

Evil's body and body's Evil: Data analysis

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Abstract: A classic idea of violence is that it is attached to Evil, a malevolent act that we must eradicate to help a violent patient to be a reinserted into society. Lately, it has been reworked, violence is more and more seen as a defensive mechanism that expresses itself the most spectacularly in acting out. But that, as far as it goes, is an explanation of violence and its destructive aspect. Yet it is still seen as a negative act in all dimensions, when it could be considered as the psychological violence that is being shored on the body, as a sign of great mental resilience against psychosis and a violent context. So destroying that strength is the same as wrecking patient's defensive shell and vitality. The main objective is an analysis of the Evil's predominance in violent behaviors, considering the psychomotor, neuropsychological and psychological dimensions of the violence. Conclusion: These considerations aim to detach Evil from violence, but don't destroy the strength of it. What we call 'violence' would be a spring of strength that is being used to deconstruct, mentally and physically, instead of building.

Key words: Violence • Corporal axis • Criminology • Psychomotor Therapy • Constructive Violence • Physical living • Psychiatry • Schizophrenia • Social Psychology • Evil and body • Integrative approach.

1. INTRODUCTION

Prisons try to correct inmates' violent behavior but the system's violence defeats the purpose [1], [2], [3], [4]. This review covers studies regarding the representation of violence from different points of view; psychomotricity using violence in a therapeutic process, psychology deconstructing the connotation of Evil attached to violence and its consequences on therapy, justice experiments to reduce criminality and an analysis of jails' system as failing the healing process.

Studies in Denmark first announce an arrest rate for homicide of 97.7%, which arrested subjects were used for the research. It found a significant correlation between rates of arrest for violence and history of schizophrenia [5].

A study using dialectical behavioral therapy (DBT) also showed results in targeting the experience of violence and anger in order to reduce them [6]. However, psychomotrician treatments aim to sublimate this experience towards a constructive reaction after understanding its source, since cathartic methods show no therapeutic results because the patient is not aware of the spring of violence [7].

This article started with a thorough investigation using Google Scholar, Science Direct, EBSCO, and Springer Link. In addition, 2 books were used, one treating clinical criminology and the second one about forensic psychiatry [8], [9].

We gathered 75 articles, 46 were kept for this study. For our integrative point of view, we considered articles oriented in Psychomotricity and others in social psychology with criminology. Articles treated topics revolving around the commonness of the greatest violence in order to protect the sanity, then how some psychomotor and psychological mediations untie the Evil from the violence.

The place of Evil in therapy and how its shared conception hurts the therapy, especially when linked with prisons, enhanced by the pathological effect of prisons' violence on inmates. Also the link in self violence between body and mind, like tattoos and piercings; damaging the corporal envelop.

Out of the 46 articles, 38 of them used an experimental method and 8 are meta-analysis articles (83% using experimental setting and 17% using a data analysis method).

3. RESULTS AND DISCUSSION

3.1. Psychomotricity treating violence with violence: Martial arts in Psychomotricity offer the possibility of working on unconscious aggressiveness. It's a therapeutic process valuable for patients who present psychomotor inhibition, which makes school education difficult [10]. Violence, being

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2. MATERIALS AND METHODS

intrinsic to martial arts, creates the possibility to express this aggressiveness in a containing frame. This outward displacement forces a psychosomatic work of this pulsion, and the sublimed energy becomes available for the patient [11].

3.2. Violence between corporal axis and shoring of body experience: Expressing violence in a containing frame makes us see it as a positive process. Pluridisciplinary approach, especially between psychiatrist and psychomotrician, allows to set up the patient's psychic and physical boundaries. Therapeutic process lets the patient rebuild his body and identity [12]. Violence is experienced as a trauma, which always comes from a perception or a sensation [13], [14].

A study from 2000 about treatments combining Psychomotricity and psychiatry to treat mental wounds and body experience shows that the psychomotrician bases his therapeutic project on a containing contact. This aims to compensate a failing body envelop and hence soothing the splintering's anguish [12].

At a body level, at first it restores a feeling of coherence, internal unicity against institution's psychological threat. Against muscular hypertonia and the dangerousness of this movement, the psychomotrician finds its fulcrum on the respiratory flow, which is an internal, archaic and physiological movement useful to express aggressiveness in a containing environment [15].

