

# Narcissistic Deficiencies and Coping Strategies in Drug Addicts in Prison: A Psychopathological Approach to Disability and the Problem of Reintegration into Drug Addiction.

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## ABSTRACT

The need to conduct this study is based on the finding made during the pre-investigation of subjects incarcerated in the PCY. Indeed, we have observed that the subjects are in molasses feelings of strangeness, narcissistic depression and depersonalization, being under the influence of mental or symbolic failures resulting from a lack of narcissistic constitution of the self. And in the constant attempt to find solutions to this deep discomfort, their effort however is materialized by tendencies to anger, violence, aggressiveness and a continuous consumption of illicit drugs. At the end of the investigation itself and after having collected the subjects' speeches through interviews, Rorschach and TAT, an analysis of the data using a psychodynamic approach allowed us to realize the confirmation of our general hypothesis. In other words, narcissistic failures in subjects determine their coping and psychosocial adjustment constituting mentalization and symbolization failures as well as a constant use of drug to obtain pleasure.

**Keywords:** Narcissistic failures, Object and Object relationship, Addiction, Disability, Coping and Psychosocial adjustments.

## RESUME

La nécessité d'avoir mené cette étude tenait au constat effectué lors de la pré-enquête auprès de sujets toxicomanes incarcérés dans la Prison Centrale de Yaoundé (PCY). En effet, on a pu observer que les sujets sont dans la mélasse des sentiments d'étrangeté, de dépression narcissique et de dépersonnalisation, étant sous l'emprise des défaillances mentales ou symboliques résultant d'un défaut de constitution narcissique du moi. Et dans la tentative permanente de trouver des solutions à ce mal-être profond, leur effort se matérialise cependant par les tendances à la colère, la violence, l'agressivité ainsi qu'un recours continu à la consommation des drogues illicites. A l'issue de l'enquête proprement dite et après avoir recueilli les discours des sujets par l'entremise des entretiens, du Rorschach et du TAT, une analyse des données selon une approche psychodynamique nous a permis de nous rendre compte de la confirmation de notre hypothèse générale. Autrement dit, les défaillances narcissiques chez les sujets déterminent leur coping et ajustement psychosociaux constituant les échecs de mentalisation et symbolisation ainsi qu'un recours constant à la consommation des drogues pour se procurer du plaisir.

**Mots clés:** Défaillances narcissiques, Objet et Relation d'objet, Toxicomanie, Handicap, Incarcération, Coping et Ajustements psychosociaux.

## INTRODUCTION

It is just over four centuries since the institution of prison, in the modern sense of the term, was established and deployed throughout the world, starting with a few Western societies, and over the years has become the

principal penal instrument in Africa for dispensing justice. In principle, prison is a place of temporary deprivation of liberty for people who have committed criminal acts punishable by society, but its purpose is to prepare them for reintegration into society while preventing the risk of re-offending. Drug addiction, on the other hand, defined as the inappropriate (pathogenic) use of psychoactive substances in the pursuit of pleasure and the avoidance of unpleasantness, but which entails physical risks and social and psychological problems (McDougall, 2004), is in fact a criminal act, and the reintegration of drug addicts is becoming a matter of concern in many prisons around the world.

The United Nations Office on Drugs and Crime in 2008 pointed out that in practice, the social reintegration of offenders is often a low priority, due to a combination of factors including lack of resources, overcrowding and a lack of attention to the prison and post-prison needs of prisoners. In prisons themselves, available resources are devoted to reinforcing order and security. This is due to a misconception that security is achieved by increasing restrictions and disciplinary sanctions rather than by improving the prison environment, increasing more constructive activities for prisoners and encouraging better relations between staff and prisoners.

In such a context, the treatment and social reintegration of incarcerated drug addicts becomes problematic because of the failure to take into account the personality of the subjects and the climate of relationships. These factors include entry into detention, loneliness, insecurity, intrusion and an oppressive environment. In other words, entering prison means uprooting oneself, having to adapt to one's new environment, its codes and the loss of one's privacy. Indeed, although prisoners may be incarcerated in a confined, overcrowded world, when they are deprived of contact with their families, a feeling of solitude often sets in, especially in the evenings. In addition, the conditions of imprisonment often create power struggles, accompanied by a feeling of oppression or even intrusion. This can take the form of physical violence, pressure and proximity that is difficult to accept, creating a feeling of insecurity. Given such a climate of relationships, it is important to study the management methods used by drug addicts in prison to block the destructive return of old traumas and archaic fears, and to deal with any regression from mental functioning to a behavioural register, in particular drug addiction. This is because drug addicts' lack of imagination, a functional inability to elaborate, fantasize and imagine, makes it difficult for them to relate their symbolic reality to their everyday life (Bergeret et al., 1981).

This work focuses on reorganising personality by controlling the symptomatological features of narcissistic failures and improving the management of relationships, care and needs in institutional and therapeutic settings, particularly with regard to the social reintegration of drug addicts in prison.

## CONTEXT AND ISSUES

In order to better prevent and treat illicit drug use disorders, in 2010 the WHO published the first World Report on the Resources Available to Treat Health Problems Related to Drug Dependence. Entitled "Resources for the Prevention and Treatment of Substance Use Disorders", the report was published at an international seminar on drug treatment systems organised by the World Health Organisation in Valencia, Spain. The document compiles information from 147 countries, representing around 88% of the world's population, with a particular focus on low- and middle-income countries. Here, "illicit drugs harm millions of people in many different ways. This ranges from dependence on these substances to health problems such as cardiovascular disease, HIV, hepatitis C and cancer", as stated by the World Health Organisation in 2010.

Illicit drugs and other psychoactive substances alter the functions of the brain, affecting mood, perception and consciousness. The use of psychoactive substances can therefore lead to psychological and psychosocial problems, loss of employment, criminal problems and social isolation, in addition to the most widespread addiction syndrome.

According to this new atlas, despite the existence of resources in various parts of the world to reduce this evil, there are still major gaps in the services offered to patients, which need to be overcome.

In its annual report for 2017, the International Narcotics Control Board looked into the issue and proposed to States a series of measures and recommendations which aim to integrate prevention on the one hand, treatment and rehabilitation on the other hand, in their strategies to combat drug abuse. In this regard, on page 129 of the report, the INCB reminds all governments that “parties to international drug control treaties are required to take all possible measures to prevent drug abuse and to ensure the prompt detection, treatment, education, aftercare, rehabilitation and social reintegration of the persons concerned”.

