



## **Precipice Edge: Winnicottiana Perspective before the Body, Aggressiveness and Suicide**

**Artemise Portela de Sousa<sup>1</sup>, Kaio Filipe Jorge Abadia<sup>1</sup>, Ellen Fernanda Klinger<sup>1</sup>  
and Daniela Ponciano Oliveira<sup>1\*</sup>**

<sup>1</sup>SEPsi, University of Gurupi, Gurupi, Tocantins, Brazil.

### **Authors' contributions**

*This work was carried out in collaboration among all authors. Authors APS and KFJA designed the study, performed data collection and analysis. The author EFK guided the research project, worked on data analysis and wrote the first draft of the manuscript. The author DPO wrote the manuscript, worked on its translation and formatting. All authors read and approved the final manuscript.*

### **Article Information**

DOI: 10.9734/AIR/2020/v21i330190

Editor(s):

(1) Ibiwani Alisa Hussain, Asia Pacific University of Technology and Innovation, Kuala Lumpur, Malaysia.

Reviewers:

(1) Marcelo Simões Mendes, Sao Francisco University, Brazil.

(2) Arthur Chuemere, University of Port Harcourt, Nigeria.

(3) Ibrahim EL-Zraigat, The University of Jordan, Jordan.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/55093>

**Received 11 January 2020**

**Accepted 16 March 2020**

**Published 04 April 2020**

**Original Research Article**

### **ABSTRACT**

Edge of cliff addresses an even little explored theme, but that every day has become common in society, self-aggression and suicide among young people. In this sense, the objective of this research was to analyze self-aggressiveness and suicide attempt, as well as to verify the main reasons and characteristics of aggressive and suicidal behavior in a young person with the developmental disorder; to examine susceptibility to aggressive behaviours in this; as well as to address the contributions of the psychologist professional in the performance with the individual with Cerebral Palsy and family. The subject of the research was a 22-year-old with Cerebral Palsy, attended the School of Psychology Service of Gurupi University. Twenty-one psychotherapeutic sessions of 50 minutes per week were performed during 10 interspersed months. The 6 meetings with the mother were also held for clarification and guidance on the procedures employed with the subject. The data were transcribed and analyzed qualitatively under the bias of psychoanalytic reading. Among the results, the reduction of aggressive behaviours that boosted suicide attempts could be verified, and the individual's neuromotor impairment was taken into question. It was observed that suicide attempts acted as a request for help for family members. It is also

\*Corresponding author: E-mail: [dponcianooliveira@gmail.com](mailto:dponcianooliveira@gmail.com);

emphasized the importance of the psychologist's work in developing a relationship of trust, reception, respect, understanding, and equality towards the patient, who in this case were fundamental parts of the therapeutic process.

*Keywords: Self-aggressiveness; cerebral palsy; psychotherapy.*

## 1. INTRODUCTION

Precipice edge addresses a theme still little explored, but that every day has become common in society, self-aggression and suicide among young people [1]. The theme can be symbolized as follows, the edge that refers to the eaves, the final part, limit and the term precipice that refers to a steep place, deep, abyss, disgrace. However, something that still has salvation, that is, that has a chance to be saved.

Today, young people have come across cruelty earlier and earlier. In recent years, children and young people have been very frequent to physically assault themselves, and most of these individuals go to the search for drugs, another sign of self-destruction [1].

For [2-4] aggressiveness in the course of the child's emotional development is an achievement acquired gradually in the partnership between the child and the environment, but this aggressiveness changes according to the degree of integration of the baby.

Still about the act of self-destruction [1], says there is always a distress call from someone desperate in the face of the tribulations of life, is someone who finds himself in despair in the face of pain. Thus, suicide attempt rises as a consequence of this suffering and whether or not the determination of the eminent death, bringing in its inability a clear deliberation on the cause of self-destructive.

