THE STARK METHOD of PSYCHODYNAMIC SYNERGY:
A Holistic Paradigm for Reshaping an Entrenched Past, Unlocking an Enlivened Future

"Take a Sad Song and Make It Better" – The Beatles

From Innate Inertia to Emerging Possibility

As neuroscientist Charles Krebs (2013) reminds us, "Open, self-organizing, complex adaptive (chaotic) systems resist perturbation." Fueled as they are by their homeostatic tendency to remain constant over time, such systems – among them the self-protective strategies mobilized by anxious patients attempting to manage the myriad stressors in their lives – are inherently resistant to change.

In other words, much as our patients might protest their desire to change, they are held back by an "innate inertia" – one that must be overcome if they are ever to be energetically released from the toxicity of their past and empowered to embrace love, work, and play to their fullest potential going forward.

Yet this resistance, as formidable as it might seem, is not absolute. Transformation of dysfunctional "old bad" into more functional "new good" is truly possible when – against the backdrop of empathic attunement and emotional resonance – finely tuned corrective input from the outside is encountered and, after initial destabilization of the system, gradually woven into the fabric of the self.

As Rumi reminds us, "*The wound is the place where the light enters you"* – a timeless truth illuminating how the lingering echoes of enduring scars from an entrenched past can serve as the portals through which patients awaken emergent strength, cultivate profound wisdom, and step with courage into the radiant promise of an enlivened future.

It took me years to appreciate something at once both striking and subtly transformative, namely, that it will indeed be input from the outside – and the patient's ever-evolving capacity to process, integrate, and adapt to the impact of this input – that will ultimately enable the patient to advance from entrenched to enlivened.

But even more importantly, it will be "stressful" input from the outside – and the patient's ever-evolving capacity to process, integrate, and adapt to the impact of this "stress" – that will ultimately "jump-start" recovery by engaging the patient's underlying resilience, innate striving toward health, and intrinsic capacity to self-correct in the face of optimal challenge. As Ernest Hemingway (1929) famously wrote, *"The world breaks everyone and afterward many are strong at the broken places."*

Sensitively Titrated Challenge of Body and Brain to Optimize Functionality

Even systems that seem resistant to change can, when nudged with carefully calibrated challenges, be coaxed into growth. This principle applies not only to our minds but also to our bodies and our brains, which can be revitalized – and sometimes even repaired – when exposed to the right kind and the right degree of stress. Judicious, ongoing use of strategically designed, optimally stressful interventions can thus be used to provoke the system's innate healing cascade, activating its built-in mechanisms for optimization and recovery.

Just as setting a patch of withered grass on fire can stimulate it to grow back greener, healthier, and lusher than before – a practice known as "controlled burning" or "prescribed burning" – so,

too, can “controlled damage” in the physiological realm – “dosed stimulation” – be employed to remedy earlier damage or, more generally, to enhance the functionality and resilience of the entire system.

Indeed, it is often the case that superimposing an acute physical injury on top of a chronic one is precisely what the body needs to initiate healing or simply fine-tune its restorative processes. In fact, a chronic condition might remain unresponsive until challenged in this manner. Examples of such interventions include the following: high-intensity interval training, breath-holding exercises, hyperbaric oxygen, blood flow restriction, homeopathic remedies, vaccines and other immunotherapies, dermabrasion, Fraxel laser treatments, microneedling, prolotherapy, platelet-rich plasma, vampire gum rejuvenation, stem cell facelifts, Botox, electroconvulsive therapy, transcranial magnetic stimulation, cardiac defibrillation, pulse wave therapies, acupuncture, red-light therapy, infrared saunas, cold-water immersion, and cognitive exercises that stimulate neural growth and flexibility.

Indeed, when the body is optimally challenged – no matter how compromised its functionality might be – adaptive recovery will be triggered by the body’s innate resilience and intrinsic capacity for self-righting.

By way of a few additional examples: Depriving oneself of half a night’s sleep once a week (preferably the second half of the night) can produce a rapid, though short-lived, stabilization of mood and relief from depressive symptoms. It is hypothesized that the stress of interrupting normal sleep patterns might “resynchronize disturbed circadian rhythms” (Leibenluft & Wehr, 1992) and thereby recalibrate the body’s internal clock.

Similarly, a 36-hour water fast once a week (for instance, from after dinner on Monday evening until breakfast on Wednesday morning) can so significantly reduce the body’s total physiological burden that mental clarity and focus can be improved dramatically and a sense of overall well-being restored. Intermittent fasting is also associated with increased levels of brain-derived neurotrophic factor (BDNF), depleted levels of which are thought to be linked to depression (Mattson, 2022). Interestingly, intermittent fasting is the only form of calorie restriction known to avoid slowing metabolic rate, making it uniquely effective for both body and brain – not to mention weight loss.

By the same token, optimal stimulation of the brain will sharpen mental acuity, decelerate cognitive decline, and mitigate the effects of aging on neural function. Just as athletes can improve physical fitness by challenging their bodies with physical exercise, all of us can enhance brain fitness by challenging our minds with puzzles and mental exercises – mathematical problems, word games, crosswords, Sudoku, logic tasks, and memory exercises.

In fact, any mental endeavor requiring deliberate, concentrated effort – such as active repetition, focused attention, meditation, reflection, or learning a new skill or language – can promote mental agility and help forestall the inexorable decline in cognitive capacity that typically accompanies aging.

Beyond puzzles and games, the brain will be stimulated whenever we encounter situations that are new, unusual, or unexpected; whenever our daily routines are disrupted; or whenever we combine two different movements – a form of cross-training for the brain. Try this: write cursive with one hand while printing with the other; draw the number 6 with one hand while simultaneously lifting the foot on that side to make clockwise circles; toss two wads of paper into a wastebasket at the same time, one overhand and one underhand; or learn to juggle – and if you end up laughing at yourself while trying, all the better.

Laughter itself is a powerful form of brain training, simultaneously activating multiple regions – the prefrontal cortex (attention and decision-making), the limbic system (emotional processing), and motor areas (muscle activation) – while boosting dopamine and endorphins, leaving both body and brain more flexible, resilient, and alive.

Strategically Provoking the Mind from Rigidity to Resilience

As we have seen, just as the body and brain can be jump-started to repair themselves when an acute challenge is superimposed on a chronic condition, so too can the mind – when stressors are layered with sensitive titration and artful precision – be guided to transform entrenched rigidity into resilient, adaptive functioning and updated narratives.

And in the same way, just as the body's exposure to all manner of stressors prompts strengthening of its innate immunity through the graduated development of adaptive (acquired) immunity, so too does the working-through process in psychodynamic psychotherapy fortify the mind's innate resilience through the incremental acquisition of adaptive (acquired) resilience.

Building on this parallel, it is important to note that therapeutic modalities aimed at deep, enduring psychodynamic change must ultimately be able to transform "psychological rigidity" into "psychological resilience" – turning *old bad* (rigid) defenses into *new good* (resilient) adaptations and *old bad* (outdated, disempowering, distorted) narratives into *new good* (updated, empowering, reality-based) narratives.

For clarity, throughout this chapter I will italicize *old bad* and *new good* when using these key terms. *Old bad* designates the patient's entrenched, maladaptive relational patterns rooted in early trauma); *new good* denotes the envisioned, more adaptive relational possibilities emerging within the therapeutic process.

