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Título: Frequency distributions of wishes in the speech acts of the therapists' discourse

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Aims: 1) to present the frequency distributions of wishes in the speech acts of the therapists' discourse and 2) to show some of their applications.

First part: Frequency distribution of wishes in the speech acts of 67 therapists

Main concept

We depart from the Freudian perspective of wishes. The repertory of the main wishes that the DLA expects to investigate are: IL: intrasomatic libido, O1: primary oral, O2: secondary oral sadistic, A1: primary anal sadistic, A2: secondary anal sadistic, UPH: urethral phallic, GPH: genital phallic.

Sample: The transcribed discourse of 67 therapists.

Instrument

We apply the grid for the analysis of wishes in speech acts, a tool pertaining to the David Liberman algorithm (DLA). The tool is useful for the study of intra-session processes.

Table I: Grid of speech acts (fragment)

IL	O1	O2	A1	A2	UPH	GPH
state of things	abstract deductions	laments	offense, blasphemy and imprecation	proverbs and maxims	popular proverbs	praise
references to bodily state and processes	metaphysical and mystic thinking	complaints and reproaches	curses	Religious and ritualized invocations	premonitions	congratulations
banality	logical paradoxes	condolences or commiseration	detracting and defamation	quotations	advice	celebration
onomatopoeias of inanimate object sounds	metalinguistic language	asking for forgiveness and excuses	threats	references to a consensual concrete fact	warnings	dedicatory
forcing own speech in another's discourse	clue phrases	demands	triumphal mockery	contracts	disoriented sentences	promises
flattery	ambiguity and lack of definition	requests and begging	incitement	conditional imperative	questions and statements about spatial or temporal localization	gratitude
accounts	denial that creates a logical contradiction in response to the other's statement	demand of love, recognition and emotional approval	power display to show off	orders, indications according with general law	recovering or maintaining the orientation	private oath
catharsis	references to disturbed states of own body	affective manipulation	surrender or admission of defeat	public oath and imposition of obligations	interruptions of the other person's or the subject's own discourse	toast

echolalia or perseveration		feeling of subject's own or others' uselessness	intrusive interruption	valuation judgments and critical attitude, linked with moral, cleanness, culture and order	accompanying the other person's discourse	calling the listener's attention
		appeasing submission	distortion	justification of statements, words and acts	greetings and other expressions to make contact	invitation
		empathic understanding	incitement	deduction, conjecture and concrete inference	cautious rapprochement and separation	expressing a wish
		exaltation of sacrifice	abusive orders to do something opposed to the general law	concrete generalization	excessive rapprochement	emphasis and exaggeration
		references to affective states	accusation and denunciation	expectation of concrete facts	suspicion - affirmation	dramatization
		references to states of weather, time and objects	confessions of doing something against the law or moral precepts	causal linking	pet words	examples
		references to performing an action or going through a state	justification of transgressions of the law	classification	apocopes	onomatopoeia of sounds of live objects

Procedure

The research group was composed by a team that applied the instrument to a cluster of sessions from the sample, a statistics expert and a general coordinator. The instrument was applied by members of the team, who were four, and had a previous training for a minimum of six month and a maximum of a year, approximately. A couple of these members would participate in each study of a session. Each researcher received a group of sessions, segmented each session into units of analysis, interpreted in terms of wishes and classified the specific type of speech act taking into account the repertoire included in the grid of speech acts. After this activity was carried out with independence, the second researcher would look through these results and, whenever there were differences, both would try to solve them by consensus. Both researchers carried out, alternatively the function of segmenting the sample into units of analysis, of allocating a libidinal signification to each unit of analysis and of classifying the specific type of speech act. When differences subsisted, they would consult the team coordinator.

Table II: Frequency distributions of wishes in the speech acts in 67 therapists' discourses

	IL	O2	A2	UPH	GPH	
Mean		2,4164	62,6130	25,1160	8,5289	
Standard deviation		2,2990	9,9661	7,9544	3,8282	
Skewness		,969	-,068	,229	,451	
Minimum	,00	,00	20,00	8,02	1,46	
Maximum	1,88	17,39	82,82	59,24	40,00	
Percentiles	10	,0000	,0000	49,6296	16,1418	3,6902
	20	,0000	,1571	53,6410	17,2563	4,8258

	30	,0000	,7962	56,2500	20,3677	6,4948
	40	,0000	1,2963	60,3696	22,3153	7,3425
	50	,0000	2,3952	62,6984	25,5102	8,4656
	60	,0000	2,7323	64,3838	27,5044	9,5884
	70	,0000	3,1312	66,8170	29,7623	10,8235
	80	,6451	5,4722	72,1362	32,1958	12,0076
	90	1,3847	6,8369	76,8832	36,1029	14,3443

Frequency distributions were only made for the wishes: IL, O2, A2, UPH and GPH, because the O1 and A1 wishes did not appear in any of the therapists. The mean, the standard deviation and the skewness were calculated by eliminating from the sample the extreme values, while the percentiles were calculated using all the cases. In the case of IL, the mean and the standard deviation were not calculated, taking into account that the 76% of the therapists had zero value in this wish, which made it pointless to calculate those descriptive measures.

Second part: Application of the frequency distributions of the therapists' speech acts to the analysis of the therapist's interventions during a first session

Aim: to study the changes in the therapist's interventions and his/her clinical goals

Sample: Serafín is a patient that consults after having lost consciousness and having hit his head as consequence of having disobeyed the psychiatrist's indication to avoid combining the consumption of alcohol and cocaine with the medication he received for his depressions. He attends the first therapeutic interview still shocked by the loss of consciousness and the hit, and speaks in a disconnected way. The patient had a confuse and disintegrated discourse, which made it difficult for the therapist to follow him. Despite that, after gathering information about the facts, the therapist tried to tune in affectively with the patient,

until he discovered that it was impossible, and so he changed his goal and tried to tune in with the somatic state of confusion that the patient manifested.

Procedure: We have divided the analysis of the therapist's interventions taking into account these three goals (to gather information, to tune in affectively with the patient, to tune in with the patient's somatic state), each one of which corresponds to a different moment of the session.

Results: In table III we expose the comparisons between the results of the analysis of the therapist's speech acts in each one of those three moments of the session.

We took into account the following criteria for the evaluation of the differences:

- A difference between 25 and 34 percentiles is considered slight.
- Between 35 and 53: an important difference.
- Between 54 and 72: a very important difference.
- Between 73 and 92: an extremely important difference.
- Between 93 and 98: an extraordinarily important difference.

Table III: Changes in the therapist's interventions

	First part of the session		Second part of the session		Third part of the session	
	%	Percentiles	%	Percentiles	%	Percentiles
Wish						
IL	0	1 a 75	0	1 a 75	3.33	99
O2	0	1 a 19	1.92	49	0	1 a 19
A2	53.03	18	59.62	37	55	25
UPH	36.36	90	25	47	36.67	91
GPH	10.61	67	13.46	88	5	21
Total	100		100		100	
	Inc: 1		Inc: 2		Inc: 1	

IL: increase in the third part

O2: increase in the second part

UPH: high value in the first and third parts

GPH: high values in the first and second parts

Comment: We may observe the high value of UPH in the first and the third parts, which corresponds to the efforts that the therapist made to get oriented in the session, the self-interruptions and the tags. We may also remark 1) the increase of O2 in the second part, as an expression of the therapist's attempt to tune in affectively with the patient, and 2) an increase of IL in the third part, as an expression of the therapist's attempt to tune in with the patient's somatic state, 3) the high value of GPH in the first two parts, until the therapist rectifies himself, in his attempt to tune in with the patient.