

Bullying on Adolescence: Psychological Assessment with Projective Methods (Paris School)*

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ABSTRACT – This work aims to assess the psychological impact of school bullying on adolescents. This study is about an exploratory clinical-qualitative research with multiple case studies of four teenagers, who had been victimized by bullying acts aged between 15 and 17 years old. This study applied the following instruments: Semi-structured interview; SCL-90-R scale; Rorschach Method and Thematic Apperception Test (Parisian School). The results show depression, anxiety, non-suicidal self-injury and suicidal attempts. On the SCL-90-R Scale, five out of nine psychopathological factors stood out in two cases. On Rorschach, the coercion and extroversion predominate as a Type of Intimate Resonance. Thematic Apperception Test results points lability and rigidity. The presence of bullying points to an own psychological dynamic in each case.

KEYWORDS: bullying, adolescence, psychological assessment, mental health

Bullying na Adolescência: Avaliação Psicológica com Métodos Projetivos (Escola de Paris)

RESUMO – Analisa-se o impacto psicológico do *bullying* escolar em adolescentes. Trata-se de pesquisa exploratória clínico-qualitativa com estudo de casos múltiplos de quatro adolescentes que sofreram *bullying*, com idade entre 15 e 17 anos. Utiliza-se como instrumentos: Entrevista Semiestruturada; Escala SCL-90-R; Método de Rorschach e Teste de Apercepção Temática (Escola de Paris). Resultados mostraram sinais de depressão, ansiedade, comportamentos autolesivos e tentativas de suicídio. Na Escala SCL-90-R sobressairam em dois casos, cinco dos nove fatores psicopatológicos. No Rorschach predomina Tipo de Ressonância Íntima coartado e extroversivo, com reatividade afetiva e capacidade de relacionamentos interpessoais afetadas em alguns casos. No Teste de Apercepção Temática destacam-se procedimentos que indicam labilidade e rigidez. A presença do *bullying* aponta para dinamismo psíquico próprio em cada caso.

PALAVRAS-CHAVE: bullying, adolescência, avaliação psicológica, saúde mental

The bullying behavior is a kind of violence that can take several ways: physical abuse, as kicks, punches and pushes; and verbal aggression, as derogatory nicknames, insults, prejudiced comments. Bullying behavior can also take indirect ways, as in the cases of social exclusion and isolation, or yet, it can occur on electronic channels, as cyberbullying (Olweus, 2012). In general, there are three manifestations types of bullying, the direct form, the indirect form and the psychological form (Silva & Borges, 2018).

Boys, who are the majority of bullying perpetrators, tend to do verbal attacks (Menegotto et al., 2013). Despite this, boys are more likely to be involved in direct bullying – which is characterized by physical aggression – as girls tend to be involved with indirect bullying, which is a more subtle kind of aggression, usually made by verbal attacks (Menegotto et al., 2013). In general, boys are more likely be physical and to act verbally with bullying victims, as

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girls are more likely to be involved with relational bullying victims (Barzilay et al., 2017).

The psychological consequences of bullying behavior appear on both perpetrators and victims, as well several risk factors to mental health correlates both cases. Being a bullying perpetrator is a risk factor to delinquency, antisocial tendencies, substance abuse and violence in adolescence and adulthood (Carvalho et al., 2014; Ttofi et al., 2011). Bullying perpetrators are also more likely to adopt risk behaviors, such as tobacco, alcohol and drug consumption (Bandeira & Hutz, 2010). Those who were bullying perpetrators on childhood may develop antisocial personality disorder later.

Bullying victims can develop symptoms as depression, anxiety and stress that often appears as social inhibited, passive or submissive behavior. Moreover, bullying victims are more likely to low self-esteem in adulthood (Menegotto et al., 2013). Peer victimization relates itself to low self-esteem, as it is also a risk factor to Post-traumatic stress disorder (Mynard et al., 2000; Idsoe et al., 2012).

All bullying forms can result in psychological consequences and intense suffering to victims, inducing fear and other devastating feelings that can lead the victims to social isolation and depression, or suicide in the most serious cases. Both bullying victims and bullying perpetrators tends to show more mental health issues and a four times higher tendency rate to suicide when compared to the non-bullying group (Cristovam et al., 2010).

