The tree of clinical decisions and the erotic countertransference. A study with David Liberman algorithm

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We'll develop first the method of analysis (DLA) and then we'll describe how to use it for the analysis of the style of patient and analyst. In this manner we'll investigate a therapeutic relationship taking into account: 1) the style of the patient, 2) the tree of decisions of the therapist, 3) his defense against some perturbing countertransferential feelings.

I. The method (DLA)

A. General presentation

Freud (1916-17) states that understanding each clinical case implies that the therapist and the researcher take into account the specific libidinal fixation and the defense. In each patient a combinatory between some sexual fixation and some defenses determines the singular clinical problem. A method that detects erogeneicities and defenses in the discourse of the patient can be useful in the therapeutic process and outcomes researches. David Liberman algorithm was designed for the research of the discourse from this Freudian perspective. The method has a strong theoretical argumentation, explaining why several erogeneicities and defenses were considered the most important, and what the criteria for the operationalization of both variables were (Maldavsky, 2003). The DLA allows to investigate erogeneicities and defenses in three levels: narration, phrase, words (Graphic I). The method is useful too for the analysis of the motricity (for example, in the session with children) and of the visual manifestation (for example, paintings). The panoramic view of the method and its instruments can be seen in graphic II.

B. Detection of the erogeneicities

Narrative analysis. DLA differentiates five scenes in the narrative. Two of them are states; the other three, transformations. The narration contains 1) an initial state of unstable equilibrium, broken by 2) a first transformation, corresponding to the rise of the desire. This moment is followed by 3) a second transformation, the attempt to consummate the desire, and finally 4) a third one, that includes the consequence of this essay. This is followed by 5) the final state. Two states (one initial and another final) and three transformations form the matrix of narrative sequences. This formal structure acquires specific qualifications for each language of eroticism (Graphic III). These qualifications imply that the "actants" (types of characters), affects, actions, ideal, group representation, temporal and spatial conception, has a high grade of definition. Among the "actants", those of model, subject, double and assistant can be distinguished. Eventually, object of desire and rival also appear. In the real facts the researcher can find suppressions, redundancies, permutations, condensations.

Words analysis. The systematization of narrative brought a basic contribution to gather the words taking into account sexual categories. For example, in the narrative belonging to A2, the scene of a solemn public oath in an institutional context, allows to include in the archive of the dictionary terms such as "duty", "tradition", "moral", "study" and others which express the attempt to dominate and control the reality (including the internal one) by means of a knowledge of concrete facts. It is possible to add also "clean", "library" and many other words.

With these gathered words, a dictionary, a computational program that allows to investigate word networks is available. The dictionary is formed by seven archives, one for each language of eroticism. In each archive there are units composed by: 1) fragments of words, 2) words, 3) groups of words. The totality of the archives includes about 620.000 words, belonging to 5.000 radicals approximately. Many words have a multiple erogenous sense. Therefore, it could happen that the meaning detected by the program corresponds to more than one language of eroticism. The program can do two types of study. One of them has an automatic character; the other one is more handcrafted and interactive.

Phrases analysis. The grid of the narration also allows to systematize another kind of emergence of the scene, displayed in the present discourse of the speaker. The scene not narrated but displayed in the present can be studied as a group of phrases. For example, the insult is a phrase that corresponds to the scene of the essay to consummate the desire of vengeance (A1); the doubts is a phrase that expresses a dysphonic resolution of the scene belonging to the narration of A2, and the objection corresponds to the scene of standing in the position of the rival in the scene of the arousal of the desire in the same A2, etc. When studying the level of the phrases, DLA considers the acts of enunciation of the speaker. Also, DLA deals with new methodological problems, since in the level of the phrase it is important to notice the form in which the speaker uses the sounds of the language. Consequently, DLA has to consider two aspects: not only the verbal components but also the paraverbal ones. Therefore, DLA contains two grids (Graphic IV and Graphic V). This third perspective of the research is specially useful for the analysis of the relationship between patient and analyst within the session.