The transformation of *old bad* into *new good* will, in turn, enable the patient – regardless of her starting point or initial level of functionality – to become steadily more capable, over time, of managing the myriad stressors in her life to which she is being continuously exposed.

In essence, therapeutic modalities aimed at deep embodied healing and second-order change will be catalyzing transformation of *what was* into *what could be*, guiding the patient from the entrenched, conditioned reality of *the bad that was* toward the enlivening, quantum possibility of *the good that could be*.

Juxtaposing Entrenched *Old Bad* with Envisioned *New Good*

For the remainder of this chapter, my focus will be on leveraging the pain of contrast between *old bad* and *new good* to incentivize transformation of "same old, same old" – Mitchell's (1988) "lure of the familial and therefore familiar" – into *something new, different, and compellingly better.* To that end, I will be suggesting that deep embodied psychodynamic change requires of the therapist that she offer the patient not only ongoing support but also a strategic combination of support and challenge – specifically, the periodic juxtaposition of anxiety-assuaging support with anxiety-provoking challenge to create growth-incentivizing optimal stress.

Similarly, Herzog (2001) and Akhtar (2012) write eloquently about the support provided by skillful use of "homeostatic attunement" (whereby the therapist resonates empathically with where the patient is) and the challenge provided by judicious use of "disruptive attunement"

(whereby the therapist – still attuned but willing to risk disruption – rather boldly directs the patient's attention to where the therapist would want the patient to go).

Indeed, ever attuned to the patient's level of anxiety and capacity to tolerate further challenge, the therapist will alternate – whenever opportunity presents – between "being with the patient where she is" (the conditioned *old bad*) and "directing the patient's attention to elsewhere" (the emerging *new good*). In essence, the therapist will be juxtaposing empathic support of the patient's defenses with destabilizing challenge, thereby leveraging the tension between homeostatic and disruptive attunement – between "the familiar" and "the possible" – to drive transformation.

These juxtapositions will inevitably create optimally stressful, growth-incentivizing "mismatch experiences" for the patient – the graduated working through, and resolution, of which will constitute the core therapeutic action in deep psychodynamic treatments. The achievement of just the right amount of stress – a carefully titrated blend of anxiety-provoking challenge and anxiety-assuaging support – will ultimately catalyze the patient's evolution from *the bad that was* to *the good that could be*.

Leveraging the Therapeutic Impact of Corrective Challenge

Donella Meadows (2008) offers a useful way to conceptualize these growth-incentivizing mismatch experiences. She describes them – "fraught points of emotional urgency" – as "leverage points," namely, places within complex adaptive (chaotic) systems "where a small change in one thing can produce big changes in everything." In psychoanalytic terms, these points resemble moments in the therapeutic process when a carefully attuned intervention can catalyze disproportionate psychic shifts. Meadows' concept, which highlights the enduring impact of well-chosen, "intentional" interventions within an adaptive system, is analogous to the "butterfly effect" of chaos theory (first introduced by mathematician and meteorologist Edward Lorenz in 1963), which demonstrates the "sensitivity to initial conditions" of a chaotic system – although without necessarily implying intentionality.

Fortunately, the inborn "wisdom of the body" (Cannon, 1963) is such that it will not tolerate "destabilizing dissonance" for extended periods of time and will therefore do whatever it must to restore order and homeostatic balance to the system. So, if the patient is being sufficiently supported by the therapist and has already gained enough from the treatment, then the system will be able to restabilize and reintegrate at progressively more evolved levels of resilience and adaptive capacity, ultimately allowing the patient to relinquish *old bad* in favor of *new good*.

For many years, I have been writing about all of this – namely, optimal stress and destabilizing mismatch experiences as mechanisms providing "corrective challenge" to *old bad*. Only recently, however, did I fully appreciate that Alexander and French, back in the 1940s, were already advocating for corrective challenge as providing therapeutic leverage for psychodynamic change. Groundbreaking at the time although seemingly more artificial than genuine, their concept of the "corrective emotional experience" (Alexander & French, 1946) highlighted the therapeutic power of introducing something new into the therapeutic relationship to challenge the dysfunctional status quo of the patient's outdated and distorted relational expectations.

Decades later, I have come to realize that I too am essentially articulating the same principle: ongoing juxtaposition of *old bad* with *new good* will trigger, after precipitating initial disruption, eventual repair at ever healthier and more resilient levels of functionality, as long as the mismatch experience is embedded in an empathically attuned, relationally authentic

psychodynamic treatment – one that honors the patient's needs, capacities, and lived experience.

THE STARK METHOD of PSYCHODYNAMIC SYNERGY: A Conceptual Overview

But let me back up for a moment. Over the course of my professional career, I have been developing and continuously refining what I now describe as THE STARK METHOD of PSYCHODYNAMIC SYNERGY: A Multifaceted Approach to Deep Embodied Healing.

It is a broad-based system designed to provide an overarching conceptual framework for addressing what I believe constitutes the core therapeutic action in deep psychodynamic treatments, regardless of the specific modality – whether long-term and broad-based or shorter-term and intensive.

In essence, THE STARK METHOD offers an organizing structure for understanding the process itself by which patients evolve toward ever greater freedom in their lives – moving incrementally from psychological rigidity to psychological flexibility, from defensive rigidity to adaptive resilience, and ultimately from *the bad that was* to *the good that could be*.

From Rigid Defense to Resilient Adaptation, From Surviving to Thriving

Throughout this chapter, I will be referring to rigid defenses and resilient adaptations. I do not limit defenses to the well-known, traditional categories – repression, projection, dissociation, or somatization, to name a few – but I define them more broadly as speaking to any of the mostly unconscious self-protective strategies that we mobilize when made anxious in the face of stressors, whether those stressors are arising from outside or within.

Either we (made anxious) will react to those stressors by rigidly, mindlessly defending or we (more resilient) can respond by flexibly, more mindfully adapting.

Indeed, instead of defensively cursing the darkness, it is better that we adaptively light a candle. And instead of defensively waiting for the storm to pass, it is better that we adaptively learn to dance in the rain.

The relationship between defense and adaptation is a yin-yang relationship: these self-regulatory mechanisms are complementary, not opposing, forces. Furthermore, all defenses contain an adaptive component, just as all adaptations serve a defensive function.

Nonetheless, and more broadly, although certain defenses might once have been necessary for survival, as rigid defenses incrementally evolve into resilient adaptations, the patient will become increasingly able to thrive. The therapeutic action in deep psychodynamic treatment is indeed designed precisely to transform rigidity into resilience and surviving into thriving.

The direct relationship between resilience and thriving can be dramatically illustrated. Decades ago, obstetricians Hon & Lee (1965) made an intriguing discovery regarding the paradoxical link between the regularity of fetal heart rate and the incidence of fetal mortality. They discovered that – counterintuitively – the more metronome-like the heartbeat, the less likely the fetus would be to survive. Conversely, the greater the heart rate variability, the more likely the fetus would be to thrive.

As we have seen, variability, adaptability, flexibility, and resilience are critical for the health of the body and mind throughout life.

