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Analysis of the erogeneities and the defenses in the second session of Amalie, applying the David Liberman algorithm (DLA)

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We'll expose first the method of analysis (DLA) and then we'll describe how to use it for the analysis of the style of patient (Amalia) and analyst. By this way we'll investigate a therapeutic relationship taking into account: 1) the style of the patient, 2) the tree of decisions of the therapist, 3) the relationship between both styles.

I. The method (DLA)

A. General presentation

Freud (1916-17) states that understanding each clinical case demands that the therapist and the researcher take into account the specific libidinal fixation and the defense. In each patient a combinatory between some sexual fixation and some defenses determines the singular clinical problem. A method that detects erogeneities and defenses in the discourse of the patient can be useful in the therapeutic process and outcomes researches. David Liberman algorithm was designed for the research of the discourse from this Freudian perspective. The method has a strong theoretical argumentation, explaining why several erogeneities and defenses were considered the most important, and what the criteria for the operationalization of both variables were (Maldavsky, 2003). The DLA allows investigating erogeneities and defenses in three levels: narration, phrase, words (Graphic I). The method is useful too for the analysis of the motricity (for example, in the session with children) and of the visual manifestation (for example, paintings). The panoramic view of the method and its instruments can be seen in the Graphic II.

B. Detection of the erogeneities

Narrative analysis. DLA differentiates five scenes in the narrative. Two of them are states; the other three, transformations. The narration contains 1) an initial state of unstable equilibrium, broken by 2) a first transformation, corresponding to the rise of the desire. This moment is followed by 3) a second transformation, the essay to consummate the desire, and finally 4) a third one, that includes the consequence of this essay. This is followed by 5) the final state. Two states (one initial and another final) and three transformations form the matrix of narrative sequences. This formal structure acquires specific qualifications for each language of eroticism (Graphic III). These qualifications imply that the "actants" (types of characters), affects, actions, ideal, group representation, temporal and spatial conception, has a high grade of definition. Among the "actants", those of model, subject, double and assistant can be distinguished. Eventually, object of desire and rival also appear. In the real facts the researcher can find suppressions, redundancies, permutations, condensations.

Words analysis. The systematization of narrative brought a basic contribution to gather the words taking into account sexual categories. For example, in the narrative belonging to A2, the scene of a solemn public oath in an institutional context, allows to include in the archive of the dictionary terms as "duty", "tradition", "moral", "study" and others which express the essay to dominate and control the reality (including the internal one)

by the means of a knowledge of concrete facts. It is possible to add also "clean", "library" and many other words.

With these gathered words, a dictionary, a computational program that allows investigating word networks is available. The dictionary is formed by seven archives, one for each language of eroticism. In each archive there are units composed by: 1) fragments of words, 2) words, 3) groups of words. The totality of the archives includes about 620.000 words, belonging to 5.000 radicals approximately. Many words have a multiple erogenous sense. Therefore, it could happen that the meaning detected by the program corresponds to more than one language of eroticism. The program can do two types of study. One of them has an automatic character; the other one is more handcrafted and interactive.

Phrases analysis. The grid of the narration allows systematizing too other kind of emergence of the scene, displayed in the present discourse of the speaker. The scene not narrated but displayed in the present can be studied as a group of phrases. For example, the insult is a phrase that corresponds to the scene of the essay to consummate the desire of vengeance (A1); the doubts is a phrase that expresses a dysphonic resolution of the scene belonging to the narration of A2, and the objection corresponds to the scene of standing in the position of the rival in the scene of the arousal of the desire in the same A2, etc. When studying the level of the phrases, DLA considers the acts of enunciation of the speaker. Also, DLA deals with new methodological problems, since in the level of the phrase it is important to notice the form in which the speaker uses the sounds of the language. Consequently, DLA has to consider two aspects: not only the verbal components but also the paraverbal ones. Therefore, DLA contains two grids (Graphic IV and Graphic V). This third perspective of the research is specially useful for the analysis of the relationship between patient and analyst inside the session.

C. Detection of the defenses

Narrative analysis. DLA allows detecting the defenses as drives destinies expressed in the language. If certain scene in the narration allows inferring a specific eroticism, certain position of the speaker in the scene he/she describes allows detecting 1) a specific defense and 2) a specific state of it. For example, in A1 the speaker can appear as a hero, as the subject of a secret aims of revenge, but he can also set himself as a victim of alien abuse, or as an instrument (assistant) employed by an unjust protagonist that will despise him afterwards. In the first situation, the dominant defense is the successful disavowal, as results in defiant characteropathies, and in the second one (the patient as a victim of abuses or as an instrument, afterwards rejected, that the main character employs in the frame of a desire of revenge) prevails disavowal too, but as a failed defense. The DLA has a) a description of the features of each position that the speaker can occupied in the narration, and b) a sequence of instructions useful for the investigation of the type of the defense and its state.

Phrases and words analysis. If phrases and words allow detecting the erogeneity, rhetorical studies allow inferring the defense. DLA contains a) a systematization of the resources (rhetoric figures, argumentation) expressing some defense and its state, and b) a sequence of instructions allowing to detect how to decide what defense and which state of it appears.