### Research problem

For imprisoned drug addicts, faced with their physical and psychological dependence on drugs, and with a psychiatric appearance, their comfort in prison lies in the psychiatric, psychosocial and educational care prescribed by international instruments. It is by definition, according to the ICD 10, that we are entitled to attribute to them a completely pathological character and owe them the same attention as people suffering from the mental disorders and behavioural disorders mentioned in chapter V(F). This being said, while the substance causes the addict to progressively lose interest in other activities, the addictive solution is morbid and antisocial in character, denoting a massive collapse, underlying anxiety and a serious melancholic state in the subject. Incarcerated drug addicts therefore deserve to be given the same consideration as prisoners suffering from mental and behavioural disorders. Thus, in view of international texts, in theory, they benefit from specialised care and treatment in the community. In this context, it seems logical that any action that helps such a prisoner to escape from his anxiety, or to deal with it under the right conditions, should be encouraged in order to guarantee better reintegration.

However, after a scientific immersion in our study environment, and in view of the findings in the medical care ward of the Yaoundé Central Prison where we asked to carry out a pre-investigation, we were given the opportunity, as provided for in our research protocol, to organise, with the help of social workers, listening and interview sessions with drug-addicted patients who came to receive care and medical treatment. During several interviews, they admitted that for days and months since their imprisonment, adapting to the prison environment had been problematic and that it was difficult for them to put an end to their substance use. In all the interviews, the complaints mentioned by the patients were as follows: they were threatened by feelings of strangeness, depersonalisation and disinvestment in activities. For example, 4 of them told us that, almost all the time, they feel as if they don't exist:

*“I feel that there is a void inside me that makes me weak, I feel threatened by everyone around me”* (23-year-old drug addict imprisoned for theft, still on remand for 5 months).

In their constant effort to combat this deep-seated malaise, they use various strategies, as one of them put it:

*“To defend ourselves, we use submission, isolation, attack to defend ourselves, or attack to make a name for ourselves”* (25-year-old drug addict imprisoned for selling and using illegal drugs, still in pre-trial detention after 8 months).”

So they become either aggressors or aggressed. At the end of the pre-investigation, we were able to note that 8 out of 11, or about 72.72% of the drug addicts we had the opportunity to see, despite their confinement, continue to use drugs, especially cannabis associated with other psychoactive substances, even beyond all the programmes and activities that take place there, namely: physical exercise, recreational and cultural activities, courses for minors and adults made available to prisoners; provision of the books and works needed to develop their knowledge; visits from family members; support from NGOs and international

partners; organisation of leisure activities by people from outside; specialised care and treatment activities, etc.

In the theoretical observation, in the face of psychic tension of either internal or external origin, various modes of defensive reaction can be identified in drug addicts. Drawing on the psychosomatic model of the Paris school of psychosomatics, McDougall (1989) proposes the concept of addictive economy, with reference to this type of psychic structure, as the key to the theoretical understanding of drug addicts, and places this behaviour in the line of psychosomatic solutions. She elaborates on the deficient psychic dynamics in terms of the quantitative management of affects that seem to be present in drug addicts. She describes the actions of drug addicts as symptomatic acts that allow them to evacuate unbearable excitement. She points out that this action may be a spontaneous, defensive reaction when the usual mode of defence is no longer sufficient to contain the quantity (transient addiction, for example), or a general defensive reaction to daily emotional overflow. “The addictive economy aims for the rapid release of all psychic tension, whether its source is external or internal” (McDougall, 2004, p.512). From the point of view that addiction allows quantitative management of affects, we are talking about a particular psychic economy that is specific to addicts. She compares addiction to psychosomatic regression, drawing on the concepts of Marty and Fain. According to her, “a psychic call is transformed in the mind of the addict, who translates it as a somatic need” (McDougall, 2004, p.512). On this basis, she asserts that drug addiction is a somato-psychic solution, in which the body becomes the bearer of a psychic need. Through an inability to mentalise, to make sense of an excitation or desire, the quantity becomes unmanageable and provokes an expulsion towards the outside, through the use of the body, which is over-invested, as if to assert its own limits and distinct existence. She thus opposes Marty (1997), arguing that psychosomatic regression can occur in a variety of clinical pictures and not just in classic hysterics or in people with operant functioning (McDougall, 1989).

PirLOT (2013) agrees, describing addictive behaviour as “acting out directed inwards”, the aim of which is the same as any acting out, i.e. the expulsion of affect. He postulates that the action is directed towards the body and involves a ‘resomatisation’ of the affect through the body, by taking the substance. It’s as if the emotional intensity is transmitted quantitatively to the body by the substance taken, and aims to counteract any representation of thought. Addictions are sought out as a function of need “on an economic and affective level, as an attempt to defend and regulate psychic deficiencies in thinking about emotion”. He describes the substance as a “mother drug” that acts as an excitatory barrier, substituting for the “objectal autoeroticism that constitutes subjectivity”, which may have been deficient, leaving the subject unable to think about what is happening to them. Thus, for PirLOT, the drug addict is the result of an absence of subjective construction that leaves the subject in a constant emotional overflow that makes no sense and for which he has found an effective solution in repeated consumption.

In her 2004 article, McDougall returns to the maternal function that drugs fulfil by regulating unbearable excitations. She calls the substance a “transitional object”, an object that takes the place of the transitional objects of childhood, enabling the momentary introjection of a care-giving object. There is a failure of the “capacity to be alone” as described by Winnicott, due to a fusional mother-child relationship that persists beyond the first years of life. The result would be a repeated search for an object to soothe oneself (in the face of the inability to do so alone) and this is what would lead to the addictive relationship with the substance, a reflection of the addictive relationship with the mother.

Bergeret et al (1981) oppose the idea of addictive behaviour as a psychosomatic solution, pointing out that although there is a regression from the mental to the behavioural in addiction, the body is at the service of the behaviour. The body is not involved to the same extent as in the psychosomatic process. Bergeret (1990) approaches addiction as a form of regulation in the face of deficiencies and deep-seated flaws in the personality structure, regardless of the personality structure itself. He defines drug-taking behaviour as a

concrete solution that the individual adapts in order to organise himself around an early failure of some kind.

Bergeret et al (1981) argue that this behaviour can be found in all personality structures, since it is a functional problem that does not depend on the nature of a particular conflict. However, drug addicts share a certain psychic functioning and speak of a certain “addictive economy” which is shared by consumers. Bergeret et al (1981) describe the main characteristics of this functioning as a lack of identification and a lack of imagination, and explain that these develop as a result of the instability of primary objects due to the lack of internalised objects. It is for this reason that they invite us to understand dependence in terms of narcissism rather than in Oedipal terms.

