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## The trees of clinical decisions of the same therapist with different patients during the first session

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We want to compare two first sessions of the same therapist with a male and with a female patient of approximately the same age, using DLA. The aim of this paper is to compare the incidences of each patient style on the therapist style and the countertransferential reactions. We'll analyze briefly the main characteristic of each patient's discourse and more carefully the corresponding therapeutic interventions. Finally, we´ll show an overview of stylistic similarities and differences among therapist's interventions in both sessions.

Patient I: Transitory expression of the countertransferential hate

Belisario (45) began the first session of his treatment saying that he became choleric too fast. He suffered from a great ,irritability either in his family or at work. He couldn´t bear it if someone criticized or contradicted him. Argueing with him, his wife had a violent crisis, took a seat and threw it at him He used to speak with his wife, but now he didn't tolerate to be questioned by her, he didn't tolerate to be fucked. In his job he obtained recently a better position, but he didn't tolerate to be rectified.

During that initial cathartic discourse of Belisario, the therapist accompanied ("mhm") his narration and asked him some questions aiming to obtain more information. But in this moment he changed: he stated that Belisario said that he didn't tolerate anything, but he felt anxiety. The patient interrupted him: he was afraid he was an unsuccessful professional. But immediately he recovered his cathartic style adding a dramatization of an argument with his wife. In his dramatization he included into another, where he referred to your own violent comment to those marital interchange. Then the therapist asked him if he felt choleric, and the patient said no. The therapist asked him if he suffered because he felt that his wife criticized him and he said yes.

Then the therapist stressed that the moment when the patient said "I don't tolerate it" was after another moment in which he suffered from his special sensibility to the alien disapprobation. He added that the patient had a great self-exigence. Belisario agreed and began to narrate episodes connected with his problem. The therapist's interventions became more extended. He connected the narration of the patient with some feelings, beliefs and reactions. His main interventions were introduced with some preparatory ones, with a cautious approach character. The patient accompanied the therapist's interventions and added more examples (recent or past scenes of his life) concerning the same problems. Besides, the therapist commented on the patient's tendency to suffering car accidents and a great self-criticism.

Commenting on this first session, the therapist said that he felt anxious because of the violent tendencies (inner session or in his social milieu) of Belisario. Some unstoppable violent episode of the patient could ruin the professional prestige of the therapist.

Belisario‘s narrations combined at the beginning basically two languages of the eroticism: 1) O2 (the loss of affective connection with his wife), 2) A1 (the feeling of being fucked). In the second moment of the session A1 was replaced by IL (car accident anecdotes). In the level of phrases, 1) IL (cathartic discourses), 2) GPH (dramatizations, exaggerations), 3) UPH (interrupted sentences), and 4) O2 (reproach) prevailed. GPH and UPH were complementary languages, and O2 and IL, the two main relevant ones. In the beginning IL prevailed: after that, O2 was dominant, and UPH changed its value: appears mostly expressed in accompanying phrases. Besides, in the second part of the session, A2 (narration of concrete facts) had some relevance too. This kind of phrases (A2) were the interrupted in the first part of the session.

In the narration level, the patient had a dysphonic position: he was in a vale of tears (O2) and he suffered the humiliation from others (A1). In the first language his defensive mechanism (disavowal) was unsuccessful and Belisario reacted with an impatient attack. The same occurred with A1: he reacted with violence when felt a humiliated state. In both languages he shifted from the state to a kind of action that increased his unpleasant feelings. This fact was an expression of a more unsuccessful condition of the same defense (disavowal): from the perspective of the patient’s ego, the reality and the superego rejected returned.

The analysis of the phrases shows that the scenes displayed during the first part of the session were the dysphoric ones too. For UPH, the scene corresponded to an interrupted ambitious advance; for GPH, it corresponded to an impossibility of showing an aesthetic harmony (using dramatization). Concerning A2, the scene corresponded to the failed attempt to control the reality. Concerning IL, the scene corresponded to a tendency of eliminate the tensions via an impossible discharge (cathartic discourse), which paradoxically left the patient more exhausted. And concerning O2, the scene corresponded to the laments (vale of tears) and to impatient interruptions of the therapist. Those scenes indicated the failure of the corresponding defense: repression (for A2, UPH and GPH), disavowal (for O2) and forclussion of the affection (for IL).

