

Erogenicities and defenses in a sensory and motricity handicapped woman: application of DLA (David Liberman algorithm)  
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I. Problem.

Which ensemble of psychic resources (libidinal and defensive) employs a patient with diminished capacities in the vision and motricity fields?

II. Method

DLA (David Liberman algorithm) is a method designed for the analysis of erogenicities and defenses considering 1) narration, 2) phrases, 3) paraverbal components, 4) words levels. Three grids, respectively for the analysis of narration, phrases and paraverbal components, are available. Those tools allows to infer scenes narrated or displayed during the session while speaking (Graphic I):

Graphic I. Grid of scenes in the narrative sequences

<u>EROTICISM</u> <u>SCENE</u>	GENITAL PHALLIC	PHALLIC URETHRAL	SECUNDARY ANAL SADISTIC	PRIMARY ANAL SADISTIC	SECONDARY ORAL SADISTIC	PRIMARY ORAL	INTRA- SOMATIC LIBIDO
Initial state	Aesthetic harmony	Routine	Hierarchic order	Natural legal equilibrium	Paradise	Cognitive peace	Equilibrium between tensions
First transformation = Awakening of desire	Desire for aesthetic completion	Ambitious desire	Desire to dominate an object in the framework of a public oath	Desire driven by thirst for justice	Temptation  Expiation	Abstract cognitive desire	Speculative desire
Second transformation = Attempt to consummate desire	Reception of a Power-Gift	Finding the mark of the father deep in the object	Discerning that the object is faithful to corrupt subjects	Revenge	Sin  Reparation	Access to a truth	Gain in pleasure through organic intrusion
Third transformation = Consequences of the attempt to consummate desire	Pregnancy  Aesthetic disorganization	Challenge of adventure  Challenge of routine	Virtue recognized  Social condemnation and moral expulsion	Leadership formally recognized, honoured Being unable to move; being locked away and humiliated	Forgiveness and loving recognition  Expulsion from Paradise	Recognition of genius  Loss of lucidity; the other enjoys objective cognition	Organic euphoria  Asthenia

Final state	Shared harmony  Lasting feeling of disgust	Adventure  Pessimistic routine	Moral peace  Moral torment	Evocation of heroic past or Return to lasting peace Lasting resentment	Vale of tears  Recovery of Paradise	Bliss in revelation  Loss of the essence	Balance of tensions with no energy loss  Lasting tension or asthenia
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The application of the DLA's tools to the analysis of the patient's discourse gives multivariate results: various erogeneities and defenses can coexist, some of them with a complementary value, and one (or eventually two) occupying the main position.

### III. Sample: two fragmentary sessions

Agustina (22) initiated her treatment because of her permanent conflicts with her mother, concerning how to do for dealing with her visual and motrix diminished capacities. When her mother was pregnant of her, she suffered an infection with a citomegalovirus. The patient suffered various serious illness during her infancy, and finally some perceptive and motrix diminution persisted.

One year after beginning her psychotherapy she obtained the degree of lawyer and almost immediately their parents gave her an apartment where she moved. There she lived with another young woman suffering too body diminution.

During the treatment the therapist was surprised because frequently the patient said in advance what the therapist was in process of interpreting to her. She discovered that the patient obtained secretly information about psychological theories the therapist used.

#### First clinical material

The patient described her comfortable feeling being in the couch and immediately referred something occurred a week before. She wanted to see her mother and visited her. She didn't see her during three weeks. After the visit her mother phoned her and said that the patient appears so adult, so equilibrate that she felt her daughter as a pair. The patient had a delightful surprise. She thought that her mother began to notice something. Answering to therapist questions, she added that perhaps the change was that the patient reach to place herself in the correct angle for being seen by her mother. She thought how to place herself for being perceived by persons with difficulties for seeing. Perhaps she learned something similar with her mother.

In the last part of the session the therapist interpreted that Agustina supposed that her father left her in a relationship with a mother who couldn't see her, and that the effort for being seen will be done by the patient, and that her mother couldn't change her position. The patient answered that she ignored if her mother could or could not do movements. She thought that her mother did great efforts and that she would be unjust not recognizing them. She thought that would be frustrating waiting her mother could do the correct movement. Her mother tried to learn how to see the patient, and the fact of her mother finding angles was something that didn't depend on the patient. Although that there were too much mothers, including the therapist, and she hadn't words of a father cutting the strong thing among mothers and daughters.

