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EC NEUROLOGY
Review Article

Before Sars 2 Covid 19: Cover Up Sexual Sadistic Urges with Nice Mask

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Received: April 05, 2023; **Published:** April 27, 2023

Abstract

We made the choice of this case because of the clinical association of several major psychiatric disorders and addictive troubles, and the existence of thymic and productive troubles throughout the times of delusional burgeoning as well.

When sexuality becomes an evil thing tending towards a feeling of sheer excitement longing for relief. An excitement crystalizing within a white psychosis or a current neurosis or a somatic ailment. The medical science suggests solutions and body operates transactions.

Who speaks? soma or psyche?

Keywords: *Depression; Psychopathology; Prison; Suicide Prevention; Sexual Offense; Personality Disorders; Hallucinations; Scarifications*

Psycho-criminological profile of a sex offender

This paper is a feedback on the author's professional experience in the field of clinical research conducted in two distinct areas of psychiatry where she has been practicing: in prison and in local psychiatry in a general hospital as a link psychiatrist for such services as general medicine, surgery and obstetrics. We tried to clarify the psychopathological and psychopharmacological dimension of transgressive violence in ambulatory condition and in prison.

Our investigation illustrates the diversity and the complexity as well as the essential interest in clinical evaluation of detained patients. Those have been incarcerated in the largest prison in Europe: Fleury Mérogis. It is comprised of three huge detention centers, each of them accommodating a considerable number of inmates and being significant in terms of penitentiary administration and care providers as well.

Statistics concerning the studies of the various profiles found in carceral population complete usefully the clinical data, for there is a considerable number of misconceived ideas about sexual assault and suicide in prison.

Our partners *in situ* play an important part in providing medical care to the inmates on a daily basis particularly when it comes to dealing with the key issue: prevention of reoffending.

This subject matter is one of the common threads in our paper on detained patients who have been indicted for sexual assault.

Medical care in penitentiary institution and the follow-up after inmates have been released are essential elements to the preventing of repeat offense. Still, statistics show that reoffending (in the case of sex offenders) fails to be prevented in a certain number of cases. Is a medical environment truly necessary to deal with sex criminals or should the medical practitioner (psychiatrist) be in the first place a psychotherapist, a "speech-bearer"? The key element to succeed is for patients to be capable of developing a genuine insight of their psychiatric, psychological and psychosexual disorders.

Claude Balier mentioned the existence of "parental imagos differentiation despite the confusion of investment caused by the attitude of the healthcare team who handle the patients; in any case this is just a starter and a lot of work is still to be done".

The same author stated that "totally confused becomes the clinical work when a division exists; identification to the aggressor does take place but is not accounted for. One part of the self disagrees with the other. This is why those patients who committed a murder or a rape do not consider themselves as violent people." In Claude Balier's acceptance, and where denial of crime and division are concerned, the intensity of the phenomena described in literature coexists in an ordinary way through daily routine in accordance with the subject environment: prison, family or professional circle.

It is the reason why the author emphasizes so much that the psychoanalytical-based psychotherapy which occupies a relevant position should be used along with pharmaceutical therapies.

In the early years during which the affective and psychosexual life of the subject organizes itself, sexual disorders may appear which will linger on throughout the subject's entire existence. Affective or sexual troubles and psychological trauma are likely to direct the subject's fantasmatic life and allow for an organizational-based approach of the subject's personality. Fantasy is identified as what content of the thought stands between the defenses of the self, the impulses and the realities. Actions are in close relationship with how the subject works, his cognitive condition and his thymic and interpersonal imbalance. If the subject's strategy will be to manipulate others as a way of functioning, the action to act will take place in an iterative and unexpected manner just like in a fit of sudden mental dissociation or, more rarely, develop into a kind of "sex fantasy" habit.

The patient who illustrates our point has been incarcerated for sexual offenses and shows elements of abnormal thymine within a pathologically psychopathic personality type. As a matter of fact, it has been demonstrated that our subjects will not always be psychotic people even though they sometimes live a perilous life or will abruptly alter the course of their life; their self will retain a potential self-protective envelope that can be useful (unfortunately not always so) in case of acute psychotic break.

Their self happens to operate on two distinct modes, hence a notion of divided self and facts denial.

Which patients will be incarcerated? From what kind of mental disorder do they suffer? What symptoms is it all about? What psychopathology is at work in their mental illness?

The predominant factor in those patients is sudden violence, impulsiveness, and the transgressive character of their behavior. Among the "regulars" in terms of violent behavior who are mostly dealt with in psychiatry, we will mention in particular psychotic and psychopathic patients.

Then, among the patients we could integrate into the "neo-pathologies" classification, we find borderline and sex offender patients.

