

**MODEL 2**  
**THE**  
**CORRECTIVE – PROVISION**  
**PERSPECTIVE**  
**OF SELF PSYCHOLOGY AND**  
**OTHER “DEFICIT” THEORIES**

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**MODEL 2**  
**CORRECTIVE – PROVISION MODEL**  
**DEFICIENCY – COMPENSATION MODEL**  
**THE MODEL 2 “EMPATHIC” THERAPIST**  
**PROVIDES THE “HOLDING”**  
**AND THE “BEING MET”**  
**THAT WERE NOT PROVIDED**  
**CONSISTENTLY AND RELIABLY**  
**BY THE PARENT**  
  
**THIS REPARATION FUNCTIONS**  
**AS A “SYMBOLIC CORRECTIVE”**  
**FOR THE EARLY – ON**  
**DEPRIVATION AND NEGLECT**  
**THE EARLY – ON FAILURES IN ENVIRONMENTAL PROVISION**

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**AS PREVIOUSLY NOTED**  
  
**ALTHOUGH SOME MODEL 2 THEORISTS**  
**BELIEVE THAT IT IS THIS EXPERIENCE**  
**OF GRATIFICATION ITSELF THAT IS**  
**COMPENSATORY AND ULTIMATELY HEALING**  
  
**MOST BELIEVE THAT IT IS THE “OPTIMAL STRESS”**  
**CREATED BY THE EXPERIENCE OF FRUSTRATION**  
**AGAINST A BACKDROP OF GRATIFICATION**  
  
**FRUSTRATION (DISILLUSIONMENT) PROPERLY GRIEVED**  
**THAT IS, OPTIMAL DISILLUSIONMENT**  
  
**THAT MOST RELIABLY**  
**PROMOTES STRUCTURAL GROWTH**  
**AND DEVELOPMENT OF CAPACITY**

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AFTER ALL  
 IF THERE IS NO THWARTING OF DESIRE  
 THEN THERE WILL BE NOTHING  
 THAT NEEDS TO BE MASTERED AND  
 THEREFORE NO IMPETUS FOR ADAPTIVE  
 TRANSMUTING INTERNALIZATION  
 GRIEVING THE "THWARTING OF DESIRE"  
 "OPTIMAL DISILLUSIONMENT"  
 WILL ENABLE THE PATIENT TO ACCEPT  
 THE REALITY THAT SHE WILL NEVER BE  
 ABLE TO HAVE ALL THAT SHE SHOULD  
 HAVE HAD AS A CHILD AND FOR WHICH  
 SHE HAS SPENT A LIFETIME SEARCHING  
 BUT THAT WHAT SHE HAS  
 IS "GOOD ENOUGH"

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**GRIEVING**  
 A PROTRACTED PROCESS THAT TRANSFORMS  
 THE PATIENT'S REFUSAL TO CONFRONT  
 THE REALITY OF THE OBJECT'S  
 LIMITATIONS, SEPARATENESS, AND IMMUTABILITY  
 - WHICH FUELS THE RELENTLESSNESS WITH WHICH SHE PURSUES IT -  
 INTO THE CAPACITY TO TOLERATE  
 AND ACCEPT THOSE DISAPPOINTING REALITIES  
 IN THE CONTEXT OF THE TREATMENT, IT INVOLVES  
 WORKING THROUGH "OPTIMAL DISILLUSIONMENT"  
 THAT IS, "POSITIVE TRANSFERENCE DISRUPTED"  
 BY CONFRONTING THE "PAIN OF HER GRIEF"  
 AND "ADAPTIVELY INTERNALIZING" THE  
 "GOOD THAT HAD BEEN" PRIOR TO THE DISRUPTION  
 IF YOU CANNOT ALWAYS COUNT ON EXTERNAL PROVISION, BEST THAT  
 YOU INTERNALIZE WHATEVER "GOOD SUPPLIES" YOU CAN SO THAT  
 THEY WILL ALWAYS BE THERE FOR YOU AS INTERNAL RESOURCES  
 ARRIVING ULTIMATELY AT A PLACE OF SERENE  
 ACCEPTANCE, FORGIVENESS, AND INNER PEACE