To put it plainly, all the foregoing assumes that two aspects may be involved in the link between narcissism and the psychic constitution of drug addicts: as regards the first aspect, we already know that drug addiction may illustrate, from a certain point of view, an autoerotic deficiency. We could say that autoeroticism is the activity from which a narcissistic organisation eventually emerges. We suppose that a fundamental autoerotic defect would determine what appears, in the subjects, as a “narcissistic failure”. As for the second aspect, we also know that unreliable, unsound narcissistic foundations, due to difficulties with introjection and primary or secondary identifications, could lead to the development of a particular sensitivity to the environment to the detriment of the investment of a psychic space. The problem arising from our pre-investigation findings stems from the relationship between modes of adjustment and problem solving and this psychic space constituting the subjects’ unreliable and unsound narcissistic foundations. Hence the subject of this study, which is of great relevance and interest, is: “*Narcissistic failings and coping strategies in drug addicts in prison*”.

### Research question

Considering that only a minority of 3 out of 11 subjects in the pre-investigation testified that they no longer resorted to drug addiction despite the craving they felt, unlike the other eight (8), we wonder whether, by relating narcissistic failures and coping strategies in incarcerated drug addicts, we can presume how this percentage difference came about. In fact, ***how did narcissistic failures influence the coping strategies and psychosocial adjustment of the subjects?*** This question amounts to putting the accent on the personality of the subjects of the survey, both in terms of what it has been constructed and what it is being realised; on the particularities of the two Freudian topics on each of them, on the strategies of adjustment and coping and therefore necessarily of resilience, which are not without reference to facts such as the strength of the ego. It raises specific questions which deeply involve the participation of ontogeny, regression factors and mentalization difficulties: ***How have the contributions of ontogenesis influenced coping strategies and psychosocial adjustments in the subjects? How have the factors determining regression and mentalization difficulties influenced the coping strategies and psychosocial adjustments of the subjects?*** This is an issue that has not yet been resolved. It prompts reflection on the following hypothesis:

### Hypothesis

***“Coping and adjustment strategies are determined by narcissistic failings in subjects”.***

This hypothesis means that the flaws, weaknesses and defects linked to factors involving the deep involvement of the personality in the subject’s actions. Overall, this means that we need to pay attention to references to the two Freudian topics, insisting on the contributions of its ontogeny, the factors that explain feelings of depersonalisation/derealisation, those that determine regressions and difficulties with mentalisation, and that involve difficulties with symbolisation linked to anxiety.

In this sense, in the first articulation of this hypothesis constituted by narcissistic failures, we could find as



modalities, on the one hand, the contributions of ontogeny, in relation to the weight of previous maturation phases covering here maturation difficulties, the specificities of the experiences of these different phases, previous family and societal depressive experiences, previous castration experiences and previous identification deficiencies linked to relationships with otherness. And secondly, the factors determining regression and difficulties in mentalization, relating to the aetiology of mentalization and its failure in the subject determined by regressive behaviours, defects and failures in mentalization and difficulties in mentalization.

Similarly, with regard to the second link, speaking of coping and psychosocial adjustments, we might also expect to deal with psychosocial adjustments in terms of the subject's current social experiences, more specifically : the collective and group superego, the quality of family experiences, the quality of non-regressive experiences with other prisoners, the quality of experiences with prison staff, the subject's needs, their prioritisation and management, the management of life contexts and the management of oedipal situations. Then we could look at pleasure management, i.e. the way in which the subject reduces the amount of tension linked to pleasure and his or her experiences, depending on the social and collective defence mechanisms used, individual defence mechanisms and the typology of pleasures determining the subject's attitudes. Finally, we could evaluate the tendency to mentalise and symbolise. In other words, the quality of the efforts made to avoid regressions and to respect the symbolic order, in particular the quality of mentalization, the quality of symbolization, the factors favouring or hindering mentalization and the factors favouring or hindering symbolization. From all this, in more operational terms, we expect to obtain an impact of the contributions of ontogeny and the factors determining regressions and mentalization difficulties on coping and adjustment strategies in subjects.

## **THEORETICAL CONTRIBUTIONS**

### **Drug addiction or the impossible quest for the object according to Miel**

According to Miel (2002), the addictive object in the service of narcissism enables the objectal relationship to be mastered. It deals with depressive anxieties linked to the fear of losing the object or feelings of persecution linked to threats of intrusion, and reflects failures in the internalisation of the object's function. In the face of this pathology of the objectal bond, a narcissistic dependence on external objects is established, and it is when the narcissistic support object is lost or threatened that addictive behaviour can develop. The function of the product is to plug the gap, to heal the narcissistic wound. Object appetite is experienced as a narcissistic threat and the ego responds by substituting an addictive object that it maintains under its control.

### **The psychological economy of addiction according to McDougall**

According to McDougall (2004), there is a lack of maternal support that prevents the child from working through the processes of separation. The internal maternal object is experienced as absent or incapable of consoling the disturbed child (McDougall, 2004). The addictive economy aims to quickly relieve any psychic tension, whether internal or external: neurotic fears, psychotic fears, fears of fragmentation or depression. This addiction is therefore linked to the illusion of rediscovering the lost paradise of childhood. Addiction responds to the original narcissistic damage that leads to identity fragility with "symptom acts", each of which "takes the place of a dream never dreamt of, a drama in the making, in which the characters play the role of partial objects, or are even disguised as object-things, in an attempt to make external substitute objects take on the function of a symbolic object that is missing or damaged in the internal psychic world" (McDougall, 2004). These acts use material objects (addiction objects such as drugs, alcohol, etc.) which represent substitutes for the transitional object.

## **Addiction as a symptom according to Macary-Garipuy**

According to Macary-Garipuy (2010), the drug-addicted solution stems from a subjective impasse, with the subject attempting to circumvent castration and avoid relying on his or her symptom, sometimes even going so far as to invent it. It is a response to the current form of malaise in civilisation, which links technology and liberal ideology, producing mass consumption, the means of which is the capitalist system in the age of globalisation.

## **Drugs and psychic causality in Gorana Bulat-Manenti's work**

Drug addiction very often conceals more complex symptoms from which most patients suffer. Some individuals find it very difficult to overcome, over a period of years, the obstacle posed by the castration complex in their perception of the world, which manifests itself differently at puberty. Many young people do not complete this process until years or even decades later. Some are ill-equipped to cope with the idea of losing the "green paradise of childhood", and never do.

