

**MASTERING THE
OPTIMAL STRESS OF**

**DISSONANCE (MODEL 1)
DISILLUSIONMENT (MODEL 2)
DETOXIFICATION (MODEL 3)**

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**THREE APPROACHES TO
TRANSFORMING DEFENSE
INTO ADAPTATION**

**AND THREE OPTIMAL STRESSORS
THAT REPRESENT
THE "CUTTING EDGE" OF
THE "THERAPEUTIC ACTION"**

**COGNITIVE DISSONANCE (MODEL 1)
AFFECTIVE DISILLUSIONMENT (MODEL 2)
RELATIONAL DETOXIFICATION (MODEL 3)**

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**THREE APPROACHES TO
TRANSFORMING DEFENSE INTO ADAPTATION
AND THE THREE OPTIMAL STRESSORS
THAT WILL FACILITATE THIS "ACTION"**

**MODEL 1 – RESISTANCE INTO AWARENESS
BY WORKING THROUGH THE STRESS OF COGNITIVE DISSONANCE
CREATED BY THE EXPERIENCE OF GAIN – BECOME – PAIN**

**MODEL 2 – RELENTLESSNESS INTO ACCEPTANCE
BY WORKING THROUGH THE STRESS OF AFFECTIVE DISILLUSIONMENT
CREATED BY THE EXPERIENCE OF GOOD – BECOME – BAD**

**MODEL 3 – RE – ENACTMENT INTO ACCOUNTABILITY
BY WORKING THROUGH THE STRESS OF RELATIONAL DETOXIFICATION
CREATED BY THE EXPERIENCE OF BAD – BECOME – GOOD**

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THE PATIENT'S THREE CHALLENGES

MODEL 1 – COGNITIVE DISSONANCE
 THE PATIENT MUST RESOLVE THE INTERNAL DISEQUILIBRIUM
 SHE WILL EXPERIENCE WHEN DEFENSES ONCE
 EGO – SYNTONIC BECOME INCREASINGLY EGO – DYSTONIC

MODEL 2 – AFFECTIVE DISILLUSIONMENT
 THE PATIENT MUST CONFRONT – AND GRIEVE – DISAPPOINTING
 REALITIES ABOUT THE OBJECTS OF HER DESIRE

MODEL 3 – RELATIONAL DETOXIFICATION
 THE PATIENT MUST NEGOTIATE AT THE "INTIMATE EDGE"
 OF AUTHENTIC ENGAGEMENT WITH HER THERAPIST
 DARLENE EHRENBERG (1992)

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IN ORDER TO FACILITATE THE "THERAPEUTIC ACTION"

"OPTIMALLY STRESSFUL"
INTERVENTIONS

ALTERNATELY CHALLENGE
 AND SUPPORT

ANXIETY – PROVOKING
 BUT ULTIMATELY
 GROWTH – PROMOTING

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MODEL 1 CONFLICT STATEMENTS
 ARE DESIGNED TO ENCOURAGE
 THE "RESISTANT" PATIENT
 TO STEP BACK FROM THE
 IMMEDIACY OF THE MOMENT
 IN ORDER TO GAIN INSIGHT INTO
 BOTH HER INVESTMENT IN
 MAINTAINING THINGS AS THEY ARE
 EGO – SYNTONIC
 AND THE PRICE SHE PAYS FOR DOING SO
 EGO – DYSTONIC

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MODEL 2 DISILLUSIONMENT STATEMENTS
 ARE DESIGNED TO FACILITATE
 THE NECESSARY GRIEVING THAT
 THE "RELENTLESS" PATIENT
 MUST DO
 AS SHE BEGINS TO CONFRONT
 PAINFUL REALITIES ABOUT
 THE OBJECTS OF HER DESIRE
 THEIR LIMITATIONS, SEPARATENESS, AND IMMUTABILITY

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MODEL 3 ACCOUNTABILITY STATEMENTS
 ARE DESIGNED TO ENCOURAGE
 THE "RE-ENACTING" PATIENT
 TO TAKE RESPONSIBILITY FOR
 THE UNMASTERED RELATIONAL DYNAMICS
 THAT SHE IS COMPULSIVELY
 AND UNWITTINGLY
 REPLAYING ON THE STAGE OF HER LIFE

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TO REVIEW

"CONFLICT STATEMENTS"
 WHEN THE SPOTLIGHT IS ON THE PATIENT AS
 "NOT AWARE" (MODEL 1)

"DISILLUSIONMENT STATEMENTS"
 WHEN THE SPOTLIGHT IS ON THE PATIENT AS
 "NOT ACCEPTING" (MODEL 2)

"ACCOUNTABILITY STATEMENTS"
 AND "RELATIONAL INTERVENTIONS"
 WHEN THE SPOTLIGHT IS ON THE PATIENT AS
 "NOT ACCOUNTABLE" (MODEL 3)

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