

**THE INNER TORMENT OF A DIVIDED SELF:**  
**RELINQUISHING WHAT ONCE PROTECTED**  
**BUT NOW IMPRISONS**

**Thursday, August 7, 2025 – 12 to 2 pm (ET)**

**Presented by Martha Stark MD – Harvard Medical School**  
**[MarthaStarkMD@SynergyMed.solutions](mailto:MarthaStarkMD@SynergyMed.solutions)**

**© 2025 Martha Stark MD**

# **RELENTLESS AMBIVALENCE**

**Model I**



**The Neurotic Refusal to Commit**

# RELENTLESS HOPE

**Model 2**



**The Narcissistic Refusal to Accept**

**BOTH**  
**“RELENTLESS AMBIVALENCE”**  
**– WHICH CHARACTERIZES MODEL 1 PATIENTS**  
**WITH NEUROTIC DYNAMICS –**

**AND**  
**“RELENTLESS HOPE”**  
**– WHICH CHARACTERIZES MODEL 2 PATIENTS**  
**WITH NARCISSISTIC DYNAMICS –**

**FUEL AN ACHE**  
**AT THE CORE OF THE SELF**  
**THAT REFUSES TO LET GO**



## **OVERVIEW FOR NEUROSIS**

**NEUROSIS IS THE INNER TORMENT  
OF A “DIVIDED SELF”**

**CAUGHT IN CHRONIC TENSION**

**– OFTEN UNCONSCIOUS –**

**BETWEEN OPPOSING INTERNAL FORCES**

**– FORCES STRUGGLING TO BREAK FREE  
AND RESISTANT COUNTERFORCES  
THAT RISE UP IN PROTEST –**

**FOR EXAMPLE, A REPRESSED WISH OR FORBIDDEN DESIRE ON THE ONE HAND  
AND A HARSH, PROHIBITIVE INTERNAL AUTHORITY ON THE OTHER**

**RESULTING IN THE PERSISTENT DEPLOYMENT  
OF DEFENSIVE STRATEGIES**

**– AND THE RESULTANT COMPROMISE FORMATIONS –  
THAT SIMULTANEOUSLY**

**EXPRESS AND CONCEAL THE UNRESOLVED LONGING  
AND FUEL THE ANGUISHED SUFFERING**

**– A PRIVATE PAIN THE PATIENT FEELS PROFOUNDLY –  
ALTHOUGH NO ONE ELSE CAN SEE IT –**

**... THE INTERNAL ACHE OF “RELENTLESS AMBIVALENCE”  
AND AN OFTEN – PARALYZING “RELUCTANCE TO COMMIT”**

**REMINISCENT OF ANDRAS ANGYAL’S (1965) CONCEPT OF THE “PATTERN OF NONCOMMITMENT”**

## **OVERVIEW FOR NARCISSISM**

**NARCISSISM IS THE HEARTBREAKING STRUGGLE  
OF A “VULNERABLE SELF”  
STRIVING TO COMPLETE ITSELF  
– IN ORDER TO FEEL WORTHY AND WHOLE –  
IN THE WAKE OF  
EARLY RELATIONAL INJURIES OR EMPATHIC FAILURES**

**IT IS THE PLIGHT OF A SELF THAT  
– IN THE ABSENCE OF RELIABLE MIRRORING AND ATTUNED EMPATHIC RECOGNITION  
AND IN AN EFFORT TO COMPENSATE FOR THAT DEVELOPMENTAL LACK –**

**IS COMPELLED TO SEEK  
NARCISSISTIC SUPPLIES FROM IDEALIZED OTHERS  
– FIGURES UNCONSCIOUSLY RECRUITED  
TO RESTORE SELF – ESTEEM AND TO PROTECT AGAINST  
THE SHAME, EMPTINESS, AND FRAGMENTATION  
THAT WOULD OTHERWISE THREATEN  
TO OVERWHELM ITS FRAGILE CORE –**

**... NARCISSISTIC STRATEGIES DESIGNED TO APPEASE  
THE GNAWING ACHE OF “RELENTLESS HOPE”  
– AND THE DEEP “RELUCTANCE TO ACCEPT”  
THE LIMITATIONS, SEPARATENESS, AND IMMUTABILITY  
OF THOSE WHO COULD NEVER (AND WILL NEVER) FULLY MEET ITS LONGING –**

INDEED

**MODEL 1 OF THE STARK METHOD of PSYCHODYNAMIC SYNERGY**

– THE INTERPRETIVE PERSPECTIVE OF CLASSICAL PSYCHOANALYSIS –

**FEATURES THE “STRUCTURAL CONFLICTS”  
OF PATIENTS WITH NEUROTIC FEATURES**

**AND IS DISTINCT FROM**

**MODEL 2 OF THE STARK METHOD of PSYCHODYNAMIC SYNERGY**

– THE CORRECTIVE – PROVISION PERSPECTIVE OF SELF PSYCHOLOGY –

**WHICH FEATURES THE “STRUCTURAL DEFICITS”  
OF PATIENTS WITH NARCISSISTIC FEATURES**

**THESE ARE NOT NECESSARILY TWO DIFFERENT PATIENTS  
BUT TWO SHIFTING FOCAL POINTS  
IN THE UNFOLDING TREATMENT OF A SINGLE PATIENT**





**WHEREAS NARCISSISM COMPELS DEFICIT – RIDDEN INDIVIDUALS  
TO RELATE TO OTHERS AS “SELFOBJECTS”**

**– THAT IS, AS EXTENSIONS OF THE SELF  
CHARGED WITH STABILIZING SELF – ESTEEM –**

**NEUROSIS PROMPTS CONFLICT – RIDDEN INDIVIDUALS  
TO RELATE TO OTHERS AS “DRIVE OBJECTS”**

**– FIGURES ONTO WHOM INSTINCTUAL IMPULSES ARE DISPLACED  
AND MORAL PROHIBITIONS PROJECTED –**

**“DISPLACEMENT OF DRIVE” REFERS TO  
THE REDIRECTION OF AN IMPULSE**

**– SUCH AS A LIBIDINAL YEARNING OR AGGRESSIVE URGE –**

**AWAY FROM ITS ORIGINAL TARGET  
AND ONTO A SUBSTITUTE FIGURE**

**– THE DRIVE REMAINS INTACT, BUT ITS OBJECT WILL HAVE SHIFTED –**

**IN THE CLINICAL SETTING,  
THIS OFTEN MEANS**

**THAT THE THERAPIST BECOMES  
THE NEW, UNCONSCIOUS RECIPIENT  
OF THESE REDIRECTED LIBIDINAL  
AND AGGRESSIVE DRIVES**

BY CONTRAST  
“PROJECTION OF PROHIBITION” INVOLVES  
THE EXTERNALIZATION OF INTERNAL MORAL RESTRAINTS  
– SUCH AS JUDGMENT, CRITICISM, DISAPPROVAL, CONDEMNATION –  
THAT ARE BANISHED FROM WITHIN  
– AND ASSIGNED TO THE OUTSIDE WORLD –

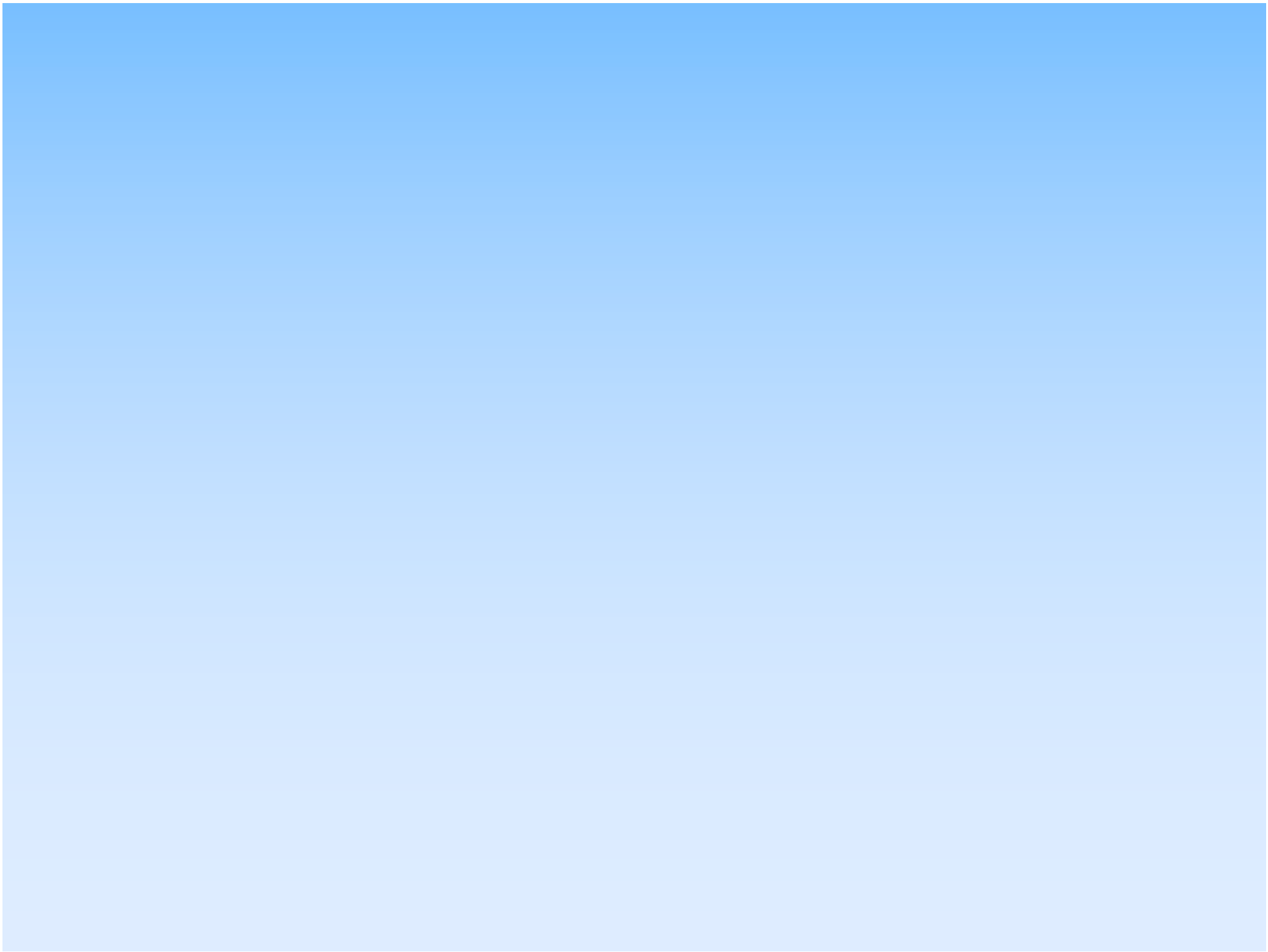
IN THE CLINICAL SETTING,  
THIS OFTEN MEANS  
THAT THE THERAPIST IS UNCONSCIOUSLY CAST AS  
A CRITICAL, JUDGMENTAL, OR SHAMING FIGURE  
– A REFLECTION OF THE PATIENT’S OWN  
SUPEREGO INJUNCTIONS AND EGO IDEAL STANDARDS –

THE INNER VOICE OF “THOU SHALT NOT”  
– A MORAL PROHIBITION IMPOSED BY THE “SUPEREGO PROPER” –  
(THAT IS, BY THE “CONSCIENCE”)

AND “THOU SHALT”  
– AN ASPIRATIONAL MANDATE ISSUED BY THE “EGO IDEAL” –  
(AN INTERNALIZED STANDARD FOR WHO ONE STRIVES TO BECOME) –

IN OTHER WORDS  
THE “SUPEREGO PROPER” SPEAKS IN THE VOICE OF “THOU SHALT NOT”  
(A MORAL PROHIBITION)

WHEREAS THE “EGO IDEAL” REPRESENTS THE VOICE OF “THOU SHALT”  
(A VISION OF PERFECTION TO WHICH THE SELF ASPIRES)



**THE INNER BATTLEGROUND  
AT THE CORE OF  
THE NEUROTICALLY CONFLICTED PATIENT**

**IS THE AGE – OLD INTRAPSYCHIC STRUGGLE  
BETWEEN THE “DRIVE TO DEFY”  
AND THE “COMMAND TO COMPLY”**

**INDEED**

**AT THE HEART OF NEUROTIC CONFLICT**

**– AND, MORE GENERALLY, AT THE HEART OF HUMAN EXISTENCE ITSELF –  
LIES THIS DIALECTICAL TENSION**

**– A STRUCTURAL STANDOFF BETWEEN DEFIANT FORCE AND RESISTANT COUNTERFORCE –**

**ON ONE SIDE**

**A PLEASURE – SEEKING “ID”  
DRIVEN BY “DEFIANCE”**

**AND ON THE OTHER**

**A MORALIZING “SUPEREGO”  
DEMANDING “COMPLIANCE”**

**I CHOOSE THE PHRASE “AGE – OLD INTRAPSYCHIC STRUGGLE”  
– WITH GREAT INTENTION –  
BECAUSE IT SPEAKS TO BOTH  
THE TIMELESSNESS AND THE UNIVERSALITY OF INNER CONFLICT**

**IT IS NOT A MODERN DILEMMA,  
NOR A CULTURALLY BOUND NEUROSIS**

**BUT RATHER A PERENNIAL, DEEPLY HUMAN CONFLICT  
THAT EVERY PERSON**

**– TO SOME EXTENT –  
CONFRONTS THROUGHOUT THE DEVELOPMENTAL ARC  
OF BECOMING WHO THEY ARE**

**AT ITS CORE LIES THE EXISTENTIAL PREDICAMENT OF BEING  
BOTH SEPARATE AND CONNECTED**

**THE DEFIANT WISH TO ASSERT THE SELF versus  
THE COMPLIANT IMPULSE TO PRESERVE CONNECTION**

**THE RAGEFUL PROTEST AGAINST CONSTRAINT versus  
THE FEARFUL RETREAT INTO SUBMISSION**

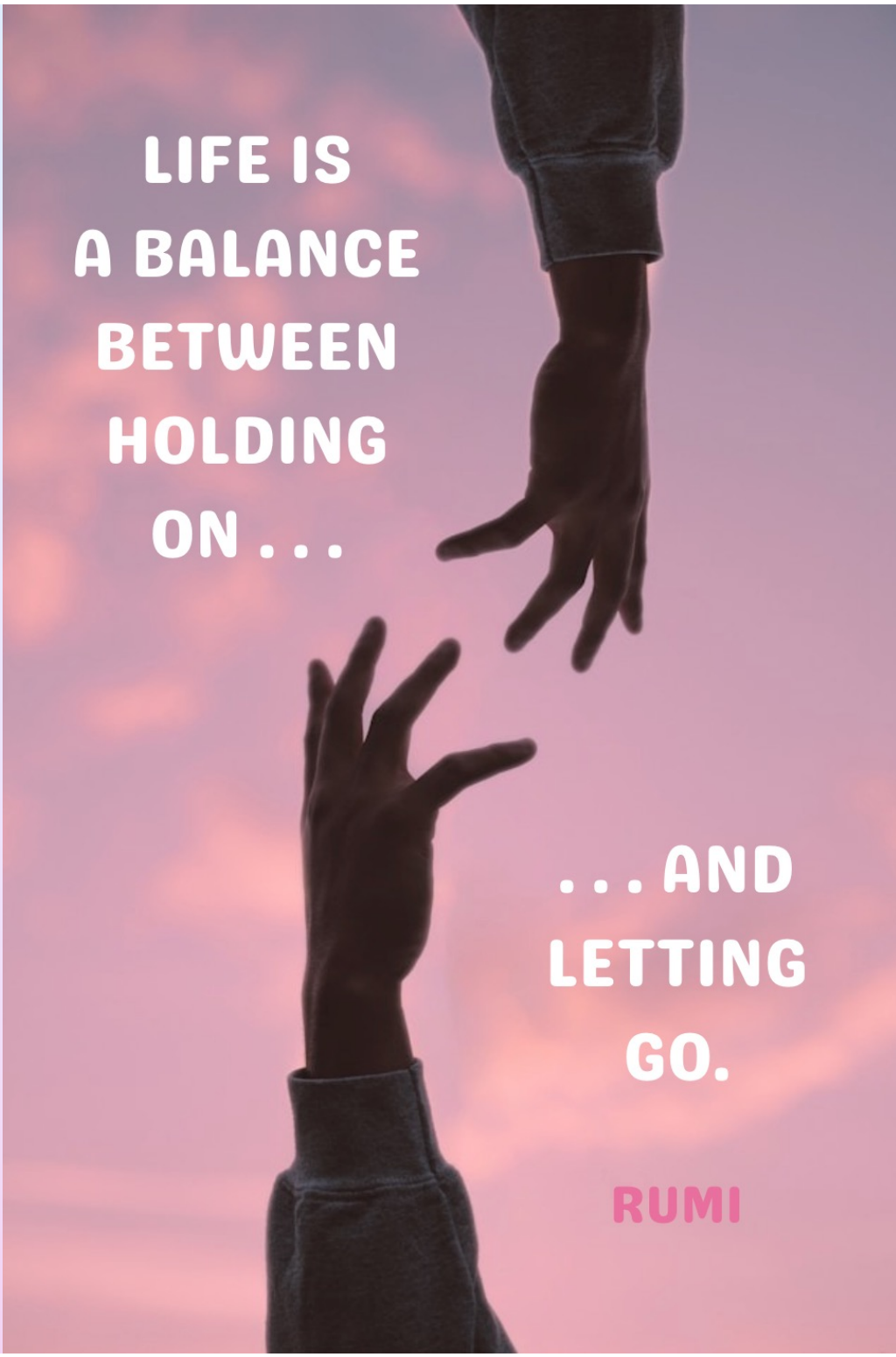
**THE LONGING TO LIVE ONE’S LIFE ON ONE’S OWN TERMS versus  
THE DREAD OF LOSING LOVE IF ONE STRAYS TOO FAR AFIELD**

**... EACH COMPONENT SHAPING  
THE EVER – EVOLVING DIALOGUE  
BETWEEN REBELLION AND SUBMISSION  
– THE ENDURING PSYCHIC TENSION  
AT THE CORE OF NEUROTIC DISTRESS –**

**THE NET RESULT OF THIS INTRAPSYCHIC “CIVIL WAR”  
IS A PSYCHE TORN APART INSIDE  
BY RELENTLESS AMBIVALENCE AND  
THE ETERNAL CONFLICT BETWEEN DEFIANCE AND COMPLIANCE  
BETWEEN “CAN I DEFY?” OR “MUST I COMPLY?”  
“CAN I BE BAD?” OR “MUST I BE GOOD?”**

**BESET BY IMMOBILIZING INDECISION AND A RELUCTANCE TO COMMIT,  
THE NEUROTIC PATIENT HOVERS IN A TORTURED IN – BETWEEN**

**A HOLDING PATTERN OF HOPE AND DREAD,  
DESIRE AND FEAR  
– UNABLE TO LET GO, UNABLE TO MOVE FORWARD –**

A central image showing two hands, one from the top and one from the bottom, reaching towards each other. The hands are silhouetted against a vibrant sunset sky with shades of orange, pink, and purple. The hands are positioned as if they are about to grasp each other, creating a sense of tension and balance. The image is framed by light blue vertical bars on the left and right sides.

**LIFE IS  
A BALANCE  
BETWEEN  
HOLDING  
ON ...**

**... AND  
LETTING  
GO.**

**RUMI**



INDEED, AT THEIR CORE,  
“NEUROTIC” PATIENTS STRUGGLE RELENTLESSLY  
WITH “STRUCTURAL CONFLICT”  
– “NEUROTIC CONFLICT” –

AN INTRAPSYCHIC WAR WAGED BETWEEN ID AND SUPEREGO

BETWEEN  
– ON THE ONE HAND –  
FORBIDDEN IMPULSES AND URGENT DRIVES  
AND  
– ON THE OTHER HAND –  
THE MORAL PROHIBITIONS THAT CONDEMN THEM

A SEARING, ANXIETY – PROVOKING INTERNAL TENSION  
BETWEEN THE “URGE TO DO” AND THE “LAW THAT FORBIDS”

WITH THE BELEAGUERED EGO CAUGHT IN THE MIDDLE,  
TRYING DESPERATELY TO MEDIATE  
– IN ORDER TO ENGINEER PEACE –

THE EGO’S DEFENSES ARE “REACTIVE STRATEGIES”  
– A TACTICAL RESPONSE TO THE WAR OF THE TITANS –

UNABLE TO MOVE FORWARD,  
TOO LATE TO TURN BACK,  
CAUGHT IN THE CROSSFIRE  
OF THE PSYCHE'S INTERNAL BATTLE  
– NEUROTICALLY STRUGGLING, CONFLICTED, JAMMED UP –

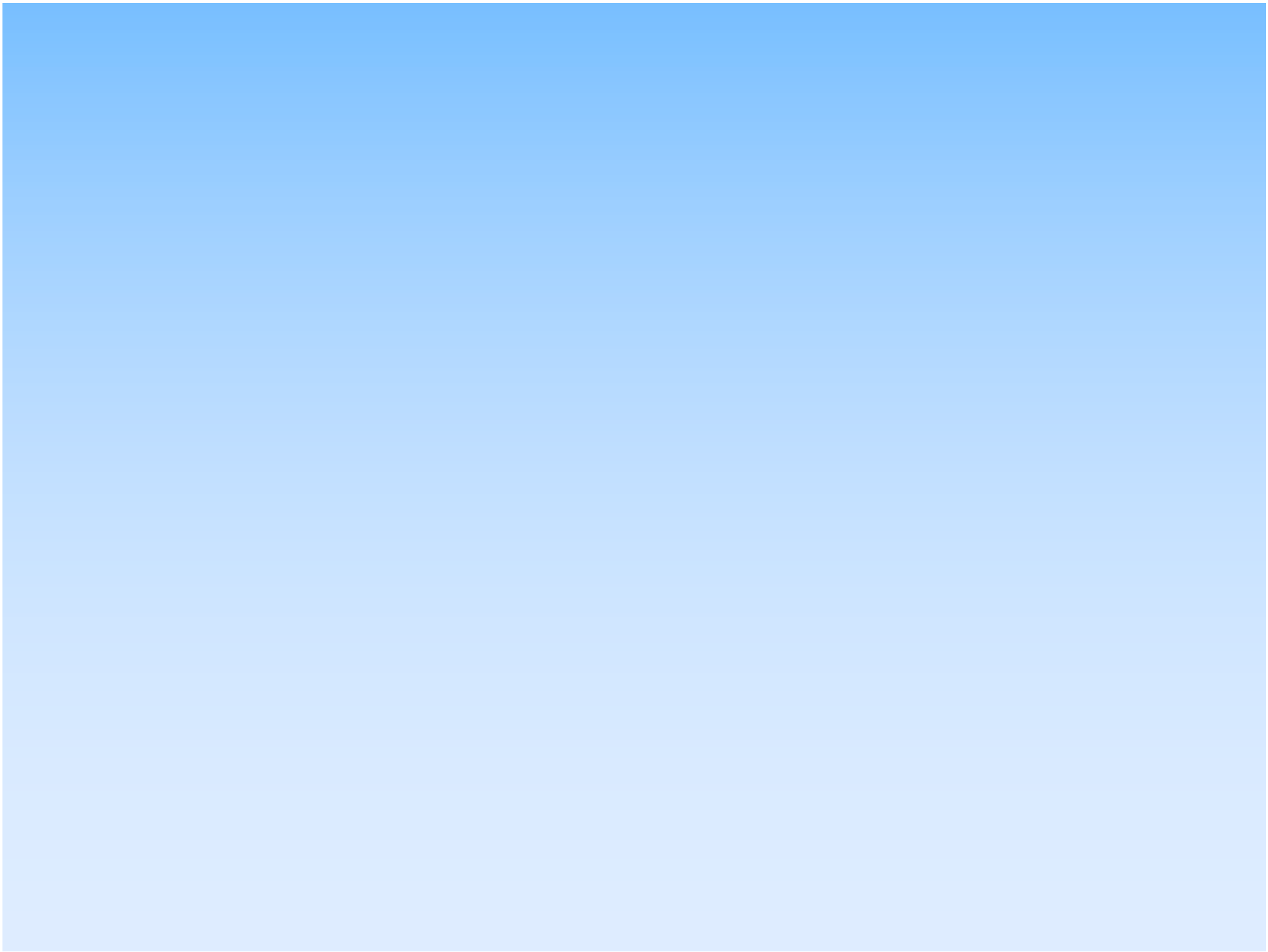
AT ITS CORE  
**NEUROTIC SUFFERING IS THE TORMENT OF THIS DIVIDEDNESS**

THE CEASELESS, IRRECONCILABLE INNER WARFARE  
BETWEEN OPPOSING PSYCHIC FORCES

- DRIVE AND PROHIBITION –
- IMPULSE AND RESTRAINT –
- DESIRE AND FEAR –
- FREEDOM AND SUBMISSION –

HELD HOSTAGE BY THIS STRUCTURAL STALEMATE,  
THE PATIENT IS IMMOBILIZED BY INDECISION,  
CONSUMED BY AMBIVALENCE,  
AND HAUNTED BY THE FELT IMPOSSIBILITY OF RESOLUTION

