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Intersubjective traps during a session of a couple psychotherapy

A four level analysis (extratransference and intrasession-one-person focus, couple-intrasession, patients-therapist) using the David Liberman algorithm (DLA)

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Aims: to research the intersubjective traps including 1) both patients, 2) one patient and the therapist, 3) both patients and the therapist.

Instrument: the David Liberman algorithm, which contains several tools allowing to detect libidinal drives and defenses (as well as their state) in the clinical manifestations.

Sample

1. At the beginning of the second session both members of the couple (Juliana, aged 32 and Víctor, aged 45) said that during the previous week their relationship had improved. Juliana said that she felt she had been under less pressure from her husband, and could act more freely. Víctor added that he was also feeling better as he could see his wife was better. He then wondered when she would really want to stay with him, and claimed he needed her to show she loved him, and that she liked him sexually as well. While he talked, he manifested a constant paraverbal manifestation: he clicked his tongue. Her wife answered that she could not show him her love because she felt his pressure. The therapist pointed out that Víctor was again pressuring his wife. He rejected this intervention and insisted: he was not well because he lacked what he considered the most important thing: the wife's love. Later he said that Juliana was an excellent person, and had made important changes. Again he clicked his tongue while he spoke. He then said that his wife had sexual problems. The therapist, who until that time had only pointed out the fact that Víctor pressurized his wife, asked Juliana's opinion about that.

2. Juliana said that passion between her and her husband was over. His pressuring attitude smothered her need to be near him. She wanted to recover her passion and wanted to feel nice things, like she used to. She felt mad at her husband. While she repeatedly clicked her tongue, she added that he was always criticizing her and her own family. She wanted to feel free. Víctor asked her why she had felt better the previous week and she replied that he had not pressured her. The therapist said once again that Víctor depended heavily on his wife's expressions of love, to which he replied he did not want a friend. The therapist added that she translated Juliana ideas: she had meant that if she was not under such pressure... Víctor interrupted her and said that perhaps Juliana felt differently now. The therapist asked Juliana her opinion about her change during the week, to which Juliana replied that she usually worried that Víctor might want to have sex, but that the previous week he had not done so and she had felt free to get near him. The therapist commented they had not mentioned that before. Juliana added that the sexual relationship was not good and that Víctor blamed her for it. Víctor did not agree, he did not reproach her. He then added that Juliana had given him oral sex after 15 days. Juliana said that she wanted to do it as he would feel better. Víctor added that Juliana did not have an orgasm, to which she replied she was not feeling well and that she had pain in her ovary. They kept interrupting each other. Víctor referred to his wife as "my love", "baby", etc, while Juliana wondered if he was not pressuring her again by means his question. Juliana started to click her tongue once again. The patients continued arguing and interrupting each other while the therapist remained silent and time was up.

## Analysis

### Analysis of the patient's discourse

Narration analysis. In the narration level we can detect: 1) Víctor's reproaches and his demands to have a fulfilling love and sex life with his wife, and 2) Juliana's feelings of being pressurized by her husband. Víctor's narrations express O2 and failed disavowal, while Juliana's narrations are manifestations of A1 and failed disavowal. Both patients shared the same mechanism. I

However, it is possible to observe another kind of scene when studying the recent story (sexual relationship): for Víctor intercourse was not fulfilling, whereas Juliana did not have orgasms and what is more, she felt pain. This exchange corresponds to IL and failed foreclosure of the affect for both. A second aspect of the scene was that they appeared to be something that they were not. The contrast between appearance and facts corresponds to O1 and disavowal. In this scene Víctor was passive, he suffered the contradictions between appearances and facts, and Juliana was active. Disavowal failed in him, while it was successful (at least transitorily) in Juliana.

In sum, the core of this recent episode (sexual relationship) combined O1 and disavowal and IL and foreclosure of the affect. Between both, IL and foreclosure of the affect predominated. This defense was failed for both members of the couple. Víctor's demands (O2 and disavowal) and Juliana's accusations (A1 and disavowal) appeared after having sex, and were complementary to the aforementioned central components (O1 and disavowal and IL and foreclosure of the affect).

Speech acts analysis. Research into the displayed scenes requires yet another perspective: the analysis of the speech acts and paraverbal components. Víctor's demands for love (O2 and disavowal) and Juliana's accusations (A1 and disavowal) were the equivalent of the narrated scenes. But it is possible to notice that the state of the defenses differs: while in the narration level disavowal failed, in the scenes displayed during the session they were successful.

Juliana's exaggerated reference to her previous capacity to enjoy intercourse corresponds to GPH and repression+ characterological traits. The same status has Víctor's exaggerated claims regarding his laudatory references to his wife (GPH and repression + characterological traits). This language had a complementary value. The reciprocal interruptions correspond to UPH and repression+ characterological traits, which, incidentally, also had complementary value.