D. Analysis of the patient-therapist relationship

Liberman (1970) proposed that each discursive style of the patient has an optimum complementary style of the therapist. Liberman stated that, when an analyst turn in emphatically to the patient and have a comprehension of his psychic processes, this fact is evidenced in interpretations with a complementary style of the patient's one. Here is the list of therapist's optimum complementarities that Liberman postulated for each style of the patient, with some aggregates that belong to me:

Patient	IL	O1	O2	A1	A2	UPH	GPH
Analyst	O2	GPH	A2	A2	A1	O1	O1

Liberman justified his proposal affirming that in what we called GPH there are frequently redundant dramatizations and syntactic and semantic proliferation without synthesis, while in O1 the tendency to the abstraction and the lack of commitment in a concrete scene prevails. This last style gives to the first one its optimal complement, while driving to detect the common in the redundancy, and substituting a pathogenic defense (repression) by another one, more benign. In the same way, GPH is the complement to O1. Similar argumentation drives to justify the other complementarities among the styles. Concerning O2, the optimal complement is A2, because the first one puts the emphasis in the feeling against the thought according to rules that the second one emphasizes. A1 also defies the thought, putting the accent in alloplastic action; so, its best complement is again A2. About this last one, that gives importance to thought instead of decision and action, its optimal complement is A1. For IL, that gives attention to corporal processes with no affective qualification, its optimal complement is O2. At last, UPH has the same rank of essential redundancy as GPH, and its complement is O1.

II. Researching patient and therapist styles

II. 1. General frame

The analysis of the patient's discourse informs about his concrete style, belonging from his libidinal fixation and defenses, specially those displayed during the session. From the therapist discourse analysis (phrases and words studies) the researcher infers which the clinical style is. Each therapist style contents some interventions with an introductory or complementary value and other ones with a main value. The style of each analyst with his patient can be formalized as a specific combinatory among introductory, main and complementary interventions. Two kinds of questions are relevant: 1) concerning the combinatory between introductory and main interventions, 2) concerning the continuity or the change in the main interventions during the session. Sometimes a contradiction between introductory and main intervention can be detected. Sometimes the orientation of the main interventions changes. Those modifications of the orientation can be a consequence of a rectification

of a partially erroneous clinical way or can be an effect of the changes in the patient's discourse obtained by pertinent previous interventions. If the change implies a clinical reorientation, it is possible to study the tree of decision of the therapist in terms of differential strategies: the failed and the successful ones. This kind of description (including the research of the patient's discourse as an expression of his erogeneities and defenses and the research of the style of his therapist) allows investigating too the countertransference. Usually this type of study demands, as a complement, that the therapist gives some additional information about his perturbing feelings during the session. If not, countertransference feelings can be inferred mostly by a combination of the research on the inadequacy of therapist's interventions and on the features of the patient style.

II. 2. Summary of the session

II. 2. 1. Amalia began her second session saying that she wanted to continue with the previous theme. After the therapist agreement, she narrated that the night before she received a visit that was prolonged too much. She couldn't give any excuse for impeding so extended prolongation. For her was terribly difficult to throw someone. The visitant were a colleague and his fiancée. She appreciated this colleague. She knew just a little bit her fiancée. Yesterday was practically the first official time. But simply it was excessively extended for her. She was very fatigued and she wanted to do other things. She was bother with herself because she wasn't prepared for throwing them with compliments, discreetly (laughing). When she wasn't prepared for something so, she couldn't do it. The therapist accompanied the previous narration of the patient saying "yes" or requesting more information, but in this moment included his first intervention: the way for finding means and forms to liberate herself diplomatically from them was bloqued.

Amalia agreed: in the moment in which a pause appears, she was so afraid for this incommodity than she did the opposite that she wanted. The therapist commented: you reacted in the opposite way. The patient agreed. She added that she reacted in a totally fatalistic way. Contrarily, she forced them not to leave, although she wanted that they went away. She was very exhausted and... Today, by the other hand, for example, in the school she could maintain her position very clear and decidedly. Sometimes this was forced too, because she knew that she had to force a certain duress. She had a great difficulty to said: okay, I am so, and those are my interests. The therapist said that in the moment of silence that could be taken as a signal to finish, she saw herself throwing someone. Exactly, said the patient. In the moment of finishing, this vision of herself (continued the therapist), was increased with her wishes the visits went away. The patient agreed, and answered if she couldn't articulate her wishes because she felt herself as someone who throws and those situations scares her so much. "Mhm" said the therapist. The patient continued: she was bothered because she could do it when she was prepared, with closer persons. She could say: "listen me". That is, not always she could say it. Also it could be that she said it and anyone noted it, and she had to become violent. But really something bothered her: sometimes she could do it quite well and then she could become violent. Taking into account her age, she had to can do it. She was afraid from the people and she wanted to get on well, she wanted to know what happened, why she couldn't said (anyone took it badly): "listen me, I am so ex---", or "listen to me, I am exhausted", or "I have still something to do". And then she took it apathetically and she swallowed it. The analyst commented that the apathy was a

reaction, a paralysis. It was rare (the patient said), she was equally polite; her mother said that in this moment she was the best actress. Anyone noted what she thought. This was terribly tiring. She couldn't send herself to the devil and was extremely gentle. And the hate? If she knew someone very well she could say that she was exhausted or that she had still something to do, but it was difficult for her, including with her private students. She preferred give to them five minutes more than less and she ever felt that she threw them and that she was impolite. Other person could do it so elegantly and anyone took it badly. Anyone would be upset if she was honest in this moment. She didn't believe that she could learn to do it. She wanted at least to know why. The therapist said that apathy appears in the place of the anger. The patient answered that after that she had a terrible anger with herself, and she couldn't sleep. Before there was a deep frequent depression, when she had approximately 20 years. "Because in that moment you felt yourself incapable?", said the therapist. The patient agreed: the depression was extended by 14 days. She said herself that she was the worst person. "Yes, said the therapist, you want to say the last shit".

