



# Inchoative Psychiatric Terminology: Acceptance of Borderline Concept as responsible for a complete Existential way chanted by Disabilities Moments in its course

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## Abstract

About the difficulties of Implementation to provide cares or help comprising different types of psychic disorders disrupting affects or behaviors concerning such patients. They seem often in a constant or lasting manner suffering fluid in their feelings as in the authenticity of their authentic request. More generally, from nosological Classification to clinical Symptomatology to psychoanalytical Area. Repression of pulsional pregnancy not able to explain the complex effects of mosaical Organization /layered or entangled structuration of the Psyche.

**Keywords:** Frequent states of crisis with poor affect modulation, poor impulse control, bad management of the emotional register, rapid mood fluctuation, able to reach depressiveness and possible ease of acting out as well as auto-aggressive or violent counter-self behavioral feedback. In reason of an intolerance to the frustration, they present a notable vulnerability to a hostile environment.

## Introduction

Is it the incidence of epigenetic factors, notably linked to a moving society and subordinate to technological advances as well as influenced by mass social evolutive conceptions, notably in the frame ease of communication, the immediacy of exchanges or even the most exciting advances in Artificial intelligence. It's difficult to shed a serene light, which Concerns Borderline State Disorders and Psychopathological Differentiation Among Other Psychic Disabilities and Symptomatic Troubles expressed during the recent decades?

When events or suffering lead them to seek specializes help:

The attentive approach of the expression of morbid signs can

change casually, which disrupt the diagnostic based on explanatory findings as well as the effects of the implemented therapies, that the caregiver believed to be the best valid, if only though the unexpected commission of a acting most often negative for the subject, as if he wanted to discredit any adequate benefit that would be granted to him or at the same time the professional skills of his practitioner, in a way of proving or safeguarding a narcissistic ego, or even affirming at all costs the existence of a Self, a Being both omnipotent and fragile.

Anyway, the notion of Borderline disorders has imposed itself on practitioners: alienists, then psychiatrists, giving rise to the numerous reluctances, especially for the proponents or more

anchored scientific conceptions, particularly when comes to the dominance of theorizations and methods of basic conceptual elaboration in their practice, attached to Freudian datas, even weighted by the rearrangements made by the Kleinian contributions and the epigones. The first years of maturing were considered as modeling the psychological structure of the psychism, as for instance the schizo-paranoid or sadistic phase and the time of the Oedipe conflict situated usually between the 3 and 4 years didn't appear so central in the development of mental organization. As a result, since both nosological and clinical frameworks are becoming outdated, without a structured theoretical coherence coming to support the polymorphous and sometimes shifting various and abrupt psychopathological expressions, the notion of Borderline Disorders has been emerging. That new denomination would permit to report on the tables morbid people crudely exposing their emotional suffering or the consequence of their unusual actings. Moreover, the presentation of the new symptomatology was notably to be taken in account for the emergency Hospital reception service.

## The Models for Differentiating Psychological Disorders

It's obvious that that knowledge and practical habits undergone a considerable readjustment after the highlighting of the rebuilding of the psyche identified by the studies of S. FREUD. Until the middle of the XX° century, where large psychiatric hospitals were still located, certain alienists still referred to an immutable nosology, dating back to E. KRAEPELIN or E. BLEULER, seeming immutably and the so-called mental patients were considerably passively considered as subjects to their disorders, who have to be levelled if they were exuberant, cancelled by convulsive-therapy or isolation -even lobotomy after Egaz Moniz practice, of whom NOBEL Price was preserved/kept only about its arteriography practice-if they were falsely exuberant, really inadequate for a social common life or fled within the framework of sleep prolonged by powerful sedatives, neuroleptics representing a pharmacological progress... Or, even if their socially disabling by conditioning methods. General works was always proposed, as soon as possible, often physical, being considered rehabilitative and the creation of workshop permitting Art-expression were only put in place gradually after the innovative experience by the university service of SAINTE ANNE Hospital in PARIS. In this regard, our action in this direction was pioneering one in the middle of 1960 years.