Claude Balier [1] (in his essay "*Violence dans l'Abîme*", page 159) defines "rape as criminally referred to as the action of sexually penetrating by any means (obviously including sodomy and fellatio) with violence, by force or in an unexpected manner. The very notion of rape is denied by correctional psychiatry unless it involves a sadistic dimension or if sex offenders have been diagnosed mentally ill. Our

patient displays a paradoxical relationship with the elaboration of a criminal scenario which will remain only potential until he finally carries it out. He will be very inquisitive about the act but when he goes for it it's always in an extremely brutal and violent way.

Ciavaldini's research (1999) [2] confirms this, in his conclusions of Balier's reference work by a statement: "the psychopathological hypothesis of perversion is barely good enough to understand their psychodynamic organization". Our subjects' primary object appears to be missing. Facing the feminine-mother image is disorganizing and it is the current-acting in present time, including the percept, which goes to fix the missing object. Moreover, affects are inadequate or overwhelming, elementary, originating mostly in the sheer register of sensoriality and, with a capacity to psychically discriminate them, the subjects seem to possess a lack of "internal tact".

All the designations (sex offender, rapist, sex criminal) should be handled with care for they could lead to the misconception that it is just all about a symptomatology related to a type of mental structure.

As it is, most of sexual assaults are committed by men who will never do it again. Rafael contradicts all this through his own history and his criminal record. What we need now is to try and understand the origins of the flaw that we can perceive through the patients' narcissism in order to develop a medical supervision and a treatment.

Clinical support would become, according to Balier, unreliable when it comes to the first experiences of the young infant. We should not get carried away by speculative theories. They might take us all the way to the subject matter of the genesis of the object and the self, too vast a domain to tread. We are in a position to put aside bits of the psychoanalytical theory and retain only a few operational concepts susceptible to elucidate the clinical aspect of the pathology we are looking to treat.

No matter what says the regular medical description (semiological elements inside a clinical picture), acting should not be regarded as an everlasting repetitive symptom.

Theoretical considerations about Rafael

Studying a patient's acting requires a multidisciplinary criminological analysis and originates in a polyfactoriality the personality-based psychopathological structure of which is only an element among others.

Others factors are: Clinical condition at the time of the crime, existential moment on a biographical line, situational context, possible preliminary relationship between the protagonists, and ultimately what caused the criminal action to take place.

Beyond the polyfactoriality from which the acting originates, sex offenders display some psychopathological profiles matching a psychocriminological pattern: immaturity, instability, impulsivity, narcissism-related pathology.

Before we analyze the various offenders' profiles we've encountered, let's examine first the actuality of their criminal records and check medical files reporting mental disorders in need of care and have a look at some statistics related to reoffending. To only use the organizational pattern would be hardly acceptable given the mosaic-shaped personality of sex offenders.

We can find neurotic-like characteristics, inhibitions in the relationship to the other, phobic and severely obsessional traits and perverted aspects (overinvestment of impulses or organ pleasure; castration denial along with denial of the other).

All this support the psychopathic-related issue in sex criminals: theft, assault and battery… More unusual are armed robbery and rape with prostitution.

Clinical researches on sex offenders make us rediscover the perverse dynamic (understood as overdetermined). Thus, beyond the standard issue of impulsivity (fixed partial fantasy, pursuit of organ pleasure as such, persecution via fantasy), we may want to examine the

issue of narcissism which we will place at the level of the fear of feeling castrated after a denial to a request to someone else made during a hypothetical scene; Such a scene will be frequently denied, censored, made non-existent even.

What kind of clinical profiles do we meet?

Psychotic and neurotic patients seldom commit aggressions (whether it be sexual or not).

By contrast, patients with borderline personality disorders are more frequently involved in aggressions in general and in rapes in particular.

The same goes for patients with such personality disorders as psychopathy, paranoia, with neurotic or perverse traits (and with both traits as well). Still, let's acknowledge that there exists a limit to the structural dimension (given the mosaic-shaped personality of most sex offenders).

We prefer referring to personality traits. Thus, their psychic functioning is characterized by some sort of neurotic aspects including an element of inhibition in their relationship to the other, by phobic or obsessive traits and perverse elements. This includes an overinvestment of the impulse of castration denial along with denial of orgasmic pleasure for the other and denial of desire for and of the other as well.

Let's emphasize the personal history and possible traumatic background of violent subjects, and in particular their own psychosexual history in order to highlight a number of half-immature half-perverse issues.

The problem of narcissism may also lie at the level of the prevalence of hate in the relationship to the other. Such prevalence of hate comes with an underlying paranoid dynamic. In the same time, immaturation comes as a striking aspect.

The object relation is primarily ruled by archaism and influence along with an insufficient development of secondary intersubjectivity and is dialectised (insufficiently discriminated somehow) because of a fragile and infantile self.

