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Review Article

Zavera an Oasis in the Truth

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Abstract

This present research work incites to study the very important question of suicide and autolysis, of death and the death human being gives to himself. We evocate or speak about suicide like the first one number problem in the field of public health, in scientific and humanistic terms.

Keywords: *Freedom; Prison; Depression; Prevention of Health; Suicide Prevention; Psychiatric Troubles; Autolysis; Psychopathology of Personality; Factitious*

Prisoner's dark hope

Why does this present research work incite and introduce us to study the very important question of suicide and autolysis, of death itself and death a human being brings to himself? For human being is the noblest object to study.

We will not speak about receptors, aldosterone, genetic transcriptors but about human beings.

We evoke suicide as being the key issue in the field of public health in scientific and humane terms.

This paradox is meant to fix this important information.

This article deals with the specificity of the taking care of our patients on two different aspects, somatic and psychiatric, in general hospitals and psychiatric units in prisons.

Zavera's body

This wonderful gift represented by human life could disappear in dangerous occurrences like depressions or MDE (Major Depressive Episodes).

We'll be looking at this field and focus on different approaches like psychopathologic, phenomenological, clinical, epidemiological, ethics, psychological and global approaches.

The original contribution of our research work is to focus and to demonstrate the possibility of suicide prevention in "real life" and particularly in prison.

This article treats about the subjectivity of specificity of taking care of a patient in prison on two different aspects, the aspect of being in prison and the aspect of being a patient in prison hospital when the patient's psychiatric condition calls for an hospitalization.

It is an article with intrinsic value by the absence of ideal solutions about the limits of his freedom at the hospital compared with his "liberty" in prison.

A second specificity and the other interesting aspect of his being in prison hospitals that, despite the fact that he had several symptoms of corona 19 virus infection like coughing, fever (with medium average temperature) and tiredness, his PCR test turned out to be negative.

It is a severe deprivation of food and water and we precise again that identity and data are modified in all globality of this files because of medical discretion.

So, this phenomenon is very interesting because no psychiatric antecedents and the use of French language is correct in the beginning of the taking care process and in the evolution of sickness when mutism turned up.

The patient was in a situation of freedom deprivation for gangsterism and aggression and we modified data because of medical secrecy.

This fact was considered by the patient as a big advantage not being where the risk of covid infection was much higher.

The main course of hospitalization of this prisoner was the fact that he went on a hunger strike.

It could be interesting to know that this patient had been in prison several times before for gangsterism and violent aggressions.

The same prisoner had already been hospitalized twice in our unit for the same reasons (due to medical secret we will not go into details of the past medical or criminal history of this patient). Nevertheless, these details are not important in the psychiatric pathology of this patient.

Mister Zavera is 51, single, without children, was born in Serbia, fourth children of a big family of twelve members, lived with a companion before serving in prison for the first time.

He arrived in France at the age of five and his education appears a poor level and shows minor to mild psychiatric symptoms development.

He benefited from a psychiatric follow-up between the ages of twelve to eighteen years old, without being hospitalized.

At the age of nineteen he was able to work irregularly in small jobs.

First prison sentence at the age of forty (several light sentences before, without freedom deprivation) and now he is in prison waiting for trial for murdering his companion.

Historically, at the age of twenty two he met a woman who looked like his mother, physically and psychologically.

Having suffered early abandonment by his mother, he became fiercely aggressive to that woman who betrayed him and had decided to leave him.

In a quasi-melancholic moment he killed that woman and he has been in prison ever since waiting for trial.

The psychiatric pathology of this patient began developing near adolescence in 1980, represented by auto and hetero aggressions inside and outside his family.

He had consultations by psychiatrists and psychologists between the ages of thirteen to seventeen with regular intervals.