C. Detection of the defenses

Narrative analysis. DLA allows to detect the defenses as drives destinies expressed in the language. If certain scene in the narration allows to infer a specific eroticism, certain position of the speaker in the scene he/she describes allows to detect 1) a specific defense and 2) a specific state of it. For example, in A1 the speaker can appear as a hero, as the subject of a secret aims of revenge, but he can also set himself as a victim of alien abuse, or as an instrument (assistant) employed by an unjust protagonist that will despise him afterwards. In the first situation, the dominant defense is the successful disavowal, as results in defiant characteropathies, and in the second one (the patient as a victim of abuses or as an instrument, afterwards rejected, that the main character employs in the frame of a desire of revenge) prevails disavowal too, but as a failed defense. The DLA has a) a description of the features of each position that the speaker can take

in the narration, and b) a sequence of instructions useful for the investigation of the type of the defense and its state.

Phrases and words analysis. If phrases and words allow to detect the erogeneity, rhetorical studies allow inferring the defense. DLA contains a) a systematization of the resources (rhetoric figures, argumentation) expressing some defense and its state, and b) a sequence of instructions allowing to detect how to decide what defense and which state of it appears.

D. Analysis of the patient-therapist relationship

Liberman (1970) considered that each discursive style of the patient has an optimum complementary style of the therapist. Liberman stated that, when an analyst turns in emphatically to the patient and has a comprehension of his psychic processes, this fact is evidenced in interpretations with a complementary style of the patient's one. Here is the list of therapist's optimum complementarities that Liberman thought for each style of the patient, with some additions that belong to me:

Patient	IL	O1	O2	A1	A2	UPH	GPH
Analyst	O2	GPH	A2	A2	A1	O1	O1

Liberman justified his proposal stating that in what we called GPH there are frequently redundant dramatizations and syntactic and semantic proliferation without synthesis, while in O1 the tendency to the abstraction and the lack of commitment in a concrete scene prevails. This last style gives to the first one its optimal complement, while leading to detect the common in the redundancy, and substituting a pathogenic defense (repression) by another one, more benign. In the same way, GPH is the complement to O1. Similar argumentation leads to justify the other complementarities among the styles. Concerning O2, the optimal complement is A2, because the first one puts the emphasis in the feeling against the thought according to rules that the second one emphasizes. A1 also defies the thoughts focusing on alloplastic action; so, its best complement is again A2. About this last one, that gives importance to thought instead of decision and action, its optimal complement is A1. For IL, that gives attention to corporal processes with no affective qualification, its optimal complement is O2. At last, UPH has the same rank of essential redundancy as GPH, and its complement is O1.

II. Researching countertransference

II. 1. The style of the therapist

The study of the countertransference in each clinical situation implies the research of the discourse of both participant, patient and therapist. The analysis of the patient's discourse informs about his concrete style, belonging to his libidinal fixation and defenses, specially those displayed during the session. From the therapist discourse analysis (phrases and words studies) the researcher infers which the clinical style is. Each therapist style involves some interventions with an introductory or complementary value and other ones with a main value. The style of each analyst with his patient can be formalized as a specific combinatory of

strategies. In each strategy an specific ensemble among introductory, main and complementary interventions can be detected. Two kinds of questions are relevant: 1) concerning the combinatory between introductory, complementary and main interventions in each strategy, 2) concerning the continuity or the change in the main interventions during the session. Sometimes a contradiction between two introductory interventions, or two complementary ones, or between an introductory and a main or a complementary, or between a main and a complementary intervention can be detected. Sometimes the orientation of the main interventions changes. Those modifications of the orientation can be a consequence of a rectification of a partially erroneous clinical way or can be an effect of the changes in the patient's discourse obtained by pertinent previous interventions. If the change implies a clinical reorientation, it is possible to study the tree of decision of the therapist in terms of differential strategies: the failed and the successful ones. This kind of description (including the research of the patient's discourse as an expression of his erogeneicites and defenses and the research of the style of his therapist) allows investigating too the countertransference. Usually this type of study demands, as a complement, that the therapist gives some additional information about his perturbing feelings during the session. If not, countertransferential feelings can be inferred mostly by a combination of the research on the inadequacy of therapist's interventions and on the features of the patient style.

