Analyzing the erogeneicities and the defenses in the patient's verbal and paraverbal components (with the David Liberman algorithm)

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We'll develop first the method of analysis (DLA) and then we'll describe how to use it for the analysis of the style of patient and analyst. In this manner we'll investigate a therapeutic relationship taking into account: 1) the style of the patient, 2) the tree of decisions of the therapist, 3) her defense against some perturbing countertransferential feelings.

I. The method (DLA)

A. General presentation

Freud (1916-17) states that understanding each clinical case implies that the therapist and the researcher take into account the specific libidinal fixation and the defense. In each patient a combination between some sexual fixation and some defenses determines the singular clinical problem. A method that detects erogeneicities and defenses in the discourse of the patient can be useful in the therapeutic process and outcomes research. David Liberman algorithm was designed for the research of the discourse from this Freudian perspective. The method has a strong theoretical argumentation, explaining why several erogeneicities and defenses were considered the most important, and what the criteria for the operationalization of both variables were (Maldavsky, 2003). The DLA allows to investigate erogeneicities and defenses in three levels: narration, phrase, words (Graphic I). The method is useful too for the analysis of the motricity (for example, in the session with children) and of the visual manifestation (for example, paintings). The panoramic view of the method and its instruments can be seen in Graphic II.

B. Detection of the erogeneicities

Narrative analysis. DLA differentiates five scenes in the narrative. Two of them are states; the other three, transformations. The narration contains 1) an initial state of unstable equilibrium, broken by 2) a first transformation, corresponding to the rise of the desire. This moment is followed by 3) a second transformation, the attempt to consummate the desire, and finally 4) a third one, that includes the consequence of this attempt This is followed by 5) the final state. Two states (one initial and another final) and three transformations form the matrix of narrative sequences. This formal structure acquires specific qualifications for each language of eroticism (Graphic III). These qualifications imply that the "actants" (types of characters), affects, actions, ideal, group representation, temporal and spatial conception, has a high grade of definition. Among the "actants", those of model, subject, double and assistant can be distinguished. Eventually, object of desire and rival also appear. In the real facts the researcher can find suppressions, redundancies, permutations, condensations.

Words analysis. The systematization of narratives brought a basic contribution to collect the words taking into account sexual categories. For example, in the narrative belonging to A2, the scene of a solemn public oath in an institutional context, allows to include in the archive of the dictionary terms such as "duty", "tradition", "moral", "study" and others which express the attempt to dominate and

control the reality (including the internal one) by means of a knowledge of concrete facts. It is possible to add also "clean", "library" and many other words.

With these gathered words, a dictionary, a computational program that allows to investigate word networks is available. The dictionary is formed by seven archives, one for each language of eroticism. In each archive there are units composed by: 1) fragments of words, 2) words, 3) groups of words. The totality of the archives includes about 620.000 words, belonging to 5.000 radicals approximately. Many words have a multiple erogenous sense. Therefore, it could happen that the meaning detected by the program corresponds to more than one language of eroticism. The program can do two types of study. One of them has an automatic character; the other one is more handcrafted and interactive.

Phrases analysis. The grid of the narration also allows to systematize another kind of emergence of the scene, displayed in the present discourse of the speaker. The scene not narrated but displayed in the present can be studied as a group of phrases. For example, the insult is a phrase that corresponds to the scene of the attempt to consummate the desire of vengeance (A1); the doubts is a phrase that expresses a dysphonic resolution of the scene belonging to the narration of A2, and the objection corresponds to the scene of standing in the position of the rival in the scene of the arousal of the desire in the same A2, etc. When studying the level of the phrases, DLA considers the acts of enunciation of the speaker. Also, DLA deals with new methodological problems, since in the level of the phrase it is important to notice the form in which the speaker uses the sounds of the language. Consequently, DLA has to consider two aspects: not only the verbal components but also the paraverbal ones. Therefore, DLA contains two grids (Graphic IV and Graphic V). This third perspective of the research is specially useful for the analysis of the relationship between patient and analyst within the session.

