ON A TRANSITORY CLINICAL TRAP DURING THE FIRST SESSION

Study of the intersubjectivity using David Liberman algorithm (DLA)

C. Tate de Stanley, L. Alvarez, A. Ma. Britti, D, Maldavsky, N. Neves and C. R. Roitman

GOAL

To study patient-therapist relationship, considering both patient's libidinal fixation and defenses and therapist's strategies and counter transference.

SAMPLE

- First session of a patient (woman, 33) with her therapist (20 years of practice)

FIRST SESSION SUMMARY

1. Corina requests psychotherapy because she feels sad. She introduces herself describing her sacrificial attitude concerning her fiancé, who has postponed the marriage. She adds that as he has got a strong personality, she devotes herself to him and resigns her own needs.

   Her relative acknowledge the fact that she is depressed, her mother and friends tell her that he makes her suffer and inquiry about the future possibilities of this relationship in which she feels not understood and unhappy. At the beginning, the therapist urges her to focus on her external problems.

   The patient mentions that Francisco pursues his interests, while she postpones her own in order to wait for him or to accompany him.

   The therapist insists that Corina should focus on her external life, and the patient narrates her fiancé's unkind-behavior to her in front of their friends, so they can laugh at her.

2. The therapist make her point using an increasing tone of denouncement and accusation regarding Francisco.

   Corina responds to that with arguments based on the love she feels for him, and an understanding of what he suffered in his childhood under an authoritarian and violent father.

3. The therapist asks her about her own family. She answers that she lives with her parents, separated 25 years ago, still living in the same house.

   She adds that her mother suffers an increasing physical deterioration, she doesn't accept any help and she is always blaming her father.

   The therapist establishes a connection between this situation and that of their relationship. The patient denies the possibility and narrates that at nights she remains for a while talking with her mother. She adds that her parents are old now and she has to take care of them.

METHOD

- DLA (David Liberman algorithm) is a method designed for the research of erogenicities and defenses of the patient and the best complementary interventions of the therapist.

EROGENICITIES INVENTORY

IL	Intrasomatic libido
O1	Primary oral
O2	Secondary oral sadistic
A1	Primary anal sadistic
A2	Secondary anal sadistic
UPH	Urethral phallic
GPH	Genital phallic

DEFENSES INVENTORY

Main Defenses:

- Creativity and Sublimation
- Repression
- Disavowal
- Foreclosure of the reality and the ideal
- Foreclosure of the affection

State:

- Successful
- Failed
- Both

DLA studies the discourse in:

Erogenicities

and

Defenses

Narrations → Extratransferential relationships

Speech acts → Transferential relationships

PATIENT´S SPEECH ACTS ANALYSIS

	Erogenicity	Defense	State
Fragment 1	O2/A1	Disavowal	Successful
Fragment 2	O2	Disavowal	Successful
Fragment 3	O2	Disavowal	Successful