In psychiatry, a clinical setup on sexual violence meets with the idea of body and its representation, but also with socio-ethnic differences. In France, women are the ones most confronted to this phenomenon during the XXth century [16]. In this framework, therapeutic groups allowed the emergence of non-verbal elements, which can be contained and transformed in the way of decorporation and acting-outs [17].

3.3. Healing through destruction: We have 15 studies that address this axis (Table 1).

Vandevoorde's work from 2012 considers violence from an integrative approach, combining the processes of cognitive activity, sensorimotor development, interpersonal skills, phantasmatic life, possible impairments of the state of consciousness and the development of the Self [18]. In the other hand, Hanson's studies in 2008 use a framework that prevent violence in the therapeutic process, considering it causes insecurity, anguish, among other impairments to the treatment [19].

Violence has been linked to the concept of Evil because of the security it provides. Studies have shown that putting the label of 'Evil' creates the possibility to name the senseless horror of crimes and to project it [20]. But its utility in therapy is questionable due to its religious connotation, which bias the diagnostic and the treatment, setting the violence as intrinsically wrong and to repel [21].

Recent studies about therapeutic transfer with criminals show that the criminal act is a symptom, a reproduction of a primal trauma lived as senseless, filled with identity and mortal anguishes [22].

The jail's system is ineffective in treating such cases of psychosis due to lack of resources [3], [45]. First of all, from a neuropsychological approach, violent acts were found not to have a significant correlation with verbal Intellectual Quotient (IQ) performances and executive functions. This longitudinal study found that subtypes of violent behaviors lead to different neurological mechanisms [23], [24]. Other studies confirm the independence between neurological functions such as IQ performance and physical aggression and hyperactivity, except for working memory and only with the first case [25].

Second, from a psychiatric approach, violence has been significantly correlated with psychotics, patients abusive to others or with a criminal involvement. [26] However, another study shows that marijuana dependent participants were more likely to be violent than schizophrenic patients [27]. An older, yet still valid, study shows that inmates in jails are not given enough psychiatric treatment [45]. Third, the psychomotor approach reveals that there is a significant correlation between psychomotor symptoms, especially epilepsy, and violent behavior. [28] Further studies tried to link epilepsy with neurological disorders but no systematic pattern was found. [46]

In a last instance, justice treats directly violence with a prevention approach, as seen in several studies trying to set a method to reduce criminality in different areas. The only significant results include an experience of jail time, or a demonstration of police's awareness of the main crimes in targeted zones, while a discussion or mere warning do not show any significant influence on the criminal rates in the areas. The results also showed no secondary effects of police intervention [29], [30].

Table 1: Healing through destruction

Author(s)	Sample	Results
1. Vandevoorde [18].	8 tech. for 8 axis	New, efficient and promising results but in need of scientific validation
2. Rey Hanson, & al [19].	2 dim. for 2 settings	Renew of patient's autonomy
3. McKeow & Stowell-Smith [20].	579 psychopathic inmates	Attributing psychotic etiquettes to inmates is a social psychological relief
4. Levine [21].	L. S of psychoanalytical writings	Evil as an archaic representation doesn't fit the therapeutic setting
5. Ravit [22].	L.S. 3 axis of psych. Settings	Treatment must consider criminal's subjectivity to effective treatment
6. Steadman., & al [45].	822 inmates	There is a lack of investment in psychiatric treatment in jails
7. Barker., & al [23].	698 violent men	Executive functions, verbal IQ performance unrelated to physical violence
8. Séguin., & al [25].	303 young adults	Violent behavior unrelated to neuropsychological functions except working memory with hyperactivity
9. Arseneault., & al [27].	961 young adults with marijuana, alcohol dependence or schizophrenia	Individuals with alcohol dependence are 1.9 (C.I: 1.0-3.5) times more likely to be violent, 3.8 (C.I: 2.2-6.8) for marijuana and 2.5 (C.I: 1.1-5.7) for schizophrenia.
10. Petrich [2].	122 inmates	4.6% of inmates' population is psychotic and totally untreated, left by their own in jail with other inmates
11. Carmen., & al [26].	188 psychiatric patients	43% of patients were abused and aggression was mostly directed towards oneself, except for adolescent males
12. Lewis., & al [28].	97 incarcerated delinquent boys	Positive correlation between psychomotor symptoms and violent

		behavior, especially epilepsy
13. Marsh., & al [46].	5 vignettes of epileptic patients	No systematic pattern was determined between vignettes except epilepsy.
14. Braga., & al [29].	24 criminal locations	Amount of crime reports significantly diminished without diffusion
15. Sherman., & al [30].	35 officers for 1200 reports	The only condition that significantly reduced domestic violence was a 250£ fine or 1 day in jail