C. Detection of the defenses

Narrative analysis. DLA allows to detect the defenses as drives destinies expressed in the language. If certain scene in the narration allows to infer a specific eroticism, certain position of the speaker in the scene he/she describes allows to detect 1) a specific defense and 2) a specific state of it. For example, in A1 the speaker can appear as a hero, as the subject of a secret aim of revenge, but he can also set himself as a victim of alien abuse, or as an instrument (assistant) employed by an unjust protagonist that will despise him afterwards. In the first situation, the dominant defense is the successful disavowal, as results in defiant characteropathies, and in the second one (the patient as a victim of abuses or as an instrument, afterwards rejected, that the main character employs in the frame of a desire of revenge) prevails disavowal too, but as a failed defense. The DLA has a) a description of the features of each position that the speaker can occupy in the narration, and b) a sequence of instructions useful for the investigation of the type of the defense and its state.

Phrases and words analysis. If phrases and words allow to detect the erogeneity, rhetorical studies allow to infer the defense. DLA contains a) a systematization of the resources (rhetorical figures, argumentation) expressing some defense and its state, and b) a sequence of instructions allowing to detect how to decide what defense and which state of it appears.

D. Analysis of the patient-therapist relationship

Liberman (1970) considered that each discursive style of the patient has an optimum complementary style of the therapist. Liberman stated that, when an analyst turn in emphatically to the patient and has a comprehension of his psychic processes, this fact is evidenced in interpretations with a complementary style of the patient's one. Here is the list of therapist's optimum complementarities that Liberman thought for each style of the patient, with some additions that belong to me:

Patient	IL	O1	O2	A1	A2	UPH	GPH
Analyst	O2	GPH	A2	A2	A1	O1	O1

Liberman justified his proposal stating that in what we called GPH there are frequently redundant dramatizations and syntactic and semantic proliferation without synthesis, while in O1 the tendency to the abstraction and the lack of commitment in a concrete scene prevails. This last style gives to the first one its optimal complement, while driving to detect the common in the redundancy, and substituting a pathogenic defense (repression) by another one, more benign. In the same way, GPH is the complement to O1. Similar argumentation drives to justify the other complementarities among the styles. Concerning O2, the optimal complement is A2, because the first one puts the emphasis in the feeling against the thought according to rules that the second one emphasizes. A1 also defies the thought, putting the accent in alloplastic action; so, its best complement is again A2. About this last one, that gives importance to thought instead of decision and action, its optimal complement is A1. For IL, that gives attention to corporal processes with no affective qualification, its optimal complement is O2. At last, UPH has the same rank of essential redundancy as GPH, and its complement is O1.

II. Researching countertransference

II. 1. The style of the therapist

The study of the countertransference in each clinical situation implies the research of the discourse of both participants, patient and therapist. The analysis of the patient's discourse informs about his concrete style, belonging to his libidinal fixation and defenses, specially those displayed during the session. From the therapist discourse analysis (phrases and words studies) the researcher infers which the clinical style is. Each therapist style involves some interventions with an introductory or complementary value and other ones with a main value. This ensemble constitutes a strategy. During the session different clinical strategies can be detected. The style of each analyst with his patient can be formalized as a specific combinatory of strategies. In each strategy an specific ensemble among introductory, main and complementary interventions can be detected. Two kinds of questions are relevant: 1) concerning the combinatory between introductory,

complementary and main interventions in each strategy, 2) concerning the continuity or the change in the main interventions during the session. Sometimes a contradiction between two introductory interventions, or two complementary ones, or between an introductory and a main or a complementary or between a main and a complementary intervention can be detected. Sometimes the orientation of the main interventions changes. Those modifications of the orientation can be a consequence of a rectification of a partially erroneous clinical way or can be an effect of the changes in the patient's discourse obtained by pertinent previous interventions. If the change implies a clinical reorientation, it is possible to study the tree of decision of the therapist in terms of differential strategies: the failed and the successful ones. This kind of description (including the research of the patient's discourse as an expression of his erogeneicites and defenses and the research of the style of his therapist) allows to investigate too the countertransference. Usually this type of study demands, as a complement, that the therapist gives some additional information about his perturbing feelings during the session. If not, countertransferential feelings can be inferred mostly by a combination of the research on the inadequacy of therapist's interventions and on the features of the patient style.