According to Bulat-Manenti (2001), for these young people, taking drugs is an attempt to separate themselves from the Other, who appears to be uninhibited, uncastrated, a place of totalitarian pleasure, or, in other words, a means of recovering their spirit by leaving their body to the family, social and transgenerational Other. For the drug addict, drugs provide a means of filling the physiological void, which is all the more unbearable because the fantasy that underpins the construction of reality is not sufficiently solid to satisfy desire. This fantasy is artificially excavated by means of drugs, which themselves artificially block the way because they have become the primordial need that is not like other needs, in effect causing an artificial lack in place of the physiologically felt lack, which is the fruit of psychic causality. In this way, the subject is artificially extricated from a mortifying alienation, lifted out of the violence of family and social determinism, and given the illusory ability to cope with his own anxieties.

Bulat-Manenti (2001) also points out that drug-taking is linked to a problem already formulated by Freud and Lacan, that of the impact on the possibility or otherwise of taking the father's name as one's own name. The father is that place of discourse outside the mother that ensures the existence of the subject, his new, singular speech. He is the one who settles the question of enjoyment with the mother, who imaginatively causes the loss of fusional enjoyment with her. Taking the father's name is the element that contributes to the symbolic establishment of access to enjoyment. To achieve this, the subject, by identifying with the father, attempts to appropriate the phallus, the instrument of enjoyment which only reveals itself to him in its drive forms, as the imaginary phallus, referred to by Lacan as the 'minus phi'. This means that the subject first appropriates at the imaginary level the phallus of a father who, as the sole possessor of the penis, enjoys the omnipotence of all women and does not fail. This father is no more than a place of impulse appeal, a decoy, a statue to be torn down, despite all the real signs of his power. He is eternally an intruding father, the one who must be killed in order to enjoy. Then there is access to the symbolic order of the phallus, which presents itself as the means by which the subject consents to this death. This symbolic dimension is accessible to new subjects only if they find the courage to recognise and affirm it.

The fact that the father who is eternally an intruder, who should be killed, is also the same father who protects the child, there would be a fundamental reason for love for the protective father to revive the face at the risk of seeing the immensity of the maternal abyss open up before the child if this father does not respond to the call. In our utopia-starved societies, where market values increasingly seem to take precedence over dreams and thoughts, identification with this idealised father, with what Freud referred to as the ego ideal, which is vital, poses a problem. Recourse to drugs offers a glimpse of a better future, but without any real construction, with the outline of the act often reduced to a fleeting imaginary flash. So for some, there is a slim possibility of the appearance of the paternal function, a hope that there will be a father

other than the one in the myth of Totem and Taboo, as a possibility of their own enjoyment.

In the same way, the anxiety of being feminised, castrated like the mother, gives rise to this parricidal fantasy in the child, and this hatred of the father, repressed, is therefore secretly present in the love for this father who protects. Hatred is equivalent to the need for protection. In this way, we have a duplicitous father, a father with two faces: the living father who must be there to protect, because he is loved, and the dead father, the consequence of the parricidal hate fantasy. In the treatment, we recognise that this unconscious hatred, which makes us feel guilty and depressed, can break down the belief in the immutability of things and shed light on pessimistic visions. Drugs thus take the place of absent paternal love in its disinhibiting dimension: like the singer who, unloved by both his parents, resorts to drugs to create a positive, loving image of himself, necessary for him to be able to perform on stage, and who is then transported by love (Bulat-Manenti, 2001).

## **METHODOLOGY**

This study used an exploratory qualitative research methodology. The subjects' discourse was gathered using two distinct methods: projective tests and interviews. We will deal here with the question of the framework and the choice of participants and tools for data collection, in particular the Rorschach, the TAT and the semi-directive clinical interview.

### **Projective tests: The Rorschach and the TAT**

Projective tests are used to assess a person's psycho-affective functioning, which is defined by taking into account the defence mechanisms used to counter anxiety or to manage anxiety-provoking situations. Secondly, projective tests make it possible to define the type of object relationship, for example the fusional relationship with the object, marked by the confusion of limits (internal/external), the anaclitic relationship, tinged with great dependence, or the genital object relationship, which takes into account the sexual dimension. Finally, they take into account the type of anxiety experienced by the person, which may be related to fragmentation, loss of object, or castration (punishment). Projective tests are also used to determine the fragility of the person's ego, by assessing the quality of affective investments, the capacity for psychic autonomy, and the expression and control of affects.

### **Importance of using the Rorschach and the TAT in the study**

In addition to the semi-structured interview, the Rorschach and the TAT seemed to us to be the best tools for collecting subjective data in relation to the issues we had identified, because the research interview seemed to us to be necessary but not sufficient for the purposes of this study. Indeed, latent elements could remain inaccessible. We therefore decided to use projective tests to complement the interviews and observation in order to gain access to other elements of psychological functioning.

The central hypothesis which justifies the use of projective tests is that "the mental operations implemented during the taking of projective tests are likely to give an account of the modes of psychic functioning specific to each subject in their individuality but also in their singular articulation" Chabert (1983), projection being the psychic process enabling access to the subject's unconscious mode of functioning.

With this in mind, we decided to use the two projective tests (Rorschach and TAT) because they are complementary. As Chabert (1987) points out, the use of these two tests makes it possible to "grasp the various ways in which an individual's psyche functions in a way that brings together its most varied, heterogeneous and contradictory aspects". Although the Rorschach also explores the Oedipal register, it focuses more on the more archaic modes of functioning. As for the TAT, it allows greater exploration of



objectal relationships. They are therefore in different but complementary registers.

The aim of using these tests is not, of course, to “pathologize” the drug-addicted population in prison, but rather to enable the elements in the subjects’ discourse to be objectified and put into perspective.

In this study, the Rorschach and the TAT were supplemented and enriched by the use of an interview grid with the subjects. Information on coping and psychosocial adjustments was gathered from the study participants through semi-directive clinical interviews.

