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A diagnostic research using the David Liberman algorithm (DLA)

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1. Goal: to investigate the psychic organization of a patient with a presumption of psychosis and to decide whether or not she has really this psychic organization.
2. Procedures 1) to study the patient's narrations, 2) to analyse the patient's enacted episodes, 3) to compare the results of both investigations.
3. Sample: (first three sessions). Nilda (aged 23 years old) started treatment with a diagnosis of schizophrenia. She began saying she was hospitalized in a psychiatric institution. She asked for permission to leave the hospital and more recently she was included in a half-day therapeutic program. In this new place she fell in love with the psychologist who treated her. She was jealous of other patients, and this was the reason why she attended treatment there. She complained about the fact that she was nice to him, but he did not take seriously her requirements and that's why she hated him then. The psychologist advised her to stay in the reality, instead of always being in her world of fantasies. In her narrations she resorted to frequent insults and used a cathartic tone.

Then she referred to her hospitalization. It occurred when she was 16, immediately after a crisis in her family that culminated in a transitory separation of her parents. She responded to this change with a refusal to receive meals. However, Nilda could not understand why she had this reaction. Some time later, she was hospitalized during three years to be treated from anorexia (which she thought she had). She added that this hospital was not a suitable place for her. She remained locked in there, without any connection with the others. She was very afraid and could not speak. Her narrations were again accompanied by insults and accusations against the hospital and the other inmates. She added that the girls were sexually excited with the boys, and she was very responsible.

She had arguments with the director of the hospital because she did not like her. She also argued with the other in-mates who mocked and humiliated her, like everyone in her family. In the hospital she claimed to be more intelligent than the others. She also had arguments in the school she attended until she was 16. There, she felt truly as the center of the world. She added that she felt anger towards her family since her early infancy. All her family members over-protected her and invaded her intimacy.

She said her maternal grand-mother was very dominant and treated her as a baby. She was locked in with her grand-mother, who considered her a loser, controlled her and looked at her with hate. She reacted ignoring her with anger. Nilda added that her father was very selfish, and so she did not speak or listen to him. He was an arrogant person, like her sister. She did not tolerate him.

After that, she said she was worried about her mother, who did not practice any gymnastic activity, and that's why Nilda thought her mother's body could be ill. She described her as being excessively dependent from her own mother, and she added that it shouldn't be like this. Her mother did not sign Nilda in the club where she wanted to practice gymnastic activities, so she had to remain locked in. She felt as a fat woman.

Then she refers to the discussions between her parents, which took place during her childhood, and the jealousy of her father. She said her father forced her to clean the house. She did not understand her mother, things were better when her parents were separated. In this period, she, her sister and her mother used to go together to the natatory.

Then Nilda said that, at school, she was discriminated by her mates, that they did horrible things to her, like kissing her in the mouth. She stressed that it was school what disturbed her.

She stated that she wanted to be independent, but some months ago she got lost in the street, and she was afraid of that. Her mother was also afraid when she left the house. About that episode, she says she started to run in the streets around her house. She adds that she also decided to go to the sessions in a private taxi.

At the beginning and the end of the sessions the patient went to the bathroom to evacuate her urinary exigencies. In the third occasion (second session) she went to the bathroom but she could not re-open the door; so she demanded

help from the therapist, who showed her how to deal with the problem. She said that when she could not open the door she felt desperate. In this second session the patient finished declaring that the therapist was the first person who ever listened and understood her. After that episode, she always kept partially opened the door. When finishing the third session, the patient stated that she felt less anxiety.

4. Method: The David Liberman algorithm (DLA), which allows to research wishes and defenses (as well as their state) in narrations and enacted episodes during the sessions.

5. Analysis

5. 1. Analysis of narrations

Psychologist's episodes

The attitude with her previous therapist corresponded to GPH and failed repression+ seductive traits of character; that was a technique to remain in her world of fantasies disconnected from the reality, which revealed the relevance of O1 and disavowal. As the psychologist did not accept her requirements, it is possible to infer that her defensive system failed.

Withdrawal episodes

Different scenes have the same organization: 1) the anorexia, 2) her insistent silence, 3) the hospitalization, 4) the lack of answer to the aggression of her family and the other students at school. 5) The isolation in her family house. In all of them, the common element is being locked in. This fact is an expression of her withdrawal, which corresponds to O1 and successful-failed disavowal. In the anorexia, O1 and succesful-failed disavowal combined with IL and successful foreclosure of the affect, in the hospitalization, and in the school and in her family house it combined with A1 and failed disavowal and with GPH and repression+seductive characterological traits.

