MODEL 2
CORRECTIVE
PROVISION
"FOR"

vs

MODEL 3
AUTHENTIC
ENGAGEMENT
"WITH"

1

MODEL 2 EMPATHIC ATTUNEMENT

THE MODEL 2 THERAPIST
– AS AN EMPATHIC SELFOBJECT –
"DECENTERS" FROM HER OWN EXPERIENCE,
JOINS ALONGSIDE THE PATIENT, AND
"TAKES ON" THE PATIENT'S EXPERIENCE

BUT ONLY "AS IF" IT WERE HER OWN
BECAUSE IT NEVER ACTUALLY
BECOMES HER OWN

2

MODEL 3 AUTHENTIC ENGAGEMENT

THE MODEL 3 THERAPIST
– AS AN AUTHENTIC SUBJECT –
REMAINS VERY MUCH "CENTERED"
WITHIN HER OWN EXPERIENCE AND
ALLOWS THE PATIENT'S EXPERIENCE
TO "ENTER INTO" HER

THEREBY TAKING IT ON "AS" HER OWN AND
ALLOWING HERSELF TO BE CHANGED BY IT

THE MODEL 3 THERAPIST "USES" HER "SELF"
TO FIND, AND TO BE FOUND BY, THE PATIENT

3

MODEL 2
AS AN EMPATHIC SELFOBJECT
THE THERAPIST PROVIDES
A CORRECTIVE EXPERIENCE
"FOR" THE PATIENT

MODEL 3
AS AN AUTHENTIC SUBJECT
THE THERAPIST PARTICIPATES
IN A REAL RELATIONSHIP
"WITH" THE PATIENT

4

AS IT HAPPENS
THE THERAPIST'S PARTICIPATION
AS AN AUTHENTIC SUBJECT
MODEL 3
WILL ALMOST INEVITABLY RESULT
IN THE THERAPIST'S PARTICIPATION
AS SOME VERSION OF
THE "OLD BAD OBJECT"
BECAUSE OF THE PATIENT'S EVER – PRESENT
"COMPULSIVE AND UNWITTING" NEED
– HER REPETITION COMPULSION –
TO RE – CREATE THE EARLY – ON UNMASTERED
RELATIONAL FAILURES IN THE HERE – AND – NOW
ENGAGEMENT WITH HER THERAPIST

5

THIS "NEED TO BE FAILED"
ASPECTS OF WHICH ARE "UNHEALTHY"
ASPECTS OF WHICH ARE "HEALTHY"
WILL PROMPT THE PATIENT TO EXERT
"INTERPERSONAL PRESSURE"
JAMES GROTSTEIN (1976)
ON THE MODEL 3 THERAPIST
TO CONFORM TO THE PATIENT'S
"RELATIONAL EXPECTATION"
OF ENCOUNTERING "BAD"
AND SO IT IS THAT
THE "RELATIONAL" THERAPIST
– IN HER CAPACITY AS AN "AUTHENTIC SUBJECT" –
WILL PARTICIPATE AS SOME VARIANT
OF THE "OLD BAD OBJECT"

6

MORE SPECIFICALLY

THE REPETITION COMPULSION

HAS BOTH UNHEALTHY AND HEALTHY COMPONENTS

THE UNHEALTHY COMPONENT HAS TO DO WITH THE PATIENT'S NEED TO HAVE MORE OF SAME – NO MATTER HOW DYSFUNCTIONAL – BECAUSE THAT IS ALL THE PATIENT HAS EVER KNOWN

HAVING SOMETHING DIFFERENT WOULD CREATE ANXIETY BECAUSE IT WOULD HIGHLIGHT THE FACT THAT THINGS COULD BE, AND COULD THEREFORE HAVE BEEN, DIFFERENT

BUT THE HEALTHY PIECE HAS TO DO WITH THE PATIENT'S NEED TO ACHIEVE BELATED MASTERY OF THE PARENTAL FAILURES

7

"IF THE THERAPIST DOES NOT PARTICIPATE AS A NEW GOOD OBJECT, THE THERAPY MAY NEVER GET UNDER WAY.