**THIS IS THE SUFFERING OF THE NEUROTIC**



**WORKING THROUGH  
NEUROTIC  
(DRIVE – OBJECT)  
TRANSFERENCE**

From “Descriptive Interpretation” (Classical Analysis)  
through “Mutative Interpretation” (James Strachey)  
to “Conflict Statement” (Model I)

**IT IS PRECISELY  
WITHIN THE THERAPEUTIC RELATIONSHIP  
THAT THE PATIENT'S INTERNAL WAR  
WILL BE MOST POIGNANTLY REVIVED**

**INDEED  
NEUROTIC TRANSFERENCES WILL EMERGE  
AS THE PATIENT'S SIMULTANEOUS  
– AND CONFLICTED –  
ENACTMENT OF BOTH  
THE “EXPECTANT PURSUIT OF REWARD”  
AND THE “FEARFUL ANTICIPATION OF PUNISHMENT”  
– THE “LONGING FOR RELEASE” AND THE SIMULTANEOUS “DREAD OF CONDEMNATION” –**

**WHAT IS FUNDAMENTALLY INVOLVED IS  
“DISPLACEMENT OF FORCE”  
– THE WISHFUL STRIVING FOR EXPRESSION, RELEASE, GRATIFICATION, FREEDOM –  
AND “PROJECTION OF COUNTERFORCE”  
– THE INTERNAL PROHIBITIONS, CONDEMNATIONS, RESTRAINTS, FEARS –**

**IN THIS WAY  
THE DRIVE – OBJECT THERAPIST BECOMES  
BOTH THE LONGED – FOR “BENEVOLENT” GRATIFIER  
AND THE DREADED “MALEVOLENT” FRUSTRATOR  
– A LIVING EMBODIMENT OF THE PATIENT'S DIVIDED INNER WORLD –**

**ANY OF THE PATIENT'S "NEUROTIC CONFLICTS"**  
– PARTICULARLY THE TUG – OF – WAR BETWEEN "DEFIANCE" AND "COMPLIANCE" –  
**CAN BE DELIVERED INTO THE TRANSFERENCE**  
– AND THEN RELIVED AND REWORKED  
WITHIN THE EVOLVING THERAPEUTIC RELATIONSHIP –

**ID – DRIVEN IMPULSES**  
– ARRIVING IN SEARCH OF GRATIFICATION –  
**ARE DISPLACED AND REDIRECTED**  
**TOWARD THE THERAPIST**

**MEANWHILE**  
**SUPEREGO – CHARGED INJUNCTIONS**  
– INTENT UPON RESTRICTION, CONDEMNATION, OR PUNISHMENT –  
**ARE PROJECTED ONTO THE THERAPIST**

**IN ESSENCE**  
**THE THERAPY BECOMES THE STAGE ON WHICH**  
**THE PATIENT'S "RELENTLESS AMBIVALENCE" IS RE – ENACTED**  
– A DIRECT EXPRESSION OF THE PATIENT'S "DIVIDED SELF"  
STRUGGLING TO RESOLVE TENSION BETWEEN  
THE "URGE TO INDULGE" AND THE "MANDATE TO ABSTAIN" –

**HOW WOULD YOU  
ANSWER THIS?**



**WHEN THE ID PRESSES FORWARD,  
WHO PUSHES BACK?  
IS IT THE EGO OR THE SUPEREGO?**

**AN IMPORTANT QUESTION FOR US TO PONDER**

**WHO SAYS “NO!” TO THE ID?**

**IS IT THE EGO OR THE SUPEREGO?**

**WHEN THE ID DEMANDS, WHO REFUSES?**

**IS IT THE EGO OR THE SUPEREGO?**

**WHEN THE ID PRESSES FORWARD, WHO PUSHES BACK?**

**IS IT THE EGO OR THE SUPEREGO?**

**WHOSE “NO!” ULTIMATELY SILENCES THE ID?**

**IS IT THE EGO OR THE SUPEREGO?**

**WHERE DOES THE INNER PROHIBITION COME FROM?**

**IS IT GROUNDED IN REASON OR MORALITY?**

**WHICH PSYCHIC VOICE SAYS “NO!”**

**TO THE FORBIDDEN WISH?**

**IS IT THE MEDIATOR OR THE JUDGE?**

**WHICH INTERNAL VOICE INTERVENES**

**WHEN THE ID IMPULSE RUNS WILD?**

**IS IT THE EGO’S MEDIATION OR THE SUPEREGO’S VERDICT?**

**WHAT WOULD FREUD’S ANSWER HAVE BEEN?**

**AND WHAT IS YOURS – HERE, NOW, TODAY?**



THE PHRASE “DRIVE – DEFENSE CONFLICT” HAS LONG BEEN  
FOUNDATIONAL IN CLASSICAL PSYCHOANALYSIS

– AND ASSOCIATED WITH THE AIM,  
OVER THE COURSE OF ANY SUCCESSFUL ANALYTIC TREATMENT,  
OF “RESOLVING STRUCTURAL (NEUROTIC) CONFLICT” –

**BUT DESCRIBING “NEUROTIC CONFLICT” AS SIMPLY “DRIVE – DEFENSE TENSION”  
IS, AT BEST, OUTDATED – AND, AT WORST, MISLEADING**

**BECAUSE IT ACTUALLY HARKENS BACK TO FREUD’S PRE – STRUCTURAL MODEL,  
WHICH FEATURED ONLY “AN ID AND AN EGO”  
– AN ANXIETY – PROVOKING ID AND AN ANXIETY – ASSUAGING EGO  
STRUGGLING TO “REIN IN” THE UNRULY PRESSURES OF DESIRE –  
– A “BIPARTITE MODEL” IF YOU WILL! –**

IN OTHER WORDS

THE CLASSICAL NOTION OF “DRIVE – DEFENSE CONFLICT”

– BETWEEN (ID) DRIVE AND (EGO) DEFENSE –

WAS FORMULATED BY FREUD PRIOR TO HIS FORMAL INTRODUCTION  
OF THE STRUCTURAL (TRIPARTITE) MODEL

IN HIS TRAILBLAZING 1923 PAPER “THE EGO AND THE ID”

– IN WHICH HE POSITED THE EXISTENCE OF A SUPEREGO AS A THIRD PSYCHIC AGENCY –  
(ONE THAT EXERTED INTERNALIZED MORAL AUTHORITY)

INDEED

**FREUD’S REVOLUTIONARY 1923 PAPER SHOULD PROBABLY  
HAVE BEEN TITLED “THE EGO, THE ID, AND THE SUPEREGO”!**

**AND, MORE APPROPRIATELY, NEUROTIC CONFLICT SHOULD THEREFORE BE DESCRIBED  
NOT AS “(ID) DRIVE – (EGO) DEFENSE” BUT AS “(ID) DRIVE – (SUPEREGO) INJUNCTION”**

IN OTHER WORDS

IN FREUD'S PRE – STRUCTURAL (BIPARTITE) MODEL OF THE MIND,  
PSYCHIC CONFLICT WAS UNDERSTOOD AS REFLECTING  
TENSION BETWEEN ANXIETY – PROVOKING (ID) IMPULSE  
AND ANXIETY – ASSUAGING (EGO) DEFENSE  
ATTEMPTING TO “PUT A LID ON THE ID”

- TENSION BETWEEN FORCE AND RESISTANT COUNTERFORCE –
- WITH UNCONSCIOUS REPRESSION SERVING AS THE PARADIGMATIC DEFENSE –

**ONLY LATER**

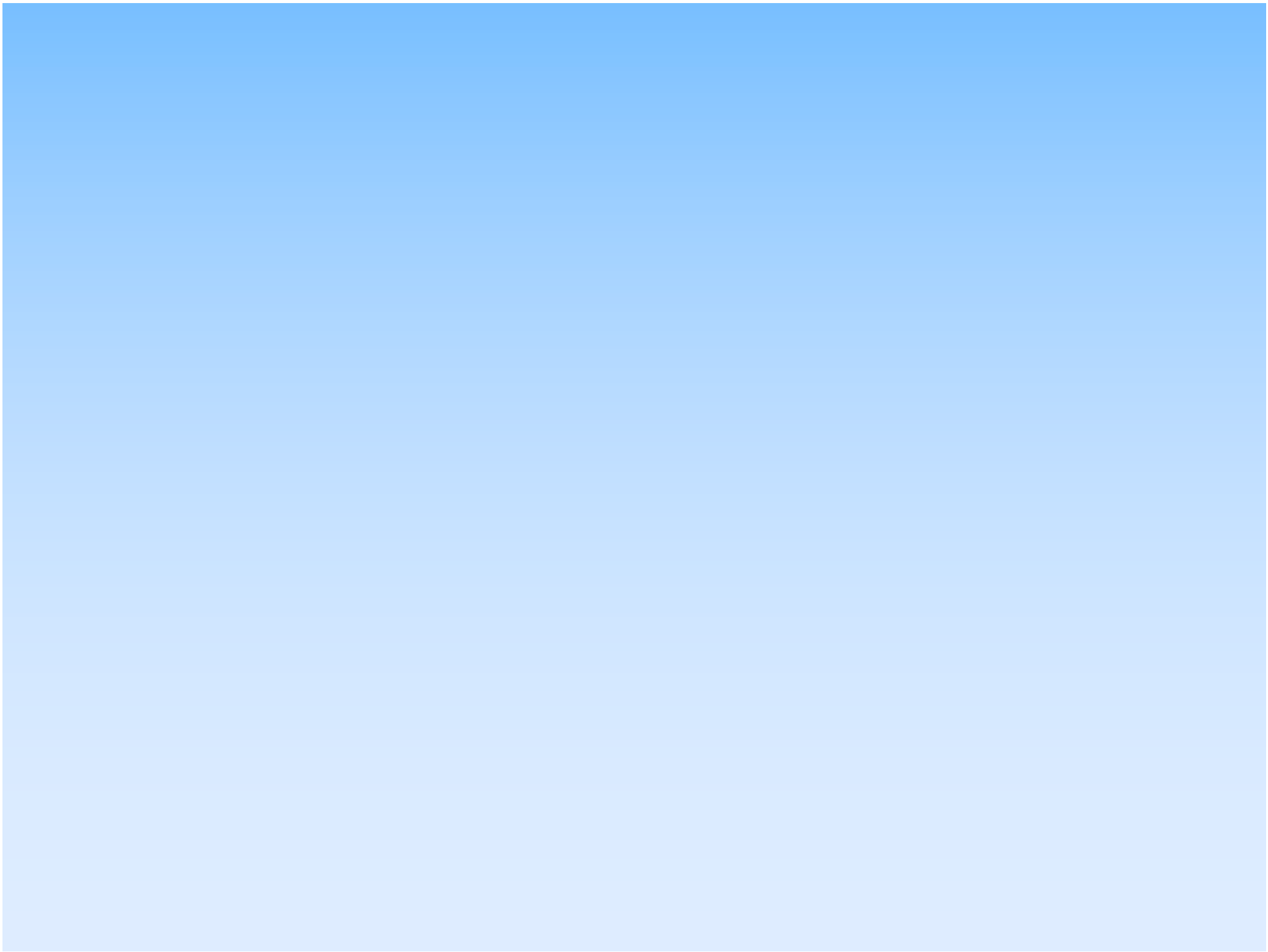
- WITH THE FORMAL ARTICULATION OF HIS STRUCTURAL (TRIPARTITE) MODEL –  
**DID FREUD DISTINGUISH AMONG ID, EGO, AND SUPEREGO**
  - REFRAMING THE EGO'S DEFENSES AS “REACTIVE MEDIATORS”  
ATTEMPTING TO NEGOTIATE A COMPROMISE SETTLEMENT  
BETWEEN PLEASURE – SEEKING DRIVE AND INTERNALIZED MORAL AUTHORITY –

UNFORTUNATELY, HOWEVER,  
THE MISLEADING TERM “DRIVE – DEFENSE CONFLICT”  
REMAINS IN USE TO THIS DAY  
– HISTORICALLY AND CLINICALLY –

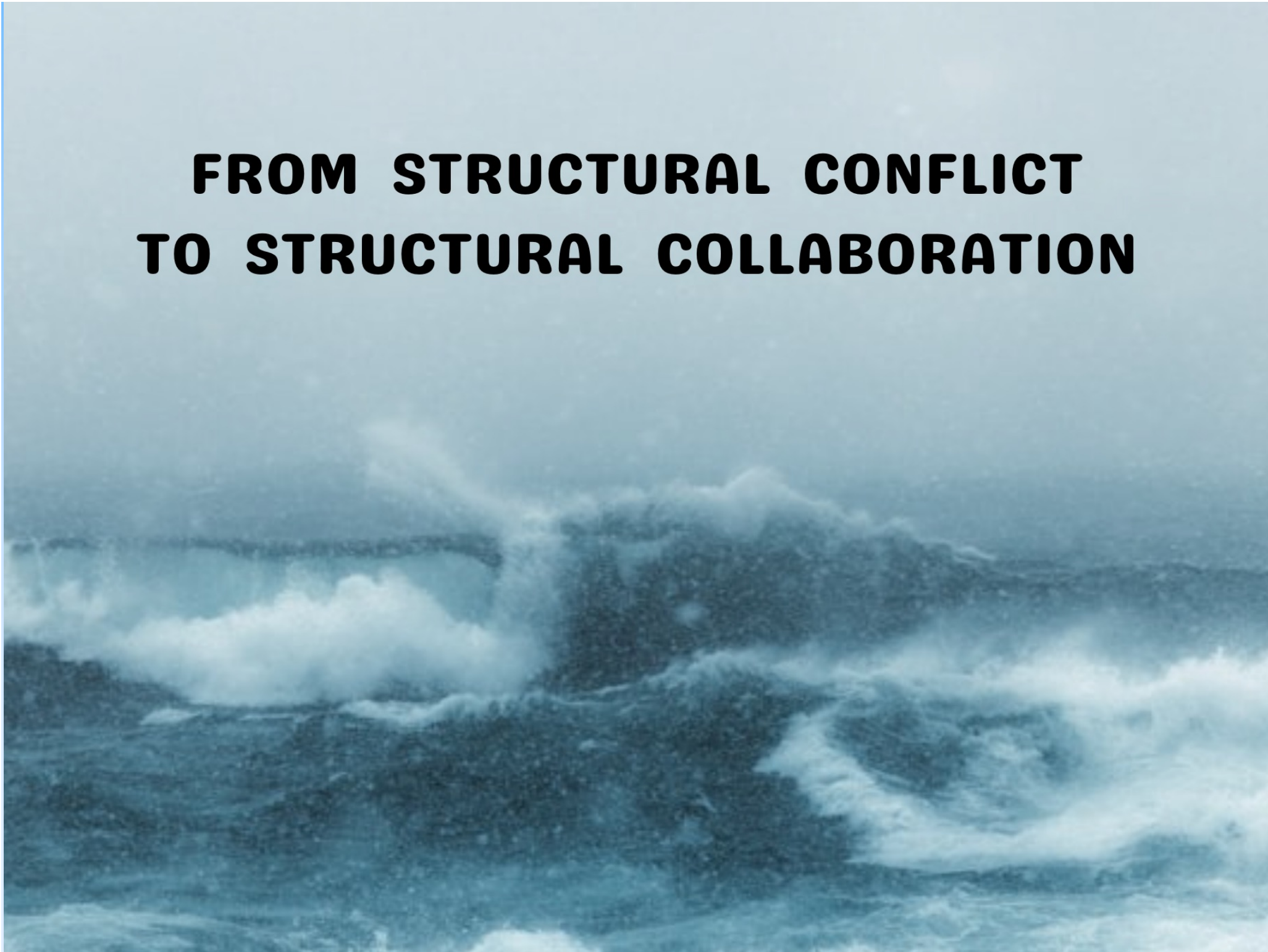
BUT AS OUR UNDERSTANDING HAS DEEPEINED,  
IT HAS BECOME CLEAR THAT WHAT IS TRULY AT STAKE  
IS CONFLICT BETWEEN DESIRE AND PROHIBITION  
– WITH THE BELEAGUERED EGO CAUGHT IN THE MIDDLE,  
STRIVING (BOTH “DEFENSIVELY” AND “ADAPTIVELY”) TO REGULATE THE INTERNAL TENSION  
IN ORDER TO RESTORE THE PSYCHIC EQUILIBRIUM OF A MIND DIVIDED –



**AT THE HEART OF CLASSICAL CONFLICT THEORY**  
**A BELEAGUERED EGO CAUGHT IN THE CROSSFIRE**



# **FROM STRUCTURAL CONFLICT TO STRUCTURAL COLLABORATION**



RETURNING, FOR A MOMENT,  
TO FREUD'S PRE-STRUCTURAL (BIPARTITE) MODEL OF THE MIND  
IN WHICH HE UNDERSTOOD "CONFLICT" TO BE A STORY ABOUT TENSION

**BETWEEN AN ANXIETY – PROVOKING**  
– DYSREGULATED –  
**"ID DRIVE"**

**AND AN ANXIETY – ASSUAGING**  
– SELF – PROTECTIVE –  
**"EGO DEFENSE"**

– THE DEFENSE MOBILIZED BY AN UNDEVELOPED EGO MADE ANXIOUS  
IN THE FACE OF THE THREATENED BREAKTHROUGH OF AN UNRULY ID IMPULSE –

**FREUD EMPLOYS HIS FAMOUS "HORSE AND RIDER" METAPHOR  
TO ILLUSTRATE THE PROCESS OF WORKING THROUGH**  
– WHEREBY "THE ID IS TAMED" AND "THE EGO IS STRENGTHENED" –

**BUT AS GENUINE "ADAPTIVE SOLUTIONS" BEGIN TO EMERGE**  
– MORE EVOLVED, MORE VIABLE –  
**THE NEED FOR "DEFENSIVE STRATEGIES"**  
**GRADUALLY DIMINISHES**

**GIVING WAY TO A TRANSFORMATIVE PROCESS  
DESCRIBED IN CLASSICAL PSYCHOANALYTIC LITERATURE  
AS "WORKING THROUGH THE RESISTANCE"**







INITIALLY  
**FREUD'S INEXPERIENCED RIDER**  
– AN UNDEVELOPED EGO –

**WILL BE MADE ANXIOUS BY HER UNTAMED HORSE**  
– A DYSREGULATED ID –

**WHICH WILL PROMPT THE RIDER TO REIN HER HORSE IN**  
– THE EGO TO MOBILIZE ITS DEFENSES TO PUT A LID ON THE ID –

BUT AS A RESULT OF “WORKING THROUGH”  
**FREUD'S NOW MORE EXPERIENCED  
AND MORE EMPOWERED RIDER**  
– A NOW STRONGER AND MORE INSIGHTFUL EGO –

**WILL BE NOW BETTER ABLE TO MANAGE  
HER NOW TAMER HORSE**  
– A NOW BETTER REGULATED AND MORE ADAPTABLE ID –



INDEED

AS A RESULT OF THIS WORKING THROUGH PROCESS

– WHEREBY THE HORSE – THE ID – IS TAMED AND THE RIDER – THE EGO – IS STRENGTHENED –

THE “DEFENSIVE NEED” TO “REIN THE HORSE IN”

GRADUALLY GIVES WAY TO

THE “ADAPTIVE CAPACITY” TO “GIVE THE HORSE FREE REIN”

AND SKILLFULLY TO HARNESS ITS POWER

SO THAT ITS NOW – MODULATED ENERGY CAN BE CHanneLED  
INTO HEALTHIER PURSUITS AND MORE CONSTRUCTIVE ENDEAVORS

THINK “SUBLIMATION”

AND FREUD’S MASTERFULLY SKILLED, PRECISION – DRIVEN SURGEON  
WHO WAS ONCE A YOUNG CHILD PLAYING RECKLESSLY WITH KNIVES

HORSE AND RIDER WILL NOW BE ABLE  
TO MOVE FORWARD HARMONIOUSLY – IN SYNC

NO LONGER IN CONFLICT BUT IN COLLABORATION



FROM  
CONFLICT  
TO  
COLLABORATION

BECAUSE WHAT WAS ONCE NEUROTICALLY JAMMED UP  
HAS NOW EVOLVED INTO SOMETHING FREER AND MORE EXPANSIVE







**EVERY  
PROBLEM  
HOLDS  
ELEMENTS  
OF  
ITS  
SOLUTION**


**WITHIN THE VERY STRUCTURE  
OF A PROBLEM  
LIE THE CATALYSTS NEEDED  
FOR ITS EVENTUAL RESOLUTION  
BUT ONLY IF THOSE PROBLEMATIC ELEMENTS CAN  
BE IDENTIFIED, EXAMINED, AND WORKED THROUGH**



