

MODEL 1

CONFLICT

STATEMENTS

AND THE CREATION OF

COGNITIVE AND AFFECTIVE DISSONANCE

BETWEEN THE “PAIN” AND THE “GAIN”

MODEL 1

CLASSICAL PSYCHOANALYSTS TEND
TO FOCUS ON INTERNAL CONFLICT
BETWEEN ANXIETY – PROVOKING ID DRIVES
AND ANXIETY – ASSUAGING EGO DEFENSES

BUT I HAVE FOUND IT TO BE A LITTLE MORE
CLINICALLY USEFUL TO CONCEPTUALIZE
THIS DRIVE – DEFENSE CONFLICT
AS ONE THAT EXISTS BETWEEN

**ANXIETY – PROVOKING BUT
ULTIMATELY EMPOWERING FORCES
PRESSING “YES”**

**AND ANXIETY – ASSUAGING
(DEFENSIVE) COUNTERFORCES
INSISTING “NO”**

MODEL 1 CONFLICT STATEMENTS

“OPTIMALLY STRESSFUL” CONFLICT STATEMENTS
ALTERNATELY CHALLENGE AND THEN SUPPORT

THEY FIRST CHALLENGE BY
SPEAKING TO THE PATIENT’S
“ADAPTIVE CAPACITY TO KNOW”
AN ANXIETY – PROVOKING REALITY

AND THEN
WITH COMPASSION AND NEVER JUDGMENT
SUPPORT BY RESONATING
EMPATHICALLY WITH THE PATIENT’S
“DEFENSIVE NEED TO AVOID KNOWING”
THAT DISCOMFITING TRUTH

**BE IT AN ANXIETY – PROVOKING TRUTH ABOUT
HER INTERNAL OR RELATIONAL DYNAMICS,
THE PRICE SHE PAYS FOR
MAINTAINING HER DEFENSES,
OR THE THERAPEUTIC WORK
SHE HAS YET TO DO**

**THE PATIENT DOES INDEED KNOW
“BUT” WOULD RATHER NOT**

**AND THEREFORE
– MADE ANXIOUS –
SHE DEFENDS**

MODEL 1 CONFLICT STATEMENTS

**STRATEGICALLY DESIGNED TO GENERATE
DESTABILIZING TENSION WITHIN THE PATIENT
BETWEEN HER KNOWLEDGE OF
ANXIETY – PROVOKING BUT AWARENESS – ENHANCING,
GROWTH – PROMOTING, AND
ULTIMATELY EMPOWERING REALITIES**

**AND THE DEFENSES SHE MOBILIZES
IN ORDER TO EASE THAT ANXIETY**

THEIR FORMAT

“YOU KNOW THAT ... , BUT YOU FIND YOURSELF ... ”

**FIRST THE THERAPIST CHALLENGES
BY HIGHLIGHTING AN ANXIETY – PROVOKING REALITY**

**AND THEN SHE SUPPORTS
BY RESONATING EMPATHICALLY WITH
THE ANXIETY – ASSUAGING DEFENSE**

MODEL 1 CONFLICT STATEMENTS

“YOU KNOW THAT ... , BUT YOU FIND YOURSELF ... ”

**THE THERAPIST FIRST CHALLENGES BY SPEAKING
DIRECTLY TO THE PATIENT’S OBSERVING EGO AND
ADAPTIVE CAPACITY TO KNOW SOME PAINFUL TRUTH
WHICH WILL INCREASE THE PATIENT’S ANXIETY**

**BUT THEN SUPPORTS BY RESONATING EMPATHICALLY
WITH THE PATIENT’S EXPERIENCING EGO AND
DEFENSIVE NEED TO DENY SUCH KNOWING
WHICH WILL DECREASE THE PATIENT’S ANXIETY**

**THE PATIENT DOES INDEED KNOW
“BUT” WOULD RATHER NOT**

**AND THEREFORE – MADE ANXIOUS – SHE DEFENDS
AND “FINDS HERSELF” THINKING, FEELING, OR DOING WHATEVER
SHE MUST IN ORDER TO PRESERVE THE STATUS QUO OF THINGS**

ANXIETY – PROVOKING BUT ULTIMATELY AWARENESS – ENHANCING INTERVENTIONS

FIRST THE REALITY

WHAT THE PATIENT REALLY DOES KNOW

AND THEN THE DEFENSE / THE RESISTANCE

WHAT IS FUELING IT

“YOU KNOW THAT ULTIMATELY YOU’LL NEED TO LET JOSE GO BECAUSE HE, LIKE YOUR DAD, REALLY ISN’T AVAILABLE IN THE WAY THAT YOU WOULD HAVE WANTED HIM TO BE; BUT, FOR NOW, ALL YOU CAN THINK ABOUT IS HOW DESPERATELY YOU WANT TO BE WITH HIM AND HOW HORRIBLE IT WOULD BE TO LOSE HIM.”

“YOU KNOW THAT EVENTUALLY YOU’LL NEED TO MAKE YOUR PEACE WITH THE REALITY OF JUST HOW LIMITED YOUR MOTHER IS; BUT YOUR FEAR IS THAT WERE YOU EVER TO LET YOURSELF REALLY FEEL THE PAIN OF THAT, YOU WOULD NEVER RECOVER.”

“YOU KNOW THAT SOMEDAY YOU’LL HAVE TO LET SOMEBODY IN IF YOU’RE EVER TO HAVE A MEANINGFUL RELATIONSHIP; BUT, IN THE MOMENT, THE THOUGHT OF MAKING YOURSELF THAT VULNERABLE IS SIMPLY INTOLERABLE. THERE’S NO WAY YOU’RE WILLING TO RUN THE RISK OF BEING HURT EVER AGAIN.”

