SPR Roma 2004
Analysis of the erogeneicities and the defenses in the second session of Amalie, applying the David Liberman algorithm (DLA)
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I. Amalie’s style: Erogeneicities and defenses
I.1. Erogeneicities

Narrative analysis
2 main stories
1. The problem of ending the visits she received
   a. She presumed a short visit and it was extended
   b. She had the opportunity to get rid politely of the visitors and she acted on the contrary
   c. She finished with anger, apathy and the supposition that she couldn’t learned from experience

   The predominant language in 1 is A2 (dysphoric version), and UPH (dysphoric version) and GPH (sometimes in an euphoric version) as complementary languages of eroticism.

   a. She tried unsuccessfully to avoid familiar parties
   b. In the parties, both brothers pushed her to an inferior position
   c. She allowed to be pushed by them and she received their criticism
   d. She felt herself submitted and bother by them

   The predominant language in 2 is A2 (dysphoric version) and UPH (dysphoric version) too. Both narration have as well complementary stories with some other languages that we take into consideration in a finest analysis.

Phrases’ analysis
We select the following fragment:
1) “That is, I don’t feel myself inferior neither to my sister in law nor to my oldest brother, nor to my youngest brother, nor anyone who has a degree” A2 euphoric version. 2) ”but they noticed that it bothers me, and know that I feel myself inferior” (objection: A2 with an euphoric result). 3) ”some of them, no doubt …... sure, with my female colleagues or male colleagues …” A2 euphoric version. 4) ”Yesterday I turned to think” A2 euphoric version. 5) “that is, ok, I like to meet them, and then, eh, when truly we arrive at a theme that that we can continue speaking (more than when we talk about what is more or less poor, I said, it is not
amusing to anyone), when...” mix between A2 (reference to her reflections), GPH (reference to what she likes) and UPH (interrupted sentence). 6) “How is it?” GPH in euphoric version. 7) “If when when when it is not so stimulant, it is terrifying” mixed A2 (if...then) and GPH (exaggerations: terrifying and redundancies: when, when), both in euphoric versions.

**Paradigmatic point of view:** It allows to detect the categorial system in the speaker.

A2 prevailed, with UPH and GPH complementary positions.

**Syntagmatic point of view:** It allows to detect finest the dynamic system of the speaker.

A2 prevailed (dysphoric scenes); some UPH allows to infer a dysphoric scene during the session. Some phrases allows to infer a euphoric version of GPH scenes displayed in the session.

A) The first phrase has two negatives phrases inside as an evidence of the undoing mechanism
B) The second phrase is the contrary to the first one (failure of undoing mechanism)
C) The fifth phrase (interrupted) has an internal parenthesis (isolation), but she couldn’t construct the corresponding phrase, so the mechanism failed
D) Both failures (B and C phrases) let emerge GPH language: 6th phrase (demanding “How”), with secondary identification process and 7th phrase (exaggeration), with condensation mechanism.

**Word analysis:**

A2: 30.02%
UPH: 23.44%
GPH: 23.60%

**Conclusion:** the tree levels (narration, phrase, words) results coincide.

I. 2. Defenses

Main defense: repression of A2, UPH and GPH. This defense failed and the repressed returned via secondary defenses:

1. For A2 → undoing and isolation (failed)
2. For UPH → deplacement and projection (failed too)
3. For GPH → identification and condensation (successful at least during a part of the session in the phrase level)

II. Therapist’s style and clinic strategies

**Phrase analysis**

**Paradigmatic point of view**

Prevalence of A2 accompanied by some UPH and A1 interventions and specially by GPH.
Sintagmatic point of view

First strategy (for the visit narration)
Accompanying (UPH)
Demanding information (A2)
Descriptions of the patient’s problems (A2)
References to her affects (O2)
Objection (A2)
Self corrections (A2)
Causal explanations (A2)
Stressing patient self under valorization (O2)
Finish (A1)

