

SPR Weimar 2003**Research about defenses and its state in schizophrenic patients****David Maldavsky, Irene L. Cusien, Clara R. Roitman, Cristina Tate de Stanley****A. Theoretical frame**

Freud's theory (1905d, 1918b, 1927e, 1940e) and theoretical developments of other authors led to distinguish between two partially similar defenses: disavowal (Verleugnung) and repudiation (Verwerfung). First one has importance in non psychotic narcissistic pathologies (schizoid, depressive and paranoid patients) and second one in psychosis (schizophrenia, melancholia, paranoia). Both defenses have in common one orientation: they are opposed to 1) unpleasure perceptions, 2) psychic agents of those perceptions, especially some objective judgements (developed by a sector of the ego, the definitive real ego), and 3) some critical judgements addressed against the ego (developed by the superego, as an agent or representative of the law). Both defenses are characteristic of the purified pleasure ego, opposed to the definitive real ego and the superego). Therefore, both mechanisms are opposed to reality and law, and by this means try to maintain the narcissistic equilibrium, the self esteem (Selbstgefuhl). In contrast, other defenses like repression and sublimation, are opposed to desire and operate in the name of reality and law. Although they share same goals, disavowal and repudiation have different procedures and means. The procedure of disavowal to oppose against reality and law consists in refuting the correspondent judgments, and the means consist in deviate attention and interest through others issues (like a fetish), or to details of reality or the same ego, instead of central ones. The procedure of repudiation to oppose against reality and law consist in the attack and annihilation of fragments of the ego where those judgments are started, and the resources consist in the replacement of one reality by a purely psychic product, as an hallucination.

Graphic I. Similarities and differences between disavowal and repudiation

	Orientation	Procedure	Resource	Clinical structure
Disavowal (Verleugnung)	Opposes to: -Perception -Objective judgements	Refutation of the objective or critical judgement	Drawn out from objective reality (for ex., fetishism)	Narcissistic characteropathology (schizoid, depressive, paranoid)
Repudiation (Verwerfung)	-Critical judgements against ego	Abolition of the ego that formulates the objective or critical judgement	Produced in the ego as a substitute of objective reality (for ex., hallucination)	Psychosis (schizophrenia, melancholia, paranoia)

Disavowal and repudiation has efficacy in different narcissistic structures. For example, paranoia and schizophrenia both have in common repudiation. Difference between them do not come from the central defense but from another factor: the drive fixation (Freud, 1916-17). For example, in paranoia is dominating combination between repudiation and primary sadistic-anal fixation. Fixation into a specific phase of libido is a contributing factor to the development of a defined psychopathological structure. We can distinguish among these phases of libido: IL:

intrasomatic libido; O1: primary oral; O2: secondary oral sadistic; A1: primary anal sadistic; A2: secondary anal sadistic; UPH: urethral phallic and GPH: genital phallic.

Graphic II: Correlation erogeneities-main ego defenses

IL O1 O2 A1	A2 UPH GPH
Disavowal Repudiation	Repression Sublimation

Moreover, each phase of libido matches with certain common defenses, which are the main ones, and another ones, more specific, which are derived from them. In this paper, we are interested in the research of the hegemonic defense in the discourse of 1) schizoid patients, 2) schizophrenic patients, and 3) some writers, all of them having traits in common.