II.2. Defense against the lasting erotic countertransference

We'll present now a case study that includes a brief analysis of the main features of the discourse of the patient as a complement of the more careful investigation of the discourse of the therapist. The study of the patient's discourse requires the use the five tools (three for detecting the eroticism and two for the research of the defenses). Instead, the study of the therapist discourse requires the use just two of those tools. Usually, the therapist doesn't do narration, but phrases. So, the tools for the analysis of the phrases and for the analysis of words are .those mentioned above.

María (22) was in trouble with a mother figure that induced her to do a sacrifice; so, the mother exhibited herself and reinforced her narcissism using the patient, her daughter. Mother's argument included the exhortation to resign her own things in benefit of poor people, and the patient, after following these precepts, suffered an impotent and vindictive anger, uncontrollable. From the patient's view, her mother used O2 at the service of GPH (brightness, exhibition). In the patient herself A1 developed. This vindicative wish increased her own disposition to an exhibitionist dramatization (GPH) as an instrument to achieve the vengeance. In session A2 (narration of concrete facts, concrete reflections) and GPH (exaggerations and specially dramatizations) are prevalent in the phrases. The first one was a way to display the second one, which becomes relevant. Therefore, she developed in session a histrionic and exhibitionist presentation of the facts.

In the repertory of analyst's resources O2, A2, UPH and GPH had a great incidence. The first two were prevalent; specially the first one (O2). In consequence, he tended to emphasize the weight of feelings, specially sadness, in the patient. The patient answered him with an increase in her hostility (not against

the therapist) and displayed recurrent interrupted dramatizations. After a pause, the patient gave new illustrative anecdotes and commentaries and the therapist changed his orientation: took another option existent in his repertory, and emphasized confusions generated in the patient by her mother's discourse (A2: stressing the relative place of the patient in her relationship). So, the patient started to think, to extract conclusions and to develop more coherent dramatizations.

The hard moment to overcome was when the therapist tended to emphasize affective states; for the patient he turned himself an allied or a representant of her mother. At last, the therapist used A2. When the therapist used this other option contained in his repertory, the patient quickly found the way to move forward in her therapeutic work.

In the patient successful disavowal corresponded to A1, but repression (corresponding to A2 and specially GPH) prevailed. Those defense failed (i.e., disorganization of the dramatization, impossibility to put in order her thinking).

In different papers (Maldavsky, 2002; Maldavsky, Alvarez, Neves, Roitman, Tate de Stanley, 2003a, 2003b) we focused on a part of the forth session of this treatment, and detected two fragments (A and B), with different narration. In the first fragment the therapist developed two strategies, both the two first steps having the same character: 1) accompanying the patient's discourse, 2) preparatory indication of the central intervention. The difference between the strategies appears when the therapist made the central intervention. In the strategy we included in his tree of decisions the therapist privileged affective states, as is inherent to O2. In the strategy II, he paid attention to thought processes, the order of the relations, etc. (A2). In return, in Fragment B the therapist used just the strategy II.