II.2.2. Laughing, Amalia agreed. "You cannot get ready, that is, then is one less interesting as couple?" She believed that it was so. She forced herself with a lot of people, giving the impression of being terribly sure of herself and that she knew exactly what she wanted and that she could impose herself. Once her boss supposed that she was addict to the career, and this kind of things that were absolutely not certain. Sometimes she could hand over totally and she could become forced again and exaggerated. For example, her boss stated: "yes, you just wanted to do a career". She said that it was an absolute misunderstanding. First, she didn't want; second, she couldn't. Frequently it was a role in her. In front of her oldest brother, she was a satellite during decades, and in front of her youngest brother, yes. Now, some people did what she wanted and almost danced the music she played. When the patient entered in a prolonged pause, the therapist asked about her silence. The patient laughed and said that she wanted to know how had she to see it. The therapist said that Amalia was between her brothers during decades and was the satellite of the oldest one. He added that, exaggerating, she just lived and acted depending on and did not what she wants, like with the visit (if they do a little bit artificial comparison), and after that she rebelled.

II.2.3. The patient agreed. She added that after that she affirmed herself absolutely and her brother felt a dependency on her. But in some fields, when the three brothers met together, she was still the person that both brothers dared to critic. With the youngest brother she could do it better, perhaps more lucidly. Once she said him clearly that she didn't want it. She didn't say any very personal thing of him. One could do a joke or an observation. But always she felt that she was beaten by both, the oldest and the youngest ones, on the last years too. By the other hand she was independent, but this was different. She felt herself submitted to her brothers. This fact was connected with the profession, because she interrupted her studies and they didn't do it, and this had connections with the relation's opinion. Her youngest brother was a doctor and she had a very good relationship with him, and the oldest one was loyalist. Some persons of the family, her sister in law and others, gave a great value to a title and external things. She didn't feel herself inferior neither her oldest nor her youngest brother, as persons. In front of her oldest brother in any way, but she was pushed to this type of role, and she evidently allowed to be pushed, a little bit not directly failed, but she hadn't so much

money and she didn't arrive too far and she hadn't so much money. "Devil, devil, devil, devil, devil." The therapist asked if the other was a devil, and repeated (he also) twice: "devil".

II.2.4. The patient laughed, agreeing. Taking into account external things, appearance and dresses, standards of life and so, those things were enough and played an important role. "Specially for the sister in law?", asked the therapist. The patient agreed and said that she had an official sister in law. Stop, the wife of her oldest brother. The youngest one was not married. Her father and also her mother thought the same thing concerning her profession, and her uncle... Ay, this thing too, it will be impossible to finish if she wanted to narrate it. This verdict bothered her although she was relatively conform with her place in the profession concerning her salary, not her title. Her title was terrifying. Answering some questions asked by her therapist, she said that her title was teacher of secondary school. It was impossible to show it; she had to be school consultant or doctor. In front of her mother perhaps not so much, but also she was bothered because of the lack of title. Her mother said: better colleagues and more agreeable students. Certainly, this was not totally correct. She tried to evade the family parties. Tacitly some differences of ranks were done, someone more than others, certainly, and she was bothered by it. "That is, I don't feel myself inferior neither than my sister in law nor than my oldest brother, nor than my youngest brother, nor anyone which has a title, but they note that it bother me, and note that I felt myself inferior, someone without doubt. sure, with my women colleagues or men colleagues... Yesterday I turned to think, 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 it is more or less poor, I said, anyone is amused), when... how is it? If when when when it is not so stimulant, it is terrifying".

"Yes, said the therapist, watching the watch has an important role in the visits": The patient, laughing, asked him if it was because she just watched the watch. The therapist agreed, and added that the more she wanted to look, the more careful she became. The patient agreed. She added that she hated this word, but it was correct. Watching the watch had a role. It will be absolutely deceitful saying that one had time, and this was what bothered her, that it couldn't be said. The therapist said that, exaggerating a little bit, the more she watched the watch as a signal that it must finish, a paralysis occurred, because all impulse was suppressed, for example the impulse to watch the watch.

II.2.5. Agreeing with her therapist, Amalia answered that she had fear from certain impulses, because they appear desmesurately. Sometimes, she felt herself wounded if someone said her four truth, and in the same moment she thought that the other had reason. But when she herself did it, that thing bothered as much as the next time she thought: "No, come on, it isn't something to do". She compared this situation with those of conducting a car, when one asked himself if it was enough or he needed to change the lane, and he saw insistently the mirror and noted that it was enough but he was terribly paralyzed and preferred not to change the lane and do a great detour and after that turns aside in the right moment. And after that, in other opportunity it was done automatically. But this paralysis was really stronger and frequent. So, although she assured herself twice, three times: "now it will be a good moment, said something", she remained in silence or she said the contrary. Probably she couldn't want and she was