Between Stressor and What Follows Is a Space

Just as physiological resilience supports thriving in the developing fetus, psychological resilience enables us to navigate life's inevitable challenges. We cannot avoid suffering, but we can choose how we cope with it, find meaning in it, and move forward with renewed purpose. Although often misattributed to the existential psychiatrist Viktor Frankl, the actual author of this evocative quote (popularized by Stephen R. Covey, 2020) is unknown: *"Between stimulus and response is a space. In that space is our power to choose our response. In our response lies our growth and our freedom."*

Applied to the clinical situation: between stressor and what follows is a space. In that space lies our power either to react defensively when the stressor exceeds our capacity to manage (which will thwart our growth) or to respond adaptively when we are more easily able to take that stressor in stride (which will promote our freedom).

As Jean-Paul Sartre (1960) reminds us, *"Freedom is what you do with what's been done to you."*

We possess not only the power to make meaning of our lives but also the responsibility to do so. Some have suggested that only 10% of life consists of what happens to us, while the remaining 90% depends upon whether we defensively cling to *the bad that was* or adaptively embrace *the good that could be*.

Carl Jung is often credited with saying, *"I am not what happened to me. I am what I choose to become,"* although no definitive source for this quote has been identified in his writings.

And, in words widely attributed to George Eliot, *"It is never too late to be what you might have been."*

Freud's Horse and Rider Metaphor for Taming the Id and Strengthening the Ego

So how does Freud explain the therapeutic action – whereby *old bad* defensive reactions evolve into *new good* adaptive responses?

Freud (1923) uses the "horse and rider" as a metaphor for the working-through process, whereby "the id is tamed" and "the ego strengthened" – such that rigid defense becomes less necessary and gradually transforms into resilient adaptation.

Initially, Freud's inexperienced rider (an undeveloped ego) is made anxious by her untamed horse (a dysregulated id), prompting the rider to rein in her horse (the ego to mobilize its defenses to put a lid on the id). But through training (of both horse and rider) and working through (by both patient and therapist), the now more experienced, empowered rider (a now stronger, more insightful ego) will be better able to take in stride her now tamer horse (a now better regulated, more adaptable id).

Instead of defensively reining in her horse, the rider will now be able adaptively to give her horse free rein to harness its power, thereby channeling its more modulated energy into healthier pursuits and more constructive endeavors – a shift from "conflict between" to "collaboration with," as horse and rider move forward harmoniously and in sync.

From less evolved and less developed to more evolved and more nuanced – think sublimation: Freud's young child once playing recklessly with knives is now an accomplished surgeon who cuts with mindful precision and skill.

Freud (1914) writes, *"Out of your vulnerabilities will come your strength."*

A quote frequently attributed to Carl Jung states, *"Wholeness is not achieved by cutting off a portion of one's being, but by integration of the contraries,"* although it does not appear in any of his published works.

Remarkably, the problem itself often harbors elements of the answer, and in working through a seemingly intractable challenge, a resolution will emerge – much like the mythical phoenix, rising renewed and empowered from its ashes, having triumphed over adversity.

Revisiting Unmastered Early Relational Trauma: Pathways to Post-Traumatic Growth

In essence, the working-through process in psychodynamic psychotherapy will involve – albeit belatedly – revisiting "traumatic stressors" that had once been overwhelming, unmanageable, and simply too much for the young child to bear. The therapeutic action will unfold through the reactivating, re-experiencing, grieving, and reprocessing of those unmastered developmental relational traumas to which the child – with few inner resources and very much on her own – had had no choice but to react defensively to survive.

But within the holding context of a solid therapeutic relationship, experiences that had once been traumatically stressful and growth-disrupting can now be relived, worked through, and transformed. What had once been unbearable can now be re-encountered, metabolized, and assimilated – harnessing those very same stressors that had once derailed development such that they now serve as the engine for renewed growth.

In this way, previously overwhelming stressors can be reframed as optimally stressful and therefore growth-incentivizing, with optimal stress itself serving as both impetus and opportunity for the patient – now more resourced and no longer alone – to respond more adaptively, integrate more fully, and ultimately thrive.

In essence, psychodynamic treatments create the conditions for post-traumatic growth, as described by Tedeschi and Calhoun (1995, 1996), allowing patients not only to recover from early relational trauma but to harness those challenges as catalysts for evolving to a higher, more integrated, more resilient, more adaptive, and exquisitely nuanced level of relating to self, others, and the world.

The Five Modes of Therapeutic Action: From *The Bad That Was* to *The Good That Could Be*

THE STARK METHOD of PSYCHODYNAMIC SYNERGY now features five mutually enhancing modes of therapeutic action. Each involves the patient's incremental advancement from rigid defense to resilient adaptation – from what is conditioned, mindless, and reflexive to what is volitional, mindful, and reflective – from *same old, same old* to *something new, different, and compellingly better* – from *the bad that was* to *the good that could be*.

The Five *R* Defenses and Their Five *A* Adaptations: From Rigidity to Resilience

For ease of remembering: in all five Models, the defenses begin with *R* and the corresponding adaptations begin with *A*:

• Model 1: *Resistance* < *Awareness*
• Model 2: *Relentless Hope* < *Acceptance*
• Model 3: *Re-enactment* < *Accountability*
• Model 4: *Retreat* < *Accessibility*
• Model 5: *Refractory Inertia* < *Actualizing Action*

A *C.A.R.E.S.* Approach to Deep Embodied Healing: Charting the Path from *Old Bad* to *New Good*

• Model 1 – *Cognitive* (interpretive perspective of classical psychoanalysis): transforms defensive *resistance* and *refusal to acknowledge* into adaptive *awareness.*

• Model 2 – *Affective* (corrective-provision / deficiency-compensation perspective of self psychology): transforms defensive *relentless hope* and *refusal to grieve* into adaptive *acceptance.*

• Model 3 – *Relational* (intersubjective perspective of contemporary relational theory): transforms defensive *re-enactment* into adaptive *accountability.*

• Model 4 – *Existential* ("regression to redo" perspective of existential-humanistic psychology): transforms defensive *retreat* and *rejection of life* into adaptive *accessibility* and *acceptance of life's dualities, paradoxes, and uncertainties.*

• Model 5 – *Synaptic* (quantum-neuroscientific approach to analysis paralysis – "rooted in place" and "frozen in time"): transforms defensive *refractory inertia* into adaptive *actualizing action.*

All five Models chart the same essential arc: transformation of entrenched *old bad* defenses that constrict growth into *new good* adaptations that expand freedom.

Put simply, THE STARK METHOD is a *C.A.R.E.S.* approach to deep embodied healing:

• Model 1: *C (Cognitive)*
• Model 2: *A (Affective)*
• Model 3: *R (Relational)*
• Model 4: *E (Existential)*
• Model 5: *S (Synaptic)*

…a multifaceted approach that, in every sense of the word, truly *cares.*

The Five *D* Optimal Stressors: From Defensive Tension to Adaptive Transformation

By the same token, in all five Models the optimal stressors begin with *D – (cognitive) dissonance, (affective) disillusionment, (relational) detoxification, (existential) dependence,* and *(quantum disentanglement)*. And each descriptor reinforces the principles of *C.A.R.E.S.: Cognitive, Affective, Relational, Existential,* and *Synaptic.*

• Model 1: *Cognitive Dissonance* (Structural Conflict)
Tension between the defensive *need to resist knowing* and the adaptive *capacity for awareness*.