II. 2. Defense against lasting somnolence in the countertransference

The patient (Lucrecia, 49) began her treatment three years ago. Four years before consulting her mother had died, after five years of almost vegetative life. Lucrecia was devoted to take care of her. She was the unique descendent of her parents. Unmarried, she lived with her father. Her parents had another baby, who died a few days after the delivery. The mother waited three years after deciding to try again to have a baby, Lucrecia. The patient remembered that on Sundays, the family used to visit the sepulchre of her sister.

The first session posterior to the summer holidays, after a pause, the therapist asked the patient how she was. Lucrecia answered briefly she was well, with somnolence, but not so much, she tolerated her state. The silence came back. Answering to new questions of the therapist, Lucrecia explained the features and moments of the occurrence of her somnolence. The therapist insisted asking questions on the moment, the features and the how of the patient's somnolence. Sometimes the therapist diminished her insistence and agreed ("yes", "sure") with the patient answers. The patient added that some days ago she said: "I'm going to the bed for few minutes", and she lied on the bed in the opposite way, aiming not to sleep. But finally she fell asleep The therapist asked her if she remembered who in her family slept so. Lucrecia answered that she herself slept in this way, when her mother was ill. She did it when she had to pass the meal to her mother. She lied at her mother's feet, in the opposite way of her. The therapist said that when the patient was in the bed in the opposite way, she had the same position as when her mother was ill. Lucrecia agreed.

The therapist conjectured that those episode occurred the Tuesday, the day when Lucrecia usually attacked the fridge. The patient agreed, laughing, but added that this day she didn't have meals. The therapist stated that when Lucrecia lied so, on the feet of her mother, she thought that she had to care her, and if she felt asleep, she awoke with anxiety. The patient agreed with her. She had to turn alone the body of her mother. With humor she evokes her anxiety once, when she

listened a dog snoring and she confused those sounds with the ones of her mother. She commented that dogs snore and dream.

Then the patient narrated some anecdotes: the visit to a chiropractic, the massages she received, the classes of yoga, some walking she did, the things she bought in the supermarket, some afternoon sleeping, some household chores (cleaning, etc), the visit to a hairdresser, the medicament he had to take (she took someone, and someone not), the pains she suffered. The therapist insisted answering and in some moments she said “yes”, “mhm”, etc. After that the patient commented that she wanted to go to the cemetery but she didn’t. The weather was too warm. Answering the therapist’s questions she said that if she didn’t go, she felt guilty. She described the way she did in the cemetery, and the hours she used to go. She added that the next week will be her birthday and that those day she will not come to the session, because she will visit the cemetery. The therapist said that the patient wanted to substitute the session by the cemetery, and asked her what she chose life or death. The patient referred extensively to the specialist she visited, to her plan to walk and lose weight, to the hours of her excessive eating. Then the therapist came back to the episode in which the patient slept in the opposite way. She connected it with the eating excess and interpreted it as an evocation of the moment when her parents were alive and the mother was ill. The patient answered that the birthday of her mother was near. The therapist came back to the relief and the guilt of the patient when the mother died. The therapist added that in that moment the patient asked herself why continuing alive, and that in this question there was a reference to her vitality. The patient accepted that she did want and did not want that her mother died, and that she didn’t tolerate the situation of taking care of her, neither physic nor spiritually. Then she commented that she wanted to celebrate her own birthday, instead her father objected to her decisions. The therapist centered her interventions on the wish of the patient for celebrate the own, and to rescue herself from the situation of lost, in the endogamic links

Commenting on this session, the therapist said that during some extended moments she suffered too from different degrees of somnolence. This feeling disappeared in the last part of the session.

In the level of narration Lucrecia had various languages intervening: 1) IL (references to her medicine, to her somnolence, to the care of her mother, etc.), 2) O2 (projects of going to the cemetery, evocation of her mother´s death), 3) A2 (the scene in which she tried to resist her somnolence and to control herself) and 4) GPH (celebration of her birthday). Among these, during a great part of the session the first prevailed. In the last part of the session that prevalence changed: O2 acquired more weight and finally GPH was the most important.