In the second part of the session, in the narration level IL had a dysphoric result (car accidents), corresponding to the failure of the forclussion of the affection, but this language (and the corresponding defense) disappeared from the phrase level and was replaced by A2, in an euphoric version (narration of concrete facts). Besides, in the level of the phrase changed the function of UPH (accompanying), and, concerning GPH, the dramatizations diminished, but not the exaggerations. Nevertheless, the main position of O2 corresponded to a dysphoric scene (self reproach).

The therapist began accompanying patient´s discourse (“mhm”) and asking some questions with the aim of receiving information. But almost immediately he changed and focused his interventions on the affection of the patient. That is, in the beginning his resources belonged to UPH (“mhm”) and to A2 (request of information), but then he passed to O2 (emphasizing the

importance of the affection). Doing so, he tried to diminish not only the cathartic discourse of the patient, expressing IL, but also the forclussion of the affection. The change of the patient discourse was a consequence of the insistence of the therapeutic interventions in the same way (the therapist gave him three similar interventions). When Belisario changed to the prevalence of O2, the therapist emphasized A2. As a complement, he used UPH for approaching to the references to some violent tendency of the patient.

From the perspective of therapeutic interventions the session has three parts: 1) introductory moment ("mhm", information request), 2) reference to the affection of the patient, 3) interpretations. The changes in the type of the main interventions depended on the modifications occurred in the patient's discourse, and not on the substitution of an erroneous strategy for the pertinent one. Besides, the second and the third parts of the clinical strategy of the therapist had two sectors: a) the introductory and b) the main ones. Both introductory sectors can be studied more carefully.

The analysis of the words of patient and therapist in each moment shows these figures:

Fragment I

| Patient | | Therapist | |
|---|---|---|---|
| A2 | 24.16 | UPH | 24.04 |
| UPH | 20.12 | GPH | 22.13 |
| GPH | 18.56 | O2 | 21.72 |
| O2 | 15.82 | A2 | 18.10 |

Fragment II

| Patient | | Therapist | |
|---|---|---|---|
| A2 | 24.77 | O2 | 24.22 |
| UPH | 21.84 | UPH | 21.85 |
| GPH | 19.65 | A2 | 20.50 |
| | | GPH | 17.82 |

Fragment III

| Patient | | Therapist | |
|---|---|---|---|
| A2 | 24.01 | A2 | 27.37 |
| UPH | 20.47 | UPH | 22.80 |
| GPH | 18.84 | O2 | 21.35 |
| O2 | 18.56 | | |

Fragment IV

| Patient | |
|---|---|
| A2 | 26.08 |
| GPH | 20.29 |
| UPH | 18.37 |
| A1 | 17.78 |

It is possible to note that the results of word analysis of the patient stress the relevance of the complementary languages of the phrase analysis and some inexistent scenes in the narrative level. In consequence we inferred that some scenes not present yet in the narration level will emerge later during the

treatment, and that some complementary phrases will occupy the main position. The difference between the three levels of analysis corresponds to the figurability problems. Concerning the therapist, the results of the analysis of words coincide with the results of the analysis of phrases.

We fragmented the session taking into account the therapist's intervention. We took just the first three fragments: 1) the introductory intervention of the therapist, 2) the search for attunement, 3) the first group of interventions. Introductory sectors of the therapist interventions require a more careful study. The first intervention of the therapist after the introductory moment was illustrative. The therapist stated that Belisario said that he didn't tolerate_anything, but he suffers from anxiety. This intervention initiated the second moment in the clinical strategy that finished achieving the therapeutic goal: the discourse of the patient became less cathartic and the therapist could speak about the self-exigence of the patient, etc. Nevertheless, the first intervention of the therapist ("you said that you don't tolerate, but…", etc) not only stressed the question of the affectivity of the patient but also contained an objection, a phrase-structure that expressed a criticism, an opposition to the alien opinion. And the patient said previously that he couldn´t bear that someone criticized him. The statement of the therapist was double: 1) the main sector was devoted to the affection of the patient (O2), 2) the less important sector, which functioned just as an introduction to the main part, was the objection. And that less important sector could be seen as a provocation by the patient. The posterior two introductory interventions of the therapist centered in the affectivity of the patient didn't contained this kind of phrase structure. It is possible to infer that this type of intervention (objections) was an expression of the rebellion and the defiant position of the therapist against the violence of the patient. After this moment, specially in the third part of his interventions, the therapist choused other resources (UPH) to approach (cautiously) to this problematic reaction of the patient. Possibly the hate of the therapist (partially awoken by the discourse of the patient) was an additional factor that could increase his anxiety during the session, when he supposed that the patient could become violent and tarnish his professional prestige(Graphic I).