This *dissonance* is worked through by way of "interpretation," which engages the push-and-pull between forces and resistant counterforces – thereby facilitating advancement from *resistance* to *awareness.*

• Model 2: *Affective Disillusionment* (Structural Deficit)
Tension between the defensive *need for relentless hope* and the adaptive *capacity to confront, grieve, and accept.*

This *disillusionment* is worked through by way of "grieving," which reconciles illusory hope with disillusioning reality – thereby facilitating advancement from *relentless hope* to *acceptance.*

• Model 3: *Relational Detoxification* (Relational Conflict)
Tension between the defensive *need to re-enact* and the adaptive *capacity to hold oneself accountable.*

This *detoxification* is worked through by way of "negotiating the projective identifications" and the "inherent messiness" (Tronick & Gold, 2020) that will inevitably emerge at the "intimate edge" (Ehrenberg, 1992) of authentic relatedness – thereby facilitating advancement from *re-enactment* to *accountability.*

• Model 4: *Existential Dependence* (Relational Deficit)
Tension between the defensive *need to retreat from engagement* and the adaptive *capacity to be found.*

This *dependence* is worked through by gently accompanying patients on their journey of overcoming their "dread of surrender to resourceless dependence" (Masud Khan) – thereby facilitating advancement from *retreat* and *rejection of existence* to *accessibility* and *awakened aliveness*.

• Model 5: *Quantum Disentanglement* (Frozen in Time)
Tension between the defensive *need to sustain and embody "old bad" narratives* and the adaptive *capacity to envision and embrace "new good" ones.*

This *disentanglement* is worked through by way of dramatic, repeated juxtaposition of *old bad* and *new good* relational expectations – thereby facilitating advancement from *refractory inertia* to *actualizing action*.

The Five Growth-Incentivizing "Corrective Challenges": Optimal Stress and Mismatch Experiences as Transformative

At its core, the working-through process in all five Models relies upon the strategic use of destabilizing but growth-incentivizing optimal stress – the delicate balance between anxiety-provoking corrective challenge of defense and anxiety-assuaging empathic support of it.

These juxtapositions are thoughtfully constructed by the therapist to provide both impetus and opportunity for the patient ultimately to relinquish dysfunctional defenses in favor of more functional adaptations – enabling the incremental transition from the sobering, conditioned reality of *old bad* to the uplifting, envisioned possibility of *new good*.

More specifically, THE STARK METHOD, with its emphasis on:

• Model 1: *Enhancement of Knowledge*

• Model 2: *Provision of Experience*
• Model 3: *Engagement in Relationship*
• Model 4: *Fostering of Benign Regression*
• Model 5: *Envisioning of Possibilities*

…is a story about offering *new good* corrective challenge to *old bad* entrenched reactivity by way of introducing:

• Model 1: *New Information*
• Model 2: *New Experience*
• Model 3: *New Relationship*
• Model 4: *New Beginning*
• Model 5: *New Possibilities*

In short: the progression moves from "conditioned, reactive, reflexive" to "corrected, responsive, reflective."

The net result will be the creation of optimally stressful, growth-incentivizing mismatch experiences that will provoke transformation and evolution – "no pain / no gain" – advancing the patient steadily from *the bad that was* to *the good that could be*.

Stable Patterns, Shifting Currents: Attuning to the Pulse of the Session

These five Models in THE STARK METHOD serve as a cohesive conceptual framework for attending simultaneously to two complementary domains: enduring psychodynamic traits and transient psychodynamic states.

This dual lens allows the therapist to navigate both the stable patterns that have shaped the patient's character over time and the shifting currents of the moment-to-moment interactions that are ebbing and flowing within the session, providing a real-time guide for attuning to the pulse of the relational field as it is unfolding.

Enduring traits, all of which fortuitously begin with *N*, reflect the patient's signature character patterns – relatively stable over time. They manifest primarily as:

• Model 1: *Neurotic Conflictedness* – when *neurotic* features come to the fore

• Model 2: *Narcissistic Woundedness / Vulnerability* – when *narcissistic* features come to the fore

• Model 3: *Noxious Relatedness* – when *character disordered* or *borderline* features come to the fore

• Model 4: *Nonrelatedness* – when *schizoid, addictive,* or *neurodivergent* features come to the fore

• Model 5: *Nonactualized Potential* – when *rooted-in-place* and *frozen-in-time* patterns, *derailed* trajectory, and *thwarted* promise come to the fore

Transient states, corresponding – not surprisingly – to the aforementioned *R* defenses characterizing each Model, also cluster around a memorable alliteration (all beginning with *R*). They are fleeting but clinically significant and manifest primarily as:

• Model 1: *Resistant*
• Model 2: *Relentlessly Hopeful*
• Model 3: *Re-enacting*
• Model 4: *Retreating*
• Model 5: *Rooted in Place*

In this way, THE STARK METHOD functions as a clinical compass, offering a nuanced, integrative Psychodynamic Synergy Paradigm that simultaneously honors the enduring architecture of character and the emergent defenses continuously arising within the evolving relational matrix of the analytic encounter.

Five Optimally Stressful, Growth-Incentivizing "Prototype Interventions"

As sessions unfold, the "point of emotional urgency" within the relational space between patient and therapist will continuously shift, guiding the therapist toward the Model(s) most clinically relevant in the moment. Each two-part intervention is designed to catalyze growth while maintaining empathic support, incrementally transforming entrenched rigidity into enlivening resilience.

The five prototype interventions:

• Model 1: *Conflict Statements* – facilitate the interpretation of internal discord (neurotic conflict)
From ambivalence and inner tension to collaboration and reflective insight

• Model 2: *Disillusionment Statements* – foster the grieving of losses and painful disillusionment
From insatiable hope and denial to sober acceptance of heartbreaking realities

• Model 3: *Accountability Statements* – incentivize the negotiation of relational discord
From distorted perceptions and patterned misreadings to empowered accountability and relational agency

• Model 4: *Facilitation Statements* – nurture the surrender to "analytic oneness" (Ofra Eshel, 2019)
From alienation and despair to moments of meeting and reclaimed vitality

• Model 5: *Quantum Disentanglement Statements* – catalyze energetic decoupling from a traumatic, immobilizing past
From entrenchment in old bad patterns to the embracing of new good possibilities

From Freud to the Beatles: Resonant Truths Across the Five Models

• Model 1: *"Where id was, there shall ego be"* (Freud, 1923)
"Tame the Id and Strengthen the Ego" (Stark)

• Model 2: *"Pretending that it can be when it can't is how people break their hearts"* (Elvin Semrad, 2003)
"Grieving is nature's way of healing a broken heart" (Roberta Beckmann, 1991)

• Model 3: *"The need to be failed in ways specifically determined by the patient's developmental history"* (Patrick Casement, 1992) / *"internally recorded and structuralized as pairs of internal*

bad objects, which then become the filters through which the patient experiences self, others, and the world" (Stark) – *"Doer and Done-To"* (Jessica Benjamin, 1988)

• Model 4: *"It is a joy to be hidden, but a disaster not to be found"* (Winnicott, 2005)
"A Rock Feels No Pain and An Island Never Cries" (Simon & Garfunkel, 2013)
"I gave you a part of me that I knew you could break – but you didn't" (Anonymous)

• Model 5: *"The body remembers even when the patient does not"* (van der Kolk, 2015)
"Memory Is a Verb, Not a Noun" (Stark)
"Take a Sad Song and Make It Better" (The Beatles, 1968)

History as Destiny vs. Destiny as Choice: Past-Focused Models 1-4 vs. Future-Oriented Model 5

• Models 1-4 (classical psychoanalytic, self psychological, contemporary relational, and existential-humanistic) are long-term, broad-based, and oriented to the relationship between past and present.

