

THE STARK METHOD of PSYCHODYNAMIC SYNERGY: An Overview

**Explore the synergy
of depth, disruption,
and healing**

Thursday, July 10 | 12 – 2 pm (ET) – Both LIVE and RECORDED

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WE CANNOT AVOID SUFFERING

**BUT WE CAN CHOOSE HOW WE COPE WITH IT, FIND MEANING IN IT,
AND MOVE FORWARD WITH RENEWED PURPOSE**

ALTHOUGH OFTEN MISATTRIBUTED TO THE EXISTENTIAL PSYCHIATRIST VIKTOR FRANKL,
THE ACTUAL AUTHOR OF THIS EVOCATIVE QUOTE IS UNKNOWN

**“BETWEEN STIMULUS AND RESPONSE IS A SPACE.
IN THAT SPACE IS OUR POWER TO CHOOSE OUR RESPONSE.
IN OUR RESPONSE LIES OUR GROWTH AND OUR FREEDOM.”**

**APPLYING THIS TO THE CLINICAL SITUATION
BETWEEN STRESSOR AND WHAT FOLLOWS IS A SPACE.
IN THAT SPACE IS OUR POWER ...**

**... EITHER TO “REACT DEFENSIVELY”
WHEN THE STRESSOR IS SIMPLY “TOO MUCH” FOR US TO MANAGE
– WHICH WILL THWART OUR GROWTH –**

**... OR TO “RESPOND ADAPTIVELY”
WHEN WE ARE MORE EASILY ABLE TO TAKE THAT STRESSOR “IN OUR STRIDE”
– WHICH WILL PROMOTE OUR FREEDOM –**

**NOT ONLY DO WE HAVE THE POWER TO CHOOSE HOW WE MAKE MEANING OF OUR LIVES
BUT WE ALSO HAVE THE RESPONSIBILITY TO DO SO**

**IT HAS BEEN SUGGESTED THAT 10% OF WHAT HAPPENS TO US IS “LIFE”
BUT 90% IS HOW WE “DEFENSIVELY REACT” OR “ADAPTIVELY RESPOND” TO IT**


**PLEASE NOTE THAT I DO NOT “LIMIT” DEFENSES
TO THE WELL – KNOWN AND MORE TRADITIONAL ONES
– e.g., REPRESSION, PROJECTION, DISSOCIATION, SOMATIZATION –**

**RATHER, I DEFINE DEFENSES “MORE BROADLY”
AS SPEAKING TO ANY OF THE “SELF – PROTECTIVE PROCESSES”
WE MOBILIZE WHEN MADE ANXIOUS IN THE FACE OF STRESSORS**



**EITHER WE
– MADE ANXIOUS –
”REACT” TO THE STRESSOR BY “REFLEXIVELY DEFENDING”
A “DEFENSIVE (MINDLESS) REACTION”**

**OR WE
– MORE RESILIENT –
“RESPOND” TO THE STRESSOR BY “REFLECTIVELY ADAPTING”
AN “ADAPTIVE (MORE MINDFUL) RESPONSE”**



**LIFE IS NOT ABOUT (DEFENSIVELY) WAITING
FOR THE STORM TO PASS
BUT (ADAPTIVELY) LEARNING
TO DANCE IN THE RAIN**

THERAPEUTIC MODALITIES
– WHETHER LONG – TERM OR SHORTER – TERM –
THAT HAVE PROFOUND AND SUSTAINED PSYCHODYNAMIC CHANGE
AS THEIR ULTIMATE GOAL

FOR EXAMPLE, PSYCHOANALYSIS AND OTHER “DEPTH PSYCHOLOGIES,”
INCLUDING – BUT NOT LIMITED TO – ACT, IFS, EMDR, ISTDP, AEDP, EFT, NLP,
SOMATIC EXPERIENCING, SENSORIMOTOR PSYCHOTHERAPY, AND PSYCHOMOTOR PSYCHOTHERAPY

MUST ULTIMATELY BE ABLE TO TRANSFORM
“LOW – LEVEL DEFENSE”
INTO “HIGHER – LEVEL DEFENSE” / “MORE – EVOLVED ADAPTATION”
IN THE TRADITIONAL WORDS OF PSYCHOANALYSIS AND EGO PSYCHOLOGY

AND “PSYCHOLOGICAL RIGIDITY”
INTO “PSYCHOLOGICAL RESILIENCE”
IN THE EVOCATIVE WORDS OF ACCEPTANCE AND COMMITMENT THERAPY (ACT)

SUCH THAT THE PATIENT
WHATEVER HER STARTING POINT / WHATEVER HER INITIAL LEVEL OF FUNCTIONALITY
WHATEVER HER DIAGNOSIS

WILL BECOME EVER BETTER ABLE
– OVER TIME –

TO MANAGE THE MYRIAD “STRESSORS” IN HER LIFE
TO WHICH SHE IS BEING CONTINUOUSLY EXPOSED

EVER MORE ADEPT AT “RESPONDING ADAPTIVELY AND MINDFULLY”
INSTEAD OF “REACTING DEFENSIVELY AND MINDLESSLY”

**IM NEVER GONNA EAT THAT MUCH
AGAIN**



Mindful Response
vs.
Mindless Reaction

OH LOOK FOOD!

**THE RELATIONSHIP BETWEEN DEFENSE AND ADAPTATION
IS A YIN – YANG RELATIONSHIP**

**THESE SELF – PROTECTIVE MECHANISMS
ARE COMPLEMENTARY – NOT OPPOSING – FORCES**

**FURTHERMORE
ALL DEFENSES HAVE AN ADAPTIVE COMPONENT
JUST AS ALL ADAPTATIONS SERVE A DEFENSIVE FUNCTION**

**NONETHELESS AND MORE GENERALLY
ALTHOUGH DEFENSES MIGHT ONCE
HAVE BEEN NECESSARY
FOR THE PATIENT TO “SURVIVE,”**

**AS RIGID DEFENSES BECOME UPDATED
TO MORE RESILIENT ADAPTATIONS,
THE PATIENT BECOMES
EVER BETTER ABLE TO “THRIVE”**

**THE THERAPEUTIC ACTION
IS INDEED DESIGNED
TO TRANSFORM “RIGIDITY” INTO “RESILIENCE”
AND “SURVIVING” INTO “THRIVING”**

A DRAMATIC DEMONSTRATION OF THE DIRECT RELATIONSHIP
BETWEEN RESILIENCE AND THRIVING
DECADES AGO, TWO OBSTETRICIANS
MADE AN INTRIGUING DISCOVERY
ABOUT THE PARADOXICAL RELATIONSHIP
BETWEEN REGULARITY OF FETAL HEART RATE
AND FETAL MORTALITY

THEY DISCOVERED

– COUNTERINTUITIVELY –

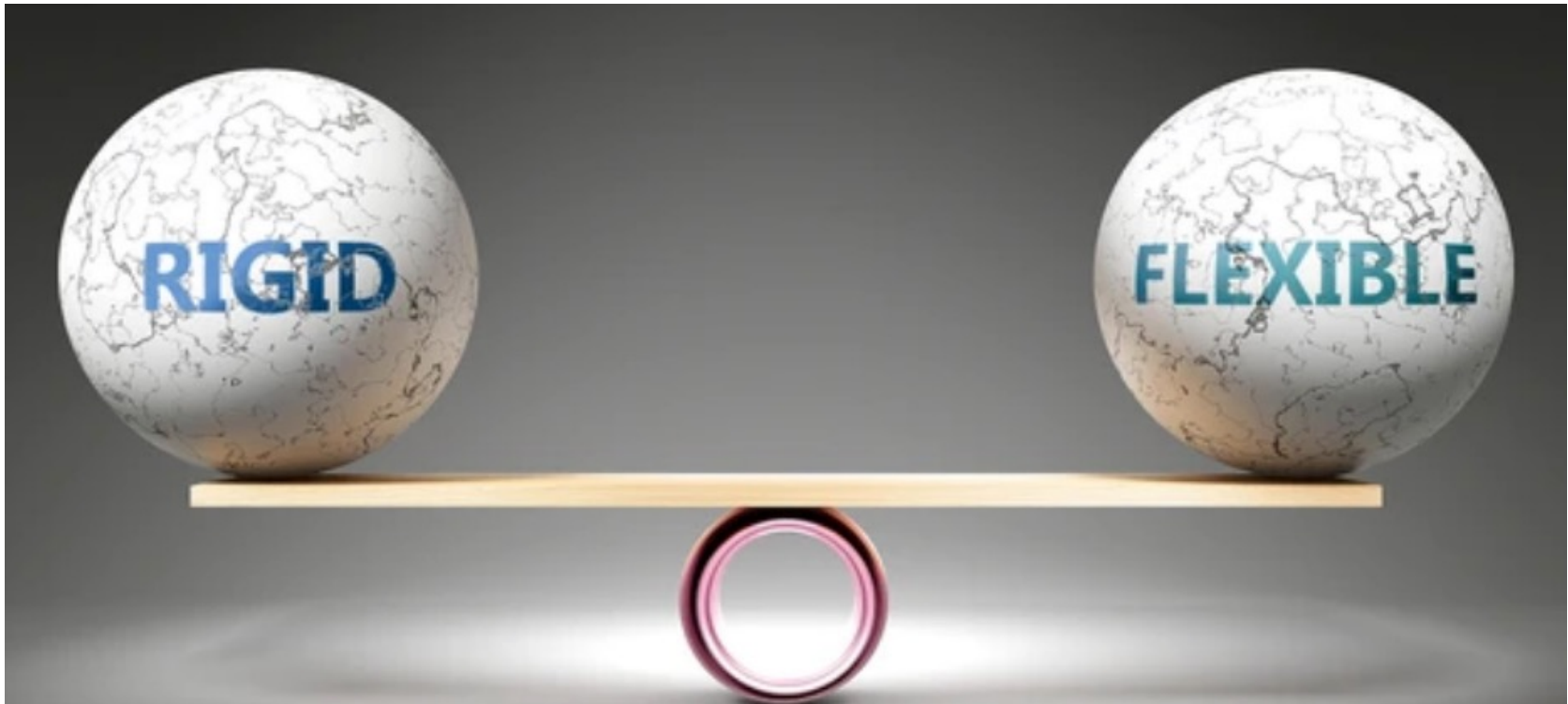
THAT THE MORE METRONOME – LIKE THE HEARTBEAT,
THE LESS LIKELY THE FETUS WOULD BE TO SURVIVE

WHEREAS THE GREATER THE HEART RATE VARIABILITY,
THE MORE LIKELY THE FETUS WOULD BE TO THRIVE

IN OTHER WORDS

VARIABILITY, ADAPTABILITY,
FLEXIBILITY, AND RESILIENCE,
ARE CRITICALLY IMPORTANT
FOR THE HEALTH OF BOTH BODY AND MIND

HON AND LEE (1965)



THE ULTIMATE GOAL OF DEEP TREATMENTS

EVER LESS DEFENSIVE RIGIDITY
EVER MORE ADAPTIVE FLEXIBILITY



NOTICE
THAT THE
STIFFEST TREE
IS MOST
EASILY
CRACKED,
WHILE THE
BAMBOO
OR WILLOW
SURVIVES
BY BENDING
WITH THE
WIND.

BRUCE LEE

FROM
surviving
TO
thriving

AS WE SHALL SEE
THE THERAPEUTIC ACTION IN DEEP EMBODIED TREATMENTS
NEEDS TO ADVANCE THE PATIENT
FROM SURVIVING (DEFENSIVE RIGIDITY)
TO THRIVING (ADAPTIVE RESILIENCE)

PSYCHODYNAMIC PSYCHOTHERAPY

MUST THEREFORE AFFORD THE PATIENT
BOTH IMPETUS AND OPPORTUNITY

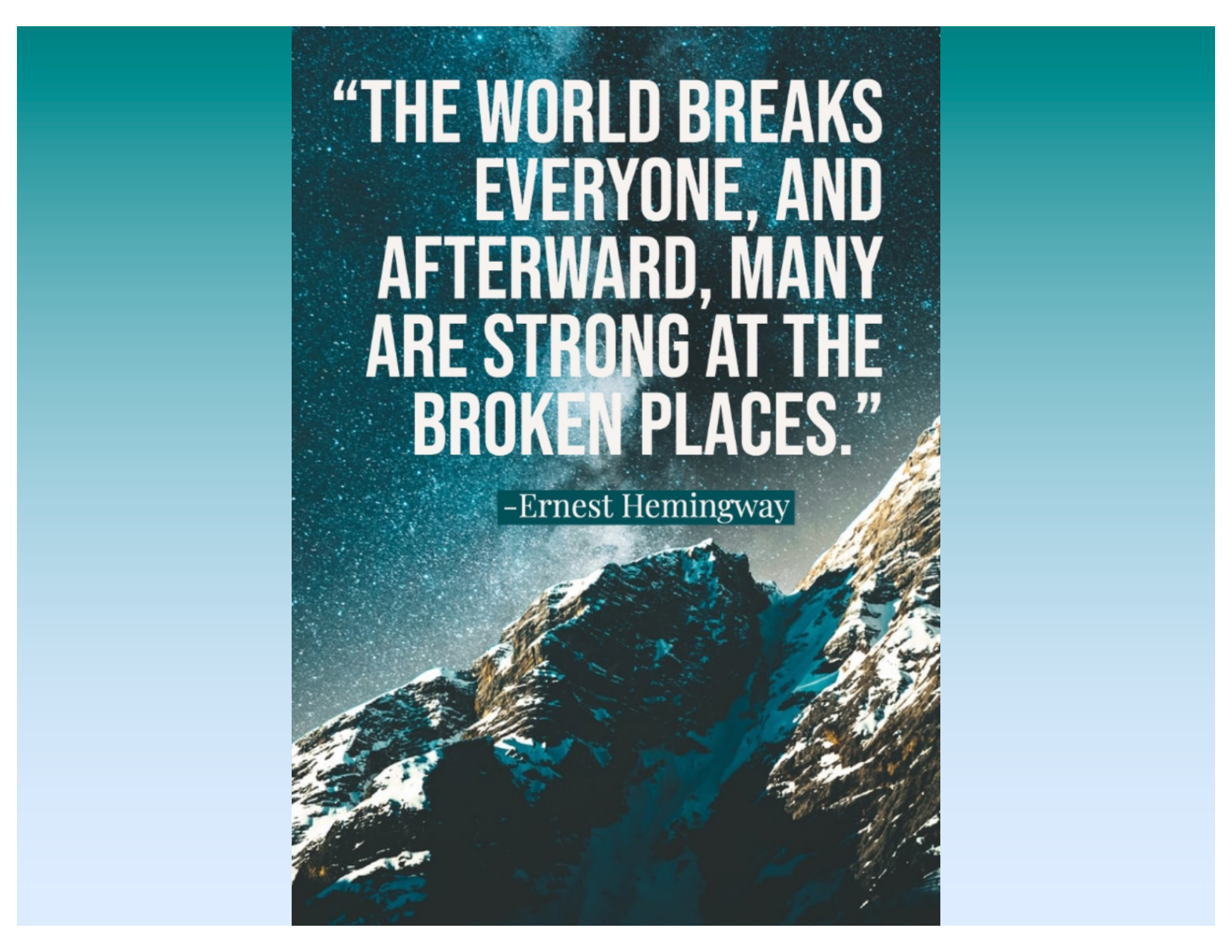
– ALBEIT BELATEDLY –

TO MASTER TRAUMATIC RELATIONAL EXPERIENCES
THAT HAD ONCE BEEN OVERWHELMING

– AND, THEREFORE, DEFENDED AGAINST –

BUT THAT CAN NOW BE
REVISITED, REPROCESSED, GRIEVED, AND REFRAMED
SUCH THAT GROWTH – IMPEDING “OLD BAD” RIGID DEFENSES
– ONCE NECESSARY FOR SURVIVAL –
CAN BE INCREMENTALLY TRANSFORMED
INTO GROWTH – PROMOTING “NEW GOOD” RESILIENT ADAPTATIONS

