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Researching wishes and defenses in two self-injured patients using the David Liberman algorithm (DLA)

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I. Goal

To investigate wishes and defenses in two patients practicing self-inflicted injuries

II. Method

The David Liberman algorithm (DLA), which allows detecting wishes and defenses (as well as their state) in narrations. Repertoire of wishes: Intrasomatic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Repertoire of main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. The state of the defenses can be successful, failed or both. It is possible to combine the analysis of wishes and of defenses.

III. Tools

For the analysis of narrations, two DLA instruments are available: 1) a grid useful for the detection of wishes in the episodes or scenes, 2) a sequence of instructions guiding the decision referred to the defense and its state.

Each one of the scenes of the grid condenses several episodes. Among the traits corresponding to O1 (where cognitive wishes are prevalent), the failure of the cognitive wish may appear when the subject believes in lies that are contradictory to the facts. It may also occur that a patient feels dependent from a subject that believes in words that don't match with the facts. In regards the disphoric versions of IL (where intra-somatic wishes are prevalent), they involve states of de-vitalization, of economic poverty or of expulsion from a

space (locked outside) as much as crisis of somatic terror, vertigo states or terror to the risk of economic or financial collapse. The disphoric anecdotes corresponding to O2 (where the wishes of a heavenly love prevail) include situations of loss of the loved object and the experience of being useless, while the euphoric anecdotes include the sacrifice for love and the recovery of a space where love prevails. Regarding A1 (where the wishes to make justice prevail), the disphoric scenes consist in suffering humiliations and injustice, while the euphoric scenes consist in developments of vindictive practices. Regarding the defenses, it is convenient to clarify that the foreclosure of the affect is usually complemented by a mechanism of escape from the reality corresponding to the mechanism that other authors call “fly”, in the same way as Freud, and that has been usually associated to the PTSD, even though it may also be observed in many other pathologies of severely regressive type.

III.1. Validity

The use of the DLA has been tested regarding its pre and post-dictive validity (Maldavsky, 2009c), its convergent validity (Maldavsky, 2009a, 2009b), its construct validity (Maldavsky, 2009a), and its external validity (Maldavsky, 2009a). Among all of these studies there is a test of convergent validity between DMRS and DLA, which threw as a result a kappa coefficient of 0,737. The high grade of agreement between the judges is confirmed by the result of the *Statistical Significance* of 0,000, which means that the probability of such a high value of a Kappa of 0,737 of agreement appearing between the judges by chance is 0, i. e. that the probability of a highly significative result due to random is improbable ($P = 0,000$).

IV. Procedures

First step: Creation of the sample of specific episodes according with the goal of the research. The analysis of narrations with the DLA tools usually requires from an initial process that transforms the textual material of a session in a cluster of brief narrative sequences (each one usually composed by two or three successive moments: for example, “1. the patient decided something, 2. he did not try to consummate his wish, 3. then he got anguished”, or “1. the

patient believed a false phrase of his older brother, 2. he made a decision without being completely convinced, 3. then he had an insomnia crisis”). The collection of a group of these narrative sequences constitutes the sample over which the DLA instruments will be applied. With the objective of achieving this sample, the researcher has to comply with a procedure that allows him to select part of the patient’s discourse and reorder it. In this task the researcher complies with several criteria. Among them, three criteria: informative economy (elimination of redundancies and dispersed details), isotope (maintenance of the topic), chronologic-causal link, allow creating each narrative sequence. Another criterion (coherence or consistency) corresponds to the creation of the cluster as a whole. At the same time, this last criterion obeys two requirements, one syntagmatic (taking into account the succession between the different narrative sequences) and the other one paradigmatic (paying attention to the similar narrative sequences. It is possible then to apply the DLA instruments to the analysis of an extensive sample (i.e. to the whole cluster of narrative sequences) as much as to a reduction achieved by a collection of similar narrations.

Second step: analysis of the sample using DLA tools for the detection of wishes and defenses.

V. Sample

Tape-recorded clinical interviews of two patients.

V.1. Lorena

Lorena was hospitalized at the age of 29 years old, due to the fact that she self-inflicted cuts in her skin. In that moment her family was composed by her mother, a younger brother named Iván and an older brother, David, who lived with his couple in another city. Requested by Daniel, her mother accompanied the patient during the period of hospitalization. The patient narrates that his father, alcoholic, had died two years before, due to some complications derived from that suffering. A few days before his death, the father had said that they had to do something about Lorena because she was drinking alcohol all the time. Lorena would drink from time to time but she wasn’t doing it all the time.

When she heard this opinion from her father, the patient started crying with anger and didn't correct him. After her father died, Lorena had a fight with her younger brother, who also accused her of being an alcoholic; due to this, she abandoned her father's house and went to live to her older brother's house. Not so long after this, her brother's couple asked her to leave because if she didn't, she would end up braking up with Daniel. Lorena, without being convinced of it, left the house and for the first time started living by herself. It was a difficult time for her, she would tell Daniel she was all right, would lie to him in order not to worry him. She would fight with her brother, go home at night furious of not being able to tell him anything, and then she would drink beer and cut herself; that's why she was hospitalized.