Several bullying studies points to mental health issues, especially, depressive symptoms and suicidal ideation (Galván et al., 2020; Geel et al., 2021). Bruenstein, et al. (2018) made a longitudinal assessment research, with 2.993 teenagers, boys and girls, from ten European countries, and found a two-way prospective association between all types of victimization and depression. Le et al. (2019), also in longitudinal research, found two ways associations between bullying victimization and mental health issues. Girls reported a higher depressive symptoms level than boys.

Verbal victimization was associated to suicidal ideation in depressive adolescents that received low parental support and, also, was associated to suicidal attempt in anxious adolescents with low parental support (Barzilay

et al., 2017). In addition, low peer support increased the association between verbal victimization and suicidal ideation. Eze et al. (2019), in this same direction, found a positive relation between verbal bullying victimization and suicidal ideation that was higher in adolescents with low social support, in comparison with those who had moderate or high social support.

Bullying, in its three forms, physical, verbal and social, also show strong associations with non-suicidal self-harm and suicidal behavior, besides higher emotional and personality disorders probability are related to bullying as well. Yet, all forms of bullying increase the chance of physical health problems and low school performance (Brunstein et al., 2016; Kaess, 2018). Moreover, school students with mental health problems are more likely to be involved in risk behaviors such as substance use, sedentary lifestyle, inappropriate sexual behavior, and also in violence and bullying victimization (Escobar et al., 2020).

More recently, Chudalet al. (2021) reported the prevalence of traditional bullying, cyberbullying and its combination in thirteen European and Asiatic countries, in research which explored the association between psychiatric symptoms and victimization. Those teenagers that suffered mixed victimization (traditional and cyberbullying) reported major internalization symptoms. Cyberbullying increases the self-defense propensity against the perpetrator's attacks in comparison to direct bullying, in which anxiety and depression are often more present (Jungert et al., 2021). Individuals victimized in direct bullying conditions are more likely to identify themselves with the aggressor.

In general, mostly studies result of bullying psychological impacts indicates mental health problems prevalence in bullying experiences, mainly to the victim, and it suggests that school antibullying interventions should include mental health devices, as it should aim both traditional bullying and cyberbullying. This work aims to evaluate the bullying psychological impacts in teenagers that suffered school bullying, seeing the complex scenario in which bullying behavior appears, encompassing the teenage years as the most prospective moment to bullying occurs.

METHOD

This is a qualitative exploratory study (Stake, 2011) with multiple cases, four participants, that aim to collect detailed and systematic data about a complex phenomenon (Verztman, 2013), aiming the comprehension of the psychological impacts of bullying on teenagers.

Participants

The study included a sample of adolescents, 2 girls and 2 boys, aged between 15 and 17 years old whose bullying had stopped for at least a month. These four teenagers are

in care in a psychiatric university service. The research inclusion criteria are: age (15-17 years old), gender, the bullying type and its length of time. Studies on bullying have regularly brought up the issue of gender (Pigozzi & Machado, 2015; Popp et al., 2014): boys (from 8.6% to 45.2%) are more affected than girls (from 4.8% to 35.8%) (Pepler et al., 2008). Regarding to bullying length of time, they had been suffered from school bullying for three months at least.

Concerning to type of bullying; all types of bullying described in the literature were studied: direct bullying

(psychical and verbal attacks), indirect bullying (e.g., gossiping, rumors and social exclusion) and cyberbullying (bullying through technologies). A clinical protocol has been applied to adolescents who have suffered the above-mentioned types of bullying. The reported names on this study are fictional, in order to maintain the subjects' anonymity.

Research tools

Roques *et al.* (2019) based this tool choice of this study, and it aims to analyze teenagers bullying victims' psychic functioning. This research utilizes the following tools: Semi-structured interview, SCL-90-R Scale, Rorschach test and Thematic Apperception Test- TAT (Parisian School).

The *Symptom Checklist-90-Revised-SCL-90-R* (Derogatis, 1994; 2015), SCL-90-R, has been validated with Brazilian adolescents and adapted to Portuguese language. This questionnaire is rated and interpreted according to nine symptomatic dimensions (somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) and three global indices of distress (Global Severity Index, Positive Symptom Distress Index (intensity), and the Positive Symptom Total (number of symptoms)). Respondents are asked to mark one numbered circle reflecting the extension of what have bothered them over the last seven days, [(0) not at all, (1) a little bit, (2) moderately, (3) quite a bit, and (4) extremely]. The Rorschach test is a clinical psychological assessment method developed by H. Rorschach in 1921, in which one can project his/her inner world elements, such as conflicts, fantasies and defense mechanisms, through the responses given to each one of the 10 cards, while some cards are polychromatic, others are monochromatic. Rorschach cards are made by non-representational images. Rorschach test can be interpreted in widely varying ways, this research used the psychoanalytic approach of the Parisian School (Pasian, 2010; Pasian & Amparo, 2018). The analysis recommended

by the Parisian School relies on both quantitative elements, like those based on normative data (Azoulay *et al.*, 2012 ; Jardim-Maran *et al.*, 2015), and qualitative elements, such the reaction to the manifest and latent content of each card, for an example. Diagnosis is based on a comprehensive and psychodynamic approach to these factors.

