

(2009) "Intersubjective traps during a session of a couple psychotherapy: A four level analysis (extratransference and intrasession-one-person focus, couple-intrasession, patients–therapist) using the David Liberman Algorithm (DLA)", *46th IPA Congress, Chicago, 2009*

Intersubjective traps during a session of a couple psychotherapy

A four level analysis (extratransference and intrasession-one-person focus, couple-intrasession, patients–therapist) using the David Liberman algorithm (DLA)

1. Single case research into couples psychotherapy requires to focus on intersubjective relationships. In the books *Procesos y estructuras vinculares* (Maldavsky, 1991) and *Linajes abúlicos* (Maldavsky, 1996) one of us claims that the Freudian perspective (in particular, the concepts of libidinal drives and defenses) is useful for the study of couples and family relationships. Each libidinal drive is expressed in certain scenes (which can be either narrated or displayed while speaking), and defines a particular kind of action, space, value, object, and so on for the speaker and for the others, i.e. the partner, the other members of the family. For example, if we consider a family, if the father wants to beautify the external world (something which obeys to genital phallic drives) he might therefore think of his daughter as a jewel or a flower at the service of his wish. However, his wife, driven by vindictive impulses (which correspond, in turn, to primary anal sadistic drives), could introduce disgusting traits within the daily life of the family. This, in fact, interferes with her husband's ideals and what is more, their son could even reinforce the attitude of the mother. In sum, within this family's scenes, these two wishes (to beautify, to take revenge) have great efficacy. Also, certain defenses may introduce differences in the family relationship. For example, the son is identified with his mother, and this leads him to display hostility towards his father, something that would otherwise be repressed. Moreover, the wife has a repressed identification with her husband's wishes, and the same occurs with her husband, who is identified with the wishes of his wife. In

consequence, repression acts upon the wish for revenge in the man, whereas the wishes for beautify the world are the ones repressed in the woman. Thus, in the man the wishes for beautify the world prevail and the wishes for revenge are complementary, while the reverse takes place in the woman: the wishes for revenge are predominant, while the wishes for beautify are complementary.

2. This perspective allows us to carry out a careful study of the changes that take place in a family (either in one of its members or in the group as a whole) or a couple. However, it should be noted that, during a session of couples therapy, studying the clinical changes in the patients is not enough as it is necessary to assess their exchange with the therapist as well. In *La intersubjetividad en la clínica psicoanalítica* (Maldavsky et. al, 2006) we studied the first session of 10 different patients with their respective therapists and came to the conclusion that we needed to take into account three different kinds of clinical assessment: 1) the extratransference structure of the patient, 2) the changes made by the patient within the session (i.e., intra-session changes), and 3) intersubjectivity, including the patient-therapist relationship, mainly the construction of specific scenes between them. The same conclusion was reached while studying the changes in one member of the couple (or both). It should be noted that we can also study the changes in the patient- therapist relationship.

3. Single-case analysis has great clinical relevance. However, the way in which the results of research could be extended to the case of groups is less clear. Despite the fact that Freud proposed to group together several single cases that had certain specific traits in common, such as infantile zoophobia (Freud, S., 1909), the fantasy of a child being beaten (Freud, S., 1919e), and so on, this guide for the more extended use of single-case research should only be applied to the study of single cases, as it is yet unclear how it should be applied to the investigation of couples. We believe

that when we conduct research into couples, we should compare the study of the structure of each patient, the changes they undergo within the session, and so on, with the study of intersubjective relationships, in particular when certain traps become “frozen” as it were, and thus interfere with normal exchanges between the members of the couple. What is more, we should devise ways in which to apply the usefulness of this analysis to similar clinical situations.

4. In this paper we intend 1) to systematically study a session of couples psychotherapy by focusing on several levels of analysis, in particular the exchanges between the patients and the patient-therapist relationship, 2) to extend the outcomes of this clinical research to other situations. In order to do so, we will stress the relevance of intersubjective traps, which interfere with the fluidity of exchanges.

I. The method (David Liberman algorithm, DLA) and its outcomes in the research of intersubjectivity within the session.

Drawing from two main Freudian concepts (libidinal drives and defenses as well as their state), we have created a method (the David Liberman algorithm, DLA) in order to detect them in the discourse of both the patient and the therapist during sessions. (Maldavsky, 1995, 1997, 1998, 1999, 2002, 2003a, 2003b, 2003c, 2003d, 2005; Maldavsky et. al, 2005). The DLA can thus help detect the following libidinal drives: 1) intra-somatic libido (IL), 2) primary oral (O1), 3) secondary oral sadistic (O2), 4) primary anal sadistic (A1), 5) secondary anal sadistic (A2), 6) urethral phallic (UPH), 7) genital phallic (GPH). In addition, the DLA also can detect the following main pathological defenses: 1) repression, 2) disavowal, 3) foreclosure of reality and of the ideal, 4) foreclosure of the affect. The method also allows us to infer whether the state of the defense is successful, failed or both. The method permits to research into the

extra-transference and intra-session relationships, including the interventions of the therapist. Extratransference relationships can be detected by studying the patient's narrations, whereas the intra-session relationships can be investigated by taking into account the patient's speech acts, the paraverbal components, and so on. This is the grid to analyze the libidinal drives which can be detected within narrations (Table I). The grid summarized a more extended description of each type of narration. That description was published in the *International Journal of Psychoanalysis* (Maldavsky, 2003). For example, for IL, 1) the initial state appears as a balance between diverse unspecified tensions, in a group characterized by attachment but also disconnection among its members, who all depend on a leader lacking in perception and memory, except for a speculative type of thinking. Calculation is often used to express such equilibrium, in an exercise where at the end the numbers are perfectly balanced. 2) There is an abrupt drop in energy or excess of excitation in the leader and consequently in the group, which awakens a frantic desire for gain. Oscillations then appear between panic attacks and apathetic depression, caused by the magnitude of the effort to be made. 3) The attempt to consummate desire appears as an organic intrusion that awakens the object's excruciating enjoyment, thanks to which the active subject manages to make a difference. This consists in the extraction of a gain of pleasure that generates a state of chemical euphoria. This intrusion can also develop in the economic terrain, as a violent intrusion into a bank vault to seize its deposits. 4) The consequences of the attempt to consummate desire take the form of a struggle to keep the license of euphoria within certain bounds or, from the point of view of whoever has suffered the imposition, the consequences may also be experienced as an explosion of unbearable violence alternating with experiences of asthenia or somatic exhaustion. 5) The final state may be a situation of lasting, unbearable tension, endless asthenia; or inversely (in euphoric

conditions) as access to equilibrium with no risk of abrupt loss of energy, uncontrollable acceleration or agitation.