**MARTHA STARK**

**THE PARADOX OF DEFENSE  
IS THAT IT HAS BOTH  
THE POWER TO THWART GROWTH  
AND THE POWER TO CATALYZE IT**





**OUT OF YOUR  
VULNERABILITIES  
WILL COME  
YOUR STRENGTH  
FREUD**



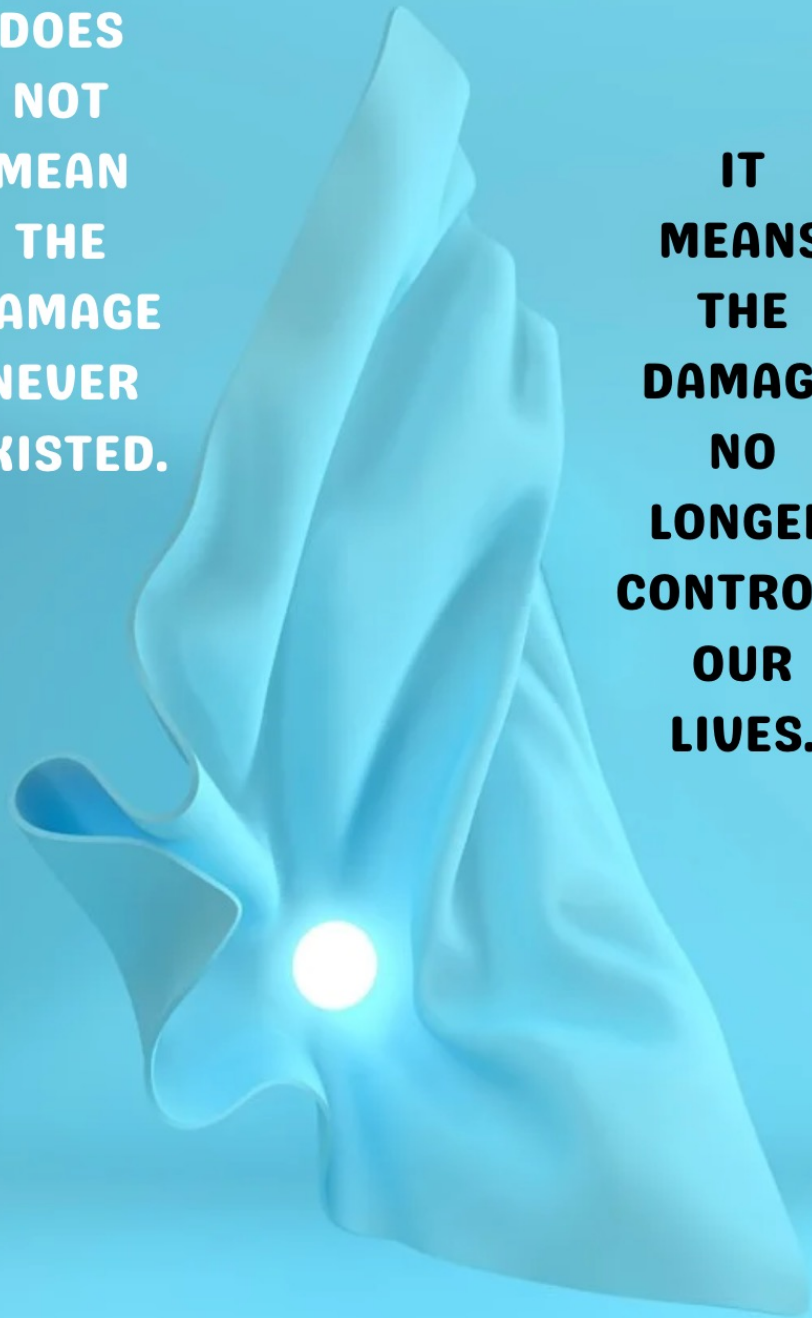
**CARL JUNG**

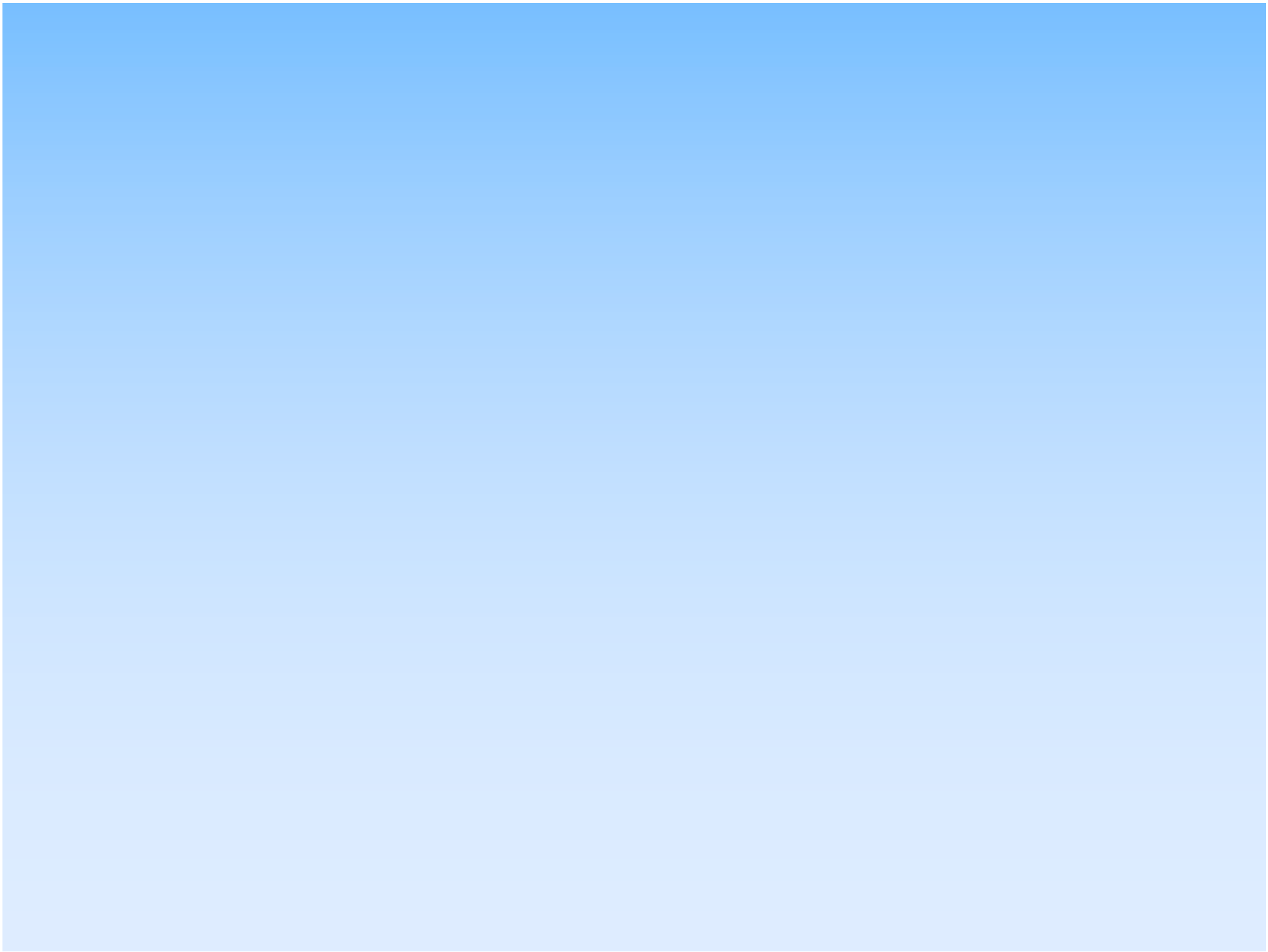


**WHOLENESS IS NOT ACHIEVED  
BY CUTTING OFF A PORTION OF ONE'S BEING,  
BUT BY INTEGRATION OF THE CONTRARIES.**

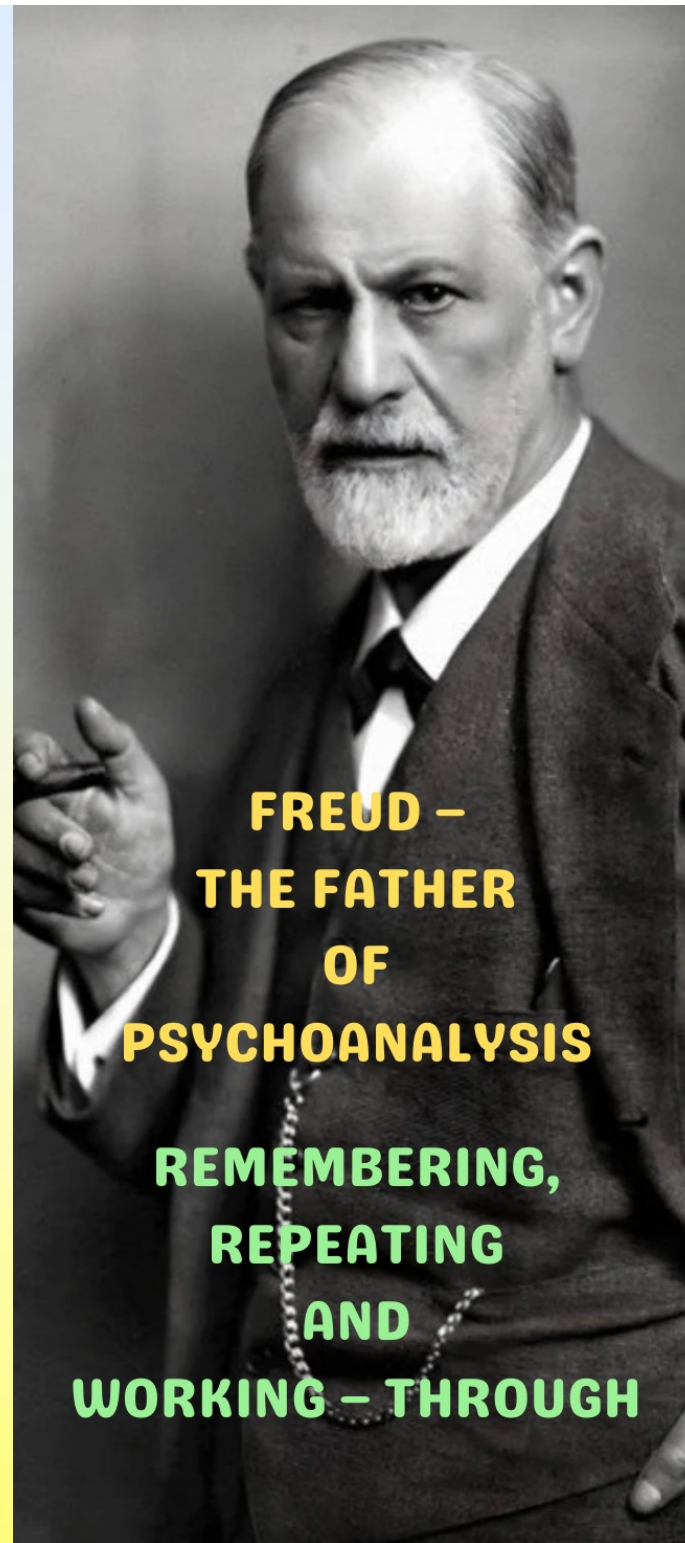
**HEALING  
DOES  
NOT  
MEAN  
THE  
DAMAGE  
NEVER  
EXISTED.**

**IT  
MEANS  
THE  
DAMAGE  
NO  
LONGER  
CONTROLS  
OUR  
LIVES.**









**FREUD –  
THE FATHER  
OF  
PSYCHOANALYSIS**

**REMEMBERING,  
REPEATING  
AND  
WORKING – THROUGH**

BEFORE I DELVE INTO MODEL 1 OF  
THE STARK METHOD of PSYCHODYNAMIC SYNERGY  
– THE INTERPRETIVE PERSPECTIVE OF CLASSICAL PSYCHOANALYSIS –  
AND THE OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING,  
AWARENESS – PROMOTING “CONFLICT STATEMENTS”  
USED TO RESOLVE STRUCTURAL (NEUROTIC) CONFLICT

I WOULD LIKE, BRIEFLY, TO REVISIT HOW FREUD  
– THE FATHER OF PSYCHOANALYSIS –  
CONCEIVED OF THE “WORKING – THROUGH PROCESS”  
– THE PROCESS BY WHICH THE ID IS TAMED AND THE EGO STRENGTHENED –

WHERE ID WAS, THERE SHALL EGO BE  
WHERE “UNCONSCIOUS” WAS, THERE SHALL “CONSCIOUS” BE  
WHERE “RESISTANCE” WAS, THERE SHALL “INSIGHT” BE

FREUD HELD THAT  
– IN ANY MEANINGFUL ANALYTIC ENDEAVOR –  
“INTERPRETATION”  
LIES AT THE VERY HEART  
OF THE “WORKING – THROUGH PROCESS”  
– A FOUNDATIONAL PREMISE ELABORATED IN HIS GROUNDBREAKING 1914 PAPER,  
“REMEMBERING, REPEATING AND WORKING – THROUGH” –

**A “TRANSFERENCE INTERPRETATION” versus A “DYNAMIC INTERPRETATION”**

**– THE “GOLD STANDARD” versus THE “ALLOY” –**

**(THE “ALLOY” IS STILL VALUABLE – AND OFTEN MORE THAN “GOOD ENOUGH”) –**

**THE THERAPIST IS OFFERING A “TRANSFERENCE INTERPRETATION”  
WHENEVER GIVING VOICE**

**– ON THE PATIENT’S BEHALF –**

**TO THE UNCONSCIOUS FORCES AND RESISTANT COUNTERFORCES**

**– ROOTED IN EARLY, UNMASTERED RELATIONAL EXPERIENCE –**

**THAT THE THERAPIST SENSES ARE CHURNING BENEATH THE PATIENT’S SURFACE  
AND BEING RE – ENACTED IN THE THERAPEUTIC RELATIONSHIP ITSELF**

**BY CONTRAST – IN ITS BROADEST STROKES**

**THE THERAPIST IS OFFERING A “DYNAMIC INTERPRETATION”  
WHENEVER GIVING VOICE**

**– AGAIN, ON THE PATIENT’S BEHALF –**

**TO ANY OF THE UNCONSCIOUS FORCES AND RESISTANT COUNTERFORCES**

**THAT THE THERAPIST SENSES ARE OPERATING BENEATH THE PATIENT’S SURFACE**

**– AND EXERTING A DESTABILIZING IMPACT ON THE PATIENT’S INTRAPSYCHIC LIFE –**

**(WHETHER OR NOT THEY ARE BEING RE – ENACTED WITHIN THE TRANSFERENCE)**

**THESE ARE THE INNER TENSIONS**

**– THE PUSH – PULL OF CONFLICTING MOTIVES AND DIVIDED FEELINGS –**

**– FORCES AND COUNTERFORCES –**

**THAT GENERATE A TREACHEROUS UNDERTOW**

**– JAMMING THE PATIENT UP, DISRUPTING HER MOMENTUM,**

**AND THWARTING HER FORWARD MOVEMENT –**

**IN HIS TRAILBLAZING 1914 PAPER  
FREUD HIGHLIGHTS THAT THE THERAPIST  
ENCOURAGES THE PATIENT –**

**(1) TO REVISIT PIVOTAL CHILDHOOD EXPERIENCES**

**– REMEMBERING –**

**(2) TO RECOGNIZE HER UNCONSCIOUS COMPULSION TO RE – ENACT**

**– RATHER THAN CONSCIOUSLY TO RECALL –**

**BOTH THE UNRESOLVED EARLY RELATIONAL TRAUMAS  
AND THE DEFENSES SHE HAD THEN MOBILIZED TO SURVIVE**

**– REPEATING –**

**AND (3) TO ENGAGE IN THE DELIBERATE, EFFORTFUL WORK  
OF REPEATEDLY PROCESSING AND INTEGRATING  
WHAT HAS LONG REMAINED**

**UNFORMULATED, UNBEARABLE, OR UNSPOKEN**

**– WORKING THROUGH –**

**A SLOW, ITERATIVE PROCESS THROUGH WHICH  
PASSIVE REPETITION (“ACTING OUT”)  
CAN BE INCREMENTALLY TRANSFORMED INTO  
ACTIVE REMEMBERING, MEANING – MAKING, AND INTEGRATION**

**MORE SPECIFICALLY – IN THAT INFLUENTIAL PAPER  
FREUD REFLECTS UPON THE CHALLENGES  
PATIENTS FACE IN THE THERAPEUTIC PROCESS  
– PARTICULARLY IN THE DIFFICULT TRANSITION  
FROM (UNCONSCIOUS) REPRESSION TO (CONSCIOUS) INSIGHT –**

**HE ARTICULATES A FRAMEWORK FOR HOW PSYCHIC CHANGE OCCURS  
– ONE THAT INVOLVES THREE KEY PROCESSES –**

### **FIRST REMEMBERING**

**FREUD EMPHASIZES THE THERAPEUTIC GOAL  
OF HELPING PATIENTS RECOVER “REPRESSED MEMORIES”  
– BRINGING TO LIGHT MATERIAL THAT HAS LONG REMAINED UNCONSCIOUS  
BECAUSE IT IS PAINFUL, ANXIETY – PROVOKING, OR DEEPLY CONFLICTUAL –**

**HE BELIEVES THAT INSIGHT EMERGES  
THROUGH TRACING PRESENT SUFFERING BACK TO ITS “PSYCHIC (GENETIC) ROOTS”  
IN EARLY, OFTEN FORGOTTEN RELATIONAL EXPERIENCES**

**MOMENTS FROM THE PAST FREQUENTLY LADEN WITH UNBEARABLE AFFECT  
THAT, AT THE TIME, COULD NOT BE FULLY PROCESSED OR INTEGRATED**

**INSTEAD, THOSE EXPERIENCES WERE “REPRESSED”  
– ONLY TO RESURFACE LATER IN DISGUISED FORMS AS “COMPROMISE FORMATIONS” –  
(COMPULSIVE RE – ENACTMENTS, NEUROTIC SYMPTOMS,  
PHYSICAL COMPLAINTS, RECURRING DYSFUNCTIONAL RELATIONAL PATTERNS,  
TRANSFERENCE DISTORTIONS, SLIPS OF THE TONGUE, OR DREAMS)**

**A PHENOMENON KNOWN AS  
“THE RETURN OF THE REPRESSED”**

## **THEN REPEATING**

**WHEN REMEMBERING IS NOT YET POSSIBLE,  
PATIENTS OFTEN REPEAT THE VERY CORE CONFLICTS  
AND RELATIONAL PATTERNS  
THAT THEY CANNOT CONSCIOUSLY RECALL**

**FREUD FAMOUSLY OBSERVES –  
“THE PATIENT DOES NOT SAY THAT HE REMEMBERS SOMETHING ...  
HE ACTS IT OUT.  
HE REPEATS IT, WITHOUT, OF COURSE, KNOWING  
THAT HE IS REPEATING IT.”**

**THIS REPETITION OFTEN PLAYS OUT WITHIN THE TRANSFERENCE  
– BECOMING THE VEHICLE OF EXPRESSION  
FOR THAT WHICH CANNOT YET BE SYMBOLIZED –**

**IN PSYCHOANALYTIC TERMS  
“SYMBOLIZATION” REFERS TO THE PROCESS BY WHICH  
UNPROCESSED EXPERIENCE, RAW AFFECT, OR BODILY SENSATION  
IS TRANSFORMED INTO “MENTAL REPRESENTATION”  
– INTO WORDS, IMAGES, OR SYMBOLS –**

**THIS PROCESS IS WHAT ALLOWS  
THE UNCONSCIOUS TO BECOME CONSCIOUS  
– THE UNFORMULATED TO BECOME THINKABLE –  
– ENABLING INTERNAL STATES TO BE HELD, REFLECTED UPON, AND METABOLIZED –**

PARENTHETICALLY  
BION DESCRIBES A PARALLEL PROCESS OF THERAPEUTIC ACTION  
IN HIS CONCEPT OF THE “ALPHA FUNCTION”

- THE MIND’S CAPACITY TO TRANSFORM RAW SENSORY AND EMOTIONAL DATA INTO THOUGHTS THAT CAN BE CONTAINED, SYMBOLIZED, AND USED –

- IN CONTRAST  
WHEN THIS TRANSFORMATION BREAKS DOWN
- WHEN EXPERIENCE REMAINS UNPROCESSED, UNREPRESENTED, AND UNTHINKABLE –  
THE PSYCHE IS LEFT WITH “BETA ELEMENTS”
  - RAW, INTRUSIVE FRAGMENTS OF EXPERIENCE THAT CANNOT BE THOUGHT AND MUST THEREFORE BE EVACUATED RATHER THAN SYMBOLIZED, REPRESENTED, AND INTEGRATED –

IN OTHER WORDS  
THESE UNASSIMILATED BETA ELEMENTS  
CANNOT BE METABOLIZED OR MENTALIZED  
AND ARE THEREFORE EXPELLED

INTO THE BODY – AS SOMATIC SYMPTOMS  
INTO THE EXTERNAL WORLD – AS ACTING OUT  
INTO THE THERAPEUTIC RELATIONSHIP – AS PROJECTIVE IDENTIFICATION

- IN BION’S THEORY OF THINKING,  
THE THERAPEUTIC ACTION LIES IN  
THIS TRANSFORMATION OF BETA ELEMENTS
- UNMETABOLIZED PSYCHE / SOMA / AFFECT –  
INTO ALPHA ELEMENTS
  - THOUGHTS THAT CAN BE THOUGHT BY THE THINKER –

**BOTH FREUD'S CONCEPT OF INTERPRETATION  
AND BION'S ALPHA FUNCTION SPEAK TO THE THERAPEUTIC ACTION  
AS A PROCESS OF "TRANSFORMATION THROUGH MEANING – MAKING"**

**IN THIS SENSE  
BION'S ALPHA FUNCTION CAN BE SEEN AS A CONTEMPORARY EXTENSION  
OF FREUD'S ORIGINAL VISION OF INTERPRETATION**

**A PROCESS BY WHICH THE THERAPIST HELPS THE PATIENT  
TRANSFORM UNTHINKABLE EXPERIENCE INTO THINKABLE THOUGHT**

**A TRANSFORMATION THAT FOSTERS THE MIND'S CAPACITY TO "THINK IN WORDS"**

**– TO REPRESENT, TO REFLECT UPON, TO MAKE MEANING OF,  
AND ULTIMATELY TO WORK THROUGH  
THE VERY CONFLICTS THAT HAD ONCE OVERWHELMED THOUGHT ITSELF –**

**THESE ARE THE RELATIONAL TRAUMAS THAT HAVE REMAINED  
LODGED OUTSIDE OF AWARENESS, FROZEN IN TIME,  
AND WORDLESSLY RE – ENACTED ON THE STAGE OF THE PATIENT'S LIFE  
– RATHER THAN REMEMBERED –**

**SUCH TRANSFORMATION IS CLINICALLY NECESSARY  
IF THE PATIENT IS EVER TO MOVE  
BEYOND COMPULSIVE RE – ENACTMENT  
– TOWARD INSIGHT, INTEGRATION, AND PSYCHIC FREEDOM –**

**AS DONNEL STERN WOULD LATER UNDERScore AND FURTHER ELABORATE –  
"UNFORMULATED" EXPERIENCE MUST FIRST BE BROUGHT INTO AWARENESS  
THROUGH INTERSUBJECTIVE CO – CREATION  
– IF IT IS EVER TO BE KNOWN, WORKED THROUGH, AND TRANSFORMED –**



## **FINALLY WORKING – THROUGH**

### **THIS IS THE VERY HEART OF FREUD'S "THERAPEUTIC ACTION"**

**THIS IS THE SUSTAINED PROCESS BY WHICH PATIENTS**  
– UNDER THE STEADY INTERPRETIVE GUIDANCE OF THE ANALYST –  
**COME TO RECOGNIZE HOW THEY UNCONSCIOUSLY REPEAT**  
**THEIR PAST IN THE THERAPEUTIC RELATIONSHIP**

**FREUD WRITES –**

**"WORKING – THROUGH REQUIRES PATIENCE, REPETITION, AND INTERPRETATION –**  
**HELPING THE PATIENT TO OVERCOME THE RESISTANCES AND EVENTUALLY**  
**TO INTEGRATE WHAT WAS PREVIOUSLY DISAVOWED OR SPLIT OFF."**

