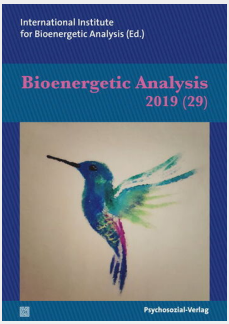
Mara Luiza Vieira Ceroni & Cláudia Abude

Compulsions and Personality Disorders



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Compulsions and Personality Disorders

Homicides and Suicides: a Social Health Issue Based on Bioenergetic Analysis

Mara Luiza Vieira Ceroni & Cláudia Abude

"To go through life with a closed heart is like crossing the sea locked in a ship's hold."
(Lowen, 1991)

Abstracts

This article proposes a reflection on the possible causes and diagnosis of people involved in violent shootings. The policies for prevention of those social tragedies remain somewhat controversial and vaguely addressed, lacking theoretical attention (Rocque & Duwe, 2018). One of the main diagnoses involved in those cases, according to literature, is Schizoid Personality Disorder-SPD with characteristics of detachment, isolation and difficulties of contact with other human beings (DSM-5, 2013). The loss of capacity to establish social relationships and intimacy hamper and may sometimes impede a psychological treatment based on connection possibilities. Juvenile violence statistics increased dramatically in the last 50 years and because of this, early diagnosis is important for the prevention and treatment of these cases. At the same time, further research and case studies are a pressing need (Rocque, 2017). For diagnosed SPD patients, Bioenergetics Analysis stands out in a scenario in which rapprochement and contact are a priority, also as an approach that is open to new care techniques and alternatives investigations in helping people to open their hearts to life and love. If this objective is not achieved, the outcome, according to Lowen (1991) is tragic.

Key words: Schizoid personality disorder (SPD), rampage shooter, compulsion, bioenergetics analysis, creativity.

Les Compulsions et les Désordres de Personnalité. Homicides et Suicides: Perspective Bioénergétique sur un Problème de Santé Sociale (French)

Cet article propose une réflexion sur les causes possibles et le diagnostique des personnes impliquées dans des fusillades violentes. Les politiques de prévention pour ces tragédies sociales restent quelque peu controversées, abordées vaguement et manquent

d'attention théorique (Rocque & Duwe, 2018). Un des diagnostiques principaux impliqués dans ces cas est, selon la littérature, le Désordre de Personnalité Schizoïde (DPS) avec des caractéristiques de détachement, d'isolement et des difficultés à établir des contacts avec d'autres êtres humains (DSM-V, 2013). La perte de capacité à établir des relations sociales et l'intimité entrave et parfois empêche un traitement psychologique basé sur la possibilité de connexion. Les statistiques de violence juvénile ont augmenté dramatiquement ces 50 dernières années et, pour cette raison, le diagnostique précoce est essentiel pour la prévention et le traitement de ces cas. Parallèlement, davantage de recherches et d'études de cas sont nécessaires (Rocque, 2017). Tout ceci considéré, l'analyse bioénergétique sort du lot et a un rôle à jouer pour aider les patients diagnostiqués DPS lorsque le rapprochement et le contact sont une priorité dans le traitement et lorsqu'il s'agit de s'ouvrir à de nouvelles techniques de soin et à des recherches alternatives pour aider les gens à ouvrir leur cœur à la vie et à l'amour). D'après Lowen (1991), si cet objectif ne s'accomplit pas, le résultat est tragique: "traverser la vie avec un cœur fermé, c'est comme traverser la mer emprisonné dans une cale de navire."

Compulsiones y Transtornos de la Personalidad. Homicidios y Suicidios: un Asunto de Salud Social Basado en el Análisis Bioenergetico (Spanish)

Este artículo propone la reflexión sobre las posibles causas y diagnósticos de personas involucradas en violentos tiroteos. Las políticas de prevención de aquellas tragedias sociales se mantienen algo polémicas, y con una atención teorética débil (Rocque & Duwe, 2018). Uno de los principales diagnósticos en esos casos, de acuerdo a la literatura es Transtorno de personalidad esquizoide (SPD) con características de desconexión, aislamiento y dificultades de contacto con otros seres humanos (DSM-V, 2013). La pérdida de la capacidad de establecer relaciones sociales e intimidad, estorba y puede impedir un tratamiento psicológico basado en la posibilidad de conexiones. Las estadísticas de violencia juvenil subieron dramáticamente en los últimos 50 años, y por causa de este diagnóstico temprano es tan importante para la prevención y tratamiento de estos casos. Al mismo tiempo, futuras investigaciones y estudios de casos son una presión necesaria (Rocqe, 2017). Todo lo arriba considerado, el análisis bioenergético para pacientes diagnosticados SPD se sitúa en un escenario en el cual reaproximación y contacto son la prioridad, también como un abordaje que se abre a nuevas técnicas de cuidado e investigaciones alternativas para ayudar a las personas a abrir sus corazones para la vida y el amor. Si este objetivo no es alcanzado, el resultado, de acuerdo a Lowen (1991) es trágico: "ir a través de la vida con el corazón cerrado, es como atravesar el mar encerrado en la bodega de un buque."