### **The semi-structured clinical interview**

The clinical interview has been defined by Blanchet (1991) as: “an interview between two people, an interviewer and an interviewee, conducted and recorded by the interviewer; the interviewer’s aim is to encourage the interviewee to produce a linear discourse on a theme defined within the framework of research”. Once this interview method had been chosen, the next step was to design the form. We felt it was important to leave a certain amount of freedom, while at the same time allowing specific questions to be explored. Castarède (2006) considers that there are two factors to consider when constructing an interview, the first being the degree of freedom in the interview. This degree takes into account the number of questions asked as well as their nature. This ranges from open questions to standardised closed questions (e.g. questionnaires). The second factor is the level of depth. The author considers that the greater the level of freedom, the richer the subject’s responses. However, this richness also brings greater complexity, which can make it difficult to analyse the interviews. In this case, we opted for semi-structured interviews. The choice of this type of interview took into account both the precise areas of research we had identified, which allowed the subjects to express themselves and their subjectivity. This technique makes it possible to ‘orient’ the discourse in part around axes previously defined in what we call an ‘interview guide’, and gives an opportunity to express representations deeply inscribed at the subjective level in the individual. The aim of this interview will therefore be to operationalise our dependent variable and thus explore the question of coping and psychosocial adjustments in the subjects. To answer this question, we believe it is essential to address three different themes in relation to our research topic. The 3 main themes are as follows:

- Psychosocial adjustments
- Pleasure management
- Tendencies towards mentalisation and symbolization

In the study, we propose to devote some time before the start of each session to a preliminary interview to create favourable conditions for the subject to feel at ease and confident, which is essential before the actual taking of the Rorschach and TAT. Once these tests have been administered, the interviews for the second part of the test will be carried out.

### **The framework of the study**

In Cameroon, prison space is cramped, and prisons are largely under-equipped, in terms of staff and equipment, to maintain order and security in prisons. The number of inmates in Cameroon’s prisons will be around 33,000 in 2020, and more than 80% of them are addicted to psychoactive substances of all kinds. The prison administration constantly talks about the lack of staff. The few social workers in the prisons do not have the criminological skills needed to better understand the causes of criminal acts, to prevent crime or re-offending among prisoners, while supporting them in the reintegration process.

The Yaoundé Central Prison, where the study is taking place, was built to accommodate 1,800 inmates, and in 2020 will hold around 4,000. Here, the shortage of prison administration staff gives way to prison

management and organisation practices that do not help to improve prison conditions. In addition to prison guards, prisoners are key players in the internal organisation of prison facilities. In some cases, prisoners themselves take control of areas where prison guards are less present: management of prison sectors and cells by recognised cell leaders, but also by gangs. From then on, prisoners were left to their own devices, with all the attendant risks of violence.

Official rules govern the distribution of prisoners within each type of prison and within the prison itself. But in practice, it is the heads of cells and sectors, self-appointed or appointed by their peers, who have a firm grip on certain decisions: allocating prisoners places in their cells, reassigning certain “undesirables”, organising hygiene management, distributing meals, to name but a few examples. In addition, prisoners are not just agents who are subject to prison rules and regulations. They also develop practical standards that enable them to organise and administer certain areas of incarceration that are beyond the authority of prison guards. Prisoners, who were mainly housed in collective cells (in a small area) that they shared with others, faced a number of difficulties. The promiscuity and lack of hygiene that characterise these cells pose safety problems for prisoners and prison guards. For example, obtaining or satisfying certain basic social needs is no longer a matter of course, but has to be negotiated: being assigned to a cell, occupying a place in the cell, accessing food, washing, sleeping, caring for oneself and going for a walk sometimes require negotiation.

These conditions encourage social inequalities, and the negotiation processes are often in favour of those with power (cell leaders), or those who have resources or a particular status before arriving in the prison environment, or acquire it during their incarceration. In these cells, the inmates, sometimes with the complicity of the guards, co-produce violence, and the best way to escape it is to negotiate various forms of transactions, depending on one’s identity and the resources and capital available. In short, negotiation is a constant feature of PCY and sometimes even becomes essential to the maintenance of order or, quite simply, the survival of each individual. It thus reinforces transactions between inmates, but also between inside and outside, as well as the circulation of objects, sometimes illicit (drugs, mobile phones) or legal (soap, toothpaste, food), that can be mobilised as capital.

Following a pre-survey in this penitentiary, out of a population of around 4,000 inmates, 80% admitted to having already used at least one psychoactive substance within the penitentiary. What’s more, 78% admitted to regularly using one of these substances and finding themselves unable to thrive in this environment without the help of these psychotropic drugs. Finally, more than half admit to having used drugs before being incarcerated. We therefore decided to carry out a study of the drug-addicted population incarcerated in the PCY.

### **The study population**

The study population refers to all the elements which have one or more characteristics in common which distinguish them from other elements and which are the focus of the investigation. Defining the population also means selecting the categories of people we want to interview and in what capacity, and determining the stakeholders we believe are in a position to provide answers to the questions we are asking. The choice of population for a study is dictated by the nature of the information to be gathered. The members of this population must be capable of providing relevant answers to the researcher’s questions. This choice is therefore not neutral and predetermines the distribution of responses that the researcher wants to obtain. In the light of these postulates and given the title of the study, the population of interest to us is all post-adolescent drug addicts (aged 19-30) incarcerated in the PCY, regardless of sex; in other words, prisoners who, before ending up in prison, were already entirely dependent on drugs.

In fact, the 19-30 age group is appropriate for this study, because Erikson (1963) believes that by this age, the subject has gone through the acquisition of personal identities, of a profound sense of individuality; in other words, between adolescence and adulthood, there is a so-called crisis of intimacy and solidarity

against isolation. If adolescents forge a solid identity, they will be able to: share their intimacy with someone else, assert their choices and judgements, and defend their rights in the eyes of others. If, on the other hand, they acquire a diffuse identity, they will withdraw into themselves and be able to share their identity and assert their position.

### Choice of participants

Participants were recruited with the help of care staff working with prisoners. We contacted the nurses working in the infirmary, presented them with our research protocol and asked them to tell us which of the prisoners they saw met the study criteria, i.e. for a participant to be able to take part in the research, he or she had to be a known drug addict before and during his or her imprisonment. This criterion may be recognised by the person themselves or by a doctor or psychologist. At this point, we will need to ask them a few questions to ensure that they meet the selection criteria. It should also be remembered that individuals who have taken part in a Rorschach or TAT test within the last year are not eligible to take part. This procedure is in place to preserve the psychometric properties of these measurement instruments. Among the drug addicts in prison cared for by the nurses, four cases whose symptomatological characteristics correspond not only to the problem under study but also to the selection criteria will be investigated. And for reasons related to ethical precautions, information about participants will be presented in such a way that they cannot be specifically identified, hence the use below of pseudonyms rather than their real names.