In this case, the main component of the sequence of the interventions of the therapist had only one great branch, with inner changes. His main interventions were pertinent. But the introductions to the two main interventions contained different options (both linked with the virulence of the patient speaking and listening), one of them (A2) less pertinent.

Tree of decisions of the Introductory of the main interventions in Therapist II

| Strategy I | Strategy II |
|---|---|
| A2 Objection | UPH Cautious approach |

These less pertinent introductory sector to the main intervention (corresponding to the Strategy I) risked awaking a virulent reaction of the patient. That is, in those pertinent global clinical strategy, one detail could lead to an unexpected result This detail operates as a possible self-sabotage of the therapist effort.

Patient II: Transitory countertransferential feeling of being invaded

Jacinta, 42 opened her first session asking " Where shall I begin..." laughing. She added that she had thought during all the day. Then, naming the therapist by his name, she asked him if she could call him familiarly. The therapist agreed. Jacinta said that she had done a therapy previously with interruptions. She had some things there a little bit misplaced. She needed to review what happened with the men, and also the problems with her parents and a new job project. She said that she didn't know how to begin, as if she never were done... She felt strange the situation. The therapist, who had accompanied the discourse of the patient with some "mhm", asked then "why". The patient answered that she had obtained recently some achievements, but she thought that it was convenient doing... "Then, I don't know", said.

The therapist enumerates the three problems mentioned by Jacinta (work, parents, men) and asked her what her election was She chose the theme of the work. For several years she had worked as an educational supervisor in national schools and she had the option to obtain the same position in the private ones. The therapist asked her if both positions were reciprocally excluding. As a consequence of the insistence of the therapist, Jacinta answered that if she had the new position she had to resign the former one. She was afraid that something could disturb her during the test for the new job. She asked herself why she wanted to leave the state position There she felt herself calm, but she knew that she had to change. The therapist asked her if she was afraid and she agreed. Then the therapist gave the first interpretation: the patient was afraid that her anxiety was superior to her wishes. The patient agreed. She added that her present job was a few meters away from her house (and the therapist stressed this phrase of the patient). She narrated that she was a single woman, living at her parent´s home. She had bought an apartment for herself, but she had sold it and her parents moved to another house. Now, she didn't tolerate remaining too much time in the house of her parents. She didn't have there her own space. Her father occupied the room that she had previously. The therapist interpreted that the question of the work was the scenario where she displayed something that had a common denominator with the other themes: a conflict between the new, unknown, linked with the adventure and the ambition, and the safety, where the surprise had no place. He connected this conflict with the fact that her anxiety could be superior to her wishes.

The patient answered referring that in certain moments she felt herself tied, walking without clarity. In some moments she couldn't be aggressive with the others, and then she suffered in her body: she had pain in her head, or vomits, etc. Those episodes appear especially in her job, each year more frequently. Commenting on this first session the therapist said that in the beginning he was afraid that the patient advanced invasively in her search for contact with him. When the session was displayed, this feeling disappeared

The analysis of the narration level of Jacinta indicated the relevance of five languages: 1) O2, 2) UPH, 3) A2, 4) A1, 5) GPH. In the narration level, the majority of the session was occupied by the prevalence of O2 and specially UPH. O2 was expressed in the patient's references to the attachment to her parents and specially in her statement that she still didn't have a space in her parent's house (I loss of paradise). UPH was expressed in the patient's

tendency to remain in the routine as opposite to the adventure. Remaining in the routine was a way to maintain the illusory paradise-like state. The prize was the repression of ambitious wishes. If the patient kept the illusion of being in a paradise-like state, the disavowal was prevalent, and the repression of the ambitious wishes was the condition to achieve those aims. In this case, both defenses (repression and disavowal) were successful. A third language, A2, was expressed in the fragment linked with her works at the school (with the corresponding social contrast, the relevance of the traditional known, etc). This narration had an euphoric version corresponding to a normal defense. But when the patient consulted, she felt that she loss this paradise-like state, and that she had some unrepressed ambitious wishes. So, repression and disavowal failed. She consulted when her defensive system changed. In the last part of the session other two languages prevailed: 1) A1, 2) GPH. The scene of feeling herself tied corresponded to a dysphoric version of A1, and the vomits, etc, to a dysphoric version of GPH. Feeling herself tied expressed too that disavowal was unsuccessful, and her somatic manifestation were manifestations of the failure of the repression.