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**GRIEVING**  
 GENUINE GRIEVING REQUIRES OF US THAT  
 - AT LEAST FOR PERIODS OF TIME -  
 WE BE FULLY PRESENT WITH  
 THE ANGUISH OF OUR GRIEF, THE PAIN OF OUR REGRET,  
 AND THE INTENSITY OF THE RAGE WE EXPERIENCE  
 WHEN CONFRONTED WITH SOBERING REALITIES ABOUT  
 OURSELVES, OUR RELATIONSHIPS, AND OUR WORLD  
 WE MUST NOT ABSENT OURSELVES FROM OUR GRIEF  
 WE MUST ENTER INTO IT AND EMBRACE IT  
 WE CANNOT EFFECTIVELY GRIEVE WHEN WE ARE  
 DISSOCIATED, MISSING IN ACTION, OR FLEEING THE SCENE  
 WE NEED TO BE ENGAGED, IN THE MOMENT,  
 MINDFUL OF ALL THAT IS GOING ON INSIDE OF US,  
 GROUNDED, FOCUSED, AND IN THE HERE - AND - NOW  
 IF WE ARE IN DENIAL, CLOSED, SHUT DOWN, NUMB,  
 REFUSING TO FEEL, OR PROTESTING THE UNFAIRNESS  
 OF IT ALL, THEN NO REAL GRIEVING CAN BE DONE

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**“GRIEF IS  
NATURE’S WAY  
OF HEALING  
A BROKEN HEART”**

ROBERTA BECKMANN (1991)

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**TRAUMATIC LOSS AND HEARTBREAK  
A POIGNANT CLINICAL VIGNETTE ABOUT ALICIA**

THE SERENITY PRAYER IS VERY APT HERE –  
“GOD GRANT ME THE SERENITY TO ACCEPT  
THE THINGS I CANNOT CHANGE;  
COURAGE TO CHANGE THE THINGS I CAN;  
AND WISDOM TO KNOW THE DIFFERENCE”

I HAD ALWAYS MISTAKENLY ASSUMED THAT THE PRAYER  
SPOKE PRIMARILY TO THE IMPORTANCE OF OUR CAPACITY  
TO ACCEPT DISAPPOINTING REALITIES ABOUT THE PEOPLE  
IN OUR WORLD, PROMPTING US THEN TO RELINQUISH  
OUR RELENTLESS HOPE WITH RESPECT TO THEM

RATHER NAIVELY, I HAD NOT FULLY APPRECIATED  
THAT PERHAPS EQUALLY RELEVANT WAS THE  
IMPORTANCE OF OUR CAPACITY TO ACCEPT  
DISAPPOINTING REALITIES ABOUT OURSELVES

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**AS A RESULT OF GENUINE GRIEVING  
RELENTLESSNESS AND  
“GRIEVANCES”  
(UNMOURNED DISAPPOINTMENTS)  
WILL BECOME TRANSFORMED INTO  
THE HEALTHY CAPACITY TO ACCEPT  
THE SOBERING REALITY THAT  
WE CANNOT MAKE THE PEOPLE  
IN OUR WORLD CHANGE ...**

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... BUT THAT WE CAN  
- AND MUST -  
TAKE OWNERSHIP OF  
- AND RESPONSIBILITY FOR -  
ALL THAT WE CAN CHANGE  
WITHIN OURSELVES

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BY THE SAME TOKEN  
WE MUST COME TO TERMS  
WITH THE SOBERING REALITY  
THAT WE CANNOT CHANGE  
OUR HISTORY  
BUT THAT WE CAN  
- AND MUST -  
CHANGE HOW WE  
"POSITION" OURSELVES  
IN RELATION TO IT

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