

**MODEL 3**  
**ACCOUNTABILITY STATEMENTS**

**THE THERAPIST**  
**AS AN AUTHENTIC SUBJECT**

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**MODEL 3**  
**ACCOUNTABILITY STATEMENTS**

**THERE ARE NUMBERS OF**  
**RELATIONAL INTERVENTIONS**  
**WITHIN THE THERAPIST'S ARMAMENTARIUM**  
**THAT SHE CAN USE TO ADDRESS THE**  
**"DYSFUNCTIONAL RELATIONAL DYNAMICS"**

**THAT THE PATIENT**  
**- IN AN EFFORT TO ACHIEVE MASTERY OF HER**  
**UNRESOLVED EARLY - ON RELATIONAL TRAUMAS -**  
**IS COMPULSIVELY, UNWITTINGLY,**  
**AND CONTINUOUSLY RE - ENACTING**  
**ON THE STAGE OF THE TREATMENT**

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**MODEL 3 ACCOUNTABILITY STATEMENTS**

**CAN INVOLVE INTERPRETING THE**  
**PATIENT'S ENACTMENTS AS AN EFFORT**

**EITHER (1) TO DRAW THE THERAPIST IN TO PARTICIPATING**  
**AS THE "ABUSIVE" PARENT THE PATIENT ONCE HAD**  
BY WAY OF BEHAVIOR ON THE PATIENT'S PART  
THAT IS UNCONSCIOUSLY DESIGNED  
TO PROVOKE AN "ABUSIVE" REACTION FROM THE THERAPIST

THIS IS A "DIRECT NEGATIVE TRANSFERENCE" IN WHICH  
THE THERAPIST IS MADE INTO THE "ABUSIVE" PARENT AND THE  
PATIENT ONCE AGAIN ASSUMES THE ROLE OF THE "ABUSED" CHILD

**OR (2) TO GET THE THERAPIST TO UNDERSTAND FIRSTHAND**  
**WHAT IT WAS LIKE FOR THE PATIENT GROWING UP**  
BY WAY OF BEHAVIOR ON THE PATIENT'S PART  
THAT INVOLVES UNCONSCIOUSLY DOING UNTO THE THERAPIST WHAT THE  
"ABUSIVE" PARENT HAD ONCE DONE UNTO THE PATIENT AS A CHILD

THIS IS AN "INVERTED NEGATIVE TRANSFERENCE" IN WHICH  
THE PATIENT ASSUMES THE ROLE OF THE "ABUSIVE" PARENT  
AND THEN BECOMES "ABUSIVE" TO THE THERAPIST IN AN  
EFFORT TO GET THE THERAPIST TO UNDERSTAND WHAT  
IT WAS LIKE FOR THE PATIENT GROWING UP

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**MODEL 3 ACCOUNTABILITY STATEMENTS  
CAN BE INTRODUCED IN ANY OF THE FOLLOWING WAYS**

"IT OCCURS TO ME THAT, BY WAY OF YOUR BEHAVIOR IN HERE WITH ME, YOU ARE HELPING ME TO UNDERSTAND SOMETHING THAT I HAD NEVER BEFORE ENTIRELY UNDERSTOOD ... "

"I THINK THAT YOU HAVE BEEN TRYING TO COMMUNICATE SOMETHING IMPORTANT TO ME THAT I HAD BEEN REFUSING TO SEE ... "

"I WONDER IF MY DIFFICULTY APPRECIATING JUST HOW DESPERATE YOU WERE MADE YOU FEEL THAT YOU HAD TO DO SOMETHING DRAMATIC IN ORDER TO GET MY ATTENTION ... "

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**THE THERAPIST IS HERE HOLDING HERSELF ACCOUNTABLE FOR HER CONTRIBUTION TO THE PATIENT'S "ACTING OUT" / "ENACTMENT"**

FRAMING THE PATIENT'S "PROVOCATIVE ENACTMENT" IN THIS WAY

NAMELY, THAT IT IS AN UNDERSTANDABLE REACTION TO THE THERAPIST'S INABILITY / REFUSAL TO UNDERSTAND SOMETHING IMPORTANT ABOUT THE PATIENT'S INTERNAL EXPERIENCE

MAY THEN MAKE IT A LITTLE EASIER FOR THE PATIENT HERSELF TO TOLERATE BEING HELD ACCOUNTABLE

IN OTHER WORDS

**WHEN THE THERAPIST ACKNOWLEDGES HER PART, THE PATIENT MAY THEN BE MORE WILLING (AND ABLE) TO ACKNOWLEDGE HER OWN PART**

**- WITHOUT HAVING TO LOSE FACE -**

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**MODEL 3 FOCUS ON THE HERE - AND - NOW ENGAGEMENT**

THE RELATIONAL THERAPIST'S INTEREST IS IN FACILITATING THE PATIENT'S "CAPACITY FOR HEALTHY RELATEDNESS"

BOTH BY ENHANCING THE PATIENT'S UNDERSTANDING OF WHAT SHE PLAYS OUT IN HER RELATIONSHIPS

AND BY PROVIDING THE PATIENT WITH THE EXPERIENCE OF BEING FOUND, HELD ACCOUNTABLE, AND CONTAINED

**WHICH CAN BE ACCOMPLISHED ONLY IF THE THERAPIST IS WILLING (AND ABLE) TO BRING HER OWN AUTHENTIC SELF INTO THE ROOM AND TO HOLD HERSELF ACCOUNTABLE**

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**THE RELATIONAL THERAPIST MUST BE TOTALLY PRESENT AND COMPLETELY ENGAGED IN THE THERAPEUTIC ENCOUNTER**

“UNLESS THE THERAPIST AFFECTIVELY ENTERS THE PATIENT’S RELATIONAL MATRIX OR, RATHER, DISCOVERS HIMSELF WITHIN IT

– UNLESS THE THERAPIST IS IN SOME SENSE CHARMED BY THE PATIENT’S ENTREATIES, SHAPED BY THE PATIENT’S PROJECTIONS, ANTAGONIZED AND FRUSTRATED BY THE PATIENT’S DEFENSES –

THE TREATMENT IS NEVER FULLY ENGAGED, AND A CERTAIN DEPTH WITHIN THE ANALYTIC EXPERIENCE IS LOST.”

STEPHEN MITCHELL (1988)

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IN OTHER WORDS

IF THERAPIST AND PATIENT ARE TO FIND EACH OTHER AS “SUBJECTS,” THEN BOTH MUST DARE TO BRING THEMSELVES INTO THE ROOM

**TO THAT END, THE RELATIONAL THERAPIST USES HER “AUTHENTIC SELF” TO PARTICIPATE IN THE THERAPEUTIC ENCOUNTER**

SHE STRIVES TO REMAIN CENTERED IN – AND EVER ATTUNED TO – HER OWN “EMERGENT PROCESS” OR “SUBJECTIVITY”

SO THAT SHE CAN USE HER COUNTERTRANSFERENCE – HER “EXPERIENCE OF SELF” – TO FIND, AND TO BE FOUND BY, THE PATIENT

THE THERAPIST’S ATTENTION IS THEREFORE ALWAYS DIRECTED TO BOTH THE HERE – AND – NOW OF HER OWN “EMERGENT EXPERIENCE” AND THE HERE – AND – NOW OF THE EVER – EVOLVING THERAPEUTIC ENGAGEMENT

**DARLENE EHRENBERG’S “INTIMATE EDGE” (1992)**

DANIEL STERN’S “NOW MOMENTS” (2000)

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