**JUST AS WITH THE EVER – EVOLVING
SANDPILE MODEL OF CHAOS THEORY**

**SO TOO THE MODEL 1 “INTERPRETIVE”
THERAPIST WILL BE GENERATING ITERATIVE
CYCLES OF DISRUPTION AND REPAIR**

**BY WAY OF STRATEGICALLY DESIGNED
CONFLICT STATEMENTS THAT ALTERNATELY
CHALLENGE AND THEN SUPPORT**

**THEREBY PROVIDING BOTH
IMPETUS AND OPPORTUNITY
FOR THE MODEL 1 PATIENT
TO EVOLVE INCREMENTALLY
FROM “DEFENSIVE RESISTANCE”
TO EVER – HIGHER LEVELS
OF “ADAPTIVE AWARENESS”**

**ONGOING CHALLENGE AND THEN SUPPORT WITH
“OPTIMALLY STRESSFUL” CONFLICT STATEMENTS
DESIGNED TO FACILITATE THE DEVELOPMENT OF “DUAL AWARENESS”**

**ANXIETY – PROVOKING, THEN ANXIETY – ASSUAGING
COGNITIVE, THEN AFFECTIVE
HEAD, THEN HEART
KNOWLEDGE, THEN EXPERIENCE
OBJECTIVE, THEN SUBJECTIVE
OBSERVING EGO, THEN EXPERIENCING EGO
ADULT, THEN CHILD
RATIONAL, THEN IRRATIONAL
RESPONSE, THEN REACTION
LEFT BRAIN, THEN RIGHT BRAIN
ADAPTIVE CAPACITY, THEN DEFENSIVE NEED
ADAPTATION, THEN DEFENSE**

MODEL 1 CONFLICT STATEMENTS

“YOU KNOW THAT ULTIMATELY YOU WILL NEED TO CONFRONT – AND GRIEVE – THE REALITY THAT TOM IS NOT AVAILABLE IN THE WAYS THAT YOU WOULD HAVE WANTED HIM TO BE AND THAT UNTIL YOU MAKE YOUR PEACE WITH THAT PAINFUL REALITY YOU WILL CONTINUE TO BE MISERABLE; BUT, IN THE MOMENT, ALL YOU CAN THINK ABOUT IS HOW ANGRY YOU ARE THAT HE DOESN’T TELL YOU MORE OFTEN THAT HE LOVES YOU.”

“YOU KNOW THAT YOU WON’T FEEL TRULY FULFILLED UNTIL YOU ARE ABLE TO GET YOUR THESIS COMPLETED; BUT YOU CONTINUE TO STRUGGLE, FEARING THAT WHATEVER YOU MIGHT WRITE JUST WOULDN’T BE GOOD ENOUGH OR CAPTURE WELL ENOUGH THE ESSENCE OF WHAT YOU ARE TRYING TO SAY.”

“YOU KNOW THAT IF YOUR RELATIONSHIP WITH ELANA IS TO SURVIVE, YOU WILL NEED TO TAKE AT LEAST SOME RESPONSIBILITY FOR THE PART YOU ARE PLAYING IN THE INCREDIBLY ABUSIVE FIGHTS THAT YOU AND SHE ARE HAVING; BUT YOU TELL YOURSELF THAT IT ISN’T REALLY YOUR FAULT BECAUSE IF SHE WEREN’T SO PROVOCATIVE, THEN YOU WOULDN’T HAVE TO BE SO VINDICTIVE!”

**BY CALLING THE PATIENT'S ATTENTION TO
THE CONFLICT THAT EXISTS WITHIN HER**

**BETWEEN THE "OBJECTIVE REALITY"
THAT SHE "KNOWS" WITH HER HEAD
AND THE "SUBJECTIVE EXPERIENCE"
THAT SHE "FEELS" WITH HER HEART**

MODEL 1 CONFLICT STATEMENTS

**CAN BE STRATEGICALLY FORMULATED
TO PRECIPITATE (DEFENSIVE) DISRUPTION
IN ORDER TO TRIGGER (ADAPTIVE) REPAIR**

MODEL 1 CONFLICT STATEMENTS

“YOU KNOW THAT EVENTUALLY YOU’LL NEED TO FACE THE REALITY THAT YOUR MOTHER WAS NEVER REALLY THERE FOR YOU AND THAT YOU WON’T GET BETTER UNTIL YOU LET GO OF YOUR HOPE THAT MAYBE SOMEDAY YOU’LL BE ABLE TO MAKE HER CHANGE; BUT YOU’RE NOT QUITE YET READY TO DEAL WITH ALL THE PAIN AROUND THAT BECAUSE YOU ARE AFRAID THAT YOU MIGHT NEVER SURVIVE THE HEARTBREAK AND DESPAIR YOU WOULD FEEL WERE YOU TO FACE THAT DEVASTATING REALITY.”

“YOU KNOW THAT YOUR NEED FOR YOUR CHILDREN TO UNDERSTAND YOUR PERSPECTIVE MIGHT BE A BIT UNREALISTIC; BUT YOU TELL YOURSELF THAT YOU HAVE A RIGHT TO THEIR RESPECT – AND THEIR FORGIVENESS.”

“YOU’RE COMING TO UNDERSTAND THAT YOUR ANGER CAN PUT PEOPLE OFF; BUT YOU TELL YOURSELF THAT YOU HAVE A RIGHT TO BE AS ANGRY AS YOU WANT BECAUSE OF HOW MUCH YOU HAVE SUFFERED OVER THE YEARS.”

“YOU KNOW THAT IF YOU ARE EVER TO GET ON WITH YOUR LIFE, YOU’LL HAVE TO LET GO OF YOUR CONVICTION THAT YOUR CHILDHOOD SCARRED YOU FOREVER; BUT IT’S HARD NOT TO FEEL LIKE DAMAGED GOODS WHEN YOU GREW UP IN A HORRIBLY ABUSIVE HOUSEHOLD WITH A MEAN AND NASTY MOTHER WHO WAS ALWAYS CALLING YOU A LOSER.”