In order to analyze the intra-session relationship, we should focus upon several kinds of manifestations. Thus, we have therefore constructed several tools to carry it out: 1) a grid for the analysis of the speech acts (Table II), 2) a grid for the analysis of the paraverbal components (Table III), and 3) a grid for the analysis of movements. These tools are useful to detect libidinal drives in the intra-session relationship. The combination of the outcomes which result, in turn, from the application of many of these tools, demands a thorough elaboration, such as the one we carry out while studying the clinical manifestations of a child during the session (Maldavsky, Roitman et al., 2007). Indeed, in child psychotherapy we should apply at least two grids: that of speech acts and of movements, while the analysis of an intra-session scene belonging to an adult might require the combination of the speech acts and the paraverbal grids. Among the paraverbal manifestations, some of them are lasting traits, such as a person's timbre or rhythm, while others are more specific, such as laugh for example, which was studied by Luborsky (1996). In these cases the paraverbal manifestations might radically change the meaning of a particular scene displayed during the session, that is to say, the scene where the paraverbal manifestation (laugh) accompanies the verbal speech acts. In a similar fashion to other tools which are applied to study scenes that can either be narrated or displayed during the session, the instruments used with the DLA are different from others from the perspective of desire. The difference with other tools consists in the means used to construct the tools for the analysis of those desires: while other instruments categorize desire mostly using inductive processes (which involve, incidentally, that the outcome of the research is not easily matched with psychoanalytical concepts), the DLA arrives at the categorization of desires using

deduction, and starts from libidinal concepts and their operationalization (Maldavsky, et. al 2005).

In addition, we have constructed some instruments in order to investigate defenses in both levels of analysis: extratransference and intra-session relationships. These other tools consist of a sequence of steps (Table IV). The first step has also got theoretical basis as, according to Freud (1915c), defenses constitute the vicissitudes of libidinal drives. Several validity and reliability test of the various sectors of DLA were published (Table V).

We have applied the DLA to about 40 cases, each studied as a single case. In most of the studies the interventions of the therapist and, eventually, the intersubjective traps (in those cases the therapist unknowingly have enacted one of the characters of a traumatic scene of the patient) have also been analyzed. A classification of all four kinds of intersubjective traps was also suggested. It should be noted that, in order to do this, we used the concepts of libidinal drives and defenses. In brief, we noticed that there were four different kinds of intersubjective traps: 1) the patient and the therapist share both the same erotogenicity and main pathological defense, 2) the patient and the therapist have different erotogenicities and defenses, 3) the patient and the therapist use the same defense but not the same erotogenicities and 4) the patient and the therapist have the same erotogenicity but use different defense mechanisms. For example, Corina (Maldavsky et. al, 2006) consulted because her relationship with her boyfriend caused her great suffering; she loved her boyfriend (with whom she had been in a relationship for twelve years), but he was constantly postponing their marriage. Corina's friends were furious with him and accused him of mistreating her, but Corina said she could understand her boyfriend because he had suffered a lot in his childhood. In the patient O2 and disavowal prevailed, while in her boyfriend the same defense was

combined with A1. Additionally it can be noticed that, in this case, Corina's friends, voicing their disapproval of Corina's boyfriend, represented A1 and disavowal also existing in the patient. Towards the middle of the hour the therapist began to question the boyfriend of the patient saying that in her opinion he was prejudiced against Corina, that the relationship with him did not work for her, and so on. However, the patient replied that she loved and understood him. In other words, the scene in which the friends of the patient were angry with Corina's boyfriend was thus repeated in the session. In the therapist A1 and disavowal prevailed. In consequence, within the relationship between the patient and the therapist, disavowal was a mechanism they had in common, while they had different erotogenicities (O2 in the patient, A1 in the therapist).

It is important to emphasize that in all these intersubjective traps the patient's pathogenic defenses were successful. In our view, the concept of psychic current allows us to understand these clinical facts. In this kind of intersubjective trap each interlocutor had identified with the position of the other; that is to say, the other represented the individual's own projected psychic current, which was opposed to the rest of the Ego. During the session, the therapist enacted a psychic current which belonged to one of the patient's traumatic scenes. Indeed, we have observed that when the patient and the therapist do not have the same dominant defense mechanism, the result is that the latter manifests itself in the other individual, although in a non-prevailing, subordinated fashion.

The studies that have already been completed are about one-to one relationships between a patient and his therapist. We intend now to investigate whether the same tools can be used for undertaking research into couples therapy. In

consequence, we shall present the application of the DLA to the second session of a couple, where the interventions of the therapist have also been included.

II. Sample

1. At the beginning of the second session both members of the couple (Juliana, aged 32 and Víctor, aged 45) said that during the previous week their relationship had improved. Juliana said that she felt she had been under less pressure from her husband, and could act more freely. Víctor added that he was also feeling better as he could see his wife was better. He then wondered when she would really want to stay with him, and claimed he needed her to show she loved him, and that she liked him sexually as well. While he talked, he manifested a constant paraverbal manifestation: he clicked his tongue. The therapist pointed out that Víctor was again pressuring his wife. He rejected this intervention and insisted: he was not well because he lacked what he considered the most important thing. Juliana replied that the week before he had been in a temper caused by his financial problems. She said that his relationship with her and his problems were different things and that he should not mix them. He said that he was trying and added that a client had given him a check that could only be cashed in two months time and he needed money then. The lack of money to work put him in a bad situation. However, he claimed that he could enjoy life although his financial situation was not as good as it used to be years ago. Later he said that Juliana was an excellent person, and had made important changes. Again he clicked his tongue while he spoke. He then said his wife had sexual problems. The therapist, who until that time had only pointed out the fact that Victor pressurized his wife, asked Juliana's opinion about that.