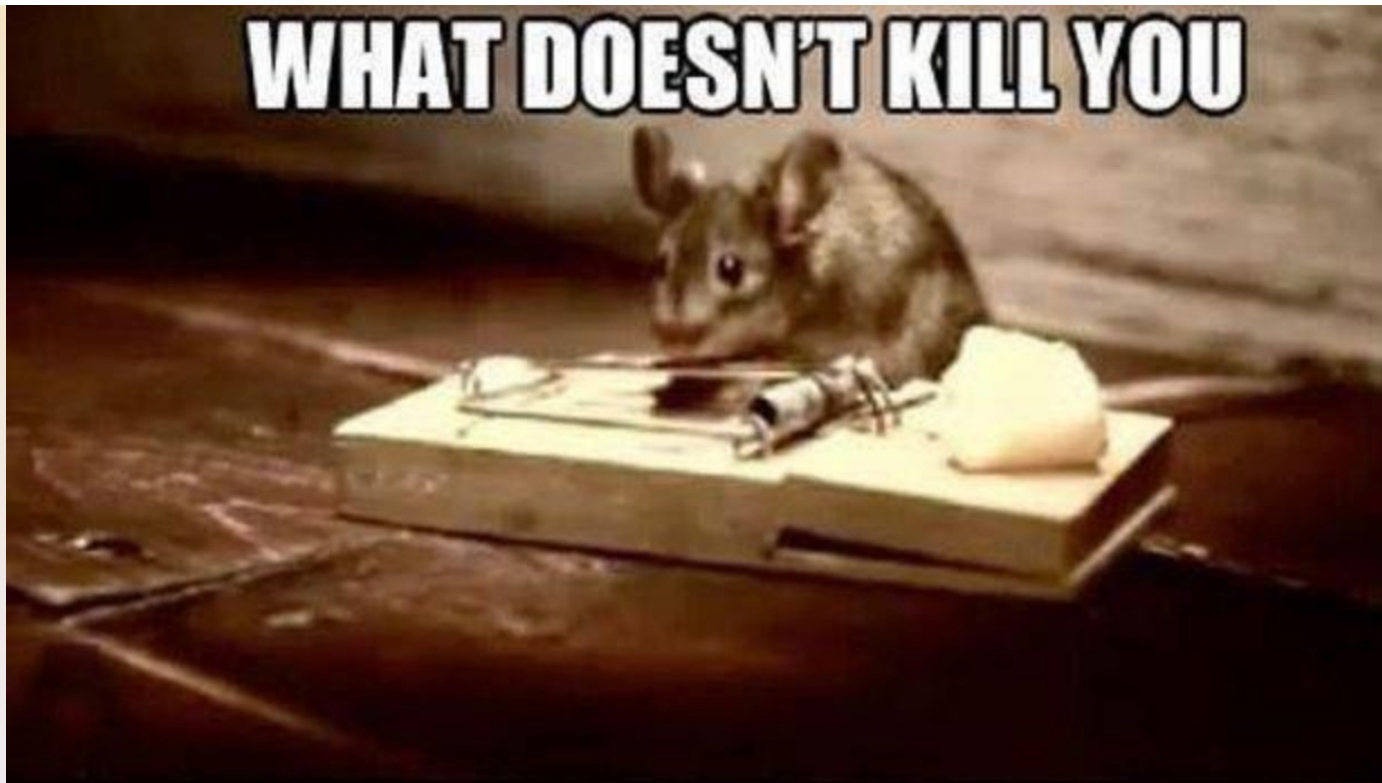
INDEED
FROM PSYCHOLOGICAL RIGIDITY TO PSYCHOLOGICAL RESILIENCE
AND STRONGER AT THE BROKEN PLACES



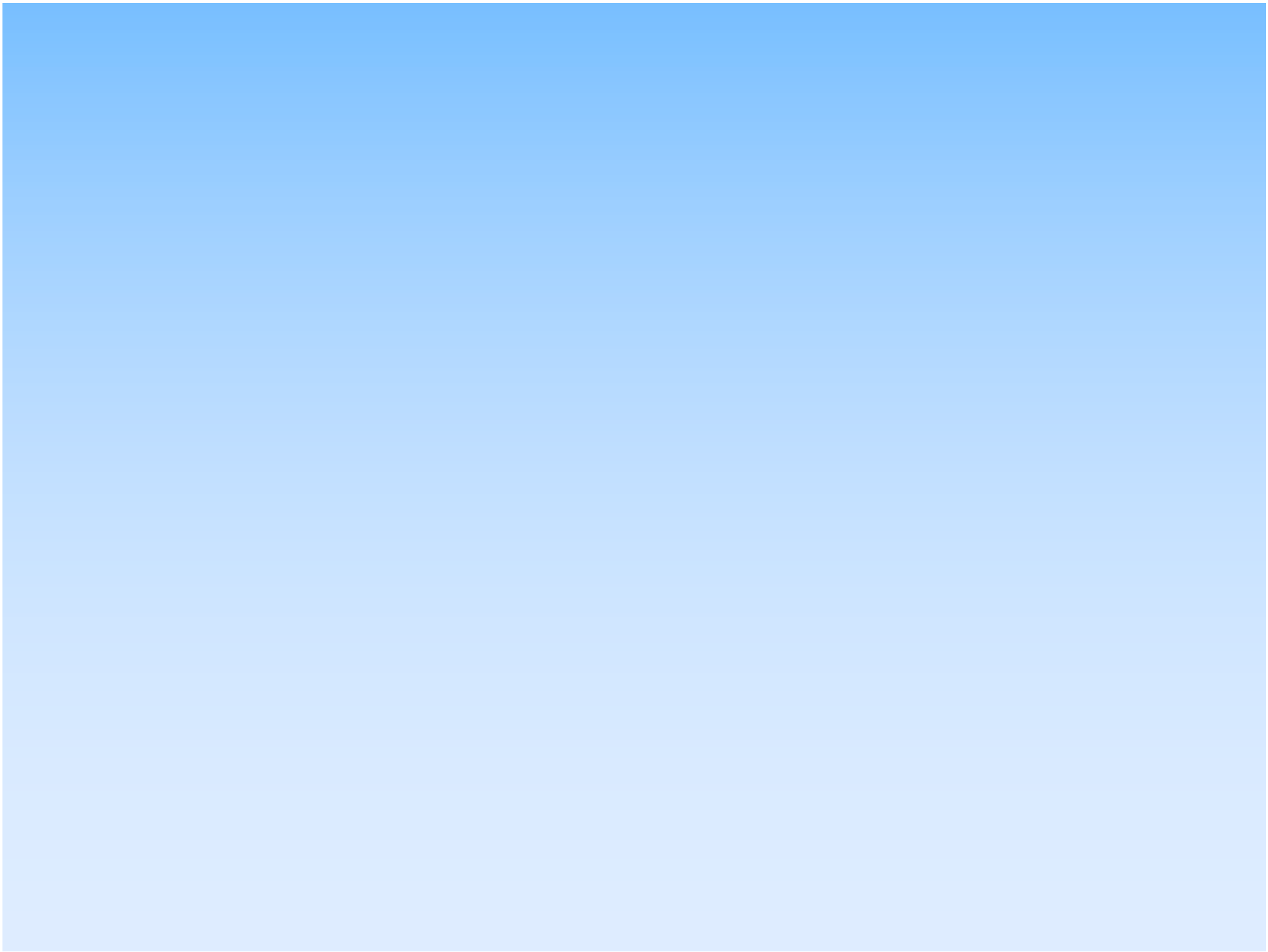
**“THE WORLD BREAKS
EVERYONE, AND
AFTERWARD, MANY
ARE STRONG AT THE
BROKEN PLACES.”**

-Ernest Hemingway

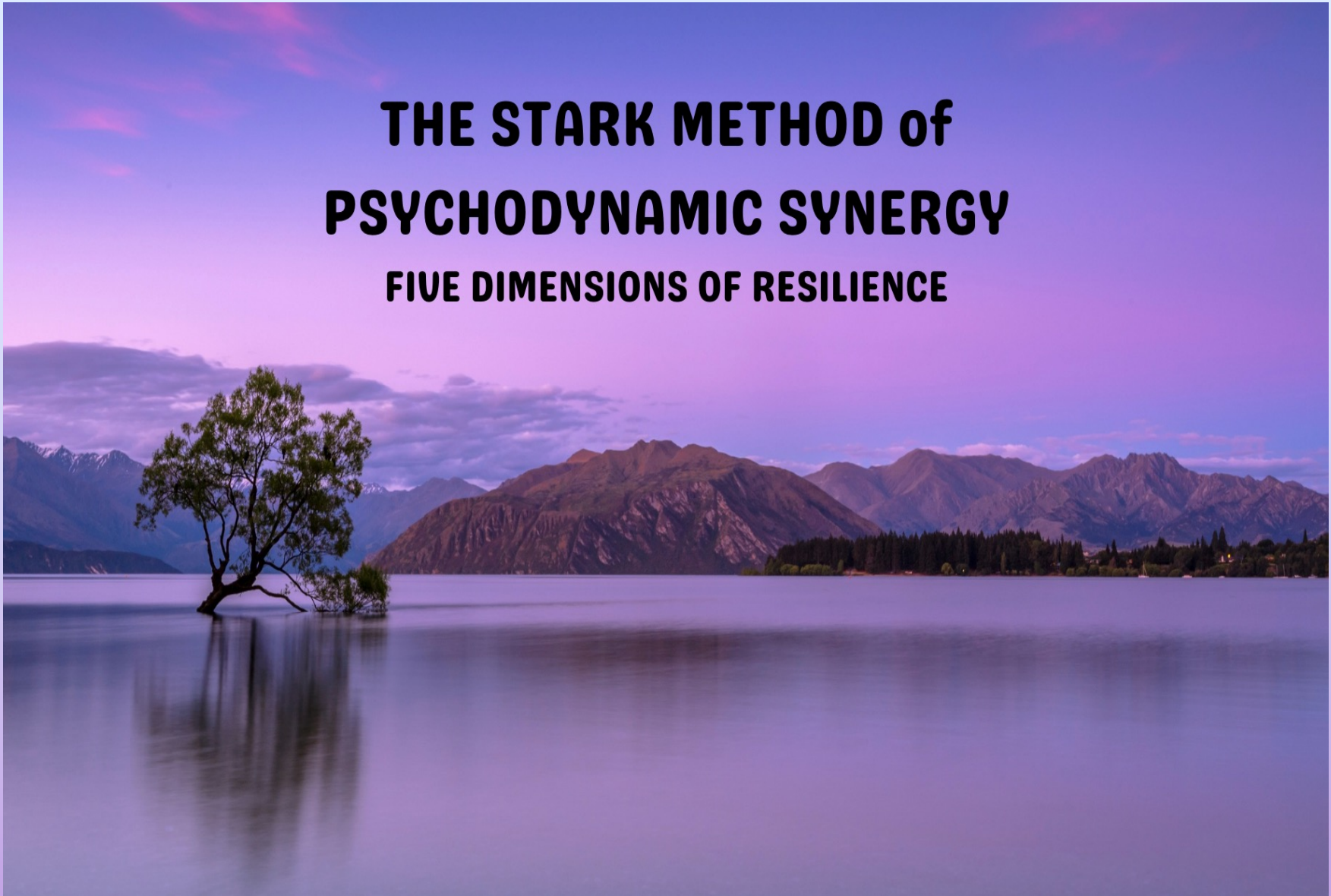
WHAT DOESN'T KILL YOU



MAKES YOU STRONGER



**THE STARK METHOD of
PSYCHODYNAMIC SYNERGY
FIVE DIMENSIONS OF RESILIENCE**



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)

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)

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

A C.A.R.E.S. APPROACH TO DEEP EMBODIED HEALING

MODEL 1

COGNITIVE (KNOWLEDGE)

MODEL 2

AFFECTIVE (EXPERIENCE)

MODEL 3

RELATIONAL (RELATIONSHIP)

MODEL 4

EXISTENTIAL (MEANING)

MODEL 5

SYNAPTIC (MEMORY / NARRATIVES)

SUPERPOSITIONAL – THE EXISTENCE OF
MULTIPLE POSSIBLE “STATES” SIMULTANEOUSLY

THE STARK METHOD of PSYCHODYNAMIC SYNERGY

IN NO PARTICULAR ORDER,
OTHER THAN WHEN I FIRST BECAME FAMILIAR WITH EACH APPROACH

MODEL 1 (1970 – 1980)

THE INTERPRETIVE PERSPECTIVE OF CLASSICAL PSYCHOANALYSIS
“ENHANCEMENT OF (INTROSPECTIVE) KNOWLEDGE” **WITHIN**

MODEL 2 (1980 – 1990)

THE DEFICIENCY – COMPENSATION PERSPECTIVE OF SELF PSYCHOLOGY
“PROVISION OF (COMPENSATORY) EXPERIENCE” **FOR**

MODEL 3 (1990 – 2000)

THE INTERSUBJECTIVE PERSPECTIVE OF CONTEMPORARY RELATIONAL THEORY
“ENGAGEMENT IN (AUTHENTIC) RELATIONSHIP” **WITH**

MODEL 4 (2000 – 2010)

AN EXISTENTIAL – HUMANISTIC APPROACH
TO “BENIGN REGRESSION” AND “HARMONIOUS INTERPENETRATING MIX – UP” (BALINT),
“ANALYTIC ONENESS” (ESHEL), AND “A NEW BEGINNING” (WINNICOTT)
“NURTURING OF (EXISTENTIAL) SURRENDER” **TO**

MODEL 5 (2010 – 2020)

A QUANTUM – NEUROSCIENTIFIC APPROACH
TO OVERCOMING ANALYSIS PARALYSIS AND NEURAL ENTRENCHMENT
“ENVISIONING OF (QUANTUM) POSSIBILITIES” **BEYOND**

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 THERAPEUTIC ACTION IN PSYCHODYNAMIC PSYCHOTHERAPY

FROM RIGID DEFENSE TO RESILIENT ADAPTATION

FROM CONDITIONED REACTION TO CORRECTED RESPONSE



RIGID DEFENSE

– OUTDATED, MINDLESS “CONDITIONED REACTION” –
REFLEXIVE CLINGING TO WHAT ONCE PROTECTED,
BUT NOW IMPEDES

MODEL 1 – CLASSICAL PSYCHOANALYTIC
RESISTANCE

MODEL 2 – SELF PSYCHOLOGICAL
RELENTLESS HOPE

MODEL 3 – CONTEMPORARY RELATIONAL
RE – ENACTMENT

MODEL 4 – EXISTENTIAL – HUMANISTIC
RETREAT
REJECTION OF EXISTENCE

MODEL 5 – QUANTUM – NEUROSCIENTIFIC
REFRACTORINESS / RUT

THE FIVE DIMENSIONS OF PSYCHIC RIGIDITY

MODEL 1 – CLASSICAL PSYCHOANALYTIC
THE RESISTANT SELF

MODEL 2 – SELF PSYCHOLOGICAL
THE RELENTLESS SELF

MODEL 3 – CONTEMPORARY RELATIONAL
THE RE – ENACTING SELF

MODEL 4 – EXISTENTIAL – HUMANISTIC
THE RETREATING SELF

MODEL 5 – QUANTUM – NEUROSCIENTIFIC
THE REFRACTORY SELF

RESILIENT ADAPTATION

**– UPDATED, MINDFUL “CORRECTED RESPONSE” –
CONSCIOUS EMBRACE OF WHAT WAS ONCE INTOLERABLE,
BUT NOW EMPOWERS**

**MODEL 1 – CLASSICAL PSYCHOANALYTIC
AWARENESS**

**MODEL 2 – SELF PSYCHOLOGICAL
ACCEPTANCE**

**MODEL 3 – CONTEMPORARY RELATIONAL
ACCOUNTABILITY**

**MODEL 4 – EXISTENTIAL – HUMANISTIC
ACCESSIBILITY / AVAILABILITY / ALIVENESS
ACCEPTANCE OF LIFE’S COMPLEMENTARITIES,
COMPLEXITIES, AND UNCERTAINTIES**