Compulsioni e Disturbi della Personalità. Omicidi e Suicidi: un Tema di Salute Sociale Basato Sull'analisi Bioenergetica (Italian)

Questo articolo propone una riflessione sulle possibili cause e diagnosi delle persone coinvolte in sparatorie violente. Le politiche per la prevenzione di quelle tragedie

sociali rimangono in qualche modo controverse e vagamente affrontate, prive di attenzione teorica (Rocque & Duwe, 2018). Una delle diagnosi principali in questi casi, secondo la letteratura, è Disturbo Schizoide di Personalità (DSP) con caratteristiche di distacco, isolamento e difficoltà di contatto con altri esseri umani (DSM-V, 2013). La perdita della capacità di stabilire relazioni sociali e intimità ostacola e a volte può impedire un trattamento psicologico basato sulla possibilità di contatto. Sono aumentate drammaticamente negli ultimi 50 anni le statistiche sulla violenza giovanile e per questo la diagnosi precoce è così importante per la prevenzione e il trattamento di questi casi. Allo stesso tempo sono una necessità urgente, ulteriori ricerche e lo studio di casi (Rocque, 2017). Considerato quanto sopra, l'Analisi Bioenergetica per i pazienti con diagnosi DSP è un approccio di elezione perché considera il riavvicinamento e il contatto una priorità ed è un approccio aperto a nuove cure e indagini tecniche e alternative per aiutare le persone ad aprire i loro cuori alla vita e all'amore. Se questo obiettivo non viene raggiunto, il risultato, secondo Lowen (1991) è tragico: "Passare attraverso la vita con il cuore chiuso è come attraversare il mare chiusi nella stiva di una nave."

Compulsões e Desordens de Personalidade (Portuguese)

O artigo propõe uma reflexão sobre possíveis causas e diagnósticos de pessoas envolvidas em tiroteios violentos. As políticas de prevenção dessas tragédias sociais permanecem polêmicas e vagamente dirigidas, necessitando de maior atenção teórica. Um dos principais diagnósticos utilizados nesses casos, de acordo com a literatura, é o da Desordem de Personalidade Esquizoide (SPD), caracterizada por alheamento, isolamento e dificuldade de contato com outros seres humanos (DSM-V). A perda da capacidade de estabelecer relações sociais e intimidade dificulta – e às vezes impede um tratamento psicológico, baseado em possibilidades relacionais. Desse modo, a Análise Bioenergética para pacientes com SPD destaca-se em um cenário no qual aproximação e contato são uma prioridade. Estatísticas de violência juvenil aumentaram dramaticamente nos últimos cinquenta anos e, por essa razão, o diagnóstico precoce é muito importante para a prevenção e tratamento desses casos.

Компульсии И Расстройства Личности. Убийства И Самоубийства: Проблема Социального Здоровья С Точки Зрения Биоэнергетического Анализа (Russian)

В данной статье предлагается поразмышлять о возможных причинах и диагнозе людей, которые оказались замешаны в случаи стрельбы. Политика по предотвращению таких трагедий в социуме по-прежнему вызывает споры и слабо реализуется из-за недостаточного внимания со стороны теоретиков (Рок и Дюи, 2018). Одним из основных диагнозов людей, замешанных в таких случаях, согласно публикациям, является шизоидное расстройство личности с элементами отчуждения, изоляции и трудностей в установлении контакта с другими людьми (Руководство по диагностике и статистическо-

му учету психических заболеваний, V пересмотр (DSM-V, 2013). Утрата способности устанавливать социальные связи и близкие отношения может порой затруднять оказание психологической помощи из-за невозможности контакта. За последние 50 лет резко увеличилось количество случаев совершения актов насилия несовершеннолетними, и именно поэтому в целях предотвращения таких случаев важна постановка диагноза на ранней стадии. В то же самое время существует острая необходимость в проведении дальнейших исследований и изучении конкретных случаев (Рок, 2017). Учитывая все вышесказанное, биоэнергетический анализ для пациентов, которым поставлен диагноз шизоидного расстройства личности, ярко выделяется как метод, когда первостепенной задачей является сближение и контакт, а также как метод открытый новым техникам заботы о пациентах и альтернативным исследованиям, посвященным тому, как помочь людям открыть свои сердца для жизни и любви. Если этого не достичь, то результат по мнению Лоуэна будет весьма трагичным: "Прожить жизнь с закрытым сердцем – это как пересечь море запертым в трюме корабля."

Introduction

All over the world there are cases of individuals that planned and executed massacres against the population leaving tens of innocents dead and wounded. According to 30 years of data collected by SIM[1], organized by the Ministry of Health (Cerqueira et al., 2014), in Brazil there were one million homicides.