2. Juliana said that passion between her and her husband was over. His pressuring attitude smothered her need to be near him. She wanted to recover her passion and wanted to feel nice things, like she used to. She felt mad at her husband.

While she repeatedly clicked her tongue, she added that he was always criticizing her and her own family. She wanted to feel free. Víctor asked her why she had felt better the previous week and she replied that he had not pressured her. They began interrupting each other and raising their voices. Juliana asked him to stop pressuring her, to which he denied having done so. The therapist said once again that Víctor depended heavily on his wife's expressions of love, to which he replied he did not want a friend. The therapist added that she translated Juliana ideas: she had meant that if she was not under such pressure... Víctor interrupted her and said that perhaps Juliana felt differently now. The therapist asked Juliana her opinion about her change during the week, to which Juliana replied that she usually worried that Víctor might want to have sex, but that the previous week he had not done so and she had felt free to get near him. The therapist commented they had not mentioned that before. Juliana added that the sexual relationship was not good and that Víctor blamed her for it. Víctor did not agree, he did not reproach her, but introduced a question aiming to know what the matter was. He then added that Juliana had given him oral sex after 15 days. Juliana said that she wanted to do it as he would feel better. Víctor added that Juliana did not have an orgasm, to which she replied she was not feeling well and that she had pain in her ovary. They kept interrupting each other. Víctor referred to his wife as "my love", "baby", etc, while Juliana wondered if he was not pressuring her again by means his question. Juliana started to click her tongue once again, while she added that Víctor claimed that he found their sex life unsatisfactory. Víctor, in turn, claimed that she was putting words in his mouth. The patients continued arguing and interrupting each other while the therapist remained silent and time was up.

III. Analysis

III. 1. Analysis of the patient's discourse

III. 1.1. Narration analysis

In the narration level we can detect two kinds of scenes: 1) those belonging to everyday life before the couple consulted, and 2) those who had taken place recently. The former include: 1) Víctor's reproaches and his demands to have a fulfilling love and sex life with his wife, and 2) Juliana's feelings of being pressurized by her husband. Víctor's narrations express O2 and failed disavowal, while Juliana's narrations are manifestations of A1 and failed disavowal. Both patients shared the same mechanism as well as their state (failed disavowal) but differed in the erotogenicities implied (O2 for Víctor, and A1 for Juliana). The scenes in which Víctor demanded to be loved can be explained as follows: someone is asking another to express a certain affective state, as if satisfying this demand was the same as making voluntary movements. The justification of this paradox is the individual's demand for love. If the other (i.e. the one from whom love is asked) wishes to question this demand or to avoid it, then the reproaches of the former (the "demanding" individual) might interfere with the actions taken by the latter. This paradox, which implies that "selfishness" is called "love", contains a semantic contradiction (as one significant is expressing an opposite affect), and it corresponds to O2. In this scene, Víctor was active, and Juliana, passive. Instead, the scene in which Juliana accused Víctor of pressuring her implied that she refused to comply with some of the marriage vows, i.e., affective and sexual commitment. The scene appeared to be similar to those situations in which someone refuses to do something he had previously agreed to do, while at the same time he/she accuses the other of being despotic. Thus, the individual considers himself as an "exception". The scene corresponds to a pragmatic paradox, which involves a contradiction between two orders that make the interlocutor feel trapped: 1) I have to force the other and myself to honor the contract, 2)

I have to make an undeserved exception. This kind of scene corresponds to A1. In this scene Juliana was active, and Víctor, passive. This exchange between two paradoxical attitudes (semantic, pragmatic) was what characterized the paralyzed relationship between the couple until the beginning of treatment.

However, it is possible to observe another kind of scene when studying the recent story (sexual relationship): for Víctor intercourse was not fulfilling, whereas Juliana did not have orgasms and what is more, she felt pain. This exchange corresponds to IL and failed foreclosure of the affect for both. This recent story was complemented by secondary scenes, repeating Víctor's reproachful attitude and by Juliana's accusations towards him. Víctor's brief comment about his financial problems showed he was feeling anxious, something that can be connected with the anxiety he felt during unfulfilling intercourse (toxic anxiety). That short story also corresponds to IL and failed foreclosure of the affect. A second aspect of both scenes (i.e., regarding the check and intercourse) was that they appeared to be something that they were not (to receive payment, to have a sexual relationship). The contrast between appearance and facts corresponds to O1 and disavowal. In this scene Víctor was passive, he suffered the contradictions between appearances and facts, and Juliana was active. Disavowal failed in him, while it was successful (at least transitorily) in Juliana. This contradiction (appearance-actual facts) corresponds to a logical paradox.

In sum, the core of this recent episode (sexual relationship) combined O1 and disavowal and IL and foreclosure of the affect. Between both, IL and foreclosure of the affect predominated. This defense was failed for both members of the couple. Víctor's demands (O2 and disavowal) and Juliana's accusations (A1 and disavowal) appeared after having sex, and were complementary to the aforementioned central components (O1 and disavowal and IL and foreclosure of the affect).

In addition, the patients referred to situations when they had enjoyed their life together (although they were referred to in a vague fashion). These stories corresponded to GPH and successful repression + characterological traits and had a complementary value.

