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Therapist's empathic approach to the aphasic patients

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1. Goal: to research the empathic approach with aphasic patients **at** the moment of tuning in during the first interview.

2. Sample: the first interview of 7 aphasic patients, 5 of them as a consequence of a CVA and 2 due to a traumatic impact (Roberto, Favio, Cristina, Isabel, Eduardo, Irma, Liliana), with the same interviewer.

3. Method: The David Liberman algorithm (DLA), a method that allows to detect drives and defenses, as well as 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 a 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, 2) to research the therapist's interventions and their usefulness, 3) to focus on the therapist's attempts to tune in with the patient

5. Analysis

5. 1. Drives and defenses and their state in the patient's enacted scenes

We have microscopically studied the recorded first interview belonging to 7 different aphasic patients with the same interviewer. Each interview was thoroughly analyzed as a single case, with the aim of detecting 1) libidinal-aggressive drives and 2) the defenses, as well as their state, both in the extratransference and during the interview.

Interviewee	Defenses
Roberto	Failed foreclosure of the affect and failed disavowal.
Favio	Successful disavowal.
Cristina	Passage from successful disavowal to a successful defense mechanism in accordance with the goal.
Isabel	Passage from successful foreclosure of the affect and disavowal to a successful defense mechanism in accordance with the goal.
Eduardo	Successful/failed foreclosure of the affect and foreclosure of reality and the ideal.
Irma	Passage from successful avoidance traits of character to a successful defense mechanism in accordance with the goal.
Liliana	Successful disavowal.

5. 2. . Interviewer interventions and their outcomes

When the interviewer intended to go from the introductory interventions (contact, collecting information, etc) to the main ones (to tune in with the

interviewee and thereafter to establish causal links and so on), he had different outcomes.

Interviewer's interventions and their outcomes

	Introductory intervention	First main intervention	Second main intervention
1. Isabel	Successful	Successful	Successful
2. Liliana	Successful	Successful	Successful
3. Favio	Successful	Attunement delayed	Successful
4. Irma	Successful	Passage from the question to, to the interpretation of, certain affects	Successful
5. Eduardo	Successful	Passage from the question to, to the interpretation of, certain affects	Successful
6. Roberto	Successful	Inversion in the sequence of interventions (between the first and the second main interventions)	Successful
7. Cristina	Failed	Failed	Failed

II. Second clinical strategy during the Cristina's interview

Successful	Successful	Successful
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6. Comments: Interviewer's difficulties to tune in with the interviewees

Cases 4 and 5 showed that the first main intervention (aiming at tuning in with the interviewee) required that the interviewer changed from the answer about the interviewee's affect to the interpretation of it. Usually the interventions to tune in with the patient are a question about how the consultant feels, or the question on a specific affect the therapist supposes the patient feels. In these cases, the therapist thinks that for the patient the affect is a part of his/her consciousness. The interpretation implies that for the interviewee the affect was unconscious, like wishes for other subjects. This fact was not a consequence of repression but an effect of foreclosure of the affect.

Cases 6 and 7 showed that the interviewer incurred in transitory not pertinent orientations. In both cases, this fact was combined with patient's successful states of disavowal. In consequence, the interviewer's errors can be considered in connection with the interviewees' resistances. Finally, the interviewer could correct his orientation and **managed** to tune in with the interviewees.

7. Example

Sometimes the interventions aimed at empathizing with the patient do not follow the usual sequence described above and are postponed for later, and replaced by other kinds of interventions (mainly the ones aiming at establishing causal links) which run the risk of being premature and non-pertinent.

This was the case during the first interview with Roberto (aged 53), a man with a slight aphasia caused by an accident. Apparently **the cause of the accident was** that the patient, ignoring the advice of a friend, had climbed an unsafe scaffolding and fallen down.

Six months after the accident, he had gone on holidays with a **girlfriend** (who had neurological problems as a consequence of a CVA). This couple thought that Roberto had lost neurons as a consequence of the accident. She refused to have sex with him. So when sleeping Roberto **had** convulsions, and

the same happened later, in a similar scene with the same woman. Regarding the first anecdote (which referred to the woman telling him she thought he had lost neurons) the interviewer gave him some advice: he should listen to professionals, and in that way, he would avoid confusion. Regarding the second scene (**having** convulsions after the woman had refused to have sex with him) the interviewer told him that when people said no to him, he **had** convulsions. It was then that the therapist **tried to** attune to the patient, and he noticed the patient was depressed, “fixed” as it were, to this couple, from whom he had already separated, and that the patient had tried to convince others and **him** that his problems were basically psychological, and that he did not have any brain lesions. He insisted about this, in particular when the issue of drinking was being discussed. He had been forbidden **from** drinking alcohol. The interviewer began to make interventions showing Roberto’s tendency to “disguise” certain situations so as to be unaware of the possible incidence of the lesion. In consequence, the therapist’s initial advice, as well as his remark referred to the convulsions as a “response” to the frustration to which the **girlfriend** had submitted him, can be now considered premature and non-pertinent interventions. The first intervention was **a piece of** advice, and Roberto had already shown that he tended to disregard advice, as he had done before the accident. The second intervention established a link between the convulsions and psychological factors, and Roberto might have used this remark in order to disregard the fact that a brain lesion could also cause symptoms. After the therapist was able to tune in to the patient, he could intervene in a pertinent way.

In the extratransference relationships, the patient displayed failed disavowal combined with failed foreclosure of affects, which predominated, and which, incidentally, Roberto had tried to use during the session (by putting the therapist’s intervention at the service of his defenses in a successful version). When the therapist gave non pertinent advice to the patient, and when he established a premature causal link between the patient’s convulsions and his feelings, he transitorily took the place of a character in one of the patient’s traumatic scenes. This character induced the patient to be an alcoholic, something that could cause him new problems. As a result of this interview, Roberto requested psychotherapy.

Discussion and conclusions:

1. The successful state of the main pathogenic defenses interfered **with** the therapist's attempt to reach attunement with the patients.
2. The therapist's difficulties in tuning in with the patient were observed in a) some premature and non pertinent interventions referred to causal links, etc., before the attunement, and b) to display a complete incorrect strategy. These difficulties required to change the interviewer's answer about the patient's state by an interpretation of it.