

**OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING
CONFLICT STATEMENTS:**

**INTEGRATING THE “ANALYTIC WISDOM”
OF THE LEFT BRAIN
WITH THE “EMOTIONAL – RELATIONAL WISDOM”
OF THE RIGHT BRAIN**

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THE STARK METHOD of PSYCHODYNAMIC SYNERGY

FIVE INTERACTIVE AND MUTUALLY ENHANCING “MODES OF THERAPEUTIC ACTION”

MODEL 1

THE INTERPRETIVE PERSPECTIVE OF

CLASSICAL PSYCHOANALYSIS

“WHERE ID WAS, THERE SHALL EGO BE” (FREUD)

“KNOWLEDGE ITSELF IS POWER” (SIR FRANCIS BACON)

MODEL 2

THE DEFICIENCY – COMPENSATION PERSPECTIVE OF

SELF PSYCHOLOGY

“PRETENDING THAT IT CAN BE WHEN IT CAN’T IS HOW PEOPLE BREAK THEIR HEARTS” (SEMRAD)

MODEL 3

THE INTERSUBJECTIVE PERSPECTIVE OF

CONTEMPORARY RELATIONAL THEORY

**“THE HALLMARK OF A SUCCESSFUL PROJECTIVE IDENTIFICATION IS THE THERAPIST’S
ABILITY TO TOLERATE WHAT THE PATIENT FINDS INTOLERABLE” (STARK)**

MODEL 4

AN EXISTENTIAL – HUMANISTIC APPROACH

TO ACCESSING THE PRIVATE SELF, EASING LONELINESS, AND FINDING MEANING IN DESPAIR

“IT IS A JOY TO BE HIDDEN BUT A DISASTER NOT TO BE FOUND” (WINNICOTT)

“A ROCK FEELS NO PAIN, AND AN ISLAND NEVER CRIES” (SIMON & GARFUNKEL)

MODEL 5

A QUANTUM – NEUROSCIENTIFIC APPROACH

TO COMPLETING THE TRAUMA AND LIBERATING LATENT POTENTIAL

“THE BODY REMEMBERS EVEN WHEN THE PATIENT DOES NOT” (van der KOLK)

THE STARK METHOD of PSYCHODYNAMIC SYNERGY

MODEL 1 – CLASSICAL PSYCHOANALYTIC

STRUCTURAL CONFLICT

– NEUROTIC CONFLICTEDNESS –
THE NEUROTIC

MODEL 2 – SELF PSYCHOLOGICAL

STRUCTURAL DEFICIT

– NARCISSISTIC VULNERABILITY –
THE NARCISSIST

MODEL 3 – CONTEMPORARY RELATIONAL

RELATIONAL CONFLICT

– NOXIOUS RELATEDNESS –
THE CHARACTER DISORDER / THE BORDERLINE

MODEL 4 – EXISTENTIAL – HUMANISTIC

RELATIONAL DEFICIT

– NONRELATEDNESS –
THE SCHIZOID / THE ADDICT / THE OUTLIER (NEURODIVERGENCE)

MODEL 5 – QUANTUM – NEUROSCIENTIFIC

ANALYSIS PARALYSIS / NEURAL ENTRENCHMENT

– NONACTION –

INDIVIDUALS WHO ARE IN A STATE OF PARALYSIS, TETHERED TO THEIR TRAUMATOGENIC PAST,
TRAPPED IN IMPLICITLY HELD, “OLD BAD” (EMBODIED) MEMORIES / NARRATIVES,
DEEPLY INGRAINED LIMITING BELIEFS, AND (CONDITIONED) RELATIONAL EXPECTATIONS

THE STARK METHOD of PSYCHODYNAMIC SYNERGY
A C.A.R.E.S. APPROACH TO DEEP EMBODIED HEALING

MODEL 1

COGNITIVE – PRIVILEGES THINKING

MODEL 2

AFFECTIVE – PRIVILEGES FEELING

MODEL 3

RELATIONAL – PRIVILEGES ENACTMENTS

MODEL 4

EXISTENTIAL – PRIVILEGES THE SEARCH FOR MEANING

MODEL 5

**SYNAPTIC – PRIVILEGES TRAUMATIC (EMBODIED) MEMORIES
AND DEEPLY ENTRENCHED NARRATIVES**

**– THAT BECOME THE DISEMPOWERING AND DISTORTED FILTERS THROUGH WHICH
THE PATIENT EXPERIENCES SELF, OTHERS, AND THE WORLD –**

**SUPERPOSITIONAL – THE EXISTENCE OF
MULTIPLE POSSIBLE STATES SIMULTANEOUSLY**

AGENTS FOR TRANSFORMATION

CATALYSTS FOR CHANGE

MODEL 1 – CLASSICAL PSYCHOANALYTIC

INTERPRETING – TO RESOLVE STRUCTURAL CONFLICT

MODEL 2 – SELF PSYCHOLOGICAL

GRIEVING – TO RESOLVE STRUCTURAL DEFICIT

MODEL 3 – CONTEMPORARY RELATIONAL

NEGOTIATING – TO RESOLVE RELATIONAL CONFLICT

MODEL 4 – EXISTENTIAL – HUMANISTIC

SURRENDERING – TO RESOLVE RELATIONAL DEFICIT

MODEL 5 – QUANTUM – NEUROSCIENTIFIC

DISENTANGLING / RESCRIPTING / UPDATING – TO RESOLVE PSYCHIC INERTIA
AND NEURAL ENTRENCHMENT

THE THERAPEUTIC GOAL

MODEL 1

ENHANCEMENT OF **INTROSPECTIVE KNOWLEDGE**

– INSIGHT INTO INTERNAL CONFLICTEDNESS –

MODEL 2

PROVISION OF **MISSED EXPERIENCE**

– BELATED OPPORTUNITY FOR GRIEVING, INTERNALIZING, ACCEPTING –
– A SAFE SPACE FOR GRIEVING LIFELONG HEARTBREAK –

MODEL 3

ENGAGEMENT IN **AUTHENTIC RELATIONSHIP**

– NAVIGATION OF TRANSFERENCE / COUNTERTRANSFERENCE ENTANGLEMENT
AND INTERSUBJECTIVE “MESSINESS” –

ED TRONICK (2020)

MODEL 4

NURTURING OF **EXISTENTIAL SURRENDER**

– BENIGN REGRESSION TO “ANALYTIC ONENESS” AND A “NEW BEGINNING” –

OFRA ESHEL (2019)

MODEL 5

ACTUALIZATION OF **QUANTUM POSSIBILITIES**

– DRAMATIC, JOLTING, AND REPEATED JUXTAPOSITION OF “OLD BAD” WITH “NEW GOOD” –

THE STARK METHOD

A close-up, artistic photograph of a compass. The compass face is dark blue with the word 'SYNERGY' written in a light blue, sans-serif font, repeated multiple times around the perimeter. The compass needle is a bright blue arrow pointing towards the upper right. The background is a blurred, circular pattern of the same compass face, creating a sense of depth and focus on the central needle and the word 'SYNERGY'.

**THE STARK METHOD of
PSYCHODYNAMIC SYNERGY**

THE STARK METHOD of PSYCHODYNAMIC SYNERGY

AN INTEGRATIVE APPROACH TO DEEP EMBODIED HEALING

ONE THAT INVOLVES THE COMPLEX INTERPLAY OF ALL FIVE MODELS

– EACH GAINING MOMENTUM BY VIRTUE OF ADVANCEMENT IN THE OTHER FOUR –

IN ESSENCE

THE MODELS ARE INTERDEPENDENT

– NONE MORE IMPORTANT THAN ANY OF THE OTHERS –

ALL FIVE OPERATE SYNERGISTICALLY TO CAPITALIZE UPON
THE “THERAPEUTIC PROVISION” OF “OPTIMAL STRESS”

THAT IS, JUST THE RIGHT COMBINATION OF “CHALLENGE” AND “SUPPORT”

– “DOSED STIMULATION” – THOMAS OGDEN (1993)

TO GENERATE ONGOING “HEALING CYCLES” OF “DISRUPTION” AND “REPAIR”

AND EVENTUAL ADVANCEMENT OF THE PATIENT

FROM “OLD BAD,” DISEMPOWERING, AND DISTORTED NARRATIVES
TO “NEW GOOD,” MORE EMPOWERING, AND MORE REALITY – BASED NARRATIVES

– VARIOUSLY DESCRIBED AS CORE BELIEFS, EMOTIONAL LEARNINGS,
MENTAL SCHEMAS, RELATIONAL EXPECTATIONS,
AND THE “IMPLICIT RELATIONAL KNOWING” OF KARLEN LYONS – RUTH (1998) –



FROM STRUCTURAL CONFLICT TO STRUCTURAL COLLABORATION



**FREUD'S PRE – STRUCTURAL (BIPARTITE) MODEL OF THE MIND
CONCEIVES OF “NEUROTIC CONFLICT” AS A STORY ABOUT TENSION**

BETWEEN AN ANXIETY – PROVOKING

**– DYSREGULATED –
“ID DRIVE”**

AND AN ANXIETY – ASSUAGING

**– SELF – PROTECTIVE –
“EGO DEFENSE”**

**– THE DEFENSE MOBILIZED BY AN UNDEVELOPED EGO MADE ANXIOUS
IN THE FACE OF THE THREATENED BREAKTHROUGH OF AN UNRULY ID IMPULSE –**

**FREUD EMPLOYS HIS FAMOUS “HORSE AND RIDER” METAPHOR
TO ILLUSTRATE THE PROCESS OF WORKING THROUGH**

– WHEREBY “THE ID IS TAMED” AND “THE EGO IS STRENGTHENED” –

INDEED, AS “ADAPTIVE SOLUTIONS”