Some of the most notorious are listed below:

- a 24-year-old medical student shot at the audience of a movie theatre in São Paulo, in 1999, during the exhibition of the movie *Fight Club*, leaving 3 dead and 5 wounded. He was arrested on the spot[2];
- a 23-year-old boy shot and killed 11 adolescents and wounded 13 in a public school in Rio de Janeiro in 2011. The shooting became known as "the Realengo massacre". He shot himself[3];

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1 Mortality Information System (Sistema de Informações de Mortalidade) a reliable data base on violent incidents covering the entire national territory. The conclusion is that there were one million homicides between 1980 and 2009.

2 Glamurama, Revista JP. Available in: https://glamurama.uol.com.br/15-anos-depois-ninguem-esquece-mateus-da-costa-meira-o-franco-atirador-do-cinema/; Accessed on September 14, 2018.

3 Jusbrasil, A natureza do massacre em Realengo. Available in: https://nova-criminologia.jusbrasil.com.br/noticias/2650970/a-natureza-do-massacre-em-realengo-parte-1-de-2; Accessed on September 14, 2018.

- in 1989, in Canada, a 25-year-old gunman shot at 27-year-old woman in the University of Montreal, killed her and other 13 students. He claimed he was fighting against feminism, then shot himself[4];
- in 2009, in Belgium a 20-year-old man went into a daycare made-up as the Joker, his hair dyed red. He stabbed 15 people; leaving 3 dead (among them 2 babies less than one year of age). The crime happened exactly one year after the death of Heath Ledger who played the Joker in *Batman – The Dark Knight*. The assassin confessed to the crime and was arrested (refer footnote 4);
- in Germany in 2002, a 19-year-old boy premeditated a revenge plan after he was expelled from the Gutenberg School, and shooting randomly, he left 17 dead and 7 wounded. He killed himself when he was trapped (refer footnote 4).

The highest number of cases occurred in the USA:

- in 2012, a 24-year-old medicine student shot at a movie theatre audience during the première of *Batman – The Dark Knight Rises* in Colorado leaving 12 dead and 58 wounded. He was arrested thereafter[5];
- in 1999, two 18-year-old youngsters killed 13 people and wounded 24 in a shooting that became known as the Columbine Massacre. They committed suicide on the spot (refer footnote 4);
- in 2007, a 23-year-old student locked all the doors of a building at Virginia Tech University and shot 32 people, killing himself right after (refer footnote 4).
- in 2018, a former student of Parkland School, Florida, killed 17 people before he was arrested. He had been expelled from school for disciplinary reasons[6];

Further investigations pointed out that the massacres were planned months, sometimes years in advance and were associated with a revengeful response.

Main Concepts

V. U. C. A. is an acronym used for the first time in 1987 to describe or reflect on volatility, uncertainty, complexity and ambiguity of the post-cold war world,

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4 Super Interessante. https://super.abril.com.br/blog/superlistas/8-massacres-em-escolas-que-chocaram-o-mundo/; Accessed on September 14, 2018.

5 G1. http://g1.globo.com/mundo/noticia/2015/08/homem-que-matou-12-em-cinema-e-condenado-prisao-perpetua.html; Accessed on September 14, 2018.

6 Extra. https://extra.globo.com/noticias/mundo/ex-aluno-mata-17-pessoas-em-ataque-tiros-em-escola-na-florida-22398765.html; Accessed on September 14, 2018.

based on the leadership theories of Warren Bennis and Burt Nanus[7]. The most frequent use and discussion of this term is rooted in emerging strategic leadership ideas, as applied to a broad range of corporate world organizations, as well as Education sectors.

This concept seeks to explain intense and absolutely disruptive transformations in the present day, that primarily affect teenagers. Oscillating like a pendulum, the youngster in today's world starts out from a silent and even passive indifference in the face of so many challenges, until emerging in attitudes that are often furious.

Violent shooting is a relatively new term to describe events where four or more victims are shot publicly. Victims can be randomly chosen or selected with a symbolic end, as target of revenge. They are isolated events, i. e. not connected to other criminal acts like robbery or terrorism. Violence risk factors include mental disorder and gender tension. Theories on perpetration of violent shootings concentrate on masculinity, mental disorder and contagion effect.

Such cases of homicides, followed or not by suicide of the perpetrator(s), are horrifying for any society and have a devastating effect on families and communities. Shootings in schools or in any public place tear the fabric of society. They generate anguish and panic and leave one question on our minds: what are the possible causes? There is no single answer. Causes that make people, the so called "rampage shooters" execute such cruel and violent acts are extremely complex. A rampage involves the attempted killing of multiple persons, at least partly in public space, by a single physically present perpetrator using deadly weapons in a single event without any cooling-off period.