B. Method, tools, sample

The David Liberman Algorithm (DLA) pretends to study erogeneity and defense through the analysis of patient's discourse. It gives attention to three levels of analysis: word, phrase and narration (Bodni, O., Cusien, I, Truscello de Manson, M., Lambersky de Widder, F. y Maldavsky, D., 2001; Costa, G., Katz, G. de Oliveira, F. y Maldavsky, D., 2001; Cusien, I., Tate de Stanley, C., Maldavsky, D., 2002a; Maldavsky, 1998b, 1999, 2002, Maldavsky et al., 2001, 2002; Maldavsky, D. Alvarez, L. y Neves, N., 2001c; de Oliveira, F., Katz, G. y Maldavsky., D., 2002; Roitman, C., Tarrab, E. Tate de Stanley, C., Maldavsky, D., 2001; Roitman, C., Tate de Stanley, C., Maldavsky, D., 2002). The analysis of the erogenicity is achieved by three instruments: 1) a computerized program (for the words), 2) two grids (for the phrases), one of them for the verbal and the other one for the paraverbal's components, and other grid for the narration. In the narration we bring attention to the scenes describes by the speaker. Also in the phrase's analysis we consider the scene, but not as content narrated: we consider the scene displayed by the speaker when he speak (act of enunciation). Once achieved this first research of the erogenicity in the three levels, the DLA has a set of additional tools for the study of the defense: 1) rhetorical analysis (in the level of the word and phrases), 2) analysis of the speaker's, position in the scenes exposed (in the level of the narration).

Graphic III Studies of erogenicities and defenses

Level of analysis	Instruments for the detection of erogenicities	Instruments for the detection of defenses
Words	Computerized program	Rhetoric
Phrases	Grids	Rhetoric
Narrative	Grid	Position of the narrator in the scene

DLA allows to detect 1) main defense, 2) if this defense is normal or pathogenic, 3) if it is successful or failed. The research of defenses by DLA has a sequence of steps: 1) research of the relative prevalence (at the word and narrative level) of some eroticism languages, in order to detect

if defense is opposed to the desire or to certain critical and objective judgements, 2) detection of the dominant erogenicity in the enunciation acts (phrase's level), which allows to infer if defense is normal or pathogenic, 3) research of the rhetorical process and the position in the narration, which allows to infer a) which is specifically, the pathogenic defense, and b) if such pathogenic defense have succeed or failed (state of the defense).

Graphic IV Goals and methods of the research

Goal	Method
1. To infer if defense is opposed to the achievement of desire (repression, sublimation) or to the objective and critical judgements (disavowal, repudiation)	Detection of the dominant language of eroticism in the levels of word and narrative
2. To determinate if defense is normal or pathogenic	Detect the relative prevalence among the languages of eroticism in the act of enunciation (phrase)
3. To decide if pathogenic defense is disavowal or repudiation	Analysis of rhetorical kind and of the positions of speaker in the scene.
4. To detect if pathogenic defense is successful or failure.	

The sample is composed by 1) "The circular ruins", by Borges (Maldavsky, 1986, 1998b), 2) Alice in Wonderland, by Carroll (Maldavsky, 1986), 3) Z. (Donnet and Green, 1973, Maldavsky, 2001a), 4) "About delusions", in "Memories of Schreber" (Maldavsky, 1986, 2002), 5) a schizoid patient attached to Internet (Maldavsky and Almasia, 2003), 6) a schizoid patient with a great professional success, 7) and 8) two schizophrenic patients with ambulatory treatment, one of each sex (Maldavsky, 1976), 9 and 10) two schizophrenic patients in psychiatric hospitals, one of each sex (Maldavsky, 1998e).

C. Detection of common defense in Borges, Carroll and schizoid and schizophrenic patients

Discourse analysis in narrative and word levels allows to infer the weight of the primary oral eroticism. The analysis gives a value also to secondary anal sadistic eroticism. In some occasions takes importance the genital phallic language of the eroticism, and instead, in other occasions, the urethral phallic. Finally, in others, the secondary oral sadistic.

Graphic V. Narration and word's level analysis

O1	A2	PHG	PHU	O2
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In the level of narrative, it prevails abstract cognitive desire. This cognitive desire often faces the effort to dominate concrete and immediate reality through rational knowledge. Such abstract cognitive desire wishes to obtain a clue, to reach an essence of being, some abstract truth, p. ex., through a mystic revelation. We find same weight of language's primary oral eroticism in word level. We conclude that, as the language of the dominant eroticism in levels of narrative and of word is the primary oral, the prevalent defense is disavowal or repudiation.