> • Model 5 (quantum-neuroscientific) is shorter-term, laser-focused, and oriented to the relationship between present and future.

• Models 1-4 ask of the patient that she take ownership of her past.

> • Model 5 asks of her that she take ownership of her future.

• Models 1-4 are about "looking back and remembering" so that *old bad* will not be re-created in the present.

> • Model 5 is about "looking ahead and envisioning" so that *new good* can be created for the future.

• Models 1-4 are in the tradition of understanding "our history as our destiny," which we are condemned to repeat unless we can remember it and work it through.

> • Model 5 focuses on "our destiny as our choice," which is ours to create if, after retrieving and reliving a targeted trauma and the disempowering, distorted narratives constructed as a result, we can envision a better future for ourselves, own our need therefore to change, and commit to actualizing that vision. Envision, own, commit.

• Models 1-4 emphasize insight into the early relational traumas and emotional injuries that shaped the patient's misperceptions of self, others, and the world. As part of the working-through process, these defensive misconstruals of reality are gradually tamed, modified, and integrated – evolving slowly through iterative healing cycles of defensive disruption (*in reaction to anxiety-provoking challenge*) and adaptive repair (*in response to anxiety-assuaging support*). The trajectory is ultimately one of movement from psychological rigidity to psychological resilience.

> • Model 5 conceives of the narratives that the patient constructed as a young child in her desperate attempt to make sense of her world – limiting beliefs rooted in place and frozen in time – as potentially able to be rescripted, recontextualized, and updated. But these mental schemas, which underlie the patient's psychic inertia and foreclosed possibilities, need not seal her fate. If rewritten, they hold the potential to reconfigure her

future and advance her from inaction and stagnation to action and freedom, enabling her to actualize her dreams.

The Sandpile Model of Chaos Theory: The Paradoxical Impact of Stress

Interestingly, both the "sandpile model" of chaos theory (Bak, 1996) and the working-through process in all five Models feature the gradual emergence of patterned cycles of destabilization (a defensive reaction to challenge) and restabilization (an adaptive response to support). Over time, these chaotic systems evolve toward ever more richly textured layers of resilience, complexity, integration, and dynamic balance – not just in spite of environmental stressors but precisely because of them.

Amazingly, the grains of sand being steadily added to the evolving sandpile – much like the optimally stressful interventions we offer our patients – set in motion both disruption and repair. These grains (optimally stressful, growth-incentivizing mismatch experiences) periodically precipitate partial collapses of the sandpile (destabilization of the patient's defenses – what chaos theory calls "minor avalanches"). Yet they also become the very means by which the sandpile (the patient's infrastructure) will rebuild itself, each time with reinforced structural integrity and a higher level of resilient homeostasis.

Thus, the system (the patient) does not merely withstand the impact of the stressors but actually benefits from that impact. From defensive collapse to adaptive reconsolidation at ever more robust levels, the irregularities in the sandpile – much like the scars we bear – stand as poignant reminders of the minor collapses (injuries) we have all sustained over time but, ultimately, triumphantly overcome.

Just as the sandpile benefits from the very disruptions that challenge its stability, so too does the patient grow stronger through the cycles of collapse and repair. The well-known Japanese adage – *"Fall down seven times, stand up eight"* – is indeed inspirational. But it does not quite capture the evolutionary journey of transformation at the heart of deep embodied healing. A more fitting version might be – *"Fall down seven times, work it through, stand up ever more triumphantly eight."*

Targeting Inner Dividedness: Model 1 Conflict Statements in Action

In what follows, I will be focusing on Model 1 of THE STARK METHOD of PSYCHODYNAMIC SYNERGY – the interpretive perspective grounded in classical psychoanalysis.

Freud's original "drive-defense conflict" model (1923) – based on his earlier bipartite model of the mind – conceptualized psychopathology as the result of inner tension between a dysregulated (id) impulse and an (ego) defense, the ego made anxious by threatened breakthrough of unruly drives.

I have found it clinically more useful, however, to broaden this traditional model of conflict. Model 1 conflict statements therefore reframe neurotic conflict not simply as a clash between impulse and defense, but more expansively as a state of inner dividedness between two poles:

• On the one hand, anxiety-provoking "yes" forces pressing toward change. Once accessed, modulated, and made more manageable, these forces can become growth-promoting and empowering, eventually fueling the patient's momentum.

• On the other hand, anxiety-assuaging "no" counterforces pressing back against change. As long as they remain unnamed, unexamined, and unchallenged, these counterforces will be growth-impeding and disempowering, thwarting the patient's potential.

Indeed, most patients are conflicted about most things most of the time – including, of course, about getting better, letting go of *the bad that was,* and embracing *the good that could be*.

Conflict statements are therefore universally applicable interventions. They speak simultaneously to the patient's defensive need to remain loyal to *old bad* (*a right-brain-mediated stance anchored in emotional survival and shaped by early relational experience*) and to her adaptive capacity, developed over time, to reflect upon the cost of maintaining that loyalty (*a left-brain-mediated capacity gradually strengthened through repeated gentle targeting with conflict statements*).

These anxiety-titrating interventions are strategically designed to facilitate working through whatever defensive counterforces – the internal resistances and misplaced loyalties – might be limiting the patient and constraining her forward movement toward *the good that could be,* held in check by her compulsive and unwitting attachment to, and cathexis of, *the bad that was (and therefore now is)*.

Model 1 conflict statements, by addressing both the patient's right-brain defensive needs and left-brain adaptive capacities, invite the neurotically jammed-up patient to step back from the immediacy of her experience to become aware of the dividedness within her – the inner tension between a psychic truth that, however anxiety-provoking, could ultimately set her free if acknowledged and the defensive maneuvers she unwittingly mobilizes to avoid acknowledging it, which for now would feel too overwhelming even to consider.

Juxtaposition of Adaptive Capacity to Know and Defensive Need to Resist Knowing

Model 1 Conflict Statement Prototype:

• *"You (adaptively) know that…, but you (made anxious) find yourself (defensively) thinking, feeling, or doing in order not to have to know…"*

Tension is intentionally being created to generate optimally stressful, destabilizing, growth-incentivizing mismatch experiences between adaptive capacity and defensive need –

• *"You know that you get enraged at your dad when he promises you something and then, as he so often does, fails to deliver* (adaptive acknowledgement of an uncomfortable feeling). *But you find yourself not wanting to think about any of that right now* (defensive self-protective denial)*."*

• *"You know that your mother will probably never apologize because, as you have repeatedly explained to me, she almost never holds herself accountable for anything* (adaptive acknowledgement of a heartbreaking reality). *But even so, you find yourself continuing to hope that perhaps someday she will* (defensive relentless hope)."

• *"You know that I don't judge you* (adaptive acknowledgement of a disconfirming reality). *But you find yourself continuing to fear that I, like your mother, might* (defensive distorted perception of reality under the sway of the repetition compulsion)*."*

• *"You know that I don't answer those kinds of questions* (adaptive confronting of a disillusioning reality). *But you keep hoping that I will* (defensive relentless hope)*."*

• *"You know that if you're ever to get better, you'll need to open your heart and let someone in* (adaptive embracing of the need to change). *But your fear is that this would make you much too vulnerable and that you would end up getting devastatingly hurt again* (defensive schizoid retreat)."