**– THAT ARE HEALTHIER AND MORE EMPOWERING –
BEGIN TO EMERGE,**

**THE NEED FOR “DEFENSIVE STRATEGIES”
GRADUALLY DIMINISHES**

**DESCRIBED IN CLASSICAL PSYCHOANALYTIC LITERATURE
AS “WORKING THROUGH THE RESISTANCE”**



MORE SPECIFICALLY

INITIALLY

FREUD'S INEXPERIENCED RIDER

– AN UNDEVELOPED EGO –

WILL BE MADE ANXIOUS BY HER UNTAMED HORSE

– A DYSREGULATED ID –

WHICH WILL PROMPT THE RIDER TO REIN HER HORSE IN

– THE EGO TO MOBILIZE ITS DEFENSES TO “PUT A LID ON THE ID” –

**BUT AS A RESULT OF “TRAINING” (OF BOTH HORSE AND RIDER)
AND “WORKING THROUGH” (BY BOTH PATIENT AND THERAPIST),**

FREUD'S NOW MORE EXPERIENCED

AND MORE EMPOWERED RIDER

– A NOW STRONGER AND MORE INSIGHTFUL EGO –

WILL BE NOW BETTER ABLE TO MANAGE

HER NOW TAMER HORSE

– A NOW BETTER REGULATED AND MORE ADAPTABLE ID –

INDEED

AS A RESULT OF THIS “TRAINING” / “WORKING THROUGH”
– WHEREBY THE HORSE – THE ID – IS TAMED AND THE RIDER – THE EGO – IS STRENGTHENED –

THE “DEFENSIVE NEED” TO “REIN THE HORSE IN”
GRADUALLY GIVES WAY TO
THE “ADAPTIVE CAPACITY” TO “GIVE THE HORSE FREE REIN”

AND SKILLFULLY TO HARNESS ITS POWER
SO THAT ITS NOW – MODULATED ENERGY CAN BE CHanneLED
INTO HEALTHIER PURSUITS AND MORE CONSTRUCTIVE ENDEAVORS

THINK “SUBLIMATION”
AND FREUD’S MASTERFULLY SKILLED, PRECISION – DRIVEN SURGEON
WHO WAS ONCE A YOUNG CHILD PLAYING RECKLESSLY WITH KNIVES


HORSE AND RIDER WILL NOW BE ABLE
TO MOVE FORWARD HARMONIOUSLY – IN SYNC

NO LONGER IN CONFLICT BETWEEN BUT IN COLLABORATION WITH

FROM
CONFLICT
TO
COLLABORATION

BECAUSE WHAT WAS ONCE NEUROTICALLY JAMMED UP
HAS NOW EVOLVED INTO SOMETHING FREER AND MORE EXPANSIVE





**OUT OF YOUR
VULNERABILITIES
WILL COME
YOUR STRENGTH
FREUD**



CONSIDER THE FOLLOWING CLINICAL MOMENT

A PATIENT OF MINE

– UPON HEARING ME ANSWER THE PHONE
(AT THE TIME OF OUR APPOINTMENT)
WITH A WARM AND EXPECTANT “HELLO!” –
RESPONDED, “YOU SOUNDED SURPRISED”

RELEVANT DATAPOINTS

I HAVE WORKED WITH THIS PATIENT WEEKLY FOR OVER EIGHT YEARS
SHE ALWAYS CALLS PRECISELY ON THE DOT
I ALWAYS ANSWER PRECISELY ON THE DOT
SHE HAD CALLED ON THE DOT THAT DAY
AND I HAD ANSWERED ON THE DOT THAT DAY

AND YET SHE SAID, “YOU SOUNDED SURPRISED”

MY CLINICAL FORMULATION

THIS WAS A MOMENT OF “PURE PROJECTION”
– THE DIRECT EXTERNALIZATION OF A DISAVOWED PSYCHIC FRAGMENT –

CLINICAL RESOLUTION

ONCE WE EXPLORED HER DISTORTED PERCEPTION OF ME AS HAVING BEEN SURPRISED,
MY PATIENT CAME TO APPRECIATE
THAT THE IDEA OF “BEING SURPRISED”
HAD IN FACT ORIGINATED FROM WITHIN HER –
AND BEEN PROJECTED ONTO ME

WE THEN TRACED THIS PROJECTION BACK
TO A SERIES OF TRAUMATIC CHILDHOOD MOMENTS
WHEN SHE HAD, QUITE LITERALLY,
BEEN FORGOTTEN – LOST TRACK OF – BY HER MOTHER

WHO HAD LATER RESPONDED WITH GENUINE SURPRISE
UPON HER DAUGHTER’S SUDDEN “APPEARANCE”

MY PATIENT’S “YOU SOUNDED SURPRISED”
WAS NOT AT ALL ABOUT ME –
BUT A REVERBERATION OF THAT FORGOTTEN CHILD’S HEARTBREAK

A PSYCHIC FRAGMENT
– DISAVOWED AND PROJECTED INTO THE ANALYTIC FIELD
WHERE IT WAS BRIEFLY MISTAKEN FOR REALITY
UNTIL IT COULD BE “INTERPRETED” FOR WHAT IT REALLY WAS –

“OPTIMALLY STRESSFUL,” GROWTH – INCENTIVIZING MODEL 1 “CONFLICT STATEMENT”

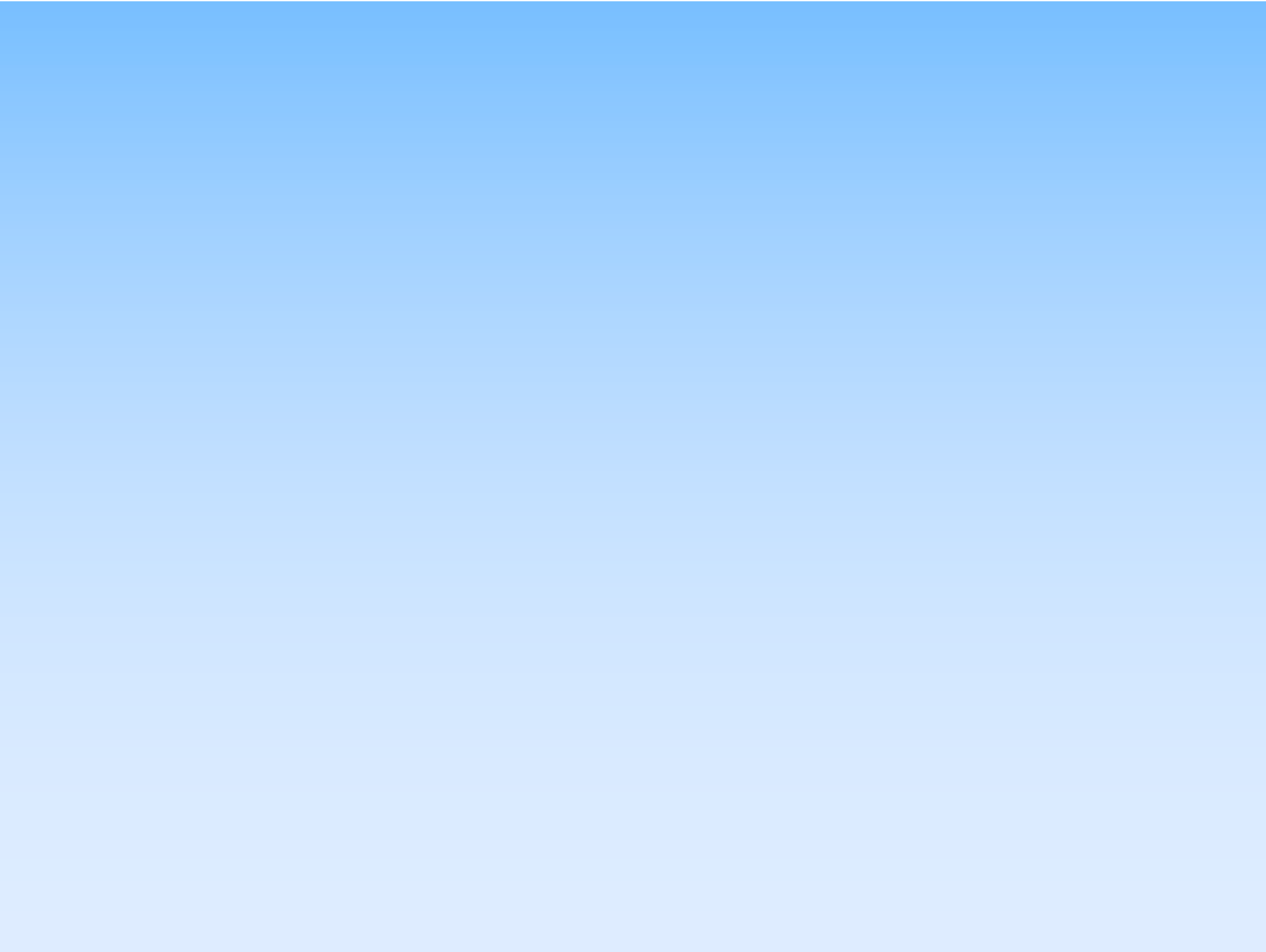
**“ON SOME LEVEL, YOU KNEW THAT I WASN’T ACTUALLY SURPRISED
TO BE HEARING FROM YOU – BECAUSE YOU ALWAYS CALL RIGHT ON TIME,
AND I’VE ALWAYS BEEN HERE TO PICK RIGHT UP WITHOUT MISSING A BEAT.**

OPTION 1

**“BUT – DEEP DOWN – THERE WAS ANOTHER PART OF YOU,
A YOUNGER, MORE VULNERABLE PART,
THAT WAS AFRAID I MIGHT HAVE LOST TRACK OF YOU –
JUST AS YOUR MOTHER HAD DONE, SO PAINFULLY,
ALL THOSE MANY TIMES WHEN YOU WERE SO VERY LITTLE,
SO BREAKABLE, AND SO IN NEED OF BEING REMEMBERED.
AND SO, FOR A MOMENT, YOU FEARED THAT MAYBE I, TOO,
MIGHT HAVE FORGOTTEN OUR TIME TOGETHER.”**

OPTION 2

**“BUT ANOTHER PART OF YOU – YOUNGER, MORE TENDER, STILL
CARRYING THE ACHE OF HAVING BEEN SO OFTEN FORGOTTEN
BY YOUR MOTHER – FEARED THAT MAYBE I, TOO, HAD LOST TRACK
OF YOU. THAT MAYBE I, TOO, HAD LET YOU SLIP FROM MY MIND,
JUST AS SHE HAD DONE ALL THOSE MANY TIMES WHEN YOU WERE
SMALL, UNPROTECTED, AND SO DEEPLY IN NEED OF BEING
REMEMBERED. AND SO, FOR A MOMENT, IT FELT AS THOUGH I, TOO,
MIGHT HAVE FORGOTTEN OUR TIME TOGETHER.”**



HEMISPHERIC SYNCHRONIZATION TO OPTIMIZE BRAIN HEALTH

MOST PEOPLE FAVOR ONE HEMISPHERE OVER THE OTHER

– ALTHOUGH ELECTROENCEPHALOGRAPHIC (EEG) STUDIES HAVE
DEMONSTRATED THAT HUMANITY’S GREATEST PHILOSOPHERS, THINKERS,
INVENTORS, AND ARTISTS USE BOTH SIDES EQUALLY –

**SO HOW CAN BOTH SIDES OF THE BRAIN BE ACTIVATED
AT THE SAME TIME IN ORDER TO FACILITATE**

**BOTH THE “ANALYTIC WISDOM” OF THE LEFT BRAIN
AND THE “EMOTIONAL – RELATIONAL WISDOM” OF THE RIGHT BRAIN**

SUCH THAT THOSE EXPERIENCES CAN BE INTEGRATED?