President Barack Obama made a speech following a shooting in Connecticut when a man first shot his mother and then went to an elementary school in Newtown and killed 20 children and six staff members before killing himself. He said:

> "We cannot tolerate this anymore. These tragedies must end. And to end them, we must change. We will be told that the causes of such violence are complex, and that is true. No single law – no set of laws can eliminate evil from the world or prevent every senseless act of violence in our society. But that cannot be an excuse for inaction. Surely, we can do better than this. If there is even one step we can take to save another child, or another parent, or another town ... then surely we have an obligation to try."[8]

In 2013, the National Science Foundation (NSF) set up an Expert Advisory Committee to investigate the causes of juvenile violence. The motto of this Committee was: *What we know and what we need to know about youth violence*. There were 12 authors in the areas of behavioral, economic and social sciences. The

7 Leaders in strategies and responsibilities from the US Army War College (1985).

8 President Barack Obama, Interfaith Prayer Vigil, Newtown High School, Newtown, Connecticut, December 16, 2012.

study with the objective of fostering prevention, public policies and future research, came out in an article on the main influencing factors on juvenile violence, as well as an update of events.

We shall rely on those statistics, as per the article of Bushman et al. (2016) that summarizes and updates the above report to introduce our work proposition, without need to repeat of quoting the source for each of demonstration. It is important to establish a distinction between aggression and violence. All violent acts are aggressive, however not every aggression is a violent act. Violence is defined as an aggression that aims at causing extreme physical harm, hurting or killing someone. Updated figures show that there is a prevalence of white male adults, 85% had an average age of between 15 and 24 years.

Incidents of violence or fury followed by homicides occur more frequently in the USA than in any other developed country. Young Americans die more from assassinations than from diseases such as cancer, heart attacks, genetic malformations, pneumonia and other respiratory diseases, strokes or diabetes. There are records of incidents of indiscipline at school and 84% of those are found among the socially excluded.

The behavior pattern is that of a "loner" or, at most, in pairs, with an IQ above average or average. They are described as a "Wannabee" meaning that they want to be different from others and to be admired on a large scale. There may also be a compensation effect, for these youngsters are frequently victims of exclusion, rejection and bullying.

Forty-three percent (43%) of rampage shooters kill themselves after killing the greatest possible number of victims. Studies indicate that this might have been their only way to attain fame and visibility. Or, like in a photograph, the "negative" side of desire – "I want to be equal to others". Failure experienced as a "defect of being". Non-acceptance of oneself, very low self-esteem leading to waves of aggression and moral harassment at first directed at oneself. This may be understood as early signs of mental disorders followed by severe depression, diagnostic of 61% of the cases. In 78% of the cases there is a previous suicide attempt. And in 68% of the cases firearms are obtained at home.

The main difference between street shooters and those who do it in public spaces like schools, movie theatres, etc. is that the former group rarely commits suicide. Although the causes of violent behavior are rather complex, the multiple combination of influences usually comprises four aspects: access to firearms; exposure to violent media; mental disorders; and inadequate support and absence of protective factors in family and social environment during early development. Here family abuse and neglect are the most relevant.

With such results, the adoption of a prophylactic approach should include the investigation of parents and of the social circle in which the child or adolescent belongs. Cruel, extremely strict and rejecting parents, often ambivalent, should deserve attention, and so does conjugal violence, abuse and invasion. These are

events that make daily life chaotic. All these factors are extremely toxic and unfertile ground for the stable emotional development of children and adolescents. And enhance a culture that stimulates violent replicators. Instead of protecting their children and adolescents, family and government institutions have them exposed to all sorts of savagery, as shown in a reportage of a well-known digital newspaper in Brazil[9]. Evidence of low violence risk in youth is associated with bonds of attachment and closeness among family members, where the child experiences safety and stability in a self-regulated and supervised environment. Development of violent behaviors could perhaps be avoided if properly identified and treated. Such behaviors are in general a warning sign of fury events.

Many researchers have sought to identify the characteristics rampage shooters have in common, such as family life, personality, history and behavior. Langman (2009) examined 10 cases of shootings in schools, in an attempt to find out not only similarities but also what makes them different. These youngsters were categorized in 3 groups: traumatized, psychotic and psychopaths. Out of Langman's 10 cases, three are traumatized, five are psychotic and two were psychopaths.

Most of psychotic shooters had Schizophrenia Spectrum Disorders, including Schizophrenia and Schizoid Personality Disorder (SPD). Socially detached, cold, lonely and weird – this is usually the view of those who live together with people that have Schizoid or Paranoid Spectrum Disorders. People who suffer from these disorders are frequently understood by their social circles as "strange" and difficult to socialize with. One of the main barriers is precisely their wariness and the fear of being a target of harmful actions.