Each such statement highlights what the patient can, at least to some degree, acknowledge, while simultaneously capturing the essence of her underlying resistance, gently clarifying why the defense might not be readily relinquished.

Working through the resistance relies upon the use of these optimally stressful interventions that are strategically designed first to increase anxiety by challenging the defense ("*you have the adaptive capacity to know"*) and then to decrease anxiety by supporting it ("*but you have the defensive need to resist that knowing"*).

The aim is to make the patient ever more aware of the tension within her between the healthy part, which recognizes the possibility of *something new, different, and compellingly better* and the less healthy part, which resists that knowing and remains invested – even so – in *same old, same old.*

The result of these juxtapositions will be the generation of growth-incentivizing "cognitive (and affective) dissonance" between these two aspects of her self-experience.

Titrating Tension: Disruptive and Homeostatic Attunement

With the therapist's finger ever on the pulse of the patient's level of anxiety and capacity to tolerate further corrective challenge, the therapist, whenever possible, will repeatedly alternate between "disruptive attunement" and "homeostatic attunement" (Herzog, 2001; Akhtar, 2012) in order to generate internal, growth-incentivizing cognitive (and affective) dissonance – the working through of which is at the core of the therapeutic action in Model 1.

• Disruptive attunement *("You know that…"*) directs the patient's attention away from where she is and toward where the therapist would want the patient to go, namely, to a healthier, although anxiety-provoking, place.

It purposefully challenges the homeostatic balance of the patient's defenses in an effort to render them "ego-dystonic" (problematic and consciously recognized as such), thereby temporarily destabilizing the entrenched, dysfunctional status quo such that there will be "impetus" for psychic movement – and an implicit invitation to consider the possibility of transformation.

• Homeostatic attunement (*"…but you find yourself thinking, feeling, or doing in order not to have to know…"*) resonates empathically with where the patient is in the moment, namely, a less healthy, though anxiety-assuaging, place.

Delivered with compassion and never judgment, this attunement stabilizes her by temporarily supporting the status quo of her maladaptive but "ego-syntonic" (problematic but unconsciously accepted as normal) defenses, thereby making possible a future "opportunity" for her to embrace, at her own pace, the very invitation to evolve that the incentivizing destabilization has opened before her.

With an eye to making explicit the left-brain/right-brain tension within the patient – between her adaptive capacity to know and her defensive need to resist knowing – optimally stressful, growth-incentivizing Model 1 conflict statements are therefore addressing this internal dividedness in two complementary ways. First, they are directing the patient's attention to what the analytic wisdom of her left brain knows but would rather not acknowledge (*disruptive attunement*). Then, they are empathically resonating with the self-protective wisdom of what her right brain resists acknowledging (*homeostatic attunement*).

The net result is a dynamic cycle of disruption and repair: destabilization precipitated by challenge, with subsequent restabilization catalyzed by support that not only restores balance but also has the potential gently to propel the patient toward deeper insight and gradual evolution from defensive resistance to adaptive awareness.

In fact, the optimally stressful interventions in all five Models rely upon careful, repeated alternation between disruptive and homeostatic attunement. By strategically oscillating between anxiety-provoking (yet growth-promoting) challenge and anxiety-assuaging (yet growth-limiting) support, the therapist will be galvanizing transformation, fostering adaptive growth, and gradually expanding the patient's capacity for resilience across cognitive, affective, relational, existential, and synaptic domains.

Although our focus here has been on Model 1 conflict statements, the same underlying principle applies to all five Models. Graduated mastery of the interplay between disruptive attunement (engaging the left brain) and homeostatic attunement (resonating with the right brain) will ultimately transform defensive rigidity into adaptive resilience, fostering greater expansiveness, freedom, and integration throughout the system – whether in the evolution from (Model 1) resistance to awareness, (Model 2) relentless hope to acceptance, (Model 3) re-enactment to accountability, (Model 4) retreat to accessibility, or (Model 5) refractory inertia to actualizing action.

Holding the Tension: Conflict Statements as Bridges to Expansiveness

Conflict statements hold the tension between the regressive pull of *same old, same old* and the progressive potential for *something new, different, and compellingly better*. They serve as bridges between the entrenched, conditioned reality of *old bad* (rooted in the there-and-then of the patient's past and shaped by emotional survival) and the enlivening, quantum possibility of *new good* (emerging in the here-and-now of the therapeutic engagement and oriented toward reflective growth).

What follow are additional examples of optimally stressful Model 1 conflict statements that continue to juxtapose left-brain-mediated *"You know that …"* with right-brain-mediated *"but you find yourself…,"* thereby generating destabilizing, growth-incentivizing mismatch experiences. Working through these "violations of expectation" constitutes the therapeutic action in Model 1.

Examples:

• *"You know that if you're ever to get on with your life, you'll have to let go of your conviction that your childhood scarred you forever. But it's hard not to feel like damaged goods when you grew up in a horribly abusive household with a mean and nasty father who kept telling you that you were a loser."*

• *"You're coming to understand that your anger can put people off. But you tell yourself that you have every right to be as angry as you want because of how much you've had to suffer over the course of the years."*

• *"You know that if your relationship with Elana is to survive, you'll need to take at least some responsibility for the part you're playing in the very abusive fights that the two of you have been having. But you tell yourself that it isn't really your fault because if she weren't so provocative, then you wouldn't have to be so vindictive!"*

• *"You know that ultimately you will need to let Jose go because he, like your dad, has never treated you with the respect that you have come to know you deserve. But, for now, all you can think about is how desperately you want to be with him and how devastating it would be to lose him and to be alone once again."*

• *"You know that someday you'll have to let somebody in if you're ever to have a meaningful relationship. But, in the moment, the thought of making yourself that vulnerable is simply intolerable – absolutely out of the question. There's no way you're willing to run the risk of being hurt ever again."*

Interestingly, embedded within many conflict statements is an unspoken third element – a gentle, unvoiced whisper that maybe, just maybe… As demonstrated by some of the above, it is a soft invitation hinting at the possibility that a part of the patient might be starting to wonder what it would feel like were she to move toward something new, something different, something more aligned with who she is wanting to become.

Resisting the Urge to Preempt Understanding

Please note that as tempting as it might be for the therapist to highlight, in the first portion of the conflict statement, something that she wishes the patient already knew, if the patient does not yet know it, then it is important that the therapist resist the temptation to lead the witness in this manner.

For example, let us imagine that you start your conflict statement with: *"You know that your unresolved feelings about your dad are making it hard for you to find an appropriate life partner …"*

Although that might well be true, saying it to a patient who does not yet know it risks making her feel misunderstood and perhaps even more defensive. It is also, in effect, a kind of clinical shortcut, a subtle form of cheating that is fundamentally unfair to the patient.

Cultivating Dual Awareness: Engaging the Analytic Wisdom of the Left Brain and the Emotional-Relational Wisdom of the Right Brain

Importantly, "dual awareness" is being fostered when the patient is asked to direct her right-brain attention to what she is experiencing in the moment while being encouraged, at the same time, to engage her left-brain capacity – to step back, detach, reflect, and recover her objectivity. In the psychoanalytic literature, this distinction between experiencing something and observing it is described as a healthy "split in the ego" (Sterba, 1934; Havens, 1993) – between the experiencing (or participating) ego and the observing (or reflecting) ego.

