

(2006i) "On patients resistances, therapeutic relationship and countertransference during a first session of psychotherapy, applying David Liberman Algorithm (DLA)", *SPR Meeting*, Edimburgh, 2006

On patients resistances, therapeutic relationship and countertransference during a first session of psychotherapy, applying David Liberman algorithm (DLA)

D. Maldavsky (UCES), A. Aguirre (UCES), K. García (UCES), M. Iusim (UCES) and M. Rodríguez Calo (UCES)

Aims: To study the relationship between patient's libidinal fixations and defenses and its efficacy in the therapeutic relationship and the countertransference.

Sample: First session of a patient (woman, 26) with her therapist (20 years of practice)

Method: We'll apply DLA (David Liberman algorithm), a method designed for the analysis of erotogenicities and defenses in the discursive manifestations.

DLA detects this erotogenicities: Intrasomatic libido (IL), Primary oral (O1), Secondary oral sadistic (O2), Primary anal sadistic (A1), Secondary anal sadistic (A2), Urethral phallic (UPH) and Genital phallic (GPH). Also DLA detects these main defenses: According the goal, creativity and sublimation, Repression, Disavowal, Foreclosure of the reality and the ideal and Foreclosure of the affect, and their state (successful, failed, both). Various erotogenicities and defenses can be detected. Among them, certain eroticism and its corresponding mechanism prevail. The scenes can be either narrated or displayed by the fact of speaking, as a sequence of speech acts.

Results: Narration analysis shows that in the extratransferential relationship prevailed A1 combined with a successful disavowal (corresponding to the switch from feeling of injustice to a defiant answer against a parental superior power) and UPH combined with a successful repression (tendencies to avoid conflictive scenes). Between both, A1 and disavowal occupied the main position. Speech acts analysis indicates that during the session two moments can be differentiated: 1) UPH and successful repression (tendencies to the avoidance of the problems) prevailed initially, and 2) A2 and successful defense according the goal (description of patient's main conflict), predominated finally. The first moment occupied the 66% of the session, and the second moment, the 34% (last part of the session). Therapist strategy had just one branch, consisting in an insistent demand of information (A2), combined with a small group of interventions aiming to obtain an empathic attunement (O2) with the patient. When finally the patient diminished her avoidance and described more clearly her problems (with her former addict fiancé) the therapist displayed a) some GPH speech acts (completing patient unfinished sentences) indicating that she arrived at a partial identification with the patient, and b) some sentences establishing different kinds of links between patient's aspects. Countertransference feelings of irritation of the therapist accompanied the period when patient's avoidance techniques (and her underlying feelings of injustice) predominated. Those feelings, awakened by patient's discourse, could introduce into the therapeutic relationship the same kind of scene the patient described with her parents. Although finally the patient and the therapist could

superate this paralyzant situation, during the first session the switch from introductory interventions (demanding information) and first main interventions (aiming to obtain an empathic attunement) to later interventions establishing different kind of connections for understanding the patient's conflicts occurred just partially.