The T.A.T. (Thematic Apperception Test) is a projective test used together with the Rorschach according to the recommendations of the Parisian School (Lele, 2018). It consists of a series of several figurative drawings, in black and white. Subjects are asked to create a story for each card. The test was developed by Murray in 1935. In the 1950s in France, Shentoub proposed a new method to analyze TAT cards based on the analysis of the narratives provided using a discourse analysis grid (Chabert, *et al.*, 2020; Brelet-Foulard & Chabert, 2008).

Data collection procedure

It took three meetings, for each participant, to collect the data. After the "*Free and Informed Consent Form*" agreement and signature by the teenagers, their parents or legal responsible, it was applied the semi-structured interview on the first meeting and, shortly after, the application of the SCL-90-R (Symptom Checklist-90- Revised-SCL-90-R). On the second and third meeting, it was applied, respectively, the Rorschach test and TAT. For later transcription, we recorded the meeting in audio.

Ethical considerations

All the teenagers' parents and/or legal responsible agreed with their children's participation on the research and signed the "*Free and Informed Consent Form*" (Termo de Consentimento Livre e Esclarecido- *TCLE*). The creation of fictional names to the participants aimed to maintain the anonymity. A University Ethics' Commission approved this research, protocol number CAAE 46302214.6.0000.5540.

RESULTS

Based on the main points highlighted by the instruments, the research results' discussion intends to analyze all the bullying victimized teenagers' cases that participated in this research as a whole. The semi-structured interview made possible to group the socio-demographic data and its' general information on Table 1.

All the participants are high school students and had been psychological bullying victims. These adolescents reported that the bullying experience direct contributed to serious psychological distress (such as anxiety, depression, suicidal attempts). All the participants present depression symptoms. Amélia and Thomas had suffered from self-harm behavior and suicidal attempts in the past. Livia had suffered from anxiety symptoms.

The majority of the participants have been drinking alcohol since early adolescence. Participants did not use illegal drug, not even their relatives had history of drug use or abuse. In addition, health professionals, psychologists and psychiatrists, were following up the participants cases, as a result of the complaints previously reported. Regarding the environment support, Amélia e Thomas indicated having a precarious environment support, Junior e Livia reported having a satisfactory environment support network. All the participants' parents were divorced; in all cases, the father figure was absent on children's raising, being this factor, a helplessness factor reported by the teenagers interviewed.

Table 1
Socio-demographic data and general information about adolescents

	Amélia	Junior	Thomas	Livia
Sex	Female	Male	Male	Female
Age	17 years old	15 years old	17 years old	17 years old
Bullying type	Psychological	Psychological	Psychological	Psychological
Familiar Organization	Divorced parents, absent father figure.	Divorced parents, absent father figure.	Divorced parents, absent father figure.	Divorced parents, absent father figure.
Support web	Poor	Satisfactory	Poor	Satisfactory
Symptoms	Depression, Suicidal Attempt, Cutting (Self-Harm)	Depression	Depression, Suicidal Attempt, Cutting (Self-Harm)	Depression, Anxiety, Bipolarity traits
Therapeutic Follow up	Psychiatric Psychological	Psychiatric	Psychiatric Psychological	Psychiatric

Psychological assessment of adolescents with the SCL-90-R Scale

Table 2 describes the SCL-90-R general results, showing a multidimensional symptoms assessment and teenagers' problematic.

Regarding the SCL-90-R data, Junior's and Livia's scales do not show a high score. Therefore, in these two cases studies, it was not possible to relate this scale result with the other psychological assessments. It is important to highlight that these two teenagers showed a satisfactory environment support network, a factor that may work as a protection factor despite other mental health risk factors.