### **THE WORK IS NOT INSTANTANEOUS**

**FREUD UNDERSCORES THE REPETITIVE AND EFFORTFUL NATURE**  
**OF WORKING – THROUGH**

**THE PATIENT MUST CONFRONT THE SAME MATERIAL, AGAIN AND AGAIN**

**– IN VARIED FORMS –**

**UNTIL INSIGHT IS NOT JUST A SURFACE ENTITY**

**– THAT IS COGNITIVELY GRASPED –**

**BUT STRUCTURALLY TRANSFORMATIVE AND DEEPLY EMBODIED**

**REMEMBER FREUD'S ASTUTE, AHEAD – OF – HIS – TIME OBSERVATION –**

**"THE EGO IS FIRST AND FOREMOST A BODILY EGO."**

## **OVERVIEW OF FREUD'S "REMEMBERING, REPEATING AND WORKING – THROUGH"**

**PATIENTS ACT WHAT THEY CANNOT YET SAY**

**– THEY REPEAT WHAT THEY CANNOT YET REMEMBER –**

**REPETITION BECOMES THE ONLY LANGUAGE  
AVAILABLE FOR THAT WHICH HAS NO WORDS**

**– IT IS THE PSYCHE'S PRIMITIVE ATTEMPT  
TO COMMUNICATE, EXTERNALIZE, AND EVENTUALLY RESOLVE  
WHAT IT HAS NOT YET HAD THE OPPORTUNITY FULLY TO KNOW –**

**AS THE THERAPIST**

**YOU BECOME THE WITNESS AND TRANSLATOR OF THIS REPETITION**

**– HELPING THE PATIENT MOVE FROM ACTING TO THINKING, FROM ENACTMENT TO SYMBOLIZATION –**

**PLEASE NOTE**

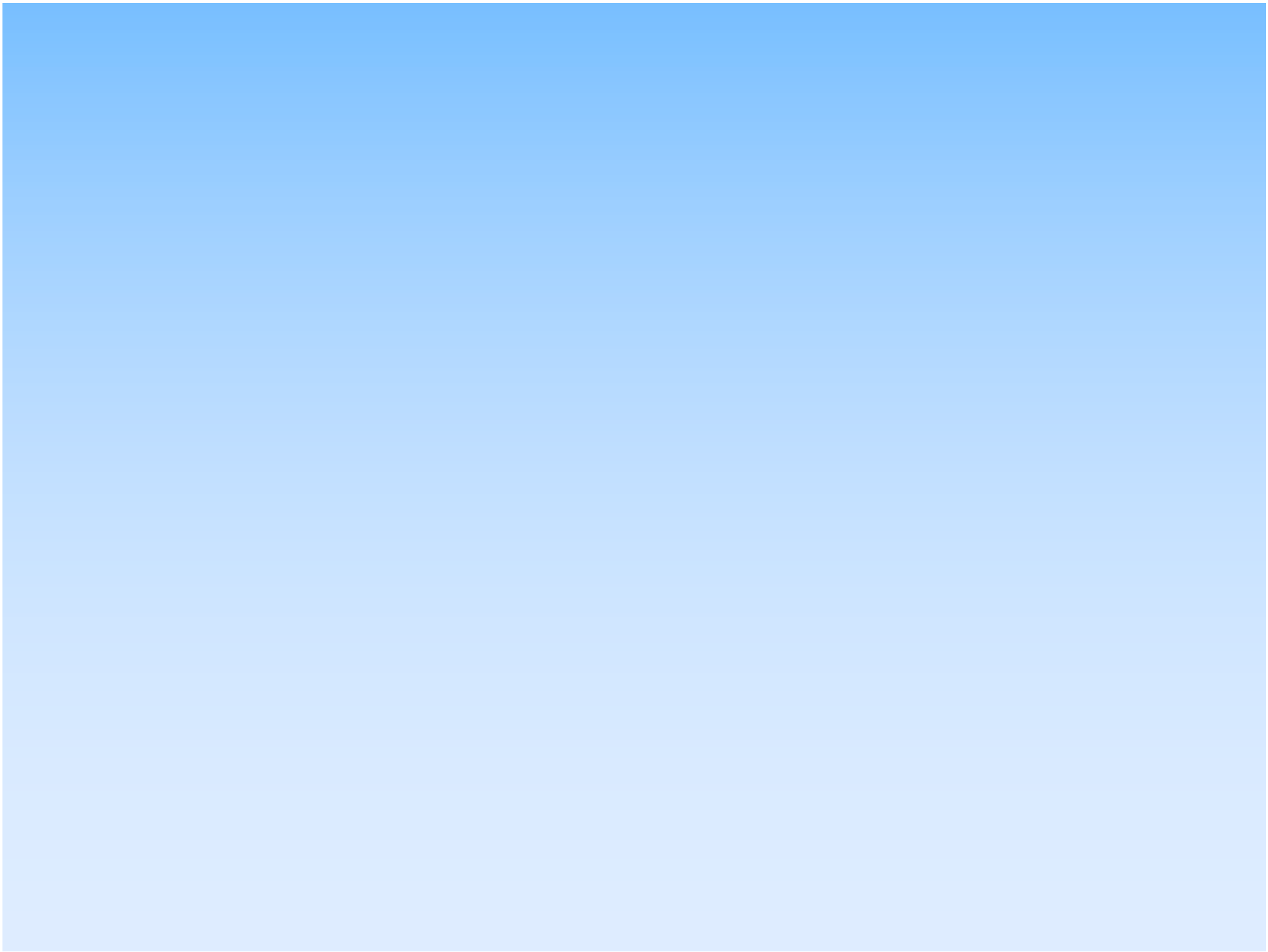
**IN CLASSICAL PSYCHOANALYTIC THEORY,  
YOU ARE THE OBSERVER – NOT THE PARTICIPANT**

**ONCE SYMBOLIZED**

**THE EXPERIENCE CAN BE NAMED, HELD,  
REFLECTED UPON, AND TRANSFORMED**

**THAT'S WHERE HEALING LIES**

**... NOT IN STOPPING THE REPETITION THROUGH WILLPOWER  
BUT IN GIVING LANGUAGE TO WHAT WAS ONCE UNSPEAKABLE**



**PSYCHOANALYST JAMES STRACHEY**  
**– TRANSLATED FREUD’S VOLUMES INTO ENGLISH –**

**IN DESCRIBING HIS QUALIFICATIONS AS A  
PSYCHOANALYTIC CANDIDATE, HE ONCE WROTE –  
“A DISCREDITABLE ACADEMIC CAREER  
WITH THE BAREST OF B.A. DEGREES,  
NO MEDICAL QUALIFICATIONS . . .  
NO EXPERIENCE OF ANYTHING  
EXCEPT THIRD-RATE JOURNALISM.  
THE ONLY THING IN MY FAVOUR  
WAS THAT AT THE AGE OF THIRTY,  
I WROTE A LETTER OUT OF THE BLUE TO FREUD,  
ASKING HIM IF HE WOULD TAKE ME ON AS A STUDENT.”**



## **JAMES STRACHEY'S LATER**

**– ALSO GROUNDBREAKING AND NOW CLASSIC –**

### **CONCEPT OF THE “MUTATIVE INTERPRETATION”**

**“THE NATURE OF THE THERAPEUTIC ACTION OF PSYCHO – ANALYSIS” (1934)**

### **WHAT DID STRACHEY ADD TO FREUD'S CONCEPTUALIZATION OF THE THERAPEUTIC ACTION?**

**– WHAT WERE HIS REFINEMENTS? –**

**AS WE HAVE JUST REVIEWED, FREUD EMPHASIZED –**

**(1) BRINGING REPRESSED MATERIAL INTO CONSCIOUSNESS**

**(2) OVERCOMING RESISTANCE THROUGH INTERPRETATION**

**AND (3) REPETITION IN THE TRANSFERENCE  
AS THE BATTLEGROUND FOR PSYCHIC CHANGE**

**BUT FREUD'S MODEL WAS, AT ITS CORE, COGNITIVE**

**– CENTERED ON INSIGHT AS THE PATH TO HEALING –**

**STRACHEY'S INNOVATION WAS TO RECOGNIZE THAT  
NOT ALL INTERPRETATIONS WERE CREATED EQUAL**

**STRACHEY PONDERED THE QUESTION –**

**WHAT KIND OF INTERPRETATION ACTUALLY  
TRANSFORMS THE PSYCHE?**

**STRACHEY WAS RESPONDING TO GROWING TENSION  
WITHIN THE PSYCHOANALYTIC COMMUNITY**

**WHY WAS IT THAT SOME INTERPRETATIONS LED TO INSIGHT  
BUT PRODUCED LITTLE CHANGE  
WHILE OTHERS GAVE RISE TO A DEEPER SHIFT**

**– A TRANSFORMATION THAT WAS EMBODIED, STRUCTURAL, ENDURING, AND INTEGRATIVE –**

**TO ADDRESS THIS QUESTION –**

**STRACHEY PROPOSED THAT A DISTINCTION BE MADE BETWEEN –**

**“DESCRIPTIVE INTERPRETATION”**

**– INTELLECTUALLY ACCURATE, BUT AFFECTIVELY INERT –**

**AND “MUTATIVE INTERPRETATION”**

**– EMOTIONALLY POWERFUL, AND CAPABLE OF CATALYZING TRUE STRUCTURAL CHANGE –**

**STRACHEY CONTENDED THAT FOR AN INTERPRETATION TO BE  
THERAPEUTICALLY EFFECTIVE,  
IT HAD TO DO MORE THAN MERELY EXPLAIN**

**IT HAD TO BE TIMED, TARGETED, AND EMOTIONALLY RESONANT**

**– SUCH THAT IT COULD RESTRUCTURE THE PATIENT’S INTERNAL WORLD  
AND OPEN THE DOOR TO GENUINE TRANSFORMATION –**

IN OTHER WORDS  
A MUTATIVE INTERPRETATION WAS ONE THAT WOULD REACH  
THE DEEP HEART OF THE TRANSFERENCE NEUROSIS

NOT MERELY NAMING WHAT THE PATIENT WAS THINKING OR REMEMBERING  
BUT ILLUMINATING HOW THE PATIENT WAS RE – EXPERIENCING THE PAST  
IN THE HERE – AND – NOW ENGAGEMENT WITH THE ANALYST

IT WOULD MUTATE THE PSYCHE BECAUSE IT WOULD

(1) PENETRATE THE PATIENT'S CORE DEFENSIVE STRUCTURE

(2) DISLODGE ENTRENCHED DISTORTIONS  
IN THE INTERNAL OBJECT WORLD

AND (3) OFFER A NEW RELATIONAL EXPERIENCE WITH THE ANALYST  
– ONE THAT COULD THEN BE TAKEN IN (RECEIVED), METABOLIZED (MADE MEANING OF),  
AND ULTIMATELY INTERNALIZED INTO THE PATIENT'S EVOLVING SENSE OF SELF –

WHERE FREUD SAW TRANSFERENCE AS SOMETHING TO WORK THROUGH,  
STRACHEY SAW TRANSFERENCE

AS THE VERY PLACE WHERE CHANGE COULD HAPPEN

- BUT ONLY IF THE ANALYST COULD FIND WORDS THAT WOULD  
BOTH LAND MEANINGFULLY AND ACTIVATE MOVEMENT –
- WORDS THAT WOULD PIERCE THE SURFACE AND AWAKEN SOMETHING NEW –

STRACHEY WROTE –

“THE INTERPRETATION MUST BE DIRECTED TO THE  
IMMEDIATE TRANSFERENCE SITUATION  
AND MUST CARRY WITH IT AN AFFECTIVE CHARGE.”

**MORE SPECIFICALLY**

## **THE FOUR ESSENTIAL CONDITIONS FOR A MUTATIVE INTERPRETATION**

### **(1) IT MUST BE A TRANSFERENCE INTERPRETATION**

**THE INTERVENTION MUST SPEAK DIRECTLY TO THE PATIENT'S  
“DEFENSIVE” EXPERIENCE OF THE ANALYST IN THE HERE – AND – NOW  
– THAT IS, AS A STAND – IN FOR AN EARLY RELATIONAL OTHER –**

### **(2) IT MUST ACTIVATE INTRAPSYCHIC CONFLICT**

**THE INTERVENTION MUST BRING TO LIFE THE PATIENT'S INTERNAL DRAMA  
– INEVITABLY INVOLVING AMBIVALENCE, DEFENSE, AND REPETITION –  
SO THAT THE CONFLICT BECOMES EMOTIONALLY ALIVE WITHIN THE SESSION**

### **(3) IT MUST MAKE EXPLICIT THE THERAPIST'S POSITION**

**THE INTERVENTION MUST CLARIFY  
HOW THE ANALYST IS BEING CAST BY THE PATIENT  
– FOR EXAMPLE, AS A PUNITIVE PARENT, ABANDONING MOTHER, OR SHAMING FATHER –  
AND MUST EXPLICITLY OFFER A “CORRECTIVE EXPERIENCE”  
BY HIGHLIGHTING THE ANALYST'S ACTUAL, DIFFERENTIATED STANCE**

### **(4) IT MUST BE AFFECTIVELY CHARGED**

**THE PATIENT MUST FEEL SOMETHING SHIFT INTERNALLY  
BECAUSE THE INTERPRETATION HAS TOUCHED THE AFFECTIVE CORE,  
NOT MERELY ENHANCED COGNITIVE AWARENESS**



IN OTHER WORDS  
A MUTATIVE INTERPRETATION IS NOT SIMPLY ABOUT INSIGHT  
– IT IS ABOUT TRANSFORMATION –

IT IS NOT JUST SOMETHING THE PATIENT COMES TO UNDERSTAND  
– IT IS SOMETHING THE PATIENT COMES TO LIVE DIFFERENTLY, FROM THE INSIDE OUT –

**WHY WAS STRACHEY'S APPROACH CONSIDERED  
"REVOLUTIONARY" AT THE TIME?**

BECAUSE HE BELIEVED THAT ONLY SOME INTERPRETATIONS TRULY HEALED  
– DESCRIPTIVE INTERPRETATIONS MIGHT BE NECESSARY, BUT THEY WOULD NOT BE SUFFICIENT –

TRUE THERAPEUTIC ACTION, HE CONTENDED, TOOK PLACE  
IN THE HERE – AND – NOW OF THE THERAPEUTIC RELATIONSHIP  
– THE LIVING CRUCIBLE OF TRANSFORMATION –

**THE ANALYST WAS NOT TO REMAIN AFFECTIVELY NEUTRAL  
BUT TO BE EMOTIONALLY ATTUNED AND SYMBOLICALLY POSITIONED  
– WITH TIMING, TONE, AND CONTEXT BEING EVERYTHING –**

THERAPY WAS RELATIONAL, NOT MERELY ARCHAEOLOGICAL  
– IT WAS NOT JUST ABOUT UNCOVERING THE PAST,  
BUT ABOUT RELIVING AND REVISING (MUTATING) IT IN THE PRESENT MOMENT

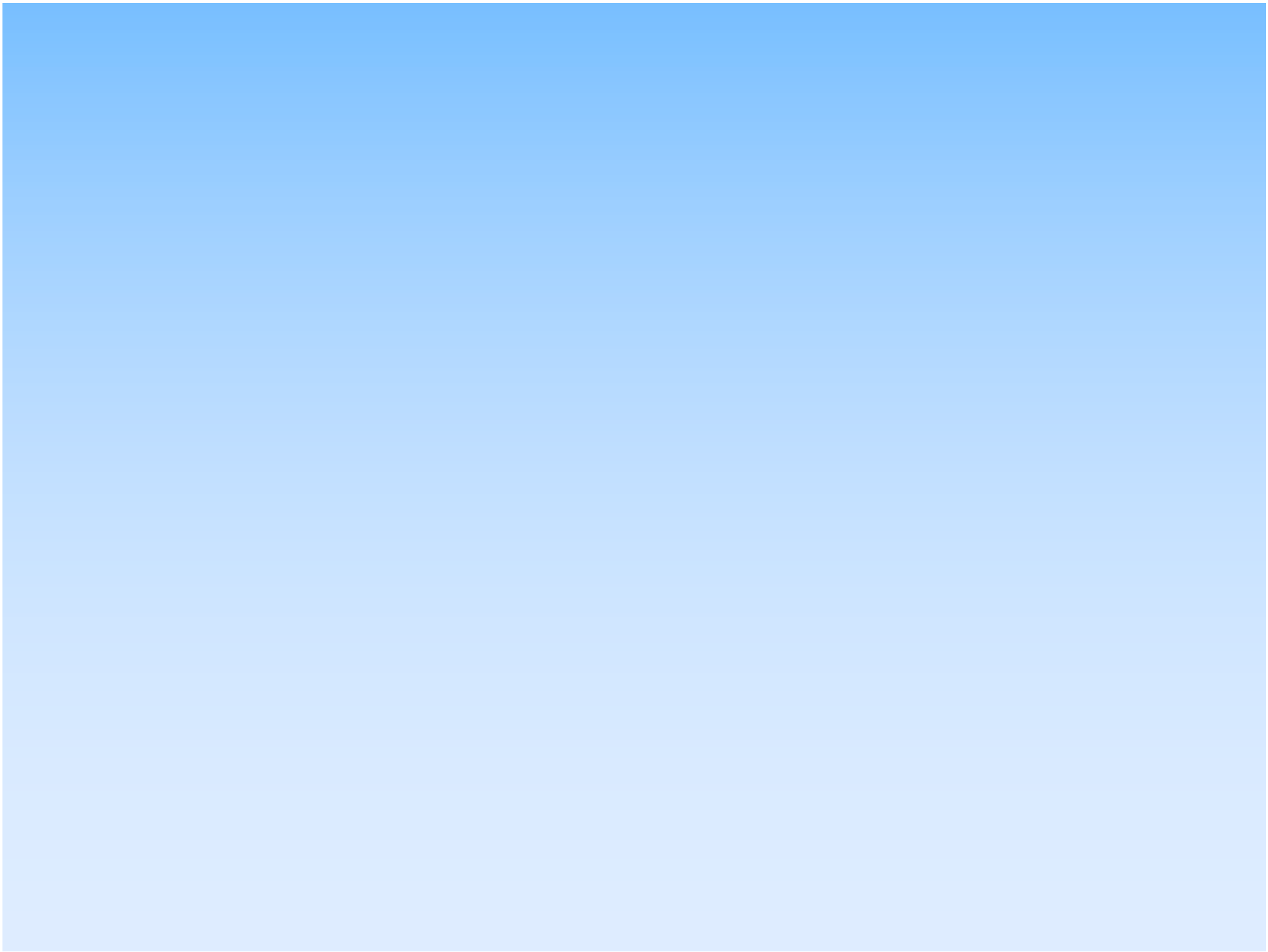
SUCH THAT THE INNER WORLD WOULD BE REWIRED,  
AND THE PATIENT'S WAY OF BEING WOULD BE FOREVER ALTERED

IN SUM  
STRACHEY DEFINED A MUTATIVE INTERPRETATION  
AS A SPECIFIC KIND OF TRANSFERENCE INTERPRETATION  
– ONE THAT WAS NOT MERELY ABOUT NAMING A MECHANISM  
OR CLARIFYING AN UNCONSCIOUS CONFLICT –  
BUT ONE THAT WOULD ACTUALLY “DISRUPT” AND “REORGANIZE”  
THE VERY STRUCTURE OF THE PATIENT’S INTERNAL WORLD

A MUTATIVE INTERPRETATION  
WAS NOT JUST AN INSIGHT – PROMOTING COMMENT  
– NO MATTER HOW FREQUENTLY REPEATED –

RATHER  
IT WAS A CAREFULLY TIMED, EMOTIONALLY CHARGED  
TRANSFERENCE INTERPRETATION  
– ONE THAT WOULD PROMPT, PROVOKE, EVEN COMPEL PATIENTS  
TO EXPERIENCE THE THERAPIST AS FUNDAMENTALLY DIFFERENT  
FROM THE INTERNALIZED OBJECTS OF THEIR PAST –  
(THEREBY “MUTATING” THE INTERNAL WORLD)

– THINK “GENETIC MUTATION” –  
– THINK FORERUNNER OF THE “CORRECTIVE EMOTIONAL EXPERIENCE” –  
ESPOUSED BY ALEXANDER AND FRENCH (1946)  
– THINK OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING,  
INSIGHT – PROMOTING (MODEL 1) “MISMATCH EXPERIENCE” –  
ESPOUSED BY STARK (2019)





**1974 – HMS GRADUATION PHOTO (51 YEARS AGO)**  
**2017 – PHOTOSHOPPED PROFESSIONAL PHOTO**  
**2025 – ZOOM TEACHING (AU NATUREL)**  
**SELF – CREATED AVATAR (I WISH!)**

INSPIRED BY THE CLASSICAL PSYCHOANALYTIC TRADITION  
AND BY STRACHEY'S REVOLUTIONARY "REVISIONING" OF IT  
**MODEL 1 OF THE STARK METHOD of PSYCHODYNAMIC SYNERGY**  
– THE INTERPRETIVE PERSPECTIVE OF CLASSICAL PSYCHOANALYSIS –  
**OFFERS A CONTEMPORARY ELABORATION**

**MODEL 1 EMBRACES AN INTERPRETIVE APPROACH  
THAT IS BOTH RIGOROUSLY COGNITIVE**  
– IN THE TRADITION OF FREUD –  
**AND EMOTIONALLY ATTUNED**  
– IN THE TRADITION OF STRACHEY –

INDEED  
**MODEL 1 PRIVILEGES A COGNITIVE (INTERPRETIVE) STANCE,  
BUT ONE DELIVERED IN A VERY PARTICULAR WAY –**  
SUBTLY CALIBRATED TO BE  
**"OPTIMALLY STRESSFUL,"**  
**"GROWTH – INCENTIVIZING,"**  
**AND "AWARENESS – PROMOTING"**

**AT THE HEART OF THIS MODEL ARE "CONFLICT STATEMENTS" –**  
**STRATEGICALLY AND ARTFULLY CONSTRUCTED TO ENGAGE**  
**BOTH HEMISPHERES OF THE PATIENT'S BRAIN**  
– THE LEFT BRAIN'S ANALYTIC CLARITY AND THE RIGHT BRAIN'S EMOTIONAL RESONANCE –

TO ILLUSTRATE THE SUBTLE BUT SIGNIFICANT DISTINCTIONS BETWEEN AN INTERPRETATION  
FIRST IN THE SPIRIT OF FREUD, THEN IN THE SPIRIT OF STRACHEY,  
AND, FINALLY, ONE SHAPED BY MODEL 1 OF THE STARK METHOD,  
**CONSIDER THE FOLLOWING CLINICAL MOMENT**

**A PATIENT OF MINE**

– UPON HEARING ME ANSWER THE PHONE  
(AT THE TIME OF OUR APPOINTMENT)  
WITH A WARM AND EXPECTANT “HELLO!” –  
**RESPONDED, “YOU SOUNDED SURPRISED”**

**RELEVANT DATAPOINTS**

I HAVE WORKED WITH THIS PATIENT WEEKLY FOR OVER EIGHT YEARS  
SHE ALWAYS CALLS PRECISELY ON THE DOT  
I ALWAYS ANSWER PRECISELY ON THE DOT  
SHE HAD CALLED ON THE DOT THAT DAY  
AND I HAD ANSWERED ON THE DOT THAT DAY

**AND YET SHE SAID, “YOU SOUNDED SURPRISED”**

**MY CLINICAL FORMULATION**

**THIS WAS A MOMENT OF “PURE PROJECTION”**

– THE DIRECT EXTERNALIZATION OF A DISAVOWED PSYCHIC FRAGMENT –

**THIS WAS NOT AN INSTANCE  
OF CO – CREATED PROJECTIVE IDENTIFICATION**  
– THERE WAS NO MUTUAL ENACTMENT, NO CONTRIBUTION FROM MY SIDE –  
– THERE WAS NOT AN OUNCE OF TRUTH IN WHAT SHE WAS “ALLEGING” –