III.1.2 Speech acts analysis

Research into the displayed scenes requires yet another perspective: the analysis of the speech acts and paraverbal components. Víctor's demands for love (O2 and disavowal) and Juliana's accusations (A1 and disavowal) were the equivalent of the narrated scenes. But it is possible to notice that the state of the defenses differs: while in the narration level disavowal failed, in the scenes displayed during the session they were successful. In addition, Víctor used certain demeaning speech acts which appeared to be expressions of love ("baby", "my love") but which, in fact, showed that he considered his wife was stupid (A1 and successful disavowal). Although he claimed that his wife overreacted when she accused him of being demeaning to her, he actually used to do this.

The speech acts of both members of the couple which referred to financial and physical problems correspond to IL and failed foreclosure of affects. Juliana's exaggerated reference to her previous capacity to enjoy intercourse corresponds to GPH and repression+ characterological traits. The same status has Víctor's exaggerated claims regarding his enjoyment of daily life (GPH and repression + characterological traits). This language also had a complementary value. The reciprocal interruptions correspond to UPH and repression+ characterological traits, which, incidentally, also had complementary value.

Among the paraverbal components, the most important was clicking of his (or her) tongue. It belongs to O1 and successful disavowal. The scene is similar of that

of a baby, who believes he is sucking at his mother's breast, but is in fact deceiving himself. The action of clicking one's tongue points to this painful moment when the individual realizes he has been deceiving himself. Clicking their tongue accompanied certain specific fragments of the speech acts of both members of the couple. They showed that what each was saying was fictitious. In the case of Víctor's speech acts the fictitious statements were as follows: 1) his claim that he felt better because he saw his wife was better, 2) his demands for love, while in the case of Juliana's speech acts they were: 1) her claim that she was furious because Víctor interfered with her feelings of freedom, 2) her claim that Víctor pressured her after having sex. In sum, several main statements of both members of the couple were considered to be false. It was false that Víctor would feel better if his wife were affectionate towards him and if she showed more interest in their sex life. Likewise, it was false that Juliana's sexual problems originated in Víctor's pressuring attitude and ill-treatment. In the first part of the session, which was focused on Víctor's pressuring attitude, he was the one who clicked his tongue, while during the second part, which focused on Juliana's sexual difficulties, she was the one who clicked her tongue. This movement, which corresponds to O1 and disavowal, had the main function, and demanding love (O2 and disavowal) and the accusations (A1 and disavowal) had a complementary function.

In addition, a second paraverbal component (screaming and raising their voices when they argued) corresponds to a cathartic manifestation (IL and successful foreclosure of the affect). Those paraverbal components (which expressed IL and successful foreclosure of the affect as well as O1 and failed disavowal) were the most relevant aspects of the displayed scenes. Among them, O1 prevailed.

III.1.3. Narrated and displayed scenes

It is possible to study each patient separately. In the case of Juliana the analysis of narration and speech acts' scenes reveals that it exists a combination between IL and foreclosure of the affect, O1 and disavowal and A1, with the predominance of the two first. O2 (references to her own family relationships) had a complementary value. In contrast, Víctor shared IL and foreclosure of the affect, as well as O1 and disavowal with his wife, while he differed over O2 and disavowal, as the first two were the most relevant. A1 (masked criticism of his w this mechanism failed, during the session it was successful.

Also, it is possible to study couple's exchanges. It can be seen that in the couple there is a combination of several inter-subjective traps. Víctor's demands (O2 and disavowal) are combined with Juliana's accusations (A1 and disavowal). In this trap, both members of the couple had the same defense but differed about erotogenicities. We can detect yet another trap between Víctor and Juliana. That other trap includes fictitious discourse (O1 and disavowal) and catharsis and loss of physical or economic energy (IL and foreclosure of the affect). In the case of this particular trap, both members of the couple shared both erotogenicities and defenses session or in the patients-therapist relationship.

Some differences between narrated and displayed scenes during the session has certain relevance. . The combination of Víctor's demand for love (O2) and Juliana's accusations (A1) appeared in both the narrated and displayed scenes. However, while in the extra-transference relationships O2 and A1 were accompanied by failed disavowal, during the session both erotogenicities were combined with successful disavowal. Juliana and Víctor's cathartic components during the session were the equivalent of the unsatisfactory discharge, mostly while having sex (IL). But while in the analysis of narration IL was combined with failed foreclosure of the affect, during the session the

defense was successful. The contradiction between appearances and facts in the patients' day-to-day life were equivalent to those paraverbal components (such as clicking one's tongue) which showed that most of Juliana's and Víctor's arguments were false (O1). The defense accompanying O1 was also disavowal. However, whereas in the daily life of the couple this defense failed, during the session it was successful.

It is possible to see that some of the traits (mainly UPH and GPH combined with repression + characterological defenses) had certain relevance in the façade the couple usually maintained. In consequence, a triple group of erotogenicities and defenses was detected: 1) UPH and GPH combined with characterological traits, 2) the "passional" core of the conflict (O2 and disavowal in Víctor and A1 and disavowal in Juliana), and 3) their efficient foundation (O1 and disavowal and IL and foreclosure of affects). The failure of the defenses corresponding to IL and O1 strongly influenced their request for therapy.

It can be seen, therefore, that the previous categorization of clinical traps allows us to better understand the conflictive relationship of couples. We shall now try to apply this concept to a more complex situation, where the interventions of the therapist are also included.

II. 2. Analysis of the therapist's discourse

The therapist's strategy generally consisted in focusing first on Víctor and then on Juliana. However, when the therapist focused on Juliana she transitorily switched again her attention back to Víctor's attitude, trying to make him change his demand for affective and sexual commitment on the part of his wife. Then, the therapist asked Juliana to express her own opinion. The clinical intervention aimed at Víctor merely caused him to reply that in romantic relationships affective dependence is normal. On the other hand, the clinical intervention aimed at Juliana received two different

responses: 1) one, which was more general: Víctor's pressuring attitude had killed her love for him 2) another, more specific: the narration of a sexual relationship, which in fact constitutes the core of the session.