In the other hand, Amélia e Thomas cases highlighted five factors on SCL-90-R results: Obsessiveness compulsiveness, Hostility, Anxiety, Depression and Psychoticism. The Obsessiveness compulsiveness factor focus itself on retentive and irresistible thinking, impulses and actions, which are of an undesirable nature. Hostility reflects qualities such as aggression, irritability, anger and resentment. Anxiety includes general signs such as nervousness, tension, tremor, as well as panic attacks, terror feelings, apprehension and

fear. Depression includes humor and affection disorder symptoms, represented as retraction signs, low interest in life, motivation and vital energy lack, defeat feelings, suicidal thoughts and other correlated cognitive and physical factors. Psychoticism has items of dulling (withdrawal), isolation and schizotypal life style (Derogatis, 1994). This last factor emergence, psychoticism, of more regressive valence, may be related to the reencounter with traumatic elements produced, for example, by bullying situations, which can trigger primary defenses.

Therefore, in Amélia case, one can identify aspects such as dysfunctional corporal perceptions and somatization, as pain and anguish, obsessive-compulsive behavior, humor disturbance symptoms, decreasing of the interest on life and lack of motivation, at the same time as anxiety and nervousness feelings. In Thomas case, he also tends to somatize his pains, anguish and frustration feelings. Therefore, he showed obsessive compulsive and depression signs. His interview and scale scores also showed signs of humor lability, irritability, decrement of self-esteem, motivation and vital energy, with withdrawal and social life isolation, and terror, apprehension and fear signs, as well as disorganized thought, general mistrust.

Table 2
SCL-90-R general results of the adolescents

Dimension	Amélia	Júnior	Thomas	Lívia
Somatization	3.01	0	1.79	0.98
Obsessiveness compulsiveness	4.01	0.78	3.48	1.08
Interpersonal sensitivity	2.82	0.01	2.53	0.28
Depression	3.19	1.01	2.98	1.24
Anxiety	3.48	1.05	3.34	0.12
Hostility	4.01	0.88	3.34	0.23
Phobic Anxiety	2.48	0	1.53	0.17
Paranoid Ideation	3.12	0.23	2.68	0.22
Psychoticism	2.41	1.18	2.81	0.01

Rorschach test psychological assessment of the adolescents

Table 3 shows the teenagers' Rorschach test main indicators.

In the general aspect, all four teenagers obtained a decreased G% score in comparison with the adolescents' norm, which indicates that all participants tend to default of differentiation and vision of the whole impairments. Regarding to conventional thinking and thought sharing, all teenagers, except Livia, showed common responses decreased in comparison to the norm, which indicates an own and unconventional thinking style. The type of apprehension demonstrate variability between the four cases, with prevail of large details in Junior (D%= 61,76%) e Livia (D%=43,75), and the prevalence of uncommon details in Amélia (Dd%=69,23) e Thomas (Dd%= 49,05). It means that the first ones tend to turn their attention to practical thinking, as the last ones tends to draw on more meticulous and detailed way of thinking. This data corroborates the SCL-

90-R scale results, which indicates obsessive-compulsive traces in the last cases.

The assessment of the intellectual functioning presented certain peculiarities. Amélia tends to approach the reality by a meticulous style (Dd%=69, 23), but by failing on adaptive logical thinking (F+% =44, 44%). She approaches the reality in a very unique and personal way, by not doing almost no effort at all to approach the object as a whole, and not even adopting a more practical thinking style (G%=7, D%=23,07%; Dd%=69%). One may say that the participant's extremely personal creativity blocks her of participating on the current collective thought (Ban=7, 69%; A%=23, 09).

Just like Amélia, Thomas shows a way of apprehending the reality that is pronounced by the attention to details but also by practical thinking (Dd%=40,05; D%=33,96). However, Thomas shows little capability of logical thinking control, being the affection contamination more prominent (TRI = K< Σ C = 5:8). Adaptation and contact to reality show itself a little bit fragile, sometimes, disturbed by the adolescent's drive and urges (F% = 50, 94%; F+% = 51,85%;

Table 3
General results found in the protocols of adolescents from the perspective of the Rorschach School of Paris

