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The therapist's attunement during the first session: a clinical research on 20 cases using the David Liberman algorithm (DLA)

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1. Goal: To detect drives and defenses as well as their state in the therapist's attempt to tune in with the patient during the first session.

2. Sample: The first session or interview of 20 patients with their respective therapists: 1) Jacinta, 2) Carmen, 3) Celina, 4) Roberto, 5) Belisario, 6) Irma, 7) Poncia, 8) Cristina, 9) Serafín, 10) Corina, 11) Z, 12) Norberto, 13) Estefanía, 14) Isabel, 15) Froilán, 16) Ms Smithfield, 17) Favio, 18) Eduardo, 19) Liliana, 20) Cátulo.

3. Method

The David Liberman algorithm (DLA), a method that allows to detect drives and defenses and their state in patient's and therapist's discourses. Also the method contains a description of the therapist's interventions from the functional perspective: 1) introductory, 2) main, 3) complementary. The main interventions have an usual sequence: a) the therapist's attempt to tune in with the patient, 2) causal statements, comparisons and so on.

The therapist's attempt to tune in with the patient can be successful or failed. The success or the failure of this attempt is detected in the immediate and mediate patient's response, including some changes (in the defense mechanisms and/or in their state) in the enacted scenes during the session. The combination between the introductory and the two types of main interventions constitutes a strategy. When the therapist changes his first part of the main interventions, the second or both, a new strategy is detectable. The success or the failure of the therapist's attempt to tune in with the patient can be detected in his immediate or mediate answers to the corresponding clinical interventions revealing a partial positive change in the defensive system.

4. Procedure: 1) To research drives and defenses as well as their state in the patient's enacted scenes during the session, 2) To research drives and defenses as well as their

state in the therapist's interventions and 3) To research the success or the failure of the therapist attempt to tune in with the patient.

5. Analysis

5. 1. Analysis of the patient's type and state of the defense (as well as their changes) when the therapist attempted to reach attunement with **him/her**

1. Passage from failed avoidance traits of character to a successful defense mechanism in accordance with the goal.

2. Passage from failed disavowal to failed repression.

3. Passage from successful to failed disavowal.

4. Failed foreclosure of the affect and failed disavowal.

5. Passage from successful disavowal to a successful defense mechanism in accordance with the goal.

6. Passage from successful avoidance traits of character to a successful defense mechanism in accordance with the goal.

7. Passage from successful to failed disavowal and histrionic traits of character.

8. Passage from successful disavowal to a successful defense mechanism in accordance with the goal.

9. Passage from failed foreclosure of reality and the ideal to a combination between failed foreclosure of the affect and failed foreclosure of reality and the ideal.

10. Passage from successful to failed disavowal.

11. Passage from successful disavowal to a successful defense mechanism in accordance with the goal

12. Passage from successful/failed foreclosure of the affect to failed histrionic traits of character.

13. Passage from successful foreclosure of the affect to successful defense mechanism in accordance with the goal.

14. Passage from successful foreclosure of the affect and disavowal to a successful defense mechanism in accordance with the goal.

15. Passage from successful foreclosure of the affect and disavowal to a successful defense mechanism in accordance with the goal.

16. Successful foreclosure of the affect and disavowal.

17. Successful disavowal.

18. Successful/failed foreclosure of the affect and foreclosure of reality and the ideal

19. Successful disavowal.

20. Successful disavowal.

5.2. Analysis of the therapist's type and state of the defense when he intended to reach attunement with the patient

1. Successful creativity.

2. Successful creativity.

3. Successful creativity.

4. Successful creativity.

5. Successful creativity.

6. Failed defense mechanism in accordance with the goal.

7. Failed defense mechanism in accordance with the goal.

8. Failed defense mechanism in accordance with the goal.

9. Failed defense mechanism in accordance with the goal.

10. Temporary successful disavowal.

11. Temporary successful obsessional trait of character.

12. Successful creativity.

13. Successful creativity.

14. Temporary failed obsessional trait of character.

15. Failed disavowal.

16. Failed disavowal.

17. Failed disavowal.

18. Failed disavowal.

19. Failed repression.

20. Failed repression.

5. 3. Successful and failed clinical strategies

I. First clinical strategy

	Introductory intervention	First main intervention	Second main intervention
1. Jacinta	Successful	Successful	Successful
2. Estefania	Successful	Successful	Successful
3. Isabel	Successful	Successful	Successful