**THE CREATION OF
INTERNAL TENSION
BETWEEN**

“PAIN” AND “GAIN”

**IN ORDER TO INCREASE THE PATIENT'S AWARENESS OF
HER AMBIVALENT ATTACHMENT TO HER DYSFUNCTION**

THE MODEL 1 "INTERPRETIVE" THERAPIST

**FIRST CHALLENGES BY HIGHLIGHTING
WHAT THE PATIENT IS COMING TO UNDERSTAND
AS THE PRICE SHE PAYS
FOR CLINGING TO HER DYSFUNCTION**

**AND THEN SUPPORTS BY RESONATING EMPATHICALLY
WITH WHAT THE THERAPIST IS COMING TO
UNDERSTAND AS THE INVESTMENT THE PATIENT HAS
IN HOLDING ON TO HER DYSFUNCTION EVEN SO**

**BACK AND FORTH – BACK AND FORTH
IN AN EFFORT TO MAKE
THE AMBIVALENTLY HELD DEFENSE
LESS EGO – SYNTONIC AND MORE EGO – DYSTONIC**

IN ESSENCE

MODEL 1 CONFLICT STATEMENTS

STRIVE TO CREATE INCENTIVIZING TENSION WITHIN
THE PATIENT BETWEEN HER DAWNING AWARENESS
OF JUST HOW COSTLY HER DEFENSES HAVE BECOME
WITH AN EYE TO MAKING THEM MORE EGO – DYSTONIC

AND HER NEW – FOUND UNDERSTANDING
OF JUST HOW INVESTED SHE HAS BEEN
IN HOLDING ON TO THEM EVEN SO

WITH AN EYE TO HIGHLIGHTING HOW EGO – SYNTONIC THEY ARE

ULTIMATELY

THE EVER – INCREASING INTERNAL DISSONANCE
RESULTING FROM HER EVER – EVOLVING AWARENESS
OF BOTH THE COST AND THE BENEFIT
OF MAINTAINING HER ATTACHMENT
TO HER DYSFUNCTIONAL DEFENSES
WILL GALVANIZE THE PATIENT TO TAKE ACTION
IN ORDER TO RESOLVE THE INTERNAL TENSION

TO THAT END

THE MODEL 1 “INTERPRETIVE” THERAPIST WILL THEREFORE
REPEATEDLY HIGHLIGHT BOTH
THE “PRICE PAID” (PAIN) AND THE “INVESTMENT IN” (GAIN)

**AS LONG AS THE “GAIN” IS
GREATER THAN THE “PAIN”**

MORE EGO – SYNTONIC THAN EGO – DYSTONIC

THE PATIENT WILL “MAINTAIN” THE DEFENSE
AND “REMAIN” ENTRENCHED

BUT AS A RESULT OF THE PATIENT’S EVER – EVOLVING AWARENESS
OF BOTH THE “PRICE PAID” AND HER “INVESTMENT IN”
ONCE THE “PAIN” BECOMES GREATER THAN THE “GAIN”
MORE EGO – DYSTONIC THAN EGO – SYNTONIC

THE STRESS AND “STRAIN” OF THE
COGNITIVE AND AFFECTIVE DISSONANCE
BETWEEN THE “PAIN” AND THE “GAIN” WILL BE
SUCH THAT IT WILL PROVIDE THE IMPETUS
NEEDED FOR THE PATIENT GRADUALLY ...

**... TO RELINQUISH HER ATTACHMENT
TO THE DYSFUNCTIONAL DEFENSE**

THEREBY

**RESOLVING THE
STRUCTURAL CONFLICT**

NEUROTIC / INTRAPSYCHIC CONFLICT

THAT HAD EXISTED

BETWEEN THE UNTAMED

BUT ULTIMATELY GROWTH – PROMOTING

ID DRIVE

AND THE RESISTIVE

AND GROWTH – IMPEDING BUT ANXIETY – RELIEVING

EGO DEFENSE

**AS A RESULT OF “WORKING THROUGH”
THE DEFENSE / THE RESISTANCE**

**THE NOW STRONGER
AND MORE INSIGHTFUL EGO
WILL BE BETTER ABLE TO “REGULATE”
THE ID’S NOW TAMER AND
MORE MANAGEABLE ENERGIES**

SUCH THAT

– NO LONGER THWARTED –

**THEIR POWER CAN BE HARNESSSED
BY THE EGO AND CHANNELED INTO
MORE CONSTRUCTIVE ENDEAVORS
AND WORTHWHILE PURSUITS**

**THEIR MODULATED ENERGY NOW PROVIDING THE
PROPULSIVE FUEL FOR ACTUALIZATION OF POTENTIAL**

IN OTHER WORDS
**ONGOING USE OF “OPTIMALLY STRESSFUL”
MODEL 1 CONFLICT STATEMENTS
WILL GENERATE HEALING CYCLES OF
DISRUPTION
IN REACTION TO THE CHALLENGE
AND REPAIR
IN RESPONSE TO THE SUPPORT
AT EVER – HIGHER LEVELS
OF ADAPTIVE CAPACITY**
SUCH THAT “ID ENERGY” ONCE “REINED IN”
BY “EGO RESISTANCE” WILL BE “FREED UP”
AND CAN THEN BE USED TO “EMPOWER”
THE “REALIZATION OF LIFE GOALS”

**FREUD'S (1937) "HORSE AND RIDER" IS
INDEED AN APT METAPHOR FOR THE
THERAPEUTIC ACTION IN MODEL 1**

FREUD'S RIDER

**A NOW STRONGER AND MORE EMPOWERED EGO BY VIRTUE OF THE
GREATER AWARENESS IT HAS OF ITS INTERNAL CONFLICTEDNESS**

**WILL NOW BE MORE SKILLED AT HARNESSING
THE QUANTUM POWER OF THE HORSE**

**A NOW BETTER REGULATABLE ID BY VIRTUE
OF THE WORKING THROUGH PROCESS,
WHICH HAS TAMED, MODIFIED, AND INTEGRATED ITS ENERGIES**