– ONE MORE ATTUNED TO THE PRESENT / FUTURE AND THE OTHER DERIVING FROM THE PAST –

INASMUCH AS EACH HEMISPHERE HAS SENSORY AND MOTOR CONTROL OF THE
OPPOSITE SIDE OF THE BODY, MOVING BOTH SIDES OF THE BODY AT THE SAME TIME
AND IN A RHYTHMIC FASHION WILL FACILITATE BRAIN INTEGRATION

– AS HAPPENS WITH WALKING, PLAYING THE PIANO, TYPING ON A KEYBOARD, OR KNITTING –

EVEN BETTER WILL BE CROSS – LATERAL MOVEMENTS

– WHICH INVOLVE CROSSING THE MIDLINE OF THE BODY WITH AN ARM AND / OR A LEG –

AS ARE ANY OF THE FOLLOWING “BRAIN EXERCISES”

WRITE CURSIVE WITH ONE HAND AND PRINT WITH THE OTHER

**WITH ONE HAND, DRAW THE NUMBER 6,
AND, AT THE SAME TIME, LIFT THE FOOT ON THAT SIDE AND MAKE CLOCKWISE CIRCLES**

TOSS TWO WADS OF PAPER INTO A WASTEBASKET

– ONE OVERHAND AND THE OTHER UNDERHAND –

LEARN TO JUGGLE



CROSS - LATERAL MOVEMENTS INVOLVE CROSSING THE MIDLINE OF THE BODY WITH AN ARM AND / OR A LEG IN ORDER TO ACTIVATE BOTH SIDES OF THE BRAIN IN A BALANCED WAY AND STRENGTHEN THE CORPUS CALLOSUM



YOUR "MORE VISUAL" RIGHT BRAIN TRIES
TO SAY THE COLOR,
BUT YOUR "MORE VERBAL" LEFT BRAIN INSISTS
UPON SAYING THE WORD

WHICH WAY IS MORE NATURAL FOR YOU?

BLUE	YELLOW	BLACK
RED	BLUE	ORANGE
GREEN	PURPLE	RED
BLACK	RED	ORANGE
GREEN	BLUE	BLACK
RED	PURPLE	YELLOW

HEMISPHERIC SYNCHRONIZATION TO OPTIMIZE BRAIN HEALTH

AT ANY GIVEN MOMENT, ONE OF YOUR NOSTRILS IS MORE OPEN THAN THE OTHER
AND THIS ALTERNATES IN A RHYTHMIC FASHION OVER THE COURSE OF THE DAY

WHEN YOUR RIGHT NOSTRIL IS MORE OPEN,
BRAINWAVE ACTIVITY IS GREATER IN THE LEFT BRAIN

BY THE SAME TOKEN, WHEN YOUR LEFT NOSTRIL IS MORE OPEN,
BRAINWAVE ACTIVITY IS GREATER IN THE RIGHT BRAIN

YOU CAN DELIBERATELY SHIFT HEMISPHERIC DOMINANCE BY CLOSING ONE NOSTRIL
AND FOCUSING YOUR ATTENTION ON BREATHING THROUGH THE OTHER NOSTRIL
– AS AN EXERCISE, DO ALTERNATE NOSTRIL BREATHING TO BALANCE OUT YOUR BRAIN –

ALSO, COMPARING THE TEMPERATURE IN ONE EAR TO THE TEMPERATURE IN THE OTHER
– USING A SENSITIVE AURAL (EAR) THERMOMETER –
PROVIDES A CLEVER AND CONVENIENT WAY TO ASSESS HEMISPHERIC DOMINANCE

FRED SCHIFFER (1999) MADE THE FASCINATING DISCOVERY THAT
WHEN ONE SIDE OF THE BRAIN IS BEING PREFERENTIALLY ACTIVATED,
THEN BLOOD FLOW WILL BE SHUNTED AWAY FROM THE EAR ON THAT SIDE
TOWARD THE MORE CENTRALLY LOCATED CEREBRAL CORTEX
– SUCH THAT THE TEMPERATURE IN THAT EAR WILL BECOME
SOMEWHAT LOWER THAN THE TEMPERATURE IN THE EAR
ON THE SIDE OF THE BRAIN NOT BEING ACTIVATED –

BUT WHEN BOTH SIDES OF THE BRAIN ARE STIMULATED WITH BILATERAL ALTERNATING STIMULATION,
AN AURAL THERMOMETER WILL INDEED SHOW EQUALIZATION OF THE TEMPERATURES IN THE EARS,
SIGNIFYING HEMISPHERIC SYNCHRONIZATION AND OPTIMIZATION OF BRAIN FUNCTIONING

TRY TO BALANCE YOUR BRAIN AND THEN GO BACK TO READ THE CHART
ON THE PREVIOUS SLIDE

UNILATERAL YOGI NASAL BREATHING

IMRAN KHAN NIAZI et al. – EEG SIGNATURES CHANGE
DURING UNILATERAL YOGI NASAL BREATHING – *Sci Rep* 12, 520 (2022)

YOGIC PRACTICE SUGGESTS

– AND SCIENTIFIC EVIDENCE CONFIRMS –

**THAT BREATHING THROUGH YOUR RIGHT NOSTRIL
WILL ACTIVATE YOUR SYMPATHETIC NERVOUS SYSTEM**

– CREATING AN AROUSAL STATE –

**WHEREAS BREATHING THROUGH YOUR LEFT NOSTRIL
WILL ACTIVATE YOUR PARASYMPATHETIC NERVOUS SYSTEM**

– CREATING A STRESS – ALLEVIATING STATE –

A HOT TIP

TO FACILITATE SLEEP

LIE ON YOUR RIGHT SIDE

AND USE THE INDEX FINGER

OF YOUR RIGHT HAND

TO CLOSE YOUR RIGHT NOSTRIL

BREATHE SLOWLY

THROUGH YOUR LEFT NOSTRIL

AND YOU WILL FALL ASLEEP MUCH FASTER

HEMISPHERIC SYNCHRONIZATION TO OPTIMIZE BRAIN HEALTH

ALONG THESE SAME LINES

MARCEL KINSBOURNE (1983) PERFORMED A REMARKABLE STUDY
IN WHICH HE DEMONSTRATED THAT WHEN SUBJECTS
WERE ASKED TO PERFORM A VERBAL MEMORY TASK
– WHICH IS PRIMARILY A LEFT – BRAIN FUNCTION –
THEY PERFORMED BETTER WHEN GAZING TO THE RIGHT

KINSBOURNE ULTIMATELY CONCLUDED THAT
LOOKING TO THE RIGHT STIMULATES THE LEFT BRAIN
AND LOOKING TO THE LEFT STIMULATES THE RIGHT BRAIN
– WHICH MEANS, AT LEAST IN THEORY, THAT YOU CAN MANIPULATE
THE SIDE OF YOUR BRAIN THAT YOU WANT TO BE MORE ACTIVE
BY LOOKING IN THE OPPOSITE (CONTRALATERAL) DIRECTION –

SO WHEN YOU WANT TO WIN AN ARGUMENT WITH SOMEBODY,
STAND TO THEIR LEFT SO THAT YOU CAN LOOK TO YOUR RIGHT
– WHICH HAS THE ADVANTAGE OF

NOT ONLY ENGAGING YOUR RATIONAL LEFT BRAIN
BUT ALSO FORCING THEM TO USE THEIR EMOTIONAL RIGHT BRAIN –

ANY TECHNIQUE THAT ACTIVATES BOTH SIDES OF THE BRAIN
WILL EXPEDITE THE THERAPEUTIC ACTION,
WHICH RELIES UPON BEING ABLE TO TAP INTO BOTH
THE EMOTIONAL KNOWLEDGE CONTAINED IN THE PATIENT'S RIGHT BRAIN
– ALONG WITH ITS DEEP MEMORY AND FELT SENSE OF THE PAST –
AND THE ANALYTIC WISDOM OF THE PATIENT'S LEFT BRAIN
– ALONG WITH ITS CLEAR VISION AND GUIDING SENSE OF THE FUTURE –



FREUD'S ORIGINAL "DRIVE – DEFENSE CONFLICT" MODEL
– ROOTED IN HIS EARLIER BIPARTITE MODEL OF THE MIND –
CONCEPTUALIZED PSYCHOPATHOLOGY
AS RESULTING FROM INTERNAL TENSION
BETWEEN A DYSREGULATED (ID) IMPULSE AND AN (EGO) DEFENSE
– AN EGO MADE ANXIOUS BY THREATENED BREAKTHROUGH OF THE ID IMPULSE –

I HAVE FOUND IT CLINICALLY MORE USEFUL, HOWEVER,
TO BROADEN THIS TRADITIONAL "CONFLICT MODEL" AS FOLLOWS

MY MODEL 1 "CONFLICT STATEMENTS" RECAST "NEUROTIC CONFLICT"
AS SPEAKING NOT SIMPLY TO
A CLASH BETWEEN IMPULSE AND CONSTRAINING DEMAND
BUT, MORE EXPANSIVELY, TO
A STATE OF INTERNAL DIVIDEDNESS BETWEEN TWO POLES

ON THE ONE HAND
ANXIETY – PROVOKING "FORCES" PRESSING "YES"
– WHICH, ONCE ACCESSED, MODULATED, AND MADE MORE MANAGEABLE,
CAN BECOME **GROWTH – PROMOTING** AND **EMPOWERING**,
EVENTUALLY FUELING THE PATIENT'S MOMENTUM –

AND ON THE OTHER HAND
ANXIETY – ASSUAGING "COUNTERFORCES" INSISTING "NO"
– WHICH, SO LONG AS THEY REMAIN UNNAMED, UNEXAMINED, AND UNCHALLENGED,
WILL BE **GROWTH – IMPEDING** AND **DISEMPOWERING**,
ULTIMATELY THWARTING THE PATIENT'S POTENTIAL –

A black and white photograph of two young boys facing each other in profile, their foreheads nearly touching. The boy on the left wears a plaid cap and a striped shirt, pointing his right index finger towards the other boy. The boy on the right wears a dark cap and a dark shirt, also pointing his left index finger towards the first boy. The background is a plain, light-colored wall. The image is framed by a vertical gradient bar on the left and right sides, transitioning from light blue at the top to red at the bottom.