#### Second clinical material

Agustina narrated an unpleasant episode. She wanted to go to the Tribunal of Justice searching to know news on a process. When she arrived at the Tribunal she discovered that an extended lane of people waiting on the rain. She tried to enter in the building for asking a solution for her, and the people began to push for enter too. She remained among people rejecting the foreigners and people wanting to enter. She began to shout, someone noticed what happened and helped her to arrive at a safety place. So, she could obtain the information she wanted.

In the last part of the session the therapist evoked the episode in the Tribunal building. The therapist said that the patient felt that she just could shout for being rescued. The patient

answered that it was the only thing she could do. All people shouted furiously and she shouted asking help. She thought on some moments in which she couldn't demand help. The therapist said that in that moment the other person saw to other direction. After a silence the patient said that visual problems were very contagious. When she entered in a bus, people suffered a repentine attack of blindness. People saw inner world. Asking to the therapist questions, she added that she couldn't know how to react when people was absolutely convinced that they saw her. In this moment she had to escape, because a hit would arriving. Her mother said that she was convinced on doing what the patient needed, and the patient suffered as ever.

#### IV. Analysis

##### First clinical material

Erogenicity	Defense	State	Function
IL organic comfort	forclusionion of the affection	successful	complementary
O1 being seen by her mother when placed in the correct angle	disavowal	successful	Main
GPH receiving a delightful surprise	creativity	successful	complementary

##### Commentaries

The patient opposed previous relationship with her mother and the present one. In the present, she was recognized by her and received her compliments (GPH); but the main scene was being seen by her in the correct angle (O1) as a consequence of the efforts of the patient.

##### Second clinical material

##### Tribunal episode

Erogenicity	Defense	State	Function
IL organic pain and exhaustion	forclusionion of the affection	failed	main
O1 being seen by someone	disavowal	successful	complementary
A1 obtaining a special attention	disavowal	successful	complementary
GPH being the center of the attention of the others	normal	successful	complementary

##### Bus

Erogenicity	Defense	State	Function
IL organic disequilibrium	forclusionion of the affection	failed	main
O1 being ignored by the others	disavowal	failed	complementary

##### Mother

Erogenicity	Defense	State	Function
IL being beaten	forclusionion of the affection	failed	complementary
O1 being the object of the believes of the other	disavowal	failed	main
A1 being the object of injustices	disavowal	failed	complementary
GPH lacking of aesthetic	repression	failed	complementary

harmony			
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### Commentaries

Tribunal episode allows to infer what the patient had to do for being seen by the other and for not suffering the abusive power of the people. When she shouted demanding attention the abusive situation stopped, she received an special attention and occupied the center of the scene. Nevertheless, her body state paid the cost of the success of her effort.

Bus episode allows to infer what happened when the patient couldn't employ those resources for being seen and recognized. She supposed that the other was on psychic withdrawal and didn't pay attention to the external world.

Mother episode allows to infer what happened when the other (her mother) switched from the psychic withdrawal to the reconnection with the world guided by his/her beliefs without recognizing the facts.

### IV.II. Transference analysis

In both sessions the patient maintained a position of competence with the therapist centered in who had the best knowledge on her inner world. She maintained an euphoric position, corresponding to O1 and a successful disavowal. Usually, this euphoric position was shared too by her exhibitionist wishes (GPH). In some sessions IL had too an euphoric result, corresponding to a normal forclusionion of the affection, but in other sessions this defense failed, and the patient appeared exhausted and with body pain.

This kind of competence seemed to be the way the patient found to hold up the therapist's attention, her look. Through this strategy, she put her constantly to a test, demanding her lucidity.

She also avoided to give her therapist a narcissistic satisfaction. When she realised the changes her mother describe on her might be acquainted with her work in analysis, the competence increased.

### V. Discussion

In the extrantransferential relationship Agustina placed herself depending on a person who switched from the psychic withdrawal to the reconnection with external world (the patient herself) guided by certain beliefs misconsidering the real facts. When the other was in a psychic withdrawal, the patient was paralyzed and her body suffered the corresponding consequences. When the other emerged from the withdrawal to the reconnection with the world, the patient could react actively, protested demanding attention and received the corresponding answer. But again her body suffered the consequences of her struggle.

