Keywords: Violence; Memory; Trauma; Semiotics; Posttraumatic stress disorder

Introduction

Violence and its impact on mental health

e diagnosis of posttraumatic stress disorder (PTSD) has been increasingly used, and the release of the DSM-5 makes it a major diagnostic category in contemporary psychiatry [1]. However, the actual clinical practice of PTSD treatment involves a number of psychopathological considerations not clearly delimited to the psychiatric eld [2]. Some lay conceptualizations, such as that of violence, were practically adapted from a non-expert eld of study to the clinic. Even the notion of trauma, previously worked by psychoanalysis, has been revived without a current appraisal [3]. Steven Pinker [4] has indicated that the statistics about violence as an interpersonal manifestation have fallen throughout history. e author revisited the proposal by seventeenth century thinker omas Hobbes [5] holding the state or government as somewhat responsible for maintaining the innate aggressiveness of its citizens. at means that the human organization around what we mean by countries with strong governments has tamed violence among men. In parallel, Pinker revisits the contemporary studies of sociologist Norbert Elias [6] arguing that cities are responsible for the civilizing process. It fell to modernity, led by the great metropolises of history, the transmission of knowledge, which historically shi ed from a uent populations – the clergy and nobility – to the ascending middle class, especially since the mid-nineteenth century.

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twentieth century, who proposed a distinction between the concept suggested by Arendt and the acts of violence that still exist – such as terrorist plots – despite the attempts of the civilizing process to combat them. Mattéi posed the concept of barbarism as the will to destroy, which entails the idea of ignorance on the part of the aggressor and a contempt for the human being assaulted [13].

Hence, this article will preferably use the term "barbarism" in the field of the traumatic pathologies. In other words, violence is understood, as Arendt suggested, as a result of competition for space. A sport can be violent. Art can be violent. A debate can be violent. Politics can be violent. But in these examples, despite a display of force, there is not necessarily a desire to destroy the other. The main characteristic of violence is perhaps its direction toward the exterior in a domineering project. Barbarism is the simple force of annihilation, of extinction – and this should be the field of trauma.

Although the issue of violence has been present in the field of mental illness, we understand that if violence is caused by patients with mental disorders, it is due to a psychological disorganization, therefore in the field of aggression, something close to a biological function. Psychiatric patients are seldom violent as a result of a struggle for space: they often behave as cornered animals, threatened by inner fears arising from the disease itself.

The original research for this paper, based on the framework of semantic analysis theory, aimed to study the narrative of subjects who have experienced violence. Our starting point cts

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e categorical classi cation emerging from the patients' narratives was drawn according to the Grounded eory (GT). Of the 20 individuals selected and interviewed, 16 had PTSD according to the CAPS scale. Four patients who had undergone situations of violence but not developed PTSD, were also interviewed, as a possible control parameter in relation to the group that developed PTSD.

Selected individuals were also assessed by the SCID I and II. e data triangulation, i.e., the comparison between the research data, our theory and specialists on the theme, part of the GT method, was accomplished through: new interviews with the patients and a literature review of classical texts addressing the psychological impact of violence [15-20]. e elements of violence we found represented interpersonal urban characteristics: robbery witness, rebellion, kidnapping, child abuse, domestic violence and suicide witness.

e interviews were transcribed by these researchers. Twelve interviews were selected for nal analysis: ten PTSD patients, and two without this disorder. Four were male and eight female, residing in the city of São Paulo, and the mean age was 35. Patients with con rmed PTSD were treated with medication and psychotherapy in PROVE's outpatient facility.

e Grounded eory (GT) was chosen as a method for coding the interviews in reason of its theoretical a nity with semiotics [21-23]. GT's ultimate aim is the formulation of hypotheses as a tool to verify qualitative data, providing the possibility of building a theory. Typically by this method, as used in this study, the collected data are encoded into groups, which are converted into categories, which are nally formulated into concepts, i.e., leading to the development of the theory itself.