AT THE HEART OF CLASSICAL CONFLICT THEORY
A BELEAGUERED EGO CAUGHT IN THE CROSSFIRE
BETWEEN “YES” AND “NO”

INDEED
MOST PATIENTS ARE CONFLICTED
ABOUT MOST THINGS MOST OF THE TIME
– INCLUDING, OF COURSE, ABOUT “GETTING BETTER” –
– LETTING GO OF “OLD BAD” AND EMBRACING “NEW GOOD” –

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

BY SPEAKING SIMULTANEOUSLY TO BOTH
THE PATIENT’S “DEFENSIVE NEED”
TO REMAIN TRUE TO “OLD BAD”
– A RIGHT – BRAIN – MEDIATED POSITION ROOTED IN EMOTIONAL SURVIVAL
AND SHAPED BY EARLY RELATIONAL EXPERIENCE –

AND THE PATIENT’S “ADAPTIVE CAPACITY”
TO BEGIN, OVER TIME, TO RECOGNIZE AND REFLECT UPON
THE “PRICE PAID” FOR THAT DEFENSIVE INVESTMENT
– A LEFT – BRAIN – MEDIATED FUNCTION THAT WILL EVOLVE
THROUGH REPEATED ENGAGEMENT WITH
THE VERY CONFLICT STATEMENTS THAT ARE CALLING IT FORTH –

MODEL 1 OF THE STARK METHOD

– THE INTERPRETIVE PERSPECTIVE OF CLASSICAL PSYCHOANALYSIS –

**CONFLICT STATEMENTS ARE DESIGNED
NOT ONLY TO MAKE EXPLICIT
BOTH SIDES OF THE NEUROTIC CONFLICT**

**BUT ALSO TO JUXTAPOSE THOSE TWO SIDES
IN A WAY THAT CREATES
AN “OPTIMALLY STRESSFUL,”
GROWTH – INCENTIVIZING “MISMATCH EXPERIENCE”**

**THIS DIALECTICAL TENSION EMERGES BETWEEN
THE PATIENT’S “ADAPTIVE CAPACITY”**

TO “ACKNOWLEDGE” AN ANXIETY – PROVOKING

– BUT, ONCE WORKED THROUGH, ULTIMATELY GROWTH – PROMOTING –
PSYCHOLOGICAL TRUTH

– WHETHER ABOUT THE “PRICE PAID” FOR STAYING LOYAL TO “OLD BAD”
OR THE “ENLIVENING POSSIBILITY” OF MOVING TOWARD “NEW GOOD” –

AND HER “DEFENSIVE NEED”

– ANXIETY – ASSUAGING BUT ULTIMATELY GROWTH – IMPEDING –
**TO “RESIST ACKNOWLEDGING” THAT TRUTH
BECAUSE FACING IT STIRS TOO MUCH ANXIETY**

– CONFLICT BETWEEN THE ADAPTIVE CAPACITY TO “FACE”
AND THE DEFENSIVE NEED TO “FLEE” –

IN OTHER WORDS
MODEL 1 CONFLICT STATEMENTS ARE THOUGHTFULLY CRAFTED
TO ENCOURAGE THE “RESISTANT (DEFENSIVE) PATIENT”

TO STEP BACK FROM THE IMMEDIACY OF THE MOMENT
IN ORDER TO “BECOME AWARE OF” THE DIVIDEDNESS WITHIN HER

BETWEEN AN ANXIETY – PROVOKING “PSYCHIC TRUTH”
THAT WILL, ULTIMATELY, BE IN HER BEST INTEREST
“ADAPTIVELY” TO ACKNOWLEDGE
– EVEN THOUGH DOING SO WILL EVOKE ANXIETY –

AND THE WAY SHE THEN “DEFENSIVELY” POSITIONS HERSELF
SO AS NOT TO HAVE TO “KNOW” THAT TRUTH
– BECAUSE ALLOWING IT INTO CONSCIOUSNESS WOULD FEEL TOO OVERWHELMING –

YOU
– ADAPTIVELY –
KNOW THAT ...

BUT YOU
– MADE ANXIOUS –
FIND YOURSELF
– DEFENSIVELY –
THINKING, FEELING, OR DOING
IN ORDER NOT TO HAVE TO KNOW ...

**WITH THE THERAPIST'S FINGER
EVER ON THE PULSE OF THE PATIENT'S LEVEL OF ANXIETY
AND CAPACITY TO TOLERATE FURTHER "CORRECTIVE CHALLENGE"**

**THE THERAPIST WILL, WHENEVER POSSIBLE,
ALTERNATELY AND REPEATEDLY**

"CHALLENGE" THE DEFENSE

– YOU KNOW THAT ... –

**BY DIRECTING THE PATIENT'S ATTENTION
TO WHERE THE PATIENT ISN'T
BUT TO WHERE THE THERAPIST
WOULD WANT THE PATIENT TO GO**

– NAMELY, TO A "HEALTHIER (ALBEIT ANXIETY – PROVOKING) PLACE" –

– "DISRUPTIVE ATTUNEMENT" –

AND THEN "SUPPORT" THE DEFENSE

– BUT YOU FIND YOURSELF THINKING, FEELING, OR DOING IN ORDER NOT TO HAVE TO KNOW ... –

**BY RESONATING EMPATHICALLY
WITH WHERE THE PATIENT IS**

– NAMELY, IN A "LESS HEALTHY (ALBEIT ANXIETY – ASSUAGING) PLACE" –

– "HOMEOSTATIC ATTUNEMENT" –

JAMES HERZOG (2014) / SALMAN AKHTAR (2012)

“DISRUPTIVE ATTUNEMENT”

- ENACTED IN THE FIRST PART OF THE CONFLICT STATEMENT –
IS APTLY NAMED

BECAUSE “CHALLENGING THE HOMEOSTATIC BALANCE” OF THE PATIENT’S DEFENSES

- IN AN EFFORT TO MAKE THEM MORE “EGO – DYSTONIC” –
WILL INDEED TEMPORARILY

“DISRUPT THE DYSFUNCTIONAL STATUS QUO” OF THOSE DEFENSES

SIMILARLY

“HOMEOSTATIC ATTUNEMENT”