In the level of the phrase analysis, the session had three moments with changing prevalences. In the first one, UPH (excessive approaching) and GPH (seductive attitude: calling the therapist by his name, etc.) prevailed, with the prevalence of the first one. In the second moment UPH (disorientation) was dominant accompanied by A2 (indecisions and doubts). In the third moment the description and the narration of concrete situations (A2) prevailed.

In the first moment the scene corresponding GPH had a transitory euphoric condition, but not for UPH (the excessive approach left the patient without orientation). Very fast the patient entered in some dysphoric scenes: the disorientation (which interfered ambitious advances) and the doubts (which interfered the achievements of domination and control using concrete knowledge). In the third moment the patient combined the narration of a concrete problem (her decision on the change of work) with the tendency to stress the hierarchic difference between the two positions, when the therapist asked her whether she could or couldn't maintain both ("or… or..").

Finally, she understood what her therapist meant and answered that she had to choose between the two working positions. All those phrases belonged to A2, but the type of phrase that she initially could not express was the one demanding a decision. In the fourth moment narrations and description of concrete situations and problems corresponded to a scene of achievement of wishes of domination and control of the reality using the concrete knowledge.

The initial therapist's interventions corresponded to UPH (contact), but very fast he changed to A2 (why) and then to a combination between A2 (what theme the patient chose) and O1 (gathering different themes: men, work, etc. in the same group, that is, different ways among whose the patient have to choose). The next interventions of the therapist were centered in A2 (had the patient to decide between the two jobs: either… or..?). Then the therapist asked (just one intervention) about the feelings of the patient (O2) and immediately he offered his first interpretation: the conflict between wishes and anxiety (A2). The subsequent interpretations of the therapist joined A2 (insisting in the opposition between wishes and anxiety) and O1 (gathering the three themes introduced by the patient before). Possibly, when the therapist changed from the first

intervention (contact, mhm) to the “why” he could liberate himself from his troubling countertransferential feelings of being invaded . With this patient the therapist had just one branch in his strategy, changing his type of interventions when the patient modified her discourse (Graphic II).

The analysis of the words of patient and therapist with the computerized program shows these figures:

Fragment I

| Patient | | Therapist | |
|---|---|---|---|
| UPH | 28.30 | | |
| A2 | 25.22 | | |
| O2 | 21.91 | | |

Fragment II

| Patient | | Therapist | |
|---|---|---|---|
| A2 | 33.31 | A2 | 44.36 |
| O2 | 22.12 | UPH | 19.90 |
| UPH | 19.69 | O2 | 14.70 |

Fragment III

| Patient | | Therapist | |
|---|---|---|---|
| A2 | 26.40 | UPH | 30.22 |
| O2 | 24.89 | A2 | 26.50 |
| UPH | 24.01 | O2 | 21 |

Fragment IV

| Patient | |
|---|---|
| A2 | 25.01 |
| O2 | 24.13 |
| UPH | 19.38 |
| IL | 13.88 |

From the perspective of therapeutic interventions the session has three parts: 1) introductory moment (yes, mhm), whose therapist´s words wasn´t analyzed by the program, 2) request of information, 3) brief reference to the affectsion and first interpretations, concerning wishes and anxieties. It is possible to note that the results of word analysis of the patient has coincidences with the other results, and that the same occurred comparing results of analysis of therapist phrases and words. The relevance of UPH in the third fragment of therapist discourse depended on the theme he touched.

## Discussion

Comparing the style of the therapist with Belisario and Jacinta, some similarities were evident, specially the emphasis in the effort for attunement and after that in generalizations and explanations. Nevertheless, with Belisario this kind of interventions was more extended than those with Jacinta. But the active interventions with Jacinta (asking about feeling, interpretations) began earlier than with Belisario. In the initial moment the accompanying phrases of the

therapist with Belisario contrasted with the contact phases used with Jacinta. With Jacinta the therapist used too some phrases that expressed a further grade of abstraction (gathering different themes taking into account some nuclear features in common) than with Belisario. With him, the therapist just generalized a situation (A2), but did not gather several of them in the same group (O1). With Belisario the therapist had to intersperse a more extended resources (three interventions) aiming to obtain empathy, while with Jacinta these resource (corresponding to O2) involved just one intervention (Graphic III).

Studying the whole session with the computerized program we can detect a great difference between percentages of words exchanged by the therapist with each patient. The proportion between Belisario's and his therapist's words is 10 for the first and 4 for the second. Instead, the proportion between Jacinta's and her therapist's words is 10 for the first and just 2,4 for the second.

