

NATURE vs NURTURE

**MODEL 1 vs
MODELS 2 AND 3**

**“I – IT” vs “I – THOU”
RELATIONSHIPS**

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MODEL 1
WHAT DERIVES FROM
WITHIN THE CHILD
NATURE

MODELS 2 AND 3
WHAT DERIVES FROM
WITHIN THE RELATIONSHIP
BETWEEN PARENT AND CHILD
NURTURE

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AS WE HAVE JUST SEEN

**CLASSICAL PSYCHOANALYSTS
CONCEIVE OF PSYCHOPATHOLOGY
AS DERIVING FROM THE PATIENT**

IN WHOM THERE IS THOUGHT TO BE
INTERNAL CONFLICT BETWEEN
AN UNTAMED ID AND A WEAK EGO

**BUT SELF PSYCHOLOGISTS
AND RELATIONAL THEORISTS
CONCEIVE OF PSYCHOPATHOLOGY
AS DERIVING FROM THE PARENT**

AND THE PARENT'S FAILURE
OF THE CHILD

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IN OTHER WORDS
 SELF PSYCHOLOGISTS AND
 RELATIONAL THEORISTS FOCUS
 NOT SO MUCH ON NATURE
 THE PROVINCE OF MODEL 1
 AS ON NURTURE
 THE PROVINCE OF MODELS 2 AND 3
 WHETHER
 THE QUALITY OF PARENTAL CARE
 MODEL 2
 OR THE MUTUALITY OF FIT
 BETWEEN PARENT AND CHILD
 MODEL 3

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BUT PLEASE NOTE
 THE CRITICAL DISTINCTION
 BETWEEN
 QUALITY OF PARENTAL CARE
 A STORY ABOUT "GIVE"
 WHICH MAKES OF MODEL 2
 A 1½-PERSON PSYCHOLOGY
 AND MUTUALITY OF FIT
 A STORY ABOUT "GIVE-AND-TAKE"
 WHICH MAKES OF MODEL 3
 A 2-PERSON PSYCHOLOGY

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MORE SPECIFICALLY
 MODEL 2
 AN "I-IT" RELATIONSHIP
 A 1-WAY RELATIONSHIP BETWEEN
 SOMEONE WHO GIVES
 AND SOMEONE WHO TAKES
 MODEL 3
 AN "I-THOU" RELATIONSHIP
 A 2-WAY RELATIONSHIP INVOLVING
 GIVE-AND-TAKE, MUTUALITY,
 RECIPROCITY, AND COLLABORATION
 MARTIN BUBER (2000)

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THIS DISTINCTION IS CRITICAL
 BECAUSE A RELATIONSHIP
 BETWEEN SOMEONE WHO ACTIVELY PROVIDES
 AND SOMEONE WHO IS
 THE PASSIVE RECIPIENT OF SUCH PROVISION

MODEL 2

IS A FAR CRY FROM
 THE "MORE SUBSTANTIVE" RELATIONSHIP
 THAT EXISTS BETWEEN
 TWO "REAL" PEOPLE

MODEL 3

AN INTERSUBJECTIVE RELATIONSHIP
 INVOLVING TWO SUBJECTS
 BOTH OF WHOM CONTRIBUTE TO WHAT
 TRANSPIRES AT THEIR "INTIMATE EDGE"

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AS WE SHALL SEE
 THE EMPHASIS IN MODEL 2 IS THEREFORE
 NOT SO MUCH ON THE RELATIONSHIP PER SE
 AS IT IS ON THE FILLING IN OF
 THE PATIENT'S DEFICITS BY WAY OF
 THE THERAPIST'S CORRECTIVE PROVISION

OR PERHAPS MORE ACCURATELY
 AS IT IS ON THE FILLING IN OF DEFICIT
 BY WAY OF WORKING THROUGH FAILURES
 IN THE ENVIRONMENTAL PROVISION

BY CONTRAST
 THE EMPHASIS IN MODEL 3 IS
 TRULY ON A "2-WAY" RELATIONSHIP
 BETWEEN TWO "AUTHENTIC SUBJECTS"
 - TWO "RELATIONAL OBJECTS" -

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IMPORTANTLY
 AS THE ETIOLOGY HAS SHIFTED
 FROM NATURE (MODEL 1) TO
 NURTURE (MODELS 2 AND 3),
 SO TOO THE LOCUS OF THE
 THERAPEUTIC ACTION HAS SHIFTED

FROM
 "INSIGHT BY WAY OF INTERPRETATION"
 TO
 "A CORRECTIVE EXPERIENCE BY
 WAY OF THE REAL RELATIONSHIP"