- ENACTED IN THE SECOND PART OF THE CONFLICT STATEMENT –
IS APTLY NAMED

BECAUSE “BEING ATTUNED” TO WHERE THE PATIENT IS IN THE MOMENT

- ALWAYS WITH COMPASSION AND NEVER JUDGMENT –
WILL INDEED TEMPORARILY

“SUPPORT THE HOMEOSTATIC BALANCE” OF THE PATIENT’S DEFENSES

- THAT IS, THE DYSFUNCTIONAL STATUS QUO OF
HER MALADAPTIVE BUT “EGO – SYNTONIC” DEFENSES –

“OPTIMALLY STRESSFUL” INTERVENTIONS

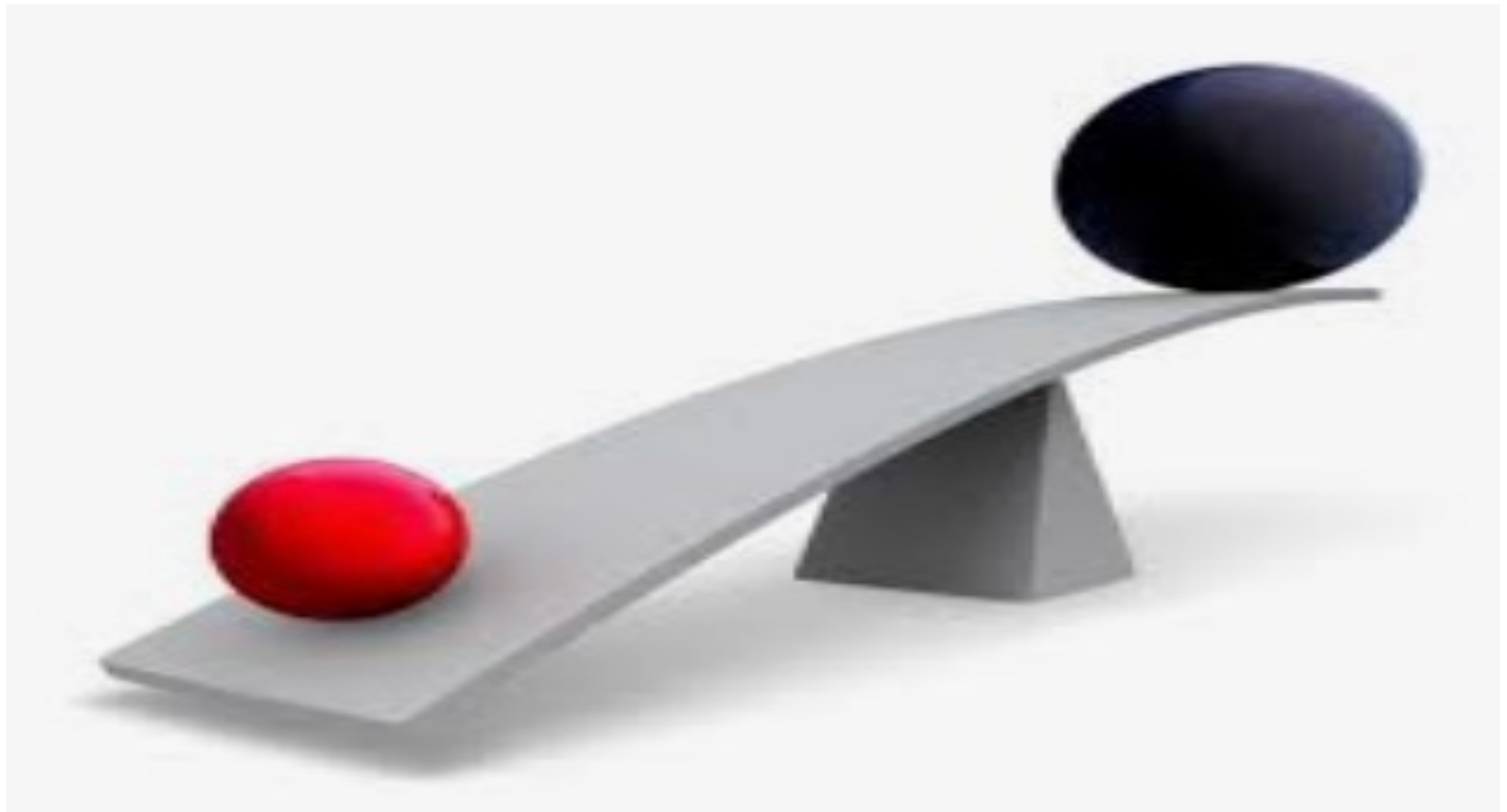
ARE INDEED DESIGNED TO ALTERNATE

- REPEATEDLY AND JUDICIOUSLY –

BETWEEN “DISRUPTIVE ATTUNEMENT”

AND “HOMEOSTATIC ATTUNEMENT”

- THAT IS, BETWEEN “CHALLENGING” AND “SUPPORTING” THE PATIENT’S DEFENSES –



**REPEATEDLY, JUDICIOUSLY, AND STRATEGICALLY
LEVERAGING THE PATIENT'S ANXIETY
ALTERNATELY INCREASING IT BY CHALLENGING THE DEFENSE
AND THEN DECREASING IT BY SUPPORTING THE DEFENSE
TO GALVANIZE TRANSFORMATION AND GROWTH**



LEVERAGING
THE PATIENT'S
ANXIETY
TO INCENTIVIZE
CHANGE

ANXIETY -
PROVOKING
"CHALLENGE"

ANXIETY -
ASSUAGING
"SUPPORT"

AND REPEAT

IN ESSENCE
“CONFLICT STATEMENTS”
INTERPRET THE PATIENT’S
“INTERNAL CONFLICTEDNESS”
BY HIGHLIGHTING
BOTH “SIDES” OF HER “DIVIDEDNESS”

WITH AN EYE TO “MAKING EXPLICIT”
THE LEFT – BRAIN / RIGHT – BRAIN
CONFLICT WITHIN HER:

THE ANXIETY – PROVOKING
– BUT ULTIMATELY GROWTH – PROMOTING –
LEFT – BRAIN – MEDIATED
“ADAPTIVE CAPACITY”
TO “KNOW” WHAT IS TRUE

IN TENSION WITH

THE ANXIETY – ASSUAGING AND SELF – PROTECTIVE
– BUT ULTIMATELY GROWTH – IMPEDING –
RIGHT – BRAIN – MEDIATED
“DEFENSIVE NEED”
TO “RESIST KNOWING”

A GRATEFUL THANK YOU TO DR. NINA SAVELLE – ROCKLIN FOR REMINDING ME THAT
DEFENSES ARE, OF COURSE, NOT ONLY ANXIETY – ASSUAGING BUT ALSO “SELF – PROTECTIVE”

ADDITIONALLY
THE FIRST PART OF A CONFLICT STATEMENT –
YOU KNOW THAT ... ,

HIGHLIGHTS WHAT WE BELIEVE THE PATIENT
– ALBEIT RELUCTANTLY –
HAS THE “ADAPTIVE CAPACITY” TO ACKNOWLEDGE

THE SECOND PART –
BUT YOU FIND YOURSELF
THINKING, FEELING, OR DOING
IN ORDER NOT TO HAVE TO KNOW ...

HIGHLIGHTS WHAT WE BELIEVE
HAPPENS FOR THE PATIENT WHEN
– MADE ANXIOUS –
SHE FINDS HERSELF “DEFENSIVELY NEEDING”
TO RESIST KNOWING IT

BUT OFTEN IMPLICITLY HELD WITHIN A CONFLICT STATEMENT
IS AN UNSPOKEN THIRD PART –
A GENTLE, UNVOICED WHISPER – THAT MAYBE, JUST MAYBE ...

A SOFT INVITATION THAT HINTS AT THE POSSIBILITY
THAT A PART OF THE PATIENT MIGHT BE STARTING TO WONDER
WHAT IT WOULD FEEL LIKE WERE SHE TO MOVE TOWARD
SOMETHING NEW, SOMETHING DIFFERENT,
SOMETHING MORE ALIGNED WITH WHO SHE IS WANTING TO BECOME

PLEASE NOTE, HOWEVER, THAT
AS TEMPTING AS IT MIGHT BE
FOR THE THERAPIST TO HIGHLIGHT
– IN THE FIRST PORTION OF THE CONFLICT STATEMENT –
SOMETHING THAT SHE WISHES
THE PATIENT ALREADY KNEW,

IF THE PATIENT DOES NOT YET KNOW IT,

THEN IT IS IMPORTANT THAT THE THERAPIST
RESIST THE TEMPTATION
TO “LEAD THE WITNESS” IN THIS WAY

FOR EXAMPLE – LET’S SAY THAT YOU START YOUR CONFLICT STATEMENT WITH

“YOU KNOW THAT YOUR UNRESOLVED FEELINGS ABOUT YOUR FATHER ARE
MAKING IT HARD FOR YOU TO FIND AN APPROPRIATE LIFE PARTNER . . . , ”

ALTHOUGH THAT MIGHT WELL BE TRUE,
SAYING IT TO A PATIENT WHO DOES NOT YET KNOW IT
RISKS MAKING HER FEEL MISUNDERSTOOD
– AND PERHAPS EVEN MORE DEFENSIVE –

IT IS ALSO, IN EFFECT, A KIND OF “CLINICAL SHORTCUT”
– A SUBTLE FORM OF “CHEATING”
THAT IS FUNDAMENTALLY UNFAIR TO THE PATIENT –

OPTIMALLY STRESSFUL MODEL 1 CONFLICT STATEMENTS

JUXTAPOSE LEFT – BRAIN – MEDIATED **YOU KNOW THAT ...**
WITH RIGHT – BRAIN – MEDIATED **BUT YOU FIND YOURSELF ...**
TO GENERATE DESTABILIZING, GROWTH – INCENTIVIZING “MISMATCH EXPERIENCE”
– **THE WORKING THROUGH OF WHICH CONSTITUTES THE THERAPEUTIC ACTION IN MODEL 1 –**

**“YOU KNOW THAT IF YOU’RE 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’VE HAD TO SUFFER OVER 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 THE TWO OF YOU
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!”**

**“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 – OUT OF THE QUESTION. THERE’S
NO WAY YOU’RE WILLING TO RUN THE RISK OF BEING HURT EVER AGAIN.”**

**AT HEART
CONFLICT STATEMENTS JUXTAPOSE –**

**RIGHT – BRAIN – MEDIATED “DEFENSIVE NEED”
– ROOTED IN EMOTIONAL SURVIVAL –
WITH LEFT – BRAIN – MEDIATED “ADAPTIVE CAPACITY”
– ORIENTED TOWARD REFLECTIVE GROWTH –**

**THEREBY GENERATING “OPTIMALLY STRESSFUL,”
DESTABILIZING “MISMATCH EXPERIENCES”
STRATEGICALLY DESIGNED
TO PROMOTE HEMISPHERIC HARMONY
AND CATALYZE PSYCHOLOGICAL TRANSFORMATION**

**IN OTHER WORDS
CONFLICT STATEMENTS HOLD THE TENSION BETWEEN**

**THE “REGRESSIVE PULL”
OF “SAME OLD, SAME OLD”**

**AND THE “PROGRESSIVE POTENTIAL”
FOR “SOMETHING NEW, DIFFERENT, AND COMPELLINGLY BETTER”**

AND SERVE AS BRIDGES BETWEEN

**THE ENTRENCHED, CONDITIONED REALITY OF “OLD BAD”
– DERIVING FROM THE THERE – AND – THEN OF THE PATIENT’S PAST –**

**AND THE ENLIVENING, QUANTUM POSSIBILITY OF “NEW GOOD”
– EMERGING IN THE HERE – AND – NOW OF THE THERAPEUTIC ENGAGEMENT –**

IN ESSENCE
“DUAL AWARENESS” IS BEING FOSTERED
WHEN THE PATIENT IS BEING ASKED
TO DIRECT HER “RIGHT – BRAIN” ATTENTION
TO WHAT SHE IS EXPERIENCING IN THE MOMENT
WHILE BEING ENCOURAGED, AT THE SAME TIME,
TO ENGAGE HER “LEFT – BRAIN” CAPACITY
– TO STEP BACK, DETACH, REFLECT, AND RECOVER HER OBJECTIVITY –

IN THE PSYCHOANALYTIC LITERATURE
THIS DISTINCTION
BETWEEN “EXPERIENCING” SOMETHING AND “OBSERVING” IT
IS DESCRIBED AS A HEALTHY “SPLIT IN THE EGO”

BETWEEN THE EXPERIENCING
– OR PARTICIPATING –
EGO

AND THE OBSERVING
– OR REFLECTING –
EGO

RICHARD STERBA (1934) / LESTON HAVENS (1976)

“DUAL AWARENESS” IS ONE OF THE GOALS
OF ANY MEANINGFUL TREATMENT

DUAL AWARENESS



ENGAGING BOTH THE “ANALYTIC WISDOM” OF THE (LEFT – BRAIN) “OBSERVING EGO” and THE “EMOTIONAL – RELATIONAL WISDOM” OF THE (RIGHT – BRAIN) “EXPERIENCING EGO”



**THE PATIENT'S "INNER CONFLICTEDNESS"
CAN TAKE THE FORM OF**

EITHER "DIVERGENT CONFLICT"

– "COEXISTING VOICES," EACH CARRYING A TRUTH –

OR "CONVERGENT CONFLICT"