During the hospitalization she created a good relationship with her mates, particularly with one of them, Nati. In a moment of anguish this one confessed that she wanted to hang herself, then she said she wouldn't do it, she lied. After Nati tried to kill herself, Lorena didn't believe in her anymore. On Friday that week her family therapist allowed her to have a glass of beer without alcohol during her permission to get out of the hospitalization. On Monday she commented in therapy that she had had a good weekend, had done everything all right, she hadn't had thoughts or wishes to cut herself. The return made her feel anguished, she didn't want to come back to the hospital because of what had happened with Nati but she was able to come back to continue with the treatment indicated. In that same session, Lorena and the therapist talked about a possible permission to go out the next weekend. The professionals of the work-therapy team saw a hand she had made with disposable materials and praised her for it and asked her to make another one. Then she told the resident doctor that she had made a mistake because she had drunk beer without alcohol during the weekend and he told Lorena that she shouldn't have done so. She told her family what the doctor had said and Daniel and her mother reproved her up. She started to feel bad and wanted to cut herself. She thought she was still a drunken person just like her father and her brother Iván would say and that they were right. In that moment she remembered her father and had the same feeling she had in days before his death. Lorena told in session that it was hard to talk about someone that was dead, that she didn't have

suicide ideas, but that she felt like cutting herself to soothe the fury and the pain she felt. She was at the border of cutting herself; she couldn't stop thinking about it and asked for help in the nursery. The nurses asked for the presence of the resident doctor. After being evaluated in four opportunities by the residence and due to the fact that the ideas of cutting herself persisted, they offered her the possibility of being held, i. e., tied from hands and feet to the bed. She told her therapist that she had ruined everything; she had never come to the extreme of needing to be held. When she was like that she asked for medication but no professional listened to her, because she was in a part of the room hard to see. Finally, a mate heard her and asked for help. In general she prefers to appear unnoticed, that way she feels more protected. In that aspect she is like her brother. She added that she was compromised with the treatment. She wanted to do and say the things right not to fall again, to get out of the hospitalization and to have a new life. She said that the best thing was that she asked for help and didn't cut. Regarding the permission to go out, which had been the main topic in the Monday session, the following Thursday, after the episode in which she was held, the other resident psychiatrist denied her the weekend leaving due to the fact that there was no one to sign her permission. She didn't understand this argument because even when she was able to seek for help and to talk to the residence when she felt bad, they left her without the permission to go out. So she wondered why she needed to talk. She was angry because she tried to do things more or less all right and they took away her permission. She told her mother about the situation but this one didn't say anything. She didn't want to get to the extreme of cutting herself, but she couldn't stop the impulse. She felt that they left her without the permission to go out. She searched and finally found a piece of glass and hid it in her wardrobe. The nurses told her that she had a bad face that she should talk to one of them or the residents but she didn't ask for help not even to her mates. She thought that the anger and pain of the whole week would be relieved. She remained silent and cut herself. Then the professionals told her that if she cut again she would go to the E.R. the patient felt this comment as a reproving. The following night she continued wanting to cut herself, she was dosed and in the morning, when she woke up, she felt better.

Analysis of narrations

Pan overview. It is possible to differentiate 19 narrative sequences in the session. From the statistical point of view, here we have the panorama of the proportions of the patient's functional and pathogenic defenses (Table I).

Table I: Normal and pathogenic defenses

Defense	%
Creativity	3.15
In accordance with the goal	34.61
Repression+characterologic traits	25.17
Disavowal	16.08
Foreclosure of the affect	20.98
	100

The proportion of functional and pathogenic defenses in the patient allows appreciating that the pathology she suffers is from moderate to severe. The result of this research is coincident with one carried out by two other members of the laboratory, in occasion of having published a paper about this same sample.

Analysis of the violence episodes and their precedents. Among the detonator episodes of Lorena's self-inflicted violence we can highlight two: being excluded from a space (IL and successful-failed foreclosure of the affect and the failed escape) and the fact of not understanding the logic of the speakers from whom she depended or being exposed to other people's lies (O1 and failed disavowal). The first of those factors was extended in the time, while the second was more punctual and constituted then the specific detonator. However, what predominated in the moments of violence was a tendency to the discharge (IL and successful foreclosure of the affect and the failed escape) and a vindictive practice (A1 and successful disavowal), which allowed her to have a triumphalistic feeling. In consequence, what prevailed in the detonator scenes was IL and successful-failed foreclosure of the affect and the failed escape and O1 and the failed disavowal, while in the moments of outburst IL and successful

foreclosure of the affect and the failed escape and A1 and the successful disavowal predominated. We may also stress that the patient had moments in which IL and foreclosure of the affect was combined with the successful escape, while when this defense was failed the escape was impossible for the patient.