Graphic VI. Prevalence of a language of the eroticism and a defense

Prevalence of O1 in word and narrative: disavowal or repudiation
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D. Detection of the normal or pathogenic character of defense: differences between writers and patients

The following step consists in finding out if defense is normal or pathogenic. In order to decide about this issue, we compare patient's narrative with Borges and Carroll productions. The difference between normal and pathogenic defense is observed by the narrator's position in front of secondary anal sadistic, phallic urethral and phallic genital languages. Those other languages of eroticism are the representatives of law and reality, and so, if the cognitive desire remains harmoniously included with some of the others, the defense is normal.

Instead, if these other languages of eroticism remain attacked, mocked or implied only as an instrument to reach the abstract cognitive goal, the defense is pathogenic. For example, in patients, the language of the secondary sadistic anal eroticism often remains brandished, mocked or taken as an instrument to reach the abstract cognitive goal. The same happens with sadistic genital erogenicity language, and the correspondent aspirations to reach an aesthetic harmony goal. Instead, in literary authors this last goal, the search of beauty, or aesthetic harmony, is prevalent, and the cognitive desire appears as the narrative's concrete context.

In order to detect this difference we search the relation between the narrated scenes (content analysis), and those displayed by the speaker (acts of enunciation). The difference between literary narratives (Borges, Carroll) and the patient's narratives belongs to the level of enunciation acts. While in the patients prevails primary oral eroticism language in the three levels (word, phrase and narrative), in the authors language of the primary oral eroticism prevails only in the levels of narrative and word, but in the level of the phrase (enunciation act) the hegemony is of the language of genital phallic eroticism. And this fact is conclusive to consider that in Borges and Carroll defense against judgements is normal, not pathogenic. Instead, in patient's cases studied, language of primary oral eroticism is also prevalent in enunciation acts level, and the other eroticism languages remain subordinated. Therefore, we can deduce that the employed defense is not functional but pathogenic.

Graphic VII Differentiation between normal and pathogenic defense (disavowal and repudiation)

Normal defense	Pathogenic defense
If in the discourse (as act of enunciation) language of primary oral eroticism is dependent to the goals related to languages of eroticism A2, UPH and/or GPH.	If in the discourse (as act of enunciation) the languages of eroticism A2, FU and/or FG are submitted to the goal of eroticism O1

E. Differences between pathogenic disavowal and repudiation

The following step consists in deciding if the pathogenic defense is disavowal or repudiation. We have told that these defenses are evident by two ways: the position of the speaker in the narration and the rhetoric disturbances. Both defenses have some issues in common and some differential traits in the two levels of analysis (position in the narration and rhetorical processes). In the narration level the two defenses are evident because the patient can take, sometimes

alternatively, these two positions: 1) or he supposes to be the possessor of an essential truth, with an extraordinary value, 2) or he supposes to be submitted to whom has the access to that truth.

Graphic VIII. Common positions in the schizoid and schizophrenic patient's narration

1. Patient as possessor of an extraordinary truth	2. Patient as object or instrument of knowledge
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There are other differences. One of them refers to the origin of truth, which the narrator supposes to have. The person who disavows puts himself in the position of a plagiarist, that is, in the position of a person who has extracted from other (a genius) an original idea, and who takes the robbed as belonging to himself. Instead, the person who repudiates supposes to have reached a revelation by himself, sometimes through a miracle. The other difference concerns the position of the object of knowledge and his relation with the subject, active, of this knowledge. The person who disavows has the belief that the therapist tries to obtain a cognitive improvement at his cost, and therefore to increase the illusion of geniality. Instead, the person who repudiates has the certainty of being the object of experimentation, that his thoughts are interfered and disturbed by the action of powerful beings, remote and non observable, in front of which he found himself impotent.

Graphic IX: Differences between disavowal and repudiation: speaker's position in narration

Disavowal	Repudiation
1. Patient obtains the truth by robbery	1. Patient obtain the truth by miracle, by revelation
2. Patient as an instrument of therapist cognitive wish	2. Patient as an instrument of knowledge for distant and no observable beings.