Setting aside a necessary identification of psychopathological elements, we can describe a psychocriminological profile (incestuous father, pedophilic act). But then again, at the psychiatric level, most of the issues do arise from personality disorders (a minority of cases belong in the category of heboidophrenia-related psychoses, paranoid arrangement or perversion developing along a schizophrenia-shaped axis).

Moreover, acting has nothing to do with neurotic organization. Those personality disorders will be depicted as psychopathic, paranoid traits, perverse arrangements, and un-structuration).

Where psychology is concerned, we will examine biographic aspects (parental images, parental imagos, initial relationships, education, adolescence, relationship with the body, first sexual emotions, military experience, professional life, emotional and sexual life, criminal record).

Rafael is 29 and has been followed by the psychiatry team since the onset of his incarceration. Experience has taught us that drug addict patients, displaying elements of psychopathic personality that creates psychopathic entanglements, when surrounded by drug dealers at that, are in pain for real. It is a recurring pain with alternating moments of joy and hetero-aggressive and suicidal ideas which occur almost every day. They erupt at a specific time over their psychopathological evolution and are related to factors of frustration due not only to incarceration but also to a lack of communication with family - and lawyer when trial is drawing near. If treated or released from jail, the patient's pain is still real and the cause of it will be evaluated in practice during interviews at the penitentiary infirmary. The

pain most certainly is caused by the lack of freedom, by the patient-inmate's own background, but equally by indiscriminate consumption of toxics.

A patient who has been released and does his best to go back behind the bars despite a pathological family that is at least incarnated in his own symbolization and has the merit to exist in his objective reality leads us to think and elaborate a necessary clinical synthesis without the field of theorizations and expertise. Is he looking for some kind of safety behind the walls? Is he running away from his sick relatives? Most of our patients learn to live with the penitentiary personnel and the medical staff. Not crossing off the subconscious as a trigger or "auto-trigger" of the incarceration, most patients do not return to prison voluntarily except in quite a few cases. No matter what kind of turbulence can be met with relatives or inside a couple, there are others elements involved in the going back to jail. It is indeed the personal story of each patient's, accompanied with an intricate background. As an example Mr. T.O. who's entangled in a situation both paradoxical and contradictory: he returned to jail for the 7th time even as he had been released three days before because he "gave in" to his "friends" in some kind of elation and omnipotence; once more his friends dragged him into troubles and back to prison accordingly.

Why do such abnormal reactions exist and what could be their etiology as they make one long so badly for safety against both himself and the others behind the prison's walls? Is it a search for safety and security, an escape from pathological relatives or a longing for the prison way of life?

Which one of those situations has Rafael been looking for in order to be unconsciously implemented?

He's single without a child (so no counterweights to isolation and pathological actings), incarcerated for the first time of his life, indicted for rape and act of barbarism on so-called "vulnerable" people.

His transgressive acts take place in specific conditions and with a particular handling of his own and he wears masks.

In his personal history, a background of psychopathology lying over a base of psychopathic personality has been found.

He has been a criminal for nearly 5 years, at first as part of his gang activities then on his own. Particulars of the facts will follow down below.

The first element mentioned by the patient in the beginning of his treatment, is his mother's life, her name, the hardships she went through in her couple, her unsatisfactory loveless life with Rafael's father. Then he described himself as a frail kid in pre-school, a shy and passive child who needed strong and continuous stimulation in his education. He became an object of seduction for one of his elementary school teacher when he was around six.

He has kept "a fond memory" of this young handsome man who would move in a sweet manner and was pretty nice to Rafael in the classroom. He said he got very good grades during the following year.

Around ten he was molested and sexually abused by his own father "with the help", like he says with a touch of sad humor, from his second sister who had been a victim herself. Those brutal facts, violent and inhumane, take place in the cellar in the darkness where he never had a chance to see the faces of his aggressors.

For years, he was made to perform anal sex and fellatios.

He was beat by his father who would assume a feminine voice while he spoke to him, asking if "he enjoyed it", if "he had enough", and more…

Meanwhile, he began to frequent abandoned boys who would hang around in the streets after dark, fighting against one another every now and then while intoxicated with alcohol and weed. As they were totally left by themselves they had no longings anymore for anything but vandalism and hanging out in the streets.

A poor physical condition was the cause of the discontinuation of this barbaric life: an acute appendicitis caused him to be hospitalized in emergency as it had turned into an intestinal obstruction. At the hospital he displayed an alarming picture. During the psychiatric assessment he went through after an attempt to kill himself, he expressed feelings of sadness and admitted to episodes of anorexia. The psychiatrist reported his case to justice. Soon an investigation was started which caused the father to be put under arrest despite his denying the facts. The boy was placed in a medical-educative institution.

Rafael was presenting an atypical depression when he arrived at the institution comprised with suicidal ideation, episodes of severe psychotic anxiety, even personality disorders and body dysmorphic disorders and beginning of depersonalization.