## **CLINICAL RESOLUTION**

ONCE WE EXPLORED HER DISTORTED PERCEPTION OF ME AS HAVING BEEN SURPRISED,  
MY PATIENT CAME TO APPRECIATE  
THAT THE IDEA OF “BEING SURPRISED”  
HAD IN FACT ORIGINATED FROM WITHIN HER –  
AND BEEN PROJECTED ONTO ME

WE THEN TRACED THIS PROJECTION BACK  
TO A SERIES OF TRAUMATIC CHILDHOOD MOMENTS  
WHEN SHE HAD, QUITE LITERALLY,  
BEEN FORGOTTEN – LOST TRACK OF – BY HER MOTHER  
WHO HAD LATER RESPONDED WITH GENUINE SURPRISE  
UPON HER DAUGHTER’S SUDDEN “APPEARANCE”

MY PATIENT’S “YOU SOUNDED SURPRISED”  
WAS NOT AT ALL ABOUT ME –  
BUT A REVERBERATION OF THAT FORGOTTEN CHILD’S HEARTBREAK

A PSYCHIC FRAGMENT  
– DISAVOWED AND PROJECTED INTO THE ANALYTIC FIELD  
WHERE IT WAS BRIEFLY MISTAKEN FOR REALITY  
UNTIL IT COULD BE “INTERPRETED” FOR WHAT IT REALLY WAS –

## **IN THE SPIRIT OF FREUD – A “DESCRIPTIVE INTERPRETATION”**

- ONE THAT IDENTIFIES THE UNCONSCIOUS MECHANISM (PROJECTION) AT WORK AND LINKS IT TO THE PATIENT’S EARLY EXPERIENCE IN RELATION TO HER MOTHER –**
- A NECESSARY COGNITIVE STEP ENABLING INSIGHT AND EVENTUAL PSYCHIC INTEGRATION –**

**“YOU SAID, ‘YOU SOUNDED SURPRISED,’ I WONDER IF YOU’RE ACTUALLY EXPRESSING SOMETHING THAT COMES FROM INSIDE YOU – A FEELING OF BEING UNSEEN OR FORGOTTEN. THIS FEELING MIGHT HAVE BEEN DISPLACED ONTO ME IN THIS MOMENT – WHICH YOU MIGHT NOT YET FULLY REALIZE. IT’S AS IF AN OLD WOUND FROM CHILDHOOD – WHEN YOUR MOTHER DIDN’T NOTICE YOU, OR SEEMED SURPRISED TO SEE YOU – IS BEING REPLAYED HERE WITH ME. WHAT YOU’RE EXPERIENCING NOW ISN’T REALLY ABOUT ME, BUT ABOUT THAT EARLY EXPERIENCE, WHICH YOUR MIND IS UNCONSCIOUSLY REVISITING THROUGH PROJECTION. BRINGING THIS INTO AWARENESS HELPS US UNDERSTAND HOW YOUR PAST SHAPES YOUR PRESENT PERCEPTIONS.”**



## **IN THE SPIRIT OF STRACHEY – A “MUTATIVE INTERPRETATION”**

- DELIVERED WITH TIMING, TONE, AND EMOTIONAL RESONANCE  
CALIBRATED TO THE TRANSFERENCE MOMENT –**
- AN INTERPRETATION THAT ILLUMINATES THE SPLIT  
BETWEEN OBJECTIVE REALITY AND SUBJECTIVE EXPERIENCE –**

**“IT SEEMS THAT, FOR A FLEETING MOMENT,  
IN YOUR MIND’S EYE, I BECAME SOMEONE  
WHO HAD FORGOTTEN YOU – LOST TRACK OF YOU –  
SOMEONE WHOSE WARM ‘HELLO’ STARTLED YOU,  
NOT BECAUSE IT WAS SURPRISING IN ITSELF,  
BUT BECAUSE IT STIRRED SOMETHING DEEP WITHIN YOU –  
A FEAR THAT I MIGHT NOT HAVE BEEN THERE AT ALL.  
AS IF A PART OF YOU, STILL CARRYING THE PAIN  
OF HAVING BEEN REPEATEDLY OVERLOOKED BY YOUR MOTHER  
IN THE PAST, EXPECTED TO BE ONCE AGAIN FORGOTTEN –  
AND SO IMAGINED THAT I, TOO, MIGHT HAVE LOST TRACK OF YOU.  
FOR THAT MOMENT, I BECAME THE MOTHER WHO KEPT FORGETTING –  
EVEN THOUGH, SOMEWHERE WITHIN YOU, YOU ALSO KNEW  
THAT I WAS SOMEONE WHO WAS REMEMBERING.”**

**IT WOULD BE CONSIDERED A MUTATIVE INTERPRETATION**

- ONE THAT PROMPTS A DEEP PSYCHIC SHIFT –**
- IN THAT IT OFFERS NOT ONLY INSIGHT**
- INTO THE PATIENT’S EARLY HISTORY AND TRANSFERENCE EXPERIENCE –**
- BUT ALSO A “HEALING RELATIONAL MOMENT”**
- THAT FORESHADOWS MORE CONTEMPORARY DEVELOPMENTS IN PSYCHOANALYTIC THINKING –**

**IT ANTICIPATES THE “EMPATHIC ATTUNEMENT” OF SELF PSYCHOLOGY**

- WHERE THE THERAPIST SEEKS TO FEEL INTO THE PATIENT’S INNER WORLD**
- WITHOUT JUDGMENT OR INTRUSION –**

**IT GESTURES TOWARD THE “RELATIONAL TURN”**

- WHICH PRIVILEGES JESSICA BENJAMIN’S CONCEPTS OF MUTUAL RECOGNITION,**
- INTERSUBJECTIVITY, AND THE CO – CREATION OF MEANING –**

**AND IT RESONATES WITH ALEXANDER AND FRENCH’S NOTION**  
**OF THE “CORRECTIVE EMOTIONAL EXPERIENCE”**

- IN WHICH THE PATIENT RECEIVES, IN THE HERE – AND – NOW OF THE THERAPEUTIC DYAD,**
- A DIFFERENT KIND OF RESPONSE FROM THE ONE THAT HAD BEEN EXPECTED –**

**... A DISCONFIRMING AND REPARATIVE RESPONSE THAT BEGINS TO UNDO**  
**THE LINGERING IMPRINT OF UNMASTERED RELATIONAL TRAUMA**

**STRACHEY’S FORMULATION OF THE MUTATIVE INTERPRETATION,**  
**IN TURN, INSPIRED MY OWN DEVELOPMENT OF OPTIMALLY STRESSFUL,**  
**GROWTH – INCENTIVIZING “MISMATCH EXPERIENCES”**

- THE WORKING THROUGH, AND RESOLUTION, OF WHICH LIE AT THE HEART**
- OF THERAPEUTIC INTERPRETATION AS ENVISIONED IN**
- MODEL 1 OF THE STARK METHOD of PSYCHODYNAMIC SYNERGY –**

## AND IN THE SPIRIT OF MY MODEL 1 – A CONFLICT STATEMENT

- BOTH ROOTED IN TRADITION AND EVOLVING FROM IT –
- COGNITIVELY RIGOROUS – EMOTIONALLY ATTUNED – ANXIETY – OPTIMIZING –

“ON SOME LEVEL, YOU KNEW THAT I WASN’T ACTUALLY SURPRISED TO BE HEARING FROM YOU – BECAUSE YOU ALWAYS CALL RIGHT ON TIME, AND I’VE ALWAYS BEEN HERE TO PICK RIGHT UP WITHOUT MISSING A BEAT.

### OPTION 1

“BUT – DEEP DOWN – THERE WAS ANOTHER PART OF YOU, A YOUNGER, MORE VULNERABLE PART, THAT WAS AFRAID I MIGHT HAVE LOST TRACK OF YOU – JUST AS YOUR MOTHER HAD DONE, SO PAINFULLY, ALL THOSE MANY TIMES WHEN YOU WERE SO VERY LITTLE, SO BREAKABLE, AND SO IN NEED OF BEING REMEMBERED. AND SO, FOR A MOMENT, YOU FEARED THAT MAYBE I, TOO, MIGHT HAVE FORGOTTEN OUR TIME TOGETHER.”

### OPTION 2

“BUT ANOTHER PART OF YOU – YOUNGER, MORE TENDER, STILL CARRYING THE ACHE OF HAVING BEEN SO OFTEN FORGOTTEN BY YOUR MOTHER – FEARED THAT MAYBE I, TOO, HAD LOST TRACK OF YOU. THAT MAYBE I, TOO, HAD LET YOU SLIP FROM MY MIND, JUST AS SHE HAD DONE ALL THOSE MANY TIMES WHEN YOU WERE SMALL, UNPROTECTED, AND SO DEEPLY IN NEED OF BEING REMEMBERED. AND SO, FOR A MOMENT, IT FELT AS THOUGH I, TOO, MIGHT HAVE FORGOTTEN OUR TIME TOGETHER.”

INDEED  
DRAWING UPON FREUD'S BRILLIANT SCAFFOLDING  
AND STRACHEY'S INGENIOUS REFINEMENTS  
I WAS SEEKING TO CREATE  
A GROWTH – INCENTIVIZING,  
DESTABILIZING,  
AND ANXIETY – CALIBRATED  
“MISMATCH EXPERIENCE”  
FOR MY PATIENT

BY OFFERING AN OPTIMALLY STRESSFUL  
“CONFLICT STATEMENT”  
THAT SENSITIVELY BALANCED  
ANXIETY – PROVOKING  
– YET RESPECTFUL –  
CHALLENGE OF  
HER “DISTORTED PERCEPTION” OF ME

WITH ANXIETY – ASSUAGING  
– COMPASSIONATE AND NONJUDGMENTAL –  
SUPPORT (VALIDATION) OF  
HER DEVELOPMENTALLY UNDERSTANDABLE  
“MISPERCEPTION”

**TO REVIEW – BROADLY SPEAKING  
THERE ARE THREE TIERS OF INTERPRETATION  
THAT REFLECT THE EVOLUTION  
OF PSYCHOANALYTIC THEORY AND TECHNIQUE**

- (1) FROM CLASSICAL TO CONTEMPORARY**
- (2) FROM DESCRIPTIVE TO MUTATIVE**
- (3) FROM COGNITIVE TO AFFECTIVE AND RELATIONAL**
- (4) FROM ONE – PERSON TO TWO – PERSON**
- (5) FROM UNDERPLAYING THE ROLE OF ANXIETY  
TO HARNESSING ANXIETY AS THE LYNCHPIN OF TRANSFORMATION**
- (6) FROM HOMEOSTATIC ATTUNEMENT  
TO THE INTRODUCTION OF DISRUPTIVE ATTUNEMENT  
TO GENERATE GROWTH – INCENTIVIZING “MISMATCH” EXPERIENCE**

**THE FREUDIAN INTERPRETATION  
– ROOTED IN CLASSICAL PSYCHOANALYSIS –  
IS MARKED BY ITS COGNITIVE RIGOR  
AND ITS FOCUS ON UNCONSCIOUS MECHANISMS**

**IT NAMES THE DEFENSIVE PROCESS AT PLAY  
– PROJECTION IN THIS CASE –  
AND LINKS IT BACK  
TO THE PATIENT’S EARLY RELATIONAL HISTORY**

**THE TONE IS EXPLANATORY AND INTERPRETIVE  
– AIMED AT FOSTERING INSIGHT THROUGH THE HIGHLIGHTING AND EXPLORATION  
OF THE INTERNAL CONFLICT BEING RE – ENACTED IN THE TRANSFERENCE –**

## **INTERPRETATIONS IN THE SPIRIT OF STRACHEY**

– ALTHOUGH ROOTED IN CLASSICAL FREUDIAN THEORY –

### **MAKE A PIVOTAL SHIFT**

– FROM A PURELY DESCRIPTIVE APPROACH

TOWARD ONE THAT PRIVILEGES THE EMOTIONAL IMMEDIACY OF THE TRANSFERENCE –

ALTHOUGH NOT FORMALLY ALIGNED WITH OBJECT RELATIONS THEORY,  
**STRACHEY'S WORK PREFIGURES LATER RELATIONAL DEVELOPMENTS**

– BY SHIFTING THE FOCUS TO THE RELATIONAL FIELD IN THE HERE – AND – NOW –

### **STRACHEY BELIEVES THAT INTERPRETATION ITSELF**

– IF DELIVERED WITH TIMING AND AFFECTIVE RESONANCE –

### **CAN REORGANIZE THE PATIENT'S INTERNAL WORLD**

– NOT JUST EXPLAIN IT –

**STRACHEY'S MUTATIVE INTERPRETATION IS EMOTIONALLY ATUNED,  
TRANSFERENCE – CENTERED, AND TIMED WITH EXQUISITE PRECISION**

### **IT IS NOT JUST ABOUT NAMING**

– BUT ABOUT PENETRATING THE STRUCTURE OF THE PATIENT'S INTERNAL WORLD

AND OFFERING A NEW KIND OF EMOTIONAL EXPERIENCE

THAT WILL DISRUPT AND REORGANIZE LONGSTANDING OBJECT RELATIONS

### **THE THERAPEUTIC ACTION NOW ARISES THROUGH TRANSFORMATION**

– THE FELT REALIZATION THAT THE THERAPIST IS NOT THE DREADED FIGURE OF THE PAST –



FINALLY  
THE STARK INTERPRETATION  
– REPRESENTED BY MODEL 1 OF THE STARK METHOD of PSYCHODYNAMIC SYNERGY –  
IS A FURTHER EVOLUTION

**IT SEEKS TO INTEGRATE**

(1) THE LEFT – BRAIN – MEDIATED  
“COGNITIVE CLARITY” OF FREUD,  
  
(2) THE RIGHT – BRAIN – MEDIATED  
“EMOTIONAL RESONANCE” AND “RELATIONAL ATTUNEMENT” OF STRACHEY,

AND (3) THE “OPTIMAL STRESS” OF  
GROWTH – INCENTIVIZING “MISMATCH EXPERIENCES”  
– WHICH POSITION THE “COGNITIVE CLARITY” OF “NEW GOOD”  
IN OPPOSITION TO THE “EMOTIONAL RESONANCE” OF “OLD BAD”  
WITH AN EYE TOWARD CREATING  
GROWTH – INCENTIVIZING “COGNITIVE AND AFFECTIVE DISSONANCE” –

THESE DESTABILIZING “VIOLATIONS OF EXPECTATION”  
– DELIBERATELY CONSTRUCTED TO MODULATE, MOMENT BY MOMENT,  
THE PATIENT’S TOLERABLE LEVEL OF ANXIETY –  
ARE CREATED BY JUXTAPOSING  
THE ANXIETY – PROVOKING (BUT GROWTH – PROMOTING) “ADAPTIVE CAPACITY”  
TO KNOW WHAT HAS LONG BEEN HIDDEN IN PLAIN SIGHT  
WITH THE ANXIETY – ASSUAGING (BUT GROWTH – IMPEDING) “DEFENSIVE NEED”  
TO KEEP THAT KNOWING AT BAY

**THE RESULT IS A CATALYTIC INVITATION TO GROWTH**  
– NOT IN SPITE OF CONFLICT, BUT BECAUSE OF IT –

**MORE SPECIFICALLY – AT HEART  
“CONFLICT STATEMENTS” JUXTAPOSE –**

**RIGHT – BRAIN – MEDIATED “DEFENSIVE NEED”  
– ROOTED IN EMOTIONAL SURVIVAL –  
WITH LEFT – BRAIN – MEDIATED “ADAPTIVE CAPACITY”  
– ORIENTED TOWARD REFLECTIVE GROWTH –**

**THEREBY GENERATING  
DESTABILIZING “MISMATCH EXPERIENCES”  
STRATEGICALLY DESIGNED TO CATALYZE  
PSYCHOLOGICAL TRANSFORMATION**

**IN OTHER WORDS  
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”**

**AND SERVE AS BRIDGES BETWEEN**

**THE SOBERING, CONDITIONED REALITY OF “OLD BAD”  
– DERIVING FROM THE THERE – AND – THEN OF THE PATIENT’S PAST –**

**AND THE ENLIVENING, QUANTUM POSSIBILITY OF “NEW GOOD”  
– EMERGING WITHIN THE HERE – AND – NOW OF THE THERAPEUTIC ENGAGEMENT –**



AS WE HAVE SEEN  
FREUD'S ORIGINAL  
"DRIVE – DEFENSE CONFLICT" MODEL  
– ROOTED IN HIS EARLIER BIPARTITE MODEL OF THE MIND –  
CONCEPTUALIZED PSYCHOPATHOLOGY  
AS RESULTING FROM INTERNAL TENSION  
BETWEEN A DYSREGULATED (ID) IMPULSE  
AND AN (EGO) DEFENSE  
– AN EGO MADE ANXIOUS BY THREATENED BREAKTHROUGH OF THE ID IMPULSE –  
WITH FREUD'S LATER DEVELOPMENT OF HIS TRIPARTITE MODEL

– ID, EGO, AND SUPEREGO –  
CLASSICAL CONFLICT WAS REFRAMED  
AS RESULTING FROM INTERNAL TENSION  
BETWEEN A DYSREGULATED (ID) IMPULSE  
AND A PUNITIVE (SUPEREGO) INJUNCTION  
– WITH THE BELEAGUERED EGO STRIVING TO MEDIATE  
BETWEEN FORCE AND COUNTERFORCE  
IN AN EFFORT TO REGULATE INTRAPSYCHIC TENSION  
AND RESTORE PSYCHIC EQUILIBRIUM –

INDEED, TO BE MORE TECHNICALLY PRECISE,  
"NEUROTIC CONFLICT" MIGHT NOW BE MORE APTLY DESCRIBED AS  
A "DRIVE – PROHIBITION CONFLICT" MODEL  
– WITH THE EGO FUNCTIONING NOT ONLY AS THE MEDIATOR,  
BUT ALSO AS THE ARENA IN WHICH THE STRUGGLE PLAYS OUT –

BUILDING ON FREUD'S CLASSICAL FORMULATION OF INTRAPSYCHIC TENSION  
I HAVE FOUND IT CLINICALLY MORE USEFUL  
TO BROADEN HIS TRADITIONAL  
– AND STILL CLINICALLY RELEVANT –  
“CONFLICT MODEL”

MY MODEL 1 “CONFLICT STATEMENTS”  
RECAST “NEUROTIC CONFLICT”  
AS SPEAKING NOT SIMPLY TO  
A CLASH BETWEEN IMPULSE AND CONSTRAINING DEMAND  
BUT, MORE EXPANSIVELY, TO  
A STATE OF INTERNAL DIVIDEDNESS BETWEEN TWO POLES –

ON THE ONE HAND  
**ANXIETY – PROVOKING “FORCES” PRESSING “YES”**  
– WHICH, ONCE ACCESSED, MODULATED, AND MADE MORE MANAGEABLE,  
CAN BECOME **GROWTH – PROMOTING** AND **EMPOWERING**,  
EVENTUALLY FUELING THE PATIENT'S MOMENTUM –

AND ON THE OTHER HAND  
**ANXIETY – ASSUAGING “COUNTERFORCES” INSISTING “NO”**  
– WHICH, SO LONG AS THEY REMAIN UNNAMED, UNEXAMINED, AND UNCHALLENGED,  
WILL BE **GROWTH – IMPEDING** AND **DISEMPowering**,  
ULTIMATELY 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 “OLD BAD” AND EMBRACING “NEW GOOD” –

**MODEL 1 CONFLICT STATEMENTS  
ARE THEREFORE UNIVERSALLY APPLICABLE INTERVENTIONS  
THAT TARGET THESE STATES  
OF “INTERNAL DIVIDEDNESS” OR “CONFLICTEDNESS”**

BY SPEAKING SIMULTANEOUSLY TO BOTH  
THE PATIENT’S “DEFENSIVE NEED”  
TO REMAIN TRUE TO “OLD BAD”  
– A POSITION ROOTED IN EMOTIONAL SURVIVAL  
AND SHAPED BY FORMATIVE RELATIONAL EXPERIENCE –

**AND THE PATIENT’S “ADAPTIVE CAPACITY”**  
TO BEGIN, OVER TIME, TO RECOGNIZE AND REFLECT UPON  
THE “PRICE PAID” FOR THAT DEFENSIVE INVESTMENT  
– A CAPACITY THAT ITSELF WILL EVOLVE THROUGH REPEATED USE  
OF THE VERY CONFLICT STATEMENTS THAT ARE CALLING IT FORTH –

## **MODEL 1 OF THE STARK METHOD**

– THE INTERPRETIVE PERSPECTIVE OF CLASSICAL PSYCHOANALYSIS –

**CONFLICT STATEMENTS ARE DESIGNED  
NOT ONLY TO MAKE EXPLICIT  
BOTH SIDES OF A PATIENT'S NEUROTIC CONFLICT**

**BUT ALSO TO JUXTAPOSE THOSE TWO SIDES  
IN A WAY THAT CREATES  
AN OPTIMALLY STRESSFUL,  
GROWTH – INCENTIVIZING “MISMATCH EXPERIENCE”**

**THIS DIALECTICAL TENSION EMERGES BETWEEN  
THE PATIENT'S “ADAPTIVE CAPACITY”**

**TO “ACKNOWLEDGE” AN ANXIETY – PROVOKING**

– BUT, ONCE WORKED THROUGH, ULTIMATELY GROWTH – PROMOTING –  
**PSYCHOLOGICAL TRUTH**

– WHETHER ABOUT THE “PRICE PAID” FOR STAYING LOYAL TO “OLD BAD”  
OR THE “ENLIVENING POSSIBILITY” OF MOVING TOWARD “NEW GOOD” –

**AND HER “DEFENSIVE NEED”**

– ANXIETY – ASSUAGING BUT ULTIMATELY GROWTH – IMPEDING –  
**TO “RESIST ACKNOWLEDGING” THAT TRUTH  
BECAUSE FACING IT STIRS TOO MUCH ANXIETY**

– CONFLICT BETWEEN THE ADAPTIVE CAPACITY TO “FACE”  
AND THE DEFENSIVE NEED TO “FLEE” –



IN OTHER WORDS

**MODEL 1 CONFLICT STATEMENTS ARE THOUGHTFULLY CRAFTED  
TO ENCOURAGE THE “RESISTANT (DEFENSIVE) PATIENT”**

**TO STEP BACK FROM THE IMMEDIACY OF THE MOMENT  
IN ORDER TO “BECOME AWARE OF” THE DIVIDEDNESS WITHIN HER**

**BETWEEN AN ANXIETY – PROVOKING “PSYCHIC TRUTH”  
THAT WILL, ULTIMATELY, BE IN HER BEST INTEREST  
TO ACKNOWLEDGE “ADAPTIVELY”  
– EVEN THOUGH DOING SO WILL EVOKE ANXIETY –**

**AND THE WAY SHE THEN “DEFENSIVELY” POSITIONS HERSELF  
SO AS NOT TO HAVE TO “KNOW” THAT TRUTH  
– BECAUSE ALLOWING IT INTO CONSCIOUSNESS WOULD FEEL TOO OVERWHELMING –**

**YOU**

**– ADAPTIVELY –**

**KNOW THAT ...**

**BUT YOU**

**– MADE ANXIOUS –**

**FIND YOURSELF**

**– DEFENSIVELY –**

**THINKING, FEELING, OR DOING  
IN ORDER NOT TO HAVE TO KNOW ...**

IN OTHER WORDS  
“CONFLICT STATEMENTS”  
INTERPRET THE PATIENT’S  
“INTERNAL CONFLICTEDNESS”  
BY HIGHLIGHTING  
BOTH “SIDES” OF HER “DIVIDEDNESS”

WITH AN EYE TO “MAKING EXPLICIT”  
THE CONFLICT WITHIN HER

BETWEEN THE ANXIETY – PROVOKING  
– BUT ULTIMATELY GROWTH – PROMOTING –  
PART OF HER  
THAT HOLDS THE “ADAPTIVE CAPACITY”  
TO “KNOW” WHAT IS TRUE / WHAT IS REAL

AND THE ANXIETY – ASSUAGING  
– BUT ULTIMATELY GROWTH – IMPEDING –  
PART OF HER  
THAT CARRIES THE “DEFENSIVE NEED”  
TO “RESIST KNOWING”

THE FIRST PART OF A CONFLICT STATEMENT –  
YOU KNOW THAT ... ,

HIGHLIGHTS WHAT WE BELIEVE THE PATIENT  
– ALBEIT RELUCTANTLY –  
HAS THE “ADAPTIVE CAPACITY” TO ACKNOWLEDGE

THE SECOND PART –  
BUT YOU FIND YOURSELF  
THINKING, FEELING, OR DOING  
IN ORDER NOT TO HAVE TO KNOW ...

