Libidinal fixations and defenses in psoriasis illness

Analysis of the discourse with DLA

PROBLEM:

What are the common aspects and the differences on libidinal fixations and defenses detected in the discourse of various psoriasic persons?

Sample:

10 cases of adults with psoriasis illness.

Age: 25/50. Men: 55% Women: 45%

No psychotherapeutic attention

Method for analyzing: DLA

It detects libidinal fixations and defensas and its status in the discourse.Contents 3 nivels:

Related, Phase, Word.

Methods for colleacting material:

- A speech to introduce him/herself
- Phillipson test reduced (plates: 2, 6, 7, 13).

Three cases were selected:

Criterion: amount of words.

N: 452 words B: 271 words D: 137 words

Erogerenicities

- IL Intrasomatic Libido
- O1 Primary Oral
- O2 Secondary oral sadistic
- A1 Primary anal sadistic
- A2 Secondary anal sadistic

UPH Uretral phallic GPH Genital phallic

| Defenses | | | |
|-------------------|---------|--------|------|
| Main | Success | Failed | Both |
| defenses | ful | | |
| Creativity | | | |
| and sublimation | | | |
| Repression | | | |
| Disavowal | | | |
| Foreclosure | | | |
| of the | | | |
| reality and ideal | | | |
| Foreclosure of | | | |
| affect | | | |

Analysis's levels aplicated for analyzing erotogenecities:

Words: with a computerized program and Narrations: with a grid.

RESULTS.

In self presentation narrations, IL prevails in B and D, but not in N. Studying the whole group of narrations, some other differences appear. In the case of the three interviewees selected (N, B and D) five languages of the eroticisms are the most relevant: UPH, A1, O2, O1 and IL, having-an euphoric (E) or dysphoric (D) outcome.

| | IL | 01 | O2 | UPH |
|---|----|----|-----------|------------|
| N | E | E | | Е |
| В | D | D | D | D |
| D | D | D | | |

Results on Defenses

N: (equilibrated state)

| Erotogenicity | Defense | State | Function |
|---------------|--|-------------------|---------------|
| IL | Foreclosure of | Successful | Main |
| | the affect | | |
| O 1 | Disavowal | Successful/failed | Complementary |
| UPH | Repression + secondary disavowal and identification with a deceitful character | Successful | Complementary |
| | | | |

B: (stabilized chronic state)

| Erotogenicity | Defense | State | Function |
|---------------|--|-------------------|---------------|
| IL | foreclusure of | Failed | Main |
| | the affect | | |
| O1 | Disavowal | Successful/failed | Complementary |
| O2 | Disavowal | Successful/failed | Complementary |
| UPH | Repression + secondary disavowal and identification with a deceitful character | Failed | Complementary |

D: (unestabilizable state)

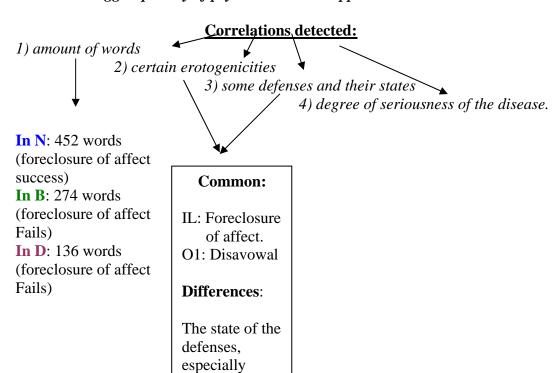
| Erotogenicity | Defense | State | Function |
|---------------|---------------------------|-------------------|---------------|
| IL | Foreclosure of the affect | Failed | Main |
| 01 | Disavowal | Successful/failed | Complementary |

DISCUSSION

The three cases have some common aspects and certain differences. Sometimes the avoidance defenses (repression+secondary disavowaland identification with a deceitful character) fail and N is invaded by violent feelings of injustice. In the case also fails foreclosure of the affects and somatic symptoms reappears.

The strong affective dependence to the doctors (O2), combined with successful / failed disavowal (corresponding to narcissistic withdrawal), is the specific trait of B.

The biggest poverty of psychic resources appears in D's discourse.



foreclosure of

affect.