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On a transitory clinical trap during the first session

Study of the intersubjectivity using David Liberman algorithm (DLA)

C. Tate de Stanley (APA/UCES), L. Alvarez (UCES), A. Ma. Britti (UCES), D. Maldavsky (UCES), N. Neves (UCES) and C. R. Roitman (APA/UCES)

Aims: To study patient-therapist relationship, considering patient's libidinal fixation and defenses and therapist's strategies and countertransference.

Sample: First session of a patient (woman, 33) with her therapist (25 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 in the scenes. 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 allows to infer that in the extratransferential relationship of the patient, the successful tendency to sacrifice (combination between O2 and successful disavowal) was complemented by successful avoidance (combination between UPH and successful repression). Certain somatic symptoms (combination between IL and failed foreclosure of the affect) revealed a toxic trapping. Speech acts analysis allows to infer that during the session O2 (references to her affects), A2 (descriptions of events and problems, doubt), UPH (selfinterruption, references to "where") and GPH (dramatizations) were the most usual. Between them, O2 (accompanied by successful disavowal) prevailed. The therapist had two strategies, one clinically pertinent and the other, less adequate. The first one emphasized A2 as the main language, and the second was centered in A1 interventions (mainly denunciations against patient's fiancé). That second strategy was transitory and rapidly was replaced by A2 interventions. The erroneous therapist's A1 strategy (emphasizing supposed injustices and abuses suffering by the patient) was a consequence of patient's discourse also inducing the same reactions in her friends. If the therapist would insist in this inadequate strategy, an escalate between patient's successful sacrifice plus avoidance and therapist's denunciation speech acts could lead the treatment to a trapping scene (like those occurred between the patient and her friends) interfering clinical advances. A transitory countertransference feeling of injustice can be inferred underlying the erroneous strategy of the therapist.