Indicators	Amélia	Júnior	Thomas	Lívia	Normative Parameter*
R	13	34	53	16	17.70
G%	07.69%	17.64%	11.32%	31.25%	35.00
D%	23.07%	61.76%	33.96%	43.75%	33.40
Dd%	69.23%	20.58%	49.05%	25.00%	30.30
Db1%	07.69%	--	15.09%	--	01.10
F%	69.23%	50.00%	50.94%	87.50%	54.50
F+%	44.44%	61.76%	51.85%	75.00%	55.60
F+ext%	50.00%	52.94%	57.30%	68.75%	57.30
H%	38.46%	02.94%	24.52%	18.75%	20.90
A%	23.07%	58.82%	52.83%	37.50%	51.00
Ban%	07.69%	14.70%	07.54%	25.00%	17.00
K: Σ k	0:1	1:6	5:5	1:0	0.8:1.7
FC:CF+C	0:1	5:4	3:6	0:0	2.1:1.9
FC':C'F+C'	0:0	0:0	0:1	0:0	-
FE:EF+E	2:0	1:0	3:4	0:1	0.4:0.7
Impulse Control (Σ C: Σ E)	1:1	7:0.5	8:5.5	0:1	-
Intimate Resonance Type (K: Σ C)	0:0 Coerced (Restrict)	1:7 Extroversive	5:8 Extratensive	1:0 Coerced (Restrict)	
Latent Tendencies (kan+kob+kp: Σ E)	1:2	6:0.5	5:5.5	0:1	-
H+A:Hd+Ad	3	20:1	34:7	9:0	-
H:Hd	4:1	1:0	9:4	3:0	-
Anguish Formula	15.38%	17.64	20.75	12.5%	-
IRA – Index of Reactivity to Affection	38.46%	47.05%	39.62%	43.75%	-

* Normative Parameter Jardim-Maran et.al (2015)

$K:\sum k=5:5$). Thomas is able to combine the stimuli when confronted with unpleasant perception and outside world contents. The “lack” invites him to fill it, and to integrate it, but most of the time, he cannot be well succeeded in this task ($DbI = 15,09\%$, being 75% of them with negative or vacancy formal quality).

These two cases demonstrate the intellectual control fragility in Rorschach, what may be a hindrance factor for working through the environment stress by the path of thought. One can also consider, as hypothesis, the difficulty to symbolize stressing events. Yet, little symbolization capability may turn more difficult the elaboration of traumatic experiences, such as bullying. SCL-90-R scale results indicated, in addition with the depression symptoms found on interview analysis result, also pointed to four psychological elements that stood out the most. It is important to notice that, beyond the depressive symptoms, these two teenagers, Thomas e Amélia, had self-harm behavior as showed on the Table 1. This features the traumatic impact on mind and body; and the little capability to use the intellectual resources to elaborate the affection.

Regarding to Junior’s case, he tends to approach the reality by turning his attention to the most highlighted detail with practical thinking predominance ($D\%=61,76$). Although the logical though control decreasing, he maintains a good adaptation and contact of reality ($F+\%=61,76$). His Rorschach results indicate situational anxiety, expressed by his increasing of production, labor rhythm and reactivity to the cards ($R = 34$; $TRm = 18,29s$; $TLm = 16,9s$). It seems that some kind of conflict may had been expressed through the Rorschach stimuli: one can notice several poor contents with thematic perseveration (many contents perseverations with little content diversity; $A\%=58,82\%$). Yet, few human responses frequency ($H\%=2,97$) may point to social difficulties.

Livia, as Junior, tends to approach the reality by the practical thinking. However, this tendency is interleaved with a more conceptual approach ($D\%=43,75\%$; $G\%=31,25\%$). Livia is able to domain logically the perception by the overinvestment on formal responses, adaptation and contact with the reality ($F\%=87,5\%$; $F+\%=75\%$; $F+ext\%=68,75\%$). The rigidity of the logical and practical processes may indicate a low trend of using the creative intelligence resources ($K=1$). Because she possesses an incipient creative potential, the inner world representation, the capacity of hypothesis formulation and making deductions about the reality may be relatively impaired and stiffened.

Regarding to identification and affective aspects, these teenagers’ Rorschach protocols present certain peculiarities. Despite three subjects presented an average $H\%$, except Junior, which showed a very low $H\%$, in general, the number of human movements responses is quite low ($K=1$; $K=0$; except Thomas, which scored $K=5$). These data indicates that most teenagers have important identification issues.