Grand-mother, mother, father and patient's relationship

The power of the grand-mother over the mother and over herself could be conceived as a relationship between an unfair and dominant subject (A1 and disavowal) and another person having an affective frustrated dependency (O2

and failed disavowal). From the perspective of the patient, identified with her mother, she appeared occupying the dependent position (O2 and failed disavowal). Like the grand-mother, the father appeared as a selfish and unfair person (A1 and disavowal), mainly in his relationship with the patient, who again occupied a dependent position (O2 and failed disavowal).

Lack of orientation and the patient's resources

The patient's withdrawal was reinforced by her difficulties in orientation (IL and failed foreclosure of the affect and UPH and failed repression+avoidance characterologic traits). When their parents were separated, the patient could appeal to the company of her mother going both together to the club (UPH and successful repression+avoidance characterologic traits). But more recently she could not apply the same solution because she suffered seeing her mother's lack of defenses against the aggressions (A1 and failed disavowal). Nevertheless, the patient found a way to go out from the hospitalization and from her house (running some blocks around her house and going to the sessions with a private taxi). This resources revealed the relevance of A2 and successful defense in accordance with the goal (for the first situation), of IL and successful defense in accordance with the goal (for running) and of UPH and successful defense in accordance with the goal (for the utilization of the private taxi). The three episodes were the opposite of the patient's withdrawal.

An overview

It is possible to obtain an overview of the existing combinations between drives and defenses (as well as their state) in the extra-transferential life of the patient (Table I).

Table I: Drives, defenses as well as their state in narrations

Episodes	Main drive, defense and state	Complementary drive, defense and state
Relationship with her psychologist	O1 and failed disavowal	GPH and failed repression+ seductive characterologic traits

anorexia	O1 and successful-failed disavowal	IL and successful foreclosure of the affect
insistent silence	O1 and successful-failed disavowal	
hospitalization	O1 and successful-failed disavowal	A1 and failed disavowal GPH and failed repression+characterologic seductive traits
lack of answer to the aggression of her family and the other students at school	O1 and successful-failed disavowal	A1 and failed disavowal GPH and failed repression+characterologic seductive traits
isolation in her family house	O1 and successful-failed disavowal	A1 and failed disavowal GPH and failed repression+characterologic seductive traits
The mother and her, having an affective dependency from her unfair gran-mother	O2 and failed disavowal	A1 and failed disavowal
dependent position from her unfair father	O2 and failed disavowal	A1 and failed disavowal
withdrawal and dis-orientation	IL and failed foreclosure of the affect	
getting out from the hospitalization	A2 and successful defense in accordance with the goal	
running away from home	IL and successful defense in accordance with the goal	
utilization of a private taxi	UPH and successful defense in accordance with the goal	

5. 2. Analysis of the enacted episodes

During the three sessions the patient displayed different types of scenes:

- 1) Sometimes she achieved to narrate concrete episodes of her life (A2 and successful defense in accordance with the goal).
- 2) These speech acts were accompanied with references to her affective states (O2 and successful defense in accordance with the goal).
- 3) In other moments cathartic episodes (IL and successful foreclosure of the affect) combined with confessions, insults and accusations (A1 and successful disavowal), with the prevalence of the first ones.
- 4) In other moments, allusions to her concern for her own or her mother's health prevailed (O1 and failed disavowal).
- 5) Sometimes reproaches against her selfish father predominated (O2 and successful disavowal).
- 6) In certain moments histrionic scenes and references to "how" had relevance (GPH and successful repression+seductive characterologic traits).

7) In the beginning and the end of the sessions, an "urinary episode" appeared (GPH and successful repression+seductive characterologic traits).

In the first session, narrations and references to her affective states were combined with cathartic episodes, insults and accusations. Also reproaches appeared in minor scale. In the second and third sessions, gradually narrations and references to her affects increased, and insults and catharsis diminished their importance and were partially replaced by references to her mother's and own health and by some histrionic episodes in front of the therapist.

Table II: Drives, defenses and their state in the enacted scenes

Scene	Drive	Defense	State
1	IL	Foreclosure of the affect	Successful
2	O1	Disavowal	Failed

3	O2	In accordance with the goal	Successful
4	O2	Disavowal	Successful
5	A2	In accordance with the goal	Successful
6 and 7	GPH	Repression+seductive characterologic traits	Successful

6. Discussion

The analysis of narrations and enacted episodes of Nilda reveals that the same psychic currents prevail. The difference among them can be found in the state of the defense and the relative magnitude of each fragment of the Ego. Between the narrations, failed disavowal and foreclosure of the affect prevailed over successful defense in accordance with the goal. Among the enacted scenes, successful defense in accordance with the goal increasingly prevailed over successful disavowal and foreclosure of the affect.

Successful state of disavowal and/or foreclosure of the affect indicates a major resistance against psychotherapy than failed state of the same defenses. In consequence, it is possible to infer that mostly in the first session the patient had a certain opposition against treatment. The seductive attitude of the patient during the first and second sessions coincided with the narration she did on her relationship with the psychologist of the institution. The resistances against the treatment diminished along the three sessions in favor of a more collaborative attitude, revealed by her tendency to give useful narrations combined with the description of the corresponding affects.