In fact, dual awareness is a core goal of any meaningful treatment, engaging the analytic wisdom of the left brain alongside the emotional-relational wisdom of the right brain.

Divergent vs. Convergent Conflict: Either/Or and Both/And

Notably, as Anton Kris (1982) describes, the patient's inner conflictedness can take the form of either "divergent conflict" – coexisting voices, each carrying a truth – or "convergent conflict" – the emerging self as opposed by a (defensive) silencing voice.

Divergent conflict – classic "either/or" dilemmas – involves two mutually exclusive choices. *"Shall I wear my blue dress tonight or my red dress?"* It is a tension between two viable options – one that will be chosen, the other relinquished. There is no compromising, just one or the other.

Model 1 conflict statements are of no use for divergent conflicts. Indeed, you would not advance the therapeutic endeavor much were you to say to your patient, "*You know that you could wear your blue dress tonight. But you find yourself thinking that perhaps you should wear your red dress instead."*

The structural, neurotic, intrapsychic conflicts of classical psychoanalytic theory, however, are best understood as convergent conflicts.

And Model 1 conflict statements are therefore designed to address these convergent (both/and) conflicts – with an eye to generating internal tension between anxiety-provoking (but ultimately growth-promoting) empowering "yes" forces and anxiety-assuaging (but growth-impeding) disempowering, resistant "no" counterforces – between forces focused on *the good that could be* and the counterforces clinging to *the bad that was and now is.*

• *"You know that you're playing with fire by being romantically involved with your boss and that eventually you'll need to end the affair. But it just feels so good right now that you're not quite yet prepared to do that."*

• *"You know that eventually you'll need to face the reality that your mother was never really there for you and that you won't get better until you let go of your hope that maybe someday you'll be able to make her change. But you're not quite yet ready to deal with all the pain around that because you're afraid that, were you to face that excruciatingly painful reality, you might never survive the heartbreak and despair you would then feel."*

• *"You know that ultimately you'll need to confront and grieve the reality that Sergei, like your dad, is not available in the ways that you would have wanted him to be. And that until you've made your peace with that devastating reality, you'll continue to be miserable. But, in the moment, all you can think about is what you can do to make him love you more."*

• *"You know that you won't feel truly fulfilled until you're able to get your thesis completed. But you continue to struggle, fearing that whatever you might write just wouldn't be good enough or capture well enough the essence of what you're trying to convey. You were told too many times by your father that you just weren't smart enough to make it in the world."*

Keeping the Conflict Where It Belongs: In the Patient and Not in the Intersubjective Field

When the therapist introduces a conflict statement with "You know that…," she is gently compelling the patient to take ownership of what she – however begrudgingly – actually does know.

Indeed, by locating the conflict squarely where it belongs, rather than in the intersubjective field, the therapist is highlighting the tension within the patient between what she adaptively knows and what she, made anxious, defensively finds herself thinking, feeling, or doing to avoid confronting that reality. In so doing, the therapist is deftly sidestepping the potential for conflict between herself and the patient. For example, by encouraging the patient to own both sides of her internal dividedness – such as her ambivalence about getting better – the therapist is masterfully avoiding becoming ensnared in a power struggle.

Power struggles can easily enough emerge when the therapist, in a well-meaning but misguided attempt to urge the patient forward, takes it upon herself to represent the adaptive voice of reality by overzealously advocating for the patient to do the right or healthy thing. This position risks leaving the patient, made anxious, with little choice but to inhabit the defensive voice of opposition.

When the therapist simply resorts to articulating what she herself knows, she not only runs the risk of reinforcing the patient's entrenched stance of defiant protest but also deprives the patient of any genuine incentive to take responsibility for her own desire to get better.

Using the Element of Time to Invite Possibility

Please also note the implicit message delivered by the therapist in the second part of a conflict statement when she uses temporal expressions such as *for now, right now, at the moment, in the moment, at this point in time*. These phrases are deliberately chosen to honor the patient's current investment in a dysfunctional defense.

By inserting these time-bound qualifiers, the therapist is gently signaling that the patient's defensive position, although understandably entrenched in the present, is not necessarily permanent and might shift over time. And even if, for now, the patient appears committed to holding on to the familiar defense, there remains the possibility that, at another point, something new – and different – could emerge.

The Therapist's Inner Dialectic: Navigating Tension Between Vision and Reality

As we sit with our patients, we often become aware of tension not only within them but also within ourselves – a dialectical tension between our vision of who we believe the patient could become (were she but adaptively able and/or willing to make healthier choices) and our respect for the reality of who she is (and for the choices, no matter how unhealthy, that she defensively finds herself feeling compelled to make).

We are therefore constantly striving to find an optimal balance within ourselves between wanting the patient to change (and thus challenging her) and accepting the reality of who she is (and thus supporting her).

From Inner Turmoil to Reflective Awareness – and Beyond

We begin with the premise that neurotic conflict is fundamentally a story about deeply entrenched – and, at least initially, largely unconscious – inner turmoil between anxiety-provoking (but growth-promoting) forces and anxiety-assuaging (but growth-limiting) counterforces. This internal conflict, a kind of civil war within the self, is experienced as a powerful undertow, continuously threatening to derail the patient's efforts to channel her energies into constructive pursuits and worthwhile endeavors, leaving her feeling chronically jammed-up, tormentingly stuck, and shackled by her own crippling defenses.

Model 1, in keeping with the interpretive perspective of classical psychoanalysis (fundamentally a cognitive approach to advancing from defense to adaptation), addresses this internal stalemate by emphasizing the importance of developing insight into both the early origins of the neurotic ambivalence and the ways in which that ambivalence – under cover of furtive defense – continues to operate in the present. As such, Model 1 is a sensitively titrated strategy designed to guide the patient from being largely unconscious to becoming more mindful, reflective, introspective, and self-aware.

By fostering this kind of insight, Model 1 embodies the essence of Sir Francis Bacon's (1597) famous observation: "For knowledge itself is power." This well-known maxim resonates closely with the goals of Model 1, where awareness of entrenched defensive patterns initiates the path toward adaptive change.

Knowledge, insight, and awareness, however, do not, in and of themselves, get the job done.

Interpretation and insight – the gold standard in classical psychoanalytic theory – are usually necessary but, sadly, rarely sufficient. What truly propels resolution of conflict is the patient's "lived experience" of cognitive and affective dissonance: the growing awareness of both the price she pays for clinging to outdated, maladaptive defenses and her continued investment in maintaining them, despite that knowledge – such that defenses once experienced as self-protective and necessary (ego-syntonic) gradually come to be experienced as costly and alien (ego-dystonic).

It is this "felt awareness" of dissonance between cost and perceived benefit that will ultimately motivate the patient to ease her way from "reining the horse in" to "giving the horse free rein" (Freud, 1923) – a shift essential for restoring homeostatic balance.

"Price-Paid" Conflict Statements: Opening the Door to Empowered Change

I have developed a particular kind of conflict statement to which I refer as a "price-paid" conflict statement. Its purpose is to create growth-incentivizing internal tension by juxtaposing two truths: the patient's dawning awareness of just how costly her defenses have become, alongside her evolving recognition of just how deeply invested she has remained in holding on to them even so.