Symptoms of body dysmorphic disorders consisted of an alteration of the body image mostly centered on the face and the nose in particular.

He definitely believed he had a fat belly like his father's, in his fantasies, through the sequential traumatization, anchored in his memory, originating in the violent events he suffered throughout his childhood.

The masks Rafael chose when he became a sex offender represented the faces of handsome men throughout history, Adonis, Ephebe... Faces he would like to possess to humiliate them. Later on, stockings were turned into much elaborated masks.

When he was 12 maybe 13 and high school was his social environment, he engaged in homosexual intercourses with young school supervisors for months.

He found himself addicted to this type of relationships as they were reminders of his childhood and of what his father did to him in front of his sister. Like only such a mode of sexual intercourse could provide him with satisfaction and fulfill his need of affects.

His grades were low at school. Only existed a lack of investment, desire, and positioning. He stagnated in primary processes over the intellectual functioning and the absence of speculation and fundamental psychic motion.

His disorders kept growing as he stood on the edge of the abyss that surrounded the normalizing social environment of the boarding school. Having insomnia he kept wandering down the school corridors at night and tried to curb his fears and his solitude by breaking into other bedrooms.

One day, when he was permitted to go outside the school, he tried smoking weed. Then his acquaintances introduced him to binge drinking, shortly after that he started to use hard drugs by injection at the age of 15 following a challenge initiated by youngsters in his company: "'Dare you in the vein!". A long story with drugs began that Rafael had a hard time finishing.

His education records show poor results in all subjects with bad grades that caused him to repeat 2 years even if he alleged that his preference went to human sciences. He claimed he had wanted to be a military like he had unconsciously tried to find a structure and an environment to fit him and a regular job and leave his relatives way behind.

When he talks about his education, he keeps commenting on his sister. She's the one involved in the series of abuse. She's 15 and a half when she went to jail in the juvenile wing of the Women Detention Center after the end of the long police investigation. Throughout the

seemingly endless investigation, Rafael was willing to make contact again with his father who was incarcerated. His request was never granted because his father categorically refused to meet him.

He did the same request to meet his sister in the juvenile wing. Such a contradictory request was first unapproved of by the investigating judge but upon Rafael's insistence and a reportedly severe disappointment, permission to meet his sister in the visiting room was finally granted. Still, she refused to see him at the very last minute. The social worker in charge of her case and of the exterior contacts, reported the situation to his colleague in charge of Rafael and gave her a few explanations about it. Another major disappointment for Rafael according to the medical crew.

What mental process was at work that caused his father and his sister to turn Rafael down? Precautionary avoidance, over-cautiousness for fear of more indictments to come, or feeling of guilt and intentional distancing?

When Rafael talks about his father and sister, we observe that he gets seriously frustrated and when a new medical team member questions him about it, a hateful reaction is released: "they won't see me, they won't take the blame for hurting me".

Questioned about his mother, he uses from then on stereotypes without any connection to reality. He re-creates a mother of his own. He won't talk about her agreement or disagreement when it comes to the violence his father committed to her body. She is "ill", he says, and she won't take what the doctors give her or hear what they say.

As for Rafael's father, a building worker, he says his work is too hard, too physical, and he can't put up with winter's cold anymore. Those conditions become a good excuse to indulge in drinking massive quantities of alcohol and smoking tobacco which in turn cause him to abuse his wife in words and in acts. For his crazy intakes, he blames the sorrows he felt when his own father passed away and the lack of a mother, whom he never knew. Circumstances that led to Rafael's grand-father's death are delicate as he died in a work accident after a fall from a scaffold.

The maternal grand-mother appears to have been the only caring person in Rafael's childhood. The day Rafael celebrated his 10th birthday he learned that she had just been victim of a traffic accident to which she eventually succumbed.

The appearance of a double trauma, his grand-mother's death and the beginning of his father's abuse made the child even more fragile than he already was as he felt a great deal of attachment to that woman.

Two weeks before she died, his grand-mother had sent him a lovely greeting card promising to take him to her place and by doing so to rescue him somehow. Tragic events that will haunt him forever…

From then on, obsessive-compulsive disorders started developing like repeated hand washing which he justifies by: "grand-mother must have been dirty when she had her accident". He isolated himself from his schoolmates. It was the representation of his reliving an early traumatic abandonment experience, the feeling of absence, the sex abuse of his childhood.

Then obsession for arranging appeared, with his things, and in the poems he writes as a hobby: he reverses words to coin new ones that do not exist.

Much later, during interviews, he said he used to sort out the toiletry in the bathroom, his pants and those of his father's putting them side by side and then he would come back later to check if anyone from the family had displaced them. He believed his grand-mother must come back in the next months after she died and he was sure to accelerate her return if he counted all the cats crossing the streets in front of him.