**MODEL 5 – QUANTUM – NEUROSCIENTIFIC
ACTION / ACTUALIZATION**

THE THERAPEUTIC ACTION

FIVE CATALYSTS FOR CHANGE

MODEL 1 – CLASSICAL PSYCHOANALYTIC

INTERPRETING – **TO RESOLVE STRUCTURAL CONFLICT**
BETWEEN FORCES AND RESISTANT COUNTERFORCES

MODEL 2 – SELF PSYCHOLOGICAL

GRIEVING – **TO RESOLVE STRUCTURAL DEFICIT**
BY ADAPTIVELY INTERNALIZING SELF-OBJECT FUNCTIONS

MODEL 3 – CONTEMPORARY RELATIONAL

NEGOTIATING – **TO RESOLVE RELATIONAL CONFLICT**
BY TAKING OWNERSHIP OF RE-ENACTMENT

MODEL 4 – EXISTENTIAL – HUMANISTIC

SURRENDERING – **TO RESOLVE RELATIONAL DEFICIT**
BY SURRENDERING TO “RESOURCELESS DEPENDENCE” (KHAN, 1972)

MODEL 5 – QUANTUM – NEUROSCIENTIFIC

DISENTANGLING / RESCRIPTING / UPDATING – **TO RESOLVE PSYCHIC INERTIA**
AND NEURAL ENTRENCHMENT
BY JUXTAPOSING THE SOBERING, CONDITIONED REALITY OF “OLD BAD”
WITH THE ENLIVENING, QUANTUM POSSIBILITY OF “NEW GOOD”

THE THERAPEUTIC ACTION
FROM RIGID (MINDLESS) DEFENSE
TO RESILIENT (MINDFUL) ADAPTATION

MODEL 1 – INTERPRETING
FROM RESISTANCE
TO SELF – REFLECTIVE AWARENESS

MODEL 2 – GRIEVING
FROM RELENTLESS HOPE
TO SOBER, MATURE ACCEPTANCE

MODEL 3 – NEGOTIATING
FROM RE – ENACTMENT
TO EMPOWERING ACCOUNTABILITY

MODEL 4 – SURRENDERING
FROM RETREAT
TO EMOTIONAL ACCESSIBILITY AND AWAKENED ALIVENESS

MODEL 5 – DISENTANGLING / RESCRIPTING / UPDATING
FROM REFRACTORINESS
TO INTENTIONED, PURPOSEFUL ACTION
AND THE ENVISIONED BECOMING OF WHAT WAS ONCE UNIMAGINABLE

THESE FIVE MODELS IN MY PSYCHODYNAMIC SYNERGY PARADIGM
– CLASSICAL PSYCHOANALYTIC, SELF PSYCHOLOGICAL,
CONTEMPORARY RELATIONAL, EXISTENTIAL – HUMANISTIC, AND QUANTUM – NEUROSCIENTIFIC –
ARE DESIGNED TO SERVE AS A “CONCEPTUAL FRAMEWORK” FOR

BOTH TEASING OUT THE PATIENT’S
“UNDERLYING AND MORE ENDURING PSYCHODYNAMIC TRAITS”
SIGNATURE CHARACTER TRAITS THAT ARE RELATIVELY STABLE AND SUSTAINED OVER TIME

AS PRIMARILY EITHER (MODEL 1) NEUROTIC, (MODEL 2) NARCISSISTIC,
(MODEL 3) NOXIOUS, (MODEL 4) NONRELATED, OR (MODEL 5) NONACTUALIZED

AND DIRECTING THE THERAPIST’S IMMEDIATE FOCUS
TO THE PATIENT’S

“TRANSIENT AND EVER – SHIFTING PSYCHODYNAMIC STATES”
DEFENSIVE REACTIONS THAT ARE MORE IMMEDIATE – AND FLEETING

AS PRIMARILY EITHER (MODEL 1) RESISTANT, (MODEL 2) RELENTLESSLY HOPEFUL,
(MODEL 3) RE – ENACTING, (MODEL 4) RETREATING, OR (MODEL 5) ROOTED TO THE SPOT

IN OTHER WORDS

THE STARK METHOD OFFERS THERAPISTS A CLINICAL COMPASS
– A COHERENT THEORETICAL SCAFFOLDING SPECIFICALLY DESIGNED
TO GUIDE, ORIENT, AND STEADY THEM IN REAL TIME, AS THEY ATTUNE TO
THE MOMENT – TO – MOMENT DYNAMICS OF THE UNFOLDING CLINICAL PROCESS –

IT IS A NUANCED, INTEGRATIVE MODEL THAT HOLDS BOTH
THE ENDURING ARCHITECTURE OF CHARACTER STRUCTURE
AND THE FLUID DEFENSES THAT EMERGE WITHIN
THE EVOLVING RELATIONAL MATRIX OF THE ANALYTIC ENGAGEMENT

AS A SESSION UNFOLDS
**THE “POINT OF EMOTIONAL URGENCY” FOR THE PATIENT
WILL INEVITABLY SHIFT**
GUIDING THE THERAPIST TOWARD THE MODEL(S)
MOST CLINICALLY RELEVANT IN THE MOMENT

MODEL 1
NEUROTIC CONFLICTEDNESS / RESISTANCE
– **CONFLICT STATEMENTS** –
TO HIGHLIGHT INTERNAL AMBIVALENCE
AND TENSION BETWEEN
“CAN I BE BAD?” OR “MUST I BE GOOD?”

MODEL 2
NARCISSISTIC WOUNDEDNESS / RELENTLESS HOPE
– **DISILLUSIONMENT STATEMENTS** –
TO FACILITATE GRIEVING
AND WORKING THROUGH DISILLUSIONMENT AND LOSS

MODEL 3

NOXIOUS RELATEDNESS / RE – ENACTMENT

– ACCOUNTABILITY STATEMENTS –

TO NEGOTIATE THE “MESSINESS” (TRONICK)
OF MUTUAL ENACTMENTS
AT THE “INTIMATE EDGE” (EHRENBURG)
OF AUTHENTIC RELATEDNESS

MODEL 4

NONRELATEDNESS / RETREAT

– FACILITATION STATEMENTS –

TO HIGHLIGHT THE NEED FOR
– AND FEAR OF –
ENGAGEMENT WITH LIFE ITSELF

MODEL 5

NONACTUALIZATION / NONACTION

– QUANTUM DISENTANGLEMENT STATEMENTS –

TO JUXTAPOSE “OLD BAD”
WITH “NEW GOOD” NARRATIVES
“LEARNED EXPECTATIONS” WITH “ENVISIONED POSSIBILITIES”

TO REVIEW

**THE STARK METHOD of PSYCHODYNAMIC SYNERGY
OFFERS AN OVERARCHING CONCEPTUAL FRAMEWORK
FOR UNDERSTANDING THE WORKING THROUGH PROCESS
BY WHICH PSYCHOLOGICAL RIGIDITY
– MINDLESS, UNEVOLVED DEFENSIVE REACTION –
INCREMENTALLY EVOLVES INTO PSYCHOLOGICAL RESILIENCE
– MORE MINDFUL, MORE EVOLVED ADAPTIVE RESPONSE –**

MORE SPECIFICALLY

**(MODEL 1) “RESISTANCE” GRADUALLY GIVES WAY TO “AWARENESS”
BY WAY OF “INTERPRETING”**

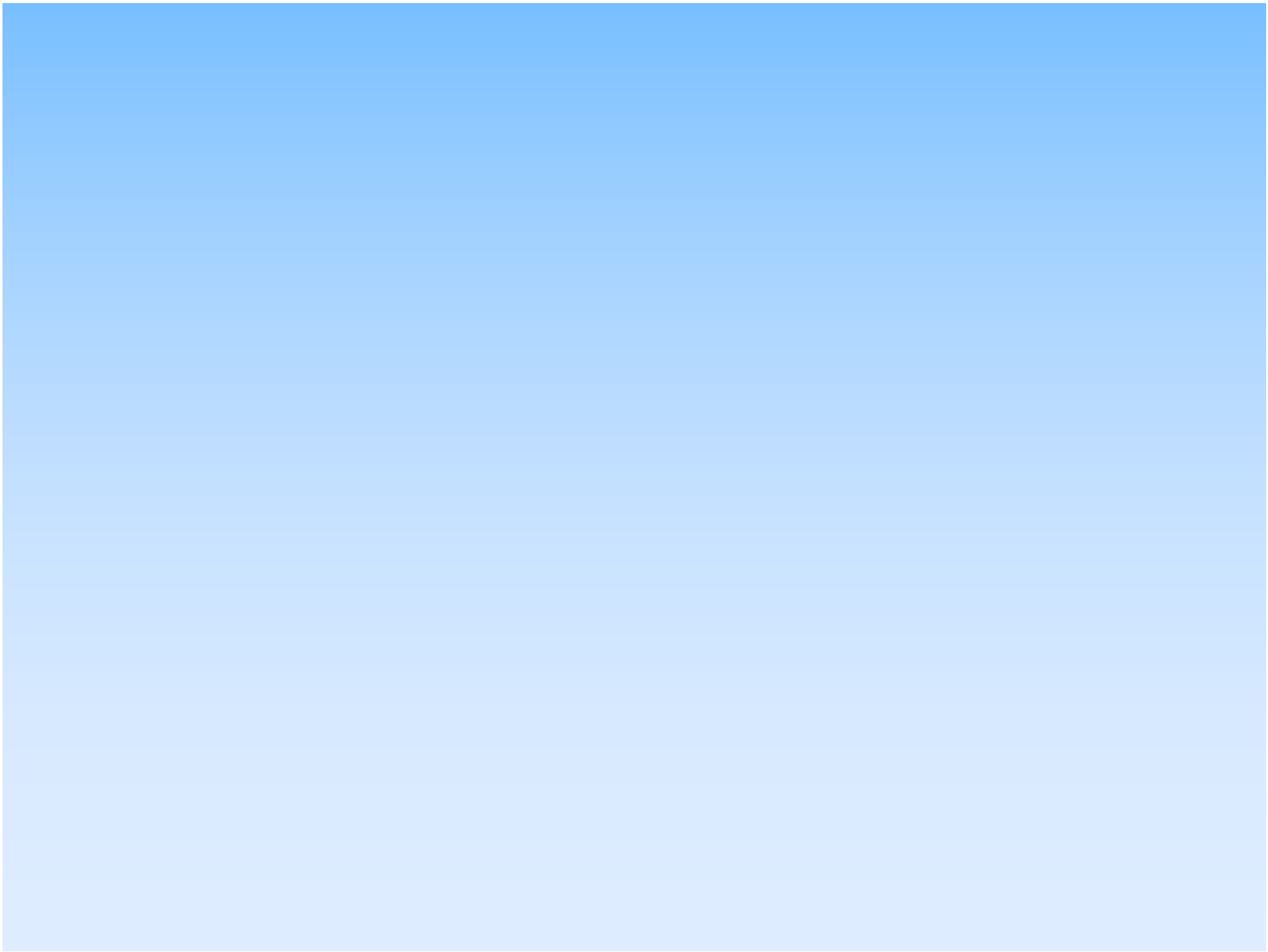
**(MODEL 2) “RELENTLESS HOPE” GRADUALLY GIVES WAY TO “ACCEPTANCE”
BY WAY OF “GRIEVING”**

**(MODEL 3) “RE – ENACTMENT” GRADUALLY GIVES WAY TO “ACCOUNTABILITY”
BY WAY OF “NEGOTIATING”**

**(MODEL 4) “RETREAT” GRADUALLY GIVES WAY TO “ACCESSIBILITY”
BY WAY OF “SURRENDERING”**

**(MODEL 5) “REFRACTORY INERTIA” GRADUALLY GIVES WAY TO “ACTUALIZING ACTION”
BY WAY OF “ENVISIONING”**

**FROM “CONDITIONED AND REFLEXIVE”
TO “CORRECTED AND MORE REFLECTIVE”**





**“OPEN, SELF – ORGANIZING,
COMPLEX ADAPTIVE
(CHAOTIC) SYSTEMS
RESIST PERTURBATION”**

CHARLES KREBS

**AS NEUROSCIENTIST CHARLES KREBS (2013) REMINDS US
“OPEN, SELF – ORGANIZING, COMPLEX ADAPTIVE
(CHAOTIC) SYSTEMS RESIST PERTURBATION”**

**EXAMPLES OF “CHAOTIC SYSTEMS” INCLUDE
ROAD TRAFFIC, THE STOCK MARKET, OCEAN TURBULENCE,
AND THE “SELF – REGULATING MECHANISMS” MOBILIZED BY ANXIOUS PATIENTS
ATTEMPTING TO MANAGE THE “STRESSORS” IN THEIR LIVES**

“SELF – ORGANIZING SYSTEMS”

**– FUELED AS THEY ARE BY THEIR HOMEOSTATIC TENDENCY
TO REMAIN CONSTANT OVER TIME –
ARE INHERENTLY “RESISTANT TO CHANGE”**

IN OTHER WORDS

OUR PATIENTS

**– MUCH AS THEY MIGHT PROTEST THEIR “DESIRE TO CHANGE” –
HAVE AN “INNATE INERTIA” THAT MUST BE OVERCOME**

**IF THEY ARE EVER TO BE ENERGETICALLY RELEASED
FROM THE TOXICITY OF THEIR PAST
AND EMPOWERED TO EMBRACE LOVE, WORK, AND PLAY
TO THEIR GREATEST POTENTIAL GOING FORWARD**



**SELF – ORGANIZATION
IS SYNONYMOUS
NOT WITH HEALTH
BUT WITH STABILITY**

**WHETHER RIGIDLY DEFENSIVE
OR RESILIENTLY ADAPTIVE**

**IT TOOK ME YEARS TO APPRECIATE SOMETHING
THAT IS AT ONCE BOTH SIMPLE AND PROFOUND**

**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**

**BUT MORE IMPORTANTLY
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 "JUMP – START" THE PATIENT'S RECOVERY
BY TAPPING INTO THE PATIENT'S UNDERLYING RESILIENCE,
INNATE STRIVING TOWARD HEALTH,
AND INTRINSIC CAPACITY TO SELF – CORRECT
– IN THE FACE OF OPTIMAL CHALLENGE –**