Participants	Bertrand	Gaël	Garcian	Sylvain
Age	22years	19years	21years	20years
Gender	male	male	Male	male
Level of education	Class six	Class six	Upper sixth	Class six
Drug consumed	cannabis, tramadol	cannabis, tramadol	cannabis, tramadol	cannabis, tramadol
Time spent in prison	2 years	5 months	5 months	14 months

## RESULTS AND DISCUSSION

### *How did the contributions of ontogeny influence the coping strategies and psychosocial adjustments of the subjects?*

We can see from Gaël's TAT alone that the confusion of identities, the telescoping between the two male characters (on plate 7BM) who then become one, calls into question the maintenance of his subjective identity and indicates recourse to a specular relationship which could reflect a dominant narcissistic problem in him. On the other hand, the ego ideal does not seem to play an adequate role in assessing the degree to which the subject's current ego is fulfilling the requirements laid down. Similarly, Sylvain's troubled relationship with parental figures, despite the weight of age, in Plates IV and VI, shows that the phallic symbol is hardly valued. The refusal of Plate III suggests an inability to address the oedipal evidence, and testifies to the unsatisfactory dimension of relations to the maternal imago. Hypothetically, we have to think of the feeling of abandonment towards the father and the fear of the devouring mother (reaction to the hollow in VII). We should also note Bertrand's conflictual relationship with prison laws, characterised by aggression and violence: *"Whenever I feel frustrated about something, I can't always simplify it. I always react with anger and violence. Here in this prison I've always got into fights and stabbings, despite the ban on fighting and violence"*. From this point on, the difficulties faced by the subjects' egos lie in the fact that, despite the incarceration solutions, their bonding processes remain ineffective and their modes of functioning fragile.

We can understand why some subjects claim to take drugs in order to be strong, as is the case with Bertrand (“to be strong, no big guy, to have a mind”); and to overcome the feeling of injustice of the laws that reign in the prison environment, as is the case with Sylvain, who acknowledges that he has found laws that are not good since his arrival in prison, declaring that “*They force you to do something you don’t want to do. You feel frustrated, and when you refuse you are tortured. To adapt, I had no choice but to do what I was asked to do, at least I wouldn’t be taken for a rebel any more. The act I had committed drove me to take drugs out of regret. Since my first month here, I haven’t known any change, i.e. I’m still taking the drug and one day I can’t manage to control certain things*”. Gaël, for his part, tells us that “... *it’s difficult, it’s even too difficult since I’ve been here, I’ve become even more addicted to drugs. You have to be strong to be able to show the other prisoners that you don’t fit into their system... the pressure is too great. Maybe you don’t even know this place that well. It’s the jungle, bro*”. He goes on to say that “*there are some who traffic and consume drugs all the time to forget themselves and their problems. But I live with the frustration of insults from other prisoners because my parents don’t visit me. When I need help, for example, I’m refused and that hurts me enormously. But I let it go and the drugs I take also help me to calm down... if I can’t find them, sometimes one of my friends buys them and I take them*”.

Speaking of the strength of the ego, Freud, in his Second Topical, maintains that the ego is an interface between the id, the superego and reality. For him, the ego plays a role in protecting the personality by putting in place defence mechanisms. In this sense, the strength of the ego lies in the fact that it is responsible for mobilising the energy needed to create a functional defence and to fight against a massive collapse, against anxiety and against major depressive affects. From this perspective, it acts as a psychic bonding factor. It enables the subject to maintain his or her adaptation to reality and internal coherence. From this point of view, the subject’s ego is not prepared by anxiety, which hinders the mobilisation of energy. The preceding cases are fairly illustrative of the weakening of the subject’s ego and defensive drifts when it is exposed to affects. These are individuals whose bonding processes are ineffective and whose modes of functioning are fragile. This can be seen not only in the behaviour of drug addicts, who function as a solution: a solution to a massive collapse, to anxiety, to major depressive affects; but also in the results of the TAT, which reveal the ineffectiveness of the psychic links in these subjects in maintaining adaptation to reality and internal coherence. This is because, when confronted with certain boards where conflictual situations are likely to be reactivated, we note a failure on the part of the subjects to mobilise internal reference points in order to adapt. In Gaël’s case (on plate 7BM), a temporal and special disorganisation highlights this lack of reference points. The procedures for the emergence of primary processes are present in Bertrand, for example, and are closely linked to the alteration in projection. False perception refers to the alteration of the manifest elements of the board and reflects a distortion of reality, a perceptual distortion or aberration. The case of Sylvain could also be mentioned, although he has a massive projection, which is certainly present but very minimal, in order to claim that it constitutes profound disorganisation linked to invasion by the fantasy. On the other hand, the more frequent appearance of items E1 (in Boards 1, 5, 8BM and 10), associated with item E6, may testify to more or less major failures in perceptual behaviour and anchoring to external reality.

### ***How did the factors determining regressions and mentalization difficulties influence the coping strategies and psychosocial adjustments of the subjects?***

From the point of view of Laplanche and Pontalis (1967), secondary narcissism is the stage when the child internalises relationships, and especially the relationship he has with his mother; when this stage is successful, the child will, in a subsequent stage, introject the love of his mother, who tells him that he is beautiful, that he is a boy or a girl, etc. Once the child separates from his mother and leaves the symbiosis, he becomes aware of his otherness and will subsequently love himself as his mother loved him. This dynamic process, through the mechanisms of projection and introjection, is at the origin of the constitution

of an internal world in the subject, founded thanks to the identificatory links to the objects, which therefore allows them to be internalised in the psyche.

The work of internal elaboration is made all the more difficult for an individual exposed to traumas or parental dysfunctions during childhood. This is because a disturbed childhood will result in inadequate integration of early forms of internal representations. It turns out that when such an individual receives an influx of new excitations, he can neither discharge them nor process them, because he finds himself unprepared, due to his psychological immaturity.

Our subjects' Rorschach results are consistent with this aspect of the theory.

In the Rorschach, Garcian and Bertrand's C' responses have to do with precocious relationships and therefore with the initial defect that establishes insecurity and unreliability in relationships with the environment. Their appearance on boards with obvious maternal symbolism (IX), and their association with themes of abandonment and fundamental lack ("The only thing I see is all this empty space in the white which shows the shape of a basket or container", "hole", "white", "black") emphasises the insufficiently satisfying dimension of relations to the maternal imago and reflects a fragility that can be linked to a deficiency experience. In Garcian and Bertrand's TAT, the depressive affect is recognised, and the impossibility of elaborating the depressive position is articulated in the search for a supportive relationship. In the absence of the precariousness of maternal symbolism, they need the external real object in order to seal off the inward experience.