**SUCH THAT HORSE AND RIDER
WILL NOW BE ABLE TO MOVE FORWARD
HARMONIOUSLY AND IN SYNC
NO LONGER IN CONFLICT BUT IN COLLABORATION**

IN ESSENCE
THE DEFENSIVE NEED TO
“REIN THE HORSE IN”

WILL HAVE BECOME
INCREMENTALLY TRANSFORMED INTO

THE ADAPTIVE CAPACITY TO
“GIVE THE HORSE FREE REIN”

AS STRUCTURAL CONFLICT EVOLVES
INTO STRUCTURAL COLLABORATION

AND “JAMMED UP” EVOLVES INTO
“EMPOWERED” AND “ACTUALIZED”

PARENTHETICALLY
AS WE SIT WITH OUR PATIENTS
THERE IS ALWAYS TENSION WITHIN US AS WELL

DIALECTICAL TENSION BETWEEN

ON THE ONE HAND
OUR VISION OF WHO WE THINK THE PATIENT COULD BE
WERE SHE BUT ABLE / WILLING TO MAKE HEALTHIER CHOICES

AND ON THE OTHER HAND
OUR RESPECT FOR THE REALITY OF WHO SHE IS
AND FOR THE CHOICES, NO MATTER HOW UNHEALTHY,
THAT SHE “FINDS HERSELF” FEELING COMPELLED TO MAKE

**WE ARE THEREFORE ALWAYS STRUGGLING TO FIND
AN OPTIMAL BALANCE WITHIN OURSELVES
BETWEEN WANTING THE PATIENT TO CHANGE
AND ACCEPTING THE REALITY OF WHO SHE IS**

IMPORTANTLY
MODEL 1 CONFLICT STATEMENTS

**BY LOCATING WITHIN THE PATIENT
THE CONFLICT BETWEEN
HER ANXIETY – PROVOKING KNOWLEDGE
OF A DISCOMFETING REALITY AND
HER ANXIETY – ASSUAGING NEED
TO AVOID DEALING WITH IT
THE THERAPIST IS DEFTLY SIDESTEPPING
THE POTENTIAL FOR CONFLICT
BETWEEN THE PATIENT AND HERSELF**

MORE SPECIFICALLY

WHEN THE THERAPIST INTRODUCES A CONFLICT STATEMENT WITH

“YOU KNOW THAT ...”

**SHE IS FORCING THE *PATIENT* TO TAKE RESPONSIBILITY
FOR WHAT THE PATIENT REALLY DOES KNOW**

**BECAUSE IF THE THERAPIST
IN A MISGUIDED ATTEMPT TO URGE THE PATIENT FORWARD
RESORTS SIMPLY TO TELLING THE PATIENT
WHAT THE *THERAPIST* KNOWS**

**NOT ONLY DOES THE THERAPIST RUN
THE RISK OF FORCING THE PATIENT
TO BECOME EVER – MORE ENTRENCHED
IN HER DEFENSIVE STANCE OF PROTEST**

**BUT ALSO THE THERAPIST WILL BE
ROBBING THE PATIENT OF ANY INCENTIVE
TO TAKE RESPONSIBILITY
FOR HER OWN DESIRE TO GET BETTER**

IN OTHER WORDS

AS A RESULT OF THE JUDICIOUS USE
OF CONFLICT STATEMENTS THAT FORCE
THE PATIENT TO BECOME AWARE OF
– AND TO TAKE RESPONSIBILITY FOR –
HER OWN STATE OF INTERNAL “DIVIDEDNESS”
ABOUT GETTING BETTER

THE THERAPIST WILL BE ABLE MASTERFULLY
TO AVOID GETTING DEADLOCKED IN A
POWER STRUGGLE WITH THE PATIENT

A POWER STRUGGLE THAT CAN EASILY
ENOUGH ENSUE IF THE THERAPIST TAKES IT UPON
HERSELF TO REPRESENT THE “VOICE OF REALITY”
AND OVERZEALOUSLY ADVOCATES
FOR THE PATIENT TO DO THE “RIGHT” THING

A STANCE THAT THEN LEAVES
THE PATIENT – MADE ANXIOUS – NO CHOICE BUT
TO BECOME THE “VOICE OF OPPOSITION”

**IT IS TRULY AN UNTENABLE SITUATION FOR
THE THERAPIST TO BE THE ONE REPRESENTING
THE HEALTHY (ADAPTIVE) “VOICE OF YES”**

**AND FOR THE PATIENT TO BE THEN STUCK
IN THE POSITION OF HAVING TO COUNTER WITH
THE UNHEALTHY (DEFENSIVE) “VOICE OF NO”**

**AND SO IT IS THAT IN THE FIRST PART OF A CONFLICT STATEMENT,
THE THERAPIST HIGHLIGHTS WHAT THE PATIENT,
AT LEAST ON SOME LEVEL, REALLY DOES KNOW**

**EVEN THOUGH SHE MIGHT SOMETIMES BE UNWILLING / UNABLE
TO ACT IN ACCORDANCE WITH THAT KNOWLEDGE**

IN SUM

**BY LOCATING THE CONFLICT SQUARELY WITHIN THE PATIENT
AND NOT WITHIN THE INTERSUBJECTIVE FIELD BETWEEN
PATIENT AND THERAPIST, CONFLICT STATEMENTS FORCE
THE *PATIENT* TO TAKE OWNERSHIP OF BOTH SIDES
OF HER AMBIVALENCE ABOUT GETTING BETTER**

ALSO NOTE THE IMPLICIT MESSAGE DELIVERED BY THE THERAPIST IN THE SECOND PART OF A CONFLICT STATEMENT WHEN SHE USES SUCH TEMPORAL EXPRESSIONS AS