The session had two moments. 1) When the patient had to describe her holidays, she entered in a half mutism. She answered briefly to the insistent questions of the therapist and added just little anecdotes. Her discourse becomes more and more disconnected from her affectivity, and the therapist oscillated between repeating the previous procedure (insistent questions) and accepting (yes, sure, etc) the patient’s superficiality. Some interventions of the therapist stressed the relevance of the mourning state of the patient, but Lucrecia answered referring to banal anecdotes, and the analyst insisted with questions demanding information, etc. 2) In the last part of the session the therapist recovered her main orientation and stressed the relevance of the nostalgic wishes of the patient. Then

the patient changed, evoked the period of her mother's death and her own feelings and finally referred to her own anniversary and to her wish to celebrate it.

It is possible to infer that in the patient two main languages and two defenses are combined: 1) O2 and IL, and 2) the disavowal of the death of her mother and the forclussion of the affection respectively. The disavowal of the death of her mother was the central defense, and the forclussion of the affection was its complement. But at the beginning of the session the forclussion of the affection prevailed, and, when this defense was removed, emerged the main mechanism, the disavowal. During the session the main clinical problem for the therapist was to remove the forclussion of the affection. Dealing with the disavowal didn't demand to her the same effort. The forclussion of the affection left the patient in a somnolent state. In the first part of the session, she tried to fight against this position using A2. The scene in which she slept in the opposite way is illustrative. The oppositionist condition is inherent to the characters belonging A2, trying to dominate the world and themselves. But the patient opositive effort failed and the tendency to remain asleep (IL) triumphed. Then, the patient occupied the position of her mother. The same occurred in the level of the phrases. IL, O2, A2, UPH and GPH were the more frequent. UPH and GPH were complementaries, and initially IL prevailed. The first answer of the patient (she suffered the somnolence, but she could tolerate it) was illustrative. The main sector corresponded to IL, and its complement ("but", etc.) belonged to A2. That is, the opposition against somnolence using (to no avail) A2 appears too in the level of the phrase. In the last part of the session, O2 acquired more relevance in narration and phrase levels, with the complement of GPH (dramatizations) and UPH (interrupted sentences).

In the level of the paraverbal components, IL, O2, A2, UPH and GPH were relevants. Among them, IL (somnolent pitch) and O2 (litany) were prevalent in the beginning of the session. A2 (oppositionist tone), UPH (acute sounds) and GPH (festive humor) were the complementary ones. In the last part of the session diminished the prevalence of O2 and specially of IL. Her pitch features changed to the increasing of the relevance of A2 (frontal resonance), mixed with GPH (festive humour) and UPH (acute sounds). In the therapist paraverbal components, in the beginning A2 (indicative tone) prevailed, substituted in some moments by IL (languishing tone). In the last part of the session, A2 was prevalent.

In the first part of the session, the therapist insistent resources centered too in A2 failed to obtain clinical changes. But when the therapist changed her strategy and used O2, she reached some modifications in the discourse of the patient: Lucrecia shifted to a prevalent use of this language (O2). In this moment the therapist resorted back to her A2 and the patient answered using GPH.

The clinical tree of decisions of the therapist had two branches. In the first part of the session, A2 prevailed, and was unsuccessful. At this moment UPH had some importance: the therapist insisted asking when and eventually where the fact narrated by the patient occurred. Also GPH was evident, when the therapist asked how the patient had reached a certain idea, or how she felt. In the last part of the session her strategy was centered on O2 and, when the patient used too this language, in the therapist prevailed again A2. This second strategy includes the use of two languages, depending on the changes in the patient: 1) O2, 2) A2. And this strategy reached the clinical aims.

The analysis with the computerized program of the words integrating the patient verbalization and the interventions of the therapist shows these figures (only the main languages).