He was a lonely boy and played on his own most of the time. Collective games were no longer his thing like they used to be when he was around 6. Now he longed no more for contacts with the others and would not even smile when coming across someone he knew in the schoolyard or by his place.

Rafael cries at certain times: everyday at the precise hour he got the news that his grand-mother had died and also when he hears petty remarks and observations from members of his family. He sometimes has the beginning of an insight about the pathological phenomena at work in his mind but it all vanishes as soon as he finds himself in a mob, showing a happy and pleasant face and becoming exhilarated in his words and actions whenever he assumes the symbolic status of leader.

As regards his mother, he says "sometimes she laughs for nothing, and at other times she will not set a foot out of the house for a month". Those symptoms the patient evokes thus, in an irritated manner, remind us of the question of bipolarity and family background as well as the patient's own bipolar disorders terrain.

His erroneous belief that he had started to tag along with his gang for the only purpose to be able to attend to his mother remains a powerful conviction. But the truth is that the money he gathered from his regular criminal activities with his gang or in solo, was used only in a partial way to help bring relief to his mother or his family. Drugs consumption soon takes the most of the said money as his toxic intakes become so massive, starting out with cannabis, then quickly enough does he find himself using heroin intravenously at a huge dosage of 5 gr. per day.

Reality gets greatly altered for Rafael during his incarceration and in moments of psychotic decompensation: he claims his father had become a cold, distant and hostile man only because his wife would give him daughters and refused to make sons for him. If we analyze the facts at face value, he says, and seems to believe, that his mother is the one to blame for everything. It is in this context of fear of fragmentation and depersonalization that a first psychotic decompensation occurred. Ambivalence prevails in this organization mode of his as a teenager and he says he misses his family environment, his father and his mother and sisters.

All this leads him to conceal his history in front of the army recruiters. Summoned for the military service, he declared in a contradictory manner that he was allergic to authority whereas he was actually spending his time looking for it.

He had been conscripted into the army for two months when he displayed a burgeoning delusional condition (the second one in his history) which lingered to the point he finally necessitated a three-week hospitalization. During this episode he displayed delusions that made him state things like "there are men who come over me", "I have no father and mother", "I'm the only child in my family", "I can see naked men, why are men afraid of women? ". He is adequately attended to and sent back into his unit after a dramatic recovery. He concluded his tour of duty without another noticeable psychotic episode.

After the end of his military service, he found himself back in the world and on his own, without any rigid framework to hold on to. He was idle with no professional and affective life in sight whatsoever. He tried to work but could only find odd jobs in the building and business industries and agricultural works, all of them being unfruitful attempts. He also tried to find something to do with what skills the army had taught him.

He returned to his former cronies and the first major criminal acts began such as thefts, attacks, and using drugs massively.

He added a novel occupation while he was progressing in a world of various transgressions and outlaws (transgressing people even) on his way to completion of his pejorative development: prostitution which comes with the other pathological behaviors needed to make up for the toxic-related expenses.

He owes his success (with men and women alike) to his Ephebe-like features (he thinks of himself as an "extremely handsome man") and to his total lack of morality. He enjoys seducing men and women and already had intercourses with either genders.

Thus, he mentioned that the only thing he cared about at the time was to invite in his place a growing number of "clients" whom he led on the path of victimization." Then he soon turned his clients into "victims" of rape. From that moment on this mode of action became his only purpose. He was obsessively worried about the precise number of his victims of rape (he tries to recalculate their number everyday) and what distinctive marks he must definitely leave over his victims 'body (no marks left would mean for him an exhausting series of rituals).

In order for him to commit rapes and other violent acts, he would use masks of celebrities. They served three purposes: first of all, anonymity, then make himself feel pathetically like he was a famous character (sometimes such a feeling was delusional), and at last, conceal from his own self. This is his way to develop elements of fake-self within the very structure of his own personality.

Why a mask? To hide his face of course but also to assume that of famous and powerful people (who are actually so only in his own mind).

Before each offense he carefully manufactures a new mask with such features as eyebrows, wrinkles, even bleeding open scars. These elements cannot but confirm his having a perverse and psychopathic personality.

The first rapes took place with his gang, while intoxicated by alcohol, at the break of dawn, in the city outskirts, on mature women as they were going home after their work at the factory.

Rafael chose massive and repeated use of drugs and alcohol as a recurring pattern like he wanted to put aside reality and be blind to the things they guys were doing somehow.

All gang members were willfully violent teens, whose ages ranged from 16 to 20, many of whom were HIV positive. They were continuously intoxicated by all kinds of toxic and shared needles.

This perverted gang is the closest thing to a loving and caring family for Rafael. These rape sessions occurred several times over the next three years without any legal consequences. After that, Rafael went solo and became even more cruel and violent. He threatens and assaults his victims with knives and more importantly he uses masks.