In the rhetorical field, disavowal and repudiation coincide in regard to the logical trappings. In the rhetorical field, we must distinguish between two kinds of metalogisms: logical contradictions and trappings. We can find the logical contradiction in the oxymoron, for example, while the logical trappings implies 1) a specific phrase opposed to a generic consensual one (this last one sometimes no explicitated in the discourse), 2) another phrases (logically contradictories) that prevent the questioning of the first one, and 3) another phrases (also logically auto-contradictories) that prevent the escape of the listener.

In the rhetorical level, the patient appeals to metalogisms and specially to logical trappings in the connection with his interlocutor. These are dominant figures, and there are other figures that remains subordinated, as metaplasms (plays with the sounds, for example), or metataxies (syntactic plays) (Dubois *et al.*, 1970, Maldavsky, 1998b, 1999).

In the logical trappings, there is a specific affirmation that takes importance (for example, "I wake up at 4 o'clock at noon"), which is confronted to another, generic and consensual ("it is not possible that noon is at 4 o'clock). The patient could either try to trap the other one in the logical contradiction or could suffer such trapping. The more psychical value is given to the specific assertion against the generic and consensual one, the more power has the ego forces opposed to reality and law. These rhetorical disturbances are common to disavowal and repudiation. (When there is a prevalence of logical trapping, in the patient appears a belief or a certainty, while in Borges or Carroll there are no prevalence of certainty or belief, but evocation or suggestion.)

Graphic X. Common rhetorical disturbances in schizoid and schizophrenic patients

<p>Trapping (active and/or passive) in logical contradictions:</p> <ol style="list-style-type: none"> 1. Phrases specific opposed to consensual, generic phrase, 2. Phrases (logically auto-contradictories) that obstruct the questioning of phrase 1, 3. phrases logically auto-contradictories that prevents the escape

We can distinguish disavowal from repudiation by the resources that employs the patient in order to keep the defense. The person who disavows can find objective arguments to trap the interlocutor in the logical contradiction. For example, a married patient has a lover to whom he talked about the proximity of his divorce, he would go to live with her, etc. His successful professional development had been made through similar technical resources, and now he used the same techniques to his affective bonds. The clinical change took place when the analyst made an interpretation telling the patient that for him words did not coincide with reality, and that what he did to his lover was the same to what he had suffered in his childhood in his mother's bond. In him prevailed orientation towards the development of rhetorical processes corresponding the logical level. He tried that other person (his lover) became trapped in this contradiction. This successful trappment (which lasted several months) is a consequence of a fact: in his strategy has importance the defy (and not the abolition, as in the repudiation) of the logical consensual norms. In order to retain his lover he appealed to certain acts to maintain her illusion. Instead, the person who repudiates, doesn't found objective coherent arguments to trap his interlocutor. For example, Schreber, in his Memories, thinks that his hallucinations are the way of connection with god, with supernatural world. With this argumentation (that contains a logical contradiction), Schreber maintains his omnipotence illusion, but don't found convincing arguments (pointed in the contact with reality) as to trap some other people. Besides, the logical trapping (done or suffered), is only temporary in disavowal, and lasting in repudiation.

Graphic XI. Differences between disavowal and repudiation: rhetorical resources

Disavowal	Repudiation
Specific phrases (opposed to consensual, generic phrases) supported in objective arguments	Specific phrases (opposed to consensual, generic phrases) not supported in objective arguments

Graphic XII. Overview of differentiations between pathogenic disavowal and repudiation

	Pathogenic disavowal	Pathogenic repudiation
Narration	<ol style="list-style-type: none"> 1. Patient as plagiary 2. Patient: as an object or an instrument for the analyst, who draws out a conclusion at his cost and feels himself as genius. 	<ol style="list-style-type: none"> 1. Patient as a destinary of a genius revelation, thanks to a miracle 2. Patient as an object or instrument of experimentation used by an omnipotent being, remote and unobservable.

Rhetoric	The logical trapping (made to another one or suffered) has objective arguments. The logical trapping is only transitory.	The logical trapping (made to another one or suffered) does not have objective arguments. The logical trapping lasts.
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F. States of the pathogenic defense

Finally, we have to decide if the pathogenic defense is successful or failed. The success of the defense consists in 1) to reject a judgement and 2) to maintain the illusion of omnipotence. The failure implies 1) the return of the rejected judgement, and 2) the fall of the illusion of omnipotence. There can be also intermediate situations: 1) the judgement does not return, but 2) the illusion of omnipotence is not maintained and is replaced by an intense feeling of failure or inferiority.