V.2. Marisa

The patient narrates that Tomás, her boyfriend, had been on a business trip and that when he came back he told her by phone that he had some tickets for a rock concert. She thought they would meet the next afternoon, but he only appeared at night. Before that happened Marisa started thinking that he didn't want to see her. When Tomás arrived the patient was already getting into a crisis. She tried to distract herself but could only do it for a short time. During the crisis she felt distressed, she wanted to cry but at the same time she tried to hold it, because she hadn't seen her boyfriend for a week. In an e-mail exchange she had told Tomás that she had hid a razor but that she hadn't finally cut herself and he criticized her for it, he said she had misbehaved and that she got that attitude from her former boyfriend. Marisa didn't like the fact that he criticized her because she thought that was something her psychiatrist, her psychologist, her parents would do but not her boyfriend. She expected him to console her, to calm her down, to tell her that she had taken a big step and that everything was going to be fine. He questioned her for having told him when he was far away because he felt impotent to do something, and she apologized and said that she couldn't hide things from him. Whenever he criticized her she was angry but never told him. After a while Tomás told the patient he had missed her a lot and she felt this was contradictory with the initial attitude. After this they felt better and remained together for a few hours. Then she was all day long crying, until Sunday noon, when she got up and ate alone. She was sad but quiet; she didn't need to talk to anyone. She had felt bad on Friday; she was sad and cried almost the whole day. When her father came home from work he told Marisa he had consulted a witch for her, and not only a priest. Some friends had recommended that quack and he decided to take one

of Marisa's shirts. The woman told him someone had hurt the patient and that her friend Jazmín had something to do with that. When the therapist asked for more information the patient said Jazmín and her mother had hurt her, that she had a fight with her friend because this one tried to steal her boyfriend. She commented that she had no idea what her father was talking about, and that she had also absorbed her previous boyfriend's disease, which had an irreparable illness but that it is not brain damage yet. The father requested her not to tell anybody about that. Then the patient started hurting herself with her finger nails. She asked her father to stop her hands, and then she started crying and breathing deeply until she felt dizzy. She looked at her father in the eye and saw him as a little boy; then her mother arrived and pushed her father out of the room adding that he was hurting her daughter. When her sister came back from school she gave Marisa a kiss and lied down in the other bed. The patient asked her sister to help her and this one questioned why she cried like that, why was she so bad. Marisa didn't know what to answer, even though she knew that day she had been worse because of what her father told her, but she couldn't tell her sister that. Then she added that when she was with Tomás she felt that he scolded her. She noticed that her face was changing but she wouldn't say anything. Then he asked if she was angry but Marisa, instead of saying yes, she would say no, "Love and peace, it's ok". She told the psychiatrist that her father wanted to consult a witch. She added that she was sure the psychiatrist would want to give her a pill because he would take the symptoms as deliriums and hallucinations, but she was also sure that it had nothing to do with that. The doctor gave her a sleeping pill.

Analysis of narrations

Pan overview. It is possible to differentiate 11 narrations along the session. From the statistical point of view, here we have a panorama of the proportions between the defenses (Table II):

Table II: Normal and pathogenic defenses

Defense	%
In accordance with the goal	50
Repression	2.22

Disavowal	31.11
Foreclosure of the affect	16.67
	100

It may be adverted that the combination between the functional defenses and repression, which is a pathogenic defense of moderate severity, throws a proportion of more than 50%. This fact conducts to inferring that the patient has only a moderate grade of severity.

Analysis of the violence episode and its precedents.

The violence episode (to hurt her arms' skin with her finger nails) was posterior to the moment in which the father, very distressed, communicated her that he had consulted a witch and that this one had commented that Marisa was suffering the evil eye of a young girl that put the blame of her former boyfriend's illness on her, option with which the father agreed, to which was added the fact that he tried to create a silence pact with the patient. In consequence, the patient seemed to depend on a subject that had a belief that she wasn't able to correct, which corresponds to O1 and failed disavowal. This scene was combined with the experience of indifference regarding her boyfriend (O2 and failed disavowal). However, as a consequence of her own silence, she suffered a regressive transformation into the experience of remaining evacuated from this one's mind (IL and successful-failed foreclosure of the affect and the failed escape). While this experience of evacuation constituted a lasting situation, the episode with her father had a punctual character, and seemed to be the most specific detonator of the self-inflicted violence.

VI. Discussion

O1 and failed disavowal correspond to the scene of being trapped in dependence from a liar subject. IL and failed foreclosure of the affect correspond to the scene of being rejected from a familiar space. The episode of self-injury permits to recover the successful state of IL and foreclosure of the affect; however, the same does not happen with the dependence from a liar person.

VII. Conclusions

Even when the patient managed to turn successful the foreclosure of the affect linked to IL and the disavowal linked to A1 resorting to the skin cuts, she wouldn't get a similar result with the disavowal linked to O1, which remained being failed and that, thereafter, threatened constantly the pathogenic balance and could conduct to the relapse in the episodes of cuts or in similar situations.