Such a scenario will be played around ten times over three years with an ever-growing violent pattern. The said scenario too become more elaborate as Rafael takes the place of a mighty and hyper-phallic father while raping his victims. We could argue in a hypothetic way that this is somehow an insane or quasi-insane search to identifying himself to an omnipotent paternal figure projected on a mask which would then become the solid image of an idealized father. He wishes he could incarnate this type of father but wants him weak in reality.

Wearing a mask would be a fight inflicted to the very victim of Rafael's own imaginary father. This could possibly be in connection with the important notion of Kohut's Grandiose Self which we will discuss further on.

Despite being handsome, for he attracts women and men alike, he is not interested in consented intercourses as he can't find there the outlet for his need of domination. Consented sexual experiences seem to him too egalitarian, bland and uninteresting a business.

The intrapsychic short-circuit which occurs over the various offenses, belongs to the psychopathic-type acting as described by C. Balier.

During the action, the more scared the victim (or the more fear is displayed on the victim's face) the more violent Rafael in his impulse to keep him or her quiet.

One of his last victims succeeded in making the scenario fail by keeping her composure and by continuously talking to him. Communication allowed the victim to expose Rafael, figuratively and literally speaking. She was able to provide the police with a sufficient amount of details to cause Rafael's arrest with the help of a photofit picture as previous victims had allowed justice to open a case against him.

As soon as he was imprisoned, Rafael unconsciously replayed the same old intra-psychic scenario (fake and "tacked" onto reality) he had conceived about his mother's illness. He claimed that he was certain his mother would never comply with the doctors. Although those phenomena were never ascertained with objectivity, the symptoms Rafael described appear consistent with bipolarity disorders. Chances of improvement are weak without an adequate treatment and thorough medical care.

Once again, he made it clear that the reason for him to assume a criminal life in the first place was the need of money to look after his mother.

Standing in a hysterical-paranoid position he is firmly convinced by his own statements. He dismiss his drugs-related addiction and pathological drives. This is only flimsy justification on his part. In reality, the crimes he was involved in can't be accounted for only through pathological drives and their complex underlying problematic.

What matters most is to compare the origins of his impulses to revenge-induced phenomena and emotions (the pathological acting) connected to Rafael's infancy in terms of psychopathological pattern.

We strongly support the psychopathological-impulses hypothesis rather than the revenge-induced pattern thesis. Mostly, it is about the persisting pathological phenomenon of identification to the abusing father. Following the same pattern of confabulation and "imposed" fake reality, Rafael claims the foreign origins of his parents and connects the difficulties of the parental couple with immigration. He says he had tried to talk his mother (who was never involved in the criminal case) into being attended to by doctors who know about her disease.

After he was arrested, Rafael was sent to prison next to his family place. Despite being so close, no family members ever requested permission to see him. Yet such visits might have been a support for the patient. At that time Rafael must share his cell with another inmate. Soon problems started to arise: interpersonal conflicts and physical fights making everyday life an issue and finally an impossible predicament.

Relationships with the correctional officers were tense. They must regularly intervene to separate both inmates in an authoritarian manner and in emergency. Causes to fight seem to be infinite commencing with food and ending with religion or political divergence.

Infancy memories keep coming back and start intruding on his daily routine which he finds difficult to maintain from then on. Those memories even make it hard for him to keep working in the prison workshop (the penitentiary administration insisted that he should be selected to have a job, an activity many inmates long for very much, and yet one that Rafael firmly rejected in the first place in a kind of masochistic self-punishment). Nor can he take part any longer in such activities as going to the prison library or doing sports which he used to find so satisfying in spite of deprivation of liberty.

Over the same period, Rafael was having terrible nightmares: he screamed about the dirt and his father while he was dreaming. He claimed he could see huge cockroaches in the night. We treated him against sleep disorders. We noticed no improvement despite a significant dosage. He said he could sight penises in his food, his coffee mug and his cell itself and also portraits of his older sister and father.

He said to his cellmate and to a few correctional officers that those visions would fade away if he knocked his own head against the toilet bowl a good 500 times each night before sleep. He would hardly go all the way with this ritual as his cellmate kept disrupting by banging on the door for help. The "white flag" concept will be developed symbolically.

He wrote a letter - surprising, in his wording, we should say, yet extremely precise - in which he asked for intensive care. He also expressed his eagerness to engage in "a work", that is, engage in a psychotherapy and drug therapy as well. He claimed to be willing to tackle "the questions and issues that sent him to jail": Doctor, I recognize the obsessive disorders I'm plagued with and beg you to offer me some of your time for a psychotherapy".

The expression is "psychotherapy and drug therapy", such were his terms exactly and surprisingly and complementary clear and precise.

At this moment of Rafael's evolution as an inmate, the clinical analysis of his temper led us toward the interface of emotional and affective constitution of his own. Should we consider the four types of affective temperaments, hyperthymic, depressive, cyclothymic, and irritable, we could unmistakably tell that Rafael's temper belong in the third type.