“FOR NOW” – “RIGHT NOW”

“AT THE MOMENT” – “IN THE MOMENT”

“AT THIS POINT IN TIME”

WHICH SHE WILL DO WHEN SHE IS ADDRESSING THE PATIENT’S “INVESTMENT IN” THE DYSFUNCTIONAL DEFENSE

“YOU KNOW YOU’RE PAYING A STEEP PRICE FOR YOUR REFUSAL TO STOP SMOKING, OF PARTICULAR CONCERN BECAUSE OF YOUR RECURRENT LUNG INFECTIONS; BUT, IN THE MOMENT, YOU FIND YOURSELF FEELING THAT YOU SIMPLY MUST HAVE THE CIGARETTES IN ORDER TO RELIEVE THE MASSIVE ANXIETY THAT YOU ARE FEELING BECAUSE OF THE LAWSUIT.”

THE THERAPIST IS ATTEMPTING TO HIGHLIGHT THE FACT THAT EVEN IF, FOR NOW, THE PATIENT WOULD SEEM TO BE INVESTED IN PROTESTING HER RIGHT TO MAINTAIN THINGS AS THEY ARE, AT ANOTHER POINT IN TIME THAT MIGHT CHANGE

IN SUM

**“OPTIMALLY STRESSFUL”
CONFLICT STATEMENTS
ARE DESIGNED TO PROVOKE
THE RELINQUISHMENT OF
DYSFUNCTIONAL DEFENSES
BY GENERATING COGNITIVE AND AFFECTIVE
DISSONANCE WITHIN THE PATIENT**

**THE “WISDOM OF THE BODY” IS SUCH
THAT IT CANNOT TOLERATE THE
DISTRESS OF DISEQUILIBRIUM FOR ANY
EXTENDED PERIOD OF TIME AND WILL
THEREFORE BE “PROVOKED” TO TAKE ACTION
IN ORDER TO RESOLVE THE INTERNAL TENSION
AND RESTORE HOMEOSTATIC BALANCE**

**ULTIMATELY, IT WILL BE THE PATIENT'S
EVER – EVOLVING CAPACITY BOTH
TO RECOGNIZE (WITH HER HEAD)
AND TO EXPERIENCE (WITH HER HEART)
THE FUNDAMENTAL CONFLICT BETWEEN
“COST” AND “BENEFIT” THAT WILL PROMPT
HER TO RELINQUISH HER DYSFUNCTION
THAT IS, TO SURRENDER
HER UNHEALTHY DEFENSES
– DESPITE THEIR ERSTWHILE USEFULNESS –
IN FAVOR OF HEALTHIER ADAPTATIONS
AS SHE EVOLVES FROM
“DEFENSIVE RESISTANCE”
TO “ADAPTIVE AWARENESS,”
EXPANDED CONSCIOUSNESS,
AND ACTUALIZED POTENTIAL**

MODEL 1

**THE
INTERPRETIVE
PERSPECTIVE**

**OF
CLASSICAL
PSYCHOANALYSIS**

**“STRUCTURAL CONFLICT”
BETWEEN “ANXIETY – PROVOKING”
– BUT ULTIMATELY “GROWTH – PROMOTING” –
FORCES PRESSING “YES”**

**AND “ANXIETY – RELIEVING”
– BUT “GROWTH – IMPEDING” –
COUNTERFORCES DEFENDING “NO”**

**MOST OF OUR PATIENTS ARE CONFLICTED
ABOUT MOST THINGS MOST OF THE TIME**

**WITH ONE PART OF THEM
INVESTED IN MAINTAINING “SAME OLD, SAME OLD”**

**AND ANOTHER PART OF THEM BEGINNING TO APPRECIATE
– ALBEIT IT WITH EVER – INCREASING ANXIETY –
BOTH THE “PRICE PAID” FOR THAT MISPLACED LOYALTY
AND THE “ENLIVENING POSSIBILITY” OF
“SOMETHING NEW, DIFFERENT, AND BETTER”**

**MODEL 1 CONFLICT STATEMENTS
ARE UNIVERSALLY APPLICABLE INTERVENTIONS
THAT TARGET THESE STATES OF
“INTERNAL DIVIDEDNESS” OR “CONFLICTEDNESS”**

**ON THE ONE HAND
HIGHLIGHTING THE PATIENT’S EVER – EVOLVING “AWARENESS”
OF HER “INVESTMENT IN” “SAME OLD, SAME OLD”**

**ON THE OTHER HAND
HIGHLIGHTING THE PATIENT’S EVER – EVOLVING “AWARENESS”
OF THE “PRICE PAID” FOR THAT INVESTMENT
AND OF THE “POTENTIAL”
FOR “SOMETHING NEW, DIFFERENT, AND BETTER”**

AS WE KNOW, “MINIMALLY STRESSFUL” STATEMENTS
SECURE THE ATTACHMENT AND LAY THE GROUNDWORK
BUT DO NOT SPECIFICALLY CATALYZE DEEP AND ENDURING CHANGE

“OPTIMALLY STRESSFUL” CONFLICT STATEMENTS,
HOWEVER, ARE STRATEGICALLY DESIGNED
TO OFFER AN ARTFUL COMBINATION OF

CHALLENGE

- BY HIGHLIGHTING EITHER THE “PRICE PAID” FOR “OLD BAD”
AND / OR THE “ENLIVENING POSSIBILITY” OF “NEW GOOD” –

AND SUPPORT

- BY RESONATING EMPATHICALLY WITH THE “INVESTMENT IN” “OLD BAD” –

THE NET RESULT OF THIS
INTUITIVELY TITRATED BLEND OF

CHALLENGE

- WHICH PROVOKES THE PATIENT’S ANXIETY –

AND SUPPORT

- WHICH EASES IT –

WILL BE THE GENERATION OF
GALVANIZING OPTIMAL STRESS

**NECESSARY IF DEEP AND ENDURING
PSYCHODYNAMIC CHANGE IS THE ULTIMATE GOAL**

“LEVERAGING” THE PATIENT’S ANXIETY

ON THE ONE HAND

“MINIMALLY STRESSFUL” STATEMENTS ARE STRATEGICALLY DESIGNED TO “BE WITH THE PATIENT WHERE SHE IS”