The therapist's initial tendency to translate Juliana's ideas (first part of the session) was replaced by a feeling of surprise (when the couple described their sexual relationship) and of paralysis (second part of the session). The translation of Juliana's ideas pointed to the therapist's identification with her, and her feeling of paralysis was a consequence of the failure of this defense.

During the first part of the sessions the therapist fell into two clinical traps: regarding Víctor she enacted a deceitful character (A1 and disavowal), and regarding Juliana she took up an attitude of naiveté (GPH and successful repression), while Juliana had a vindictive attitude (A1 and successful disavowal) towards Víctor. Regarding Víctor the therapist entered into an alliance with Juliana and criticized his attitude towards her: i.e. she used the same arguments as Juliana (A1 and disavowal), and he responded with O2 and disavowal. However, during the second part of the session, when the therapist was surprised and remained paralyzed, she fell into yet another clinical trap: she had believed in what Juliana said, but then she realized her discourse was fictitious. In consequence, the position of the therapist was similar to that of Víctor regarding Juliana. But Víctor's position was also untruthful so that the therapist was trapped in a situation where both members of the couple displayed a pathological alliance based on O1 and successful disavowal. In consequence, the therapist was enacting a naïf and traumatized aspect of both members of the couple. In addition, the feelings of surprise and paralysis manifested by the therapist made her receive the couple's cathartic screaming (IL and failed foreclosure of affects). We can therefore see that the patients had tried to recover the successful use of pathological

mechanisms that had failed in their daily life and had influenced their request of psychotherapy.

IV. Discussion

IV. 1. On clinical changes

The assessment of the clinical change includes different perspectives, intra-psychic and intersubjective. The intra-psychic perspective permits to see that both patients manifested regressive libidinal drives. However, we believe that these regressions are less important than the defenses they used (as well as their state). Foreclosure of the affect is a more regressive defense than disavowal, and it should also be noticed that the successful state of this pathologic mechanism is an expression of increased resistance. .

The intersubjective perspective can be centered either just in the couple's exchanges during the session or in the patients-therapist relationship. The first intersubjective perspective (couple's exchanges) coincide with the intra-psychic one: both patients showed an increasing regression during the session, appealed to more serious defensive mechanisms, and so on.

The second intersubjective perspective (patients-therapist relationship) permits to see that during the first part of the session the "passional" appearance of the Juliana and Victor exchanges (which combined demands and accusations) was predominant, and there was no narration of recent episodes in the daily life of the couple. During the first part of the session the therapist appeared to be an ally of Juliana. Disavowal, combined either with O2 or with A1, was successful for all. When the therapist asked Juliana's opinion on her sexual problems, a clinical change took place: the couple, who until then had manifested rigid and paralyzing opposition towards each other by means of appealing to their respective successful disavowal, suddenly united

their libidinal drives and defenses (IL and foreclosure of the affect, as well as O1 and disavowal). Although the therapist also shared these libidinal drives and mechanisms, the state of the defense was not the same in all of them: it was successful in the patients and failed in the therapist. During the second part of the session, the clinical change was due to the fact that the therapist put a stop to her alliance with Juliana when she asked about her sexual problems. Juliana responded to this change with the narration of an episode, which was an equivalent of saying she had no sexual issues (disavowal), but the dialogue between the couple soon revealed a more complex problem that we already studied. In that situation, the change appeared in Juliana: she gave up her attempt to paralyze the clinical situation by using the therapist as an ally and switched to a new alliance, with her husband.

Despite all this, we believe that other two facts had greater relevance: 1) the patients narrated a representative concrete episode of their recent daily life, 2) the therapist switched from being an ally of Juliana to suffering the shock of the new information gained, as well as the patients' resistance alliance. The first evaluation of the clinical change during the session (the patients' regression on libidinal drives and, in particular, on their defenses and their state) merely focused on the intra-psychoic and the couple relationship. The second evaluation of the clinical change (the patients gave new information to the therapist, the therapist put an end to her alliance with Juliana) included not only the patients' exchange but also the therapist position. And this second perspective on clinical change seems to be the most relevant: the patients revealed new conflicts and situations of impasse, and the therapist remained silent. This silence and state of paralysis of the therapist generally appears when a patient (or a couple) displays a cathartic scene, such as the one that predominated in the last part of the session. The successful state of pathologic defenses is more serious than the failure of these

mechanisms: at least during the second part of the session the therapist's defenses failed.

IV.2. On intersubjective traps

We have already tried to systematize the different types of inter-subjective traps by focusing on two variables, i.e. erotogenicities and defenses. At the beginning of the paper we proposed that four types of intersubjective traps between patient and therapist can be detected: 1) coincidences in erotogenicities and defenses, 2) differences on erotogenicities and defenses, 3) coincidences in the defenses and differences on erotogenicities, 4) coincidences in erotogenicities and differences in the defenses. Regarding the relationship between the members of the couple, two traps can be detected: 1) type 3: Juliana and her husband shared the same defense (disavowal) but had different main erotogenicities (O2 for Víctor, A1 for Juliana), 2) type 1: both members of the couple shared the same erotogenicities and defenses (IL and foreclosure of the affect, as well as O1 and disavowal).

In addition, within the patient-therapist relationship we can see yet other four clinical traps, which were distributed in the two parts of the session. In the first part, and regarding Juliana, the therapist appeared to be displaying GPH and successful repression, while A1 and disavowal prevailed in Juliana (type 2). Regarding Víctor, the therapist translated Juliana's ideas, and asked him not to pressurize his wife. In that scene the therapist spoke on behalf of Juliana, using A1 and disavowal and Víctor responded with O2 and disavowal. This clinical trap could be categorized as type 3. In the second part of the session, with feelings of surprise and paralysis, the therapist discovered she had naively believed the fictitious façade (O1 and successful disavowal) of both members of the couple. The same erotogenicity and defense, albeit failed, predominated in the therapist. This clinical trap belongs to type 1. Moreover, the

cathartic scene between the members of the couple, expressing IL and successful foreclosure of the affect, was accompanied by shock in the therapist (IL and failed foreclosure of the affect). Again, the clinical trap belongs to type 1. It is interesting to observe the changes within pathological alliances during the session. At the beginning Juliana had allied herself with the therapist against her husband and thereafter she allied herself with her husband against the therapist.