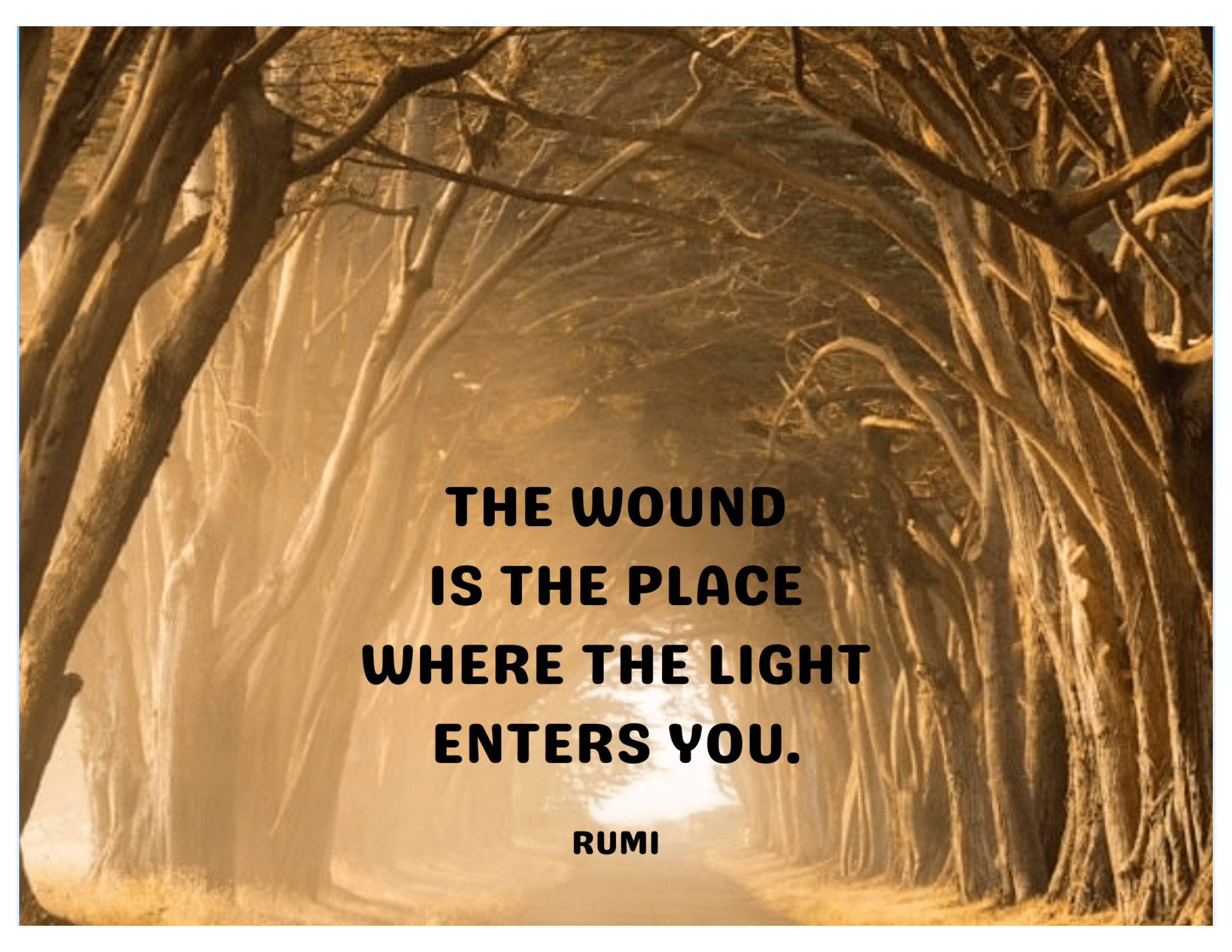
**COMPLEMENTARY PATHWAYS OF ADAPTIVE RESILIENCE:
PSYCHE AND SOMA IN DIALOGUE**

**THE WORKING – THROUGH PROCESS
IN PSYCHODYNAMIC PSYCHOTHERAPY
PROMPTS REINFORCEMENT
OF THE MIND'S INNATE RESILIENCE
THROUGH THE GRADUATED DEVELOPMENT
OF ADAPTIVE (ACQUIRED) RESILIENCE**

**JUST AS THE BODY'S EXPOSURE
TO ALL MANNER OF STRESSORS
PROMPTS STRENGTHENING
OF ITS INNATE IMMUNITY
THROUGH THE GRADUATED DEVELOPMENT
OF ADAPTIVE (ACQUIRED) IMMUNITY**

**SUPERIMPOSING AN ACUTE INJURY
ON TOP OF A CHRONIC ONE
AS A “CORRECTIVE” FOR EARLIER DAMAGE
AND TO “OPTIMIZE” FUNCTIONALITY**



A photograph of a narrow, misty forest path. The path is covered in dry leaves and leads towards a bright, glowing light at the far end, creating a sense of depth and hope. The trees on either side are tall and thin, with their branches reaching over the path. The overall atmosphere is ethereal and serene.

**THE WOUND
IS THE PLACE
WHERE THE LIGHT
ENTERS YOU.**

RUMI

**NO PAIN / NO GAIN
TO JUMP – START RECOVERY**

**JUST AS SETTING A BROAD SWATH OF WITHERED GRASS ON FIRE
CAN STIMULATE IT TO GROW BACK
GREENER, HEALTHIER, AND LUSHER THAN BEFORE
– AKA “CONTROLLED BURNING” OR “PRESCRIBED BURNING” –**

**SO, TOO, WITH RESPECT TO OUR BODY AND OUR MIND
“CONTROLLED DAMAGE”
– AKA “DOSED STIMULATION” –
CAN BE USED**

**TO “CORRECT FOR” PREVIOUS DAMAGE DONE
OR, MORE GENERALLY,
TO “OPTIMIZE” THE OVERALL FUNCTIONALITY
AND RESILIENCE OF THE LIVING MATRIX**

**IN OTHER WORDS
JUDICIOUS AND ONGOING USE OF
STRATEGICALLY AND ARTFULLY CONSTRUCTED
“OPTIMALLY STRESSFUL” INTERVENTIONS
CAN BE USED
TO PROVOKE THE “INNATE HEALING CASCADE”
AND TO ACTIVATE
THE SYSTEM’S “REPAIR AND OPTIMIZATION” MECHANISMS**

**CONTROLLED DAMAGE
TO JUMP – START HEALING**



IN THE PHYSIOLOGICAL REALM
SUPERIMPOSING AN ACUTE PHYSICAL INJURY
ON TOP OF A CHRONIC ONE
IS SOMETIMES EXACTLY WHAT THE BODY NEEDS TO HEAL
– IN FACT, A CHRONIC CONDITION MIGHT NOT HEAL UNTIL IT IS MADE ACUTE –

BY WAY OF EXAMPLES

HIGH – INTENSITY INTERVAL TRAINING (HIIT) / INTERMITTENT FASTING
ISCHEMIC PRECONDITIONING / INTERMITTENT HYPOXIC TRAINING / BREATH – HOLDING EXERCISES
HYPERBARIC OXYGEN / BLOOD FLOW RESTRICTION (KAATSU)
HOMEOPATHIC REMEDIES / VACCINES AND OTHER IMMUNOTHERAPIES / MEDICINAL PLANTS
DERMABRASION / FRAXEL LASER TREATMENTS / RADIOFREQUENCY MICRONEEDLING
PROLOTHERAPY / PLATELET – RICH PLASMA (PRP) / PLATELET – RICH FIBRIN (PRF)
VAMPIRE GUM REJUVENATION / STEM CELL FACELIFTS / BOTOX
ELECTROCONVULSIVE THERAPY (ECT) / TRANSCRANIAL MAGNETIC STIMULATION (TMS)
CARDIOVERSION / CARDIAC DEFIBRILLATION / PULSE WAVE THERAPIES
ACUPUNCTURE / ACUPRESSURE / CUPPING
RED LIGHT THERAPY / INFRARED SAUNAS / COLD WATER IMMERSION
BRAIN TEASERS AND MENTAL EXERCISES

WHEN THE BODY IS “OPTIMALLY CHALLENGED”
– NO MATTER HOW COMPROMISED IT MIGHT BE IN ITS FUNCTIONALITY –
“ADAPTIVE RECOVERY” WILL BE TRIGGERED
BECAUSE OF THE BODY’S “INNATE RESILIENCE”
AND “INTRINSIC CAPACITY TO SELF – CORRECT”

THE THERAPEUTIC USE OF OPTIMAL STRESS TO PROVOKE RECOVERY

DEPRIVING OURSELVES OF HALF A NIGHT'S SLEEP ONCE A WEEK

PREFERABLY THE SECOND HALF OF THE NIGHT (FOR EXAMPLE, FROM 3 TO 7 AM)

**CAN PRODUCE A RAPID, EVEN IF SHORT – LIVED,
RESTABILIZATION OF MOOD AND RECOVERY FROM DEPRESSION**

**THE “STRESS” OF INTERRUPTING NORMAL SLEEP PATTERNS
MAY “RESYNCHRONIZE DISTURBED CIRCADIAN RHYTHMS”**

LEIBENLUFT AND WEHR (1992)

INTERMITTENT FASTING

A 36 – HOUR WATER FAST ONCE A WEEK

**(FOR EXAMPLE, FROM AFTER DINNER ON MONDAY EVENING
UNTIL BREAKFAST ON WEDNESDAY MORNING)**

**CAN SO SIGNIFICANTLY REDUCE THE TOTAL BODY BURDEN
THAT MENTAL CLARITY AND FOCUS CAN BE IMPROVED DRAMATICALLY
AND A SENSE OF OVERALL WELL – BEING RESTORED**

**INTERMITTENT FASTING IS ALSO ASSOCIATED WITH INCREASED LEVELS
OF BRAIN – DERIVED NEUROTROPHIC FACTOR (BDNF)**

DEPLETED LEVELS OF WHICH ARE THOUGHT TO BE ASSOCIATED WITH DEPRESSION

MARK MATTSON (2022)

**INTERESTINGLY, THE ONLY TYPE OF “CALORIE – RESTRICTION” DIET
THAT WILL NOT SLOW DOWN OUR METABOLISM IS INTERMITTENT FASTING**

BY THE SAME TOKEN

**OPTIMAL CHALLENGE OF OUR BRAINS WILL
SHARPEN MENTAL ACUITY, DECELERATE COGNITIVE DECLINE,
AND COMBAT THE EFFECTS OF AGING ON THE BRAIN**

**JUST AS ATHLETES CAN IMPROVE THEIR “PHYSICAL FITNESS” BY
OPTIMALLY CHALLENGING THEIR BODIES WITH “PHYSICAL EXERCISE”**

**SO, TOO, ALL OF US CAN IMPROVE OUR “BRAIN FITNESS” BY
OPTIMALLY CHALLENGING OUR MINDS WITH “BRAIN TEASERS”**

**FOR EXAMPLE, MATHEMATICAL PUZZLES, WORD GAMES,
CROSSWORD PUZZLES, LOGIC PROBLEMS, AND MEMORY CHALLENGES**

**ANY MENTAL EXERCISE REQUIRING
DELIBERATE AND CONCENTRATED EFFORT**

**FOR EXAMPLE, ACTIVE REPETITION, FOCUSED ATTENTION, MEDITATION,
REFLECTION, OR LEARNING ANY NEW SKILL OR NEW LANGUAGE**

**WILL PROMOTE MENTAL AGILITY AND FORESTALL THE
INEXORABLE DECLINE IN MENTAL CAPACITY AS WE AGE**

IN ADDITION TO PUZZLES AND GAMES

**OUR BRAINS WILL BE STIMULATED WHENEVER WE ARE EXPOSED TO
SITUATIONS THAT ARE NEW, UNUSUAL, DIFFERENT, NOVEL, OR UNEXPECTED**

WHENEVER OUR DAILY ROUTINES ARE DISRUPTED

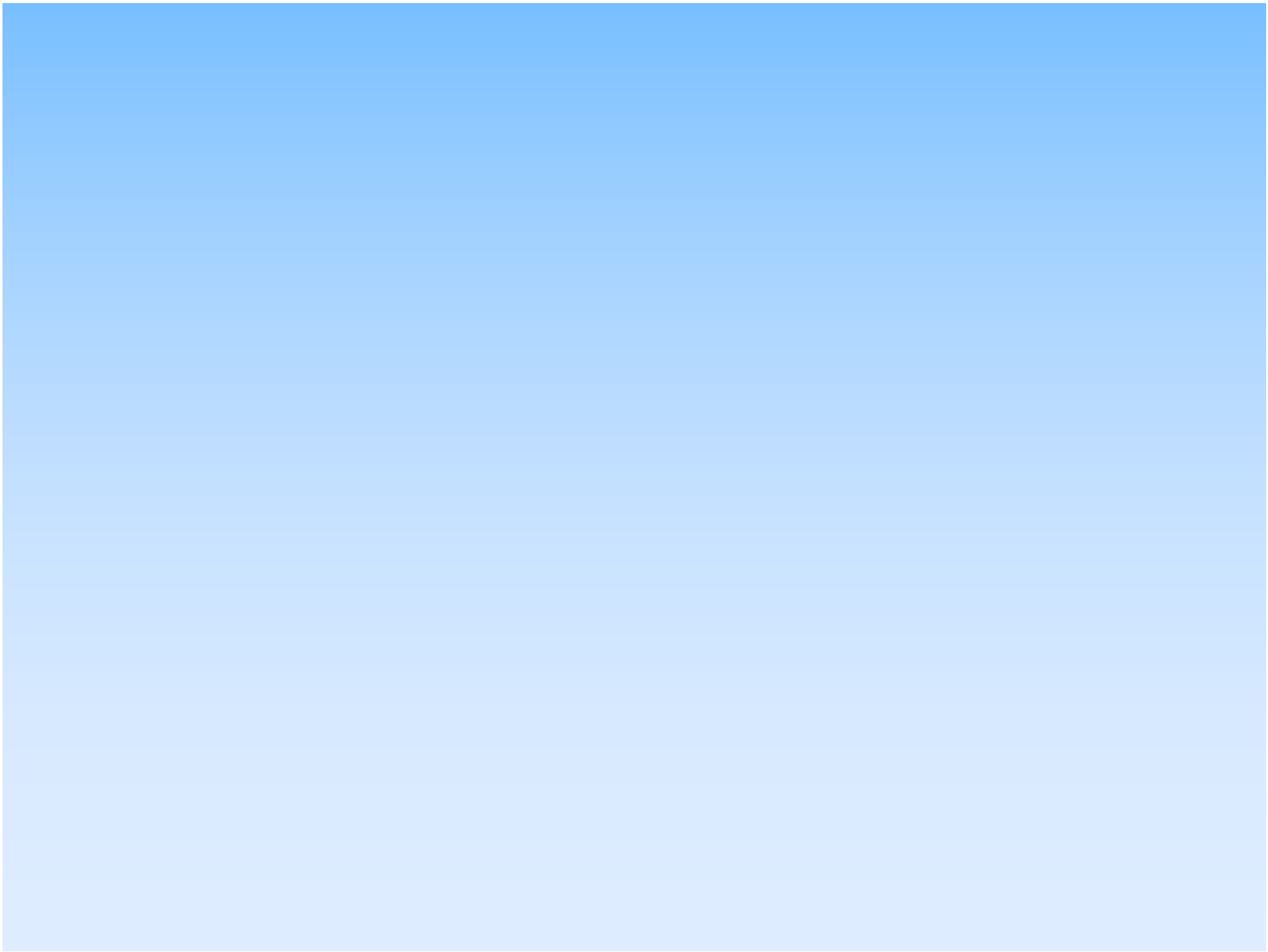
OR WHENEVER WE COMBINE TWO DIFFERENT MOVEMENTS

– A FORM OF CROSS – TRAINING FOR THE BRAIN –

**STIRRING A CUP OF COFFEE CLOCKWISE WHILE STIRRING ANOTHER COUNTERCLOCKWISE
TOSSING A WAD OF PAPER INTO A WASTEBASKET OVERHAND WHILE TOSSING ANOTHER UNDERHAND
PRINTING WITH ONE HAND WHILE CURSIVE WRITING WITH THE OTHER**

JUGGLING







THE SANDPILE MODEL OF CHAOS THEORY

Bak (1996)

**ITERATIVE CYCLES OF
DEFENSIVE COLLAPSE
AND ADAPTIVE
RECONSTITUTION
AT EVER – HIGHER
LEVELS OF COMPLEXITY
AND DYNAMIC BALANCE**

**A COMPELLING VISUAL
FOR THE
CUMULATIVE IMPACT
OVER TIME
OF OPTIMAL STRESS
ON BOTH BODY
AND MIND**



**WITHOUT ORDER
NOTHING CAN EXIST**

Oscar Wilde

WITHOUT CHAOS NOTHING CAN EVOLVE

THE PARADOXICAL IMPACT OF STRESS

**BOTH THE “SANDPILE MODEL”
AND THE “WORKING THROUGH PROCESS”
FEATURE “PATTERN EMERGENCE”**

– OVER TIME –

**OF “ITERATIVE CYCLES”
OF “DESTABILIZATION”**

– A “DEFENSIVE REACTION” TO THE “CHALLENGE” –

AND “RESTABILIZATION”

– AN “ADAPTIVE RESPONSE” TO THE “SUPPORT” –

**AS THESE “CHAOTIC SYSTEMS” EVOLVE
TO EVER MORE RICHLY TEXTURED LAYERS
OF RESILIENCE, COMPLEXITY,
INTEGRATION, AND DYNAMIC BALANCE**