troubled because she couldn't want something, stand up and go away. She didn't believe that one could learn it and perhaps if she programmed herself the best she could, but this thing also could fail. For the others this things occurred, but not for her. A noise irruped from the street and the patient asked what it was. Pause. The therapist said her that she continued thinking, and the patient agreed. Between parenthesis she thought why she was in the couch. "And not seated", said the therapist. The patient agreed. She added that she hadn't see his reaction, because this was uncertain. Asked by the therapist Amalia explained that in the conversation normally reactions existed. The therapist said that she supposed that he hidden certain reaction. The patient said that he tried not to influence. The therapist said that she supposed that he didn't admit to be influenced by her. "That is, you didn't show surprise", added she, or admiration or repelling, that is, that she continued alone, because always a question was hidden in what she said, and she went to knew that he didn't answer but précised. She thought why he did it, because this kind of conversation didn't contribute to anything. Now she thought how she reacted when her students spoke. There was a difference, also she reflected on this. This thing gave her a great insecurity. She asked herself... "If this arrangement is good?" continued the therapist. Laughing, Amalia disagree. She wanted to know why, without doing a qualification. She wanted to know which foundations he had. She thought that this was a way of talking totally different as usual. The therapist said that today the theme was that she had fear from her reaction in the visits. The patient laughed and the therapist added: she wanted to see them and to act in other way, although what she observed and anticipated taking into account what she observed previously. The patient said that she couldn't follow him totally. The therapist explained that he connected the fact of not perceiving here any reaction, once she turned (the patient agreed) and during the visit she was insecure because she was afraid from a less friendly reaction, and she couldn't act as she wanted. "Correct", said the patient. The analyst added: some part of this insecurity appears here, because she was here insecure of the reaction of the therapist, she didn't see his face, she couldn't observe him. And the usual and natural reassure that allows one to reassure if something corresponded or not, if he was adequate or not, was not done. "Remained out; at least, it was very reduced", complemented the patient. And the therapist said that this fact increased her curiosity. "Yes, terribly", said the patient. And the session finished with the reciprocal greetings.

II. 3. Amalia's style: erogencities and defenses

1. Narration analysis

Ordering narration sequences

Thematically speaking, in the session Amalia did two main stories: 1) the problem with the end of the visits she received, 2) the relationship with her brothers and other members of her family, and four complementary ones: 1) concerning with her students, 2) concerning her boss, 3) concerning a car driver, 4) concerning the analyst and herself. Besides, the connection between the stories, and some features of them, can be studied too.

The story of the visits was the most extended: it appears in the beginning of the hour and was retaken in its last part. The story has different moments: 1) she received a presumably short visit, 2) where the moment of liberating herself politely from the visitant arrived, she did the opposite, 3) she finished with anger and after that with apathy and she supposed that she couldn't learn from the experience.

The moment 1 can be displayed: the visitants were a couple of an appreciated colleague and his fiancée in its first official visit. The moment 2 has three different details. When she was prepared, she could be polite saying something to finish the visit, with closer persons (perhaps in the school). She could also become violent if she wasn't listened. Other detail concern what she did when she acted in the opposite way: she forced herself (as an actress) and forced the other not to leave. A third detail corresponded to her argument for finishing the visit: she was exhausted or she had something to do. The moment 3 has too some complementary additions: the apathy was a depressive state, and was accompanied by sleeping difficulties.

The second main story (relationship with her brothers, etc.) has different moments too: 1) the two brothers pushed her to an inferior position, 2) she allowed to be pushed by them, and received her criticisms, and 3) she felt herself submitted and beaten by them.

This story has some complementary ones. One of them is 1) during decades she was a satellite of her brother, specially the oldest one, 2) after that she reacted, specially with the youngest one, 3) now her brother depended on her. Other complementary story concerns her relations: her mother, her father, her uncle, etc., criticized her, specially because of her title. Other story concerns her oldest brother: he was married, she had an official sister in law. Besides, she had not too much money. Other story can be added to the relationship with her youngest brother: some people dances the music she played.

The four complementary stories quoted in the beginning of this commentary (students, boss, car driver, analyst) were very short. The story with her students has two parts. The first was when the finishing moment of the class with private students arrived, she preferred continuing a few minutes more. The second story was 1) the students spoke in the class, 2) she reacted with insecurity. The scenes corresponding to her boss are: 1) he stated that she wanted just to do a career, 2) she said that this was an incorrect opinion. The scenes concerning car driver is: 1) he wanted to turn aside, 2) he saw the mirror and thought that was enough to turn aside, 3) but he was paralyzed and did a great return, 4) in the next opportunity this acts were done automatically. The story with the analyst is: 1) she wanted to see her analyst reactions, 2) the analyst tried to hidden what influenced had her on him, specially surprise, admiration or repelling, 3) to be in the couch increased her insecurity and her curiosity.

Analyzing narrative sequences

The first main narration (visits) corresponded to a dysphoric version of A2: the patient had a wish of affirming herself and acting according the social contract, but she did the opposite act and finished with a great self criticism, supposing that she couldn't learn from her own experience. As a complement, GPH (party scene) had some relevance. The complementary stories added some nuances to the main one. The first complement concerned to a couple which did the first official visit. In this scene the official character of the visit corresponds to an euphoric version of A2 (ceremonial scene), but the feature of the visitants (a couple) belongs to GPH. From the perspective of the couple the scene was euphoric. Other complementary scene exposed what were her acts when she forced herself to doing the opposite: forcing herself corresponds to A2 (you must do, etc.), but the kind of actions (like an actress) belongs to GPH. Forcing herself is a dysphoric version of A2, but acting as an actress was an euphoric version of GPH. The excuse she could use to be polite finishing the visit was two: exhaustion

corresponds to GPH (and perhaps to IL) and having other activity corresponds to A2. The first excuse constitutes a dysphoric result and the second one, an euphoric version. Finally, the narration of the scenes with closer visits corresponds too to A2, in an euphoric version. This version refutes her supposition that she couldn't learn from her experiences. The complement of the third moment includes references to the difficulties for sleeping that correspond to IL in a dysphoric version.