IV.3. On the combination between libidinal wishes and pathological defenses

Having analyzed the clinical changes in the patients and the intersubjective traps detected within the fields of extratransference and intra-session, we now intend to apply the outcomes of this research to other clinical situations. We had already come to the conclusion that both members of the couple shared two libidinal wishes, which corresponded to IL and O1, and differed in other two: O2 in Víctor and A1 in Juliana. However, we can infer that A1 is a secondary wish for Víctor, and that for Juliana the same is true with O2, which also had a secondary function. In consequence, both members of the couple gave relevance to A1, O2, O1 and IL, with the predominance of IL and O1. In addition, the therapist also used the same languages and defenses as those of her patients.

This situation is not unusual. On studying some very well-known cases, such as Z (Maldavsky D., Aparain A., et al, 2007) first presented by Donnet and Green (1973), and Ms. Smithfield (Maldavsky, 2007), which had been analyzed by several teams of researchers (Curtis et al., 1994; Dahl, H and Teller, V.,1994; Horowitz, M.,1994; Luborsky, L., Popp, C., Luborsky, E., and Mark, D., 1994; Perry, J.C., 1994; Rosenberg, S., et al. 1994; Schacht, L., et al. 1994), we arrived at the conclusion that both patients shared the same group of main libidinal drives, and differed in their corresponding defenses and state. In Z, O1 was combined with successful/ failed

psychotic foreclosure, and IL was combined with successful/failed foreclosure of the affect, and IL predominated among them. In contrast, in the case of Ms. Smithfield, during the session O1 was combined with successful disavowal, and IL, with successful foreclosure of the affect, and O1 predominated. In the clinical situation which included the analysis of the patient-therapist relationship it was possible to detect several types of clinical traps: at the end of the session, Z's therapist manifested the same erotogenicity and defense (as well as its state) as those of the patient, and Ms. Smithfield's therapist shared the relevance of O1 and disavowal with her patient.

Taking these facts into consideration, we arrived at the conclusion that it is possible to notice a group of scenes that often appears in sequence. The first thing we should take into account is a group of episodes that manifests feelings of injustice and subsequent wishes for revenge. Secondly, the lack of fulfillment of the desire to be loved appears. In the third place, reference to false links manifests itself as follows: words contradict facts, and in consequence, cognitive efforts fail. Finally, in the fourth place, there are allusions to situations where others has speculative goals against the couple or a member of the family, with the secret idea of gaining an advantage (money or physical pleasure) from him/her. In consequence, the wish for intra-somatic balance of tensions, such as the one that allows sleep, lacks fulfillment.

Among these scenes, the first two (connected with feelings of injustice and lack of love) usually go together because the person at whom the sacrifice for love is aimed gradually reveals himself as vindictive and abusive. These two scenes usually express the "passional" component of the relationship, which in the couple or the group constitutes the apparent core of suffering. However, the remaining two scenes are generally more effective. While the first two components allow us to understand the anger that introduces greater noise in the relationship, the second combination (absence

of credibility, speculation) stages the dis-vitalization (loss of energy) and states of terror.

Regarding the defenses that are usually present in these kinds of relationship, a combination between: 1) disavowal or foreclosure of reality and of the ideal and 2) foreclosure of the affect can be observed. These defense mechanisms require to be considered from the perspective of intersubjectivity: the other is the one who receives revenge, sacrifice, a false expression, or the tentative to obtain physical pleasure and/or a monetary profit. Disavowal is frequently displayed by one of the actors, while foreclosure of the affect is displayed by the other. As can easily be seen, we are referring to the intersubjective distribution of two different groups of defenses. This defensive behavior might be successful for a while but in the end fails and then automatic anxiety and the resource to violence, which aim at recovering certain vitality, become evident. The state of defenses seems to be decisive. All defenses can either be: successful, failed, or both. When foreclosure of the affect is successful, the aforementioned tendency to maintain the subject's own vitality predominates, and when it fails, automatic (toxic) anxiety prevails. Yet, when the combination between successful and failed states is the one predominating, then dis-vitalization (apathy) becomes hegemonic. Both members of a couple or a family can have the same or a different state of foreclosure of the affect. Juliana and Víctor had the same failed state of the defense in extra-transference relationships, and the same successful state of it during the session. But sometimes a member of a family (for instance, the mother grandmother) appears dis-vitalized, another one (her son-in law) had violent conducts aiming at maintaining his own vitality, and a third member (the eldest daughter) was invaded by intense and surprising crisis of anxiety. In the mother grand-mother, the defense is successful /failed, in her son-in law it is successful, and in the eldest daughter it fails.

The same occurred in the last part of the session: for the patients foreclosure of the affect succeeded, and for the therapist it failed. In all these exchanges, although each interlocutor has a different state of the defense, simultaneously he has an identification with the state of the defense of the others. This kind of exchanges usually leads to own somatic alterations (psychosomatic symptoms, accidents, alcoholism) or the alteration of the body state of the other (violence).

V. Conclusions

V.1. On the state of the defense

As can be seen, the state of the defense in this session requires careful study. Within the extratransference relationship, failed pathological defenses predominated. Among them, foreclosure of the affect and disavowal in turn prevailed. Disavowal was combined with several libidinal drives: O1, O2 and A1. The combination between IL and failed foreclosure of the affect, as well as O1 and failed disavowal was the core of the couple relationship. However, they had failed to maintain an economic balance and to achieve a fictitious appearance. Both failures had lead to the consultation with the therapist. Despite this fact, during the session both members of the couple had tried to recover the successful state of their pathological defenses. We consider this to be an expression of the resistance to clinical work.