- “HOMEOSTATIC ATTUNEMENT” –**
- “SUPPORT” THAT WILL DECREASE HER ANXIETY –**

THE NET RESULT OF WHICH WILL BE TO “PROMOTE THE THERAPEUTIC ALLIANCE,” “SECURE THE ATTACHMENT,” AND “SET THE STAGE”

ON THE OTHER HAND

“OPTIMALLY STRESSFUL” STATEMENTS ARE STRATEGICALLY DESIGNED FIRST TO “DIRECT THE PATIENT’S ATTENTION TO WHERE WE WOULD WANT HER TO GO”

- “DISRUPTIVE ATTUNEMENT” –**
- “CHALLENGE” THAT WILL INCREASE HER ANXIETY –**

AND THEN TO “BE WITH THE PATIENT WHERE SHE IS”

- “SUPPORT” THAT WILL DECREASE HER ANXIETY –**

THE NET RESULT OF WHICH WILL BE TO “CREATE INTERNAL TENSION AND DISSONANCE” AND, THEREBY, “INCENTIVIZING LEVERAGE”

Challenge

Support



**DO I CHALLENGE? OR SUPPORT?
OR PERHAPS DO BOTH?**

**INDEED WE ALL FIND OURSELVES SOMETIMES
VERY CONFUSED ABOUT WHAT TO DO NEXT!**



“WORKING THROUGH THE RESISTANCE”

**OPTIMALLY STRESSFUL
MODEL 1 CONFLICT STATEMENTS**

**“YOU KNOW THAT ... , BUT (MADE ANXIOUS)
YOU FIND YOURSELF THINKING / FEELING / DOING
IN ORDER NOT TO HAVE TO KNOW ... ”**

TWO KINDS OF CONFLICT
– “CONVERGENT” AND “DIVERGENT” –

A. KRIS (1985)

DIVERGENT CONFLICT – “EITHER / OR” SITUATIONS
TWO “MUTUALLY EXCLUSIVE” FORCES

SHALL I WEAR MY **BLUE DRESS** OR MY **RED DRESS** TONIGHT?

CONVERGENT CONFLICT – “BOTH / AND” SITUATIONS
ONE OF THE FORCES

– AN ANXIETY – PROVOKING (ID) “FORCE” –
PROMPTS MOBILIZATION OF A SECOND FORCE
– AN ANXIETY – RELIEVING (EGO) “COUNTERFORCE” –

YOU KNOW THAT SOMETIMES YOU FEEL ANGRY WITH YOUR WIFE

– THE ANXIETY – PROVOKING “FORCE” –

BUT YOU (MADE ANXIOUS) WOULD RATHER NOT THINK ABOUT THAT RIGHT NOW

– THE DEFENSIVE “COUNTERFORCE” –

YOU KNOW THAT YOUR MOTHER WILL PROBABLY NEVER APOLOGIZE

– THE ANXIETY – PROVOKING “FORCE” –

BUT YOU (MADE ANXIOUS) FIND YOURSELF

CONTINUING TO HOPE THAT PERHAPS SOMEDAY SHE WILL

– THE DEFENSIVE “COUNTERFORCE” –

THE “STRUCTURAL CONFLICTS”

– aka “NEUROTIC CONFLICTS” OR “INTRAPSYCHIC CONFLICTS” –
OF CLASSICAL PSYCHOANALYTIC THEORY ARE
“CONVERGENT CONFLICTS”

MODEL 1 CONFLICT STATEMENTS ARE DESIGNED
TO ADDRESS THESE “CONVERGENT (“BOTH / AND”) CONFLICTS”
WITH AN EYE TO GENERATING INTERNAL TENSION
BETWEEN ANXIETY-PROVOKING (BUT ULTIMATELY GROWTH – PROMOTING) FORCES
AND ANXIETY – RELIEVING (BUT GROWTH – IMPEDING) RESISTANT COUNTERFORCES

“YOU KNOW THAT YOUR MOTHER
WILL PROBABLY NEVER APOLOGIZE
BUT YOU FIND YOURSELF CONTINUING TO HOPE
THAT PERHAPS SOMEDAY SHE WILL.”

MODEL 1 CONFLICT STATEMENTS ARE NOT DESIGNED
TO ADDRESS “DIVERGENT (“EITHER / OR”) CONFLICTS”

YOU WOULD NOT ADVANCE THE CAUSE MUCH
WERE YOU TO SAY TO YOUR PATIENT
“YOU KNOW THAT YOU COULD
WEAR YOUR BLUE DRESS TONIGHT
BUT YOU FIND YOURSELF THINKING THAT PERHAPS
YOU SHOULD WEAR YOUR RED DRESS INSTEAD.”

“WORKING THROUGH THE RESISTANCE”

**OPTIMALLY STRESSFUL CONFLICT STATEMENTS
ARE STRATEGICALLY DESIGNED**

FIRST TO INCREASE ANXIETY
BY “CHALLENGING” THE DEFENSE
YOU HAVE THE “ADAPTIVE CAPACITY” TO “KNOW” ... ,
AND THEN TO DECREASE ANXIETY
BY “SUPPORTING” THE DEFENSE
BUT YOU HAVE THE “DEFENSIVE NEED” TO “RESIST” THAT “KNOWING” ...