Amélia’s “Experience Type” (Type de résonance intime, in French; *Tipo de Ressonância Íntima em Português*) shows

few emotional reactivity, coerciveness on the first formula and extroversive trend on the complementary formula ($K<\sum C = 0:0$; $\sum k=\sum E=1:2$). Affects and anxieties can take over her partially, especially when the external environment mobilizes her emotionally; which indicates her difficult to handle and to control the diffuse anxiety and anguish ($FE:EF+F = 2:0$; $\sum C:\sum E = 1:1$). Her potential affective resources, which could give shape and containment to the affection, are blocked by the arising anxiety from the encounter with the external environment ($\sum k=\sum E=1:2$). Amélia’s social and intellectual adaptation is poor; once she shows scant thinking resources with regard to practicality and connection with the collective way of thinking ($D\%=23,07\%$; $Ban=7,69\%$). Narcissistic traits marked the interpersonal relationships. The interpersonal relationship indicators on Rorschach are reflection responses, peer responses and symmetry references on responses (Card III- reflection response, mirror; Card VI- symmetry response; Prancha VII- peer response).

Amélia seeks to overinvest the corporal envelope (clothing responses) when she finds herself in interpersonal situations that make her feel passive, when she is dominated by stimuli from the outside world. She seeks to protect her body in a way that highlights the self-image fragility (Card V- “body elements e butterfly elements”) or the overinvestment with the external world contact (Card VIII – two clothing responses and one [H]). This adolescent’s self-harm behavior may be a way to react against environmental stress by the skin overinvestment.

In Livia’s case, she showed to be an introversive person, self-oriented to the inner world. Her Type of Intimate Resonance (TRI) is coercive ($K:\sum C=1:0$), similar to Amélia, which is marked by the avoidance and restriction of the affects. She also tends to avoid her inner movements. The excess of control stiffens the imaginative capability by blocking the latent resources ($F\%=87,5\%$; $\sum k:\sum E=0=1$). Apparently, she may be closed to contact with others and affections, because of her defense strategies against the difficulties to handle the affective life. Thus, she showed difficulties to handle with the outside world and to control her anxiety traits ($FC=CF+C=0:0$; $EF+E>FE=1:0$; $\sum C<\sum E=0:1$).

Regarding to the affect assessment, the excess of adaptability shows rigidity ($FC=CF+C=0:0$), which corroborate the SCL-90-R scale results, in which she doesn’t score to pathological factors, besides she maintains the adaptability and contact with the reality.

The affect dominates Thomas functioning; he is impulsive, suggestible, and unstable with less sociable affects ($K=5$; $CF+C>FC=6:3$), although he is able to react spontaneously and in syntonic way in his social relations (TRI = extroversivo = $K<\sum C=5:8$; $IRA=39,62\%$). Anxiety and depression towards the passive experience of self-dissolution partially block his potential affect resources. However, in the future, these resources may develop, in order to shape and contain the affect ($\sum k<\sum E=5:5,5$). Thomas’s imaginative capability do not entirely comprehend his latent tendencies, wishes

and instinctual life ($K = \Sigma k = 5=5$). Pulsional excitability and anxiety of inside/outside boundaries' dissolution may overwhelm him in external situations where he should maintain control ($CF+C>FC = 6:3$ with CF predominance; $EF+E>FE = 4:3$, in which the E preponderance is the diffuse shading, and $\Sigma C>\Sigma E = 8:5,5$). SCL-90-R's anxiety, hostility and psychoticism results also point to this aspect.

Similar to Thomas, Junior showed to be a dilated extroversive type person, whose experience may be unstable, highly emotional charged and impressive towards the outside-world contact ($TRI K<\Sigma C = 1<7$). One can notice, along the test, Junior's high reactivity to the outside world (Affective Responsivity Index = 47, 05%). In this connection, Junior seems not to possess an imaginative capability that comprehends his latent tendencies, his wishes and the instinctive life ($K<\Sigma k = 1<6$), having little resources to control, express and handle his inner world. His general control capability is normal, although he exhibits susceptibility to affective states ($FC: CF+C = 5: 4$). His interest for what concerns to human interactions is critically low ($H\% = 2,94\%$), indicating identification difficulties and relational conflicts, which blocks him to participate in social relations and recognize his body as source of affects and sensations ($K=1$).

TAT psychological assessment

Regarding the psychological impact of the bullying experience in these adolescents' lives, one can notice what extend they exhibit the outside world reaction impact about themselves. In their narratives on TAT protocols, aggressiveness, as well as abandonment and separation thematic, frequently appear in their stories, which exhibits that emptiness feeling is unbearable to them, and that the object splitting (between good and bad object) come into play to avoid those feelings.

