

**PREVIEW**

**THREE MODES  
OF  
THERAPEUTIC ACTION**

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**PREVIEW**

THE THERAPEUTIC USE OF "OPTIMAL STRESS"  
TO "PROVOKE RECOVERY"

THE DEVELOPMENTAL TASK OF CHILD AND PARENT  
THE THERAPEUTIC TASK OF PATIENT AND THERAPIST

TRANSFORMATION OF DYSFUNCTIONAL DEFENSE  
INTO MORE FUNCTIONAL ADAPTATION

WHERE ID WAS, THERE SHALL EGO BE  
WHERE DEFENSE WAS, THERE SHALL ADAPTATION BE

AN ONGOING PROCESS INVOLVING  
HEALING CYCLES OF DISRUPTION AND REPAIR

THE THERAPIST WILL PRECIPITATE DISRUPTION  
IN ORDER TO TRIGGER REPAIR  
BY WAY OF "OPTIMALLY STRESSFUL" INTERVENTIONS THAT  
ALTERNATELY CHALLENGE AND THEN SUPPORT THE DEFENSE

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**PREVIEW**

ITERATIVE CYCLES OF DESTABILIZATION  
IN REACTION TO THE CHALLENGE  
AND RESTABILIZATION  
IN RESPONSE TO THE SUPPORT AND  
BY TAPPING INTO THE PATIENT'S UNDERLYING RESILIENCE

RE – INTEGRATION AT EVER – HIGHER LEVELS  
OF FUNCTIONALITY AND ADAPTIVE CAPACITY

IN ESSENCE  
BY CHALLENGING DEFENSES TO WHICH  
THE PATIENT HAS LONG CLUNG  
PSYCHODYNAMIC PSYCHOTHERAPY OFFERS  
THE PATIENT AN OPPORTUNITY  
– ALBEIT A BELATED ONE –  
TO PROCESS, INTEGRATE, AND ADAPT  
TO PREVIOUSLY UNMASTERED  
AND THEREFORE DEFENDED AGAINST  
EARLY – ON RELATIONAL EXPERIENCES

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MUTUALLY ENHANCING NOT MUTUALLY EXCLUSIVE  
**THREE MODES OF THERAPEUTIC ACTION**

MODEL 1  
**THE INTERPRETIVE PERSPECTIVE**  
 OF CLASSICAL PSYCHOANALYSIS

MODEL 2  
**THE DEFICIENCY – COMPENSATION PERSPECTIVE**  
 OF SELF PSYCHOLOGY AND THOSE  
 OBJECT RELATIONS THEORIES EMPHASIZING  
 INTERNAL “ABSENCE OF GOOD”

MODEL 3  
**THE INTERSUBJECTIVE PERSPECTIVE**  
 OF CONTEMPORARY RELATIONAL THEORY AND THOSE  
 OBJECT RELATIONS THEORIES EMPHASIZING  
 INTERNAL “PRESENCE OF BAD”

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**MODEL 1 – KNOWLEDGE**  
 1 – PERSON PSYCHOLOGY  
 FOCUS ON PATIENT’S INTERNAL DYNAMICS (1)  
 THERAPIST AS NEUTRAL OBJECT (0)

**MODEL 2 – EXPERIENCE**  
 1½ – PERSON PSYCHOLOGY  
 FOCUS ON PATIENT’S AFFECTIVE EXPERIENCE (1)  
 THERAPIST AS EMPATHIC SELF-OBJECT (½)

**MODEL 3 – RELATIONSHIP**  
 2 – PERSON PSYCHOLOGY  
 FOCUS ON PATIENT’S RELATIONAL DYNAMICS (1)  
 THERAPIST AS AUTHENTIC SUBJECT (1)

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**MODEL 1 – COGNITIVE**  
 ENHANCEMENT OF KNOWLEDGE “WITHIN”  
 ULTIMATELY, A STRONGER, WISER,  
 AND MORE EMPOWERED EGO

**MODEL 2 – AFFECTIVE**  
 PROVISION OF CORRECTIVE EXPERIENCE “FOR”  
 ULTIMATELY, A MORE CONSOLIDATED  
 AND COMPASSIONATE SELF

**MODEL 3 – RELATIONAL**  
 ENGAGEMENT IN HEALTHY RELATEDNESS “WITH”  
 ULTIMATELY, A MORE ENGAGED SELF – IN – RELATION

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AS WE SHALL SOON SEE  
IT WILL BE  
INPUT FROM THE OUTSIDE  
AND THE PATIENT'S CAPACITY TO  
PROCESS, INTEGRATE, AND ADAPT TO  
THE IMPACT OF THIS INPUT  
THAT WILL ULTIMATELY ENABLE  
THE PATIENT TO GET BETTER

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BUT MORE SPECIFICALLY  
IT WILL BE  
STRESSFUL INPUT FROM THE OUTSIDE  
AND THE PATIENT'S CAPACITY TO  
PROCESS, INTEGRATE, AND ADAPT TO  
THE IMPACT OF THIS STRESS  
THAT WILL ULTIMATELY  
PROVOKE RECOVERY

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IN OTHER WORDS  
IT IS NOT SO MUCH GRATIFICATION AS FRUSTRATION  
AGAINST A BACKDROP OF GRATIFICATION  
OPTIMAL FRUSTRATION  
NOT SO MUCH SUPPORT AS CHALLENGE  
AGAINST A BACKDROP OF SUPPORT  
NOT SO MUCH EMPATHY AS EMPATHIC FAILURE  
AGAINST A BACKDROP OF EMPATHY  
THAT WILL PROVIDE THE THERAPEUTIC  
LEVERAGE NEEDED TO PROVOKE  
AFTER INITIAL DESTABILIZATION  
EVENTUAL RESTABILIZATION OF THE SYSTEM  
AT A HIGHER LEVEL OF  
FUNCTIONALITY AND ADAPTIVE CAPACITY

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MORE SPECIFICALLY  
A HIGHER LEVEL OF

**AWARENESS**  
MODEL 1

**ACCEPTANCE**  
MODEL 2

**ACCOUNTABILITY**  
MODEL 3

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