Patient
First part of the session

1. A2	26.89%
2. UPH	22.54%
3. O2	20.057%
4. GPH	17.34

Therapist
Strategy I

1. A2	28.24%
2. GPH	21.88%
3. UPH	21.29%
4. O2	16.67%

Second part of the session

1. UPH	25.24%
2. A2	24.89%
3. GPH	21.26%

Strategy II

1. O2	31.43%
2. A2	23.23%
3. UPH	21.36%
4. GPH	14.32%

This result coincides with those corresponding to the analysis of the phrase of the therapist in both strategies. The increase of O2 in the second strategy, and the diminution of GPH and A2, the most important in the first strategy, was very clear. Concerning the patient, these results coincide with the analysis of the complementary styles in the phrase level of analysis. It is possible to infer that the languages not expressed in the narration level in this session will appear in a posterior moment of the treatment accompanying the main positions.

Discussion

DLA allows to detect how patient and therapist could lose their way entering in an interchange between banality (from the patient) and fruitless tenacity (from the therapist), and how both could rescue themselves by the consideration of affection and some thoughts. The difference between the strategies (failed and successful) of the therapist was detected clearly by the method. The coincidences among the results of the analysis of narration, phrases, words and paraverbal components were high. Concerning countertranferential problems, it is interesting to see that when the therapist fought infructuously with the somnolence of the patient and her own using A2, she occupied in the scene the same position as the patient when she tried to maintain her mother alive and finally she fell asleep. Both, patient and therapist, occupied respectively an unsuccessful opposite position that finished defeated by their impotent somnolence.

Conclusion

DLA is a useful method for the analysis of the patient and therapist's styles. The method allows to infer not only the patient's change of defensive system but also the therapist countertransferential processes and his/her variation in the main strategy and in its detailed nuances.

Graphic I. Inventory of the main erogeneicities and defenses, and of the levels of analysis

1. EROGENICITY

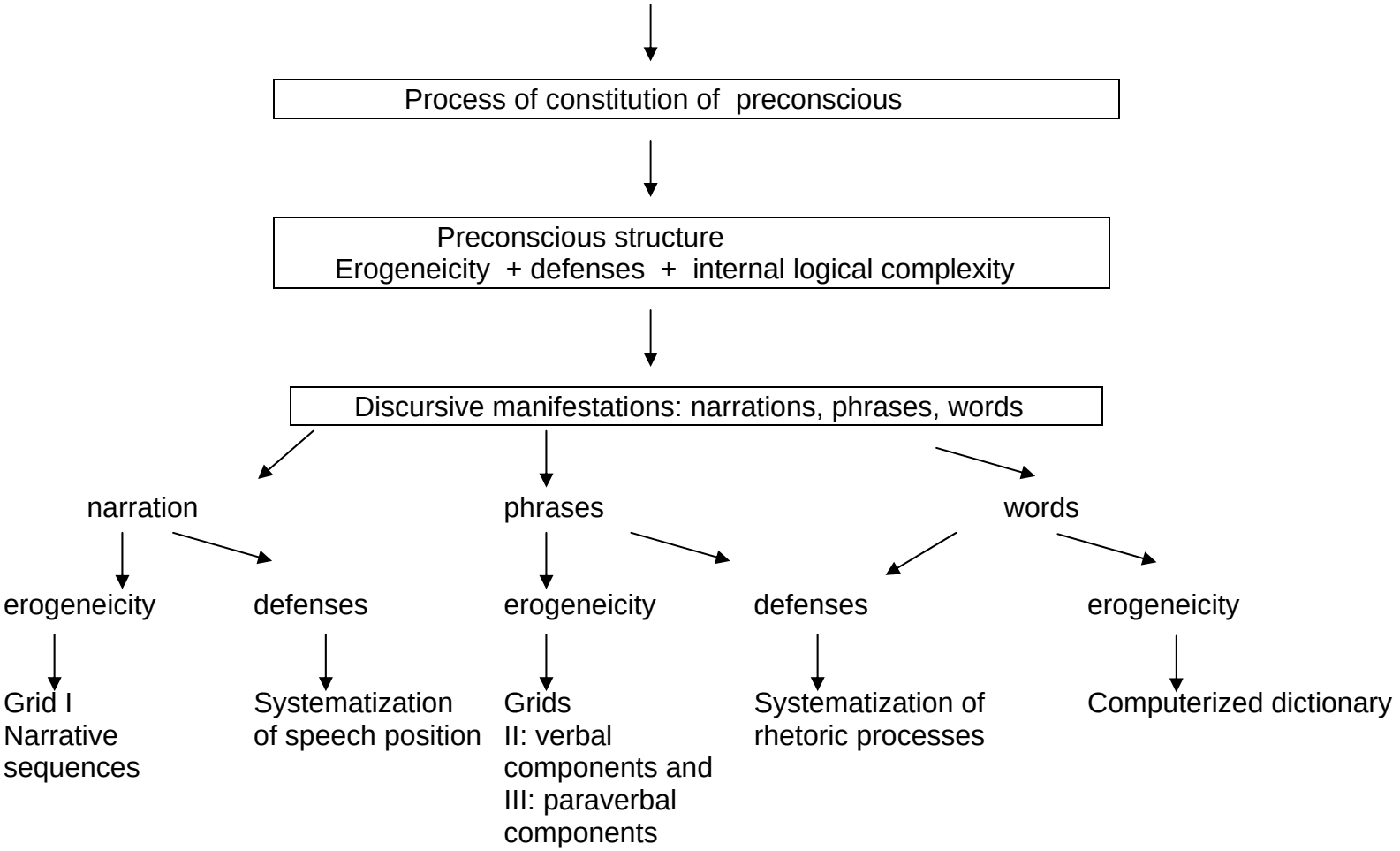
IL Intrasomatic
O1 Primary oral
O2 Secondary oral sadistic
A1 Primary anal sadistic
A2 Secondary anal sadistic
FU Urethral phallic
FG Genital phallic