In all cases, duo to the high reactivity to outside world stimuli, their behavior is influenced to the point of not allowing them to control it, indicating an overflowing anxiety, revealing exaggerated expression of affection (B2-2), as well as a real pleasure to act in (mise-en-scène) the inner objects relation in a theatrical way (B2-1). « B » series' procedures stand out in the protocol because their high frequency (lability), especially in protocols of Amélia and Junior, indicating a speech style that psychodynamic expresses the conflict by the affection (of the representation) emphasis, instead of a more objective perception of the representation, which results on more emotional than rational functioning more often.

From the point of view of the affect assessment, in TAT, these teenagers have been more impulsive and suggestible, trending to the lack of control, guided by the elicited affect since the outside world. They also exhibit avoidance of affections when it comes to personal binding with inner and

outside world; difficulties in symbolizing their inner world, blocking the realistic perception of the conflict elicited by TAT images. Regarding to their inner world, they trend to exhibit inability to deal with their inner world's drives, reacting with anguish, fear, anxiety, as an effort to counteract their aggressiveness.

The adolescents' TAT protocols' results, however, denote a different dynamic in each one of them. Since the beginning of the productions, Amélia presented a rich in details and intense protocol, with the development of productions that respond to the solicitation to construct a story with beginning, middle and ending, which may allow one to infer enough existence of internal resources to handle with internal representations' conflicts. She adjusts herself to the task by providing a labile protocol (series B): she gets deeply involved with the latent contents of the material, spotlighting the plots, the affection side of the speech, elaborating plots richly in representations, details, mysteries, sensibilities and meanders. Amélia demonstrates that she is able to organize a more structured material, such as the TAT than the Rorschach, which is less structured.

However, for Junior, the high contrast between labile procedures (Series B) and inhibition (Series C) are interspersed in the path of restraining interpersonal expression and the impulses on all TAT's cards. There is a marked presence of long silences (CI-1), preceded by temporal distances and verbal precautions (A3-1), which configures an attempt to avoid contact with the latent themes. Subsequently, relying on the latent content, his attitude shows an exaggerated expression of affections (B2-2) or overinvestment of narcissism (CN-2) or limits (CL-2), which reveals a struggle that aims to protect the psychic envelope against the threat of the invasion of external objects.

The series "A" (Strictness) process highlighted itself. Although less frequently, strictness is still quite significant, particularly in Amélia and Junior. This indicates that they try to distance themselves from affection through linguistic games and by triggering other neurosis obsessive's common defense mechanisms. This highlights the attention to speech cathexis and to the overinvestment of the objective details of perception's (A1-1). Yet, this underscores the psychological processes that work in order to protect one against the affection (A3-1), by splitting (love and hate; life and death, for example) (A2-4). However, Livia shows a highly inhibited protocol. As the Rorschach's results, the TAT protocol indicates lack of investment in the proposed task, increased latency times, a card refusal, reduced production and initiated by long silences (CI-1) followed by distancing movements (A1-2), which shock and difficulties. One may infer she has difficulties to handle with impact of stimulation from the latent content of each card. The need of upholding against the instinctual (drive) attacks that emerge from the card content trigger a process of "coming and going" between contradictory desires (B2-3). Thus, her emphasis on intrapersonal conflicts (A2-4) denounces the struggle

between contradictory demands. Finally, the inhibition points to ego fragility to handle conflicts.

“C” Series (Avoidance of conflict) and “E” Series (Emergence of primary processes) are the least frequent procedures on TAT. Thomas is an exception, since he shows high frequency of C series’ procedures. He avoids the card theme (CI-1); the object dependence dominates his speech, which is highly pervaded by the emphasis on narcissism and self-image (CN). Yet, one can infer the instability of the psychic boundaries and the pursuit for a support function, as pointed by the numerous attempts to search support on the clinician (CM-1). The boundaries’ cathexis (investment) is the keynote of Thomas’ protocol, as marked by the appeal to the clinician (CM-1). The emergence of strong affections (B3-1) and the A series’ (rigidity and control) procedures low frequency, denote an inability to defend the psychic envelope against conflicts between internal and external objects, between the drive and the defense and the “coming and going” between contradictory desires (B2-3). Frequently, Thomas avoids conflicts and request the clinician as support (CM-1). These are self-assurance attempts to avoid collapse of the self, which are especially important when he is in adverse

situations that may reactivate traumatic memories, such as those that related to bullying.

“E” series procedures, which referees to the emergence of primary processes, are less frequently in general, but it has high intensity in Amélia and Thomas cases. When they appear, they indicate the identity instability (E3-2), the failure of secondary processes (E4), high intensity of affections and representations of love and hate (E2-2), difficulties in handling with others (E1-1), massive projection (E2), not responding to the manifest and latent contents, but to the phantasy and internal conflicts.