Some characteristics observed in schizoid patients regarding their body structure and bioenergetics condition corroborate this data. Mainly the indication of reduced aggressiveness, that when released in a compulsive form may turn into lethal fury (Nascimento, 2016). This sub-charged energetic system, be it due to little energy circulating in the extremities of the body – which are the contact points – be it by energetic disorganization, reflect upon the internal sense of the fragmented self.

Schizoid personality disorder is characterized by social alienation as previously described. This pattern of emotional restriction, coldness and apathy in interpersonal relations, a lonely lifestyle, begins in adult age and becomes apparent in a variety of contexts. People with Schizoid Personality Disorder show a lack of desire for intimacy and are indifferent to opportunities of developing intimate relationships. Notwithstanding all those characteristics, mental health professionals strive to establish safe bonds for the development of a psychotherapy process, which, in fact, may contribute to prevent SPD violent events.

9 Folha de São Paulo, 14-year-old teenager is shot and 6 people die in a shooting with a helicopter in a police operation in the State of Rio de Janeiro during a traffic rush hour. https://www1.folha.uol.com.br/cotidiano/2018/06/

This is what this article is about. We intend to make this objective more evident by presenting a clinical case. When a psychopathy is diagnosed, and the prognosis is poor, we feel like our hands are tied, both clinically and socially, especially considering the public policies in place. However, in the case of SPD perhaps we may develop techniques that will enable contact with the patients and further treatment of those social pathologies.

Mass murderers, particularly shooters in schools are depicted in literature as angrily reacting to insults and intimidation, or as psychopaths. However, close examination of diaries and sites left by a subgroup of mass shooters reveals a phenomenology that is different from what is typically proposed. This group highly overstates the negative way they have been treated, according to testimonials of colleagues. They become fixated and obsessed with being rejected by an elite, that in their eyes attained underserved and unfair success. Instead of transcending rejection, they formulate plans to annihilate the aggressors, justifying their revenge for the vilification they suffered. The self-exacerbated and obsessive characteristics of these perceptions are more consistent with paranoid thinking than with psychopathy. The paranoid personality has a perception feed on a closed system of beliefs. In rare cases when the perpetrators survive to the shooting they are diagnosed as schizophrenic paranoid. There is a pre-psychotic deterioration of their thinking (Dutton et al., 2013).

Psychiatric aspects play a relevant role in predicting risk factors and prevention. "Alone and adrift" – is the title of an article that we believe adequate to the reality experienced by the adolescents that belong in this risk group (Baird et al., 2017). Personality disorders are characterized by impairment of the functionality of personality and by pathological traits. Each personality disorder is defined by typical impairments of function – criterion A; and characteristic pathological personality traits – criterion B of DSM-5 (2013, p. 947).

Trait anger is an important precedent of aggression anger. Those individual differences are associated to trait anger, a dimension of personality related to frequency, intensity and duration of feelings of anger. Individuals with a high anger index tend to perceive situations as hostile and are less capable of controlling their thoughts and feelings. Besides, they exhibit a greater motivation for proximity in threatening situations. High trait anger is associated with processing biases with biological and behavioral indicators that reinforce hostile thinking. (Veenstra et al., 2018).

For Lowen (2012) the horror is directly proportional to lack of human contact and intimacy in relationships and affects all of us and becomes the source of violence in our cities:

> "People feel isolated and rarely speak to each other. Nobody trusts anybody. Everyone lives in his own world. The business machine of big centers has an impersonal aspect that is horrifying; it is the loss of human values. Living in the modern world

> became dehumanizing and the trademark is indifference. It is the destruction of personal dignity. It is vulgarity, pornography and dirt. Nobody cares because caring is considered futile."

Bioenergetic Views on Holding

Based on literature data and observing the youngsters that come to our office nowadays, we believe that Bioenergetics Analysis has much to contribute to this scene of scarcity of human contact. Bioenergetics Analysis (BA) offers flexibility of treatment and creative and open proposals for contact building for bonding. Quoting Lowen (2012):

> "No therapy really depends on the approach to the problem. The important agent in every therapy is the therapist, the understanding he brings to bear on the problem and his sensitivity and warmth as a human being. These factors are crucial in the treatment of this problem. The unreality in the patient is confronted with the reality of human feeling in the therapist and this confrontation can set in motion the forces of health in the patient."

Those patients are not open to verbal interpretation. To be successful, the analyst must be connected to their inner protection and defense cores and tolerate the patient's needs without feeling insulted. The focus should be on communication and empathy of the therapeutic relationship, by building an internal grounding that encompasses trust, support, care, acknowledgment and bonding (Weigand, 2005).

The profile of a Schizoid patient is much regressed, making him/her extremely rigid and inaccessible. Here is someone that cannot express himself; such is the dimension of terror of love and hate they carry inside. No distinction is made between what is real or not, and the patient has the ability to turn into action the most destructive fantasies.