Second strategy (for the beginning of brothers narration)
Introductory interventions (A2)
Accompanying (UPH)
Reference to Amalie’s silence (A1)
Extended description (A2)
Exaggerations and comparisons (GPH)
Self criticism (A2)

Third strategy (for the patient’s interrupted description -devil, devil, devil, devil, devil- of brothers and family opinions)
Request information (A2)
Accompanying (UPH)
Symbolic equation (GPH)
Imitation (GPH)

Fourth strategy (for the continuation of the description of brothers’ and family’s opinions, until the phrase, previously analyzed):
Introductory section (A2 and UPH)
Reference to the patient act, “looking the watch” (A1)
Exaggeration (GPH)
Symbolic equation (GPH)
Diminishing complement (UPH)
Causal explanation (A2)
Example (GPH)

Fifth strategy:
Description of the patient’s mental activity (A2)
Completing her phrase (A2)
Asking about occurrences (A2)
Objecting her answers (A2)
Defining the theme (A2)
Summary of the patient’s problem (A2)
Clarifying his previous intervention (A2)
Arguing (A2)
Describing a patient’s movement (A1)
Establishing causal links concerning the increasing insecurity and curiosity of Amalie A2
Word’s analysis
A2 26.96 %
UPH 24.28%
GPH 21.69%

Conclusion: Results of phrase and word levels of analysis coincide.

III. Stylistic relationship between Amalie and her therapist
### First moment

<table>
<thead>
<tr>
<th>Narration level</th>
<th>Function</th>
<th>Defense</th>
<th>Style of the therapist</th>
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<tr>
<td>IL</td>
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<td>Successful forclussion of the affect</td>
<td>Strategy I</td>
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<tr>
<td>A2</td>
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<td>Unsuccessful repression, undoing and isolation</td>
<td>UPG introductory</td>
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<tr>
<td>UPH</td>
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<td>Unsuccessful repression, projection and deplacement</td>
<td>A2 first main intervention (description)</td>
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<tr>
<td>GPH</td>
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<td>Unsuccessful repression, condensation and identification</td>
<td>O2 complementary</td>
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### Second moment

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### Third moment

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<td>Level</td>
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### IV. Discussion and conclusion

**Stylistic complementarities**

Patient style had two prevalences: A2 (narration level) and GPH (phrase level). Therapist could deal better with A2, using A1, than with the patient GPH language. He didn’t find suitable interventions for dramatizations and body movements of the patient on the couch.

Therapist first strategy finished using A1, while in the patient A2 prevailed. It was a successful intervention. When some difficulties to maintain the theme appeared, therapist A2 resources allowed him to reach his goal too (second and third strategies). Nevertheless, he finished using GPH intervention, imitating the patient. And in the forth part, the use of A1 for introducing transferential questions interfered his previous effort for touching Amalie’s family links themes. In the fifth part A2 resources used by the therapist appeared strongly, and we can’t say if his strategy was successful or not. The patient didn’t seem to understand him.

The patient was describing her family links when first she exclaimed “devil, devil, devil, devil” and then she contradicted her own phrase with other one. In both opportunities the patient interfered the explanation (A2) with a dramatization (GPH), and the therapist answered with GPH interventions 1) imitating the “devil” (strategy three) and 2) giving symbolic equations like “the more…the more, etc. (strategy four).

It is interesting to observe the different values of A1 in the therapist strategies. In strategy I, he used it successfully and obtained a partial change in Amalie’s the defensive system. But in strategies IV and V A1 had the value of an introductory intervention finishing with A2, while in the patient A2 insisted as the relevant language in the narration level and GPH in phrase level.

**Clinical results**

A partial change in the patient’s defenses occurred during the first clinical strategy: isolation and undoing diminished and secondary identifications and condensations. But this previous defensive system reappeared when the therapist came back to transferential links. The excessive insistence in using A2 resources, specially in the last part of the session, reinforced the equivalent tendency in the patient, and some pathological defenses partially removed, returned.