Summarizing this narration we can said that the main part corresponds to a dysphoric version of A2, with two great complementary scenes. One of them includes GPH in an euphoric version (forcing herself she was an actress, and the fiancée of her colleague received too an official recognition). The other of them includes an euphoric version of A2 (she could find the way to liberate politely from the closer visitant). The first complementary story contents a reference to the beneficiaries of her opposite act, and the second one presents the opposite version of the main story. Additionally, some fragmentary elements of a dysphoric version of IL (exhaustion, difficulties for sleeping) can be detected too. It is interesting to note that this whole story appears repeated twice in the discourse of the patient, in the beginning of the session.

The second main story (relationship with her brother, etc.) has a main story in which the patient appears in the submitted position of a beaten and criticized sister, that is, a dysphoric version of A2. The counterpart of this version was the narration corresponding to the relationship with her youngest brother. This story corresponds to A2 too, but in an euphoric version. The surprising addition of the patient concerning the people who danced the music she played contents an euphoric version of A2 (the patient had the control) but specially of GPH (the other do movements according her wishes). Those euphoric version of GPH corresponded, as previously, to a reactive answer of the patient, trying to rescue herself from the previous position. Concerning her oldest brother Amalia added that he was married; she had an official sister in law. This story belongs to A2 (her oldest brother has a powered position linked with the money, etc. and she remained as her satellite) and to GPH (he was married). Besides, the references to the brother's wife correspond to GPH but also to A2 (an official wife). This stories correspond to a dysphoric version of both, A2 and GPH. Concerning her relations, the story corresponds to a dysphoric version of A2 (she was criticized by the lack of a title). Like in the main narration previously analyzed (visits), in this second one the patient appears in a dysphoric version of A2, with a complementary euphoric one, as an opposite of the first. The dysphoric version of A2 and its opposite euphoric one can be placed in the axe past-present: she depended on them and now other depends on her. GPH appears too as a complement of A2, and the patient occupied sometime an euphoric position (the other dance the music she played) and a dysphoric one, in front of her sister in law.

The four little complementary stories (students, boss, car driver, analyst) can be analyzed too. The story with her students was redundant with the two main stories. She couldn't finished on time her class (like with her visitants) and she felt herself criticized (like with her brothers). The story with the boss opinion implies that she preferred her career (A2) and not to have a couple (GPH). This story is redundant with the situation in which the others (her youngest brother) danced the music she played: she had the power, but she was alone. The story concerning the car driver exemplifies her indecision and her unsatisfied needs of seeing the other reactions (mirror), which, combined, paralyzed her. The story belongs to an euphoric result for the driver, but not for the patient: she occupied a dysphoric posterior in A2 (specially because the driver

could learn from his experiences, and she didn't). This story is a metaphoric comparison, which limit is that the car driver could learn from his experience and she couldn't. The story with the analyst (referred to the fact of being on the couch and her insecurity and curiosity of the presumed hidden reactions of the therapists) corresponds to a dysphoric version of A2. The reference to being in the couch without seeing the analyst was similar as the scene of the car driver watching unsuccessfully the mirror.

A2 prevails as the main language of the eroticism with the complement of GPH. A2 has two versions: the main one, dysphoric, and the second one, reactive, euphoric. GPH has an euphoric version (included in a dysphoric version of A2: to forced herself to be an actress, or included in a reaction against her previous position in front of her brothers) and a dysphoric version (when she referred to the fiancée of her colleague and to her sister in law). It is possible to infer the defensive system of the patient. The main defense was the repression, either for A2 or for GPH. The defense failed and returned the repressed (dysphoric versions of A2 and GPH narrations), specially of A2. She reacted against this failure with a mixing between A2 and GPH and obtained some successful provisory results. Those position disappear quickly and the failure of the defense returned as the relevant results.

2. Phrases' and words' analysis

The analysis of the phrase demands a different strategy, because this kind of study is centered in very restricted sectors of the discourse, and not in the totally. Globally speaking we detect three great group of phrases: 1) dramatizations, references to the things she like, and demanding of how (GPH), 2) interrupted sentences (UPH) and 3) narrations, explanations, justifications, clarification, sentences between parenthesis, status comparison, objections, doubts and uncertainty, demanding of why (A2). From the paradigmatic point of view, A2 constitutes the majority. UPH phrases allow to infer a dysphoric scene displayed during the session: an ambitious advance was interrupted. GPH phrases allows to infer an euphoric version: an exhibitionist scene was displayed in the session in front of the analyst, A2 contents both versions: the euphoric one, when the patient reached to give a description or a narration, and the dysphoric one, when she manifested doubts, etc. Besides, some phrases expressing fragments of a narration (A2) were interrupted (UPH), and the same occurred with a dramatization (GPH). In those cases, the interrupted phrases are an evidence of a dysphoric results for UPH, but also for A2 or GPH, respectively.

This analysis corresponds to the paradigmatic point of view, that allows to detect the categorial system of the speaker. Instead, the syntagmatic analysis allows to detect finest psychic processes in the speaker. This analysis is the most detailed one, and requires a careful selection of the sample. We selected this fragment: "That is I don't feel myself inferior neither than my sister in law nor than my oldest brother, nor than my youngest brother, nor anyone which has a title, but they note that it bother me, and note that I felt myself inferior, someone without doubt. sure, with my women colleagues or men colleagues... Yesterday I turned to think, that is, ok, I like to meet them, and then, eh, when truly we arrive at a theme that that we can continued speaking (more than when it is more or less poor, I said, anyone is amused), when... how is it? If when when when it is not so stimulant, it is terrifying".