These formulations are crafted to make ambivalently held defenses ever less ego-syntonic and ever more ego-dystonic – no longer seamlessly aligned with the self but increasingly experienced as misaligned with her evolving sense of who she wants to become. By facilitating this progressive shift, they galvanize movement, motivating her to resolve the internal dissonance between psychic pain and emotional gain, thereby restoring a more adaptive homeostatic balance.

Model 1 Price-Paid Conflict Statement Prototypes –

- *"You know that <pain>…, but you remain <gain> even so…"*
- *"You know that <price paid>…, but you remain <invested in> even so…"*

Model 1 price-paid conflict statements thus challenge the defense by highlighting its cost – the pain, the price paid – while at the same time supporting the defense by empathically acknowledging its benefit – the gain, the payoff.

More specifically, a growth-incentivizing mismatch experience arises for the patient as a result of her ever-evolving awareness of both the cost of clinging to the defense (the pain) and her ongoing investment in maintaining it despite that cost (the gain).

Examples –

• *"You know that you're paying a steep price for not taking seriously the toll your drinking is having on your health and your life – especially in light of the DUIs and your problems now at work. But, at this point, you still feel reluctant to let it go, because right now and since your wife left, alcohol feels like the only real escape you have left in your life."*

• *"You know that, sooner or later, you'll need to confront the impact that extra weight is having on your health – physically, emotionally, and medically. But, right now, the idea of giving up the comfort of food feels unbearable – especially when you're already feeling so deprived in so many other parts of your life."*

• *"You know that keeping people at arm's length has left you feeling painfully isolated, disconnected, and desperately lonely. But, right now, the idea of letting someone in feels far too risky – because the fear of being hurt again feels greater than the possibility of being loved."*

Price-paid conflict statements not only bring into focus the price paid for displaced loyalty to *same old, same old* but also discreetly open a space for imagining the enlivening possibility of *something new, different, and compellingly better* – a future not yet lived but already anticipated.

Whether highlighting emotional gain, psychic pain, or envisioned possibility, the therapeutic aim remains constant – to render the defense progressively less ego-syntonic and more ego-dystonic. Thus, the defense comes to feel increasingly out of step with the patient's evolving, preferred sense of self, thereby opening the door to empowered change.

Shifting the Balance: From the Security of Ego-Syntonic to the Tension of Ego-Dystonic

By highlighting the widening gap between the gain, the benefit, and the emotional payoff of holding on to outdated, disempowering defenses and the pain, the cost, and the psychic toll of doing so, the therapist begins gradually to tilt the balance – from the seductive comfort that has upheld the ego-syntonic grip of the defense toward the increasing strain that will, in time, render it unmistakably ego-dystonic.

Indeed, Model 1 price-paid conflict statements are among the most powerful tools in the therapist's armamentarium, precisely because they generate ever-increasing, growth-incentivizing internal dissonance – a tension between the lingering (ego-syntonic) appeal of the defense and its mounting (ego-dystonic) psychological cost. This deliberately cultivated dissonance, sustained over time, will tip the scales away from the preservation of defense and toward its eventual relinquishment.

As emphasized throughout this chapter, introducing growth-incentivizing corrective challenge into a system inevitably produces internal tension and a state of homeostatic imbalance. But, from an evolutionary perspective, such states of disequilibrium cannot be maintained indefinitely. As Walter B. Cannon (1932) described, "the wisdom of the body" instinctively self-corrects, drawing upon its innate capacity to recover from adversity by taking effective action to adapt to it.

This evolutionarily essential tendency to resolve the internal tension created by the discomfiting experience of mismatch – with an eye to restoring homeostatic balance – provides the intrinsic energy for change. With each iterative cycle of disruption and repair, destabilization and restabilization, the system will propel itself forward: from defensive resistance to adaptive awareness.

From the Comfort of Not Knowing to the Discomfort of Knowing: The Tipping Point of Change

• Where id was, there shall ego be.

• Where unconscious was, there shall conscious be.

• Where resistance was, there shall awareness be.

• Where the treacherous undertow was (rendering the patient unconscious, dissociated, and conflicted), there shall self-reflective awareness be (enabling the patient to become empowered, make thoughtful choices, and navigate life with intentionality, clarity of purpose, and unambivalent commitment).

As long as the *gain* outweighs the *pain* (the defense more ego-syntonic than ego-dystonic), the patient will *maintain* the defense and *remain* entrenched in her resistance.

But as the patient's awareness of both cost and benefit deepens, a pivotal shift occurs. Once the *pain* exceeds the *gain* (the defense more ego-dystonic than ego-syntonic), the stress and *strain* of the resulting cognitive and affective dissonance will incrementally compel the patient to release her defensive clinging to the old resistances.

In relinquishing these old, outdated, and ineffective strategies, she does not merely restore homeostatic balance and internal harmony; rather, she evolves toward a higher, more nuanced level of resilience and dynamic equilibrium – standing up, as it were, not just once more, but ever more triumphantly, just as in the guiding principle: *"Fall down seven times, work it through, stand up ever more triumphantly eight."*

This transformative process creates space for the emergence of a new, more adaptive awareness – one grounded in introspective reflection, decisiveness, precision, clarity, and the capacity to engage freely and more expansively with life.

In a similar vein, and offering a contemporary perspective on this time-honored psychoanalytic principle, Jelly Roll – when accepting his Country Music Award a few years ago – revealed his own vulnerable truth: "You don't change until the pain to remain the same is greater than the pain it takes to change."

When the comfort of *same old, same old* becomes the discomfort of its cost, the time to embrace *something new, different, and compellingly better* has arrived – signaling the awakening of a change that will no longer be silenced.

From Defensive Resistance to Adaptive Awareness: Reshaping the Past to Unlock New Futures

Indeed, both simple and profound is the compelling idea that psychodynamic psychotherapy has the power to reconfigure the past and thereby transform the future – such that unhealthy

defense evolves into healthier adaptation and *the conditioned bad that was (and still is)* gives way to *the envisioned good that could be*.

In essence, psychodynamic psychotherapy is about reshaping the past so that new futures become possible, guiding the parent from entrenched defensive resistance toward enlivening adaptive awareness. In the strange and counterintuitive world of quantum physics, this riveting idea – that the present has the power to rewrite the past and thereby alter the future – is known as "retrocasuation" (Price, 1996).

This principle resonates deeply with THE STARK METHOD of PSYCHODYNAMIC SYNERGY, which harnesses the transformative power of hard-earned present awareness for the graceful reshaping of past entanglements, such that new horizons of possibility for the future will be illuminated.

Along these lines, Gregg Braden (2008) observes: "*Quantum science suggests the existence of many possible futures for each moment of our lives. Each future lies in a state of rest until it is awakened by choices made in the present."* This perspective elegantly underscores a core therapeutic truth: entrenched, conditioned realities of *the bad that was* hold within them the latent potential to emerge as enlivening, quantum possibilities of *the good that CAN be.*

A modern paraphrase of Lao Tzu's (Heider, 1985) Taoist wisdom captures this beautifully: *"When I let go of what I am, I become what I might be."* Adapted to a psychoanalytic context, it might be said: *"When I let go of the (defensive) same old, same old I have been, I can become the (adaptive) something new, different, and compellingly better that I might yet be."*

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