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Título: Research on wishes and defenses in episodes of self-inflicted violence using the David Liberman algorithm (DLA)

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1. Objective: To study the wishes and defenses in the episodes of skin cuts and their antecedents.

2. Sample: session of a patient, Marisa (18 years old) in outpatient treatment in a neuropsychiatric hospital due to the fact that she practices self-cuts in her skin. She narrates that her boyfriend Tomás had been away on a trip and the day he had come back he had gone to a recital; she thought that the following day he would come to see her in the afternoon but he only came until the night. So she started thinking that he didn't want to see her and when finally Tomás came she felt he was acting strange. Her crisis was beginning. She tried to get distracted from it but she couldn't hold it any long. She becomes nervous, wants to cry, doesn't know where to go. Besides, she didn't want to have a crisis precisely in that moment because she hadn't seen her boyfriend for a long time. She also narrates that she told Tomás she had tried to cut herself with a Gillette, she expected him to console her or at least that he didn't mention that topic at all but instead he started telling her off. Marisa manifested her upset for his answer because she thought it was not his job but the psychologist's or her parents'. She had told him on Chat when he was on his trip and he reproached her because he was so far away that he couldn't help her, and she answered that she couldn't keep things from him. She also narrates that his boyfriend told her that she did the Gillette thing to show her mother she was a good girl, but she rejects this opinion and adds that that day she would have killed herself. She expected that when he came he would hug her and kiss her, which in fact he did, but she didn't like that Tomás told her she acted like she hadn't seen him for years. Marisa couldn't stand him any more, she started feeling angry and wished he would go away. Then her boyfriend told her he had missed her and she thought this contradicted his initial attitude, despite of which she started feeling fine and enjoying being with him. She refers she had been all Saturday crying and on Sunday she felt better, more calmed, she ate alone but she spent the afternoon with her sister. Even when Tomás came later than usual she didn't worry and had a good time with him. On Friday, when she left the session and while she was going back home she started feeling sad. Her father arrived first, then her mother and sister. Her father was telling her he had consulted a witch and given this lady one of Marisa's clothes. The witch told him that one of her friends and this one's mother had cursed her, and that she had absorbed her ex boyfriend's illness. She found this comment funny but at the same time she started feeling bad. She began crying, screaming, scratching her arms and feeling light-headed; she had to ask her father to hold her hands. Then her mother arrived, threw her father out adding that every time he talked to her he made her feel worse, and her father decided to go get Marisa's sister from school. Her mother proposed to take her to the ER but Marisa refused. When her sister arrived from school Marisa asked her for help, her sister hugged her and asked why she was so bad, but she couldn't answer because her father had requested her not to talk to anyone about that topic. Marisa adds that when Tomás was telling her off she felt he was attacking her, and then, without being able to tell him she was upset, she would move away and make as if everything was alright. She feels fine talking to him, she trusts him, he is like a psychologist for her, she prefers talking to him more than talking to her mother. Marisa refers that he makes her feel good but that day he was bothering her and she could only manifest it with her faces. Marisa was able to tell her boyfriend she found him similar to her father and that she didn't like the way he was talking to her. The patient continues with a new narration saying that the same day of the session she

commented the psychiatrist, full of shame, that during the night she would see people andering around the house. She was sure the doctor would take that as hallucinations and he would give her more pills; he gave her one pill, but only to sleep. (768)

3. Instruments: the David Liberman algorithm's (DLA) grids and instructions to research wishes and defenses and their state in the narrated episodes.

4. Procedure: 1) detection of the skin-cut episodes and their antecedents (predisponent and precipitant episodes), 2) construction and analysis of the corresponding narrative sequences (resorting to the manualization of the instruments), 3) consensus rating.

5. Analysis:

The patient developed 28 narrative sequences, which include 7 topics (Table I).

The dominant wishes are IL and O1 and the defenses, disavowal and foreclosure of the affect. (Table II)

Table I: Distribution of the narration into topics

Boyfriend (50%)	Body (20%)	Father	Sister	Family	Spare time	Psychiatrist
I	II	IV	VIII	XI	XXV	XXVII
XII	III	VII	IX		XXVI	XXVIII
XIII	V					
XIV	VI					
XV	X					
XVI						
XVII						
XVIII						
XIX						
XX						
XXI						
XXII						
XXIII						
XXIV						

Table II: Dominant wishes and defenses

Wishes	Defenses
IL	Foreclosure of the affect
O1	Disavowal

The dominant wishes and defenses differ according to the topics that the patient narrates (Table III) 1) regarding the relationship with the boyfriend, A1 and successful disavowal prevails (XXIV narrative sequence), 2) regarding the father, IL and failed foreclosure of the affect (VII narrative sequence), 3) regarding the relationship with the sister, A1 and failed disavowal (IX narrative sequence), 4) regarding the relationship with the family, O2 and failed disavowal, 5) regarding the psychiatrist, IL and successful foreclosure of the affect (XXVIII narrative sequence), 6) regarding the own body, IL and successful foreclosure of the affect (X narrative sequence), 7) regarding the spare time, UPH and successful-failed repression+characterologic traits (XXVI narrative sequence).

