Drives and Defenses in Aphasic Patients

Jorge Cantis (UCES), David Maldavsky (UCES), Rita de Duran (UCES), Horacio Garcia Grigera (UCES)

I . Objectives

This paper has manifold purposes: studying the recorded first interview of an aphasic patient with her therapist in order to detect the libidinal drives and defenses (as well as their state). We shall afterwards discuss if aphasic patients should be included within the same psychopathological group as patients suffering from traumatic neurosis.

II. Instruments

It is our aim to study libidinal drives and defenses (as well as their state) in the discourse of both the patient and the therapist. In order to do so, we will apply the David Liberman algorithm (DLA). It is a useful method to investigate either the patient's extra transference relationships or the intra-session relationship between the patient and the therapist.

Regarding the repertoire of drives, the DLA includes sever options: (1) intrasomatic libido (IL); (2) primary oral (O1); (3) secondary oral sadistic (O2); (4) primary anal sadistic (A1); (5) secondary anal sadistic (A2); (6) urethral phallic (UPH) and (7) genital phallic (GPH).

Regarding the repertoire of defenses, the DLA includes them within two different groups: main defenses and complementary defenses. Among the main pathological defenses, the DLA includes: (1) repression; (2) disavowal; (3) foreclosure of reality and of the ideal; (4) foreclosure of the affection.

III. A case of aphasia: first interview

A year before her interview with the therapist, Liliana suffered a stroke, slipped into a coma and had to be hospitalized for four months. Consequences of the stroke were a severe expression aphasia and paralysis of the right part of her body.

During the pre-interview her relatives said that the patient, who was an accountant, had previously suffered from hyperthyroidism and diabetes, had refused to treat these conditions and was also a heavy smoker. While working at home and after an outburst of anger caused by problems with the job, she suddenly lost consciousness.

From the perspective of the patient-therapist relationship the interview with Liliana can be divided into four different moments:

1- During the first –which took up 45% of the whole interview-, the therapist began by asking what her name was; the patient laughed, sighed and said: "Towel, towel,· This sequence had a histrionic paraverbal nuance. The therapist received a similar answer ("Towel, towel") to his question as to how long the patient had been in hospital even when she (the patient) was showing the four fingers of her left hand, meaning four months.

2 – The therapist asked Liliana if she experienced feelings of sadness or anger. "Towel," replied the patient in a louder voice. The therapist, hitting the desk with his hand, claimed she was feeling angry. Liliana agreed, "Yes," and she also hit the desk with her left hand. Both then began hitting the desk and Liliana smiled.

3 – At a later opportunity during the interview when the therapist referred to the moment when the patient was taken to hospital, she lowered her arms to indicate someone fainting with open eyes. At yet another time, when asked if she remembered her time at the hospital, Liliana said: "No, towel." The therapist asked her if she remembered the moment when she was administered serum and the patient replied by touching her nose.

4 – Asked if she was being visited by friends, the patient replied, "Adriana." The therapist exclaimed that finally a name had come out. The patient added, "Liliana." The

therapist remarked that at the beginning of the interview she had not been able to tell her name to which the patient replied, "Liliana, Liliana" with a smile.

.IV Analysis of the therapist's discourse

The interventions of the therapist mainly consist in trying to gain information about the patient by means of "translating" as it were her gestures and paraverbal components into words he also appeals to this work of translation (helped on by Liliana's monosyllables) in order to tune in with her. In addition, some of these interventions establish causal links, contain directions or comparisons, or else they consist in questions which have two possible answers. Among the therapist's interventions, trying to establish contact (UPH) and to gain information (A2) has an introductory quality, while the reference to the affective states of the patient (O2), the establishment of links and comparisons and offering information (A2) have a main function. The questions (the ones with two possible answers) have introductory or complementary function. In addition, the therapist repeats the word used by the patient ("Towel") and imitates her gestures as well, all of which corresponds to GPH. This resource has a complementry function at the service of obtaining information, tuning in with the patient or alluding to causal links, and so on.

V. Conclusion

The ADL algorithm provides the tools to detect drives and defenses.

The aphasic patient mentioned substitutes dramatization for the telling of a story and a paraverbal expressive fluency for a lack of verbal fluency.

A work on the classification of aphasia (Tanner, 2001) points out that aphasic patients who are not fluent resemble more closely asthenic/apathetic patients and that fluent aphasic patients are similar to patients who have a chemical alteration that makes them overexcited.

But in the case we are dealing with there appears something infrequent, that is, the paraverbal element and dramatization.

We could conclude that the somatic expression in the patient is a re-edition of the trauma which during the session appears as the impossibility of telling a story and is expressed through the histrionic element.