The difficulties for the attunement between Belisario and his therapist depended on the defenses of the patient against his affectsion and also on the hostility that awoke in the therapist and whose manifestation appears just in some little details, and not in his global strategy. The question of the attunement with Jacinta was quickly solved by the therapist. But perhaps the interventions used with her, shorter than those used with Belisario, and the very brief interventions concerning her affection, depended on the therapist' initial anxiety of being invaded by the patient. In the same way, the major effort of the therapist with Belisario depended too on the countertransferential difficulties with the patient. The therapist had two branches (strategies) of introductory interventions with Belisario, and just one with Jacinta. It is possible to see the major difficulties that the therapist had with Belisario comparing with Jacinta's first session. Those differences depended on the type of erogeneicities and specially main defenses in both patients: failed disavowal and forclussion of the affection in Belisario and failed repression in Jacinta.

Graphic III. Similarities and differences among therapist´s interventions

| | Belisario | Jacinta |
|---|---|---|
| O1 | None | Complementary value |
| O2 | Three interventions | One intervention |
| A2 | Extended explanations and argumentations | Short statements |
| UPH | Accompanying | Accompanying contact |

## Conclusions

The DLA allows detecting similarities and differences between the styles of the same therapist with different patients. The method permits to detect the therapist's preferred stylistic resources, and the variation he introduces depending on the type of discourse and his changes in the patient. The strategies of the therapist can also be detected clearly, including main, introductory and complementary components. DLA also allows inferring what are the countertransferential processes in the therapist's mind, including fine details and nuances of his interventions.

## Graphic I: Belisario's and his therapist's styles

### First moment of the session

Belisario's style

Narration level

| Erogeneicity | Defense | |
|---|---|---|
| O2 | Unsuccessful disavowal | Main defense |
| A1 | Unsuccessful disavowal | Complementary defense |

Phrase level

| Erogeneicity | Defense | |
|---|---|---|
| IL | Forclussion of the affection | Main defense |
| A2 | Unsuccessful repression | Complementary defense |
| GPH | Unsuccessful repression | Complementary defense |
| UPH | Unsuccessful repression | Complementary defense |
| O2 | Unsuccessful disavowal | Complementary defense |

Therapist's style

1. Accompanying (UPH)
2. Demanding information (A2)

} Introductory

3. Objection (A2). Introductory sector
4. Stressing the affects (O2). Main sector

} First main intervention. Aim: to diminish cathartic discourse of the patient

### Second moment of the session

Narration level

| Erogeneicity | Defense | |
|---|---|---|
| O2 | Unsuccessful disavowal | Main defense |
| IL | Forclussion of the affection | Complementary defense |

Phrase level

| Erogeneicity | Defense | |
|---|---|---|
| GPH | Normal | Complementary defense |
| UPH | Normal | Complementary defense |
| A2 | Normal | Complementary defense |
| O2 | Unsuccessful disavowal | Main defense |

5. Cautious approach to certain themes (UPH). Introductory sector
6. Describing and thinking (A2). Main sector

} Second main intervention Aim: to introduce rationality in the affective world of the patient

## Graphic II. Jacinta's and her therapist's styles

Patient's style

Therapist's style

First moment of the session

Narration level

| Erogeneicity | Defense | Function |
|---|---|---|
| O2 | Unsuccessful disavowal | Complementary defense |
| A2 | Normal | Complementary defense |
| UPH | Unsuccessful repression | Main defense |

| I |
|---|
| 1. UPH (introductory) |
| 2. A2 (introductory) |
| II |
| 3. O2 (main intervention) |

Phrase level

| Erogeneicity | Defense | Function |
|---|---|---|
| A2 | Normal | Complementary defense |
| UPH | Unsuccessful repression | Main defense |
| GPH | Normal | Complementary defense |

Second moment of the session

Narration level

| Erogeneicity | Defense | Function |
|---|---|---|
| O2 | Unsuccessful disavowal | Complementary defense |
| UPH | Unsuccessful repression | Main defense |

| III |
|---|
| 4. A2 (main intervention) |
| 5. O1 (complementary) Successful |

Phrase level

| Erogeneicity | Defense | Function |
|---|---|---|
| UPH | Unsuccessful repression | Main defense |
| A2 | Unsuccessful repression | Complementary defense |

Third moment of the session

Narration level

| Erogeneicity | Defense | Function |
|---|---|---|
| A1 | Unsuccessful disavowal | Complementary defense |
| GPH | Unsuccessful repression | Main defense |

Phrase level

| Erogeneicity | Defense | Function |
|---|---|---|
| A2 | Normal | |