Insofar as our research was based on accounts of experiences of violence under a psychopathological view, the encoded data were initially submitted to a psychopathologist, thereby ensuring the accuracy of the description of the phenomena, as well as their subsequent division into categories.

Still in the eld of Peircean semiotics, Umberto Eco's narrative theory was used as a tool for interpreting the collected interviews. Eco's theory [24-26] explored the binary relationships emphasized in the narratives. us the coding emerges from the various partnerships that underlie the narrator's speech.

Results

ree narrative categories most o en mentioned by patients emerged from the nal analyses of the interviews, namely: hate, fear and trauma, two of which – fear and trauma – can be part of the spectrum of the psychopathology, i.e., the typical clinical picture of PTSD. However, one of them – hate – does not o en appear in traumatic cases, and here it became the main concept of the patient's understanding of the violent act that leads to trauma.

Hate

e following utterances taken from the patients' narratives illustrate the feeling of hatred as the source of an aggressor's will against another human being.

" ey are armed and can kill you for nothing, you know? If you give a mean look, just because they do not like it, they will beat you, they will kill you."

"No, they don´t give you no chance of defense, get it? ey started shooting, and we were unarmed. And they just le with nothing."

It is di cult to conceive hate only as a feeling, or even a concept. Hate evokes a situation, a prior history with the intention of an act. And just when did we start to hate? Historian Peter Gay [27] noted that some formerly traditional religious elements could lead to hate. Commonly, defenders of one's own religion as the most "correct" one defended themselves as chosen by God, and many of their leaders urged the extermination of so-called unbelievers. It happened at the time of the Crusades, the Inquisition, and it is the motto of many radical groups of various contemporary "religions". us, according to Gay, religion is a huge deposit for hate.

Gay also posited that the hate toward foreigners has turned into something as powerful as the intransigence of some religions that causes violent acts. e same can be said about the history of minorities. e recent achievements of their rights lead to the recovery of a prior history of hatred and persecution.

Nothing in the eld of trauma may have been more impactful in terms of historical analysis as the event of the Holocaust [28], whose magnitude on the psyche is yet to be further studied. Research and publications on this event [29] established a new understanding to the concept of violence: one that goes beyond the idea of aggression and drives toward another human being – not recognized as such ; hatred to be transformed into an extermination project. Applying the point of
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organizer of psychopathology, understood fear as an innate emotion, but at the same time the basis for anxiety.

Re ecting a more contemporary thinking on the mechanisms of fear, biologist Robert Sapolsky [35], unlike many psychopathologists, understood this feeling as an inspiration for adaptive function. Fear is thus not necessarily a deleterious emotion. Anxiety, its result, could be a biological preparation for something potentially dangerous.

Trauma

A trauma can be considered as the most pertinent and genuine concept that emerges from the narratives of individuals who experienced life- threatening violence.

"While I am telling you this, I feel a little dizzy. In my mind I'm not absolutely sure that een years from now that memory will not make me bonkers again."

"It's as if it triggered impotence within you, an inability to share something inside that broke. It's like having some sort of electrical connection that was broken. I do not have the right to go to cool places, because now I belong to the Dark World."

"I still cannot see clearly. What I think is that my mind is no longer absorbing, it hasn´t absorved the situation. It's as if I have regressed. It is a helpless situation, I cannot do anything."

In studies initiated by Sigmund Freud, trauma played a key role. In his late work Civilization and its disconte[36], which incorporated various sociological issues, Freud revisited some elements that describe the atmosphere that surrounds individuals prone to traumas in modern life. e psychoanalyst called attention to three special situations that could lead to a trauma: social injustice, including adverse situations such as armed con icts and interpersonal violence; the frailty of the body, ie, the evanescence of human beings in the face of old age or disease and, nally, the forces of nature: earthquakes, oods, and other variables that indicate that the power of forces well above the human ones could generate virtually traumatic situations.