In this sense, the family system is of great importance for the development of the child's identity, and later of the adolescent. The child needs a family foundation for his good development. It is important to verify the family environment in which the child is inserted since the family is fundamental in cognitive, emotional, psychological development [1,5,6].

About Cerebral Palsy, also known as chronic encephalopathy, is defined as a group of disorders of movement and posture consequent of lesions that are not progressive that occurred

in the immature brain; this is an injury that interferes with the maturation process of the central nervous system. It is a health condition that changes the structure and function of the musculoskeletal neuro system [7].

The professional who will work with cases of Cerebral Palsy should have great theoretical knowledge, especially in the field of child development. A high-value and expected attention of this is that you are aware of problems secondary to injury, not only problems that will be presented predictably, such as physical limitations, but also regarding the emotional psychological aspect of the child, which may suffer some misfits. A type of misfit that can be triggered as a result of Cerebral Palsy is aggressiveness, or aggressive behaviour, which occurs due to the difficulties that the child suffers and that is perceived by the child. Such aggression can be aimed at other people and even self-aggression or suicidal thinking [8].

Thus, the relevance of this research as a contribution to the scientific knowledge of the professional who acts directly with patients with disabilities and who present aggressive and/or self-aggressive behaviours, especially the psychologist. Moreover, it is believed that conducting studies such as this can help in improving a clinical, scientific and professional perception about this type of demand since there are few studies on the subject.

This research aims to analyze self aggressiveness and suicide attempt in a clinical case of young people with Cerebral Palsy attended at the School of Psychology Service of Gurupi University; to verify the main reasons and characteristics of aggressive and suicidal behaviour; to examine susceptibility to aggressive behaviours in an individual with the developmental disorder; to address the contributions of the psychologist professional in the performance with the individual with Cerebral Palsy and his family.

The manifestation of aggressive and/or self-aggressive impulses, attempted suicide in an individual with the developmental disorder, was

raised as a problem. The hypotheses were that children and young people with developmental disorders present susceptibility to aggressive behaviours; suicide attempts as a cry for help and a gesture of hope in seeking to get the attention of parents and family.

## 2. MATERIALS AND METHODS

The research is characterized as a case study, of qualitative, exploratory nature, having as main source the contents of psychotherapeutic sessions, together with the interviews with those responsible for the subject of the study. Regarding inclusion criteria, 22-year-old male, with a history of aggressive behaviours, with the diagnosis of cerebral palsy.

The study was developed at the School of Psychology Service of the University of Gurupi - UnirG. After the authorization of the person responsible, the young man was attended weekly for 10 months, in fifty-minute sessions, by one of the researchers. About the person responsible for the individual, since he is a person with disabilities and cannot answer for himself when there was a need for his presence, meetings (interviews) were offered in which guidance and clarification of doubts about the work performed with the subject was offered, opening a space for welcoming and listening to the family member.

Corroborating, about the contact of the professional with the family, it is considered important the voluntary participation of the responsible the subject and the desire to participate or not in the research, considering that the exchange of information provides the family emotional support [9].

It is noted that this study was conducted only after it was analyzed and approved by the Research Ethics Committee in the CAAE process no. 53298016.4.0000.5518. The identity of the research participants was kept confidential, using resources such as fictitious names and the omission of excerpts from more personal statements. Psychotherapeutic care with the subject and the interviews with family members were recorded in writing, as well as reading and rereading these to identify clinical situations that meet the objectives to which this research is proposed agreement with the theory Winnicottiana. Therefore, the vignettes of the care performed were used, making a relationship between clinical findings and the theoretical framework.

## 3. RESULTS AND DISCUSSION

In this section, as a resource to facilitate the visualization and understanding of the clinical case of this study, it was divided into five sections in which it can be accompanied by the evolution of care.

### 3.1 Presentation of the Case

Antonia (52 years old) David's mother (22 years) sought the School of Psychology Service in search of psychotherapeutic care for her son, bringing as the main complaint the exaggerated aggressiveness of the young man, accompanied by straight and self-aggressive thoughts, followed by suicide attempts.