THAT IS, FROM WITHIN THE PATIENT
 TO WITHIN THE RELATIONSHIP
 BETWEEN THERAPIST AND PATIENT

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BUT ACTUALLY
 ALTHOUGH THERE ARE
 STILL SOME WHO WRITE ABOUT
 "A CORRECTIVE EXPERIENCE BY
 WAY OF THE REAL RELATIONSHIP"
 THIS TELESCOPES TWO DIFFERENT CONCEPTS AND
 OBFUSCATES THE CRITICAL DISTINCTION BETWEEN
 A THERAPY RELATIONSHIP
 THAT INVOLVES GIVE
 AND A THERAPY RELATIONSHIP
 THAT INVOLVES GIVE – AND – TAKE
 A "CORRECTIVE EXPERIENCE"
 IN THE FIRST INSTANCE (MODEL 2)
 A "REAL RELATIONSHIP"
 IN THE SECOND (MODEL 3)

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ANOTHER IMPORTANT CLINICAL DISTINCTION
 WHEREAS MODEL 2 THEORISTS FOCUS ON
 THE PRICE THE CHILD PAYS BECAUSE
 OF WHAT THE PARENT *DID NOT DO*
 DEPRIVATION AND NEGLECT
 "ABSENCE OF GOOD"
 DEFICIENCY
 INTERNALLY RECORDED IN THE FORM OF
 STRUCTURAL DEFICIT AND IMPAIRED CAPACITY
 TO BE A GOOD PARENT UNTO ONESELF
 DEFICITS THAT THEN GIVE RISE TO THE
 DESPERATE SEARCH FOR A NEW GOOD PARENT
 "RELENTLESS PURSUITS" IN AN EFFORT
 TO COMPENSATE FOR EARLY – ON
 "PARENTAL ERRORS OF OMISSION"

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MODEL 3 THEORISTS FOCUS ON
 THE PRICE THE CHILD PAYS BECAUSE
 OF WHAT THE PARENT *DID DO*
 TRAUMA AND ABUSE
 "PRESENCE OF BAD"
 TOXICITY
 INTERNALLY RECORDED AND STRUCTURALIZED IN
 THE FORM OF PATHOGENIC INTROJECTS
 THAT ARE THEN "COMPULSIVELY AND UNWITTINGLY"
 DELIVERED INTO ONE'S RELATIONSHIPS AGAIN
 AND AGAIN IN DESPERATE ATTEMPTS TO ENCOUNTER
 DIFFERENT AND BETTER OUTCOMES EVERY "NEXT TIME"
 "COMPULSIVE REPETITIONS" IN AN EFFORT
 TO CORRECT FOR EARLY – ON
 "PARENTAL ERRORS OF COMMISSION"

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AS IT HAPPENS

“ABSENCE OF GOOD” (MODEL 2)
AND
“PRESENCE OF BAD” (MODEL 3)

GENERALLY GO HAND IN HAND

BY WAY OF EXAMPLES

THE CHILD WHO WAS RARELY PRAISED
AND THEREFORE DEVELOPED “STRUCTURAL DEFICIT”
WAS PROBABLY ALSO OFTEN CRITICIZED
AND THEREFORE ALSO DEVELOPED “PATHOGENIC INTROJECTS”

THE CHILD WHO WAS RARELY ADMIRER
AND THEREFORE DEVELOPED “STRUCTURAL DEFICIT”
WAS PROBABLY ALSO OFTEN DEVALUED
AND THEREFORE ALSO DEVELOPED “PATHOGENIC INTROJECTS”

BUT THESE SITUATIONS ARE NOT
HANDLED THE SAME WAY CLINICALLY

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AS WE SHALL LATER SEE

MODEL 2

“ABSENCE OF GOOD”
– STRUCTURAL DEFICIT –
WILL CREATE THE NEED TO “FIND NEW GOOD”

DISPLACEMENT OF THIS NEED
WILL GIVE RISE TO “ILLUSION”
– POSITIVE MISPERCEPTION OF REALITY –
AND “POSITIVE TRANSFERENCE”

THE THERAPEUTIC ACTION IN MODEL 2
WILL THEN INVOLVE WORKING THROUGH
– BY WAY OF GRIEVING –
NOT “POSITIVE TRANSFERENCE”
BUT “DISRUPTED POSITIVE TRANSFERENCE”

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MODEL 3

“PRESENCE OF BAD”
– PATHOGENIC INTROJECTS –
WILL CREATE THE NEED TO “RE – FIND OLD BAD”

PROJECTION OF PATHOGENIC INTROJECT
WILL GIVE RISE TO “DISTORTION”
– NEGATIVE MISPERCEPTION OF REALITY –
AND “NEGATIVE TRANSFERENCE”

THE THERAPEUTIC ACTION IN MODEL 3
WILL THEN INVOLVE WORKING THROUGH
– BY WAY OF NEGOTIATING AT THE
INTIMATE EDGE OF AUTHENTIC ENGAGEMENT –
“NEGATIVE TRANSFERENCE”

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