The typical characteristics of individuals with Schizoid personality disorders that we commonly find in our clinical practice are: difficulty to identify and speak about feelings; alteration of perception and of behavior linked to a distorted self-image and incoherent personal objectives, associated with mistrust; and restricted emotional expression. They resist any possibility of contact and find it difficult to connect and will not accept personal involvement. The impression is that at any moment they may abandon therapy. They arrive at the request of a second person, they do not acknowledge the demand as their own and thus they build a safe barrier between patient and therapist. Holding and visual contact grounding techniques are helpful to maintain connected in constant openness and as an invitation to intimacy and bonding.

> "It is imperative, therefore, for the therapist to establish eye contact with the patient ... the important thing is to know that opening up the patient's sight outward, one opens up his sight inward. In this personality it is, perhaps, the most important way for the patient to gain insight. I might add, that to open up a patient's outward, I have him look at my eyes and try to take in their expression" (Lowen, 2012).

Playfulness and creatives techniques can also be a way of seeking involvement and intimacy. Schizoid patients are deemed as locked in their own mind, with no imagination and they are disconnected of their needs and feelings to protect themselves against the terrible dangers of human relation that encircles them in vulnerability, needs, miseries, losses and destruction. It is up to the therapist to help those patients to realize the outward/inward, by recognizing the real/unreal, and mainly to restructure their ability to dream. "The origin of analysis is found in the process of the desire to sleep (tranquility) and to wake up (active) and of the ability to dream (creativity). The dream is the prototype of all psychic capacity in adult life" (Kahn, 1976).

How it is possible then to achieve this exchange level with a patient who does not permit approximation? How to enter the world that he presents to us and share the demand that, in principle, does not belong to him? The analyst, respecting the need for protection, affirmation and validation of those patients, can combine a sensitive attitude with playful elements, experimenting with new feelings, yearnings, hopes and expectations. "The light and ludic approach of the analyst to the terrors of hate and love that these patients feel aims at showing them a new possibility of connection" (Coen, 2005).

Interpretative sessions can be invasive and threatening because the patient is not accustomed to being seen and the memory he carries when being observed is that of attack and humiliation. Minimally interpretative sessions when alternated with playful and creative sessions become more tolerable. It is as if there is a play between patient and therapist in which the roles of observer and observed are exchanged intuitively, allowing for the sharing of two worlds.

Clinical Example of Schizoid Personality Disorder

Male patient, a 21-year-old young man with a prior history of isolation and punctuated events of aggressiveness. In one of them, he banged on the door so as not to hit his uncle. In another he lost control with his mother, for no apparent reason, according to her own report. She thought he was going to hit her. These two episodes took place after this young man (herein called B) who lived isolated, without friends and with little time shared with his family, painted and covered with paper all the mirrors in his room and bathroom, stating he did not want to

see his own image. The mother sought out an analyst, concerned with these attitudes and with the inflexibility of her son in accepting help. She also confessed she felt afraid. This fact is important because in presence of the clients skinny and fragile body, apparently inoffensive, the therapist's countertransference was the same.

Our encounters began as a sort of a training on the use of drugs. This was how B referred to them. Through time, I observed that perhaps that interest arose from a concern with the situation of his father's alcoholism. The parents had separated and presently B visited his father very rarely. Neither the mother nor the father had set up new families. B lives with his mother and a sister who is 18 months older. He was born at 37 weeks of gestation after an ultrasound exam two days before, in which at 5-minute intervals a horn was activated to appraise the fetus' heartbeat. This effect of "a fright", was prescribed by the physician who deemed the fetus was too quiet and did not have enough movement.

When a person's rhythm is not respected, we can speak about an invasive experience. The first one took place even before B was born and began to repeat itself throughout the years. As a pattern, successive invasions were experienced as significant ruptures in his rhythm of growth. And his emotional development was severely compromised.

Second traumatic experience: his family moved abroad when B was one and a half years old. Weaning was forced and ended up in a great deal of crying. B began to sleep little, waking up frequently. He did not take to the baby bottle. At that time B emitted sounds, and only began uttering his first words when he was 4 years old.

Third abrupt experience in change of rhythm: B start school at two years of age, maybe before he was emotionally mature. He did not adapt. At 4 years of age he returned to his country of origin. His mother describes him as a child living "in his own world". The first symptom that something in his relationship with others was not doing well, perhaps meaning a severe environmental flaw (Winnicott, 1945) and B withdraws to a private world, in the search for a certain monotony which in his relationship with the outside world he could not find. He loved prehistoric animals and liked to put similar things together: such as rocks and twigs or putting yellow or blue objects in a row. He took rocks to school in his pockets and shoes, perhaps an attempt to repair a ruptured psychic organization and to obtain some security. The defensive psychic structure against emotional reality was not adequately formed. Therefore, the early development of the Ego becomes pathological and fragmented. To help this type of patient is it necessary to deal with a primitive ghostly or spooky life. These primitive states of dependency and non-differentiated and non-integrated affectivity are the source of negativity and end up in resistance to analysis, which in the final account is a confrontation with reality, over which they have poor control (Khan, 1976).