**NOT JUST “IN SPITE OF” ENVIRONMENTAL STRESSORS
BUT “BY WAY OF” THOSE STRESSORS**

AMAZINGLY ENOUGH
THE GRAINS OF SAND BEING STEADILY ADDED
TO THE GRADUALLY EVOLVING SANDPILE

– MUCH LIKE THE OPTIMALLY STRESSFUL INTERVENTIONS
THAT WE OFFER OUR PATIENTS –

ARE THE OCCASION
FOR BOTH DISRUPTION AND REPAIR

NOT ONLY DO THE GRAINS OF SAND

– OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING “MISMATCH EXPERIENCES” –

PERIODICALLY PRECIPITATE
PARTIAL COLLAPSES OF THE SANDPILE

– DESTABILIZATION OF THE PATIENT’S DEFENSES –
(DESCRIBED AS “MINOR AVALANCHES” IN CHAOS THEORY)

BUT THEY ALSO BECOME
THE MEANS BY WHICH THE SANDPILE
– THE PATIENT’S INFRASTRUCTURE –
WILL THEN BE ABLE TO BUILD ITSELF BACK UP

– ITS STRUCTURAL INTEGRITY REINFORCED –
(EACH TIME AT A MORE RESILIENT LEVEL OF HOMEOSTASIS)

THE SYSTEM
– THE PATIENT –
WILL THEREFORE HAVE BEEN ABLE

NOT ONLY TO “MANAGE”
THE IMPACT OF THE STRESSFUL INPUT
BUT ALSO TO “BENEFIT FROM” THAT IMPACT

FROM DEFENSIVE COLLAPSE
TO ADAPTIVE RECONSOLIDATION
AT EVER MORE ROBUST LEVELS

THE IRREGULARITIES IN THE SANDPILE
– MUCH LIKE THE SCARS WE BEAR –
POIGNANT REMINDERS
OF THE MINOR COLLAPSES
– INJURIES –
WE HAVE ALL SUSTAINED
– OVER TIME –

BUT, ULTIMATELY, TRIUMPHANTLY OVERCOME

WHICH IS WHY
THE WELL – KNOWN JAPANESE ADAGE
“FALL DOWN SEVEN TIMES STAND UP EIGHT”



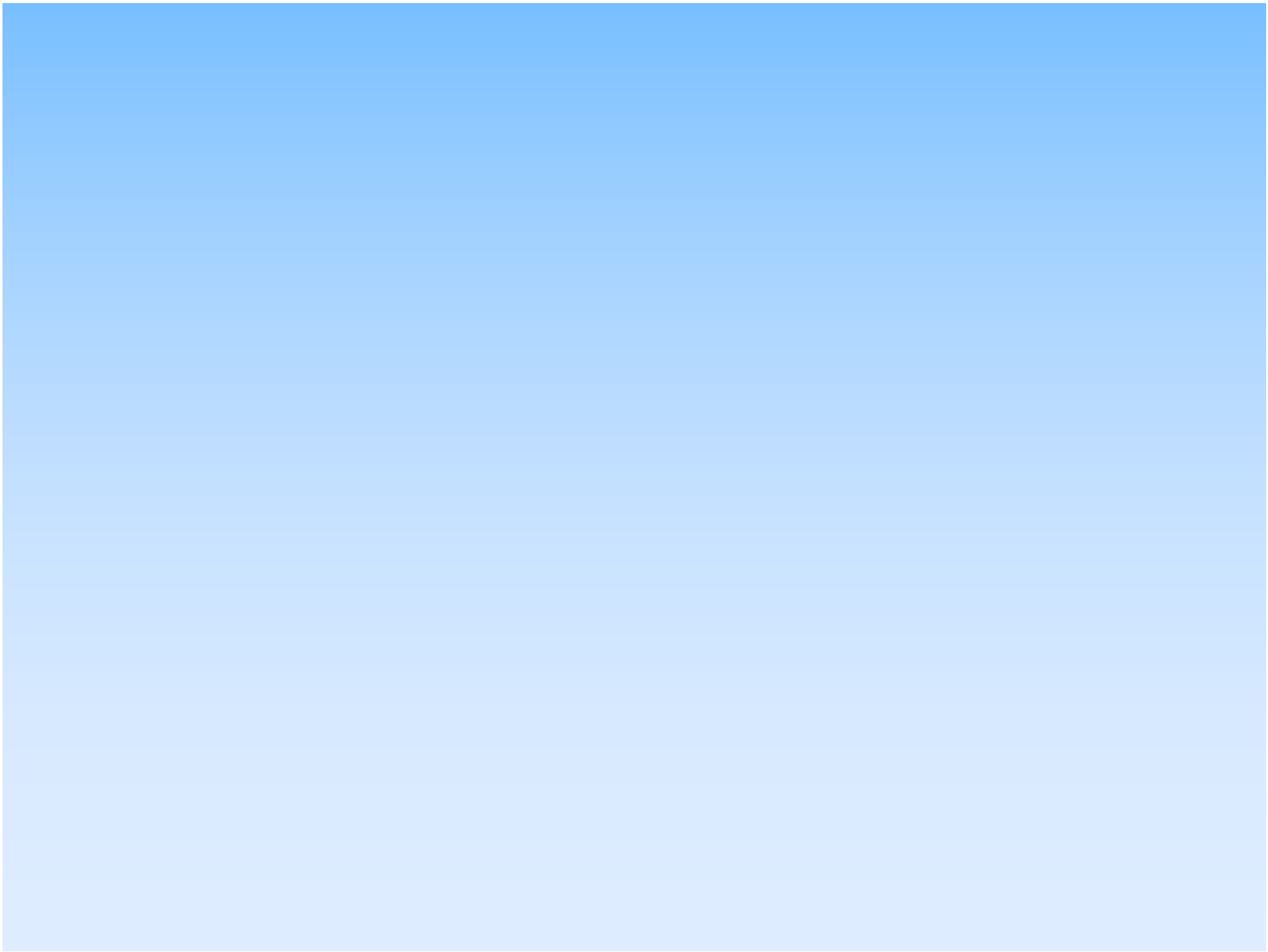
ALTHOUGH INSPIRATIONAL
DOES NOT DO FULL JUSTICE BY EVOLUTIONARY PROCESSES
PROBABLY MORE APPROPRIATE WOULD BE
“FALL DOWN SEVEN TIMES, WORK IT THROUGH,
STAND UP EVER MORE TRIUMPHANTLY EIGHT”

THE ART OF PRECIOUS SCARS

KINTSUKUROI

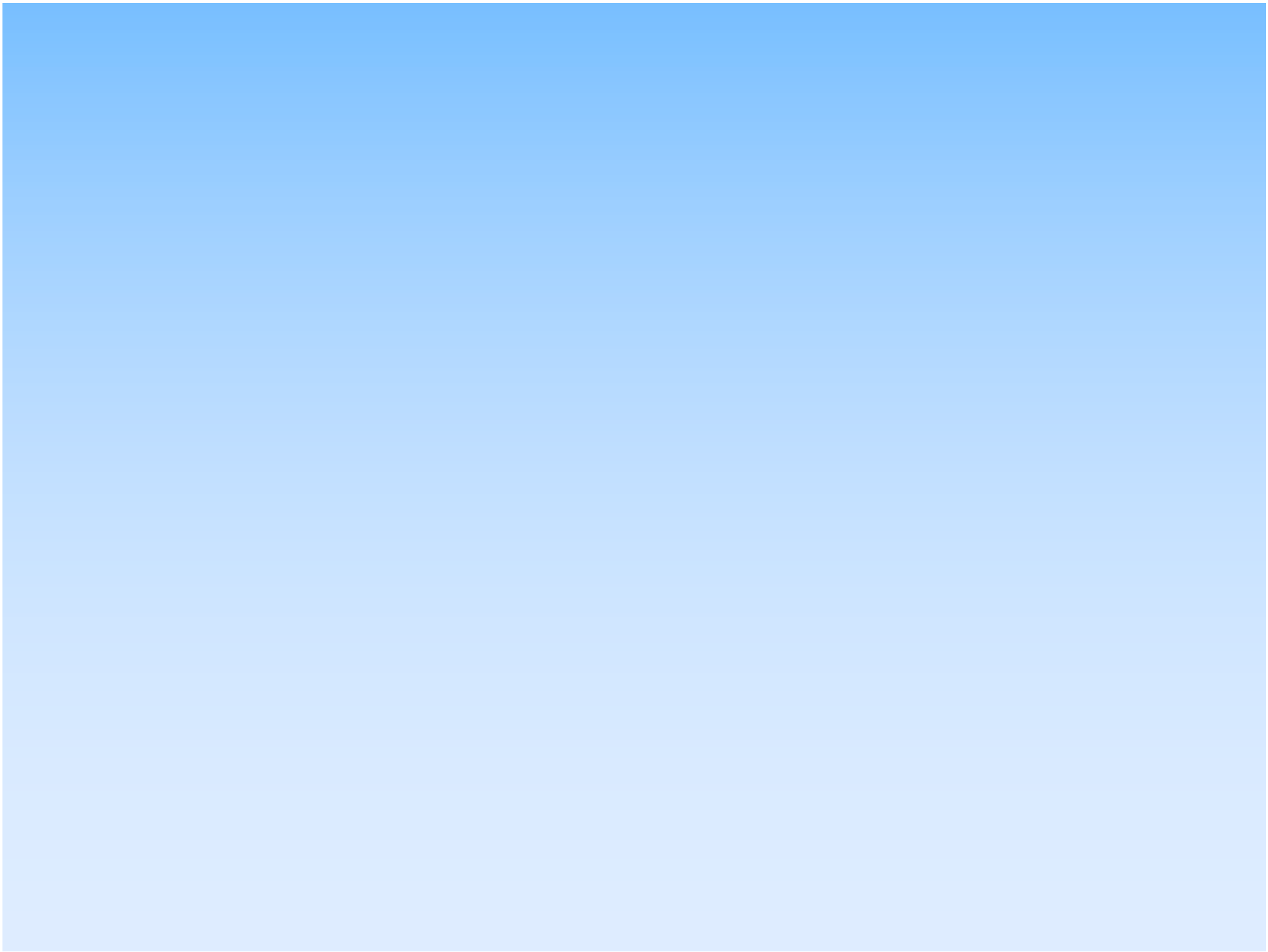


"to repair with gold"; the art of repairing pottery with gold or silver lacquer and understanding that the piece is more beautiful for having been broken.



**STRESS IS WHEN
YOU WAKE UP SCREAMING
AND THEN YOU REALIZE
YOU HAVEN'T FALLEN ASLEEP YET**





**YOU DON'T JUST WAKE UP
AND BECOME THE BUTTERFLY.
GROWTH IS A PROCESS.**

RUPI KAUR





WORKING THROUGH INVOLVES A SERIES OF STEPS

- ITERATIVE HEALING CYCLES OF DISRUPTION AND REPAIR -

**ALTHOUGH SOME OF MY LITTLE FRIENDS
LOOK NONE TOO HAPPY ABOUT IT!**

THE ESSENCE OF THERAPEUTIC CHOREOGRAPHY

“THE HOLDING” AND “THE PROVOCATION” AS THE CORE DIALECTIC

**BEFORE DEEP PSYCHODYNAMIC WORK CAN BEGIN,
THERE MUST FIRST BE “THE HOLDING”**

- A PHASE OF STEADY, EMPATHIC ATTUNEMENT THAT REGULATES ANXIETY, FOSTERS SAFETY, AND ALLOWS THE PATIENT TO FEEL DEEPLY KNOWN –

ONLY THEN CAN “THE PROVOCATION” BE INTRODUCED

- GENTLY CALIBRATED, OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING INTERVENTIONS THAT RESPECTFULLY DISRUPT ENTRENCHED, CONDITIONED PATTERNS AND AWAKEN THE PATIENT’S INNATE CAPACITY FOR ADAPTIVE RESILIENCE –

**MUCH AS A HEART WITH PARTIALLY BLOCKED CORONARY ARTERIES,
WHEN CHALLENGED, WILL ADAPT BY FORMING COLLATERAL VESSELS
TO RESTORE THE FLOW OF LIFE – SUSTAINING ENERGY**

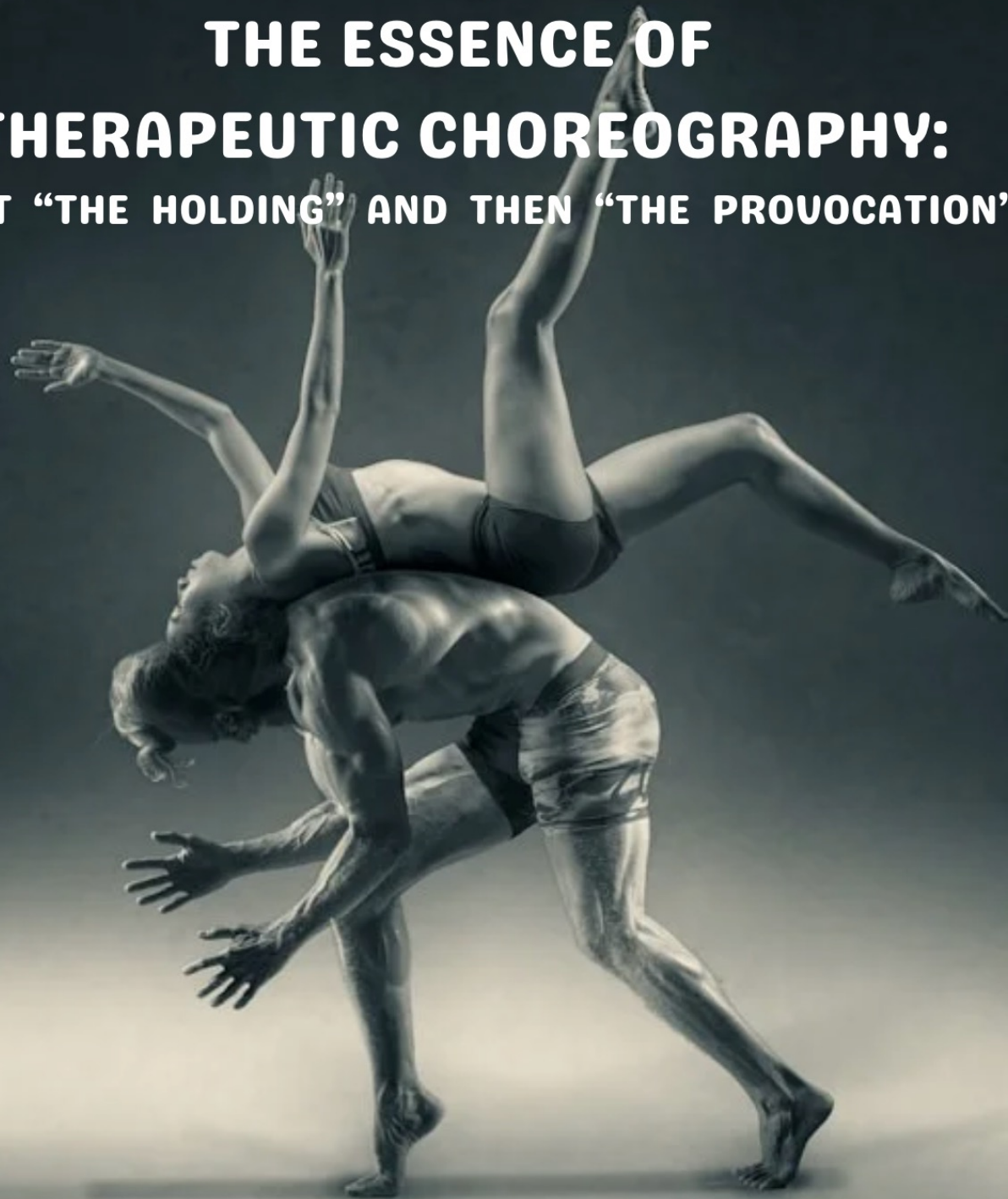
- “THE HOLDING” WILL ENABLE THE PATIENT
TO FEEL DEEPLY UNDERSTOOD DURING THE SESSION**
- BUT THAT EXPERIENCE, ALTHOUGH POWERFUL AND OFTEN CATHARTIC, CANNOT USUALLY BE SUSTAINED ONCE THE PATIENT LEAVES THE THERAPIST’S OFFICE –