David has Cerebral Palsy, and besides his mother, the same lives with an older sister, then adding a house with three people. Segundo the mother, the son spent behaving in this way in adolescence. Antonia said he perceived the change in behaviour of the same at home because he was very stressed with friends and her mother. For her, her son's stress level seemed normal because he is a young man with compromised motor capacity, but only then when she noticed an oddness in her behaviour, as well as damage committed against his own body accompanied by thought and suicidal attempts, which she decided to seek psychological help.

The data mentioned above were obtained through an initial interview (anamnesis) with the mother.

### 3.2 The First Meeting: Transfer and Counter Transfer

David arrives at the School of Psychology Service, for his first contact with the psychotherapist, and ends up surprising a lot already on arrival. Knowing that the young man had Cerebral Palsy, the professional was formed an image of someone with very compromised motricity and some other physical and cognitive disabilities secondary to the lesion. In the first meeting, it was perceived that the young man had no limitations that compromised his motor capacity entirely, on the contrary, the same demonstrated some skills in motor movement. However, a marked limitation in the speech was repaired, thus making his body language more acute, as illustrated by the vignette below.

Therapist: David, you are also cared for by other professionals, physiotherapists, dentists, speech therapists. Do you always go with your mother, or have you ever been with someone else, or alone in any of these places?

Davi: Gesticula that no, pointing with his head and finger toward the reception (the place where he found his mother).

From this perspective, it is understood that it is the language that creates the human being and, with him, his body and his motricity. Language allows us to have it, exchange it, and move it. From that moment on the body is and turns into language, and language is incarnated and is the body. Language crosses and empties the body of enjoyment, picking and articulating the body to the subject's desire [10].

During the session, Davi seemed to be well bothered by his way of communicating, because as he did not express himself verbally, this made it difficult to understand the psychotherapist at first. However, nothing that prevented the progress of the session, which occurred in a very different way from the other care, due to the dialogue developed by words exchanged, but by gestures and body language. Davi is a unique language.

About body language, Levin [10] considers that the body, movement, posture, gestures, tone, are adopted by the language that preexists them and that creates them, in which it is understood that the The human being develops by language and not the other way around: it is not about the body and movement or gestures, as entities in themselves, take the language.

In his performance, the professional in front of a patient with Cerebral Palsy must be with the perception completely focused on any body behaviour, because the same will be the main access to discuss a good dialogue in this contact between therapist and patient. Such consistency of information will be the fundamental tool that the professional will use to differ between complaint and demand. In David's case, his body language was the easiest way the psychotherapist can follow, because through it one can reach the essence of the main complaint, that is, his high aggressiveness.

### **3.3 The Body and the Subject with Disabilities: Aggressiveness, the Drive of Life and Death**

Through the data collected with Antonia and the other visits with David, it was observed that the main complaint was too aggressive of the subject followed by suicide attempts.

For Winnicott, the verification of the diagnosis of the situation and the needs of the patient is of paramount importance for all types of psychotherapeutic interventions [11].

Returning to the school clinic, with Davi more adapted to the environment, playful activities were used such as structured and unstructured games during the session, including the therapeutic family, employed by the psychotherapist to gather information about the Davi experience in his family context. Such a job is illustrated in the description of the following excerpt:

Davi separated family members, emphasized an individual from the family group who was always placed alone about others. When asked who that doll was that was displaced from the others, he pointed to himself, claiming to be that doll. Subsequently, Davi is asked why he was, and whether he wanted to talk about it; he then takes the doll representing his sister, puts next to him, and soon creates a scenario of intrigue generating a fight between the dolls. David also inserts his mother into the mess and then picks up the doll that represents him and pushes him away, isolating everyone. Throughout the scene, Davi does not place so much emphasis on his aggressiveness, however, when being questioned by the psychotherapist about being these familiar moments that somehow stimulated his aggressiveness, which was the main complaint that brought him there, Davi gestures which, affirming we will be family conflicts that incited their aggressive behaviour.