Tree of decisions

Fragment A	
Sequence of interventions in Strategy I	Sequence of interventions in Strategy II
1) UPH (accompanying)	1) UPH (accompanying)
2) A2 (preparatory indication)	2) A2 (preparatory indication)
3) O2 (central intervention)	3) A2 (central intervention)
4) A2/UPH (doubts and disorientation): dysphonic result	4) A2: euphoric result
Logical dominance: O2/A2/UPH	Logical dominance: A2/UPH

Sequence of interventions in Fragment B
1) UPH (accompanying)
2) A2 (preparatory indication)
3) A2 (central intervention)
4) euphoric results
Logical dominance: A2/UPH,

coincident with Strategy II

After trying this, we analyzed these two fragments with the computerized program. So, we had these results concerning the words' level:

Fragment A	
Strategy I	Strategy II
1. A2 30.24%	1. UPH 29.46%
2. O2 23.81%	2. A2 21.17%
3. GPH 15.87%	3. GPH 19.88%
4. UPH 15.12%	4. O2 19.33%

Fragment B
1) UPH 30.50%
2) A2 23.30%
3) GPH 17.79%
4) O2 12.71%

We concluded that the results of the analysis of phrases and word networks are alike, especially concerning the relevance of O2 in strategy I, that didn't prevail in strategy II. After that, we evaluated the analyst's interventions clinically. We concluded that strategy I was non pertinent, and that strategy II was pertinent. Strategy I increased patient's resistance, while strategy II contributed to the creation and reinforcement of the therapeutic alliance and allowed the patient to extract some conclusions. So, we formulated a hypothesis about the therapist's strategy I. We affirmed that, partially influenced by the patient's exhibitionist discourse with an underlying vindictive desire, the therapist tried to defend himself against a perturbing erotic countertransference.

The next step was to study the therapist's discourse in 20 sessions of the first year of treatment with the computerized program (dictionary). The computerized analysis detected this prevalences in the word networks:

1. A2	or	1. O2
2. O2		2. A2
3. GPH		3. UPH
4. UPH		4. GPH

On both occasions, O2 had strong relevance. In consequence we presumed that 1) if in these sessions the coincidence between the results of the analysis of words and phrases were maintained (therefore in the level of phrases were relevant the ones that express O2), and 2) if the therapist's interventions were still not pertinent, so 3) the therapists continued suffering the effects of the defense against his erotic countratransference.

So, we took a new step. The team of authors of the present paper studied the therapist's discourse in a session (the 17th) of some months later. We noted that the results of the words and the phrases analysis still coincide, and that analyst's interventions where O2 was relevant were non pertinent. Moreover, the therapist didn't rectify his strategy (similar as the strategy I mentioned before) and insisted on his orientation forcing the patient's discourse, specially in the second part of the session. At the end of the hour the therapist recorded an unusual commentary: he said that in this session he felt less erotical countertransference...

Conclusions

1. DLA is a useful method for the study of the styles of patient and therapist
2. DLA is a useful method for constructing inferences on countertransference process and its changes
3. This paper offers just a weak support to Liberman's proposal concerning stylist complementarities. Liberman states that each patient's style has an optimum complement in the therapist´s one; but his hypothesis is too general and abstract. In each patient different styles coincide, with a transitory prevalence of one of them. We need to design a more careful research taking into account a) the multiplicity of styles coexistent in each patient and the same multiplicity present in the analyst discourse too, and b) which part of the therapist discourse has efficacy and how, in terms of changes of the defensive system of the patient.

Graphic I. Inventory of the main erogeneicities and defenses, and of the levels of analysis

1. EROGENICITY

IL Intrasomatic
O1 Primary oral
O2 Secondary oral sadistic
A1 Primary anal sadistic
A2 Secondary anal sadistic
FU Urethral phallic
FG Genital phallic