BY CONTRAST

ONGOING INTRODUCTION OF “THE PROVOCATION”

- THAT IS, SUPERIMPOSING AN ACUTE INJURY ON TOP OF A CHRONIC ONE –
**AND INCREMENTAL WORKING THROUGH
OF THE “MISMATCH EXPERIENCES” THEREBY CREATED
WILL FOSTER DEEP STRUCTURAL GROWTH**
 - AN INTERNAL SHIFT THAT ENDURES,
AND STAYS WITH THE PATIENT LONG AFTER THE SESSION HAS ENDED –

**THE ESSENCE OF
THERAPEUTIC CHOREOGRAPHY:
FIRST “THE HOLDING” AND THEN “THE PROVOCATION”**



“THE HOLDING”

HOMEOSTATIC ATTUNEMENT

- BEING WITH THE PATIENT EXACTLY WHERE SHE IS, MOMENT BY MOMENT –

AN ATTUNEMENT THAT MAINTAINS

- AND DOES NOT DISRUPT –

HOMEOSTASIS

- THAT IS, THE STATUS QUO (NO MATTER HOW DYSFUNCTIONAL) OF THE PATIENT’S DEFENSES –

**EMPATHIC RESONANCE IS THE THERAPIST’S EXQUISITE ATTUNEMENT
TO THE PATIENT’S INTERNAL WORLD**

- A HOLDING CONNECTION THAT TENDERLY VALIDATES
AND GENTLY STEADIES WHAT STIRS WITHIN –

IT REQUIRES A FINELY TUNED SENSITIVITY

NOT ONLY TO THE PATIENT’S AFFECT, MOMENT BY MOMENT,

- ESPECIALLY WHEN THAT AFFECT CARRIES

OVERDETERMINED INTENSITY OR SUBTLE EMOTIONAL COMPLEXITY –

BUT ALSO TO THE “NARRATIVE” WITH WHICH THAT AFFECT IS INTERTWINED

- OFTEN A DEEPLY EMBEDDED “LIMITING BELIEF” THAT IS GIVING THE FEELING
ITS ORGANIZING SHAPE AND ITS RELATIONAL MEANING –

“THE HOLDING” IS NECESSARY

- BUT NOT SUFFICIENT –

FOR DEEP, EMBODIED HEALING

INTRODUCTION OF “THE PROVOCATION”

DISRUPTIVE ATTUNEMENT

- DIRECTING THE PATIENT’S ATTENTION TO ELSEWHERE –
(WHERE THE THERAPIST WOULD WANT THE PATIENT TO GO)

**AN ATTUNEMENT THAT DOES NOT PRESERVE THE STATUS QUO
BUT, RATHER, PERTURBS IT**

**WHEREAS EMPATHIC RESONANCE REINFORCES AND AFFIRMS,
PROVOCATIVE RESONANCE UNSETTLES AND DISRUPTS**

**EFFECTIVE ONLY WHEN GROUNDED IN HOMEOSTATIC ATTUNEMENT,
DISRUPTIVE ATTUNEMENT IS THE THERAPIST’S STRATEGIC ENGAGEMENT
WITH THE PATIENT’S EMERGING EDGE**

- THE JUDICIOUS PROVISION OF OPTIMAL STRESS THAT RESPECTFULLY CHALLENGES
AND GENTLY STRETCHES WHAT HAS BEEN HELD TIGHTLY WITHIN –

**IT DEMANDS EXQUISITE ATTENTIVENESS ON THE THERAPIST’S PART
NOT ONLY TO THE GRAVITATIONAL PULL OF THE FAMILIAR**

- NO MATTER HOW DYSFUNCTIONAL –

BUT ALSO TO THE PATIENT’S INNATE THRUST TOWARD HEALTH

- A VITAL, ORGANIZING IMPULSE
THAT LONGS FOR COHERENCE, GROWTH, AND ALIVENESS –

**WHEREAS HOMEOSTATIC ATTUNEMENT
– EMPATHIC RESONANCE –
IS NECESSARY BUT NOT SUFFICIENT,**

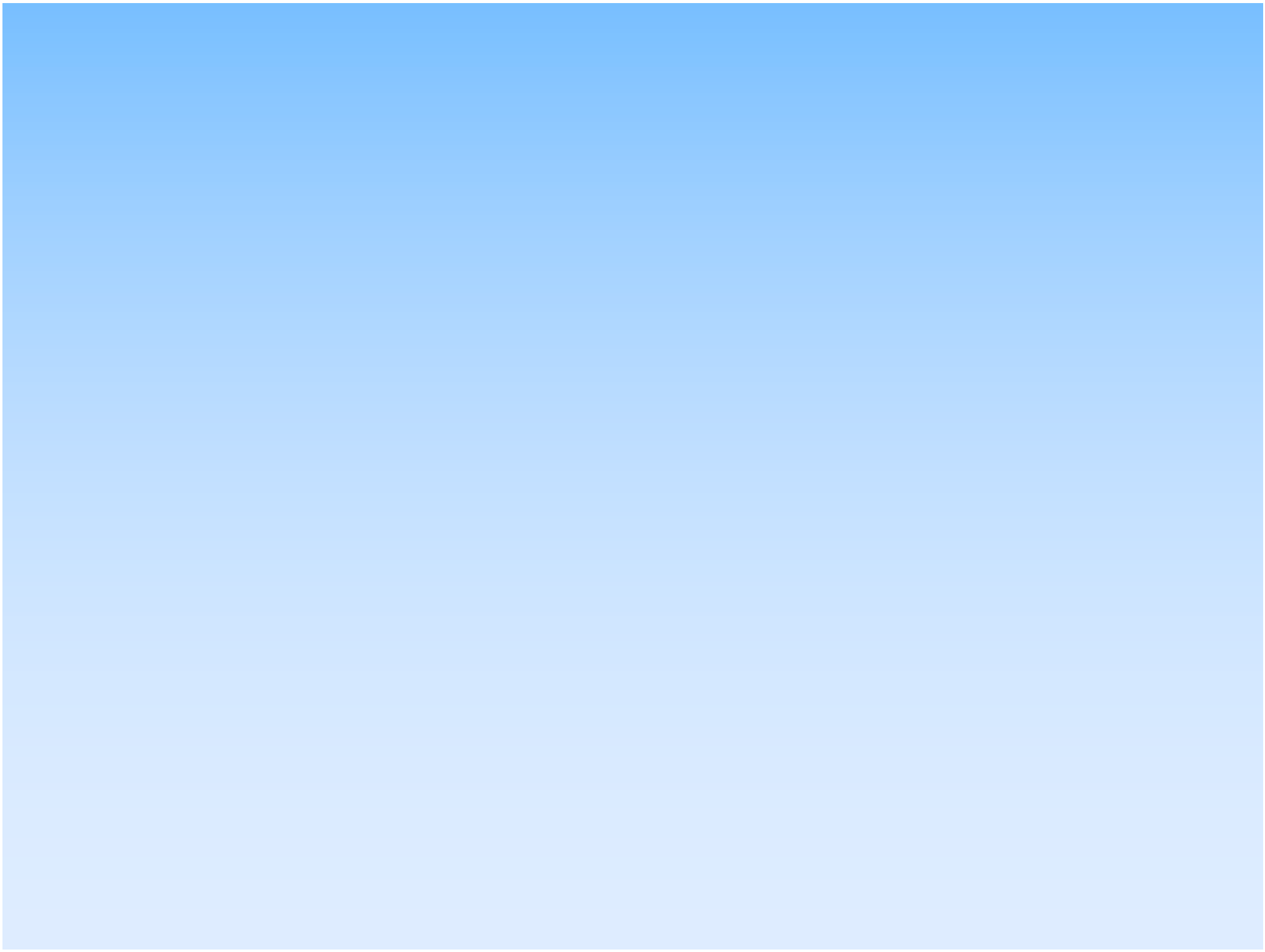
**DISRUPTIVE ATTUNEMENT
– PROVOCATIVE RESONANCE –
IS WHAT INCENTIVIZES TRANSFORMATION**

**IT IS THE GENTLE JOLT,
THE RESPECTFUL CHALLENGE,
THE GROWTH – PROVOKING SPARK,
THE AWAKENING TOUCH THAT BRINGS FORWARD
THE PATIENT'S CAPACITY FOR GROWTH AND RENEWAL**

**IT IS THE ESSENTIAL CATALYST
THAT IGNITES ENDURING CHANGE**

**A QUIET RESTRUCTURING OF THE SELF
THAT LASTS EVEN AFTER THE DANCE IS DONE,
AND THE CURTAIN HAS FALLEN**





THE “THERAPEUTIC CHOREOGRAPHY” OF WORKING THROUGH

FIRST: “THE HOLDING”

WHICH BEGINS WITH “HOMEOSTATIC ATTUNEMENT”
(BEING WITH THE PATIENT WHERE SHE IS, MOMENT BY MOMENT)

AND IS EXPRESSED IN THE FORM OF “EMPATHIC STATEMENTS”
THAT EFFECTIVELY SUPPORT THE STATUS QUO OF THE PATIENT’S DEFENSES
BY RESONATING EMPATHICALLY WITH THE PATIENT’S “NEED” FOR THEM

INDEED, THE PATIENT COMES TO FEEL DEEPLY HELD AND DEEPLY UNDERSTOOD

THE THERAPIST’S STEADY “EMPATHIC ATTUNEMENT”
TO THE PATIENT’S AFFECT AND ITS INTERTWINED NARRATIVE
WILL PROVIDE THE NECESSARY FOUNDATION
FOR THE DEEPER STRUCTURAL WORK THAT WILL THEN BECOME POSSIBLE

NEXT: “THE PROVOCATION”

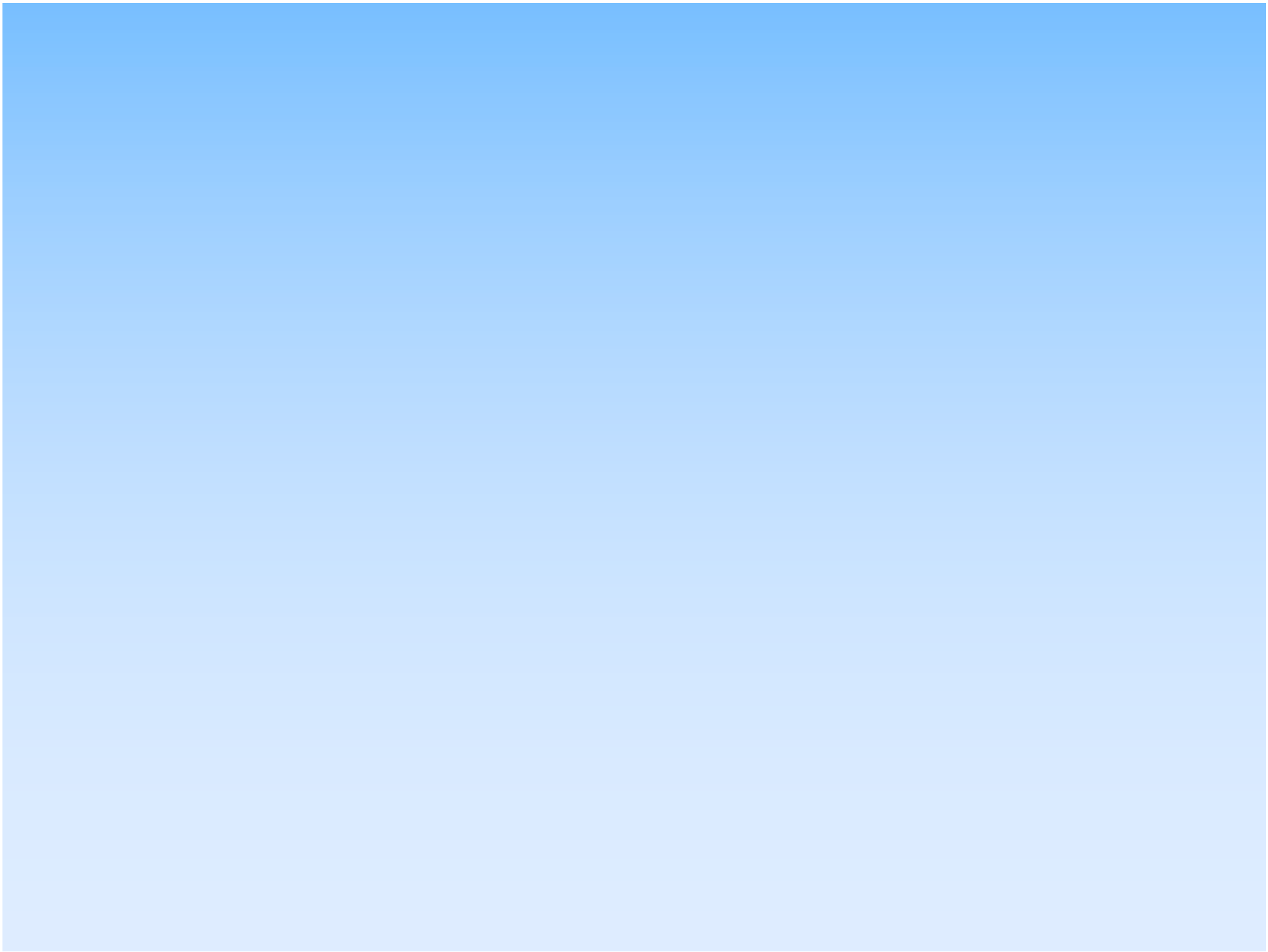
ONCE THE HOLDING IS IN PLACE,
“DISRUPTIVE ATTUNEMENT” CAN BE INTRODUCED
(DIRECTING THE PATIENT’S ATTENTION TO WHERE THE THERAPIST WOULD WANT HER TO GO)