– THE "EMERGING SELF"

AS OPPOSED BY A (DEFENSIVE) "SILENCING VOICE" –

ANTON KRIS (1985)

“DIVERGENT CONFLICT”

CLASSIC “EITHER / OR” DILEMMAS

INVOLVING TWO “MUTUALLY EXCLUSIVE” CHOICES

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

A TENSION BETWEEN TWO VIABLE OPTIONS

– ONE THAT WILL BE CHOSEN, THE OTHER RELINQUISHED –

NO “COMPROMISING”

– JUST ONE OR THE OTHER –



DIVERGENT CONFLICT

**BUT THE “STRUCTURAL / NEUROTIC / INTRAPSYCHIC CONFLICTS”
– OF CLASSICAL PSYCHOANALYTIC THEORY –
ARE BEST UNDERSTOOD AS “CONVERGENT CONFLICTS”**

**MODEL 1 CONFLICT STATEMENTS
ARE THEREFORE DESIGNED TO ADDRESS
THESE “CONVERGENT (BOTH / AND) CONFLICTS”
– WITH AN EYE TO GENERATING INTERNAL TENSION –**

**BETWEEN ANXIETY–PROVOKING (BUT ULTIMATELY GROWTH – PROMOTING)
EMPOWERING “YES” FORCES**

**AND ANXIETY – ASSUAGING (BUT ULTIMATELY GROWTH – IMPEDING)
DISEMPowering / RESISTANT “NO” COUNTERFORCES**

**“YOU KNOW THAT YOU ARE PLAYING WITH FIRE BY BEING
ROMANTICALLY INVOLVED WITH YOUR BOSS, BUT IT JUST FEELS SO
GOOD THAT, RIGHT NOW, YOU ARE NOT QUITE YET PREPARED TO END IT.”**

**MODEL 1 CONFLICT STATEMENTS ARE OF NO USE
FOR “DIVERGENT (EITHER / OR) CONFLICTS”**

**INDEED, YOU WOULD NOT ADVANCE THE “THERAPEUTIC ENDEAVOR” MUCH
WERE YOU TO SAY TO THE 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.”**

**OPTIMALLY STRESSFUL MODEL 1 CONFLICT STATEMENTS
ADDRESS “CONVERGENT (BOTH / AND) CONFLICTS”**

**FIRST “CHALLENGE” (“DISRUPTIVE ATTUNEMENT”)
BY “DIRECTING THE PATIENT’S ATTENTION TO WHERE WE WOULD WANT HER TO GO”
AND THEN “SUPPORT” (“HOMEOSTATIC ATTUNEMENT”)
BY “RESONATING EMPATHICALLY WITH WHERE SHE IS”**

**“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’RE AFRAID THAT,
WERE YOU TO FACE THAT HORRIBLE REALITY,
YOU MIGHT NEVER SURVIVE THE HEARTBREAK AND DESPAIR YOU WOULD THEN FEEL.”**

**“YOU KNOW THAT ULTIMATELY YOU’LL NEED TO CONFRONT AND GRIEVE THE REALITY
THAT SERGEI, LIKE YOUR DAD, IS NOT AVAILABLE IN THE WAYS
THAT YOU WOULD HAVE WANTED HIM TO BE. AND THAT UNTIL YOU’VE
MADE YOUR PEACE WITH THAT PAINFUL REALITY, YOU’LL 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 YOU WON’T FEEL TRULY FULFILLED UNTIL YOU’RE 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’RE TRYING TO CONVEY.
YOU WERE TOLD TOO MANY TIMES BY YOUR FATHER
THAT YOU JUST WEREN’T SMART ENOUGH TO MAKE IT IN THE WORLD.”**



CONVERGENT CONFLICT



PLACING THE CONFLICT WHERE IT BELONGS

**BY LOCATING SQUARELY WITHIN THE PATIENT HERSELF
THE CONFLICT BETWEEN WHAT SHE KNOWS AND WHAT SHE, MADE ANXIOUS,
FINDS HERSELF THINKING, FEELING, OR DOING IN ORDER TO AVOID THAT KNOWING,
THE THERAPIST IS DEFTLY SIDESTEPPING THE POTENTIAL
FOR CONFLICT BETWEEN HERSELF AND THE PATIENT**

**MORE SPECIFICALLY
WHENEVER THE THERAPIST INTRODUCES A CONFLICT STATEMENT WITH
YOU KNOW THAT ...**

**SHE IS GENTLY FORCING THE PATIENT
TO TAKE OWNERSHIP OF WHAT THE PATIENT
– ALBEIT BEGRUDGINGLY –
ACTUALLY DOES KNOW**

**IF, INSTEAD, THE THERAPIST
– IN A WELL – MEANING BUT MISGUIDED ATTEMPT TO URGE THE PATIENT FORWARD –
SIMPLY RESORTS TO TELLING THE PATIENT WHAT SHE HERSELF KNOWS,
NOT ONLY WILL THE THERAPIST BE RUNNING THE RISK
OF FORCING THE PATIENT TO BECOME EVEN MORE ENTRENCHED
IN HER STANCE OF DEFIANT PROTEST
BUT THE THERAPIST WILL ALSO BE DEPRIVING THE PATIENT
OF ANY REAL INCENTIVE TO TAKE RESPONSIBILITY
FOR HER OWN DESIRE TO GET BETTER**

AVOIDING A POWER STRUGGLE

IN OTHER WORDS

**BY WAY OF THE JUDICIOUS AND ONGOING USE
OF CONFLICT STATEMENTS
THAT COMPEL THE PATIENT
TO BECOME AWARE OF**

– AND TO TAKE RESPONSIBILITY FOR –

**HER STATE OF “INTERNAL DIVIDEDNESS”
ABOUT, FOR EXAMPLE, GETTING BETTER**

– IN SHORT, HER “AMBIVALENCE” –

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

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

**– A POSITION THAT THEN RISKS LEAVING THE PATIENT, MADE ANXIOUS,
WITH NO CHOICE BUT TO BECOME THE (DEFENSIVE) “VOICE OF OPPOSITION” –**

HONORING THE PRESENT, HOLDING SPACE FOR CHANGE

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

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

**THESE EXPRESSIONS ARE DELIBERATELY CHOSEN
TO “HONOR” THE PATIENT’S CURRENT INVESTMENT
IN A DYSFUNCTIONAL DEFENSE**

**BY INSERTING THESE TIME – BOUND QUALIFIERS,
THE THERAPIST IS GENTLY IMPLYING
THAT THE PATIENT’S DEFENSIVE POSITION
– ALTHOUGH, IN THE PRESENT, UNDERSTANDABLY ENTRENCHED –
IS NOT NECESSARILY FIXED OR PERMANENT**

AND THAT EVEN IF

– FOR NOW –

**THE PATIENT WOULD APPEAR TO BE COMMITTED
TO HOLDING ONTO THE FAMILIAR DEFENSE,
THERE REMAINS THE POSSIBILITY THAT**

– AT ANOTHER POINT IN TIME –

SOMETHING NEW – AND DIFFERENT – COULD POTENTIALLY EMERGE

PARENTHETICALLY
AS WE SIT WITH OUR PATIENTS
WE WILL OFTEN BECOME AWARE OF TENSION
NOT ONLY WITHIN THEM
BUT WITHIN OURSELVES AS WELL

“DIALECTICAL TENSION” BETWEEN

ON THE ONE HAND
OUR VISION OF WHO WE THINK THE PATIENT COULD BE
– WERE SHE BUT (ADAPTIVELY) “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 (DEENSIVELY) “FINDS HERSELF” FEELING COMPELLED TO MAKE –

WE ARE THEREFORE ALWAYS STRUGGLING TO FIND
WITHIN OURSELVES AN OPTIMAL BALANCE
BETWEEN WANTING THE PATIENT TO CHANGE
– AND THEREFORE “CHALLENGING” HER –
AND ACCEPTING THE REALITY OF WHO SHE IS
– AND THEREFORE “SUPPORTING” HER –

A man in a light blue shirt and dark jeans stands with his back to the camera, hands on his hips, looking up at two large, light blue speech bubbles. The bubble on the left contains the word 'Challenge' and the bubble on the right contains the word 'Support'. The background is a plain, light-colored wall.