2.

State Defense	Successful	Failure
Normal		
Repression		
Disavowal		
Forclussion of the reality and the ideal		
Forclussion of the affection		

3. LEVEL OF EXPRESSION
1. word networks
2. phrase-structures
3. narrative sequences

Graphic II. General outline of preconscious
DRIVE (erogeneicity) AND ITS DESTINIES (defenses)



Graphic III: Grid for the narration analysis

Eroticism Scene	Genital phallic	Urethral phallic	Secondary anal sadistic	Primary anal sadistic	Secondary oral sadistic	Primary oral	Intrasomatic
Initial state	Aesthetic harmony	Routine	Hierarchic Order	Natural legal balance	Paradise	Cognitive peace	Balance between tensions
First transformation: arousal of the wish	Wish for aesthetic completeness	Ambitious wish	Wish to dominate an object in the frame of a public oath	Wish for revenge	Temptation Expiation	Abstract cognitive wish	Speculative wish
Second transformation: the attempt to realize the wish	Reception of a gift	Encounter with the mark of paternity in the depth of the object	Knowledge that the object remains attached to corrupt subjects	Revenge	Sin Reparation	Access to the truth	Pleasure gained by an organic intrusion
Third transformation: consequence of the attempt to realize the wish	Pregnancy Aesthetic disorganization	Adventure defiance	Moral acceptance because of its virtue social condemnation and moral expulsion	Consagration as a leader Motility impotence, feeling of being in jail and humiliation	Expulsion from Paradise Absolution and love acceptance	Consagration because of his/her geniality Loss of lucidity and functioning at the service of the other subject's cognitive pleasure	Organic euphoria Asthenia
Final state	Shared harmony Constant feelings of disgust	Adventure Pessimistic routine	Moral peace Moral torture	Evocation of a heroic past Return to natural peace Unending resentment	Vale of tears Recovery of Paradise	Pleasure in revelation Loss of essence	Balance between the tensions without loss of energy Constant tension or constant asthenia