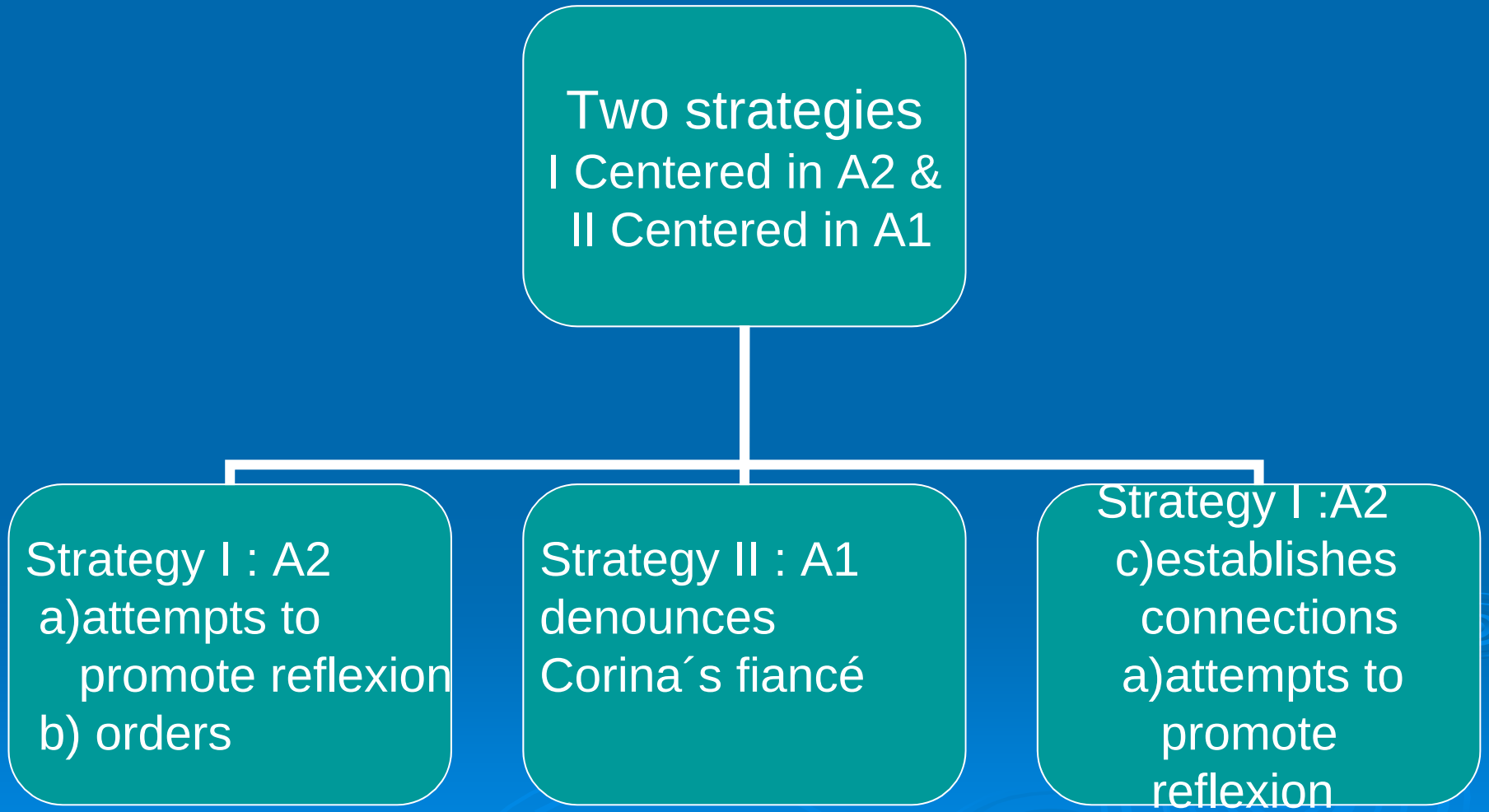
THERAPIST´S SPEECH ACTS ANALYSIS

Fragment 1 A2

Fragment 2 A1

Fragment 3 A2

THERAPIST´S STRATEGIES



THERAPIST´S INTERVENTIONS RATE

- **A1** 31%
- **A2 a)** 31%
- **A2 b)** 19%
- **A2 c)** 19%

CLINICAL TRAPPING

- In the present research it has been possible to notice that the patient promotes in the therapist the A1 (denouncement) speech acts, regarding Francisco. Nearing to Fragment 1 ending, the patient resorts to a transitory A1 and the therapist follows in the same orientation all along Fragment 2.
- The A1 therapist- interventions lead her to be positioned, inadvertently for her as a character in the patient's traumatizing scene, the same as her friends and her mother, who hate Francisco.

CONCLUSIONS

The outcomes of the present research match some of the other team's.

1) Countertransference and therapist's not pertinent clinical strategy are partially induced by patient's discourse.
2) Patient's successful defenses have a great influence on the therapist's clinically not pertinent interventions.
3) Not pertinent interventions lead the therapist to risk unconsciously becoming a character in an unpleasant scene of the inner world of the patient. Besides, this research adds some new contributions to the different types of A2 interventions: only certain A2 interventions (Ab and Ac) were clinically pertinent.