"BUT IF HE DOES NOT PARTICIPATE AS THE OLD BAD ONE, IT MAY NEVER END."

JAY GREENBERG (1986)

I WOULD WANT TO SUPPLEMENT THIS WITH "IF THE THERAPIST DOES NOT PARTICIPATE AS THE OLD BAD OBJECT, THE THERAPY MAY NEVER GET UNDER WAY.

"BUT IF SHE DOES NOT PARTICIPATE AS A NEW GOOD ONE, IT MAY NEVER END."

MARTHA STARK (1994)

8

BOTH OF WHICH

CAPTURE BEAUTIFULLY THE DELICATE BALANCE THAT EXISTS BETWEEN THE THERAPIST'S PARTICIPATION AS A "NEW GOOD OBJECT" SO THAT THERE CAN BE A STARTING OVER

A "NEW BEGINNING" (MICHAEL BALINT 1987)

AND THE THERAPIST'S PARTICIPATION AS THE "OLD BAD ONE"

SO THAT THERE CAN BE AN OPPORTUNITY TO ACHIEVE BELATED MASTERY OF THE INTROJECTED RELATIONAL TRAUMAS

AND THE "DYSFUNCTIONAL RELATIONAL DYNAMICS" TO WHICH THOSE INTROJECTED TRAUMAS HAVE GIVEN RISE

9

IN OTHER WORDS, OVER THE COURSE OF A TREATMENT, THE PATIENT SHOULD HAVE AN OPPORTUNITY TO EXPERIENCE HER THERAPIST AS BOTH A "NEW GOOD OBJECT" AND THE "OLD BAD ONE"

MODEL 2 – STRUCTURAL GROWTH
ADD NEW GOOD TO COMPENSATE FOR DEFICIENCY
BY WORKING THROUGH
THE EXPERIENCE OF GOOD – BECOME – BAD
ILLUSION FOLLOWED BY (AFFECTIVE) DISILLUSIONMENT
"HOPE FOR GOOD" FOLLOWED BY
"NOT AS GOOD AS WOULD HAVE BEEN DESIRED"

MODEL 3 – STRUCTURAL MODIFICATION
CHANGE OLD BAD TO CORRECT FOR TOXICITY
BY WORKING THROUGH
THE EXPERIENCE OF BAD – BECOME – GOOD
DISTORTION FOLLOWED BY (RELATIONAL) DETOXIFICATION
"EXPECTATION OF BAD" FOLLOWED BY
"NOT AS BAD AS HAD BEEN ANTICIPATED"

10

AS WE HAD EARLIER DISCUSSED

THE THERAPEUTIC ACTION IN MODEL 1 INVOLVES WORKING THROUGH

THE STRESS OF GAIN – BECOME – PAIN

AS DYSFUNCTIONAL DEFENSES
– ONCE EGO – SYNTONIC –
ARE REPEATEDLY CHALLENGED AND RENDERED INCREASINGLY EGO – DYSTONIC

11

BUT THE THERAPEUTIC ACTION IN MODEL 2 INVOLVES WORKING THROUGH

THE STRESS OF GOOD – BECOME – BAD

AS THE PATIENT'S DEFENSIVE NEED TO CLING TO ILLUSION IS REPEATEDLY CHALLENGED AND GRADUALLY REPLACED BY MORE ACCURATE (AND SOBERING) PERCEPTIONS OF REALITY

AND THE THERAPEUTIC ACTION IN MODEL 3 INVOLVES WORKING THROUGH

THE STRESS OF BAD – BECOME – GOOD

AS THE PATIENT'S DEFENSIVE NEED TO CLING TO DISTORTION
– THE SEDUCTIVE LURE OF THAT WITH WHICH ONE IS FAMILIAR –
IS REPEATEDLY CHALLENGED AND GRADUALLY REPLACED BY MORE ACCURATE (AND LESS TOXIC) PERCEPTIONS OF REALITY