Each combination drive-defense enters in different alliances, subordinations and conflicts with other ones. For example, GPH and repression+seductive characterologic traits appears mostly at the service of O1 and disavowal (to remain in a world of fantasies without contact with the reality), and A1 and disavowal (discussions with the authorities, in the narrations, or insults and accusations, in the enacted scenes) are subordinated to the tendency to the discharge (IL and successful foreclosure of the affect). But IL might also be combined with successful defense in accordance with the goal, and the same thing occurred with O2, that sometimes combined with disavowal (reproaches) and sometimes with the defense in accordance with the goal (description of her affects). In the same way, IL and O2 and the defense in accordance with the goal were subordinated to A2 and the same defense. Besides, O1 and

disavowal had sometimes a successful state (in narrations, on the tendency to include the psychologist in her own world of fantasies) and sometimes a failed state (when the patient referred to her own somatic state or her mother's organic problems). Also it has a mixed state (successful and failed) when she remained locked in, into her family house.

These psychic currents had a transitory prevalence, both in the extra-transference and during the sessions. When the patient consulted, the defense in accordance with the goal had already a certain relevance, which was increased during the first three sessions.

The outcome of the analysis of the first three sessions reveals that the patient oscillated between 1) the seductive attitude at the service of the resistances intending to include the therapy into her fantasies disconnected from the reality (GPH and successful repression+seductive characterologic traits and O1 and successful disavowal) and 2) a more collaborative attitude (consisting on referring concrete conflictive situations, describing her affective states, etc.). A third complementary and important tendency having also a resistance value included 1) catharsis (IL and successful foreclosure of the affect), 2) lamentations (O2 and successful disavowal) and 3) insults and accusations (A1 and successful disavowal). They appeared when the patient needed to abandon her disconnection from the reality and preferred to remain locked in, into the family house (O1 and successful-failed disavowal, corresponding to the psychic withdrawal), suffered dis-oriented states (IL and failed foreclosure of the affect), and supposed to being exposed to body intrusions (including sexual contacts) from an unfair and selfish person. In the first three sessions these resistance attitudes (catharsis, lamentations, insults) were connected with her narrations and not with some enacted episode in which the patient revealed being an object of the therapist intrusion, but it is possible to predict that an equivalent scene will be displayed in the transference space accompanying the advance of the therapy. When the patient consulted, this third tendency was the prevalent in her extra-transference episodes, but during the sessions the first two occupied the therapeutic scene, with the increasing prevalence of the second one.

Table III: Main psychic currents

Psychic current	Narrations and enacted episodes	Main drive, defense and state
1)	seductive attitude	GPH and successful repression+seductive characterologic traits
	including the therapy into her fantasies disconnected from the reality	O1 and successful disavowal (main)
2)	referring concrete conflictive situations	A2 and the successful defense in accordance with the goal (main)
	describing her affective states	A2 and the successful defense in accordance with the goal
3)	catharsis	IL and successful foreclosure of the affect (main)
	lamentations	O2 and succesful disavowal
	insults and accusations	A1 and successful disavowal

The outcomes of the analysis of the three first sessions show that the patient had different psychic currents, some of them corresponding to a narcissistic characterologic organization and some others more benign. But among the most pathologic sectors of the patient's Ego, the prevailing mechanisms were disavowal (having a successful or a successful-failed state) and foreclosure of the affect (having a successful or a failed state), and not foreclosure of reality and the ideal, which is the main defense in the psychotic psychic organization.

7. Conclusions

7. 1. The concept of psychic currents allows reaching a diagnostic view of the patient having different sectors of the Ego. Among them, one sector transitorily or permanently prevails, and others can appear in conflict, complement, alliance or subordination to the dominant psychic current.

7. 2. Appealing to the perspective of psychic currents it is possible to obtain a sophisticated overview of the patient's dynamisms and their possible changes. Sometimes the change can concern one component: the wish, the defense, or its state. Sometimes the change occurs on two components: the wish and the defense, the wish and the state of the defense, the defense and its state. Sometimes the modification concerns the three components.

7. 3. It is also possible to investigate why the changes from one combination drive-defense (as well as its state) to another one had occurred. It is possible, as well, to predict some positive or negative modifications (for example, from A2 and successful defense in accordance with the goal to O1 and successful disavowal combined with GPH and repression+seductive characterologic traits, or to O1 and successful-failed disavowal –psychic withdrawal- combined with IL and failed foreclosure of the affect, O2 and A1 and failed disavowal) if the therapist could not detect the specific anxiety of the patient and the transference or the extra-transference episode that awaked it.