Data variability

Differentiate marker (cannot be altered) and factor (can be altered)

Associated contiguous items

Symptoms and indicators most related to suicide issue

Level of association

- **50 % to 70 % of suicides**
- **33 % of Swedish people from 15 to 29 who died from suicide**
- **32% of teenagers who attempted suicides**

Selected criteria of risk and protection fact

Psychiatric emergency reception of children and adolescents

Comparative study of Pitié Salpètrière Reception Center in 1992 - 2002

- **Increase in emergency consultation request (nearly 350 receptions in 2005)**
- **Decrease in patients age**
- **Gender ratio stability**
- **Increase in requests from Parisians**
- **Increase in family-issued requests**

The frequency of his consultations in emergency between 1981 and 2005 has risen considerably

	1981	1992	2002
Number of case	85	196	330
Average age	15,4	13,6	12,3
Gender ratio		55%	54%
Parisians		30%	50%
Family issued requests		23%	55%

The experience of our colleagues and our own experience show an increasing in the augmentation about the solicitations of our patients in emergency between 1981 and 2005 in psychiatry department of children and adolescents, young adolescents, adolescents with a downsize of age of consultations [1].

Zavera's body amelioration

Paradoxal freedom//unconscious revenge

Mister Zavera was admitted in the intensive care unit of our hospital in a profound coma resulting from hunger strike and for a period between ten days and two weeks.

At his admission he was suffering from hyponatremia at 160 mmol by liter and extra and intra-cellular dehydration.

During the first days of his admission in intensive care unit it was difficult to determine whether (or if) he was suffering from mental confusion or of psychiatry refusal of contact with our team.

As he has refusing all kinds of treatments or feeding by the mouth, he was put under intravenous and intramuscular treatment.

The intravenous treatment of Loxapine at low doses has revealed to be of very spectacular effect as he started back into communication with our team only 24 hours after administration of this treatment.

This reveals the importance of early administration of an appropriate treatment. This allows the introduction of the regression phenomenon to reach the subconscious level and then bounce back to "real life".

The question of hypo and hyper-vigilance of tight relationship with the troubles and the pathology of sleep and wake-up.

Return to a real world was not at all simple for him as he saw the security officers at his door and returning to the reality of being a prisoner that was like a second or a new identity for him.

This identity of a prisoner with vertical hierarchy of having always to choose between those who are strong and give orders and those who are weak and have to obey. This identity is often a source of auto and hetero aggressivity or revenge in prison.

Despite of a lower education the members of community become human beings who need to be singular, the egalitarism become relative. To quote Jean Jacques Rousseau "the man was born neither good nor bad human, perhaps naturally good and society transform him".

The society in this case is the prison who transformed him, here the clinical response effects are more superior about pharmacological effects of psychiatry. Inside UHS or high security unit the prisoner was hospitalized one month which is very rare because usually the prisoners wish to return in prison for different subjective reasons like comfort, television, absence of co-cellularity.

Usually, the average staying duration in French DMS "average staying duration" ("average length of stay") in UHS is two to three days.

The medical care was very intense for this patient and presented multidisciplinary actions in the college collaboration with emergency doctors, which was fundamental and essential (sorry for necessary pleonasm).

PCR test (polymerase chain reaction) was made twice despite the absence of genuine para-clinical and clinical signs which could be evocative of infection by Sars COVID 19.

His "coma" and his "mutism" were persistent and of long duration, the medical etiology was intracellular major dehydration at 164 mmol/litre.

This signs are gone with a correct rehydration. Our team looked at cerebral edema and Centro Pontine Myelinolysis to explain a numb paralysis of hands and legs in the beginning of his admission in UHS.

The laboratory results show an absence of hyperdensity intra or extra parenchyma, absence of abnormal pericerebral collection, no median line deviation, no engagement or mass syndrome.

Also, no posttraumatic bone lesions but the contain of cervical canal present artefacts between cervical vertebras C6-C7.

A spontaneous pneumomediastina idiopathic without foreign body into context of esophageal rupture made the cares very complex. These events are a second specificity of this patient because, during his transfer into another different security unit a third test covid was realized and it turned out to be positive on a no symptomatic patient.

Somatic status degraded further because of refusal of food and medications.