In the patient two main erogenicities (IL, O1) were combined with two defenses (forclusionion of the affection, disavowal). A1 and GPH had a complementary value. When disavowal succeeded, GHP in an euphoric version appeared. When disavowal failed, GPH in a dysphoric version accompanied the ensemble. Besides, when disavowal linked with O1 failed, also failed other disavowal, accompanying A1: the patient had a feeling of being an object of injustice; inversely, when disavowal connected with O1 succeeded, succeeded too the disavowal combined with A1 and the feeling of receiving a not abusive treatment emerged. But in both cases (when disavowal failed or when it succeeded) forclusionion of the affection was unsuccessful. Just the situation was different if the patient (exceptionally) could be recognized without struggling claiming attention, that is, if the other looked at her spontaneously. However, she couldn't maintain this for a long while, rapidly she attributed the other a look that ignores her.

In the transference relationship, the patient tried to know the logic of the therapist's thinking for being placed in the correct angle of her vision and consequently for being recognized. But also she wanted to superate the lucidity and the capacity of observation and inferences of the therapist. For her, the therapist had an exhibitionist pleasure (GPH) when she had clever interventions (O1). The patient appeared as an instrument for the therapist gratification. So, the patient tried to interfere in the supposed exhibitionist pleasure of the therapist. The efforts of the patient for being active in the knowledge field constituted a reaction against the risks of depending on people that couldn't see her (psychic withdrawal) or that did acts guided by beliefs not according with the facts. The patient gave relevance to O1 as a reaction against IL dysphoric states, which usually prevailed.

The relevance of O1 (and the corresponding defense) are usually a regressive attempt for dealing with feelings of being the object of injustice. This case confirmed that generalization. But, even if the patient obtained a psychic equilibrium, she paid a cost, consisting in her organic pain and exhaustion as a consequence of the fighting in the search of being recognized (IL).

When the defense fails, an haemorrhagic pain seems to appear: as a girl she and her mother had a relationship marked by the adult's psychic violence, and her difficulties to straighten her mother's wrong and violent attributions.

The relationship with her mother had two risks for Agustina: one, to be rejected by her, and the other, the risk that her mother would loose her omnipotence. So, not only she looked for her mother's glance in order to exist for her, but she seemed to put herself in a situation that allowed her mother disavowing her physical difficulties, trying to avoid the pain her mother would feel if she connected with reality.

Two main problems can be detected: 1) patient's paralysis when the other (on whom she depended) was in a psychic withdrawal, 2) the somatic consequences of her fighting for being recognized when the other switched from the withdrawn state to the reconnection with the external world (the patient) guided by distorted beliefs. The other on whom the patient depended appeared as a representant of a pathological disavowal. This defense attributed to the other seemed to have two possible states: successful (when the other was like a blind man) or failed (when the other reentered in connection with the world, that is, with the patient). Instead, sometimes disavowal appearing in the patient herself (and not attributed to the other) was normal, trying to compensate her feelings of humiliation and shame appealing to her intellectual capacities.

## VI. Conclusions

The reinforcement of O1 resources (abstract thinking) are the way for maintaining a successful disavowal against the reality and avoiding feeling of humiliation and shame (A1) for patient's body diminutions. When O1 and disavowal succeeded, the patient can exhibit herself and reach an aesthetic harmony (GPH in an euphoric version); when disavowal failed, she felt states of humiliation and shame and simultaneously she felt herself lacking of harmony. But in both situations she suffered a painful and exhausted state (IL), and the forclusion of the affection failed. When exceptionally she felt herself recognized without efforts, she obtained too an IL equilibrium, and forclusion of affection was a normal defense.

When equilibrated, in the patient IL, O1 (main), A1 and GPH erogeneities, and creativity and a normal successfully disavowal and forclusion of the affection prevailed. When her psychic equilibrium was broken, IL (main), O1, A1 and GPH erogeneity, and failed forclusion of the affection, unsuccessful pathogenic disavowal and failed pathogenic repression were relevant.

The relevance of O1 indicated the importance of abstract thinking, used by the patient for accomplishing wishes of justice and vengeance (A1) and of being the center of the scene (GPH). Somatic helplessness (IL) of the patient was used as an argument for achieving her goals. All this ensemble corresponded to an equilibrated psychic state, with a successful defensive system. When the defense failed, abstract thinking (O1) couldn't allow to elaborate the wishes of justice of the patient (A1) and of being the center (GPH) and then her somatic helplessness (IL) constituted the relevant state, with the prevalence of organic pain and lacking of energy.