

**MASTERING THE  
OPTIMAL STRESS OF**

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

1

---

---

---

---

---

---

---

---

1

**THREE APPROACHES TO  
TRANSFORMING DEFENSE  
INTO ADAPTATION**

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

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

2

---

---

---

---

---

---

---

---

2

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

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

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

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

3

---

---

---

---

---

---

---

---

3

**THE PATIENT'S THREE CHALLENGES**

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

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

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

4

---

---

---

---

---

---

---

---

4

IN ORDER TO FACILITATE THE "THERAPEUTIC ACTION"

**"OPTIMALLY STRESSFUL"**  
**INTERVENTIONS**

**ALTERNATELY CHALLENGE  
 AND SUPPORT**

**ANXIETY – PROVOKING  
 BUT ULTIMATELY  
 GROWTH – PROMOTING**

5

---

---

---

---

---

---

---

---

5

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

6

---

---

---

---

---

---

---

---

6

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

7

---

---

---

---

---

---

---

---

7

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

8

---

---

---

---

---

---

---

---

8

TO REVIEW

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

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

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

9

---

---

---

---

---

---

---

---

9