Therapist: Hi her (mother)?

Davi: He gestured that yes, shaking his head

Therapist: Did you hurt?

Davi: He gestured yes

Therapeuta: Do you always do that?

Davi: Gesture of uncertainty (more or less)

In this sense, when sadistic or destructive forces threaten to suppress the forces of love, the subject needs to practice something to protect himself, and one of the things the subject does is to put out his inner, to dramatize the inner world, represent himself the role of destroyer and generate his dominion by an external authority [3].

Still, Winnicott [3] states that love and hatred involve aggression. That every human being is aggressive. What happens is that individuals can deal with this aggressiveness in different ways. Aggressiveness has two meanings, on the one hand, it directly or indirectly establishes a reaction of frustration and, on the other hand, one of the energy sources of the human being. Sometimes this aggression can manifest clearly or consume, or need someone who faces it by preventing the damage it can cause. Aggression can be an indication of fear.

With each session, Davi surprised in different ways, it was not possible to predict some reactions and behaviours, because he always brought new things to the setting.

In search of more data on David, and deepening more in this aggressiveness, each session, with the use of different techniques within the regulated parameters (open interviews, playful games, the expanded clinic), a new way was sought to help him.

Although he brought different elements of his experiences, in the first two visits, he had not yet been in session to the main complaint, suicide attempts.

About the Winnicotiana clinic, Safra [11] observes the importance that psychotherapist has to expect to realize the gesture of assimilation of the world, time is important in conducting the psychotherapeutic process, creating the where human happening can occur.

Right in the third service, David points to the toy bookshelf asking for a car and a truck and a gun (pistol). When you receive the weapon Davi, you keep watching and pulling the trigger.

Therapist: David has reported that you know how to ride a motorcycle, car, and truck. Do you know how to use a gun?

Davi: "smiling" gestures that yes.

Therapist: Davi takes a look at the table, has a motorcycle, a car, a truck, and a gun. He notes that everyone can be an instrument to take someone's life. Have you ever thought about taking someone's life?

Davi takes the gun and the bike puts one next to the other and gestures that yes.

It is understood that not the aggressive-destructive impulse, a primitive relationship with the object in which love involves destruction is also contained [3], which corroborates the analysis of the scene described above.

When asked what it's like to kill, Davi takes the gun, points at himself and signals the shooting...

Therapeutae: Did it hurt?

Davi: He gestured with his head that he did.

Therapeutae: Die hurts?

Davi: You said with your head, yes.

Therapeutae: Have you ever felt dead?

Davi: He said yes, gesturing his head.

In one of the encounters with Antonia, she reported that Davi attempted suicide three times before starting psychotherapy. In a speech, she describes the methods used by Davi for attempts. It was visible in Antonia behaviour, the dread of talking again about the ways that almost took her son's life, however, the same exposes that, the first time he witnessed David with such behaviours, realized that there was something wrong with his body, as well as arms and wrists. It was visible in Antonia's behaviour, the dread of talking again about the ways that almost took her son's life, however, the same exposes that, the first time he witnessed David with such behaviours, realized that there was something wrong with his body, as well as arms and wrists.

Klein understands aggressiveness as a direct expression of death. The same author points out that the entire Kleinian theory of positions is a theory of elaboration of aggressiveness and hatred, allowing healthier ways of living with oneself and with others. Freud conceives this aggressiveness as a product of pulsion functioning [12].

In cases of aggressiveness and/or self-aggressiveness it is necessary that there is a

relationship of trust on the part of the patient towards the psychotherapist and, consequently, the therapist should meet the needs of this patient. The next topic addresses the patient and therapist relationship (mirroring) and psychotherapeutic space.

### **3.4 Psychotherapy and Disability: Expanding Spaces**

Com a very different relationship from the beginning of care, compatibility between David and psychotherapy/ psychotherapist was already clearly visible and gained even more proportion to each session.