HIGHLIGHTS WHAT WE BELIEVE  
HAPPENS FOR THE PATIENT WHEN  
– MADE ANXIOUS –  
SHE FINDS HERSELF “DEFENSIVELY NEEDING”  
TO RESIST KNOWING IT

AND OFTEN IMPLICITLY HELD WITHIN A CONFLICT STATEMENT  
IS AN UNSPOKEN THIRD PART –  
A GENTLE, UNVOICED WHISPER – THAT MAYBE, JUST MAYBE ...

A SOFT INVITATION THAT HINTS 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

## OPTIMALLY STRESSFUL MODEL 1 CONFLICT STATEMENTS

JUXTAPOSE **YOU KNOW THAT ...** WITH **BUT YOU FIND YOURSELF ...**

TO GENERATE DESTABILIZING, GROWTH – INCENTIVIZING “MISMATCH EXPERIENCE”

– THE WORKING THROUGH OF WHICH CONSTITUTES THE THERAPEUTIC ACTION IN MODEL 1 –

**“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  
MOTHER 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 A RIGHT TO BE AS ANGRY  
AS YOU WANT – BECAUSE OF HOW MUCH YOU’VE HAD TO SUFFER  
OVER 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 INCREDIBLY 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 EVENTUALLY YOU WILL NEED TO MAKE YOUR PEACE  
WITH THE REALITY OF JUST HOW LIMITED YOUR MOTHER IS. BUT YOUR FEAR  
IS THAT WERE YOU EVER TO LET YOURSELF REALLY FEEL THE PAIN OF THAT,  
YOU MIGHT NEVER RECOVER.”**



IMPORTANTLY  
THERE ARE TWO KINDS OF “INTRAPSYCHIC CONFLICT”  
– “DIVERGENT” AND “CONVERGENT” –  
ANTON KRIS (1985)

“DIVERGENT CONFLICT”  
CLASSIC “EITHER / OR” DILEMMAS  
INVOLVING TWO “MUTUALLY EXCLUSIVE” CHOICES  
SHALL I WEAR MY BLUE DRESS TONIGHT OR MY RED DRESS?

A TENSION BETWEEN TWO VIABLE OPTIONS  
– ONE THAT WILL BE CHOSEN, THE OTHER RELINQUISHED –

NO “COMPROMISING”  
– JUST ONE OR THE OTHER –

## **“CONVERGENT CONFLICT”**

### **“BOTH / AND” DYNAMICS**

**CONFLICTS THAT ARE MORE CLINICALLY COMPLEX**

**WHEREBY THE EMERGENCE OF ONE FORCE**

- AN ANXIETY – PROVOKING (BUT ULTIMATELY GROWTH – PROMOTING) “YES” FORCE –**  
**MOBILIZES A SECOND “RESISTANT” COUNTERFORCE**
- AN ANXIETY – ASSUAGING (BUT ULTIMATELY GROWTH – IMPEDING) “NO” COUNTERFORCE –**

#### **EXAMPLE 1**

**YOU KNOW THAT, DEEP DOWN, YOU ARE ANGRY AT YOUR FATHER**

**THE ANXIETY – PROVOKING (BUT GROWTH – PROMOTING) “YES” FORCE**

**BUT YOU – MADE ANXIOUS – ARE TRYING TO REASSURE YOURSELF THAT YOU ARE NOT  
BY MENTALLY FOCUSING ON ALL THE THINGS YOU LOVE ABOUT HIM**

**THE ANXIETY – ASSUAGING “NO” COUNTERFORCE**

- THE DEFENSIVE NEED FOR REACTION FORMATION –**  
**MOBILIZED IN ORDER TO MANAGE (OR DEFLECT) THE RISING ANXIETY**

#### **EXAMPLE 2**

**YOU KNOW THAT YOUR MOTHER WILL PROBABLY NEVER APOLOGIZE**

**– THE ANXIETY – PROVOKING (BUT GROWTH – PROMOTING) “YES” FORCE –**

**BUT YOU – MADE ANXIOUS – FIND YOURSELF  
CONTINUING TO HOPE THAT PERHAPS SOMEDAY SHE WILL**

**THE ANXIETY – ASSUAGING “NO” COUNTERFORCE**

- THE DEFENSIVE NEED TO CLING TO RELENTLESS HOPE –**  
**IN AN EFFORT TO WARD OFF THE PAIN OF ACCEPTING WHAT FEELS UNBEARABLE**



**THE “STRUCTURAL / NEUROTIC / INTRAPSYCHIC CONFLICTS”**  
– AS DEFINED BY CLASSICAL PSYCHOANALYTIC THEORY –  
**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)  
“YES” FORCES

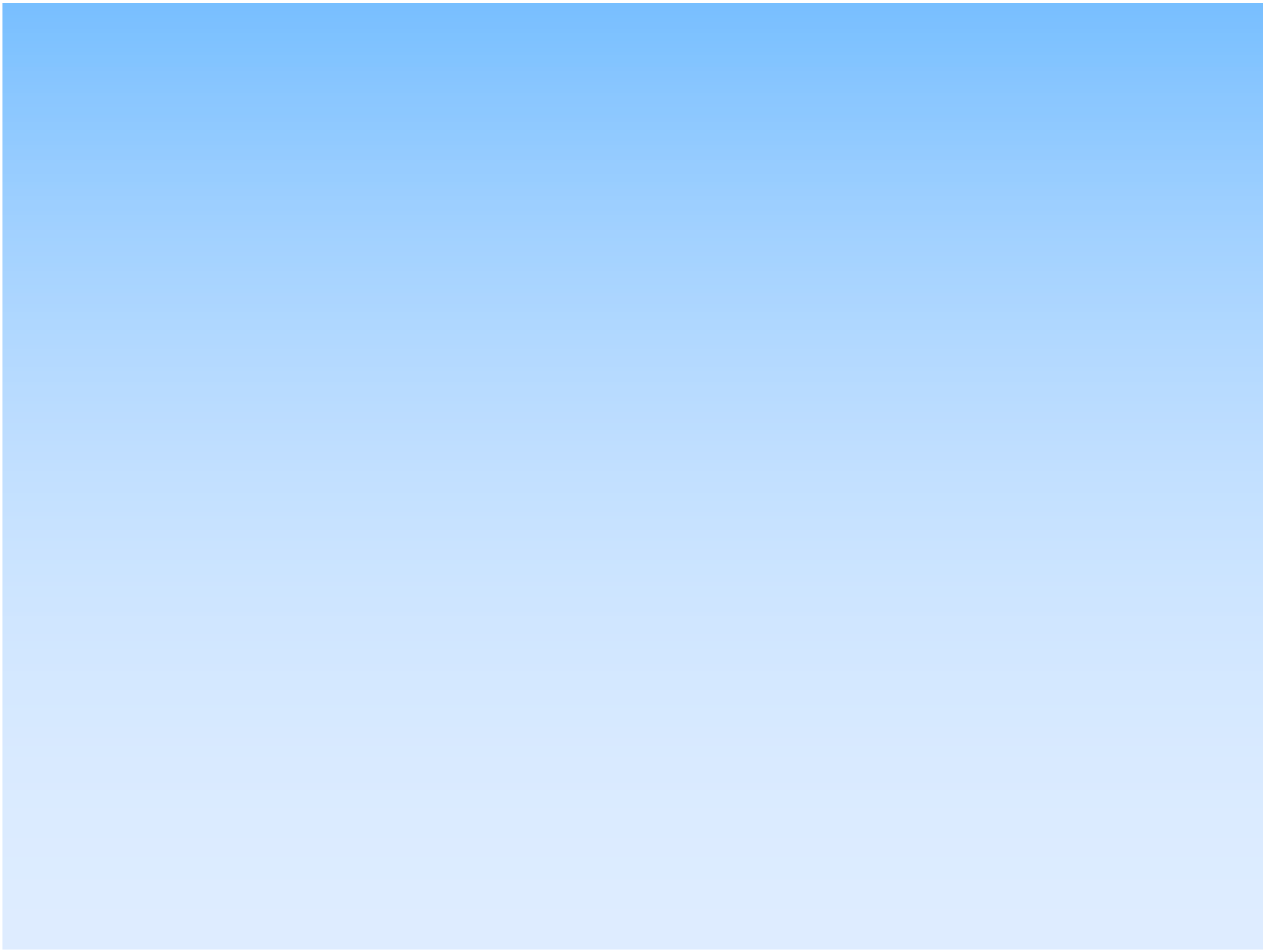
AND ANXIETY – ASSUAGING (BUT ULTIMATELY GROWTH – IMPEDING)  
RESISTANT “NO” COUNTERFORCES

“YOU KNOW THAT YOU ARE PLAYING WITH FIRE BY BEING  
ROMANTICALLY INVOLVED WITH YOUR BOSS, BUT IT JUST FEELS SO  
GOOD THAT, RIGHT NOW, YOU ARE NOT QUITE YET PREPARED TO END IT.”

**MODEL 1 CONFLICT STATEMENTS ARE OF NO USE**  
**FOR “DIVERGENT (EITHER / OR) CONFLICTS”**

INDEED, YOU WOULD NOT ADVANCE THE “THERAPEUTIC ENDEAVOR” MUCH  
WERE YOU TO SAY TO THE 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.”



**CONVERGENT (BOTH / AND) CONFLICTS FOSTER  
THE DEVELOPMENT OF “DUAL AWARENESS”**

**BECAUSE THE PATIENT IS BEING ASKED TO DIRECT HER ATTENTION  
TO WHAT SHE IS EXPERIENCING IN THE MOMENT**

**AT THE SAME TIME THAT SHE IS BEING ENCOURAGED  
TO STEP BACK FROM THE EXPERIENCE**

**– IN ORDER TO DETACH HERSELF FROM IT,  
REFLECT UPON IT, AND RECOVER HER OBJECTIVITY –**

**IN THE PSYCHOANALYTIC LITERATURE  
THIS DISTINCTION**

**BETWEEN “EXPERIENCING” SOMETHING AND “OBSERVING” IT  
HAS BEEN DESCRIBED AS A HEALTHY “SPLIT IN THE EGO”**

**BETWEEN THE EXPERIENCING  
– OR PARTICIPATING –  
EGO**

**AND THE OBSERVING  
– OR REFLECTING –  
EGO**

**RICHARD STERBA (1934) / LESTON HAVENS (1976)**

**“DUAL AWARENESS” IS, IN FACT, ONE OF THE CORE AIMS  
OF ANY MEANINGFUL TREATMENT**

**DUAL AWARENESS**  
**ENGAGEMENT OF BOTH**  
**THE EXPERIENCING EGO**  
**AND THE OBSERVING EGO**



## **CONFLICT STATEMENTS**

**JUXTAPOSE (ANXIETY – PROVOKING) CHALLENGE  
WITH (ANXIETY – ASSUAGING) SUPPORT  
– TO FACILITATE DEVELOPMENT OF “DUAL AWARENESS” –**

**ANXIETY – PROVOKING WITH ANXIETY – ASSUAGING**

**COGNITIVE WITH AFFECTIVE**

**LEFT BRAIN WITH RIGHT BRAIN**

**ANALYTIC CLARITY WITH EMOTIONAL RESONANCE**

**KNOWLEDGE WITH EXPERIENCE**

**OBJECTIVE STANCE WITH SUBJECTIVE IMMERSION**

**OBSERVING EGO WITH EXPERIENCING EGO**

**REFLECTING EGO WITH PARTICIPATING EGO**

**ADULT PART WITH CHILD PART**

**RATIONAL WITH IRRATIONAL**

**HEAD WITH HEART**

**RESPONSE WITH REACTION**

**REFLECTIVE WITH REFLEXIVE**

**MINDFUL WITH MINDLESS**

**THOUGHTFUL WITH THOUGHTLESS**

**CHOSEN NARRATIVE WITH INHERITED STORYLINE**

**REVISED EXPECTATION WITH INTERNALIZED MYTH**

**ADAPTIVE CAPACITY WITH DEFENSIVE NEED**

**ADAPTATION WITH DEFENSE**

**RESILIENCE WITH RIGIDITY**

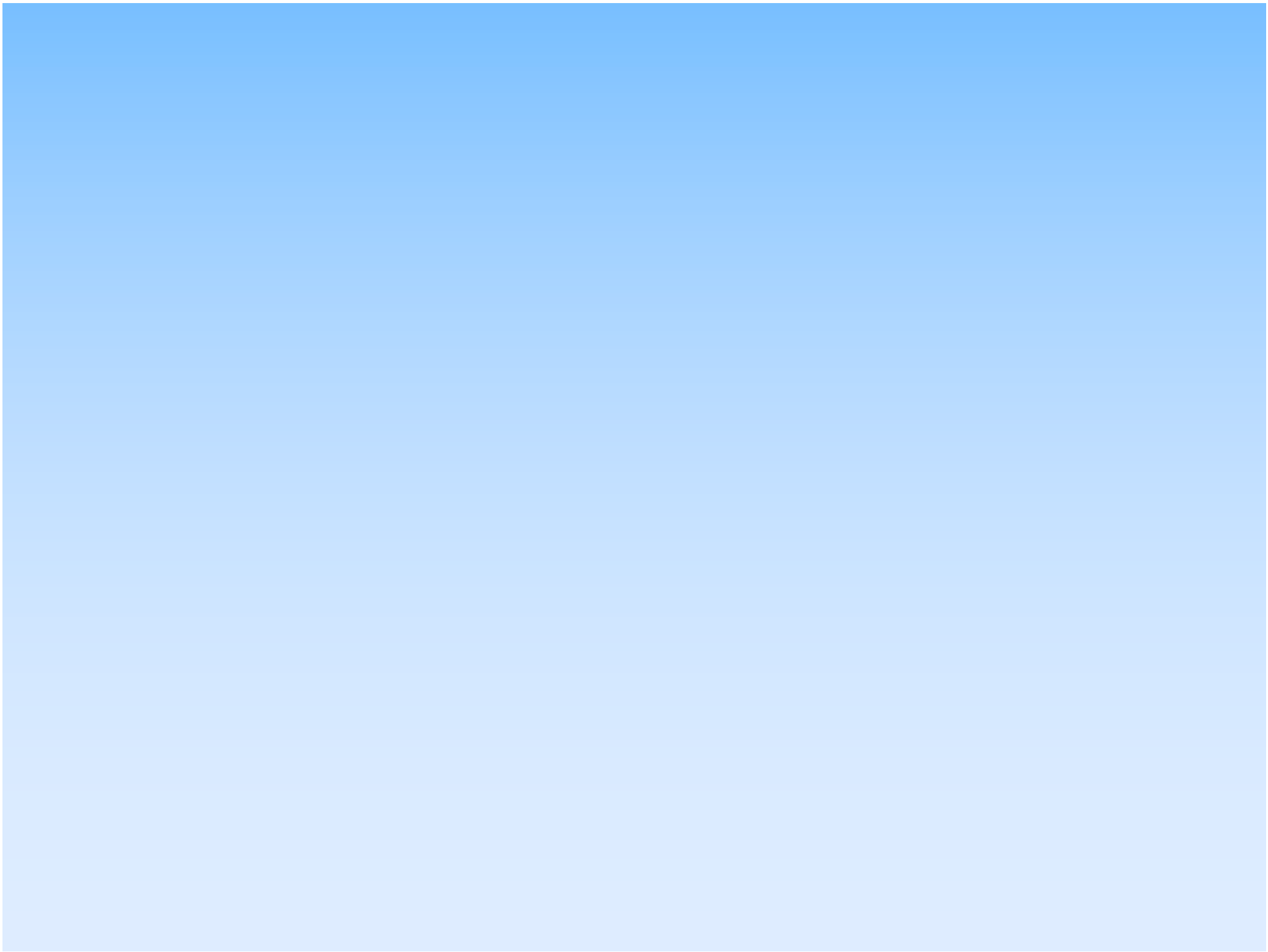
**“WHAT COULD BE” WITH “WHAT IS”**

**ENLIVENING POSSIBILITY WITH SOBERING REALITY**

**“NEW GOOD” WITH “OLD BAD”**

**“ENVISIONED POSSIBILITY” WITH “CONDITIONED EXPECTATION”**

**“SOMETHING NEW, DIFFERENT, AND COMPELLINGLY BETTER” WITH “SAME OLD, SAME OLD”**



**TO REITERATE**

**TO FACILITATE THE DEVELOPMENT OF THIS DUAL AWARENESS  
“OPTIMALLY STRESSFUL” CONFLICT STATEMENTS  
MUST BOTH “CHALLENGE” AND “SUPPORT”**

**THEY FIRST “CHALLENGE” BY SPEAKING TO THE PATIENT’S  
“ADAPTIVE CAPACITY TO KNOW”  
ANXIETY – PROVOKING “PSYCHIC TRUTHS”**

**AND THEN**

**– WITH COMPASSION, NEVER JUDGMENT –**

**THEY “SUPPORT” BY RESONATING EMPATHICALLY WITH THE PATIENT’S  
“DEFENSIVE NEED TO RESIST SUCH KNOWING”**

**IN ORDER TO OFFER THE PATIENT “MEANINGFUL CHALLENGE” AND “MEANINGFUL SUPPORT,”  
THE THERAPIST MUST BE LISTENING WITH SUCH EXQUISITE ATTUNEMENT  
AND MUST HAVE ENTERED SO WHOLEHEARTEDLY INTO THE PATIENT’S EXPERIENCE  
THAT THE THERAPIST WILL, INDEED, BE ABLE**

**CONVINCINGLY TO ARTICULATE**

**– ON THE PATIENT’S BEHALF –**

**WHAT THE PATIENT**

**– AT LEAST ON SOME LEVEL –**

**DOES, IN FACT, ALREADY KNOW**

**AND COMPASSIONATELY TO CAPTURE  
THE ESSENCE OF WHY (AND HOW) THE PATIENT  
FEELS COMPELLED TO RESIST KNOWING IT**



## **THE TASK FOR THE THERAPIST**

**WITH YOUR FINGER EVER ON THE PULSE  
OF THE LEVEL OF THE PATIENT'S ANXIETY  
AND CAPACITY TO TOLERATE FURTHER CHALLENGE**

**YOU WILL THEREFORE REPEATEDLY**

**FIRST "CHALLENGE" BY  
"DIRECTING THE PATIENT'S ATTENTION  
TO WHERE YOU WOULD WANT HER TO GO"**

**– "DISRUPTIVE ATTUNEMENT" –**

**THEN "SUPPORT" BY  
"BEING WITH HER WHERE SHE IS"**

**– "HOMEOSTATIC ATTUNEMENT" –**

**"BEING WITH THE PATIENT WHERE SHE IS"  
DOES NOT MEAN "AGREEING" WITH HER POSITION**

**– NOR DOES IT MEAN "ENABLING" HER DEFENSE –**

**RATHER**

**IT MEANS "BEING ATTUNED TO"**

**– AND "RESONATING EMPATHICALLY WITH" –**

**HER "NEED TO DEFEND"**

**– SUCH THAT SHE FEELS DEEPLY UNDERSTOOD –**

**– EVEN AS SHE IS BEING GENTLY INVITED TO CONSIDER MOVING BEYOND HER DEFENSE –**

**JAMES HERZOG (1999) / SALMAN AKHTAR (2012)**

**OPTIMALLY STRESSFUL MODEL 1 CONFLICT STATEMENTS**  
**ADDRESS “CONVERGENT (BOTH / AND) CONFLICTS”**  
THEY FIRST “CHALLENGE” (“DISRUPTIVE ATTUNEMENT”)  
BY “DIRECTING THE PATIENT’S ATTENTION TO WHERE WE WOULD WANT HER TO GO”  
AND THEN “SUPPORT” (“HOMEOSTATIC ATTUNEMENT”)  
BY “RESONATING EMPATHICALLY WITH WHERE SHE IS IN THE MOMENT”

### **THE COST OF HOPE**

“YOU KNOW THAT, EVENTUALLY, YOU WILL NEED TO FACE THE REALITY  
THAT YOUR MOTHER WAS NEVER TRULY THERE FOR YOU  
AND THAT YOU WON’T GET BETTER  
UNTIL YOU LET GO OF YOUR HOPE THAT MAYBE, SOMEDAY,  
YOU’LL FIND A WAY TO MAKE HER CHANGE.  
BUT YOU’RE NOT YET READY TO FACE THE FULL FORCE OF THAT LOSS,  
BECAUSE YOU’RE AFRAID THAT,  
WERE YOU TO LET YOURSELF REALLY FEEL THE PAIN,  
YOU MIGHT NOT SURVIVE THE HEARTBREAK AND DESPAIR THAT WOULD FOLLOW.”

### **THE LONGING TO BE CHOSEN**

“YOU KNOW THAT, ULTIMATELY, YOU WILL NEED TO CONFRONT AND GRIEVE  
THE REALITY THAT RICARDO – LIKE YOUR FATHER – IS NOT, AND MIGHT  
NEVER BE, AVAILABLE IN THE WAYS YOU HAVE LONGED FOR.  
AND THAT UNTIL YOU CAN MAKE YOUR PEACE WITH THAT PAINFUL TRUTH  
YOU WILL PROBABLY CONTINUE TO FEEL DEFEATED AND MISERABLE.  
BUT, RIGHT NOW, ALL YOU CAN THINK ABOUT IS WHAT ELSE YOU CAN DO  
TO WIN HIS LOVE AND PROVE THAT YOU ARE WORTHY OF IT – AND OF HIM.”