Graphic IV. Grid for the phrases' analysis

LI	O1	O2	A1	A2	UPH	GPH
banality and inconsistency	abstract deduction	moan: "I could have been, but..." "I should have been... but"	offense, blasphemy and imprecation	maxims	popular proverbs	praise: "how nice"
flattering	metaphysical and mystic thinking	complain and reproach	curse: "I wish you died", etc.	religious and ritualized invocations	premonition and omens	promise
references to state of things (weigh/volume/ quantity/gross-ness/deteriora-tion)	denial that creates a logical contradiction in front of alien statement	request and begging	slander, detracting and defamation	quotations	give or ask for advice	invitation
hiperrealism	logical paradoxes	asking for forgiveness and excuses	accusation and denunciation	references to a consensual concrete known	warning "be careful because..."	dedicatory
accounts	metalanguage (talking about language) or equivalent (talking about films, books, etc.)	references on affective states	incitement	information of facts	questions and statements about spatial or temporal localization	appeal to the listener
catharsis	clue phrase	references on things states (climatic, objects aging)	distortion	description of concrete situations	interruptions in other person or in self discourse	showing a desire: "I want to talk about this"
interruptions because of sound languishing	ambiguity and indefinition	references to be doing an action	threats	conditional imperative "if...then", "no... because"	phrases in suspense	private oath: "I swear you"
abusive orders to do something opposed to the general law	interruptions because of sound languishing	interruptions (to swallow a word or syllable) or interrupting other person because of impatient feelings	power show off	public oath and imposing obligations	pretext	dramatization
confessions of doing something opposed to law or moral	references on disturbed states of the own body	condolence or commisera-tion	intrusive interruption	contract	gossiping	examplification

		demanding of love, recognition and affective approbation	rendering or admission of defeat	orders, indications according with general law	greetings and other forms to make contact	
		exigence	triumphal mockery	valuation judgements and critical, linked with moral, cleanness, culture and order	accompanying other person discourse (m-hm, aha)	emphasis and exaggeration
		affective manipulation	boasting	justifications of statements, words and acts	pet words (eeh, you know) as a sign that the channel is occupied by the emitting	nonsense, embellishing, fantasy lightness
		aplacatory submission	confessions of doing something opposed to law or moral	clarifications: that is…	ambiguity and avoidance	comparison between qualities: beauty, sympathy
		condolences	abusive orders to do something opposed to the general law	what is it or what happens and why	cautious approach	metaphoric comparison
		empathic understanding		classification	excessive approach	question: how
		exaltation of the sacrifice		distributive arguments “each”, “neither... nor”	minimizers: “a little scared”	causal relation in which determinant factor of an effect is the increasing of a quality (so beauty.. that)
		expression of the feeling of own or alien inutility		ordering: by one side, by the other side, in first place, in second place, in third place...		equation between quantities of qualities: the more.. the more, the more.. the less, etc.
				syntactic rectification		syntactic redundance
				confirmation (or rectification) of alien opinion or asking a confirmation or rectification of owns opinion		joke with words

				(consulting)		
				completing (or correcting) the alien phrase		phrase on rareness (how strange) or unbelivelity (I don't believe it)
				control of memory, own or of another person: do you remember? do you understand me? I remember this		
				deduction, conjecture and concrete inference		
				concrete generalization		
				synthesis		
				Introduction / closure of a subject (theme, person, including the speaker itself)		
				doubts		
				presentation of alternatives "or.. or"		
				comparing between objective and hierarchy traits		
				description of the position in the frame of an order or a social hierarchic		
				causal linking: "x because y", "if... then", or its questioning: "there are no relation between a and b" , "what		

				does it matter?"		
				objections, adversative phrases and negation that confront affirmations, exaggeration ("not so much") qualifications		
				notations and signaling		
				abbreviations		