Four to five months after he was sentenced to jail, he would say things like: "my dad stopped loving me when he became aware that he couldn't be the father to a son until he had a son", which in other words might describe the tedious feeling of his own symbolic castration and frustration.

If we remember that his family is composed of two girls and Rafael then we can consider a delusional interpretation analysis. "Incarceration shock" appears in the first months of imprisonment: the episode could very well have happened within this period of time. Then a crisis erupted in our inmate's evolution as such, namely a spectacular clastic fit inside the infirmary that impressed, in an objective manner, the medical and penitentiary personnel alike.

A few days and disorganized speeches later, and less than six months into incarceration, he displayed space and time orientation disorders associated with productive phenomena like voices in his ears advising him, then commanding him, to "destroy his cell" or to "murder a guard"…

The lack of information about the follow-up of his criminal case and no news from what's left of his relatives (we may ask ourselves who it could be for nothing was ever reported about his younger sister) generated a state of emptiness, and Rafael himself built a state of isolation from the world outside of prison and another state of mind he named "emptiness of soul" inside which nothing could touch him. "Emptiness" is coming round; he says his "mind is empty"; he feels alone "in his soul"; he can't feel emotions anymore and he doesn't care for anything any longer. Before the emergence of these phenomena of severe psychosis, the detention supervisor made it easy for him to get a status of "working inmate" which means that he could work in one of the prison workshops and make some money accordingly. Rafael turned down this offer which could have been an opportunity for him to commit to the carceral life.

He looks frequently absent-minded and "absent-bodied" both in the literal meaning of the words and he won't go to the exercise yard.

Daily duties, the fun ones or the ones only "justified by the necessities of life" (like he says) become burdensome and difficult to live with. He lives through those chores like so many trauma and repeated sufferings. He took action against himself by committing scarifications on his own body which he would like very much to attack as it was once humiliated and abused by two relatives, in jail too now.

He finished his sentence in the disciplinary wing and then went back to his regular cell where he could resume the cares we had been providing him with. He must go to the infirmary on a regular basis to receive a treatment for his self-inflicted scars on his arms and legs

and thighs and his chest. Whenever he had a chance, he would try to draw the nurses' attention away so he can grab scalpels and drugs and then quietly get down to work on his own destruction.

Care must take place every day for not only does he keep perpetuating scarifications on his body but he added on top a productive activity ("I have to die and if I "cut" myself all my blood will be lost").

Rafael developed feelings of "deja-vu" and "already-known" coming with a feeling of repeated oddity, all mostly experienced the moment he finds himself among any prison personnel and even among other inmates.

He heard again the voices he used to hear during the last psychotic episode. More voices popped up who urged him to "cut his own throat". As soon as his old scars are getting better another one is immediately cut out of another body part over any minor frustration that turns up from the carceral routine.

After 7 pm, the evening "chow", the prison seems to stand still. There is no verbal contact with the night watch and cells' doors are locked until the next morning at 7 am. Should any medical issue arise an on-call physician intervenes who is the only medical member available in the detention center at night.

Hence the frequent difficulty to prescribe medication to patients whose addictive traits of personality are associated with sizeable manipulation capacities (one of Rafael's significant part of his personality).

We observed a major decompensation of his psychiatric and, particularly, thymic condition whenever traumatic events from his childhood came back to him in memories. Then he can no longer do anything correctly whether it be sport, educational activity or any other including work, that latter being so much longed for by all inmates.

Scarifications of his armpits were treated and gotten over with. He's rather a quiet and compliant patient despite the pain he must endure while substances are being applied or injected. He never cries out and he never tried to attack a nurse. It is a completely different matter when it comes to the correctional officers, yet not so frequently.

Everything seems to be all right until the moment the psychopathological phenomena emerge again in a violent way through aggressive gestures and extremely explicit language and psychomotor agitation, which cause a tremendous stress to the witnesses of these episodes. Those are pretty much frequent and appear to be tied to the impending end of the week when the medical team leaves the detention center: he finds himself detached from reality, talks about the mafia and his "pain in his brain"; he gets restless with the prison personnel; he ceases being okay with the medical care because "he is fine".

One day as he had been taken to the infirmary against his will, and while he was in the waiting room, he found a way to hurt himself by scarring his thighs. The scarifications were deep and pretty soon the floor was covered with blood. The waiting room became a frightening sight even to the medical team and the patient was having hallucinations on top of that (he was fighting against an imaginary aggressor but his blows were real). He just couldn't seem to be able to understand the words spoken by those people who were inviting him to report immediately to the emergency room.

After assessment of his psychiatric condition, adequate IV treatment was prescribed, with the patient's agreement. Ambivalence prevailed all along the treatment and we needed the help of a nurse he's known since the beginning of his incarceration, otherwise he won't take an injection unless performed by her alone. A mild sedation developed and he was placed in another waiting room, for obvious reasons, where his physical condition was to be reassessed thirty to forty-five minutes later.