**OPTIMALLY STRESSFUL MODEL 1 CONFLICT STATEMENTS  
ADDRESS “CONVERGENT (BOTH / AND) CONFLICTS”**

**THE FEAR OF FALLING SHORT**

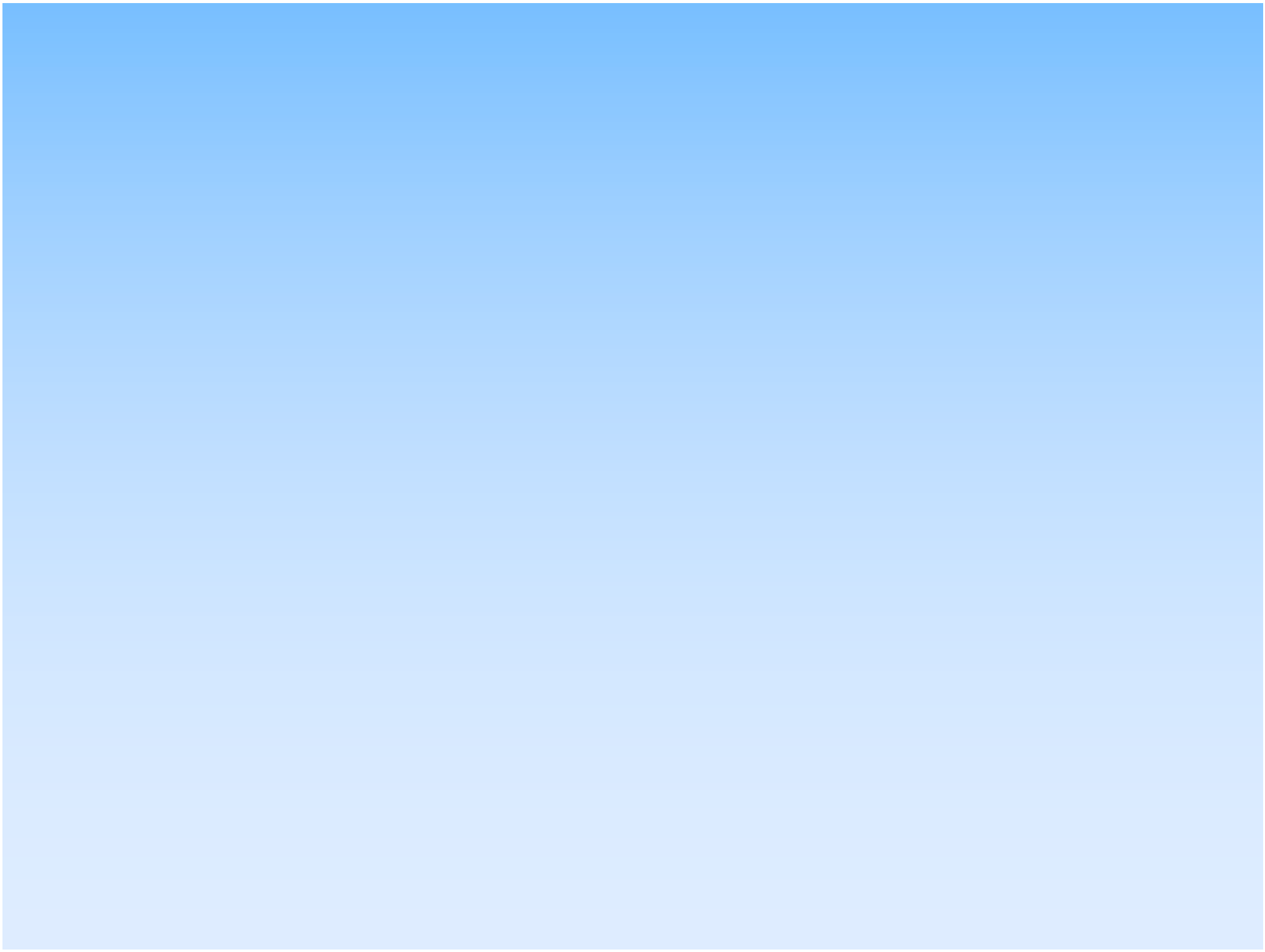
“YOU KNOW THAT YOU WON’T FEEL TRULY FULFILLED UNTIL YOU’VE COMPLETED YOUR DISSERTATION – A MILESTONE YOU KNOW DEEPLY MATTERS TO YOU. BUT YOU KEEP STRUGGLING, PARALYZED BY THE FEAR THAT WHATEVER YOU MIGHT WRITE JUST WOULDN’T BE GOOD ENOUGH OR ADEQUATELY CAPTURE THE ESSENCE OF WHAT YOU’RE TRYING TO CONVEY. YOUR FATHER TOLD YOU TOO MANY TIMES THAT HE THOUGHT YOU WOULD NEVER MAKE IT.”

**THE INTOLERABLE RISK OF LETTING LOVE IN**

“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 FEELS SIMPLY INTOLERABLE. THERE’S NO WAY YOU’RE WILLING TO RUN THE RISK OF BEING HURT EVER AGAIN.”

**THE GRIEF OF LETTING GO**

“YOU KNOW THAT YOU WON’T ACTUALLY BE HAPPY UNTIL YOU GET OUT OF THE TOXIC RELATIONSHIP WITH JORGE AND ALLOW YOURSELF TO FIND SOMEONE WHO WILL REALLY APPRECIATE – AND LOVE – YOU. BUT THE THOUGHT OF ENDING IT WITH JORGE, AFTER HAVING SPENT SO MANY YEARS TRYING TO MAKE IT WORK, IS ABSOLUTELY DEVASTATING – AND YOUR FEAR IS THAT YOU SIMPLY WOULDN’T SURVIVE THE HEARTBREAK.”



**PLEASE NOTE**

**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 ACTUALLY KNOW IT YET,**

**THEN IT IS BETTER THAT THE THERAPIST RESIST THE TEMPTATION  
TO “LEAD THE WITNESS” IN THIS WAY**

**BY WAY OF EXAMPLE – LET’S SAY THAT YOU START YOUR CONFLICT STATEMENT WITH  
“YOU KNOW THAT YOUR UNRESOLVED FEELINGS ABOUT YOUR FATHER 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  
RUNS THE RISK OF MAKING HER FEEL MISUNDERSTOOD  
– AND EVEN MORE DEFENSIVE –**

**FURTHERMORE, IT’S A KIND OF “CLINICAL SHORTCUT”  
– AND, IN ESSENCE, A SUBTLE FORM OF “CHEATING”  
THAT IS FUNDAMENTALLY UNFAIR TO THE PATIENT –**

## **PLACING THE CONFLICT WHERE IT BELONGS**

**BY LOCATING SQUARELY WITHIN THE PATIENT HERSELF  
THE CONFLICT BETWEEN WHAT SHE KNOWS AND WHAT SHE, MADE ANXIOUS,  
FINDS HERSELF THINKING, FEELING, OR DOING IN ORDER TO AVOID THAT KNOWING,  
THE THERAPIST IS DEFTLY SIDESTEPPING THE POTENTIAL  
FOR CONFLICT BETWEEN HERSELF AND THE PATIENT**

**MORE SPECIFICALLY  
WHENEVER THE THERAPIST INTRODUCES A CONFLICT STATEMENT WITH  
“YOU KNOW THAT . . . ,”**

**SHE IS GENTLY FORCING THE PATIENT  
TO TAKE OWNERSHIP OF WHAT THE PATIENT  
– ALBEIT BEGRUDGINGLY –  
ACTUALLY DOES KNOW**

**IF, INSTEAD, THE THERAPIST  
– IN A WELL – MEANING BUT MISGUIDED ATTEMPT TO URGE THE PATIENT FORWARD –  
SIMPLY RESORTS TO TELLING THE PATIENT WHAT SHE HERSELF KNOWS,  
NOT ONLY WILL THE THERAPIST BE RUNNING THE RISK  
OF FORCING THE PATIENT TO BECOME EVEN MORE ENTRENCHED  
IN HER STANCE OF DEFIANT PROTEST  
BUT THE THERAPIST WILL ALSO BE DEPRIVING THE PATIENT  
OF ANY REAL INCENTIVE TO TAKE RESPONSIBILITY  
FOR HER OWN DESIRE TO GET BETTER**

## **AVOIDING A POWER STRUGGLE**

**IN OTHER WORDS  
THROUGH THE JUDICIOUS AND ONGOING USE  
OF CONFLICT STATEMENTS  
THAT COMPEL THE PATIENT  
TO BECOME AWARE OF  
– AND TO TAKE RESPONSIBILITY FOR –  
HER STATE OF “INTERNAL DIVIDEDNESS”  
ABOUT, FOR EXAMPLE, GETTING BETTER  
– IN SHORT, HER “AMBIVALENCE” –**

**THE THERAPIST WILL BE ABLE  
MASTERFULLY TO AVOID BECOMING DEADLOCKED  
IN A POWER STRUGGLE WITH THE PATIENT**

**A POWER STRUGGLE THAT  
CAN EASILY ENOUGH UNFOLD  
IF THE THERAPIST TAKES IT UPON HERSELF  
TO REPRESENT THE (ADAPTIVE) “VOICE OF REALITY”  
BY OVERZEALOUSLY ADVOCATING FOR THE PATIENT  
TO DO THE “RIGHT” OR “HEALTHY” THING**

**– A POSITION THAT THEN RISKS LEAVING THE PATIENT, MADE ANXIOUS,  
WITH NO CHOICE BUT TO BECOME THE (DEFENSIVE) “VOICE OF OPPOSITION” –**



## **HONORING THE PRESENT, HOLDING SPACE FOR CHANGE**

**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 EXPRESSIONS ARE DELIBERATELY CHOSEN  
TO “HONOR” THE PATIENT’S CURRENT INVESTMENT  
IN A DYSFUNCTIONAL DEFENSE**

**BY INSERTING THESE TIME – BOUND QUALIFIERS,  
THE THERAPIST IS GENTLY IMPLYING  
THAT THE PATIENT’S DEFENSIVE POSITION  
– ALTHOUGH, IN THE PRESENT, UNDERSTANDABLY ENTRENCHED –  
IS NOT NECESSARILY FIXED OR PERMANENT**

**AND THAT EVEN IF**

**– FOR NOW –**

**THE PATIENT WOULD APPEAR TO BE COMMITTED  
TO HOLDING ONTO THE FAMILIAR DEFENSE,  
THERE REMAINS THE POSSIBILITY THAT**

**– AT ANOTHER POINT IN TIME –**

**SOMETHING NEW – AND DIFFERENT – COULD BECOME POSSIBLE**

## **THE LURE OF THE FAMILIAR**

**“YOU KNOW THAT YOU’RE PAYING A STEEP PRICE  
FOR YOUR REFUSAL TO STOP SMOKING –  
ESPECIALLY IN LIGHT OF YOUR RECURRENT LUNG INFECTIONS –  
AND THAT, AT SOME POINT,  
YOU WILL PROBABLY HAVE NO CHOICE  
BUT TO QUIT COLD TURKEY.  
BUT, IN THE MOMENT, YOU FIND YOURSELF FEELING  
THAT YOU SIMPLY MUST PRESERVE THE OPTION  
OF REACHING FOR A CIGARETTE –  
A LIFELINE TO EASE THE OVERWHELMING ANXIETY  
STIRRED UP BY THE STRESS OF THE LAWSUIT.”**

**BY INCLUDING THE TEMPORAL ELEMENT,  
THE THERAPIST IS PLANTING A QUIET SEED OF HOPE**

**THAT EVEN AS THE PATIENT CLINGS  
– FOR NOW –  
TO THE FAMILIAR LIFELINE OF THE DEFENSE,  
A FUTURE MIGHT YET EMERGE  
IN WHICH SOMETHING LESS COSTLY  
AND MORE LIFE – GIVING  
COULD BEGIN TO TAKE ITS PLACE**

PARENTHETICALLY  
AS WE SIT WITH OUR PATIENTS  
WE WILL OFTEN BECOME AWARE OF TENSION  
NOT ONLY WITHIN THEM  
BUT WITHIN OURSELVES AS WELL

**“DIALECTICAL TENSION” BETWEEN**

ON THE ONE HAND  
OUR VISION OF WHO WE THINK THE PATIENT COULD BE  
– WERE SHE (ADAPTIVELY) BUT ABLE / WILLING TO MAKE HEALTHIER CHOICES –

AND ON THE OTHER HAND  
**OUR RESPECT FOR THE REALITY OF WHO SHE IS**  
– AND FOR THE CHOICES, NO MATTER HOW UNHEALTHY,  
THAT SHE (DEENSIVELY) “FINDS HERSELF” FEELING COMPELLED TO MAKE –

WE ARE THEREFORE ALWAYS STRUGGLING TO FIND  
WITHIN OURSELVES AN OPTIMAL BALANCE  
BETWEEN WANTING THE PATIENT TO CHANGE  
– AND THEREFORE “CHALLENGING” HER –  
**AND ACCEPTING THE REALITY OF WHO SHE IS**  
– AND THEREFORE “SUPPORTING” HER –



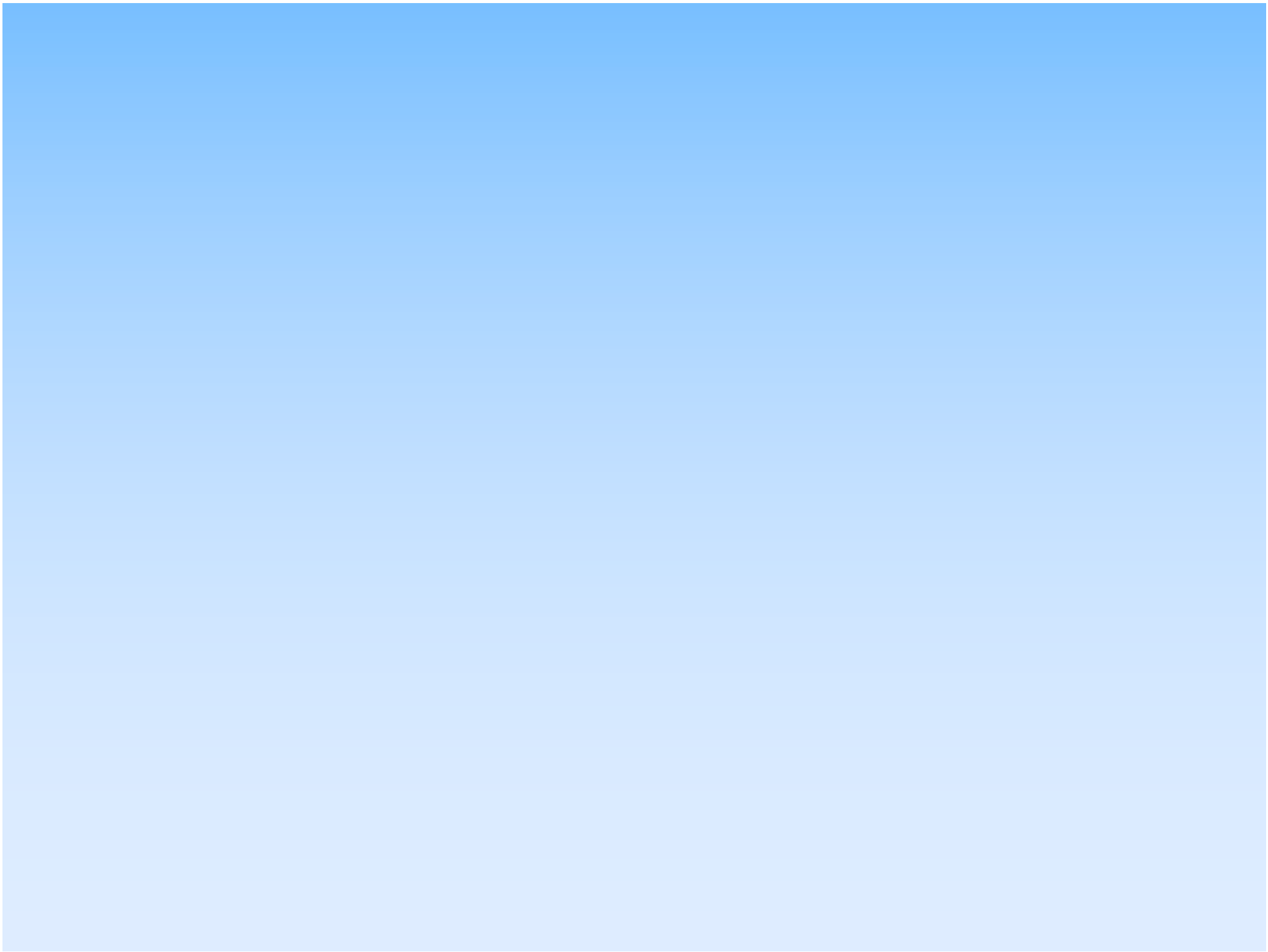
**Challenge**

**Support**

**DO I CHALLENGE? OR SUPPORT?  
OR PERHAPS DO BOTH?**

INDEED, WE ALL FIND OURSELVES SOMETIMES  
VERY CONFUSED ABOUT WHAT TO DO NEXT!

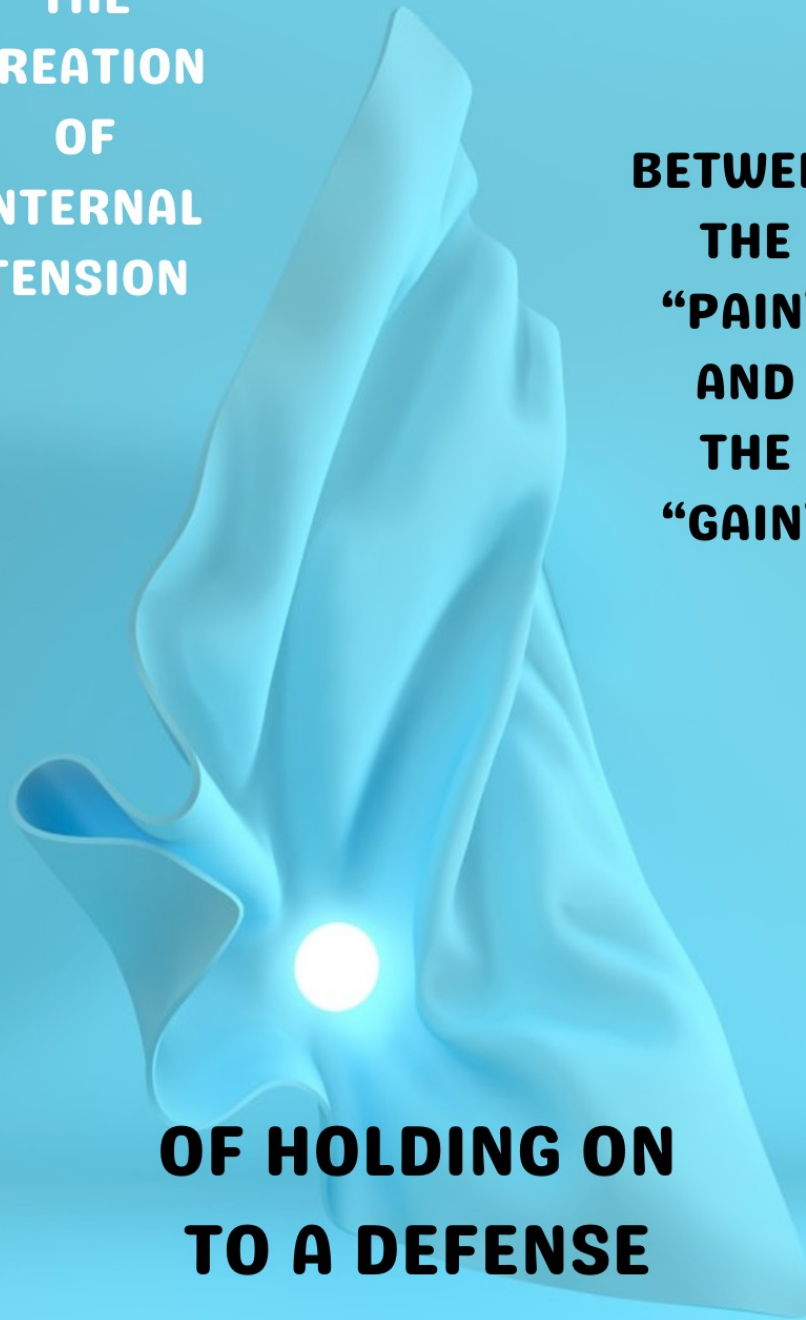




**THE  
CREATION  
OF  
INTERNAL  
TENSION**

**BETWEEN  
THE  
“PAIN”  
AND  
THE  
“GAIN”**

**OF HOLDING ON  
TO A DEFENSE**



## **WE CANNOT AVOID SUFFERING**

**BUT WE CAN CHOOSE HOW WE COPE WITH IT, HOW WE FIND MEANING IN IT,  
AND HOW WE MOVE FORWARD WITH RENEWED PURPOSE**

**ALTHOUGH OFTEN MISATTRIBUTED TO THE EXISTENTIAL PSYCHIATRIST VIKTOR FRANKL,  
THE AUTHOR OF THIS EVOCATIVE QUOTE IS ACTUALLY 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.”**

**APPLYING THIS TO THE CLINICAL SITUATION  
BETWEEN STRESSOR AND WHAT FOLLOWS IS A SPACE.  
IN THAT SPACE IS OUR POWER ...**

**... EITHER TO “REACT DEFENSIVELY”  
WHEN THE STRESSOR IS SIMPLY “TOO MUCH” FOR US TO MANAGE  
– WHICH WILL THWART OUR GROWTH –**

**... OR TO “RESPOND ADAPTIVELY”  
WHEN WE ARE MORE ABLE TO TAKE THAT STRESSOR “IN OUR STRIDE”  
– WHICH WILL PROMOTE OUR FREEDOM –**

**NOT ONLY DO WE HAVE THE POWER TO CHOOSE HOW WE MAKE MEANING OF OUR LIVES  
BUT WE ALSO HAVE THE RESPONSIBILITY TO DO SO**

**IT HAS BEEN SUGGESTED THAT 10% OF WHAT HAPPENS TO US IS “LIFE”  
BUT 90% IS HOW WE EITHER “DEFENSIVELY REACT” OR “ADAPTIVELY RESPOND” TO IT**



PLEASE NOTE THAT I DO NOT “LIMIT” DEFENSES  
TO THE WELL – KNOWN, TRADITIONAL ONES  
– SUCH AS REPRESSION, PROJECTION, DISSOCIATION, SOMATIZATION –

RATHER, I DEFINE DEFENSES “MORE BROADLY”  
AS REFERRING TO ANY “SELF – PROTECTIVE PROCESS” MOBILIZED  
WHEN WE ARE MADE ANXIOUS IN THE FACE OF STRESS



IN THAT VULNERABLE MOMENT . . .