4. Cátulo	Successful	Successful	Successful
5. Liliana	Successful	Successful	Successful
6. Carmen	Successful	Attunement delayed	Successful
7. Favio	Successful	Attunement delayed	Successful
8. Ms. Smithfield	Successful	Attunement delayed	Successful
9. Celina	Successful	Attunement clinically non-pertinent	Successful
10. Roberto	Successful	Inversion in the sequence of interventions (between the first and the second main	Successful

		interventions)	
11. Belisario	Successful	Partial self-sabotage	Successful
12. Irma	Successful	Passage from the question to, to the interpretation of, certain affects	Successful
13. Eduardo	Successful	Passage from the question to, to the interpretation of, certain affects	Successful
14. Poncia	Partially interfered	Successful	Interferences in the sequence of interventions (from the first to the second main

			intervention)
15. Cristina	Failed	Failed	Failed
16. Serafin	Failed	Failed	Failed
17. Corina	Failed	Failed	Failed
18. Z	Failed	Failed	Failed
19. Froilán	Failed	Failed	Failed
20. Norberto	Failed	Failed	Failed

II. Second clinical strategy

15. Successful	Successful	Successful
16. Successful	Successful	Incomplete
17. Successful	Incomplete	Incomplete
18. Successful	Incomplete	Incomplete
19. Failed	Failed	Failed
20. Failed	Failed	Failed

5.4. Comments

In 14 of the cases, the therapist's attempt to tune in with the patient was successful. He needed to **apply** just one clinical strategy . In the other 6 cases, the therapist's attempt failed, and he needed to use a second strategy. Among these cases, the therapist's second strategy also partially failed in 2 of them and completely failed in other 2. In 15 of the cases, the therapist completed his clinical strategies. In 3 of them the second clinical strategy remained incomplete, and in the other 2 they failed in all their steps.

6. Discussion and conclussions

Certain therapists (cases 1-5) were able to tune in with the patients quite easily. In these cases, successful creativity appeared to be the main mechanism used. Other therapists (cases 6-14) had temporary difficulties with attunement, but were able to overcome them in the end. Finally a third group of therapists (cases 15-20) seemed to have greater difficulties. During the session they had two strategies. Among them, in cases 15 and 16 the therapists could finally tune in with their patients. However, the remaining four therapists were unable to do it. When these difficulties predominated, the main defense mechanism implemented by the therapist was failed disavowal or repression. Regarding the patients, we could observe that in cases 16-20 the state of the main defense (successful/failed or successful) remained unchanged during the session. When the main pathogenic defense succeeded, the patient could reject certain conflictive contents and maintain **an** euphoric state, whereas when the defense was successful/failed, the

patient's state usually turned into dysphoria, but the corresponding conflictive contents remained rejected. This might explain why it was so difficult for the therapist to tune in to the patient's feelings. The combination between the patient's successful or successful/failed pathological defenses and the therapist's failed pathological defenses turns out to be an essential aspect of the most serious clinical difficulties in tuning in with the patient.

We would now like to add that the Freudian text where we can learn most about the concept of empathy is the book devoted to jokes (Freud, 1905c). In it, apart from emphasizing the intra-psychic processes present in empathy, connected with creativity, Freud stresses the efficacy of intersubjective relationships, something that can also be appreciated in the study of the 20 cases presented here. Another important issue that can be noticed is that the patient's use of successful or successful/failed pathogenic defenses interferes with the therapist's empathy and creativity. However, the therapist can sometimes get over this obstacle, and in such cases he needs to protect both the empathic connection he has established and the subsequent clinical interventions from the patient's remaining resistances.

There are two main factors that define what each speaker says: the intrapsychic factor, and the influence of the discourse of the other. The discourse of the other allows the listener to establish contact with the unconscious processes and the defenses of the speaker, and this is a reciprocal exchange. The therapist's attunement to the patient is an exceptional moment in such process of contact.