Table III: Dominant wishes and defenses according to the topics

Boyfriend (XXIV)		Father (VII)		Sister (IX)	
Wish	Defense	Wish	Defense	Wish	Defense
A1	Disavowal S	IL	Foreclosure of the affect F	A1	Disavowal F

Family		Psychiatrist (XXVIII)		Body (X)		Spare time (XXVI)	
Wish	Defense	Wish	Defense	Wish	Defense	Wish	Defense
O2	Disavowal F	IL	In accordance with the goal S	IL	Foreclosure of the affect E	UPH	Repression+ characterologic traits M

Only in the topics related to the link with the father, with the sister and with the family the endings were disphoric (Table IV). The reference to the spare time may integrate this group in part, for in this case the state of the pathogenic defense is mixed (successful-failed). Among all these topics, the relationship with the spare time, the relationship with the sister and the relationship with the family seemed to be subordinated to the relationship with the father (Table V).

Table IV.- Disphoric endings

Father (VII)		Sister (IX)		Family	
Wish	Defense	Wish	Defense	Wish	Defense
IL	Foreclosure of the affect F	A1	Disavowal F	O2	Disavowal F

Table V.- Topics subordinated to the relationship with the father

Sister (IX)		Family		Spare time (XXVI)	
Wish	Defense	Wish	Defense	Wish	Defense

A1	Disavowal F	O2	Disavowal F	UPH	Repression+ characterologic traits M
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Among the problems that urged Marisa there was the thing about the patient's relationship with her father (narrations of disphoric endings), which opens the way to the narrations about the alteration of the own body (which constituted the cause of the consult) and in which the dependence of the patient on a delirious subject (O1 and failed disavowal + IL and failed foreclosure of the affect) gains importance.

The discussions among the raters (consensus rating) threw agreements in the three levels of the research (construction of the narrative sequences, analysis of the wishes and analysis of the defenses).

6. Discussion: the results of the analysis of the narrative sequences that were obtained from the application of the grid for the analysis of narration in Marisa put in evidence two central events that precede the act of self-cut: one of them is related to the lack of understanding of the father's discourse and the fact of remaining trapped in the silence ordered by that one (O1 and A1 + failed disavowal); the other one, with the difficulty of her mother to register the self-inflicted damage which would put in evidence a state of maternal indifference (IL and failed foreclosure of the affect). We may say that the episode of self-aggression allowed her to recover the successful state (euphoric) of IL and foreclosure of the affect. However, the same didn't occur with O1 and disavowal, that is to say, she manages to consummate the revenge (at the own body's expense and resorting to a passive aggression) but keeps on suffering the failure of the disavowal (combined with O1), which remains lying in wait, manifesting the persistence of the subjection to a non credible character. A particular feeling of inferiority and revenge, result of the credulity to the others that tell false things, seem to take her to situations of mute fury, base and stimulus of new violent acts.

7. Conclusions: the trap of the patient into the dependence from a non credible subject (O1 + failed disavowal) was put in evidence. Even when the patient managed to convert IL's foreclosure of the affect and the disavowal combined with A1 into successful, in the moments of the violent act, she wouldn't get a similar result with the disavowal combined with O1, which is still failed and threatens in a permanent way the pathogenic balance and favors the possible relapses in the episodes of self-inflicted damage or similar situations. This type of study contributes an innovation to the knowledge of the detonants of the act of self-inflicted violence. Such detonants are linked with the subjection to a non credible character and the trap generated by that. This situation involves that the patients suffer a particular feeling of inferiority, a shame that is accompanied by supposing that the others, who have told her false things, abuse of the power that gives them credibility. This position leaves them wracked by an impotent and mute fury that becomes the permanent stimulus to culminate in ideas of self-cut. To sum up, one of the main contributions to which we arrived through this study was the concept of basic trust and its relationship with the detonants of the act of self-inflicted violence.