**EITHER WE**  
**– MADE ANXIOUS –**  
**”REACT REFLEXIVELY” BY “RIGIDLY DEFENDING” AGAINST THE STRESSOR**  
**A “DEFENSIVE (MINDLESS) REACTION”**

**OR WE**  
**– MORE FLEXIBLE –**  
**“RESPOND REFLECTIVELY” BY “RESILIENTLY ADAPTING” TO THE STRESSOR**  
**AN “ADAPTIVE (MORE MINDFUL) RESPONSE”**

## **SUMMARY SLIDE FOR THE THERAPEUTIC ACTION IN MODEL 1 OF THE STARK METHOD**

**FROM “RIGID (OUTDATED) DEFENSE” TO “RESILIENT (UPDATED) ADAPTATION”**

**– WHENEVER POSSIBLE –**

**THE PSYCHODYNAMIC THERAPIST TARGETS THE PATIENT’S DEFENSES  
WITH “OPTIMALLY STRESSFUL” INTERVENTIONS THAT OFFER A COMBINATION OF**

**ANXIETY – PROVOKING**

**– BUT ULTIMATELY GROWTH – PROMOTING –  
CHALLENGE OF DEFENSE**

**AND ANXIETY – ASSUAGING**

**– BUT ULTIMATELY GROWTH – IMPEDING –  
SUPPORT OF IT**

**THE NET RESULT OF WHICH WILL BE THE GENERATION OF  
DESTABILIZING “INTERNAL TENSION” WITHIN THE PATIENT**

**– GROWTH – INCENTIVIZING “MISMATCH EXPERIENCES” –**

**BETWEEN “OLD (CONDITIONED) BAD” AND “NEW (CORRECTED) GOOD”**

**THE ONGOING WORKING THROUGH OF WHICH**

**– TO RESOLVE THE HOMEOSTATIC IMBALANCE –**

**WILL INCREMENTALLY ADVANCE THE PATIENT**

**FROM “DEFENSIVE RIGIDITY” TO “ADAPTIVE RESILIENCE”**

**– AS “CONDITIONED REACTION” EVOLVES INTO “CORRECTED RESPONSE” –**

MORE SPECIFICALLY  
**THE ARC OF MODEL 1**  
– FROM “DEFENSIVE RESISTANCE” TO “ADAPTIVE AWARENESS” –

AT ITS CORE  
**MODEL 1**  
– THE INTERPRETIVE PERSPECTIVE OF THE STARK METHOD –  
**IS A CAREFULLY TITRATED EFFORT TO GUIDE THE PATIENT  
FROM DEEPLY ENTRENCHED RESISTANCE  
TOWARD INCREASINGLY RESILIENT AWARENESS**

**FROM**  
**CLINGING TO RIGID, DYSFUNCTIONAL DEFENSES**  
– DEFENSES THAT HAD ONCE FELT SELF – PROTECTIVE AND NECESSARY –  
**TO**  
**CULTIVATING EVER – EVOLVING INSIGHT INTO BOTH  
THEIR EARLY ORIGINS AND HOW THEY CONTINUE TO SERVE**  
**AND, ULTIMATELY, TO**  
**DEVELOPING THE CAPACITY TO LET THEM GO**

AS WE KNOW,  
BECAUSE MOST DEFENSES ARE SUSTAINED BY AMBIVALENCE,  
**THE TASK IS GENTLY TO ILLUMINATE  
BOTH SIDES OF THAT AMBIVALENCE**

**FROM EGO – SYNTONIC TO EGO – DYSTONIC:  
THE TURNING POINT IN THE THERAPEUTIC ACTION IN MODEL 1**

**IF DEFENSES ARE EVER TO BE RELINQUISHED,  
THEY MUST FIRST BE EXPERIENCED AS EGO – DYSTONIC  
– THAT IS, AS NO LONGER IN SYNC WITH WHO THE PATIENT WOULD WANT TO BE –**

**DEFENSES THAT HAVE LONG BEEN EGO – SYNTONIC  
MUST COME TO FEEL INCREASINGLY ALIEN AND COSTLY  
– SUCH THAT THE “PAIN” OF MAINTAINING THEM  
BEGINS TO OUTWEIGH THE (SECONDARY) “GAIN” OF STILL HOLDING ON –**

**TO THAT END  
I HAVE DEVELOPED A PARTICULAR KIND OF CONFLICT STATEMENT  
– WHICH I CALL A “PRICE – PAID” CONFLICT STATEMENT –  
DESIGNED SPECIFICALLY TO CREATE  
INCENTIVIZING INTERNAL TENSION IN THE PATIENT  
BY JUXTAPOSING –**

**HER DAWNING AWARENESS  
OF JUST HOW COSTLY HER DEFENSES HAVE BECOME  
– WITH AN EYE TO MAKING THEM MORE EGO – DYSTONIC –**

**WITH  
HER EVOLVING RECOGNITION  
OF JUST HOW DEEPLY INVESTED SHE HAS BEEN  
IN HOLDING ON TO THEM EVEN SO  
– WITH AN EYE TO HIGHLIGHTING HOW EGO – SYNTONIC THEY REMAIN –**

## **“PRICE – PAID” CONFLICT STATEMENTS**

**– SPOTLIGHTING THE PATIENT’S “AMBIVALENT ATTACHMENT” TO HER DEFENSES –**

**IN ORDER TO GENERATE GROWTH – INCENTIVIZING “INTERNAL DISSONANCE,”**

**THE THERAPIST WILL, WHENEVER POSSIBLE,**

**CONSTRUCT A “PRICE – PAID” CONFLICT STATEMENT**

**DESIGNED TO FOSTER THE PATIENT’S**

**“EVER – EVOLVING AWARENESS” OF BOTH**

**THE “PSYCHIC PAIN” AND THE “EMOTIONAL GAIN”**

**– OF REMAINING INVESTED IN THE DYSFUNCTION –**

**“YOU KNOW THAT < PAIN > . . . ,  
BUT YOU REMAIN < GAIN > EVEN SO . . . ”**

**“YOU KNOW THAT < PRICE PAID > . . . ,  
BUT YOU REMAIN < INVESTED IN > EVEN SO . . . ”**

**THESE CAREFULLY CRAFTED FORMULATIONS**

**ARE INTENDED TO MAKE THE PATIENT’S**

**“AMBIVALENTLY HELD DEFENSE”**

**“LESS EGO – SYNTONIC” AND “MORE EGO – DYSTONIC”**

**AND THEREBY TO GALVANIZE HER TO “TAKE ACTION”**

**TO “RESOLVE THE INTERNAL DISSONANCE”**

**AND “RESTORE A NEW, MORE ADAPTIVE HOMEOSTATIC BALANCE”**

## **MODEL 1 “PRICE – PAID” CONFLICT STATEMENTS**

**FIRST “CHALLENGE” THE DEFENSE BY “DIRECTING THE PATIENT’S ATTENTION”  
TO THE “PAIN / COST / PRICE PAID” FOR “OLD BAD”  
AND THEN “SUPPORT” THE DEFENSE BY “RESONATING EMPATHICALLY”  
WITH THE (SECONDARY) “GAIN / BENEFIT / PAY OFF” OF HOLDING ONTO IT**

### **ALCOHOL USE**

**“YOU KNOW THAT YOU’RE PAYING A STEEP PRICE FOR NOT TAKING SERIOUSLY  
THE TOLL YOUR DRINKING IS TAKING 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.”**

### **WEIGHT AND DEPRIVATION**

**“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.”**

### **EMOTIONAL GUARDEDNESS**

**“YOU KNOW THAT KEEPING PEOPLE AT ARM’S LENGTH HAS LEFT YOU FEELING  
PAINFULLY ALONE – AND THAT YOUR LONGING FOR CONNECTION KEEPS GROWING.  
BUT RIGHT NOW, THE IDEA OF LETTING SOMEONE IN FEELS FAR TOO RISKY –  
BECAUSE THE FEAR OF BEING HURT AGAIN STILL FEELS GREATER THAN THE HOPE  
OF BEING LOVED.”**

**CONFLICT STATEMENTS HIGHLIGHT  
NOT ONLY THE PATIENT'S "EMOTIONAL INVESTMENT"  
IN MAINTAINING  
THE COMFORT AND FAMILIARITY  
OF "SAME OLD, SAME OLD"  
AND THE "PSYCHIC COST"  
OF THAT MISPLACED LOYALTY  
TO THE PAST**

**BUT ALSO GENTLY GESTURE  
TOWARD THE "ENLIVENING POSSIBILITY"  
OF "SOMETHING NEW, DIFFERENT, AND COMPELLINGLY BETTER"  
AT SOME LATER POINT**

**– A FUTURE NOT YET LIVED, BUT ALREADY IMAGINED –**

**WHETHER ILLUMINATING "INVESTMENT," "COST," OR "POSSIBILITY,"**

**THE AIM IS ALWAYS THE SAME –**

**TO RENDER THE DEFENSE**

**EVER LESS EGO – SYNTONIC**

**AND EVER MORE EGO – DYSTONIC**

**– NO LONGER SEAMLESSLY ALIGNED WITH THE SELF,  
BUT INCREASINGLY EXPERIENCED AS OUT OF STEP  
WITH ONE'S EVOLVING, PREFERRED SENSE OF SELF –**

**THE PAIN OF STAYING**  
**versus**  
**THE TERROR OF LEAVING**

“A PART OF YOU KNOWS THAT YOUR LIFE WOULD BE SO MUCH BETTER  
WERE YOU TO MOVE FORWARD WITH THE DIVORCE –  
YOU’VE BEEN CARRYING THE WEIGHT OF THIS FOR SUCH A LONG TIME NOW,  
AND YOU KNOW THAT YOU’RE PAYING A STEEP PRICE BY STAYING.

“BUT IT’S ALSO TRUE THAT THE THOUGHT OF LEAVING – OF BEING OUT THERE  
IN THE WORLD ON YOUR OWN AGAIN – FEELS ABSOLUTELY TERRIFYING.  
THE HAUNTING AND OH – SO – FAMILIAR LONELINESS – THE ACHING QUIET –  
THE DESPERATE SENSE THAT NO ONE WOULD BE THERE –  
IT ALL FEELS LIKE MORE THAN YOU COULD POSSIBLY BEAR.

“AND YET – SOMEWHERE DEEP INSIDE –  
THERE MIGHT ALSO BE THE FAINTEST HOPE  
THAT IN LETTING GO OF WHAT NO LONGER SERVES YOU,  
YOU MIGHT BEGIN TO MAKE SPACE FOR SOMETHING NEW –  
SOMETHING RICHER – SOMETHING THAT, IN TIME, COULD ACTUALLY FEEL  
SO RIGHT – LIKE COMING HOME TO YOURSELF.”



BY HIGHLIGHTING THE GROWING “DISCONNECT”  
BETWEEN  
THE “GAIN / BENEFIT / EMOTIONAL PAYOFF” OF HOLDING ON TO “OLD BAD”  
AND  
THE “PAIN / COST / PSYCHIC TOLL” OF DOING SO

THE THERAPIST BEGINS GRADUALLY  
TO SHIFT THE BALANCE  
FROM THE “GAIN” OF “OLD BAD”  
– THE “PAY OFF” THAT HAS SUSTAINED ITS “EGO – SYNTONIC” GRIP –  
TO THE “PAIN” OF “OLD BAD”  
– THE “PRICE PAID” THAT WILL EVENTUALLY RENDER IT “EGO – DYSTONIC” –

INDEED  
MODEL 1 “PRICE – PAID” CONFLICT STATEMENTS  
ARE POWERFUL TOOLS  
IN THE THERAPIST’S ARMAMENTARIUM  
BECAUSE THEY GENERATE  
EVER – INCREASING INTERNAL DISSONANCE  
– TENSION BETWEEN  
THE DEFENSE’S LINGERING APPEAL  
AND ITS MOUNTING PSYCHOLOGICAL COST –

THIS CAREFULLY CULTIVATED DISSONANCE  
WILL, IN TIME, TIP THE SCALES  
– AWAY FROM THE PRESERVATION OF DEFENSE AND TOWARD ITS EVENTUAL RELINQUISHMENT –

PLEASE NOTE  
INTRODUCING A “CORRECTIVE CHALLENGE” INTO THE SYSTEM  
– BY HIGHLIGHTING THE PATIENT’S EMERGING CAPACITY  
TO RECOGNIZE THE “COST” OF CLINGING  
TO A GROWTH – IMPEDING DEFENSE (SUCH AS RESISTANCE) –  
WILL INEVITABLY GIVE RISE TO “INTERNAL TENSION”  
AND A STATE OF “HOMEOSTATIC IMBALANCE”

**BUT “STATES OF DISEQUILIBRIUM”**  
**– FROM AN EVOLUTIONARY POINT OF VIEW –**  
**CANNOT BE TOLERATED INDEFINITELY**

AS DESCRIBED BY WALTER B CANNON (1932)  
“THE WISDOM OF THE BODY” IS SUCH THAT IT WILL  
AUTOMATICALLY “SELF – CORRECT” OR “SELF – RIGHT”  
– THAT IS, CALL UPON ITS INNATE CAPACITY TO RECOVER FROM ADVERSITY  
BY TAKING EFFECTIVE ACTION TO ADAPT TO IT –

THIS POWERFUL TENDENCY  
TO RESTORE HOMEOSTATIC BALANCE  
AND TO RESOLVE THE INTERNAL TENSION  
– CREATED BY THE DISCOMFITING “EXPERIENCE OF MISMATCH” –  
IS WHAT FUELS THE PROCESS OF CHANGE

**WITH EACH “ITERATIVE HEALING CYCLE,”**  
**THE SYSTEM PROPELS ITSELF FORWARD**  
**– FROM “DEFENSIVE RESISTANCE” TO “ADAPTIVE AWARENESS” –**

A MNEMONIC TO HELP YOU REMEMBER 😊  
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 ONCE WAS**

– RENDERING THE PATIENT UNCONSCIOUS, DISSOCIATED,  
SWEPT AWAY BY UNSEEN EMOTIONAL FORCES –

**THERE SHALL MINDFUL PRESENCE BE**

– EMPOWERING THE PATIENT TO REMAIN GROUNDED,  
WITHSTAND THE PULL, AND RESIST BEING SWEEP AWAY –

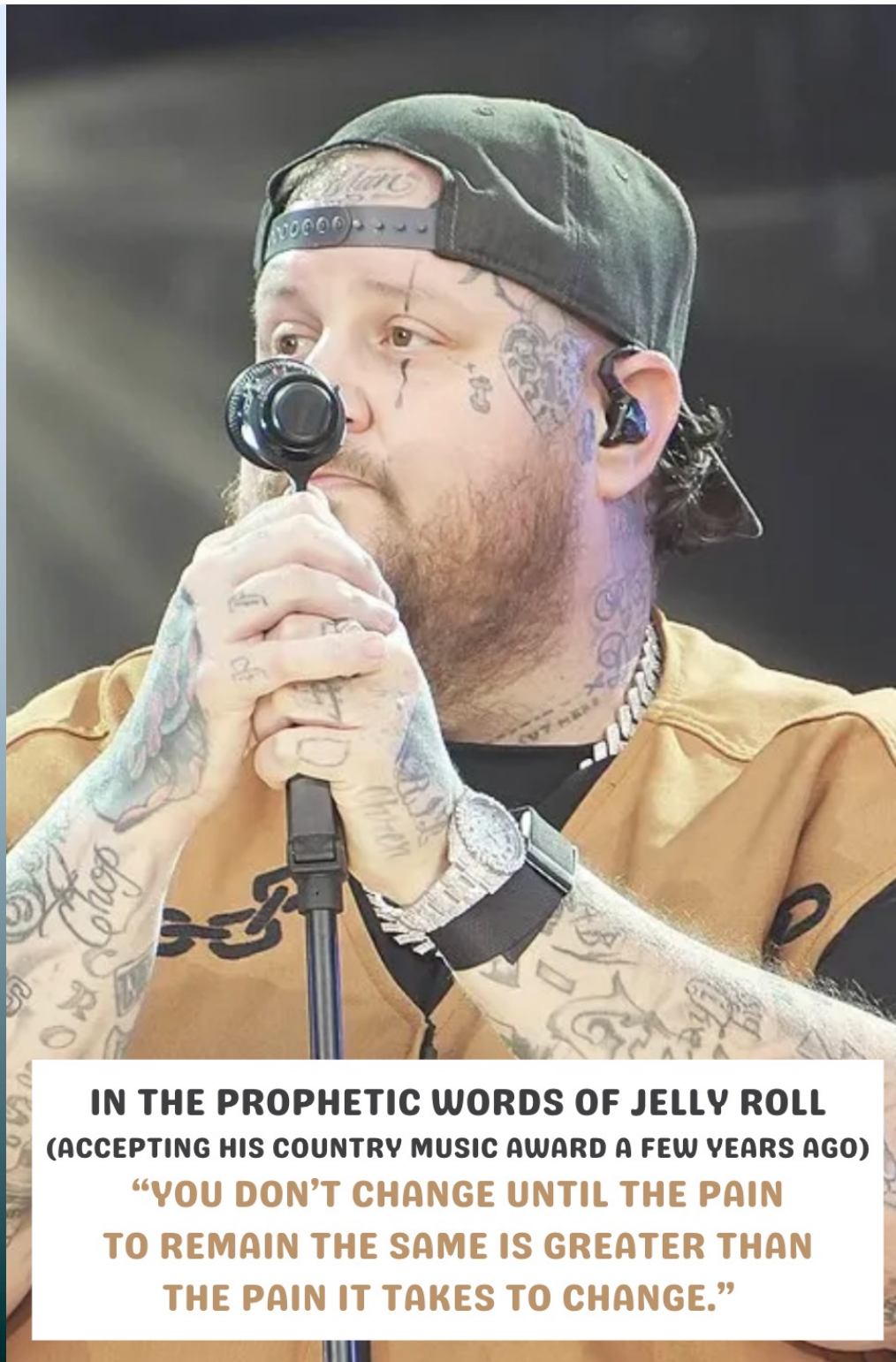
**AS LONG AS THE “GAIN” IS GREATER THAN THE “PAIN”**

– THE DEFENSE MORE “EGO – SYNTONIC” THAN “EGO – DYSTONIC” –

**THE PATIENT WILL “MAINTAIN” THE DEFENSE  
AND “REMAIN” ENTRENCHED IN HER RESISTANCE**

**BUT THROUGH THE PATIENT’S “EVER – EVOLVING AWARENESS”  
OF BOTH THE “PSYCHIC COST” AND THE “EMOTIONAL INVESTMENT,”  
ONCE THE “PAIN” BECOMES GREATER THAN THE “GAIN”  
– THE DEFENSE MORE “EGO – DYSTONIC” THAN “EGO – SYNTONIC” –**

**THE STRESS AND “STRAIN” OF  
THE RESULTING COGNITIVE AND AFFECTIVE DISSONANCE  
– BETWEEN THE “PAIN” AND THE “GAIN” –  
WILL ULTIMATELY GENERATE THE IMPETUS NEEDED  
FOR THE PATIENT GRADUALLY TO RELINQUISH HER ATTACHMENT  
TO DEFENSIVE RESISTANCE  
IN FAVOR OF A NEW AND MORE ADAPTIVE AWARENESS**



**IN THE PROPHETIC WORDS OF JELLY ROLL  
(ACCEPTING HIS COUNTRY MUSIC AWARD A FEW YEARS AGO)**  
**“YOU DON’T CHANGE UNTIL THE PAIN  
TO REMAIN THE SAME IS GREATER THAN  
THE PAIN IT TAKES TO CHANGE.”**

OVER TIME  
“INTERNAL CONFLICT” BETWEEN  
(1) THE PLEASURE – SEEKING DRIVES OF THE ID,  
(2) THE MORAL INJUNCTIONS OF THE SUPEREGO,  
(3) THE SOBERING CONSTRAINTS OF THE EXTERNAL WORLD,  
AND (4) A BELEAGUERED EGO  
– STRUGGLING VALIANTLY TO KEEP THE PEACE –  
WILL GRADUALLY GIVE WAY TO “INTERNAL COLLABORATION”

AS THE ID’S UNRULY DRIVES ARE GRADUALLY TAMED  
– THEIR ENERGY NO LONGER DISAVOWED BUT NOW HARNESSSED AND INTEGRATED –

AS THE SUPEREGO’S PUNITIVE PROHIBITIONS BEGIN TO SOFTEN  
– RELINQUISHING THEIR RIGID, JUDGMENTAL GRIP –

AND AS THE EGO STRENGTHENS  
– THROUGH DEEPENING SELF – REFLECTIVE AWARENESS AND INSIGHT –  
IT BECOMES MORE CAPABLE OF NAVIGATING THE OPPOSING DEMANDS  
OF ID, SUPEREGO, AND EXTERNAL REALITY  
– WITH NUANCE, STEADINESS, AND GRACE –

THERE WILL THEN EMERGE THE POSSIBILITY  
OF A TEMPERED, COLLABORATIVE INNER ENERGY  
– NO LONGER FRAGMENTED AND CONFLICTED –  
BUT AVAILABLE NOW TO FUEL MEANINGFUL PURSUITS  
AND SUPPORT THE UNFOLDING OF GENERATIVE, UNCONFLICTED ACTION

FROM “STRUCTURAL CONFLICT” TO “STRUCTURAL COLLABORATION”

FROM THE ACHE AND TORMENT OF “RELENTLESS AMBIVALENCE”  
TO THE COHERENCE AND SERENITY OF “INNER ALIGNMENT”





**THANK YOU!**

IF YOU WOULD LIKE TO BE  
ON MY MAILING LIST  
OR WOULD LIKE TO JOIN  
MY ENTIRELY F.R.E.E. 90 - MINUTE WEEKLY  
Spot Supervision ZOOM Sessions  
- BOTH "LIVE" AND "RECORDED" FOR LATER VIEWING  
ON MY PRIVATE YouTube CHANNEL -

PLEASE EMAIL ME AT  
MarthastarkMD @ SynergyMed.solutions



## REFERENCES

- Adler, G., Buie, D. (1979). Aloneness and borderline psychopathology: The possible relevance of child development issues. *International Journal of Psychoanalysis* 60:83-96.
- Alexander, F., French, T. M. (1946). *Psychoanalytic therapy: Principles and application*. New York: The Ronald Press Company.
- Angyal, A. (1965). *Neurosis and Treatment: A Holistic Theory*. Hoboken: New Jersey: John Wiley & Sons.
- Balint, M. (1968). *The basic fault: Therapeutic aspects of regression*. New York: Brunner/Mazel.
- Benjamin, J. (1988). *The bonds of love: Psychoanalysis, feminism, and the problem of domination*. New York, NY: Pantheon.
- Cannon, W. B. (1963). *The wisdom of the body*. New York: W. W. Norton & Company.
- Choi-Kain, L. W., & Gunderson, J. G. (2019). *Applications of good psychiatric management for borderline personality disorder: A practical guide*. Washington, DC: American Psychiatric Association Publishing.



- Fairbairn, W. R. D. (1958). On the nature and aims of psycho-analytical treatment. *International Journal of Psycho-Analysis* 39:374-385.
- Faulkner, W. (1951). *Requiem for a nun*. New York, NY: Random House.
- Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York, NY: Other Press.
- Freud, S. (1914). Remembering, repeating and working-through (Further recommendations on the technique of psycho-analysis II). *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XII* (1911-1913): 145-156.
- Freud, S. (1923). The ego and the id. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX* (1923-1925): The Ego and the Id and Other Works, 1-66.
- Hartmann, H. (1958). *Ego psychology and the problem of adaptation* (14<sup>th</sup> ed.). Madison, CT: International Universities Press Inc.
- Havens, L. (1976). *Participant observation: The psychotherapy schools in action*. Northvale, NJ: Jason Aronson Inc.
- Herzog, J. (2001). *Father hunger: Explorations with adults and children*. Abingdon-on-Thames, UK: Routledge / Taylor & Francis.

- Kernberg, O. (2000). *Borderline conditions and pathological narcissism*. Northvale, NJ: Jason Aronson Inc.
- Klein, M. (1964). *Contributions to psychoanalysis 1921-1945*. New York: McGraw-Hill.
- Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. New York, NY: International Universities Press.
- Mahler, M., Pine F., & Bergman, A. (1975). *The psychological birth of the human infant: Symbiosis and individuation*. New York, NY: Basic Books.
- Meissner, W. (1984). *Borderline spectrum: Differential diagnosis and developmental issues*. Northvale, NJ: Jason Aronson Inc.
- Milton, J. (2003). *Paradise lost*. London, England: Penguin Classics.
- Piaget, J. (1969). *The psychology of the child*. New York, NY: Basic Books.
- Rothstein, A. (2014). *The narcissistic pursuit of perfection*. Abingdon-on-Thames, UK: Routledge / Taylor & Francis.
- Stark, M. (1999). *Modes of therapeutic action: Enhancement of knowledge, provision of experience, and engagement in relationship*. Northvale, NJ: Jason Aronson Inc.

- Sterba, R. (1994). The fate of the ego in analytic therapy. *Journal of the American Psychoanalytic Association* 1994;42(3):863-73.
- Stern, D. (2003). *Unformulated experience: From dissociation to imagination in psychoanalysis*. Abingdon-on-Thames, UK: Routledge / Taylor & Francis.
- Strachey, J. (1934). The nature of the therapeutic action of psychoanalysis. *International Journal of Psycho-Analysis*, Volume 15: 127-159.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment*. Madison, CT: International Universities Press.
- Wolfe, T. (1940). *You can't go home again* (4<sup>th</sup> ed.). New York, NY: Harper & Brothers.