2. DEFENSE

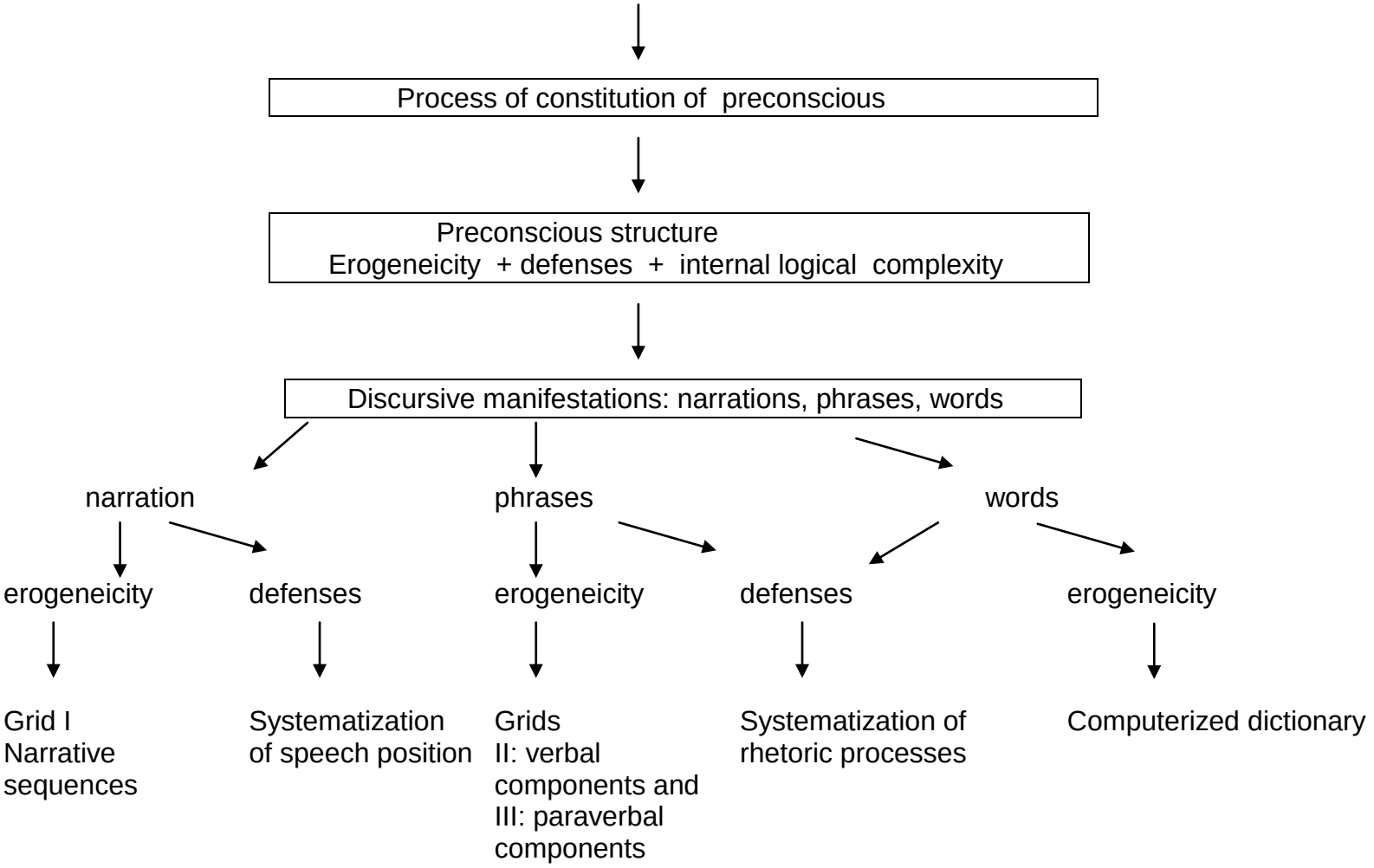
State / Defense	Successful	Failure
Normal		
Repression		
Disavowal		
Forclussion of the reality and the ideal		
Forclussion of the affect		

3. LEVEL OF EXPRESSION

1. word networks
2. phrase-structures
3. narrative sequences

Graphic II. General outline of preconscious

DRIVE (erogeneicity) AND ITS DESTINIES (defenses)