In Winnicottian theory, the sight of the mother is sufficiently good, because the same function is to adapt to the needs of the patient, even if this adequacy is not configured as a classical analysis [13].

The search for results and new behaviours secondary to care functioned as a motivation for the meetings to take place. Whenever she spoke to Antonia, she was very happy with her son's psychological follow-up, according to her, David during the week missed the care, a situation that caught the attention of some people who knew about the young man's history, as well as friends and visitors that accompanied Antonia daily struggle, who was always in search of professionals who could contribute to her son's health. It is necessary to mirror and be mirrored to exist psychologically [14].

In the session, the young man always brought new data that evidenced a real therapeutic alliance, as well as family affairs and his life outside the setting. In his family context, David drew attention because he performed some functions that were not possible for a young man with Cerebral Palsy with the physical limitations presented by him, as well as some dissatisfaction with the physical environment of the care room since from a very young age is attended in an office with a similar disposition. Given this, it was proposed by the psychotherapist, to perform some activities with David outside the School of Psychology Service, so that greater socialization could be worked, with environments frequented by other young people of his age, being implanted then, the extended clinical clinic.

Amiralian [15] points out that the extent of psychotherapy and application of Winnicottian

concepts beyond the limits of the office, called "psychoanalysis without couch", offers ample possibilities for the use of the concepts of the maturation clinic in interventions with people with disabilities.

According to Telles and Hashimoto [13], Winnicottian is the conception of the environment provides a new look at the role of the therapist. In addition to interpretation, we now have one more resource, therapeutic management. This allows the therapist to review her form of action, and adapt it to contemporaneity according to the patient's need.

Before such a change of environment was carried out, he was talked with the direction of the research site and with Antonia, who was visibly happy with the idea, which reinforces the relationship of trust between family and psychotherapists. In this case, the psychotherapist was included by the mother and accepted by the patient as a representative of the external world [16].

The environments visited by the young man were the University of Gurupi - UnirG, as well as the library, blocks and rooms in general. David is the vision of David while visiting the environments already mentioned was of a young man completely excited and happy to be able to witness the place where most of the young people his age spent most of their time.

Observations and consequent interventions such as this motivated psychotherapy to further expand their space and go further, thus emerging, other visits similar to this first outside the office. Another meeting of great relevance in the enlarged clinic. It was at the time when the patient and therapist went out together, this time in an ice cream parlour, by the way, a well-visited place in the city. The timing was challenging because according to Antonia, David did not stay in public places for any type of meal, ice cream, snacks, etc. for her, the feeling of inferiority of her son was evident. In the ice cream parlour, David's observation was thorough and discreet because even obtaining results, it could never be forgotten his motor impairment, a factor that could inhibit the young man from taking the ice cream socially. The progress was spectacular, David served himself, behaved normally. On the young man's face, stamped smile and satisfaction. A moment that caused David to overshadow not only new motor behaviours but experienced unknown emotional socio-emotional pleasures, especially to prove of growing mental health.

The young man came to make it clear that he was not satisfied with the social limitation. Previously, he respected his motor impossibilities, however when he started the care, it was observed that the main complaint that the mother brought from her son was different from the demand, that is, to work the aggressiveness of the young person, it was necessary to understand and intervene in the demand itself and enter the social reality of it. Psychotherapy sought this in Davi, awakening the possibility of detaching more than socially limited it.

On equality, Winnicott [17] considers that all individuals are similar, there are characteristics in humans that can be found in all people of any age, there are comprehensive considerations of the development of the personality of the human being that applies to everyone, regardless of skin colour, social position, sex, belief.

In the analysis of the results achieved by Davi, it is observed that the same had come to care as someone who dreamed of being more independent, an aggressive young man, who protested for possibilities, breaking obstacles and barriers imposed on those who have Paralysis Brain. It is understood then that he needed someone who like him, believed, that many impossible could rather become possible. In this sense, the work of psychotherapy was extremely consistent with this demand, because from welcoming, empathy to the first interventions, Davi was not seen as an individual understudy, but as a young man who could have the strength to face, despite the injury.