The transfer was performed without patient's consent (legal measure in French medical legislation) and occurred after very complex administrative procedures, the importance of the role of the central government representative from three departments is to be mentioned.

This transfer occurred in a good moment because our prisoner's life was fading and he was even refusing all corporal hygiene.

At the moment of the transfer his comportment changed and he accepted all the procedures in presence of survey personal.

It is important to know that, in terms of the contentment of a prisoner to be hospitalized, this varies considerably of the consent in the eyes of the civil code article 110.8 of the civil law. We preferably look for the consent of the prisoner to his hospitalization but we still let him understand that if he should not accept it, he will be made to comply in all cases to be hospitalized, even without his consent.

Everybody agrees that this ideal liberty of consent cannot be applied except among perfect situations where the conscious ideal self of the doctor and that of the patient meet.

In reality, especially for a prisoner, the interest of the society always comes before the individual subjective interest.

It is, in this collective perspective that, four weeks after his hospitalization, our patient started little by little to accept his perfusion which kept him alive. Finally, he started to express his desire to eat normally according to the regime applied in these severe eating disorders.

Little by little, he started to actively participate in group activities and appeared more and more communicating verbally with the medical team and with other prisoners in the unit.

In fact, it took our patient a period of eight weeks before he started to get back to a normal state, a rather uncommonly long period known in these situations when the prisoners always prefer to go back to their prison cell where they usually enjoys more conditions of liberty in daily life.

In fact the long care taking of our patient was an interesting reflection of this duty of the medical team's to care for the patient, of that complex and ambivalent demand of the patient's, of his "refusal" to abandon his defensive and regressive position and of his feeling comfortable to get better for accepting this care taking.

We could evoke the primary narcissism described by Freud: "the primary narcissism is a fundamental point from feeling of self of child who permits him to feel alive in the moment of the separation from his parents".

We were his parents during these four weeks and his regression-progression permitted him a punctual progression [2-8].

Conclusion

We welcomed this patient during more than four weeks of hospitalization and we have become his regression-progression which allowed him a punctual amelioration of his symptoms: "when we have undoubtedly been the preferred child of one's mother, we keep for a life time a feeling of being a perfect contestant".

This reassurance of success which is, in reality, achieved without difficulty.

The patient has told us during his rare moments of communication with us that his mother was his only and all his family.

Symptoms of corona virus infection on the central peripheral nervous system was: mental confusion, directed by primary nerve infection.

These symptoms could seriously complicate the diagnosis of our patient's own symptoms.

Comparatively with France, Chinese researchers show also this phenomena. In France if a prisoner is hospitalized without consent the police responsible administration (administrator) of the geographical sector of the prison and the responsible of the sector of hospitalization must agree with one another.

The evolution of these symptoms of our patient's has been marked by the continuity of these same clinical symptoms that did not change during these weeks.

These represented a certain difficulty for the care taking multidisciplinary teams from this other unit of prison.

His treatment has been maintained without any change except for an antipsychotic medication that was added after he had developed some atypical psychotic symptoms.

Four weeks after he started to get relatively better engaging a minimum of social exchange with other prisoners in the recreation zone.

For our team and for our patient could be impossible to take a clear position and a sample definition about psychopathology.

We (doctors, nurses, prison teams) wish to take care of this patient who presents in the globality of the duration of his hospitalization presented a very ambivalent position and request to be taken care of.

The patient refuses to recognize and to leave his defensive and regressive position of alienation.

He agrees to be taken care of and feels a real amelioration of his symptoms and he said a lot of times in the consultations "I want to feel good" when this attitude of communication by language became possible.

The scientific items like factitious, malingering, atypical schizophrenia personality disorder, melancholy could be evoked about the diagnosis.

This very complex case was a very important step in our common experience, somatic one and psychosomatic one.

The medical team in his complete commitment and this most ambivalent patient could not be resumed in a sample definition of "carceral shock" and "prison stress".

Our patient leaves a big trace in the unconscious of a lot of the members of medical teams in all specialties in the care taking process.

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