Fourth invasion: at five years of age he went to a very large and traditional school and began vomiting and crying before going to school and his mother took him out in three months. He went to First Grade but did not become literate. The teacher would say that B was lazy. He consulted a neurologist and the diagnosis was that everything was fine and that he was a creative child, according to the results of clinical exams.

B could draw very well, nowadays he refuses to do it, stating he is not good at "that". He went to Second Grade at 8 years of age and met C., his sole friend up to present. The school referred him for reinforcement with a psycho-pedagogue, who diagnosed him with dyslexia. This professional followed-up on him for 5 years, 3 times per week. She used tables to teach him to read. When he stayed for the whole day, he began to weep compulsively. Fifth invasion.

We observe a sequence of 5 invasive events, because B's rhythm was not being respected and the self-regulation process was not allowed to take place. Faced by a psychic state successively threatened by intrusions, B seeks some order and routine[10] in everything he does, even in his way of choosing and ingesting food. He eats the same way every single day: rice, beans and meat and potatoes. Everything without any sauces and separated.

At 13 years of age he was diagnosed with depression, expressing a desire to die. It was the cumulative effect of the trauma. He was medicated with fluoxetine for one year. The satisfaction of body and emotional needs in a child helps the child grow and creates a protective barrier. The cumulative traumas gave way to gaps in this barrier. A child needs to be supported or backed by an adult in the functions that are yet unstable, until adolescence. The cumulative trauma is the result of tensions and stress lived in childhood, in a context of full dependency. The reaction depends on the duration, intensity and repetition of the trauma, and acquires this value through accumulation and depending on the child's sensitivity. The role of the protective barrier requires vitality, adaptation and organization. Failures can be of three types, however, the most serious is intrusion, that provokes psychosis. Compulsion and obsession are aimed at redressing the imbalance and the disassociation of integration of the Ego (Khan, 1976).

As we can observe in the life trajectory of B, the experience of repeated situations, probably with traumatic nuances, due to the intensity and duration meant more than he was able to endure and elaborate.

The observation of his corporal and energy pattern corroborates the aspects of his psychic dynamics and the diagnosis set forth: tension at the base of the neck

10 An illustrative episode takes place in a situation where I needed to change the schedule of the session. I cancelled the session in one week and the next week B did not come, without warning me about that. An unprecedented fact in our relationship. I was penalized for breaking with the routine!

and head, constituting a head x body division; without an emotional expression, pointing to the absence of joy, intensity or luminosity, reinforced by the presence of a cold look, empty and distant; sub-charged skin, generally pale and cold; a tall and thin type with arms that seem to be dangling, there is no vitality and expressiveness in his being; he walks like a robot, frozen, with fragile facial muscles and the appearance of a mask (Nascimento, 2016).

In this type of disorder, if the humanizing ties are not brought together again, providing a new experience that will take away the person from that impersonality, destructive aspects can come about due to the lack of hope and resentment.

Psychotherapeutic Interventions

The course itself of the therapeutic process showed that this vision was in accordance with B's internal universe, as after one year of therapy his mother was once again called upon. She reported that she felt relieved, as her son was less isolated, beginning to socialize a bit more. He began to go out with friends, stopped playing war video games and changed these for police games or heroes on rescue missions. There were dolls and race cars (more playful) in which he is the hero fighting against monsters. She also observed an improvement in his self-esteem, as he changed his glasses frame and went out to buy new clothes for himself, something she normally would have had to do.

I would like to end the description of this case with the following affirmative phrase that I heard myself imparting in one of our sessions, when faced with the insecurity and terrible feeling of embarrassment of B: *"You have already been accepted by me, do not try to please me, it is not necessary. Use this assurance I give you to try being yourself, to strengthen your personality."*

"Psychology is an exercise of imagination" (Khan, 1976). B refused to name our encounters as therapy. He would say he came to chat, to talk. Physical contact was always non-existent. B usually walks across the room without even looking at me. Because of the absence of demand and the difficulty in verbalizing things, added to the resistance of carrying out corporal work and having any sort of physical contact, it became necessary to use sensitivity and intuition to find alternative means to get closer to him. The way found by this professional was to sit beside the patient with the proposal of reading books that interested him, to see pictures and comic books. We began to exchange books from one session to the other and to talk about the content of the books. I continuously attempted to create a tie through this material, that functioned like transitional objects between us. Even being able to sit beside him took some time. The body work is still not accepted and the only approximation possible up to present is to sit side by side. Presently with less distrust and greater receptivity.

Intervention Example

Description of two sessions, more specifically.
A dream between two people ...

Session 1

Figure 1: Paul Klee, *View of Kaioran*, 1914

Reading the book of engravings and the biography of Paul Klee, the patient identifies that at twenty years of age and throughout that entire decade, that artist was not well. His paintings were heavier and dark. At thirty years of age, he was already better, painting more colorful and joyful canvases. (Projection of his present-day life and a hopeful outlook for the future?). Together we created a story based on the canvas "View of Kaioran", chosen by B.