Amelia, for an example, is very sensitive to card 19, in which she gives many responses based on E series’ procedures. This indicates the fragility of the inside/outside boundaries and reactivation of the depressive state questions according to her ability to contain and differentiate herself. However, Thomas responds with high sensibility to the Card 1 (The boy and the violin), because of the reactivation unworked anguish of loss. The difficulty in affections handling and conflicts working thought by the thinking processes is common on individuals that suffer from Post-Traumatic Stress Disorder, since they tend to apply the projection as a defense process.

DISCUSSION

As indicated by different authors (Cristovam et al., 2010; Menegotto et al., 2013; Brunstein et al., 2018; Barzilay et al., 2017; Le et al., 2019; Geel et al., 2021), the presence of bullying points to mental health problems. By studying multiple cases (Stake, 2011), this research highlights some of the impacts of trauma on the adolescent experience, as pointed out in the literature. Among them, symptom such as depression, high level of anxiety, inappropriate affections’ expression, leads to feelings of defeat, suicidal thoughts and other cognitive and somatic correlates in some cases.

Thomas and Amelia cases seems to highlight more evident changes in cognition and mood, corroborating researches that associates bullying with a higher risk of post-traumatic stress (Mynard et al., 2000; Idsoe et al., 2012). Junior and Livia’s Rorschach results points that they have defense strategies that engage intellectual resources to soften affective expression.

Yet, the results pointed to high expression of aggressiveness, irritability, resentment, abandonment feelings and separation anxiety. Especially Amélia and Thomas showed higher levels of pathological traits. Suffering from depression and anxiety, Amelia and Thomas resorted to self-harm and attempted suicide. The correlation between depression, self-harm behavior and experience of bullying corroborate previous studies (Brunstein et al., 2016; Brunstein et al., 2018; Kaess, 2018).

On adolescents who have been bullied, suicidal ideation and depression are even more frequent when adolescents receive low parental support or low social support (Eze et

al., 2019). In the study by Barzila *et al.* (2017), the poor support network was associated with mental health problems in adolescents who were bullied. It is important to point out that Amélia and Thomas had poor network support whereas Livia and Junior point it out as satisfactory, but all adolescents resented the father figure absence. The psychological bullying contributed more to psychological distress on the cases of poor social support. Furthermore, in the case of the two adolescents with a precarious support network, the researchers could identify low capacity for interpersonal relationships, expressed through a low affective and emotional expression, in which individuals would have difficulty reacting adequately, as well as a low participation in common sense thinking, with rigidity and a low adaptation capability.

The results also point to diversity of psychic dynamism in each case. Thomas and Amelia indicate perfectionist tendencies, exaggerated meticulousness, rigidity, control and severity, common neurotic obsessional defense mechanisms, particularly in the results of the SCL-90-R Scale and on Rorschach. Thomas has also accentuated narcissistic fragilities referred on TAT. Livia and Junior did not present pathological indicators on the scale, but they presented some dysfunctions of affections handling and social adaptation, particularly on the Rorschach results. In the case of Junior, there is a larger mobilization of affections with difficulties in controlling them. Livia seems to be more adjusted; however, she shows a restrictive psychological functioning mode. It is important to highlight the role of the projective methods on

the assessment of the bullying psychological impact, which points to the individual specificities in each case. However, the data indicates the convergence on Rorschach and TAT analysis in individual cases.

The psychological impact of bullying assessment made from these four cases does not point to a significant difference according to sex, as indicated in the research by Le et al. (2019), in which girls reported a higher level of depressive symptoms in comparison with boys. The most significant difference in the traumatic impact of bullying seems to be associated with individual personality features in each case. It is important to consider that the restricted number of adolescents in this research is a factor of limitation of the investigation.

Depression and suicide are factors that significantly contribute to the increase in mortality among young people (Pigozi & Machado, 2015). School is one of the most related environments to bullying practice, since children and adolescents still do not have a fully developed personality or enough maturity to handle with the bullying.

In this regard, preventive psychological and interdisciplinary interventions in the school community can be a public health provision. Alckmin-Carvalho *et al.* (2014) emphasized the importance of knowledge production on development of bullying assessment strategies, in terms of its occurrence and nature, since bullying situations involvement is a risk factor for behavioral and psychological disorders.

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