Among the paraverbal components, the most important was clicking of his (or her) tongue. It belongs to O1 and successful disavowal. The scene is similar of that of a baby, who believes he is sucking at his mother's breast, but is in fact deceiving himself. The action of clicking one's tongue points to this painful moment when the individual realizes he has been deceiving himself. Clicking their tongue accompanied certain specific fragments of the speech acts of both members of the couple. They showed that what each was saying was fictitious. In the case of Víctor's speech acts the fictitious statements were as follows: 1) his claim that he felt better because he saw his wife was better, 2) his demands for love, while in the case of Juliana's speech acts they were: 1) her claim that she was furious because Víctor interfered with her feelings of freedom, 2) her claim that Víctor pressured her after having sex. In sum, several main statements of both members of the couple were considered to be false. It was false that Víctor would feel better if his wife were affectionate towards him and if she showed more interest in their sex life. Likewise, it was false that Juliana's sexual problems originated in Víctor's pressuring attitude and ill-treatment. In the first part of the

session, which was focused on Víctor's pressuring attitude, he was the one who clicked his tongue, while during the second part, which focused on Juliana's sexual difficulties, she was the one who clicked her tongue. This movement, which corresponds to O1 and disavowal, had the main function, and Víctor's demanding love (O2 and disavowal) and the Juliana's accusations (A1 and disavowal) had a complementary function.

In addition, a second paraverbal component (screaming and raising their voices when they argued) corresponds to a cathartic manifestation (IL and successful foreclosure of the affect). Those paraverbal components (which expressed IL and successful foreclosure of the affect as well as O1 and failed disavowal) were the most relevant aspects of the displayed scenes. Among them, O1 prevailed.

Narrated and displayed scenes. It is possible to study couple's exchanges. It can be seen that in the couple there is a combination of several inter-subjective traps. Víctor's demands (O2 and disavowal) are combined with Juliana's accusations (A1 and disavowal). In this trap, both members of the couple had the same defense but differed about erotogenicities. We can detect yet another trap between Víctor and Juliana. That other trap includes fictitious discourse (O1 and disavowal) and catharsis and loss of physical energy (IL and foreclosure of the affect). In the case of this particular trap, both members of the couple shared both erotogenicities and defenses.

Some differences between narrated and displayed scenes during the session has certain relevance. . The combination of Víctor's demand for love (O2) and Juliana's accusations (A1) appeared in both the narrated and displayed scenes. However, while in the extra-transference relationships O2 and A1 were accompanied by failed disavowal, during the session both erotogenicities were combined with successful disavowal. Juliana and Víctor's cathartic components during the session were the equivalent of the unsatisfactory discharge, mostly while having sex (IL). But while in the analysis of narration IL was combined with failed foreclosure of the affect, during the session the defense was successful. The contradiction between appearances and facts in the patients' day-to-day life were equivalent to those paraverbal components (such as clicking one's tongue) which showed that most of Juliana's and Víctor's arguments were false (O1). The defense accompanying O1 was also disavowal. However, whereas in the daily life of the couple this defense failed, during the session it was successful.

It is possible to see that some of the traits (mainly UPH and GPH combined with repression + characterological defenses) had certain relevance in the façade the couple usually maintained. In consequence, a triple group of erotogenicities and defenses was detected: 1) UPH and GPH combined with characterological traits, 2) the "passional" core of the conflict (O2 and disavowal in Víctor and A1 and disavowal in Juliana), and 3) their efficient foundation (O1 and disavowal and IL and foreclosure of affects). The failure of the defenses corresponding to IL and O1 strongly influenced their request for therapy.

Analysis of the therapist's discourse. The therapist's strategy consisted in focusing first on Víctor and then on Juliana. However, when the therapist focused on Juliana she transitorily switched again her attention back to Víctor's attitude, trying to make him change his demand for affective and sexual commitment on the part of his wife. Then, the therapist asked Juliana to express her own opinion. The clinical intervention aimed at Víctor merely caused him to reply that in romantic relationships affective dependence is normal. On the other hand, the clinical intervention aimed at Juliana received two different responses: 1) one, which was more general: Víctor's pressuring attitude had killed her love for him 2) another, more specific: the narration of a sexual relationship, which in fact constitutes the core of the session.

The therapist's initial tendency to translate Juliana's ideas (first part of the session) was replaced by a feeling of surprise (when the couple described their sexual relationship) and of paralysis (second part of the session). The translation of Juliana's ideas pointed to the therapist's identification with her, and her feeling of paralysis was a consequence of the failure of this defense.