8 tech: Techniques, 8 axis (State of consciousness and dissociation, phantasmatic life, cognitive, emotional and corporal, relational, process of action, perturbation of control mechanisms, body image and motricity). 2 dim: dimensions (physical, psychological), settings (family and individual). L.S: Longitudinal study. 3 axis (topic-psychodynamic, criminal act as a subjective construction, visual area). C.I: Confidence Interval 95%.

3.4. Violence, deconstructing ideology:

Violence is a representation that has been socially built and connoted negatively according to an established law system. This frame limits the representation due to its aggressiveness towards others, and sets prejudgments that bias the diagnosis of the criminal [31].

Understanding the violence from an opposite point of view gave us a new light to explain this phenomenon, where the violence is a defense mechanism against environment's violence that can lead mental illnesses, even have neurological consequences [32], [33], [34]. An adaptive approach even sees utilities in symptoms of violent, pathological personalities, such as special care for nutrition for others from anorexic patients [35], [36].

From the perpetrator's point of view, his violent crimes can even be considered righteous and, psychologically, can be seen as a defense mechanism against a situation lived as senseless, thus threatening the sanity [37].

Studies in jails have shown that the Evil seen in the criminal acts is applied to acting outs that cause fear in the general population, because it does not make sense to them. So the term of 'Evil' is applied to such individuals to whom that fear is projected so there won't be identification, this defense mechanism affects the way we judge criminal acts [38], [39].

The situation could even be seen upside down; as we described above, the crime could be seen as righteous from the criminal's point of view, and the victim is blamed because of the symptoms he/she displays due to the trauma he/she endured, mostly in cases of rape [40].

3.5. Justice's arms:

The role of the justice and its representatives, the police, is linked to violence. As well as violence is a representation, so is justice and its branches, as it is possible to reduce criminality by addressing the issues directly with police intervention or a demonstration of being in jail for a short amount of time [29], [30].

However, a simple explanation from the police without the form of a direct threat doesn't affect significantly the criminality rates, such as a simple discussion [30], [41]. This shows the effectiveness of the representation of jail and legal punishment, but in practice, jails do not reach the goal they were meant for. As we saw, environment can cause violence and pathology like in psychiatric hospitals and in jails for inmates with heavy sentences [42], [43], [1], [44].

3.6. Rotten bars:

Studies show that prisons have a system that causes more harm to sanity than correction; from our researches we can see four major causes: The first is about jails' structure, which is based on a fixation of time and space that are sealed on a loop repeating itself. This organization directly attacks the sense of reality (space and time) for inmates,

causing major damage on those sensitive to psychosis [1].

The second one addresses the overpopulation in jails related to the underemployment of officers, contributing to the violence of the background in prisons due to the overwork of the guardians, causing resonance in aggressiveness [2].

The third treats psychotics as stigmatized, socially segregated from the other inmates and left alone during their psychotic episodes, because discretion is recognized as a positive behavior. This causes fear in other inmates and guardians. Studies showed that treating their psychosis in the moment undifferentiating them from other prisoners would reduce the amount of acting outs [4].

The fourth cause regards the staff charged of the therapy being caught in a double role: they are at the same time responsible for the liberation, well being of the inmate but also they are representatives of the jail as an institution. Therapists are then restrained to obey the institution's obligations, that don't meet the requirement for an effective healing therapy, and thus hamper the permission of release [44], [43].

4. CONCLUSION

This article aimed to detach the Evil from the idea of violence, giving us a deeper understanding of its sources. These studies show that violence is mostly a reaction to environment instead of being inherent to the subject. Also that it can be elaborated in therapy in a positive way instead of just eradicated, which would deprive and deny the patient from a part of himself, of his identity.

The next step is to set a therapy that works by two forces; the deconstruction of the place of Evil in the representation of violence, so it can be perceived as a positive, necessary, construction force for the patients, and reinforce the process with a psychomotor therapy that will also turn the strength of violence into a motor of construction that pushes to self development rather than destruction and stagnation.

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