V.2. On the couple's traps

Juliana and Víctor had two libidinal drives and defenses in common: IL and foreclosure of the affect and O1 and disavowal. They also shared two libidinal drives and defenses with a more complex structure: A1 and disavowal predominated in Juliana and O2 and disavowal predominated in Víctor, although O2 had a complementary value

in the case of Juliana while in the case of Víctor A1 had complementary value. Both patients fell into two clinical traps: 1) one of them consisted in having the same libidinal drives and defenses, and 2) the other consisted in sharing the same defense but not the same libidinal drive.

Both intersubjective traps usually appear in couple relationships. Sometimes, as is the case with this couple, both traps were combined, but in other cases we can observe the combination of O2 and A1 and disavowal or of LI and foreclosure of the affect as well as O1 and disavowal. Other usual combination is GPH and characterological traits and A1 and disavowal, as in the example we described at the beginning of the paper.

V.3. On the intersubjective traps between patients and therapist

Focusing on the intersubjective traps that involve more than two people usually requires paying attention to resistance alliances. In this couples session we detected two resistance alliances: 1) one between Juliana and the therapist against Víctor in the beginning of the session and, 2) another between both patients against the therapist in the second part of the session. In our view, the therapist's resistance alliance with Juliana corresponds to a clinical trap which combines GPH and repression in the therapist and A1 and disavowal in the patient. The therapist displayed A1 and disavowal against Víctor, whereas the patient displayed O2 and disavowal. The alliance between Juliana and Víctor during the second part of the session consisted in the merging of LI and foreclosure of the affect, as well as O1 and disavowal. It should be noted as well that these libidinal drives and defenses also predominated in the therapist. However, while these defenses were successful in the case of the patients, in that of the therapist they failed. It is our view that the outcomes of the study of intersubjective traps that also

involve the therapist are more relevant than those which only take into account the members of the couple.

V.4. On the method

It is possible to appreciate the usefulness of the David Liberman algorithm, as well as of research into intra-psychic and intersubjective dimensions, by including those clinical situations where more than two participants interact.

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VII. Tables

Table I. Scenes and erotogenicities

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EROTOGENICITY	GENITAL PHALLIC	URETHRAL PHALLIC	SECONDARY ANAL SADISTIC	PRIMARY ANAL SADISTIC	SECONDARY ORAL SADISTIC	PRIMARY ORAL	INTRASOMATIC LIBIDO
SCENE							
Initial state	Aesthetic harmony	Routine	Hierarchic order	Natural legal equilibrium	Paradise	Cognitive peace	Equilibrium OF tensions
First transformation = Awakening of desire	Desire for aesthetic completion	Ambitious desire	Desire to dominate an object in the frame 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 OR Gift	Finding the mark of the father deep inside 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 and honored 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

Table II. Speech acts and erotogenicities

LI	O1	O2	A1	A2	UPH
banality and inconsistency	abstract deduction	lament: "I could have been, but..." "I should have been... but"	offense, blasphemy and imprecation	proverbs, verdicts and maxims	popular proverbs
Flattery	metaphysical and mystic thinking	complaints and reproaches	curse: "i wish you would die", etc.	religious and ritualized invocations	premonitions and omens
references to state of things (weight/volume/quantity/thickness/deterioration)	denial that creates a logical contradiction in response to the other's statement	request and begging	slander, detracting and defamation	quotations	give or ask for advice
hyper-realism	logical paradoxes	asking of forgiveness and excuses	accusation and denunciation	information of facts	crutch words (eeh, you know) as a sign that the channel is occupied by the emitting
accounts	metalanguage (talking about language) or equivalent (talking about films, books, etc.)	condolence or commiseration	confessions of doing something against the law or moral precepts	description of concrete situations	warnings "be careful, because..."
catharsis	clue phrase	compassion and self compassion	incitement	conditional imperative "if...then", "no... because"	questions and statements about spatial or temporal localization
forcing into the alien discourse	interruptions because of sound vanishing	demand of love, recognition and emotional approval	distortion	public oath and imposition of obligations	disoriented sentences
interruptions because of sound languishing	ambiguity and lack of definition	affective manipulation	abusive orders to do something opposed to the general law	contract	recovering or maintaining the orientation
references to body state and processes	references on disturbed states of the own body	appeasing submission	threats	orders, indications according with general law	disorientated sentences
		empathic understanding	intrusive interruption	asking for a permission	interruptions of the other person's or the subject's own discourse
		exaltation of sacrifice	power show off	valuation judgments and critical, linked	phrases in suspense

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				with moral, cleanness, culture and order	
		expression of the feeling of subject's own or others' uselessness	surrender or admission of defeat	references to a consensual concrete fact	pretext
		references to affective states	triumphal mockery	justifications of statements, words and acts	confidence
		references to states of things (weather, objects, aging)	boasting	clarifications: "that is, i mean"...	gossip
		references to doing an action		classification	ambiguity and avoidance
		interruptions (to swallow a word or syllable) or interrupting other person because of impatient feelings		distributive arguments: "each", "neither... nor"	greetings and other ways to make contact
				confirmation (or rectification) of other's opinion or asking for confirmation or rectification of subject's own opinion (consulting)	cautious approach
				syntactic rectification	accompanying the other person's discourse (m-hm, aha)
				correcting the subject's own or others' phrases	minimizers: "a little scared"
				ordering: on the one hand, on the other hand, in the first place, in the second place, in the third place...	
				control of	

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				memory, the subject's own or another's: do you remember? do you understand me?	
				deduction, conjecture and concrete inference	
				concrete generalization	
				synthesis	
				introduction / close of a subject	
				doubts	
				presentation of alternatives "or.. or"	
				comparing between objective and hierarchic traits	
				description of position in the frame of an order or a social hierarchy	
				causal linking: "x because y", "if... then", or its questioning: "there is no relation between a and b", "what does it matter?"	
				objections, opposing phrases and negation that confront affirmations, exaggeration ("not so much"), evaluation	
				notations and signaling	
				Abbreviations	
				what is it? what happens?	