Thus, by directing his therapeutic conduct anticipating David possibilities, in a kind of symbolic bet on the potentialities of Davi, the psychotherapist acts as a kind of mirror, a role similar to that played by the maternal figure in the stages early development of human development. If the psychotherapist can be a good mirror, safely reflecting the needs of patients, so that they can see their possibilities, it can help them to become what they are.

Finally, this understanding goes against Winnicott is thought [2] by mentioning that: "When I look, I am seen; soon, I exist. I can now allow myself to look and see. I protect myself from not seeing what's not about to be there."

### 3.5 Unfolding of the Case

Davi was discharged from psychotherapeutic care. With a look full of hope, Antonia currently says that her son's improvement is 95%, however, it is known that it will be a constant accompaniment and that he will always need family support, because it was through this that Davi had access to the Service School of Psychology, leaving a lesson in hope and insistence in the face of the limitations imposed by life. The work of psychology in this demand added knowledge focused on various areas of health because it was interventions that had results assisted by other professionals who accompanied the young man weekly, showing the importance of multidisciplinary work with this type of complaint.

Motor limitations become small obstacles in front of someone with a mind focused on the possibility.

## 4. CONCLUSION

Through the analysis of the results obtained in psychotherapeutic sessions, the decrease in the high aggressiveness that drove the young person suicide attempts could be verified. Having been taken into question the neuromotor impairment of the individual, although mild, however able to put distance from the young person with the reality of the others. This factor that, produced in David a discontent with life, proving to be very boring with family members, a high level of stress and, finally, suicide attempts. It was observed that these attempts acted as a mechanism capable of attracting the attention of family members, especially the mother who was also the main victim of the young man's straight aggressiveness.

Thus, it is important that the psychologist develop a relationship of trust, reception, respect, understanding, and equality towards the patient and parents and/or responsible, providing interviews, as well as their inclusion in the therapeutic process, which is fundamental for the psychotherapeutic process, since the family of the disabled, faces challenges, insecurities, and doubts, especially when one has an aggravating factor, in this case, aggressiveness and/or aggressivity.

The psychologist must act in a way that brings the acquisition or reacquisition of the individual's

self-esteem. In Davi case, the professional worked directly on this focus, the youth's self-esteem, making him see true potentialities that he had, a method that consequently produced results to the point of perceiving the moment when David leaves the edge of the cliff, that is, the occasion when it abandons the impossibility zone imposed by the environment and itself, then starting for a new perception of life. The importance of the professional psychologist in this team will not have a clinical focus, but rather the purpose of achieving the global emotional, social, psychomotor and psycho-pedagogical development, as well as attention, concentration, language, and affective aspects and the individual, especially to show with the patient a realistic view of himself, covering potentialities and pointing out limits.

The multidisciplinary work of health professionals is of great importance for the treatment with this type of demand, where specialized professionals work together for the better development of the disabled the subject so that this subject can acquire a better quality of life, independence, and well-being, reducing its limitations as much as possible.

There are some clinics in Brazil specialized in multidisciplinary work such as the Sarah Kubitschek hospital network, has the Lydia Coriat Center, an interdisciplinary clinic specialized in diagnosis and treatment of developmental problems that develops clinical care in several specialties: early stimulation, physiotherapy, speech therapy, psychoanalysis, psychology, psychomotricity, psychopedagogy, initial psychopedagogy and psychiatry.

Finally, it is believed that the use of Winnicott concepts for care for people with disabilities has contributed to this area of studies and health care since they bring a new way of understanding and treating disabilities.

## CONSENT

As per international standard or university standard was written consent has been collected and preserved by the author(s).

## ETHICAL APPROVAL

Rit is noted that this study was conducted only after it was analyzed and approved by the Research Ethics Committee in the CAAE process no. 53298016.4.0000.5518

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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