Challenge

Support

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

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

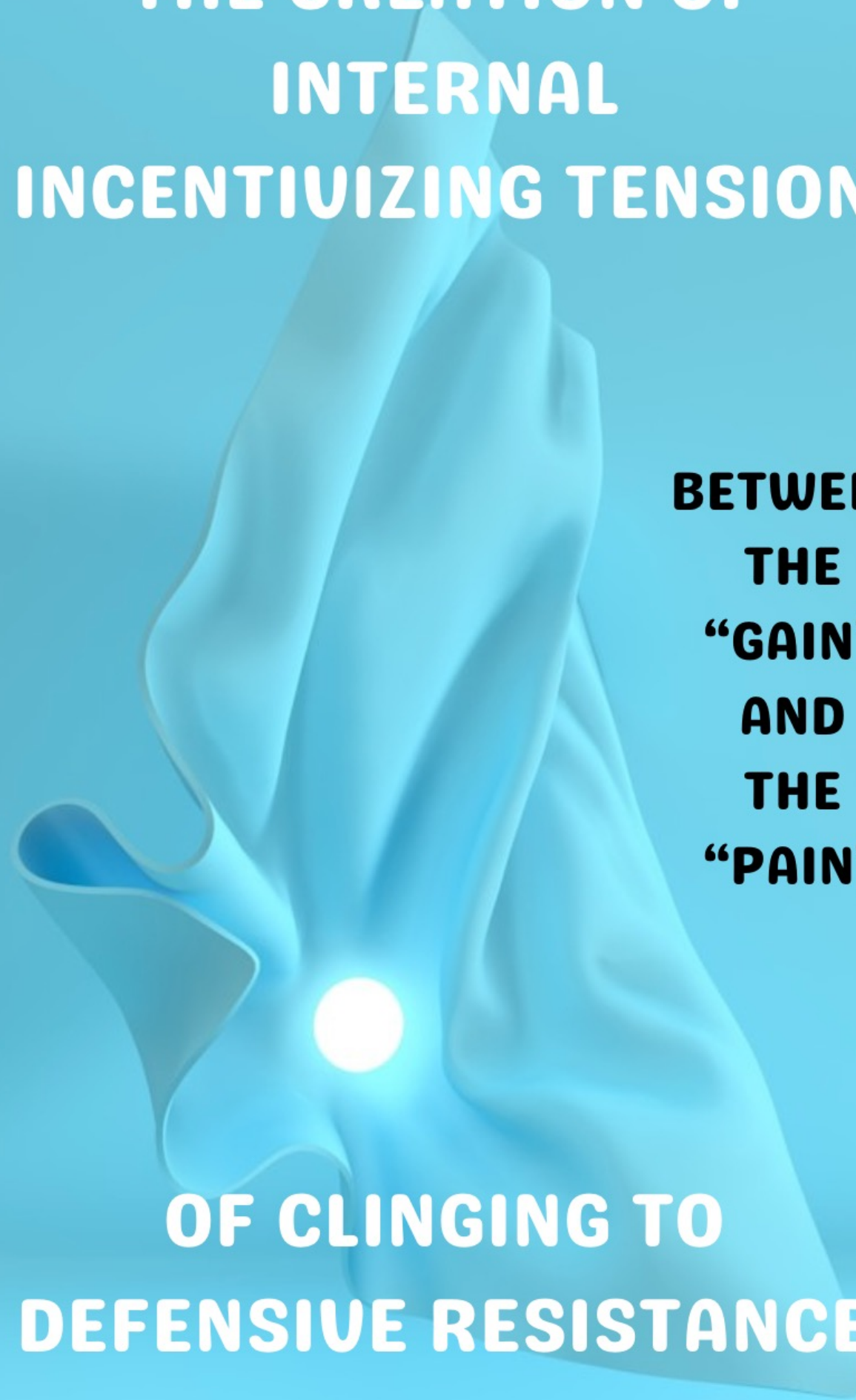




THE CREATION OF INTERNAL INCENTIVIZING TENSION

**BETWEEN
THE
“GAIN”
AND
THE
“PAIN”**

**OF CLINGING TO
DEFENSIVE RESISTANCE**



OVERVIEW OF THE THERAPEUTIC ACTION IN MODEL 1 OF THE STARK METHOD

FROM “DEFENSIVE RESISTANCE” TO “ADAPTIVE AWARENESS”

– WHENEVER POSSIBLE –

THE PSYCHODYNAMIC THERAPIST TARGETS THE PATIENT’S RESISTANCE
WITH “OPTIMALLY STRESSFUL” INTERVENTIONS THAT OFFER A COMBINATION OF

ANXIETY – PROVOKING

– BUT ULTIMATELY GROWTH – PROMOTING –
CHALLENGE OF THE RESISTANCE

AND ANXIETY – ASSUAGING

– BUT ULTIMATELY GROWTH – IMPEDING –
SUPPORT OF IT

THE NET RESULT OF WHICH WILL BE THE GENERATION OF
DESTABILIZING “INTERNAL TENSION” WITHIN THE PATIENT

– GROWTH – INCENTIVIZING “MISMATCH EXPERIENCES” –
BETWEEN “OLD (CONDITIONED / DEFENSIVE) BAD”
AND “NEW (CORRECTED / ADAPTIVE) GOOD”

THE ONGOING WORKING THROUGH OF WHICH

– TO RESOLVE THE HOMEOSTATIC IMBALANCE –

WILL INCREMENTALLY ADVANCE THE PATIENT
FROM “RIGID RESISTANCE” TO “RESILIENT AWARENESS”

MORE SPECIFICALLY
THE ARC OF MODEL 1
– FROM “DEFENSIVE RESISTANCE” TO “ADAPTIVE AWARENESS” –

AT ITS CORE
MODEL 1
– THE INTERPRETIVE PERSPECTIVE OF THE STARK METHOD –
IS A CAREFULLY TITRATED EFFORT TO GUIDE THE PATIENT
FROM DEEPLY ENTRENCHED RESISTANCE
TOWARD INCREASINGLY RESILIENT AWARENESS

FROM
CLINGING TO RIGID, DYSFUNCTIONAL DEFENSES
– DEFENSES THAT HAD ONCE FELT SELF – PROTECTIVE AND NECESSARY –
TO
CULTIVATING EVER – EVOLVING INSIGHT INTO
BOTH THEIR EARLY ORIGINS
AND THE WAYS IN WHICH THEY CONTINUE TO OPERATE IN THE PRESENT
AND, ULTIMATELY, TOWARD
EMPOWERED CAPACITY, AND READINESS, TO RELINQUISH THEM

AS WE KNOW,
BECAUSE MOST DEFENSES ARE SUSTAINED BY AMBIVALENCE,
THE TASK IS GENTLY TO ILLUMINATE
BOTH SIDES OF THAT AMBIVALENT ATTACHMENT TO “OLD BAD”
– IN ORDER TO SHIFT WHAT HAD ONCE BEEN “EGO – SYNTONIC”
TOWARD WHAT IS NOW “EGO – DYSTONIC,”
THEREBY SETTING THE STAGE FOR INCENTIVIZED CHANGE –

**FROM EGO – SYNTONIC TO EGO – DYSTONIC:
THE TURNING POINT IN THE THERAPEUTIC ACTION OF MODEL 1**

**IF DEFENSES ARE EVER TO BE RELINQUISHED,
THEY MUST FIRST BE EXPERIENCED AS EGO – DYSTONIC
– THAT IS, AS NO LONGER IN SYNC WITH WHO THE PATIENT WOULD WANT TO BE –**

**DEFENSES THAT HAVE LONG BEEN EGO – SYNTONIC
MUST COME TO FEEL INCREASINGLY ALIEN AND COSTLY
– SUCH THAT THE “PAIN” OF MAINTAINING THEM
BEGINS TO OUTWEIGH THE (SECONDARY) “GAIN” OF STILL HOLDING ON –**

**TO THAT END
I HAVE DEVELOPED A PARTICULAR KIND OF CONFLICT STATEMENT
– TO WHICH I REFER AS A “PRICE – PAID” CONFLICT STATEMENT –
DESIGNED SPECIFICALLY TO CREATE
INCENTIVIZING INTERNAL TENSION IN THE PATIENT
BY JUXTAPOSING –**

**HER DAWNING AWARENESS
OF JUST HOW COSTLY HER DEFENSES ARE BECOMING
– WITH AN EYE TO MAKING THEM MORE EGO – DYSTONIC –**

**WITH
HER EVOLVING RECOGNITION
OF JUST HOW DEEPLY INVESTED SHE HAS BEEN
IN HOLDING ON TO THEM EVEN SO
– WITH AN EYE TO HIGHLIGHTING HOW EGO – SYNTONIC THEY ARE –**

“PRICE – PAID” CONFLICT STATEMENTS

– SPOTLIGHTING THE PATIENT’S “AMBIVALENT ATTACHMENT” TO HER DEFENSES –

IN ORDER TO GENERATE GROWTH – INCENTIVIZING “INTERNAL DISSONANCE,”

**THE THERAPIST WILL, WHENEVER POSSIBLE,
CONSTRUCT A “PRICE – PAID” CONFLICT STATEMENT
DESIGNED TO FOSTER THE PATIENT’S**

**“EVER – EVOLVING AWARENESS” OF BOTH
THE “PSYCHIC PAIN” AND THE “EMOTIONAL GAIN”**

– OF REMAINING INVESTED IN THE DYSFUNCTION –

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

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

THESE CAREFULLY CRAFTED FORMULATIONS

ARE INTENDED TO MAKE THE PATIENT’S

“AMBIVALENTLY HELD DEFENSES”

“LESS EGO – SYNTONIC” AND “MORE EGO – DYSTONIC”

AND THEREBY TO GALVANIZE HER TO “TAKE ACTION”

TO “RESOLVE THE INTERNAL DISSONANCE”

AND “RESTORE A NEW, MORE ADAPTIVE 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 / PAYOFF” OF HOLDING ONTO IT EVEN SO**

**“YOU KNOW THAT YOU’RE PAYING A STEEP PRICE FOR NOT TAKING SERIOUSLY
THE TOLL YOUR DRINKING IS TAKING ON YOUR HEALTH AND YOUR LIFE –
ESPECIALLY IN LIGHT OF THE DUIs AND YOUR PROBLEMS NOW AT WORK.
BUT, AT THIS POINT, YOU STILL FEEL RELUCTANT TO LET IT GO,
BECAUSE – RIGHT NOW AND SINCE YOUR WIFE LEFT,
ALCOHOL FEELS LIKE THE ONLY REAL ESCAPE YOU HAVE LEFT IN YOUR LIFE.”**

**“YOU KNOW THAT, SOONER OR LATER, YOU’LL NEED TO CONFRONT THE IMPACT
THAT EXTRA WEIGHT IS HAVING ON YOUR HEALTH – PHYSICALLY, EMOTIONALLY, AND
MEDICALLY. BUT, RIGHT NOW, THE IDEA OF GIVING UP THE COMFORT OF FOOD
FEELS UNBEARABLE – ESPECIALLY WHEN YOU’RE ALREADY FEELING SO DEPRIVED
IN SO MANY OTHER PARTS OF YOUR LIFE.”**

**“YOU KNOW THAT KEEPING PEOPLE AT ARM’S LENGTH HAS LEFT YOU FEELING
PAINFULLY ISOLATED, DISCONNECTED, AND DESPERATELY LONELY.
BUT, RIGHT NOW, THE IDEA OF LETTING SOMEONE IN FEELS FAR TOO RISKY –
BECAUSE THE FEAR OF BEING HURT AGAIN FEELS GREATER THAN THE HOPE
OF BEING LOVED.”**

**CONFLICT STATEMENTS CAN ALSO HIGHLIGHT
NOT ONLY THE PATIENT'S "EMOTIONAL INVESTMENT"
IN MAINTAINING
THE COMFORT AND FAMILIARITY
OF "SAME OLD, SAME OLD"
AND THE "PSYCHIC COST"
OF THAT MISPLACED LOYALTY
TO THE PAST**

**BUT ALSO THE "ENLIVENING POSSIBILITY"
OF BEING ABLE TO HAVE
"SOMETHING NEW, DIFFERENT, AND COMPELLINGLY BETTER"
AT SOME LATER POINT**