The first phrase is "That is, I don't feel myself inferior neither than my sister in law nor than my oldest brother, nor than my youngest brother, nor anyone which has a title". This phrase corresponds to an euphoric version of A2. The second phrase is "But they

note that it bother me". This sentence (objection) belongs too to A2 in a euphoric version. The phrase corresponds to an oppositionist presentation. "And note that I felt myself inferior" is an A2 sentence, with an euphoric results, as a successful achievement of the effort for describing something. But this phrase is the contrary of the first one. The posterior phrase "Someone without doubt. sure, with my women colleagues or men colleagues..." is perhaps (the meaning is uncertain because of the lack of one or more words) an A2 sentence in a euphoric version. The phrase "Yesterday I turned to think" is an euphoric version of A2". 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 it is more or less poor, I said, anyone is amused), when..." contents a mix between A2 (reference to her reflections), GPH (reference to what she likes) and UPH (interrupted sentence), which is dominant in a dysphoric version. "How is it?" is a GPH phrase in an euphoric version. The sentence "If when when when it is not so stimulant, it is terrifying" mixed A2 (if... then) and GPH (exaggerations: terrifying, and redundancies: when, when), which is dominant. For A2 and for GPH (dominant) the sentence has an euphoric version.

Again the majority of the phrases belongs to A2, some of them in an euphoric version and other ones in a dysphoric version. But the two most important aspects of this ensemble of A2 phrases were: 1) that one (the third) is the contrary of the other one (the first) and, 2) that the phrase referring Amalia's thinking has some internal parenthesis (because of the effort of the patient for adding some aclarations) and finish interrupted. Besides, the last phrase didn't continue the beginning of the previous one (that remained incomplete): when the group arrived at an interesting theme... Contrarily, the last phrase continues just the sentence placed between parenthesis. In consequence, from the syntagmatic point of view the results concerning A2 are dysphoric. The clarification between parenthesis is usually an expression of the isolation as a successful defense; but if the patient couldn't construct the corresponding phrase, this fact indicates the failure of the mechanism. Usually the apparition of negative (opositive) phrases is an evidence of the undoing. In Amalia's discourse, the apparition of two contraries phrases is the expression of the failure of this mechanism. Both failures give place to the emergence of GPH language of the eroticism. Besides, exaggerations is an evidence of the condensation and demanding of how and exposition of what she wanted are an evidence of secondary identification processes.

A second aspect of the phrase analysis concerns to some acts of the patient couched: watching the watch, turned to the analyst aiming to see him. Both acts were described by the therapist,, and corresponds to the tentative of achieving the desire in A2, with a dysphoric results. But the facts of doing those acts correspond to an euphoric version (exhibitionist) of GPH. Again, unsuccessful undoing and isolation are combined with successful secondary identifications. Besides be noted that the last phrase of the patient (finishing the session) combined A2 (manifestation of agreement) and GPH (exaggeration), which was dominant.

The analysis of the word level with the computerized dictionary gives us this results of the relevant languages of the patient:

A2	30.02%
UPH	23.44%
GPH	22.60%

II. 4. Discussion

The results of the three levels of analysis are coincident concerning which the most important languages are: A2, UPH, GPH. But some differences between the

results of narration and phrases analysis appear specially when taking into account syntagmatic study of the phrases. It is possible to infer that the scenes narrated (in which the patient has a dysphoric position) and the scenes displayed during the session (in which sometime the patient has an euphoric position, specially concerning GPH) are not totally coincident. The second ones allows to detect how the transferential relationship is, and, in this session, the tendency of Amalia to exhibit herself. When she tried infructuously to know what the reactions of the therapist were, she couldn't obtain an answer concerning how the therapist evaluates her (dysphoric results for A2); but she noted that he observed her (euphoric results for GPH), that is, that he danced the music she played. While in the level of the narration she appears in a dysphoric version in GPH too (she felt herself terrifying), in the level of the phrase she had an euphoric position, at least during a part of the session. Some fragments of the session (when Amalia exclaimed "devil" five times, for example, or when she interrupted her phrase "so...") indicated that during the session GPH had too a dysphoric result in the level of the phrases, and consequently in the transferential relationship.

The main defenses were the repression of A2, UPH and GPH. This defense failed and the repressed returned via different secondary defenses: for A2, undoing and isolation (and those mechanism failed too), for UPH displacement and projection (and those defenses were also unsuccessful) and for GPH, identification and condensation (and those defenses were successful, at least during a part of the session).

The combination between A2 fixations and failed isolation and undoing (as secondary mechanisms to the unsuccessful repression) corresponds to obsessional neuroses. The combination between GPH fixation and failed identification and condensations (as mechanisms secondary to the unsuccessful repression) corresponds to conversive hysteria. We can infer that both structures coexisted in Amalia. This coexistence appears frequently. Freud (----) stated that obsessional neuroses are a dialect of hysteria, that is, the first one is a transformations of the second. This second structure (hysteria) can be detected underlying the first, more evident (obsessional neuroses). And Amalia's manifestations in this second session can be understood in this theoretical frame.

II. 5. Analyst's style: sequence of clinic strategies

The therapist's style can be studied in the levels of phrases and words. In the level of phrases, paradigmatically A2 (explanations, causal links, request of information, aclarations, agreement, etc.) was dominant, UPH appears in the pet words, the mhm (accompanying), diminutives (a little bit) and some interrupted phrases. GPH appears in the exaggerations, imitations, metaphorical comparison, and equations like the more... the more, and A1, in some surprising phrases that brooked the order (the reference to the shit, the observation of the movements of the patient, etc.). Syntagmatically, the stylistic analysis requires a more careful study, taking into account the combinatory of introductory complementarity and main interventions from the perspective of the languages of the eroticism.