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THE THERAPEUTIC ACTION IN MODEL 2

WORKING THROUGH "POSITIVE TRANSFERENCE DISRUPTED"

A STORY ABOUT "CONFRONTING"
– AND "GRIEVING" –
THE REALITY OF THE "LIMITATIONS, SEPARATENESS, AND IMMUTABILITY" OF THE PATIENT'S OBJECTS
BOTH PAST AND PRESENT

"OPTIMAL DISILLUSIONMENT"

"ADAPTIVE TRANSMUTING INTERNALIZATION"
STRUCTURE – AND CAPACITY – BUILDING

"INCREMENTAL ACCRETION OF PSYCHIC STRUCTURE AND ADAPTIVE CAPACITY"

"GRADUAL FILLING IN OF STRUCTURAL DEFICIT"

EVENTUAL TRANSFORMATION OF THE PATIENT'S "RELENTLESS PURSUIT OF THE UNATTAINABLE" INTO "SERENE ACCEPTANCE" OF PAINFUL REALITIES ABOUT THE "OBJECTS OF HER DESIRE"

13

THE THERAPEUTIC ACTION IN MODEL 3

WORKING THROUGH "NEGATIVE TRANSFERENCE"

A STORY ABOUT "NEGOTIATING" THE VARIOUS "MUTUAL ENACTMENTS" AND "THERAPEUTIC IMPASSES" THAT WILL INEVITABLY ARISE AT THE "INTIMATE EDGE" OF "AUTHENTIC ENGAGEMENT" AS A RESULT OF THE PATIENT'S PROJECTIVE IDENTIFICATIONS

THE THERAPIST'S PROVISION OF "CONTAINMENT" BY VIRTUE OF HER CAPACITY BOTH TO RELENT AND TO HOLD HERSELF ACCOUNTABLE

INCREMENTAL "RELATIONAL DETOXIFCATION" OF THE PATIENT'S "TOXIC INTERNAL BOLUSES" BY WAY OF "SERIAL DILUTION" AND BY VIRTUE OF THE THERAPIST'S CAPACITY TO PROCESS AND INTEGRATE ON BEHALF OF A PATIENT WHO TRULY DOES NOT KNOW HOW

EVENTUAL TRANSFORMATION OF THE PATIENT'S "COMPULSIVE AND UNWITTING DRAMATIC RE – ENACTMENTS" INTO "ACCOUNTABILITY FOR HER DYSFUNCTIONAL ACTIONS, REACTIONS, AND INTERACTIONS"

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IN ESSENCE

MODEL 2

"SERIAL ACCRETION" OF MISSING STRUCTURE TO CORRECT FOR "INTERNAL ABSENCE OF GOOD"

MODEL 3

"SERIAL DILUTION" OF TOXIC STRUCTURE TO CORRECT FOR "INTERNAL PRESENCE OF BAD"

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AGAIN
PLEASE NOTE THE CRITICALLY IMPORTANT
CLINICAL DISTINCTION BETWEEN

"POSITIVE TRANSFERENCE DISRUPTED"
AND "NEGATIVE TRANSFERENCE"

MODEL 2 "POSITIVE TRANSFERENCE"
NEED NOT BE WORKED THROUGH
ONLY ITS "DISRUPTIONS"

ACCOMPLISHED BY WAY OF
"GRIEVING THE REALITY OF DISILLUSIONMENT"
"OPTIMAL DISILLUSIONMENT" LEADING TO "TRANSMUTING INTERNALIZATION"

MODEL 3 "NEGATIVE TRANSFERENCE"
MUST BE WORKED THROUGH

ACCOMPLISHED BY WAY OF
"NEGOTIATING AT THE INTIMATE EDGE"
"SERIAL DILUTIONS" LEADING TO "RELATIONAL DETOXIFICATION"

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