Graphic V. Grid of paraverbal components

LI	O1	O2	A1	A2	UPH	GPH
Tone: 1) apathetic	Tone: 1) metallic	Tone: 1) sardonic	Tone: 1) angry	Tone: 1) contemptuous or denigratory	Tone: 1) anxious	Tone: 1) flattering
2) monotonous	2) languishing	2) depressive	2) upset	2) ironic	2) untrustful	2) compliment
3) pleading	3) intellectual humor	3) excited	3) protest	3) rational	3) evasiveness	3) promising
4) flattering	Rhythm, pitch and sounds: 1) lack of resounding	4) desperate	4) suspicious	4) admonitory	4) whispering	4) inviting
5) sleepy	2) few difference of altitude	5) impatient	5) accusing	5) controlled	5) pessimistic	5) seductive
6) languishing	3) cracking sound of the tongue	6) sarcastic	6) mockery	6) imperative	6) with proverbs	6) declamatory
7) eschatological humor	4) "inside laugh" (with close lips)	7) reproaching	7) provocative	7) indicative	7) aplacatory	7) infantile
Rhythm, pitch and sounds: 1) nasal		8) begging	8) insulting	8) oppositionist	8) premonitory	8) disgusting
2) scream		9) compassio-nate	9) arrogant	9) solemn	9) corrosive and poignant humor	9) laughably
3) acceleration		10) letany	10) insidious	10) sententious	Rhythm, pitch and sounds 1) acute sounds	10) festive humour
4) agitation		11) pleasing	11) imperative	11) critical	2) hissing sounds	Rhythm, pitch and sounds 1) dysphony
5) cough		12) guilty	12) resentful	12) clarifying	3) whistling	2) exclamation of joy
6) sneeze		13) laughing	13) spiteful	13) explaining		3) exclamation of anger
7) hiccup		14) choleric	14) choleric	14) doubtful		4) exclamation of disgust
8) bowel sounds		15) black humor	15) threatening	15) black humor		5) exclamation of surprise
9) clear one's throat		Rhythm, pitch and sounds 1) whispering	16) defiant	Rhythm, pitch and sounds: sustained		6) exclamation of admiration
10) burp		2) sobbing	17) provocative and injurious humor			7) onomatopoeia
11) yawn		3) painful (because of psychic pain)	Rhythm, pitch and sounds 1) onomatopoeia			8) cough
12) crying		4) lament				9) clear one's throat
13) sobbing		5) laughing				
14) pant		6) aceleration				
15) slowlyness		7) slowlyness				

16) puffing		8) putting				
17) complaint (because of body pain)						
18) litany						
19) onomatopoeia						
20) to sip mucus						
21) silly laugh						
22)slurred voice						
23)drowsiness						

Graphic VI. Lucrecia's and her therapist's styles

First moment

Patient's style
Narration level

Erogeneicity	Defense	
IL	Unsuccessful forclussion of the affecction	Main defense
O2	Unsuccessful disavowal	Complementary defense
A2	Unsuccessful repression	Complementary defense

Phrase level

Erogeneicity	Defense	
IL	Unsuccessful forclussion of the affects	Main defense
O2	Unsuccessful disavowal	Complementary defense
A2	Unsuccessful repression	Complementary defense
UPH	Unsuccessful repression	Complementary defense
GPH	Unsuccessful repression	Complementary defense

Paraverbal components
Same erogeneicities and defenses than in phrase level

Therapist's style
Strategy I

A2 Main intervention
UPH Complement
GPH Complement

Main goal: to rescue the patient from her somnolence

Result: dysphoric, including the counter-transferential somnolence increasing

Second moment

Narration level

Erogeneicity	Defense	
O2	Unsuccessful disavowal	Main defense
A2	Unsuccessful repression	Complementary defense
GPH	Unsuccessful disavowal	Complementary defense

Phrase level

Erogeneicity	Defense	
O2	Unsuccessful disavowal	Main defense
A2	Normal	Complementary defense
GPH	Unsuccessful repression	Complementary defense

Paraverbal components
Same erogeneicities and defenses than in phrase level

Strategy II

O2 First main intervention

A2 Second main intervention

Main goal: to rescue patient and therapist from their somnolence and to recover the interchange of affects and thinking

Result: euphoric. The somnolence disappears in patient and therapist, and feeling and thinking were the center of both discourses.

Third moment

Narration and phrases level

Erogeneicity	Defense	
O2	Normal	Complementary defense
A2	Normal	Complementary defense
GPH	Normal	Main defense

Paraverbal components

Erogeneicity	Defense	
A2	Normal	Complementary defense
UPH	Normal	Complementary defense
GPH	Normal	Main defense