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<u>Libidinal fixations and defenses in psoriasis illness: analysis of the discourse with DLA Liliana Alvarez, Ana María Britti, Nilda Neves, Clara R. Roitman, Cristina Tate de Stanley and David Maldavsky</u>

- <u>I. Problem:</u> What are the common aspects and the differences between libidinal fixations and defenses detected in the discourse of various psoriasic persons?
- <u>II. Sample:</u> 10 cases of adults with psoriasis illness treated in a Service of Dermatology of a Public Hospital (Buenos Aires city). Age between 25 and 50. 55% woman, 45% male. No previous or present psychotherapeutic attention.

# III. Methods

Methods for collecting material: 1) each interviewee was asked to make a speech to introduce him/herself, 2) Phillipson test.

<u>Material</u>: The group of narrations presented by each interviewee had different amount of words. Mean: 274 words. Highest: 452. Lowest: 137. Three cases were selected: N (452 words), B (271 words) and D (137 words). Among the answers five were carefully studied: 1) the initial narration (self presentation), and 2) the narrations corresponding to four sheets (2, 6, 7 and 13, that is, a white sheet). The selection of those narrations aimed at considering the responses to a variety of stimuli.

Method for analyzing material: David Liberman algorithm (DLA), designed for detecting libidinal fixations -defenses and their state in discourse. DLA takes into account an inventory of erotogenicities and main defenses that can be inferred using the corresponding tools.

### Erotogenicities

IL Intrasomatic libido

O1 Primary oral

O2 Secondary oral sadistic

A1 Primary anal sadisticA2 Secondary anal sadistic

UPH Urethral phallic

GPH Genital phallic

# **Defenses**

	_		
	State		
Main	Successful	Failed	Both
defense			
According			
the goal,			
creativity			
and			
sublimation			
Repression			
Disavowal			
Foreclosure			
of the reality			
and the ideal			
Foreclosure			
of the affect			

<u>Tools:</u> A grid for analyzing narrations and a computerized program for studying words were applied. The grid for the study of narrations allows us to detect libidinal fixations and defenses. For each narration the results can be either euphoric (E) or dysphoric (D). Various erotogenicities and defenses can be detected. The computerized dictionary for analyzing words allows us to infer erotogenicities. The application of DLA tools offers multivariate results. Among them, a certain eroticism and corresponding mechanism prevail.

### IV. Results

# On erotogenecities

In self presentation narrations, IL prevails in B and D, but not in N. Studying the whole group of narrations, some other differences appear. In the case of the three interviewees selected (N, B and D) five languages of the eroticisms are the most relevant: UPH, A1, O2, O1 and IL, having-an euphoric (E) or dysphoric (D) outcome.

	IL	01	02	A1	UPH
N	XE/D	XE		XD	XE
В	XD	XD	XD		XD
D	XD	XD			

In N. there is a combination between two main scenes: peace of spirit (O1) and routine (UPH). The state of routine allows her to avoid -contact with the world and consequently to avoid suffering from feelings of injustice (A1). The routine state is a complement of the successful narcissistic withdrawal in her peace of spirit. Her clinicians say that in N somatic symptoms are controlled; she just suffers from brief attacks when she (in her words) is "nervous". That state corresponds to the moments when she suffers from unbearable inner turmoil because of her feelings of being a victim of abuse of others' power and injustice (A1). In those moments, O1 is replaced by a greater regression to IL and the correspondent tendency to an inner alteration, to a somatic manifestation.

B. appears dependent on doctors and medications to maintain certain physical equilibrium. Her illness has a chronic stabilized state. Despite B's efforts to receive affective support from her doctors, her feelings of abandonment (O2) reappear and reinforce the failure of her narcissistic withdrawal. She can not maintain a cognitive peace of spirit (O1) and makes a regression to IL, expressed by her adhesion to the medications and by her chronical somatic alteration.

D. has the greatest limitations to make narrations, with a strong restriction in his resources to express his libidinal life. Only two eroticisms are expressed: O1 and IL, both in dysphoric versions (lack of spiritual peace and of somatic equilibrium). O1 is connected to an unsuccessful withdrawal. Of the three persons, he suffers the most severe pathology, practically impossible to stabilize by medical treatments.

#### On defenses

N. (equilibrated state, almost without symptoms)				
Erotogenicity Defense State Function				
IL Foreclosure of the Successful Main				

	affect		
01	Disavowal	Successful	Complementary
UPH	Repression + secondary disavowal and identification with a deceitful character	Successful	Complementary

B. (stabilized chronic state)			
Erotogenicity	Defense	State	Function
IL	Foreclosure of the affect	Failed	Main
01	Disavowal	Successful / failed	Complementary
O2	Disavowal	Successful / failed	Complementary
UPH	Repression + secondary disavowal and identification with a deceitful character	Failed	Complementary

D. (unstabilizable state)				
Erotogenicity	Defense	State	Function	
IL	Foreclosure of the affect	Failed	Main	
01	Disavowal	Successful / failed	Complementary	

#### V. Discussion

The three cases have some common aspects and certain differences. Sometimes the usual defensive system fails and N. is invaded by intense feelings of injustice. In this case foreclosure of the affects also fails and somatic symptoms reappear. The strong affective dependence on the doctors (O2), combined with successful / failed disavowal (corresponding to narcissistic withdrawal), is B's specific trait. The greatest lack of psychic resources appears in D's discourse.

Some correlations are detected: 1) amount of words, 2) certain erotogenicities, 3) some defenses and their state, 4) criticalness of the disease.

The main defense (foreclosure of the affect) succeeds in N and fails in B and D. Additionally, B's discourse (expressing four languages) is richer than D's one (expressing just two languages).

Some erotogeneicities and defenses were common to the three cases:

IL	Foreclosure of the affect
01	Disavowal

Differences among the cases -refer basically to the state of the defenses. The main variable is the state of the defense, complemented by the scope of the erotogenicities expressed in the discourse.

The intense feelings of injustice and of being the victim of the abusive power of others is only evident during certain moments of N's discourse (especially when avoidance fails), and can be inferred underlying the affective dependence expressed in B's narrations. These feelings are not expressed in D's discourse.

### VI. Conclusions

Patient	Words	State of defenses	Erotogeneicities	Severity of psoriasis illness
N	452	Successful foreclosure of the affect Successful disavowal	IL, O1, A1, UPH	Practically without symptoms
В	271	Failed foreclosure of the affect Successful/ failed Disavowal	IL, O1, O2, UPH	Stabilized chronic state
D	137	Failed foreclosure of the affect Successful/ failed disavowal	IL, O1	State impossible to stabilize

- 1) Some correlations exist between 1) amount of words, 2) state of the defenses, 3) erotogenicities expressed in the discourse, 4) severity of psoriasis illness.
- 2) Two manifestations (amount of words and severity of psoriasis illness) are connected to two concepts (defenses and erotogenicities).
- 3) Of the concepts, those regarding the defenses prevail whereas the diversity and richness of erotogenicities expressed in the discourse have a complementary value.
- 4) Both concepts are linked to the capacities of the Ego to deal with the exigencies issued from libidinal drives, the superego and the external reality.
- 5) The less the A1 feelings of injustice are symbolically expressed in the discourse, the more the somatic manifestation is serious.