ALL WITH AN EYE

FIRST TO “MAKING EXPLICIT”
THE CONFLICT WITHIN THE PATIENT

BETWEEN THE “HEALTHY PART” OF HER

– THAT DOES INDEED “KNOW” –

AND THE “LESS – HEALTHY PART” OF HER

– THAT “RESISTS” THAT “KNOWING” –

AND THEN TO “GENERATING GROWTH – INCENTIVIZING DISSONANCE”
BETWEEN THOSE TWO “PARTS” OF HER “SELF – EXPERIENCE”

OPTIMALLY STRESSFUL MODEL 1 CONFLICT STATEMENTS

**FIRST “CHALLENGE” BY “DIRECTING THE PATIENT’S ATTENTION TO WHERE YOU WANT HER TO GO”
AND THEN “SUPPORT” BY “RESONATING EMPATHICALLY WITH WHERE SHE IS”**

**“YOU KNOW THAT IF YOU ARE EVER TO GET ON
WITH YOUR LIFE, YOU’LL HAVE TO LET GO OF YOUR CONVICTION
THAT YOUR CHILDHOOD SCARRED YOU FOREVER. BUT IT’S HARD
NOT TO FEEL LIKE DAMAGED GOODS WHEN YOU GREW UP
IN A HORRIBLY ABUSIVE HOUSEHOLD WITH A MEAN AND NASTY
MOTHER WHO KEPT TELLING YOU THAT YOU WERE A LOSER.”**

**“YOU’RE COMING TO UNDERSTAND THAT
YOUR ANGER CAN PUT PEOPLE OFF.
BUT YOU TELL YOURSELF THAT
YOU HAVE A RIGHT TO BE AS ANGRY AS YOU WANT
BECAUSE OF HOW MUCH YOU HAVE HAD TO SUFFER
OVER THE COURSE OF THE YEARS.”**

**“YOU KNOW THAT IF YOUR RELATIONSHIP WITH ELANA
IS TO SURVIVE, YOU’LL NEED TO TAKE AT LEAST SOME
RESPONSIBILITY FOR THE PART YOU’RE PLAYING IN THE
INCREDIBLY ABUSIVE FIGHTS THAT YOU AND SHE HAVE BEEN HAVING.
BUT YOU TELL YOURSELF THAT IT ISN’T REALLY
YOUR FAULT BECAUSE IF SHE WEREN’T SO PROVOCATIVE,
THEN YOU WOULDN’T HAVE TO BE SO VINDICTIVE!”**

PLEASE NOTE

**AS TEMPTING AS IT MIGHT BE
FOR THE THERAPIST TO HIGHLIGHT
– IN THE FIRST PORTION OF HER CONFLICT STATEMENT –
SOMETHING THAT SHE WOULD WISH
THE PATIENT ALREADY KNEW,**

**IF THE PATIENT REALLY
DOES NOT YET KNOW IT,**

**THEN IT IS BETTER
THAT THE THERAPIST
RESIST HER TEMPTATION
TO “LEAD THE WITNESS”
IN THAT WAY**

**“YOU KNOW THAT YOUR UNRESOLVED FEELINGS ABOUT YOUR DAD ARE
MAKING IT DIFFICULT FOR YOU TO FIND AN APPROPRIATE LIFE PARTNER ...”**

**SAYING THIS TO SOMEONE WHO DOES NOT ACTUALLY KNOW THIS
RUNS THE RISK OF MAKING THE PATIENT EVEN MORE DEFENSIVE**

FURTHERMORE, THAT’S “CHEATING”! – SO IT’S NOT FAIR ...

**BY LOCATING WITHIN THE PATIENT
THE CONFLICT BETWEEN
WHAT SHE (ADAPTIVELY) “KNOWS”
AND WHAT SHE, MADE ANXIOUS,
(DEFENSIVELY) “FINDS HERSELF”
“THINKING, FEELING, OR DOING”
IN ORDER NOT TO HAVE TO CONFRONT
THAT “ANXIETY – PROVOKING REALITY,”**

**THE THERAPIST IS DEFTLY SIDESTEPPING
THE POTENTIAL FOR CONFLICT
BETWEEN HERSELF AND THE PATIENT**

**MORE SPECIFICALLY
WHEN THE THERAPIST INTRODUCES
A CONFLICT STATEMENT WITH
“YOU KNOW THAT ... ,”
SHE IS FORCING THE PATIENT
TO TAKE RESPONSIBILITY
FOR WHAT THE PATIENT
– ALBEIT BEGRUDGINGLY –
REALLY DOES KNOW**

**IF, INSTEAD, THE THERAPIST
– IN A MISGUIDED ATTEMPT TO URGE THE PATIENT FORWARD –
RESORTS SIMPLY
TO TELLING THE PATIENT
WHAT THE THERAPIST KNOWS,**

**NOT ONLY
WILL THE THERAPIST
BE RUNNING THE RISK
OF FORCING THE PATIENT
TO BECOME EVER – MORE ENTRENCHED
IN HER DEFENSIVE STANCE OF PROTEST**

**BUT THE THERAPIST WILL ALSO
BE DEPRIVING THE PATIENT
OF ANY INCENTIVE
TO TAKE RESPONSIBILITY
FOR HER OWN DESIRE TO GET BETTER**

**IN OTHER WORDS
AS A RESULT OF
THE JUDICIOUS AND ONGOING USE
OF CONFLICT STATEMENTS
THAT FORCE THE PATIENT
TO BECOME AWARE OF
– AND TO TAKE RESPONSIBILITY FOR –
HER STATE OF “INTERNAL DIVIDEDNESS”
ABOUT, FOR EXAMPLE, GETTING BETTER
– IN OTHER WORDS, HER “AMBIVALENCE” –**

**THE THERAPIST WILL BE ABLE
MASTERFULLY TO AVOID GETTING DEADLOCKED
IN A POWER STRUGGLE WITH THE PATIENT**

**A POWER STRUGGLE THAT
CAN EASILY ENOUGH ENSUE
IF THE THERAPIST TAKES IT UPON HERSELF
TO REPRESENT THE (ADAPTIVE) “VOICE OF REALITY”
BY OVERZEALOUSLY ADVOCATING FOR THE PATIENT
TO DO THE “RIGHT / HEALTHY” THING**