Graphic III: Grid for the narration analysis

Eroticism Scene	Genital phallic	Urethral phallic	Secondary anal sadistic	Primary anal sadistic	Secondary oral sadistic	Primary oral	Intrasomatic
Initial state	Aesthetic harmony	Routine	Hierarchic order	Natural legal balance	Paradise	Cognitive peace	Balance between tensions
First transformation: arousal of the wish	Wish for aesthetic completeness	Ambitious wish	Wish to dominate an object in the frame of a public oath	Wish for revenge	Temptation Expiation	Abstract cognitive wish	Speculative wish
Second transformation: the attempt to realize the wish	Reception of a gift	Encounter with the mark of paternity in the depth of the object	Knowledge that the object remains attached to corrupt subjects	Revenge	Sin Reparation	Access to the truth	Pleasure gained by an organic intrusion
Third transformation: consequence of the attempt to realize the wish	Pregnancy Aesthetic disorganization	Adventure defiance	Moral acceptance because of its virtue social condemnation and moral expulsion	Consagration as a leader Motility impotence, feeling of being in jail and humiliation	Expulsion from Paradise Absolution and love acceptance	Consagration because of his/her geniality Loss of lucidity and functioning at the service of the other subject's cognitive pleasure	Organic euphoria Asthenia
Final state	Shared harmony Constant feelings of disgust	Adventure Pessimistic routine	Moral peace Moral torture	Evocation of a heroic past Return to natural peace Unending resentment	Vale of tears Recovery of Paradise	Pleasure in revelation Loss of essence	Balance between the tensions without loss of energy Constant tension or constant asthenia

Graphic IV. Grid for the phrases' analysis

LI	O1	O2	A1	A2	UPH	GPH
banality and inconsistency	abstract deduction	moan: "I could have been, but..." "I should have been... but"	offense, blasphemy and imprecation	maxims	popular proverbs	praise: "how nice"
flattering	metaphysical and mystic thinking	complain and reproach	curse: "I wish you died", etc.	religious and ritualized invocations	premonition and omens	promise
references to state of things (weigh/volume/ quantity/gross-ness/deteriora-tion)	denial that creates a logical contradiction in front of alien statement	request and begging	slander, detracting and defamation	quotations	give or ask for advice	invitation
hiperrealism	logical paradoxes	asking for forgiveness and excuses	accusation and denunciation	references to a consensual concrete known	warning "be careful because..."	dedicatory
accounts	metalanguage (talking about language) or equivalent (talking about films, books, etc.)	references on affective states	incitement	information of facts	questions and statements about spatial or temporal localization	appeal to the listener
catharsis	clue phrase	references on things states (climatic, objects aging)	distortion	description of concrete situations	interruptions in other person or in self discourse	showing a desire: "I want to talk about this"
interruptions because of sound languishing	ambiguity and indefinition	references to be doing an action	threats	conditional imperative "if...then", "no... because"	phrases in suspense	private oath: "I swear you"
abusive orders to do something opposed to the general law	interruptions because of sound languishing	interruptions (to swallow a word or syllable) or interrupting other person because of impatient feelings	power show off	public oath and imposing obligations	pretext	dramatization
confessions of doing something opposed to law or moral	references on disturbed states of the own body	condolence or commisera-tion	intrusive interruption	contract	gossiping	examplification

		demanding of love, recognition and affective approbation	rendering or admission of defeat	orders, indications according with general law	greetings and other forms to make contact	
		exigence	triumphal mockery	valuation judgements and critical, linked with moral, cleanness, culture and order	accompanying other person discourse (m-hm, aha)	emphasis and exaggeration
		affective manipulation	boasting	justifications of statements, words and acts	pet words (eeh, you know) as a sign that the channel is occupied by the emitting	nonsense, embellishing, fantasy lightness
		aplacatory submission	confessions of doing something opposed to law or moral	clarifications: that is…	ambiguity and avoidance	comparison between qualities: beauty, sympathy
		condolences	abusive orders to do something opposed to the general law	what is it or what happens and why	cautious approach	metaphoric comparison
		empathic understanding		classification	excessive approach	question: how
		exaltation of the sacrifice		distributive arguments “each”, “neither... nor”	minimizers: “a little scared”	causal relation in which determinant factor of an effect is the increasing of a quality (so beauty.. that)
		expression of the feeling of own or alien inutility		ordering: by one side, by the other side, in first place, in second place, in third place...		equation between quantities of qualities: the more.. the more, the more.. the less, etc.
				syntactic rectification		syntactic redundance
				confirmation (or rectification) of alien opinion or asking a confirmation or rectification of owns opinion		joke with words