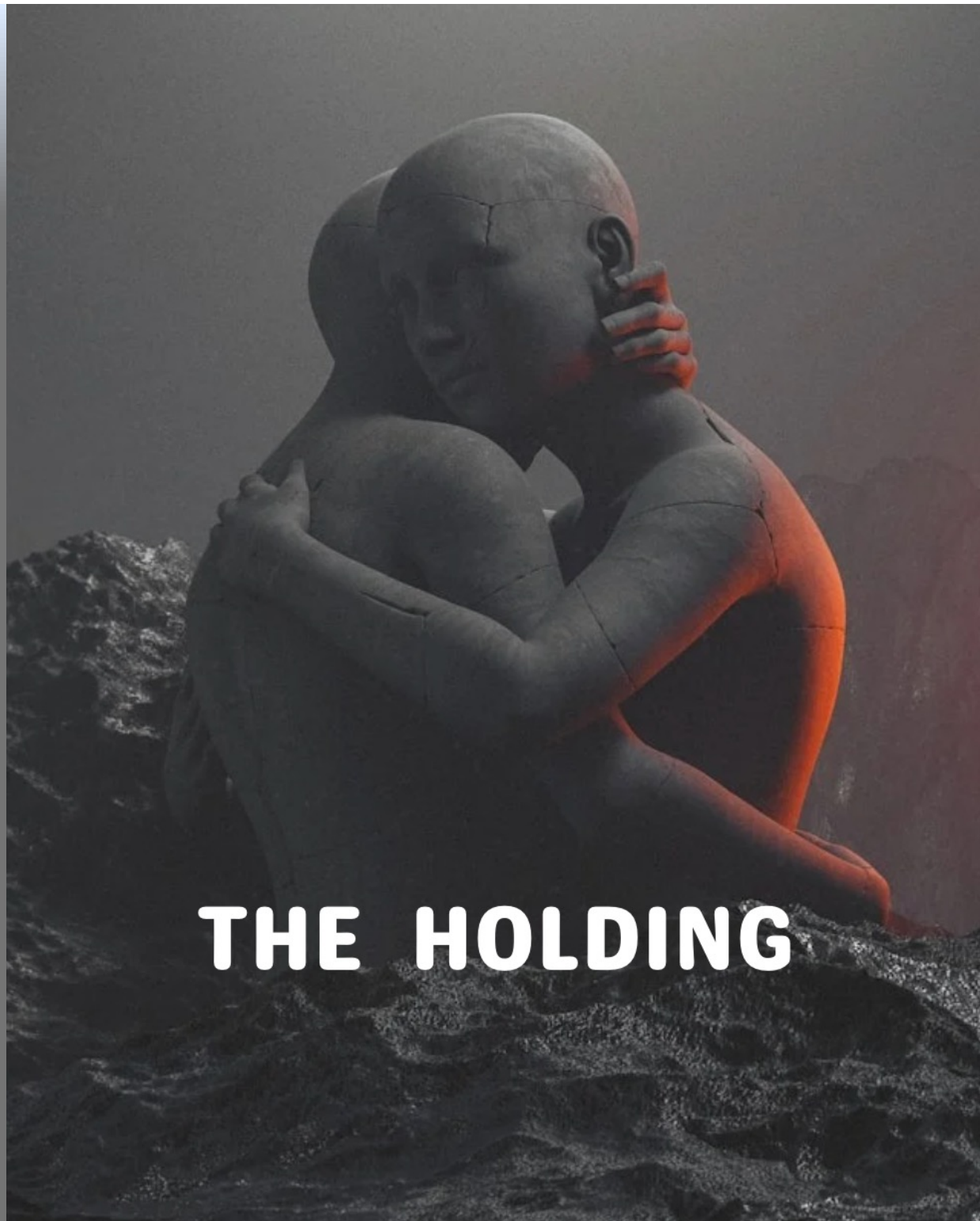
IN THE FORM OF “OPTIMALLY STRESSFUL INTERVENTIONS”
CREATED BY JUXTAPOSING
THE NEWLY INTRODUCED “CHALLENGE OF DEFENSE” (“DISRUPTIVE ATTUNEMENT”)
WITH THE ALREADY ESTABLISHED “SUPPORT OF DEFENSE” (“HOMEOSTATIC ATTUNEMENT”)

THE WORKING THROUGH AND RESOLUTION OF
THESE GROWTH – INCENTIVIZING “MISMATCH EXPERIENCES”
WILL CONSTITUTE THE THERAPEUTIC ACTION
THAT LEADS TO DEEP STRUCTURAL TRANSFORMATION
– IN ALL FIVE OF THE “MODELS” FEATURED IN THE STARK METHOD –



**OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING “MISMATCH EXPERIENCES”
CREATED BY JUXTAPOSING CHALLENGE OF DEFENSE WITH ITS SUPPORT**





THE HOLDING

**EMPATHIC STATEMENTS ARE MY “DEFAULT MODE”
AND WHERE I SPEND MUCH OF MY TIME**

**THEY “TEASE OUT” AND “BRING INTO FOCUS”
BOTH THE PATIENT’S “AFFECT”
AND THE “NARRATIVE” WITH WHICH THAT AFFECT IS ASSOCIATED**

**FORMULATING THESE EMPATHIC STATEMENTS
REQUIRES OF THE THERAPIST THAT SHE BE**


- MOMENT BY MOMENT –
GROUNDED IN HER BODY,
EMPATHICALLY RESONATING,
AND CONTINUOUSLY ATTUNED TO
THE “LOCUS OF THE PATIENT’S NARCISSISM”**
- THAT IS, WHAT MOST MATTERS TO THE PATIENT IN THE MOMENT –
(WHETHER THE NARCISSISM IS UNHEALTHY OR HEALTHY)**

ROBERT MEHLMAN (1984)

**THE THERAPIST’S “LISTENING” STANCE
IS PROBABLY BEST DESCRIBED AS ONE
OF HAVING AN “AGENDALESS PRESENCE”**

- IN THE WORDS OF DANIEL GOLEMAN (2007) –
AND OF BEING A “MINDFUL WITNESS”**
- IN THE WORDS OF TARA BRACH (2004) –**

**THESE EMPATHIC STATEMENTS REASSURE THE PATIENT
THAT SHE IS BEING UNDERSTOOD AND THAT SHE IS NOT ALONE**

A photograph of two women sitting on a wooden slatted bench outdoors. The woman on the left has long, wavy grey hair and is wearing a tan trench coat. She is leaning towards the woman on the right, with her hand resting on the other's shoulder in a comforting gesture. The woman on the right has long, straight black hair and is wearing a light-colored coat with a thick, textured scarf. She has a sad or pensive expression on her face, looking down. The background is slightly blurred, showing more of the bench and some greenery.

**EMPATHY IS SIMPLY LISTENING,
HOLDING SPACE, WITHHOLDING JUDGMENT,
EMOTIONALLY CONNECTING, AND COMMUNICATING
THAT INCREDIBLY HEALING MESSAGE OF
“YOU’RE NOT ALONE”**

BRENE BROWN

EMPATHIC STATEMENTS

**“EXPERIENCE – NEAR,” NOT “EXPERIENCE – DISTANT”
WHAT RESIDES IN THE PATIENT’S CONSCIOUSNESS,
NOT HER UNCONSCIOUS**

**THE AIM OF THESE STATEMENTS
IS TO HELP THE PATIENT “FEEL UNDERSTOOD” –
NOT TO HELP HER “UNDERSTAND”**

**BUT IN HELPING HER FEEL DEEPLY KNOWN,
THESE STATEMENTS BEGIN TO GIVE SHAPE TO THE “FILTERS”
THROUGH WHICH SHE INTERPETS HER WORLD –
“OLD BAD,” DISEMPOWERING NARRATIVES THAT WILL, OVER TIME,
NEED TO BECOME UPDATED TO “NEW GOOD,” EMPOWERING ONES**

EXAMPLES OF EMPATHIC STATEMENTS

- EACH ONE GIVING VOICE TO BOTH THE AFFECT AND THE INTERTWINED NARRATIVE –
(THAT IS, THE “STORY” OR “THEME” IN WHICH THE FEELING IS EMBEDDED)

**“IT’S HARD TO KNOW WHERE TO BEGIN
WHEN EVERYTHING FEELS SO OVERWHELMING.”**

**“IT’S UNCOMFORTABLE TO BE HERE
WHEN YOU’RE NOT SURE THE THERAPY
IS REALLY HELPING ANYWAY.”**

“YOU’RE TERRIFIED OF BEING DISAPPOINTED AGAIN.”

“IT’S UPSETTING TO BE FEELING THIS OUT OF CONTROL.”

“YOU’RE CONFUSED ABOUT HOW BEST TO USE YOUR SESSION.”

“YOU’RE TIRED OF THINKING ABOUT WHETHER YOU SHOULD STAY OR GO.”

**“YOU HAVE SUCH DEEP DESPAIR
ABOUT EVER BEING ABLE TO FIND A TRUE SOULMATE.”**

“YOU WORRY ABOUT WHAT I MIGHT BE THINKING.”

**EACH OF THESE STATEMENTS OFFERS
A MOMENT OF ATTUNED COMPANIONSHIP**

- NAMING BOTH THE FEELING AND THE MEANING BEHIND IT –
SUCH THAT THE PATIENT FEELS LESS ALONE AND MORE SEEN

I TAKE MY CUES FROM THE PATIENT
AND AM THEREFORE GENERALLY ONE STEP BEHIND HER – NOT AHEAD
LISTENING ALWAYS WITH COMPASSION AND NEVER JUDGMENT
– WITH BOTH “HEAD” AND “HEART” –
TO EVERYTHING THE PATIENT IS TELLING ME
– NO MATTER HOW SEEMINGLY IRRELEVANT IT MIGHT APPEAR TO BE –
– NO DETAIL TOO TRIVIAL TO BE IGNORED OR FORGOTTEN –

I WILL THEN OFFER EMPATHIC STATEMENTS
THAT HIGHLIGHT
“WHAT” THE PATIENT IS ACTUALLY FEELING
AND “ABOUT WHAT”

THESE STATEMENTS OFTEN END WITH AN IMPLIED QUESTION MARK
SIGNALING THAT I AM OPEN – TRULY OPEN – TO HAVING
MY RENDERING OF THINGS EDITED, CORRECTED, OR REVISED
SUCH THAT IT WILL BECOME A MORE ACCURATE REFLECTION
OF WHAT THE PATIENT IS ACTUALLY SAYING AND WANTING ME TO KNOW

THE “AFFECT” DOES NOT NEED TO BE A “BIG DRAMATIC EMOTION” LIKE –
ANGER / OUTRAGE – FEAR / PANIC / DESPERATION
SADNESS / DESPAIR – DISGUST / HORROR – SHAME / GUILT / REGRET

IT CAN BE SOMETHING QUIETER, MORE UNDERSTATED –
CONFUSED / NOT KNOWING FOR SURE / LOST – UPSET / CONCERNED / WORRIED
UNCOMFORTABLE / WEARY / BURDENED – DISAPPOINTED / FRUSTRATED
WOULD RATHER NOT / WOULD WISH

AGAIN
EMPATHIC INTERVENTIONS ARE DESIGNED TO HIGHLIGHT
BOTH THE PATIENT'S "AFFECT" AND THE "NARRATIVE"
WITH WHICH THAT AFFECT IS ASSOCIATED

THEY GENTLY "TEASE OUT" AND "BRING INTO FOCUS"
SOME OF THE "DEFENSIVE" AND "LESS HEALTHY"
"RECURRING THEMES, HABITUAL PATTERNS,
AND CONDITIONED REPETITIONS" IN THE PATIENT'S LIFE

IN ESSENCE
THEY ARE MAKING EXPLICIT
– AND GIVING SHAPE TO –
THE STORIES / THE NARRATIVES / THE LIMITING BELIEFS
THAT THE PATIENT
– AS A YOUNG CHILD –
HAD CONSTRUCTED
IN A DESPERATE ATTEMPT
TO MAKE MEANING OF HER WORLD

THE RELATIONAL DEPRIVATION AND NEGLECT
– "ABSENCE OF GOOD" / "ERRORS OF OMISSION" –

AND THE RELATIONAL TRAUMA AND ABUSE
– "PRESENCE OF BAD" / "ERRORS OF COMMISSION" –

TO WHICH SHE WAS BEING CONTINUOUSLY EXPOSED

**BUT “MADE – UP”
AND “DISEMPOWERING” STORIES
THAT THEN GENERALIZE
FROM THE “SMALL”
– HER NUCLEAR FAMILY –
TO THE “ALL”
– THE WORLD AROUND HER –**

**“NARRATIVES” THAT HAVE NOW BECOME
THE “GO – TO” DISTORTED FILTERS
THROUGH WHICH SHE EXPERIENCES
SELF, OTHERS, AND THE WORLD**

**AGAIN
THESE EMPATHIC STATEMENTS
DO NOT SPECIFICALLY “CATALYZE”
STRUCTURAL TRANSFORMATION AND GROWTH,
BUT THEY DO “LAY THE GROUNDWORK” FOR
THE “OPTIMALLY STRESSFUL” INTERVENTIONS THAT THEN WILL**

THE PROVOCATION



**ONCE “THE HOLDING” IS IN PLACE AND THE PATIENT IS FEELING DEEPLY UNDERSTOOD,
THE THERAPIST WILL BE IN A POSITION
TO OFFER THE PATIENT THOUGHTFULLY TIMED
“OPTIMALLY STRESSFUL” INTERVENTIONS**

– MADE POSSIBLE BY VIRTUE OF THE THERAPIST’S EARNED RIGHT TO DISRUPT –

THESE INTERVENTIONS WILL BOTH CHALLENGE AND SUPPORT

– SIMULTANEOUSLY DISRUPTING AND REINFORCING THE STATUS QUO OF THE DEFENSES –

**AND WILL BE STRATEGICALLY DESIGNED
TO GENERATE DESTABILIZING
INTERNAL DISSONANCE AND HOMEOSTATIC IMBALANCE**

IN ESSENCE

**THE THERAPIST WILL BE CREATING
GROWTH – INCENTIVIZING**

“MISMATCH EXPERIENCES” FOR THE PATIENT

BY CONTINUOUSLY, JUDICIOUSLY, AND ALTERNATELY JUXTAPOSING

“DISRUPTIVELY ATTUNED CHALLENGE” OF DEFENSE

WITH “HOMEOSTATICALLY ATTUNED SUPPORT” OF IT

**– ANXIETY – PROVOKING (BUT ULTIMATELY GROWTH – PROMOTING) CHALLENGE
WITH ANXIETY – ASSUAGING (BUT GROWTH – DEFEATING) SUPPORT –**

**“MISMATCH EXPERIENCES” THAT WILL GENTLY CONFRONT
THE PATIENT’S OUTDATED, GROWTH – LIMITING DEFENSES**

**– THEREBY OFFERING “CORRECTIVE CHALLENGE”
TO ENTRENCHED, IMPLICITLY HELD RELATIONAL PATTERNS –**

THE STARK METHOD of PSYCHODYNAMIC SYNERGY

THEREFORE FEATURES

FIVE “CORRECTIVE CHALLENGES”

TO THE DYSFUNCTIONAL (DEFENSIVE) STATUS QUO

“PROVOCATIVE CHALLENGES” ARTFULLY DESIGNED
TO INCENTIVIZE GRADUATED REPLACEMENT OF

“OLD BAD” WITH “NEW GOOD”

AND TO FACILITATE INCREMENTAL EASING OF
THE SOBERING, CONDITIONED REALITY OF “WHAT WAS AND THEREFORE IS”
INTO THE ENLIVENING, QUANTUM POSSIBILITY OF “WHAT COULD BE”

MODEL 1

NEW CORRECTIVE INFORMATION

MODEL 2

NEW CORRECTIVE EXPERIENCE

MODEL 3

NEW CORRECTIVE RELATIONSHIP

MODEL 4

NEW CORRECTIVE BEGINNING

MODEL 5

NEW CORRECTIVE POSSIBILITIES

A CLEAR HOMAGE TO ALEXANDER AND FRENCH’S (1946)

– GROUNDBREAKING AT THE TIME –

“CORRECTIVE EMOTIONAL EXPERIENCE”

**OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING
“CORRECTIVE CHALLENGE”
– IN THE FORM OF “MISMATCH EXPERIENCES” –
IS THEREFORE AT THE HEART OF
THE WORKING THROUGH PROCESS IN PSYCHODYNAMIC PSYCHOTHERAPY**

“OPTIMALLY STRESSFUL” THERAPEUTIC INTERVENTIONS THAT OFFER

**ENOUGH ANXIETY – PROVOKING “CHALLENGE”
THAT THERE WILL BE “IMPETUS”
FOR DESTABILIZATION OF THE DYSFUNCTIONAL STATUS QUO**

**BUT ENOUGH ANXIETY – ASSUAGING “SUPPORT”
THAT THERE WILL BE “OPPORTUNITY”
FOR RESTABILIZATION AT A HIGHER LEVEL
OF FUNCTIONALITY AND RESILIENCE**

**EXAMPLES OF ANXIETY – PROVOKING “CHALLENGE”
JUXTAPOSED WITH ANXIETY – ASSUAGING “SUPPORT”**

MODEL 1 “CONFLICT STATEMENT”

**“YOU KNOW THAT I DON’T ANSWER THOSE KINDS OF QUESTIONS
AND THAT, IF YOU ARE EVER TO GET BETTER,
ULTIMATELY YOU WILL NEED TO FIND YOUR OWN ANSWERS –
BUT YOU FIND YOURSELF CONTINUING TO WISH
THAT I WOULD SIMPLY TELL YOU WHAT TO DO.”**

MODEL 4 “FACILITATION STATEMENT”