**– A STANCE THAT THEN LEAVES THE PATIENT, MADE ANXIOUS,
NO CHOICE BUT TO BECOME THE (DEFENSIVE) “VOICE OF OPPOSITION” –**

**PLEASE ALSO NOTE THE IMPLICIT MESSAGE
DELIVERED BY THE THERAPIST
IN THE SECOND PART
OF A CONFLICT STATEMENT**

WHEN SHE USES SUCH “TEMPORAL EXPRESSIONS” AS

**“FOR NOW” / “RIGHT NOW” / “AT THE MOMENT”
“IN THE MOMENT” / “AT THIS POINT IN TIME”**

**WHICH SHE WILL DO
WHEN SHE IS ADDRESSING
THE PATIENT’S “INVESTMENT”
IN THE “DYSFUNCTIONAL DEFENSE”**

**THE THERAPIST IS ATTEMPTING
TO HIGHLIGHT THE FACT
THAT EVEN IF, FOR NOW,
THE PATIENT WOULD SEEM TO BE
ENTRENCHED IN PROTESTING
HER NEED TO MAINTAIN THINGS
AS THEY ARE,
AT ANOTHER POINT IN TIME,
THAT COULD CHANGE**

**OPTIMALLY STRESSFUL MODEL 1 CONFLICT STATEMENTS
FIRST “CHALLENGE” THE DEFENSE TO “PROVOKE” ANXIETY
AND THEN “SUPPORT” THE DEFENSE TO “EASE” IT**

**“YOU KNOW THAT ULTIMATELY
YOU WILL NEED TO CONFRONT AND GRIEVE THE REALITY
THAT TOM, LIKE YOUR DAD, IS NOT AVAILABLE
IN THE WAYS THAT YOU WOULD HAVE WANTED HIM TO BE
AND THAT UNTIL YOU MAKE YOUR PEACE
WITH THAT PAINFUL REALITY
YOU WILL CONTINUE TO BE MISERABLE.
BUT, IN THE MOMENT, ALL YOU CAN THINK ABOUT
IS WHAT YOU CAN DO TO MAKE HIM LOVE YOU MORE.”**

**“YOU KNOW THAT SOMEDAY
YOU WILL HAVE TO LET SOMEBODY IN
IF YOU’RE EVER TO HAVE
A MEANINGFUL RELATIONSHIP.
BUT, AT THE MOMENT, THE THOUGHT
OF MAKING YOURSELF THAT VULNERABLE
IS SIMPLY OUT OF THE QUESTION.
THERE IS ABSOLUTELY NO WAY
YOU ARE WILLING TO RUN THE RISK
OF BEING HURT EVER AGAIN.”**

MORE SPECIFICALLY

**IN ORDER TO SPOTLIGHT THE “AMBIVALENCE” OF
THE PATIENT’S “ATTACHMENT” TO HER “DEFENSE”
AND TO GENERATE TENSION WITHIN THE PATIENT
BETWEEN HER “EVER – EVOLVING AWARENESS” OF
BOTH THE “COST” AND THE “BENEFIT”
OF CLINGING TO THE DEFENSE**

**WHENEVER POSSIBLE
THE THERAPIST WILL THEREFORE OFFER
“PRICE – PAID” CONFLICT STATEMENTS
THAT HIGHLIGHT BOTH THE “PAIN” AND THE “GAIN”**

**“YOU KNOW THAT < PAIN > ... ,
BUT YOU REMAIN < GAIN > EVEN SO ... ”**

**“YOU KNOW THAT < PRICE PAID > ... ,
BUT YOU REMAIN < INVESTED IN > EVEN SO ... ”**

**IN THE HOPE OF MAKING THE “AMBIVALENTLY HELD DEFENSE”
“LESS EGO – SYNTONIC” AND “MORE EGO – DYSTONIC”
AND OF THEREFORE GALVANIZING THE PATIENT TO “TAKE ACTION”
TO “RESOLVE THE INTERNAL DISSONANCE”
AND “RESTORE THE HOMEOSTATIC BALANCE”**

MODEL 1

“PRICE – PAID” CONFLICT STATEMENTS

**FIRST “CHALLENGE” THE DEFENSE BY “DIRECTING THE PATIENT’S ATTENTION”
TO THE “PAIN / COST / PRICE PAID” FOR “OLD BAD”
AND THEN “SUPPORT” THE DEFENSE BY “RESONATING EMPATHICALLY”
WITH THE (SECONDARY) “GAIN / BENEFIT / PAY OFF” OF “OLD BAD”**

**“YOU KNOW THAT YOU ARE PAYING A STEEP PRICE
FOR YOUR REFUSAL TO STOP SMOKING –
OF PARTICULAR CONCERN
BECAUSE OF YOUR RECURRENT LUNG INFECTIONS.
BUT, AT THIS POINT, YOU ARE NOT QUITE YET PREPARED TO
TAKE THAT STEP BECAUSE YOU FEEL YOU HAVE SO LITTLE
ELSE IN YOUR LIFE THAT GIVES YOU ANY REAL PLEASURE.”**

**“YOU KNOW THAT YOU WILL NEED SOMEDAY
TO GET SERIOUS ABOUT LOSING THE EXTRA WEIGHT
BECAUSE IT REALLY IS BEGINNING TO IMPACT YOUR HEALTH.
BUT, RIGHT NOW, YOU CAN’T IMAGINE BEING ABLE
TO PUT YOURSELF ON A RESTRICTIVE DIET
BECAUSE YOU ARE ALREADY FEELING SO DEPRIVED
IN ALL THE OTHER AREAS OF YOUR LIFE.”**