We'll devoted our interest to the study of the changes in the stylistic features of the therapist we separated the summary of the session in five parts, taking into account the strategies we detected in the therapist interventions, that we'll consider now.

The first moment of the therapist strategy contents some preliminary interventions aiming to obtain information (A2), some "yes" (A2) and some mhm (accompanying: UPH), but almost immediately he passed to describe extensively (A2)

the blocked state of the patient and her opposite reaction in the moment of finishing a visit. His second intervention was specially interesting: he stated (beginning with a “but”: objection) that the apathetic state of the patient was an explosion of bad humor and anger, and, when the patient rejected his opinion, he corrected himself: the apathy appears in the place of the anger. The first part of his intervention had a reference to the Amalia’s affects (O2), but in the frame of an objection (A2), and after that he corrected himself (A2). After a new group of “yes” and “mhm” the therapist introduced a causal intervention (A2): because you felt incapable. And his last sequence of interventions was a description of the patient as a last shit (A1).

Then the patient changed the theme, and the therapist did a new round of requests for information, aha, etc. But very quick, when a silence of the patient occurred, he stressed it (A1). Answering to a masked transference question of the patient (“I want to know how, how have I see it”), the therapist gave other extended description (A2) of the previous position of the patient in front of her brother and her posterior rebellion. It is interesting to note that in the inner description he added two commentaries concerning his own intervention: the first, referred to his exaggeration, and the second, referred to the a little artificial character of a comparison he did. In both inner commentaries two languages participated: GPH (exaggerations, metaphorical comparison) and A2 (self criticism). Here finished his second strategy.

Again the therapist demanded information, said mhm, etc., and when the patient repeated “devil”, the therapist equipared the other to a devil, and repeated too twice “devil”, imitating her. The symbolic equiparation corresponded to GPH, and the imitation, too. Here finishes the third strategy of the therapist.

A new group of questions demanding information was continued by a troubling reference (A1) of the therapist to an act of the patient (watching the watch). Immediately the therapist stated an equation: the more she wanted to see the watch, the more she suppressed her impulse. This equation corresponds to GPH. But in the middle of this intervention the therapist added a commentary of it, saying that he exaggerated a little bit (UPH). He added a causal intervention (A2), complemented by an example GPH. Here finished the fourth strategy of the therapist.

Then the therapist stated that, when the patient interrupted herself because a noise was listened from the street, she continued thinking. His answer to the patient’s immediate question contained a description (A2) of her mental activity. After that, he gave a group of short interventions mixed with the patient discourse: he completed her phrase (A2), asked her about her occurrences (A2), objected her answering (A2), defined the theme she touched (A2), summarized the patient’s problem (A2), clarified his previous interventions (A2), argued (A2) describing a previous movement of the patient in the couch: she turned (A1), and finally, established various causal links concerning the increasing of the insecurity and of the curiosity of Amalia (A2). The last part of the session contained mhm and the final greetings of patient and therapist.

Summarizing, the therapist had five strategies in the session. In the first he began with an introductory group of interventions: accompanying (UPH) and demanding information (A1). Then, he continued with some descriptions of the patient’s problems (A2), considered her affects (O2) in the frame of an objection (A2), included self corrections (A2) and a causal explaining (A2) and finished with a perturbing reference to the feeling of the patient as a last shit (A1).

His second strategy included again introductory interventions: accompanying (UPH) and request of information (A2). The therapist continued with a brief reference to

the silence of Amalia (A1) and then with an extended description (A2). In the interior of this description exaggerations and comparison (GPH) were combined with self criticisms (A2). In this strategy some introductory A2 and UPH interventions, and A1 with an introductory function too, conducted to an extended description (A2) with GPH and new A2 in its interior, as complements. Here finishes the second strategy.

The patient continued speaking about her family relationship with some troubling expressions of affectivity (“devil”, etc.). This syntactic redundance (GPH) of the patient could surprise and influence the therapist, which insisted with GPH. Effectively, the third strategy of the therapist included a new introductory sections of accompanying (UPH) and requesting information (A2), and continued by a symbolic equiparation of two characters: devil, others (GPH) and by an imitation (GPH).

The fourth strategy included the usual introductory section (A2 and UPH) and changed abruptly from the theme of family bonds of the patient to a troubling reference (A1) to an act of the patient. Then the therapist equated the increasing of patient’s wishes and of its suffocation (GPH). In the interior of this equation an exaggeration (GPH) with diminishing complement (UPH) appears.

The fifth strategy of the therapist continued an extended groups of various A2 interventions, with the exception of an A1 as an argument for reinforcing a clarification (A2 too).

The prevalence of A2 in the therapist style in the level of phrases was accompanied by some UPH and A2 interventions, and specially by GPH ones. The analysis with the computerized program shows this figures:

A2	26.96%
UPH	24.28%
GPH	21.69%

The first strategy of the therapist contents the patient to a change of her kind of narration. She had insisted twice in the same kind of story (visits), and finally she substituted it by another (brothers, etc.). It is interesting to note the changes in his first strategy: after the introductory interventions, he did an extended description, he objected the description made by Amalia concerning her affective state after that he connected himself and finally he initiated a new sequence of introductory interventions that ended in a causal interventions that ended in a causal interventions and a description of the patient’s feelings: the last shit. Possibly those variations depended on the fact that the patient repeated her narration, as an evidence of lack of clinical changes.