Due to B's difficulty in beginning, the therapist says: *Once upon a time there was a city of dreams, where people lived ...*

B *Ordinary* (simple, common).
T *They worked with ...*
B *Tapestries and trade.*
T *one day a tourist from a very faraway country arrived ...* (can we infer here that the tourist from a faraway place is the patient himself? Withdrawn in his inner worlds and fears, without the ability to open up/show others, with the fear of being invaded and feeling like a foreigner within himself?)
B *He was enchanted with the city and decided to immortalize it* (here the analogy with the therapist, like the country abroad, outside. The idealization in a positive transference, reveals a desire for possession through incorporation?)
T *He then visited a Wiseman who made magic potions to be able to immortalize the city ...*
B *The Wiseman offered a paint potion.*
T *The tourist took the paint and spread it all around*

B *All around the canvas, forming a beautiful view* (at this moment there is the continuity of joint creation, B lets himself go a little more)
T The public that was at the place asked the tourist: *how are you going to immortalize the city?*
B *Through art!*

Interesting to observe that the therapist always creates a phrase like a cue: *"the door remains open"*, like throwing the ball to the patient in a game of collective creation. The latter, in turn, develops endpoint sentences that close the dialogue.

Session 2

Figure 2: Henri de Toulouse-Lautrec, *At the Moulin Rouge, The Dance*, 1890

Reading the book of engravings and biography of Toulouse-Lautrec, B chooses the canvas *At the Moulin Rouge, The Dance*. The therapist motivates him to begin, commenting that they had already come up with a first story that was very good. B reluctant, states that the one who did that was me, because I lead. Then the therapist, perceiving the patient's difficulty in acknowledging he does something good, begins:
T *We went to a party at the Moulin Rouge ... Myself and B ...*
B *Everybody was distant, except for a young girl who stood out*
T *This young woman, at a given moment, looked towards us, ...*
B *Mara, intrigued, went to introduce herself to her ...*

T *Her name was Claire. She wanted me to introduce B to her*
B *I would have already gone home. These parties are a bit of a despair* ...(at this point, there is a mixture of patient and character – comment at the end)
B *Introduced himself and asked where she had learnt to dance*
T *She barely responded and was called upon to go on stage*

Then the therapist perceived B's despair and asked him: *What is happening to you*?
B *A lot of people, right?!*
T *What does this do to you?*
B *I truly do not like it, it makes (me) feel troubled* (we can think that the exclusion of the personal pronoun "me" objectifies the subject. It is a complement that is not present. Furthermore, it doesn't humanize him. As if B did not have an "I" that feels, and B seems to feel things that go through him, that pass through him or invade him. The protective tonic envelope itself was not formed)
T *Time to leave!*

We observe in the construction of this second dialogue, that B is already playing the creation game, giving the therapist a cue to continue the phrase. Notwithstanding this, there is a clear mixture of fiction and reality, that we can address to his constant invaded psychic state, without borders between the inward and the outward. Here the character "speaks on off" what he feels and exits the scene, being in it. Nobody, neither of the two of us, in fact, was at a party or a public venue, but B feels badly simply by imagining he was there, in that imagined place. There is no distinction between what is felt and what is lived or experienced, there are no borders. For that reason, there is the danger of these personality structures turning into action their more destructive fantasies. There are the pathologies of act.

Conclusion

The acts of violence are influenced by a multiplicity of factors generally acting in conjunction. We can speak about some evidence on the potential risks and protection factors for the manifestations of rage in adolescents, underscoring the prophylactic treatment. Early procedures and diagnosis, allied to a discussion on the implications of present-day evidence to reduce juvenile violence, and suggestions for future research are highly important to avoid perpetuating the waves of violence and social tragedies.

The therapeutic environment allows for intimacy and a safe haven to put into movement forces for the patient's health, against the invasion and intrusion of the outside world. It provides an agreeable environment, in a circumscribed peri-

od that is predictable and repetitive, with a beginning and an end, that can help, greatly so, in recovering the destroyed or badly built borders. By constituting a safer and less ruptured envelope of contention[11]. Strengthening the personality structure, making it healthier and more adapted. What Lowen called the tendency of affirmation of life.

> "Schizoid patients present a hyperactivity in their behavior and a hyper-relation of maniac moods or the opposite, inertia and apathy due to an excess of anxiety that finds support and respite in the presence of the analysts" (Khan, 1976).

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11 The term "tonic envelope" is a concept developed by Guy Tonella and has been used as a "torn envelope" in Borderline cases and in the SPD in a class of an Extension Course: The clinic of compulsions and of abusive consumptions of the IABSP since 2016, under the coordination of Léia Cardenuto.

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