– A FUTURE NOT YET LIVED, BUT ALREADY IMAGINED –

**WHETHER ILLUMINATING "INVESTMENT," "COST," OR "POSSIBILITY," HOWEVER,
THE AIM IS ALWAYS THE SAME –
NAMELY, TO RENDER THE DEFENSE
EVER LESS EGO – SYNTONIC
AND EVER MORE EGO – DYSTONIC**

**– NO LONGER SEAMLESSLY ALIGNED WITH THE SELF,
BUT INCREASINGLY EXPERIENCED AS OUT OF STEP
WITH ONE'S EVOLVING, PREFERRED SENSE OF SELF –**

BY HIGHLIGHTING THE GROWING “DISCONNECT”
BETWEEN
THE “GAIN / BENEFIT / EMOTIONAL PAYOFF” OF HOLDING ON TO “OLD BAD”
AND
THE “PAIN / COST / PSYCHIC TOLL” OF DOING SO

THE THERAPIST BEGINS GRADUALLY
TO SHIFT THE BALANCE
FROM THE “GAIN” OF “OLD BAD”
– THE “PAYOFF” THAT HAS SUSTAINED ITS “EGO – SYNTONIC” GRIP –
TO THE “PAIN” OF “OLD BAD”
– THE “PRICE PAID” THAT WILL EVENTUALLY RENDER THE DEFENSE “EGO – DYSTONIC” –

INDEED
MODEL 1 “PRICE – PAID” CONFLICT STATEMENTS
ARE POWERFUL TOOLS
IN THE THERAPIST’S ARMAMENTARIUM
BECAUSE THEY GENERATE
EVER – INCREASING INTERNAL DISSONANCE
– TENSION BETWEEN
THE DEFENSE’S LINGERING APPEAL
AND ITS MOUNTING PSYCHOLOGICAL COST –

THIS CAREFULLY CULTIVATED DISSONANCE
WILL, IN TIME, TIP THE SCALES
– AWAY FROM THE PRESERVATION OF DEFENSE AND TOWARD ITS EVENTUAL RELINQUISHMENT –

INDEED, AND AS WE HAVE REPEATEDLY HIGHLIGHTED,
INTRODUCING “CORRECTIVE CHALLENGE” INTO A SYSTEM
WILL INEVITABLY GIVE RISE TO “INTERNAL TENSION”
AND A STATE OF “HOMEOSTATIC IMBALANCE”

BUT “STATES OF DISEQUILIBRIUM”
– FROM AN EVOLUTIONARY POINT OF VIEW –
CANNOT BE TOLERATED INDEFINITELY

AS DESCRIBED BY WALTER B CANNON (1932)
“THE WISDOM OF THE BODY” IS SUCH THAT IT WILL
AUTOMATICALLY “SELF – CORRECT” OR “SELF – RIGHT”
– THAT IS, CALL UPON ITS INNATE CAPACITY TO RECOVER FROM ADVERSITY
BY TAKING EFFECTIVE ACTION TO ADAPT TO IT –

THIS POWERFUL TENDENCY
TO RESOLVE THE INTERNAL TENSION
– CREATED BY THE DISCOMFITING “EXPERIENCE OF MISMATCH” –
AND TO RESTORE HOMEOSTATIC BALANCE
WILL BE WHAT FUELS THE PROCESS OF CHANGE

WITH EACH “ITERATIVE HEALING CYCLE” OF DISRUPTION AND REPAIR
– DESTABILIZATION AND RESTABILIZATION –
THE SYSTEM WILL PROPEL ITSELF FORWARD
– FROM “DEFENSIVE RESISTANCE” TO “ADAPTIVE AWARENESS” –

A MNEMONIC TO HELP YOU REMEMBER 😊
WHERE ID WAS, THERE SHALL EGO BE
WHERE UNCONSCIOUS WAS, THERE SHALL CONSCIOUS BE
WHERE RESISTANCE WAS, THERE SHALL AWARENESS BE

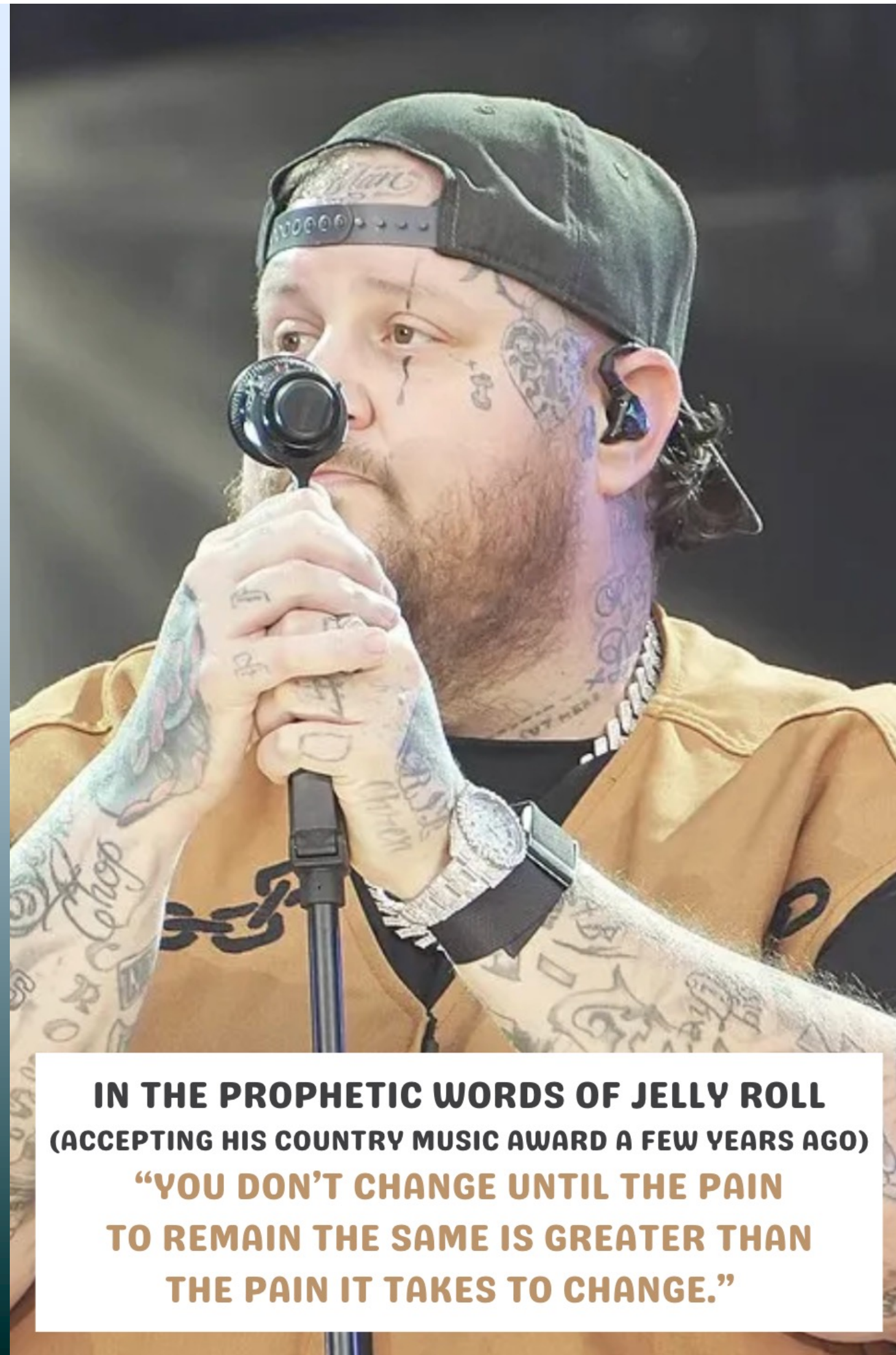
WHERE THE TREACHEROUS UNDERTOW ONCE WAS
– RENDERING THE PATIENT UNCONSCIOUS, DISSOCIATED,
SWEPT AWAY BY UNSEEN EMOTIONAL FORCES –
THERE SHALL MINDFUL PRESENCE BE
– EMPOWERING THE PATIENT TO REMAIN GROUNDED,
WITHSTAND THE PULL, AND RESIST BEING SWEPT AWAY –

AS LONG AS THE “GAIN” IS GREATER THAN THE “PAIN”
– THE DEFENSE MORE “EGO – SYNTONIC” THAN “EGO – DYSTONIC” –

THE PATIENT WILL “MAINTAIN” THE DEFENSE
AND “REMAIN” ENTRENCHED IN HER RESISTANCE

BUT AS A RESULT OF THE PATIENT’S “EVER – EVOLVING AWARENESS”
OF BOTH THE “PSYCHIC COST” AND THE “EMOTIONAL INVESTMENT,”
ONCE THE “PAIN” BECOMES GREATER THAN THE “GAIN”
– THE DEFENSE MORE “EGO – DYSTONIC” THAN “EGO – SYNTONIC” –

THE STRESS AND “STRAIN” OF
THE RESULTING COGNITIVE AND AFFECTIVE DISSONANCE
– BETWEEN THE “PAIN” AND THE “GAIN” –
WILL ULTIMATELY GENERATE THE IMPETUS NEEDED
FOR THE PATIENT GRADUALLY TO RELINQUISH HER ATTACHMENT
TO DEFENSIVE RESISTANCE
IN FAVOR OF A NEW AND MORE ADAPTIVE AWARENESS



**IN THE PROPHETIC WORDS OF JELLY ROLL
(ACCEPTING HIS COUNTRY MUSIC AWARD A FEW YEARS AGO)**
**“YOU DON’T CHANGE UNTIL THE PAIN
TO REMAIN THE SAME IS GREATER THAN
THE PAIN IT TAKES TO CHANGE.”**



AMEN! – AND THANK YOU!

IF YOU WOULD LIKE TO BE
ON MY MAILING LIST
OR WOULD LIKE TO JOIN
MY ENTIRELY F.R.E.E. 90 - MINUTE WEEKLY
Spot Supervision ZOOM Sessions
- BOTH "LIVE" AND "RECORDED" FOR LATER VIEWING
ON MY PRIVATE YouTube CHANNEL -

PLEASE EMAIL ME AT
MarthaStarkMD@SynergyMed.solutions

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