The second strategy contained an effort of the therapist for concentrated the theme in the family relationship of the patient, while some transferential references pushed for being treated. The therapist reached his goal.

The third strategy contained the essay of the therapist for dealing with the emergency of intense feelings of Amalia concerning family links. Those feelings interfered the description of her problems with her family. It is interesting to note that the therapist finished this strategy using the same language (GPH) that prevails in the phase level of the patient.

The fourth strategy, that begun with a request of information about Amalia’s family links, finished with an abrupt change of orientation, going to the transferential scene. A contradiction between two introductory interventions (A2 and A1, respectively) is detected. The main intervention, centered in GPH with the complement of UPH don’t reach a clinical change.

The fifth therapist's strategy concerns transference scene with a strong combinatory at argumentations.

III. Stylistic relationship between Amalia and her therapist

First moment			
Style of the patient		Defense	Style of the therapist
Narration level			Strategy I
IL	complementary	Successful forclusion of the affect	UPG introductory
A2	main	Unsuccessful repression	A2 introductory
UPH	complementary	Unsuccessful repression	A2 first main intervention
GPH	complementary	Unsuccessful repression	A1 second main intervention
Phrase level			
Function			
A2	main	Successful repression, undoing and isolation	
UPH	complementary	Failed repression, projection and displacement	
GPH	complementary	Successful repression, condensations and identifications	
Second moment			
Narration level		Defense	Strategy II
Function			UPH introductory
A2	main	Successful repression, undoing and isolation	A2 Introductory
UPH	complementary	Unsuccessful repression, projection and displacement	A2 Main intervention
GPH	complementary	Successful repression, condensations and identification	GPH complementary
			A2 complementary
Phrase level			
A2	Complementary	Successful repression, undoing and isolation	
UPH	Complementary	Unsuccessful repression, projection and displacement	
GPH	Main	Successful repression, condensation and identification	
Third moment			
Narration level		Defense	Strategy III
A2	Main	Unsuccessful repression, undoing and isolation	UPH Introductory
UPH	complementary	Unsuccessful repression, displacement and projection	A2 Introductory
GPH	complementary	Unsuccessful repression, condensation and identification	GPH main intervention
Phrase level			

A2	Complementary	Unsuccessful repression, undoing and isolation	
UPH	Complementary	Unsuccessful repression, displacement and projection	
GPH	Main	Unsuccessful repression, condensation and identification	
Fourth moment			
Narration level		Defense	
Function			Strategy IV
A2	Main	Unsuccessful repression, undoing and isolation	UPH Introductory
UPH	Complementary	Unsuccessful repression and displacement and projection	A2 Introductory
GPH	Complementary	Unsuccessful repression, condensation and identification	A1 Introductory
			GPH First main intervention
			A2 Second main intervention
			GPH Complementary
Phrase level		Defense	
A2	complementary	Unsuccessful repression, undoing and isolation	
UPH	Complementary	Unsuccessful repression and displacement and projection	
GPH	Complementary	Successful repression, condensation and identification	
Fifth moment			
Narration level		Defense	Strategy V
A2	Main	Unsuccessful repression, undoing and isolation	A1 Introductory
UPH	Complementary	Unsuccessful repression and displacement and projection	A2 Complementary
GPH	Complementary	Unsuccessful repression, condensation and identification	A2 Main intervention
A2	Complementary	Unsuccessful repression, undoing and isolation	
UPH	Complementary	Unsuccessful repression and displacement and projection	
GPH	Main	Successful repression, condensation and identification	

Taking into account Liberman's proposal on stylistic complementarities, we can note that in the first strategy of the therapist he finished using A1, while in the patient A2 prevailed. Then, he reached his goal. When some difficulties appear to maintain the theme (by the patient's indirect references to the transference or by the irruption of surprising feelings), the therapist A2 resources allowed him to reach his goal too (second and third strategies). But in the fourth part, the use of A1 for introducing transference questions interfered his previous effort for touching Amalia's family links themes. In the last part, A2 resources used by the therapist appears strongly, and we can't say whether his strategy was or not successful. The patient do not seems to understand him.

Patient stylistic resources had two prevalences: A2 (narration level) and GPH (phrase level). The therapist could deal better with A2 using A1, but not with GPH: from the stylistic point of view, he didn't find pertinent interventions concerning dramatizations and body movements of the patient in the couch. Two main interferences of the patient when describing her family links were 1) when she exclaimed "devil, devil, devil, devil, devil" and 2) when she contraried almost immediately an own phrase by other one. In both opportunities A2 was interfered by GPH. And the therapist answered with GPH interventions: 1) imitating the "devil" of the patient, etc., and 2) giving equations like "the more... the more", etc., interrupting his previous introductory intervention (strategy IV). Probably the patient noted that she surprised (and awaked admiration and repulsion in) the therapist, and when he reacted with A2 interventions (last par of the session), she supposed that he tried to maintain hidden how she influenced on him. It is interesting too to note the different value of A1 interventions in the strategy of the therapist. In the Strategy I, he used successfully A1 and obtained a partial change in the defensive system of Amalia. But in strategies IV and V. A1 had the value of an introductory intervention finishing in A2, when in the patient A2 insisted as the relevant language in the level of narration and with GPH in the level of phrases.

A partial change in the patient defense occurred when the first clinical strategy was displayed: the diminution of isolation and undoing gave place to secondary identifications and condensations. But this previous defensive system reappears when the therapist retook transference links. The therapist excessive insistence in the use of A2 resources, specially in the last part of the session, reinforced the equivalent tendency of the patient, and consequently some pathological defenses, partially removed, returned.