Another fifteen minutes elapsed when a nurse came round to take a look at him and found him bare-chested lying on the floor, a puddle of blood near his neck!!! He had concealed a second razor blade in his pocket somehow! Unfortunately, it had gone undetected in spite of the body search he went through when he arrived at the infirmary as he had put it in his mouth. For the other prisoners who had been in the infirmary, those situations are rather unusual but quite shocking. In the majority of cases the therapeutic alliance prevails, sometimes at the cost of daily or multidisciplinary interviews: the medical team is overwhelmed with other situations, schedules are tight and have to be shared between medical and institutional activities, the latter ones being also essential in order to create bonds with the penitentiary administration representatives (moreover the infirmary waiting room isn't always available).

The anxiolytic and sedative treatment has had to be maintained for the patient's thymic disorders and agitation associated with self-mutilating behavior kept going. He displays mood fluctuations of an extremely quick nature which give him a hard time with correctional officers and other detainees alike.

The lytic-oriented medication that we used to curb his agitation did help him calm down but only in the initial stage. That's why the prescribing a thymoregulator seemed to us a good call. Rafael is also interviewed two to three times a week as part of his psychotherapeutic monitoring.

In terms of justice, he remains untried and his case seems to go nowhere fast to him as he impatiently awaits its "resolution" like he says at times.

New libidinal investments have been developing in Rafael as we found out during a most bizarre episode: after a session of several scarifications, he called the correctional officers and started to lick blood out of his own wounds right in front of them. Anal-related cannibalistic and sadistic elements provide evidence of a worsening clinical condition.

Rafael's history of subjective and objectivizing pain started out about thirty days ago after he woke up from a nightmare one late afternoon: he suddenly nearly stopped communicating with other inmates. The same bad dream reoccurs repetitively and Rafael says he wakes up frightened: in his dream, his father is there with the face of a child who threatens him and beats him.

Later we learned that in this dream he saw himself dead, murdered by one of his sisters (actually the sister involved in the criminal offenses which left an indelible mark on his history): in fact she inserts in his mouth pieces of plastic-wrapped carrots and a satchel bearing the sign of the baker from whom he used to buy candies over his early years of school. Candies for recess and to make up for the painful hours he spent in the cellar. He bought them with the money his father gave him discreetly so his sister wouldn't notice, after each journey in "hell"? ...Since after he first had this dream, Rafael's been getting lonelier up to the point he totally stopped getting out of his cell and eating "chow" that "cuts" his appetite and reminds him of his nightmare (which has become a real obsession).

A few days later, he was reported by the correctional officers who were handling the meals. That same day he was summoned by the detention supervisor. Rafael denied any attempts to hurt himself or anybody.

Back in his cell, a few hours later, correctional officers reported that he was now stark naked and under his bed, refusing to sleep in it from now on. He kept doing so for two days. In the meantime his speech became hardly comprehensible, then confusion and disorientation started to develop and Rafael tried again to hurt himself and even kill himself.

Inside his cell, abnormal behaviors kept intensifying in quite a pathological manner.

He won't dress to go to the exercise yard any longer, something though he used to do before. Thus he prevents himself from contributing to the penitentiary's expression of a social life.

Received at the infirmary, Rafael gave mildly confused explanations as to his conduct which kept us from making the radical decision to have him hospitalized in a mental institution, under special status of inmate, for he approved of the medical cares in the beginning.

The essential step to take is to deal medication on a daily basis in order to avoid any tendency from our patient-inmate to stockpile drugs which is something he occasionally does.

He talks about the question of masks during the interviews and here we need to take just a moment to ponder over a trivial matter of definition: the definition of separation.

Indeed what we understand by "separation" isn't one: it could be an experience, a phenomenon or a process. We need to find out about the elements that make the subject follow one way or another.

In Rafael's past, it is the separation from an invested representation or the trace left by a perception. It matters a great deal for the said representation isn't just object of an objectal libidinal investment but it is also, when disconnected from its position inside the psychic apparatus, object of a narcissistic investment.

Is the blood-licking event a cleavage-induced psychic sequence as part of a fundamental clinical manifestation or the beginning of an even more severe pathology?

Thus the repeat of both motion and act is the logical continuation of both annihilation and relief that our patient has been looking for via the brutality and the violent discharge of psychic energy [3-14].

Conclusion

Unlike the taboo evoked in the myth of "Cain and Abel", everything is possible for Rafael, he has no moral or legal limits. Freedom deprivation will not prevent his impulses from raging.

Care has been a positive experience for him and an extremely teaching one in our case.

Each adult's inner child must put up with good and evil.

Life will be a gift in itself.

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Volume 15 Issue 5 May 2023