However, these antidepressive processes are not frequent enough to cause the interpersonal side to shift strongly towards a supportive polarity.

Gaël's particular hypersensitivity to achromatic colours (white, grey, black, noted in C') is a clear sign of object loss anxiety. The shocks to "black", "empty" and "white" associated with boards with maternal symbolism relate to themes of lack or coldness revealing the insecurity of primary relationships. The associations of 'FC' with low-quality 'F' testify to adaptive difficulties in the face of feelings of loss, abandonment and deprivation. Gael finds himself overwhelmed by the emergence of impulses and attacks from the external world. Thus, in Gaël's TAT, invasive behavioural manifestations interrupt the work of psychic elaboration of the conflict and eventually, as in this case, replace it to compensate for the failure of internal experiences.

Until the emergence of the phobia, Sylvain is inside the maternal relationship, being rejected or imagining himself to be rejected (refusal of Plate I: the so-called loss of object plate), he is precipitated into anguish ("severed head"). On the TAT, it is the depressive and abandonment dimension of the mother/child relationship that is evoked on Plate 13B. The affect is recognised, but it is pushed back to the level of the external envelope. Instead, the body, through bodily action, becomes the locus of conflict expression through invasive behavioural manifestations that interrupt the work of psychic elaboration, as in this case, replacing it to compensate for the failure of internal experiences.

The results show that the various aspects of the capacity for mentalization are not well integrated and even less used by our subjects, hindering the metabolisation of conflictual relationships into symbolized mental content. In the elaboration of conflictuality in the relationship with others, we can see that the absence of K may reflect the inefficiency of the subjects in elaborating the conflicts, the poverty of the system of representations within which the conflicts can be played out through the characters portrayed by the kinesthesias. According to Loosli-Usteri (1969), this reflects the immaturity of the deep personality and accounts for their ineffectiveness in resolving conflicts, the failure to mentalise, which is accompanied by a significant lack of identification (absence of human Ks), ineffective recourse to the imaginary and a poor



fantasy life, i.e. one whose metabolisation into representations of conflictual relationships is still precarious.

One of the most striking features of Gaël's personality is, without question, the massiveness of his affects, as we have noted. To this we can add the primitiveness of their level of expression. There is a risk of acting out, particularly at times of great anxiety, because Gaël's behaviour is similar to that of a young child, whose sole aim is to liquidate affect, without any concern for adapting to his environment. It is marked by poor control of primary processes by secondary processes (low symbolic elaboration index:  $CF < CF + C$ ), the very high extratensive IRR is dominated by affective charges and an excitability whose use is inappropriate in the appreciation of objective reality, the predominance of the  $\sum C$  over the  $\sum E$  which reinforces the dangerous character of immediate affective reactivity and the tendency to lose control especially in an aggressive form through repetition and compulsion for engrams of the "attack" type.

Referring to the work of de Tychey et al (2000), Sylvain's level of mentalization should be considered to be at the third and fourth levels. The first (third level) corresponds to the absence of a link between representations and affects. This third level corresponds to the verbalisation of the depressive experience but without the possibility of transforming it into a representation. Example: "I see the white, but I can't imagine what it might be". The second (fourth level) corresponds to a failure to mentalise affects, manifested in Sylvain's protocol by a lasting associative stupor. It is expressed here by a refusal to face the boards (I, IV, VI, VII, X), or a particularly long latency period, as well as by bodily manifestations: an "acting in" corresponding to a bodily translation of the anxiety.

In the TAT, the data collected from Bertrand show that, starting with the perception of a bad object (the bandits), a frank fantasy of aggression unfolds, allowing the massiveness of the projection to spill over into ever greater proportions through crude expressions linked to a brutal aggressive theme of murder. This accounts for Bertrand's ineffective linking of libidinal and aggressive movements, and the sudden release of energy that tends incoercibly towards discharge, the modalities of which, in this case, are more conducive to acting out.

Referring to coping and psychosocial adjustments, Bergeret (1981) describes the lack of imagination in drug addicts as a functional inability to elaborate, fantasise and imagine, which makes it difficult for the subject to link symbolic reality with daily life. This makes it difficult for the individual to develop goals and ideals, and makes it easy to become bored and feel that life is meaningless. He describes how this usually results in a regression from mental functioning to behavioural patterns, in particular drug addiction (Bergeret, 1981).

Seen in this light, we realise that functional difficulties in elaborating may appear in regressive movements that reflect the type of experience and relationships with the environment. This is the case with Sylvain, who since his arrival in prison has always felt frustrated by the laws. He admits that: *"When I arrived in this prison, I found that the laws were not at all good. They force you to do something you don't want to do. You feel frustrated, and when you refuse they torture you. To adapt I had no choice but to do what I was asked to do, at least I wouldn't be taken for a rebel any more. The act I had committed drove me to use drugs out of regret. Since my first month here, I haven't known any change, i.e. I continue to take the drug and one day I don't manage to control certain things. Whenever I feel frustrated about something I can't always simplify it. I always react with anger and violence."* In fact, he always got into fights and stabbings despite the ban on fighting and violence. Gaël's speech also demonstrates this when he admits that: *"But I live with the frustration of insults from other prisoners because my parents don't visit me. When I need help, for example, I'm refused and that hurts me enormously."*

Having remained in a pre-genital relationship, despite the weight of age, Garcian and Sylvain continue to hold a grudge against their parent fathers, struggling to work out the oedipal conflict. This brings us back to a primary object relationship, tinged with the anxiety of object loss. A lack of maternal support prevents our subjects from working out the processes of separation. This shows that the structure of the ego is forever

tainted by its first imaginary constitution. The comments made at the end of the interviews clearly show that their particular experience of the imaginary relationship between self and other is the result of the absence of any possible distancing from the maternal object. Sylvain's statement is quite illustrative: *"I would like to see my mother alone but not with another man. I don't like to see men around my mother. Since for the moment I'm locked up to deal with this situation, which I don't like at all, I prefer to digest my anger and what hurts me the most is that they're in my father's home, which shows that he's not responsible"*. The intrusion of a third party into the family is experienced in terms of a narcissistic wound. We can see that the conflict is played out in oedipal terms, and is dominated by feelings of jealousy and the desire to take the father's place. There could be a possibility of access to ambivalence towards the real father, but the modalities remain precarious, because it could simply be a matter of shifting the conflict from the real father to the third character, where the double conflictuality of the oedipal problem resurfaces: attraction for the opposite-sex character and rivalry with the same-sex character. Except that, when Sylvain declares that *"Here in this prison I've always had to fight and stab despite the ban on fighting and violence"*, in the register of an oedipal problem, we can understand that the intrapsychic conflict at play in him is characterised by his inability to link aggression and the forbidden. So he struggles to work out his aggressive impulses in an oedipal context.

