognition of the complexity and heterogeneity of gender identity disorders and the term "transsexualism" has been dismissed as a distinct diagnostic category in DSM IV. To enhance knowledge on prognostical predictors in this population requesting or seriously considering sex reassignment surgery (SRS) a prospective study was initiated. In their primary evaluation the authors focussed on personality and psychopathological factors.

**METHODS:** This presentation depicts relevant data acquired in initial assessment of 30 gender dysphoric patients. The standardized evaluation procedure included clinical interviews, a structural interview according to concepts of Kernberg and self-developed and standardized psychometric questionnaires including the MMPI, 16 PF, Rosenzweig PFT, Narcissism Inventory, and AGI and CGF (Blanchard)

**RESULTS:** 23 male to female and 7 female to male patients were reviewed, but for statistical reasons only biological males were analysed. Significant narcissistic pathology could be identified in most of the sampled gender dysphoric, but regulation-modes and psychopathological aspects afflicted by this pathology differed widely. The fundamental problem was identity and the self in general.

**CONCLUSION:** Preliminary results underline critical statements urging for differential diagnostic evaluation of gender problems and the importance of identifying subtypes combined with differentiated treatment. Combined with aspects of gender development and sexual orientation psychopathological factors and the different modes of self-regulation appear to be relevant.