				why?	
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Table III. Paraverbal components and erotogenicities

LI	O1	O2	A1	A2	UPH	GPH
<u>Tone:</u> 1) apathetic	<u>Tone:</u> 1) metallic	<u>Tone:</u> 1) sardonic	<u>Tone:</u> 1) angry	<u>Tone:</u> 1) contemptuous depreciative	<u>Tone:</u> 1) anxious	<u>Tone:</u> 1) flattering
2) monotonous	2) languishing	2) depressive	2) upset and bored	2) ironic	2) distrustful	2) compliment
3) pleading	3) lack of affectivity	3) excited or manic	3) protest	3) rational	3) with excuses	3) promising
4) flattering	4) intellectual humor	4) desperate	4) suspicious	4) admonitory	4) whispering	4) inviting
5) sleepy	<u>Rhythm, timbre and sounds:</u> 1) lack of resonance	5) impatient	5) accusing	5) controlled	5) pessimistic	5) seductive
6) languishing	2) little difference in pitch	6) sarcastic	6) mockery	6) imperative	6) with proverbs	6) disgusting
7) bathroom humor	3) clucking sound of the tongue	7) reproaching	7) provocative	7) judgmental	7) pleasing	7) declamatory
8) lack of affectivity	4) clicking one's tongue	8) begging	8) insulting	8) critical	8) premonitory	8) infantile
9) infantile	5) "contained laughter" (with lips closed)	9) compassionate	9) arrogant	9) clarifying	9) corrosive and poignant humor	9) laughably
rhythm, timbre and sounds: 1) nasal		10) litany	10) insinuating	10) explaining	<u>rhythm, timbre and sounds</u> 1) shrill sounds	<u>rhythm, timbre and sounds</u> 1) hoarse
2) scream		11) pleasing	11) imperative	11) indicative	2) hissing sounds	2) exclamation of joy
3) acceleration		12) guilty	12) resentful	12) sententious	3) whistling	3) exclamation of anger
4) agitation		13) laughing	13) spiteful	13) solemn	4) sudden drop in sound intensity	4) exclamation of disgust
5) cough		14)	14) choleric	14) doubtful		5) exclamation

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		choleric				of surprise
6) sneeze		15) sardonic humor	15) threatening	15) gallows humor		6) exclamation of admiration
7) sniff		16) gallows humor	16) defiant	<u>rhythm,</u> <u>timbre and</u> <u>sounds</u> sustained		7) onomatopoeia
8) hiccup		17) festive humor	17) provocative and hurtful humor			8) cough
9) bowel sounds		<u>rhythm,</u> <u>timbre and</u> <u>sounds</u> 1) whispering	<u>rhythm, timbre</u> <u>and sounds</u> 1) onomatopoeia			9) clearing the throat
10) clearing the throat		2) sobbing				
11) burp		3) painful (due to psychic pain)				
12) yawn		4) lament				
13) crying		5) laughing				
14) sobbing		6) acclamation				
15) pant		7) slowness				
16) slowness		8) shortening				
17) puffing						
18) complaint (about physical pain)						
19) litany						
20) onomatopoeia						
21) snuffling						
22) silly laugh						
23) quiet, muted						
24) grind						

Table IV. Overview of the steps in research of the main defenses

Problem	Procedure
1. To decide which defense prevails	Detecting which is the dominant language
2. To decide whether the defense is repression, disavowal, foreclosure or creativity / sublimation	Detecting whether the language contained in the scene narrated harmonizes with the context
3. To decide whether the defense (repression, disavowal or foreclosure) is functional or pathological	Detecting whether one language dominates the others, or uses them and becomes hypertrophied
4. To decide whether the pathological defense is failed, successful or both	Detecting the position of the narrator and the prevalence of actions or states

Table V. Testing DLA

Validity test of DLA

Contrasting DLA with studies with other instrument	Contrasting DLA with clinical research	Predictive value of DLA
Maldavsky, 1998b, 2001a, 2001b, 2003a Maldavsky, Tebaldi, Cusien, Groisman, Pereyra, 2001 Maldavsky, Alvarez, Neves, Roitman, Tate de Stanley, 2003b Maldavsky et al, 2005, 2006 Goldberg, 2002 Kaufmann, 2007	Maldavsky, 1999, 2003b, 2003c Almasia, 2001 Maldavsky y Almasia, 2002 Maldavsky y Truscello de Manson, 2002 Kazez, 2002 Alvarez, 2001	Maldavsky et al. 2000, 2005, 2006 Maldavsky, Aguirre et al, 2007

Reliability tests of DLA

	Interjudges agreement	Application of the same tools to different fragments of the same case	Contrasting the results of various tools applied to the same material
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Erogenicities	Maldavsky, 1998b Maldavsky <u>et al.</u> , 2000 Maldavsky, Alvarez, Neves, Roitman, Tate de Stanley, 2003a, 2003b Maldavsky, Aguirre, Iusim, Legaspi, Rodriguez, 2003 Maldavsky et al, 2005, 2006 Maldavsky, Álvarez, Caamaño, Goldberg, Plut, Sneiderman and Stein, 2007	Maldavsky <u>et al.</u> , 2000 Kazez, 2002, Maldavsky et al, 2005, 2006 Maldavsky, Aguirre et al, 2007	Maldavsky, 2002a, 2002b, 2002d, 2002e, 2003a Maldavsky y Almasia, 2002 Maldavsky, Alvarez, Neves, Roitman, Tate de Stanley, 2003a, 2003b Maldavsky, Aguirre, Iusim, Legaspi, Rodriguez, 2003 Maldavsky et al., 2005, 2006
Defenses	Maldavsky, 1998b, 1999	Maldavsky <u>et al.</u> , 2000	Maldavsky 2002c, 2002d Maldavsky, Alvarez, Neves, Roitman, Tate de Stanley, 2003a, 2003b Maldavsky y Almasia, 2002 Maldavsky, Cusien, Roitman, Tate de Stanley, 2003 Kazez, 2002