Among the theorizing innovations of S. FREUD, whose dazzling character led to definitive conversions to a new theoretical and practical approach of the therapeutical modalities, the fact to consider that the patient was able to tell by speaking his disorders, his fantasies freely, so that the role of the psychiatrist became that of the therapeutic interpreter and no longer the offensive specialized actor, who in the sole basis of his observations had the power of the strategic therapy, was becoming transcendental. The psychoanalytic procedure and conceptualizing methods taking in account the symbolic images of the dreams, as from

the slip of the tongue from the main conflicts, which had marked Greek history in the frame of associative explication must mark a prodigious advance in this science. Psychoanalysis sessions aimed at allowing the subject to give free rein to the word presenting itself abruptly in the context of the free evocation of a dream or a phantasm have rendered obsolete the listening of a patient from the perspective of a nosological or clinical classification. Furthermore, the implementation of theoretical models contributed to giving psychoanalysis a privilege status. It's not necessary to recall the importance took quickly to the game of live and death impulses. Let us cite the frame.

## Metapsychology

**Economical Register:** study of forces and of psychic conflicts: primal and secondary energetical processus; affect emergency

**Topical Register:** first one : ICS : the deep instance of psychic apparatus; PCS ; CS, second one, described in "Beyond the pleasure Principle (1923 )-It or Ca, Me or Ego, central coordinator instance, receiving impulse from the Ca, from which it had to differentiate itself, but in return had to canalize the forces emanating from it and avoid its negative effects. Superego, classically described as a depository body/place of Prohibitions, taboos, ethics and references to the rules of life in society, after identification with father or vicarious substitutes. The first introjected object, the maternal breast, with its emotional connotations, which will take on the value of a model, will follow the internalization of the objects and symbols of the paternal register.

It has been described as the successor of the Oedipus complex.

**Psychodynamic Register:** Culpability-rather even an inexpressible feeling of unexpressible shame closer to basic narcissistic foundations-is an adapted functioning. Culpability is an integral part of suitable/adapted functioning of mental apparatus, where this instance is operational. The quality of the reality check also depends on it. Ego ideal, which differentiates itself from the superego instance, when incorporating good objects and its narcissistic charge. economic: moving psychic energy and dependance of the quality of the good, introjected objects. On the psychopathological level: the feeling would depend on introjection or projection into the potential space, where is developed the fantasies relating to the imaginary world. That Anna Freud enumerated in the Ego and Defense mechanisms: repression, regression, reaction formation, isolation, undoing, projection, introjection, turning again one's own, to which we could add; cleavage, sublimation, idealization and also ego splitting in relation of an impossible integration of stress or psychic trauma.

## Borderline State Disorders

In the different behaviours, that these subjects are experiencing during the hazards marking their tumultuous path or way of life, in case of conflict or stress, happens an ego deformation and a possible partial splitting, unlike the split in the dissociated psychotic or

schizophrenic subjects. In case of Stress or Psychic Trauma, it could also intervene an evacuation by putting or passing to the act. By these subjects, acting is morely turned against themselves, differently what is commit by the psychopathic one or sociopathic. The psychic core of the Borderline subjects includes incessant fluctuations in the relationship with others and in relation to his environment, also arousing angry acts of violence as an aggressive response or, conversely, if the exchange occurs at a time of thymic fluctuation, notably of depressive tendency or even depressiveness, of fleeting praise. Many descriptions and even scales have been proposed at the same time than this type of psychopathological entity was recognized notably by R. Spitzer and allied in the frame of the Task Force, the D.S.M., which will include fretworks. We could recall the Gunderson Criteria; the BPS: borderline personality scale of perry and klerman [1-3].

## Conclusion

Many clarifications about the epidemiological aspects have been realized to explain that changing symptomatic expression linked to other modalities of the psychic organization of the personality. Such notable changes in psychopathological field could have occurred in the context of the new markers of the moving society, needing stronger adaptative abilities. The drive modalities appear expressed in a more crude or abrupt way, without cleavage or splitting of the ego occurring, except short cleavages or deformations of the self with perhaps temporarily modified perception of reality, allowing energetic tensions to emerge in the form of self-actings, often harmful to the subject [4]. Good objects seem to have been introjected in a precarious way, if we take into consideration the precarious constancy of the states of the ego and its variations according to environmental factors that are not necessarily significant. Moreover, the relative lack of self-assurance of identification seems obvious, when we have to observe the search for and even the dependence on influencers, idols and the ease with

which modifications of appearance and bodily transformations such as tattooing or the impact of cosmetic surgery are adopted or carried out abruptly during the frustration of self-vulnerable or suicidal gestures. Or the progression of addictive tendencies, whether to gambling or to the absorption of substances with pharmacodynamic effects. This rapid approach to the translation of borderline disorders should find an extension in the next book to be published in the register of psychopathology.

## Conflict of Interest

No conflict of interest.

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