Graphic XIII. State of pathogenic disavowal and repudiation

	Success	Failure	Success/Failure
Reject of the judgement	Yes	No	Yes
Illusion of omnipotence	Yes	No	No

The success or failure of the defense is detected by analyzing 1) the positions in the narrative and 2) the rhetorical processes. In the level of the narration, the success of the defense is inferred because the patient is supposed the depositary of an extraordinary truth obtained by stealing (disavowal) or by a miraculous revelation (repudiation). We observe the failure of the defense because the patient places himself as the object of knowledge of an interlocutor who intends to extract from him a knowledge in order to appear as a genius (disavowal) or as the object or instrument of experimentation for powerful characters, which are remote and unobservable.

In the rhetorical level, the successful of the defense is inferred because the patient finds objective resources to convince his destinatary and trap him in the logical contradiction (disavowal) or because the patient reaches, by the way or a miracle (hallucination), a revelation, and so develops logical auto-contradictions without an objective support for the specific statement (contrasted to the generic consensual one). We can observe the failure of the defense when the patient supposes that he is transitorily trapped in logical contradictions, supported in objective argumentation (disavowal), or when he became prisoner for a long time in the trapping in logical contradictions, not supported in objective argumentation (repudiation).

There is another alternative: the defense is partially successful (because achieves to reject a judgement, that does not return), but also partially failed (because the patient has a strong feeling of inferiority). This last alternative (successful/failure of the defense) is detected only in the level of the narration. Therefore, the patient refers not so much to actions but to states of unpleasant type.

Graphic XIV. Detection of the pathogenic defense state

		Disavowal	Repudiation
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Successful	Narration	The patient sets himself as a plagiary	The patient sets himself as a genius, depository of a miraculous revelation
	Rhetoric	The patient employs objective arguments to trap another one in a logical contradiction	The patient don't employ objective arguments to generate a logical contradiction in others
Failure	Narration	The patient sets himself as an object or instrument for the therapist to obtain a conclusion at his cost.	The patient sets himself as an object or instrument of experimentation for a powerful character, remote and unobservable
	Rhetoric	The patient is trapped transitorily in a logical contradiction (supported in objective arguments) created by another one.	The patient remains trapped in logical contradictions (not supported in objective arguments)
Successful and failure	Narration	Prevalence of unpleasant states over actions	

G. Analysis of defenses in the sample

We have observed changes in defenses during the treatment, even in one same session. Nevertheless, we can present a systematic point of view of the results of the analysis of our sample.

XV. Overview of the narrative and defenses in the sample

	Type of defense	State of defense	Position in the narration	Rhetoric
1. Borges	Normal repudiation	Successful	--	--
2. Carroll	Normal repudiation	Successful	.--	--
3. Z	Pathogenic repudiation	Successful/failure	Prevalence of states	---
4. Schreber	Pathogenic repudiation	Successful	Genius, depository of a miraculous truth	He tries to trap another one in logical contradictions without objective arguments.

5. Schizoid patient (Internet)	Pathogenic disavowal	Successful/failure	Prevalence of states	---
6. Schizoid successful patient	Pathogenic disavowal	Successful	Plagiary	He tries to trap another one in logical contradictions supported in objective arguments
7. External schizophrenic patient (man)	Pathogenic repudiation	Failure	Object of knowledge	Trapped in logical contradictions without objective arguments
8. External schizophrenic patient (woman)	Pathogenic repudiation	Failure	Object of knowledge	Trapped in logical contradictions without objective arguments
9. Hospitalized schizophrenic patient (man)	Pathogenic repudiation	Successful	Genius depositary of a miraculous truth	He tries to trap another one in logical contradictions without objective arguments
10. Hospitalized schizophrenic patient	Pathogenic repudiation	Failure	Object of knowledge	Trapped in logical contradictions without objective arguments

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