Freud's contemporary, French philosopher Henri-Louis Bergson [37], also wrote about the power of memory in our present lives. According to him, pure memory is that of recollections, bringing remembrances from the past to the present, which serve to our plans and current thoughts. For this author, memory is a kind of organizer of a lifeline that departs from chaotic experiences – the brain itself – ltered by a perception which, as a psychological function, chooses the most appropriate mental experiences for judgement and thus provides an a ective volume, i.e., qualitative. Memory makes that connection.

Similarly, in the eld of neuroscience, immunologist Gerald Edelman [38-41] also supported that a healthy memory is that which degenerates, ie, re-interprets the whole time. Like Bergson, Edelman believes that we bring past experiences to the present, which are again judged, interpreted and quali ed. is present research indicates that PTSD patient cannot exert this function. us, a traumatized patient cannot reinterpret his/her memories in order to place them in a projection for the future. According to the collected narratives of this research, trauma causes a kind of blockage to psychological functioning whose central axis is memory. A trauma is equivalent to an inability of the memory to function as a conducting thread of the actualized experiences of the past, which gives meaning to life. Memory becomes paralyzed by the experience of the event that threatens life with feelings of horror.

Discussion

e ten PTSD patients presented the violence they experienced as traumatic. eir trauma was elaborated as an experience of disruption and paralysis of the psyche, a forced cessation of the life history and the experience of time, besides predominant memory impairment.

e traumatic remembrance was evidenced as the main memory element, all the time actualized by conscience. e psychopathology described by respondents with PTSD was constant fear due to an action triggered by hate. e subjects who underwent violence and risk of life, but who did not develop PTSD, had a history of life continuity, without the psychopathology of those who developed the disease.

A proposal for psychosocial intervention

Some types of psychological treatments have been designed speci cally for treating patients with PTSD [42-47]. ese approaches include a special type of Cognitive Behavioral erapy (CBT), known as Trauma-Focused Cognitive Behavioral erapy (TFCBT), and a psychotherapy treatment called Eye Movement Desensitization and Reprocessing (EMDR).

In the eld of psychodynamics, PTSD has not yet formulated an approach to the traumatic life experiences with a project to recover its roots in psychoanalysis. ere is some criticism to the analytical treatment of PTSD, as though listening and returning to the trauma could ratify it. But doesn't this occur with exposure therapy, one of the most e ective in PTSD? EMDR also o en evokes the traumatic memory into its process.

e fact is that psychoanalysts have not yet made a proposal for PTSD treatment di erent from that of traditional analysis. Researchers working with psychoanalytically-based psychodynamic psychotherapy have long been doing interventions in the eld of grief and crisis [48-52], but regarding trauma itself, there has not been a speci c look. However, studies in neuropsychoanalysis [53-55] may bring a suggestion with a Freudian basis, precisely because of their permanent dialogue with neuroscience. Neuropsychoanalysis takes into account the studies in the eld of trauma formulated by Eric Kandel [56-58], who understands the Freudian unconscious as a sort of anticipation of choice, and that can shed some light on a psychotherapeutic intervention in PTSD.

e above-discussed concepts of hate, fear and trauma point to an intervention that can be formulated in a focal manner. is involves addressing the trauma as a project of continuity according to Peirce's theory. at is, if trauma is characterized by a cessation of existence, by the pressure of a paralyzing memory and the disembowelment of a being, pointing to a destructive event as responsible, Peirce's theory can provide a good basis for a philosophical and psychological intervention. In uenced by the theory of evolution, Peirce believed that, just like the cosmos, we are expanding. is justi es the use of communication, i.e., the speech as a way of checking our ideas, always in a provisory manner, in order to maintain or modify our concepts. Traumatized individuals have di culties in this eld precisely due to the in uence of a kind of memory that always recalls the frailty of an individual a er a devastating experience.

Much unlike the depressive, traumatized individuals do not see in themselves the blame for the ills of the world. Also unlike the delirious, and despite recognizing in the other their enemy, they have not broken with logic. eir speech convinces their listeners, makes social bonds. e event existed; it is neither part of a mind incapable of dialectical

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thinking, nor of interpretations that lead to delirium. A traumatized subject just cannot maintain his/her previous continuity project