During the first part of the sessions the therapist fell into two clinical traps: regarding Víctor she enacted a deceitful character (A1 and disavowal), and regarding Juliana she took up an attitude of naïveté (GPH and successful repression), while Juliana had a vindictive attitude (A1 and successful disavowal) towards Víctor. Regarding Víctor the therapist entered into an alliance with Juliana and criticized his attitude towards her: i.e. she used the same arguments as Juliana (A1 and disavowal), and he responded with O2 and disavowal. However, during the second part of the session, when the therapist was surprised and remained paralyzed, she fell into yet another clinical trap: she had believed in what Juliana said, but then she realized her discourse was fictitious. In consequence, the position of the therapist was similar to that of Víctor regarding Juliana. But Víctor's position was also untruthful so that the therapist was trapped in a situation where both members of the couple displayed a pathological alliance based on O1 and successful disavowal. In consequence, the therapist was enacting a naïf and traumatized aspect of both members of the couple. In addition, the feelings of surprise and paralysis manifested by the therapist made her receive the couple's cathartic screaming (IL and failed foreclosure of affects). We can therefore see that the patients had tried to recover the successful use of pathological mechanisms that had failed in their daily life and had influenced their request of psychotherapy.

#### Discussion

On clinical changes. The intersubjective perspective can be centered either just in the couple's exchanges during the session or in the patients-therapist relationship. The first intersubjective perspective (couple's exchanges) coincide with the intrapsychic one: both patients showed an increasing regression during the session, appealed to more serious defensive mechanisms, and so on.

The second intersubjective perspective (patients-therapist relationship) permits to see that during the first part of the session the "passional" appearance of the Juliana and Víctor exchanges (which combined demands and accusations) was predominant, and there was no narration of recent episodes in the daily life of the couple. During the first part of the session the therapist appeared to be an ally of Juliana. Disavowal, combined either with O2 or with A1, was successful for all. When the therapist asked Juliana's opinion on her sexual problems, a clinical change took place: the couple, who until then had manifested rigid and paralyzing opposition towards each other by means of appealing to their respective successful disavowal, suddenly united their libidinal drives and defenses (IL and foreclosure of the affect, as well as O1 and disavowal). Although the therapist also shared these libidinal drives and mechanisms, the state of the defense was not the same in all of them: it was successful in the patients and failed in the therapist. During the second part of the session, the clinical change was due to the fact that the therapist put a stop to her alliance with Juliana when she asked about her sexual problems. Juliana responded to this change with the narration of an episode, which was an equivalent of saying she had no sexual issues (disavowal), but the dialogue between the couple soon revealed a more complex problem that we already studied. In that situation, the change appeared in Juliana: she gave up her attempt to paralyze the clinical situation by using the therapist as an ally and switched to a new alliance, with her husband.

Despite all this, we believe that other two facts had greater relevance: 1) the patients narrated a representative concrete episode of their recent daily life, 2) the therapist switched from being an ally of Juliana to suffering the shock of the new information gained, as well as the patients' resistance alliance. The first evaluation of the clinical change during the session (the patients' regression on libidinal drives and, in particular, on their defenses and their state) merely focused on the intra-psychic and the couple relationship. The second evaluation of the clinical change (the patients gave new information to the therapist, the therapist put an end to her alliance with Juliana) included not only the patients' exchange but also the therapist position. And this second perspective on clinical change seems to be the most relevant: the patients revealed new conflicts and situations of impasse, and the therapist remained silent. This silence and state of paralysis of the therapist appears when a patient (or a couple) displays a cathartic scene, such as the one that predominated in the last part of the session. The successful state of pathologic defenses is more serious than the failure of these mechanisms: at least during the second part of the session the therapist's defenses failed.

On intersubjective traps. We have already tried to systematize the different types of inter-subjective traps by focusing on two variables, i.e. erotogenicities and defenses. We propose that four types of intersubjective traps between patient and therapist can be detected: 1) coincidences in erotogenicities and defenses, 2) differences on erotogenicities and defenses, 3) coincidences in the defenses and differences on erotogenicities, 4) coincidences in erotogenicities and differences in the defenses. Regarding the relationship between the members of the couple, two traps can be detected: 1) type 3: Juliana and her husband shared the same defense (disavowal) but had different main erotogenicities (O2 for Víctor, A1 for Juliana), 2) type 1: both members of the couple shared the same erotogenicities and defenses (IL and foreclosure of the affect, as well as O1 and disavowal).

In addition, within the patient-therapist relationship we can see yet other four clinical traps, which were distributed in the two parts of the session. In the first part, and regarding Juliana, the therapist appeared to be displaying GPH and successful repression, while A1 and disavowal prevailed in Juliana (type 2). Regarding Víctor, the therapist translated Juliana's ideas, and asked him not to pressurize his wife. In that scene the therapist spoke on behalf of Juliana, using A1 and disavowal and Víctor responded with O2 and disavowal. This clinical trap could be categorized as type 3. In the second part of the session, with feelings of surprise and paralysis, the therapist discovered she had naively believed the fictitious façade (O1 and successful disavowal) of both members of the couple. The same erotogenicity and defense, albeit failed, predominated in the therapist. This clinical trap belongs to type 1. Moreover, the cathartic scene between the members of the couple, expressing IL and successful foreclosure of the affect, was accompanied by shock in the therapist (IL and failed foreclosure of the affect). Again, the clinical trap belongs to type 1. It is interesting to observe the changes within pathological alliances during the session. At the beginning Juliana had allied herself with the therapist against her husband and thereafter she allied herself with her husband against the therapist.