				(consulting)		
				completing (or correcting) the alien phrase		phrase on rareness (how strange) or unbelivelity (I don't believe it)
				control of memory, own or of another person: do you remember? do you understand me? I remember this		
				deduction, conjecture and concrete inference		
				concrete generalization		
				synthesis		
				Introduction / closure of a subject (theme, person, including the speaker itself)		
				doubts		
				presentation of alternatives "or.. or"		
				comparing between objective and hierarchy traits		
				description of the position in the frame of an order or a social hierarchic		
				causal linking: "x because y", "if... then", or its questioning: "there are no relation between a and b" , "what		

				does it matter?"		
				objections, adversative phrases and negation that confront affirmations, exaggeration ("not so much") qualifications		
				notations and signaling		
				abbreviations		

Graphic V. Grid of paraverbal components

LI	O1	O2	A1	A2	UPH	GPH
Tone: 1) apathetic	Tone: 1) metallic	Tone: 1) sardonic	Tone: 1) angry	Tone: 1) contemptuous or denigratory	Tone: 1) anxious	Tone: 1) flattering
2) monotonous	2) languishing	2) depressive	2) upset	2) ironic	2) untrustful	2) compliment
3) pleading	3) intellectual humor	3) excited	3) protest	3) rational	3) evasiveness	3) promising
4) flattering	Rhythm, pitch and sounds: 1) lack of resounding	4) desperate	4) suspicious	4) admonitory	4) whispering	4) inviting
5) sleepy	2) few difference of altitude	5) impatient	5) accusing	5) controlled	5) pessimistic	5) seductive
6) languishing	3) cracking sound of the tongue	6) sarcastic	6) mockery	6) imperative	6) with proverbs	6) declamatory
7) eschatological humor	4) "inside laugh" (with close lips)	7) reproaching	7) provocative	7) indicative	7) aplacatory	7) infantile
Rhythm, pitch and sounds: 1) nasal		8) begging	8) insulting	8) oppositionist	8) premonitory	8) disgusting
2) scream		9) compassio-nate	9) arrogant	9) solemn	9) corrosive and poignant humor	9) laughably
3) acceleration		10) letany	10) insidious	10) sententious	Rhythm, pitch and sounds 1) acute sounds	10) festive humour
4) agitation		11) pleasing	11) imperative	11) critical	2) hissing sounds	Rhythm, pitch and sounds 1) dysphony
5) cough		12) guilty	12) resentful	12) clarifying	3) whistling	2) exclamation of joy
6) sneeze		13) laughing	13) spiteful	13) explaining		3) exclamation of anger
7) hiccup		14) choleric	14) choleric	14) doubtful		4) exclamation of disgust
8) bowel sounds		15) black humor	15) threatening	15) black humor		5) exclamation of surprise
9) clear one's throat		Rhythm, pitch and sounds 1) whispering	16) defiant	Rhythm, pitch and sounds: sustained		6) exclamation of admiration
10) burp		2) sobbing	17) provocative and injurious humor			7) onomatopoeia
11) yawn		3) painful (because of psychic pain)	Rhythm, pitch and sounds 1) onomatopoeia			8) cough
12) crying		4) lament				9) clear one's throat
13) sobbing		5) laughing				
14) pant		6) aceleration				
15) slowlyness		7) slowlyness				

16) puffing		8) putting				
17) complaint (because of body pain)						
18) litany						
19) onomatopoeia						
20) to sip mucus						
21) silly laugh						
22)slurred voice						
23)drowsiness						