In Garcian's speech, there is reference to a paternal imago that operates in a persecutory mode. In acknowledging that: *"I don't know what I can tell you about him now. He enrolled me at school but all the time, that's how he's always shouting at my mother, saying I'm lazy, I don't want to do anything, if my little brothers despise him, it's because I'm there all the time putting bad ideas into their heads"*. Garcian denounces an experience of intrusion or even persecution of the paternal image, and rivalry in the relationship to the paternal object is prevalent in his discourse, testifying to his inability to work out the intrapsychic conflict in an oedipal problem.

Gaël, for his part, claims that his entire family abandoned him in prison, saying: *"I've never had a visit. Not from my mother, not from anyone. It's very hard for me. And I tell myself it's because my mother didn't like me wandering around too much, she didn't want me walking with my friends from the neighbourhood, she liked hitting me too much. She didn't want me to go out with my friends from the neighbourhood, she liked to beat me up too much. It's obvious that now she thinks I didn't listen to her and so I'm responsible for what happens to me in life"*. In a more archaic register, Gaël seems to lack sufficient internalisation of the superego; the complaints he mentions allude to an experience of persecution in relation to the maternal image. Ambivalence seems to be difficult to elaborate; he is unable to invest the maternal object as a total object likely to be experienced as both good and bad, hindering the process of linking libidinal and aggressive impulsive movements, and making it difficult to elaborate the entry into the depressive position. This is acknowledged when he says: *"Yes, I sometimes worry, but for me it's hard to do without drugs. It replaces everything I've lost and gives me the courage to face life"*.

The addictive experience modifies the relationship between the ego and the object, doing away with the experience of the loss of the object. Faced with too much or too little of the object (Miel, 2002), the latter is unable to constitute itself as an object of desire, an essential precondition for its renunciation and introjection of the objectal relationship with a view to constituting the internal object. The use of drugs reflects this difficulty in overcoming the depressive phase described by M. Klein. The drug is seen as a substitute for a third party who acts as a screen in the relationship between the drug addict and the maternal object. It masks the aggressive impulses linked to the omnipresence of the object experienced as persecutor or linked to early experiences of frustration.

The drug addict has been initiated into the world of desire without having fully experienced it, which has enabled him to escape the autistic world. The incorporation of a real object comes to the rescue or replaces a failing internal object: *"the subject erects a real object in the place where no object has been able to take the*

place of a lost object” (Escande, 1998).

This is the case with taking a product, with the internal sensations of warmth and well-being it elicits. It tends to deny the experience of the loss of the object, to reactivate primary sensations of maternal protection, and to negatively imprint a maternal containing function that has not been able to be introjected.

Similarly, in the case of prison inmates, the third-party function of drugs makes up for a failure to introject the phallic signifier, which seems to protect the ego from personality decompensation. Hence Bertrand’s position when he declares: *“If you’re not Wise, you can’t take tara”*. The addictive solution thus appears to be an attempt to idealise and cling to external reality and the perceptual world in order to compensate for the failure of the internal world and the hallucinatory realisation of desire, and to provide a counter-investment to internal destructiveness. This confirms our second hypothesis, linking coping and psychosocial adjustment to regressions and failures in psychic and symbolic processing.

## CONCLUSION

At the end of this study of narcissistic failures and coping strategies in drug addicts in prison, we find that prison is an anxiety-provoking environment, a trying time that is often experienced as traumatic. After a brief overview of the history and situation of incarceration and its experiences in Africa and Europe, and of the various aspects concerning the link between drug addiction and disability, it emerged that drugs cause numerous harmful effects for the body and lead to a loss of control over behaviour. However, when drug addicts enter prison or are incarcerated, they regularly do so under conditions of psychological stress or even withdrawal. Withdrawal has psychological, behavioural and somatic repercussions, leaving drug addicts with an altered relationship with themselves and the world. What’s more, given the weakness of their mental foundations, the state of their superego, the quality of their family experiences, their experiences with other prisoners and their experiences with prison staff, drug addicts find it difficult to reintegrate into society. They are unable to mount a defence, hence the regression to the behavioural register.

Today, at our level of research, as with many addiction specialists, we now have confirmation that subjects presenting symptomatological features of narcissistic failures show a greater appetite for drugs. In other words, the association between narcissism and drug addiction has been confirmed. In the prison environment, the treatment process requires a serious assessment of this problem and its consequences. Lack of precise knowledge about this aspect can be an obstacle to any escape from addiction, and can mean the failure of treatment.

In the hypothesis of the contributions of ontogeny, we need to be able to pay attention to the insufficiently satisfying dimension of the relationship with the maternal imago, the differentiation between subject and object, the fragility of the self-image, the experience of dissatisfaction and lack in early relationships with the environment, the inadequate internalization of the functions of the maternal object, depressive symptoms, anxieties about the loss of the object and castration, the poverty of the imaginary and the lack of productivity. With regard to the hypothesis of regression factors and mentalization failures, the regressions that appear in the experiences with other prisoners and prison staff reflect a clearly inadequate family containment. It is therefore important to emphasise that good therapeutic containment of the setting can lead to a certain improvement in regression phenomena.

We are dealing with regressions that take place in an infantile mode and affect both enjoyment and behaviour. On the one hand, an enjoyment that appears in an autoerotic mode, and should we say, “that exceeds the limits of the body, an enjoyment without constraint from the Other”, as Freud put it, can be considered as a form of masturbation, a pure expression of the drive for control in the short-circuit from the source to its object “that compacts the need to the act, preventing a play, a gap, a thought that would allow

the subject to emerge, to be present in his act” (Solal, 1997). On the other hand, behaviour that refers to a set of acts performed in the form of a passage to action, taking the nature of an impulsive, violent, aggressive or delinquent act that simply reveals a structural defect in the capacity for mentalization, “The subject moves from a representation, from a tendency to the act itself” without referring to the transferential situation (Laplanche and Pontalis, 1967).

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