**“A PART OF YOU IS DESPERATE TO BE SEEN, KNOWN, AND UNDERSTOOD –
BUT ANOTHER PART OF YOU IS TERRIFIED OF BEING FOUND.”**

**THE HOLDING
SUPPORT**

**THE PROVOCATION
ALTERNATING
SUPPORT
AND
CHALLENGE**



DIALECTICAL JUXTAPOSITION and HEALING CYCLES WORKING THROUGH and REBALANCING

MORE SPECIFICALLY

ONGOING JUXTAPOSITION OF DIALECTICALLY OPPOSED ENTITIES

**– “THESIS” AND “ANTITHESIS” –
WHETHER OF**

(1) “DEFENSIVE (RIGID) NEED” WITH “ADAPTIVE (RESILIENT) CAPACITY,”

**(2) “OLD BAD,” DISEMPOWERING, MALADAPTIVE NARRATIVES
WITH “NEW GOOD,” MORE EMPOWERING, MORE ADAPTIVE ONES,**

**OR (3) THE SOBERING, CONDITIONED REALITY OF “WHAT ONCE WAS AND NOW IS”
WITH THE ENLIVENING, QUANTUM POSSIBILITY OF “WHAT COULD BE” –**

**WILL GENERATE ITERATIVE “HEALING CYCLES”
OF DESTABILIZATION**

**– IN REACTION TO THE PROVOCATIVE (DISRUPTIVE) CHALLENGE –
AND RESTABILIZATION / RECOVERY
– IN RESPONSE TO THE EMPATHIC (HOMEOSTATIC) SUPPORT –**

THE ONGOING WORKING THROUGH

**– AND GRADUATED RESOLUTION / INTEGRATION / SYNTHESIS –
OF THESE EVER – RECURRING “MISMATCH EXPERIENCES”
– BETWEEN “OLD BAD” AND “NEW GOOD” / “THESIS” AND “ANTITHESIS” –
WILL PROMPT THE PATIENT TO REBALANCE**

**– AT EVER – HIGHER, EVER MORE EVOLVED LEVELS
OF RESILIENCE AND ADAPTIVE CAPACITY –**

**ALL FIVE MODELS IN THE STARK METHOD of PSYCHODYNAMIC SYNERGY
FEATURE “PROTOTYPICAL” THERAPEUTIC INTERVENTIONS
STRATEGICALLY DESIGNED TO GENERATE
OPTIMALLY STRESSFUL, DESTABILIZING “TENSION / CONFLICT”
– IN OTHER WORDS, GROWTH – INCENTIVIZING “MISMATCH EXPERIENCES” –
BETWEEN CONDITIONED “OLD BAD” AND CORRECTIVE “NEW GOOD”**

MODEL 1 – PROTOTYPICAL CONFLICT STATEMENTS

JUXTAPOSE DEFENSIVE NEED TO “RESIST AWARENESS”
WITH ADAPTIVE CAPACITY FOR “AWARENESS”

MODEL 2 – PROTOTYPICAL DISILLUSIONMENT STATEMENTS

JUXTAPOSE DEFENSIVE NEED FOR “RELENTLESS HOPE”
WITH ADAPTIVE CAPACITY TO “CONFRONT, GRIEVE, AND ACCEPT”

MODEL 3 – PROTOTYPICAL ACCOUNTABILITY STATEMENTS

JUXTAPOSE DEFENSIVE NEED COMPULSIVELY AND UNWITTINGLY
TO “RE – ENACT” UNMASTERED EARLY – ON RELATIONAL TRAUMAS
WITH ADAPTIVE CAPACITY FOR “ACCOUNTABILITY”

MODEL 4 – PROTOTYPICAL FACILITATION STATEMENTS

JUXTAPOSE DEFENSIVE NEED TO “RETREAT”
WITH ADAPTIVE CAPACITY TO BE “AWAKENED” AND “ANIMATEDLY ALIVE”

MODEL 5 – PROTOTYPICAL QUANTUM DISENTANGLEMENT STATEMENTS

JUXTAPOSE DEFENSIVE NEED TO “REMAIN ENTRENCHED IN THE PAST”
WITH ADAPTIVE CAPACITY TO “ENVISION POSSIBILITIES FOR THE FUTURE
AND TAKE ACTION”

THE “PROTOTYPICAL” THERAPEUTIC INTERVENTION

**FEATURED IN EACH OF MY FIVE MODELS IS STRATEGICALLY DESIGNED
TO PROVIDE AN OPTIMAL BALANCE BETWEEN “SUPPORT” AND “CHALLENGE”
– THAT IS, OPTIMAL STRESS –**

MODEL 1 – PROTOTYPICAL CONFLICT STATEMENT

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

**“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 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 VERY 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!”**

**“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.”**

MODEL 2 – PROTOTYPICAL DISILLUSIONMENT STATEMENT

“YOU HAD SO HOPED THAT ...
BUT ARE NOW BEGINNING TO CONFRONT THE DISILLUSIONING REALITY THAT ...
AND ARE DEVASTATED / ENRAGED ...”

“YOU HAD SO HOPED THAT WE COULD HAVE A PERSONAL RELATIONSHIP.
BUT YOU’RE COMING TO REALIZE, ALBEIT RELUCTANTLY,
THAT A THERAPY RELATIONSHIP IS NOT REALLY ABOUT FRIENDSHIP *PER SE* –
AND THAT BOTH DEVASTATES AND ENRAGES YOU.”

“YOU HAD SO HOPED THAT YOUR MOTHER WOULD APOLOGIZE. BUT
YOU ARE BEGINNING TO GET IT THAT SHE SIMPLY DOES NOT HOLD
HERSELF ACCOUNTABLE, WHICH IS BOTH ENRAGING AND DEVASTATING.”

“YOU HAD BEEN HOPING THAT I WOULD NOT MAKE THE SAME KINDS OF
MISTAKES THAT EVERYONE ELSE IN YOUR LIFE HAS, WHICH IS WHY
IT IS SO VERY UPSETTING THAT I, TOO, HAVE NOW LET YOU DOWN.”

“ON SOME LEVEL, YOU KNEW THAT I DIDN’T HAVE ALL THE ANSWERS.
EVEN SO, YOU HAD BEEN HOPING THAT I MIGHT, AND SO IT ENRAGES
YOU WHEN I DON’T SIMPLY ANSWER YOUR QUESTIONS DIRECTLY.”

“YOU HAD SO HOPED THAT I WOULD BE ABLE TO MAKE YOUR PAIN
GO AWAY. BUT YOU ARE BEGINNING TO SEE THAT THERAPY
DOES NOT ACTUALLY WORK THAT WAY. AND IT IS TOTALLY ANNOYING.”

“YOU WOULD SO HAVE WISHED THAT I COULD KNOW WHAT YOU WERE THINKING
WITHOUT YOUR HAVING TO SAY IT. BUT YOU ARE COMING TO SEE THAT THAT’S
NOT WHAT HAPPENS – AND IT’S INCREDIBLY DISAPPOINTING.”

MODEL 3 – PROTOTYPICAL ACCOUNTABILITY STATEMENT

FOCUS ON THE HERE – AND – NOW ENGAGEMENT (OR LACK THEREOF)

OR

**HIGHLIGHT HOW THE PATIENT IS GETTING THE THERAPIST TO DO UNTO HER IN THE HERE – AND – NOW
SOME VERSION OF WHAT HAD BEEN DONE UNTO HER IN THE THERE – AND – THEN**

OR

**HIGHLIGHT HOW THE PATIENT IS DOING UNTO THE THERAPIST IN THE HERE – AND – NOW
SOME VERSION OF WHAT HAD BEEN DONE UNTO HER IN THE THERE – AND – THEN**

OR

“I WANT TO TELL YOU ‘X’ ... BUT MY FEAR IS THAT ‘Y’ ... ” (HOFFMAN, 1998)

**“SOMETIMES IT SEEMS TO ME THAT, WHEN YOU’RE VULNERABLE AND TELLING ME SOMETHING
VERY IMPORTANT, AFTER A LITTLE WHILE YOU BECOME VERY STILL AND I LOSE TRACK OF YOU.
I WONDER IF, IN THAT STILLNESS, YOU ARE ATTEMPTING TO SHOW ME HOW YOU,
AS A CHILD, WERE SOMETIMES ABANDONED AFTER AN INTENSE CONNECTION.”**

**“YOU TELL ME SOMETHING ABOUT YOURSELF. I AM JUST IN THE PROCESS OF DIGESTING
IT AND STORING IT FOR FURTHER UNDERSTANDING OF YOU AND THEN ALONG YOU
COME – WHAM! – AND TELL ME THAT WHAT I HAVE DIGESTED AND STORED INSIDE ME
DID NOT COME FROM YOU AT ALL. THE PROBLEM I FIND IS HOW TO LIVE WITH
THE DESPAIR I FEEL OCCASIONED BY YOUR DISAPPEARANCES.” – CHRISTOPHER BOLLAS (1989)**

**“I AM TEMPTED SIMPLY TO OFFER YOU THE APPROVAL YOU ARE SEEKING. IT IS, AFTER ALL,
IMPORTANT THAT YOU DO WHAT FEELS RIGHT FOR YOU. BUT I AM ALSO AWARE OF FEELING,
WITHIN MYSELF, THAT THE TIME IS TOO SOON AND THAT WERE I TO SUPPORT YOUR DECISION
TO TERMINATE, I MIGHT ULTIMATELY BE DOING YOU A DISSERVICE.”**

MODEL 3 – THE RULE OF THREE

IN RESPONSE TO THE PATIENT’S “PROVOCATIVE ENACTMENT”

“HOW ARE YOU HOPING THAT I WILL RESPOND?” (ID)

“HOW ARE YOU FEARING THAT I MIGHT RESPOND?” (SUPEREGO)

“HOW DO YOU IMAGINE THAT I WILL RESPOND?” (EGO)

MODEL 4 – PROTOTYPICAL FACILITATION STATEMENT

**“A PART OF YOU LONGS TO BE SEEN, HEARD, UNDERSTOOD ...
BUT ANOTHER PART OF YOU IS TERRIFIED OF BEING FOUND”**

OR

**“A PART OF YOU LONGS TO BELONG IN THE WORLD ...
BUT ANOTHER PART OF YOU IS TERRIFIED THAT YOU WILL BE DESTROYED”**

**“YOU’RE DESPERATELY LONELY AND FEELING TOTALLY DISCONNECTED
FROM PEOPLE BUT FIND YOURSELF HOLDING BACK FOR FEAR OF BEING
DEVASTATINGLY DISAPPOINTED AND SHATTERED ONCE AGAIN.”**

**“A PART OF YOU IS DESPERATE TO BE ABLE TO FEEL THAT YOU ARE PART
OF THE WORLD. BUT ANOTHER PART OF YOU IS SIMPLY NOT WILLING TO RISK IT.”**

**“A PART OF YOU LONGS TO FIND A SOULMATE WITH WHOM YOU WOULD BE ABLE
TO SHARE WHAT MOST MATTERS TO YOU AND WITH WHOM YOU WOULD BE ABLE
TO SPEND THE REST OF YOUR LIFE. BUT ANOTHER PART OF YOU IS CONVINCED
THAT YOU HAVE NO CHOICE BUT TO GROW OLD ALONE.”**

**“A PART OF YOU WOULD WANT TO BE ABLE TO FIND SOMETHING THAT COULD MAKE
YOUR LIFE FEEL MORE MEANINGFUL. BUT ANOTHER PART OF YOU FEARS THAT
IT IS SIMPLY NOT IN THE CARDS FOR YOU EVER TO FIND ANY REAL PLEASURE
IN LIFE OR ANY REAL JOY IN RELATIONSHIPS.”**

**“A PART OF YOU VERY MUCH WANTS TO GET BETTER AND RECOGNIZES THAT COMING IN
EVERY WEEK PROBABLY GIVES YOU THE BEST CHANCE OF MAKING THAT HAPPEN.
BUT ANOTHER PART OF YOU IS EXHAUSTED, DISCOURAGED, AND NOT AT ALL SURE
THAT YOU HAVE IT IN YOU TO KEEP TRYING.”**

**“A PART OF YOU IS DESPERATE TO BE ABLE TO FEEL THAT YOU BELONG SOMEWHERE.
BUT ANOTHER PART OF YOU IS AFRAID EVEN TO HOPE THAT YOU COULD SOMEDAY
FEEL AT HOME IN THE WORLD.”**

MODEL 5 – PROTOTYPICAL QUANTUM DISENTANGLEMENT STATEMENT

JUXTAPOSE THE SOBERING, CONDITIONED REALITY OF “WHAT WAS AND THEREFORE IS” (“OLD BAD”) WITH THE ENLIVENING, QUANTUM POSSIBILITY OF “WHAT COULD BE” (“NEW GOOD”)

“EVEN THOUGH I CAN ALWAYS HEAR MY MOM’S VOICE TELLING ME I’M SELFISH FOR WANTING ANYTHING FOR MYSELF, AND I’VE ALWAYS BEEN AFRAID SINCE I WAS A LITTLE KID THAT IT WOULD LITERALLY KILL MY MOTHER TO SEE ME SUCCEED AT ANYTHING THAT DIDN’T INVOLVE HER, I’M ALSO TERRIFIED OF WAKING UP AT THE AGE OF 50 TO FIND THAT I HAVEN’T REALLY LIVED, AND SO I’M WILLING TO AT LEAST EXPERIMENT WITH DOING SOMETHING FOR MYSELF, BEGINNING WITH TAKING THAT POTTERY CLASS.”

“THERE’S A PART OF ME THAT IS STILL HOLDING OUT FOR A ‘DO – OVER’ OF MY CHILDHOOD AND FEARS THAT ‘GETTING BETTER,’ BECOMING MORE CAPABLE, WILL RUIN ANY CHANCE I HAVE OF FINALLY BEING TAKEN CARE OF THE WAY I NEEDED TO BE TAKEN CARE OF WHEN I WAS A CHILD. BUT I AM BEGINNING TO BELIEVE THAT IF I CONTINUE TO BUILD MY INTERNAL STRENGTH, THEN I MYSELF MIGHT WELL BE ABLE TO TAKE CARE OF THAT NEGLECTED CHILD – AND EVEN TO FIND JOY IN DOING SO.”

“MY MOTHER WAS UNAVAILABLE AND UNABLE TO TOLERATE MY BIG EMOTIONS. SO I LEARNED TO ESCAPE INTO BOOKS – ALTHOUGH I ALWAYS FELT TERRIBLY ALONE AND FRIGHTENED. AS A RESULT, I HAVE BEEN SCARED MOST OF MY LIFE AND MY LONELINESS HAS ALWAYS HAUNTED ME. BUT I CAN ENVISION A TIME WHEN I WILL KNOW THAT NO MATTER WHAT I’M FEELING, I’LL STILL BE IN CONNECTION WITH LOVED ONES AND I WON’T BE ALONE AFTER ALL. I COMMIT TO MAKING IT SO.”

**THE TRANSFORMATIVE REWARDS
OF DEEP PSYCHODYNAMIC WORK EMERGE
THROUGH THE INTERWOVEN SYNERGY
OF FIVE DISTINCT YET MUTUALLY ENHANCING MODELS**

**MODEL 1 – CLASSICAL PSYCHOANALYTIC
A STRONGER, WISER, AND MORE SELF – AWARE EGO**

**MODEL 2 – SELF PSYCHOLOGICAL
A MORE COMPASSIONATE, ACCEPTING SELF**

**MODEL 3 – CONTEMPORARY RELATIONAL
A MORE ACCOUNTABLE, RELATIONAL SELF**

**MODEL 4 – EXISTENTIAL – HUMANISTIC
A MORE ENLIVENED, AWAKENED SELF**

**MODEL 5 – QUANTUM – NEUROSCIENTIFIC
AN ENVISIONED, ACTION – ORIENTED SELF**

Just When
the Caterpillar

Thought
the World
was over

She Became
A
Butterfly





IN HONOR OF “OPTIMAL STRESS”

STRONGER AT THE BROKEN PLACES

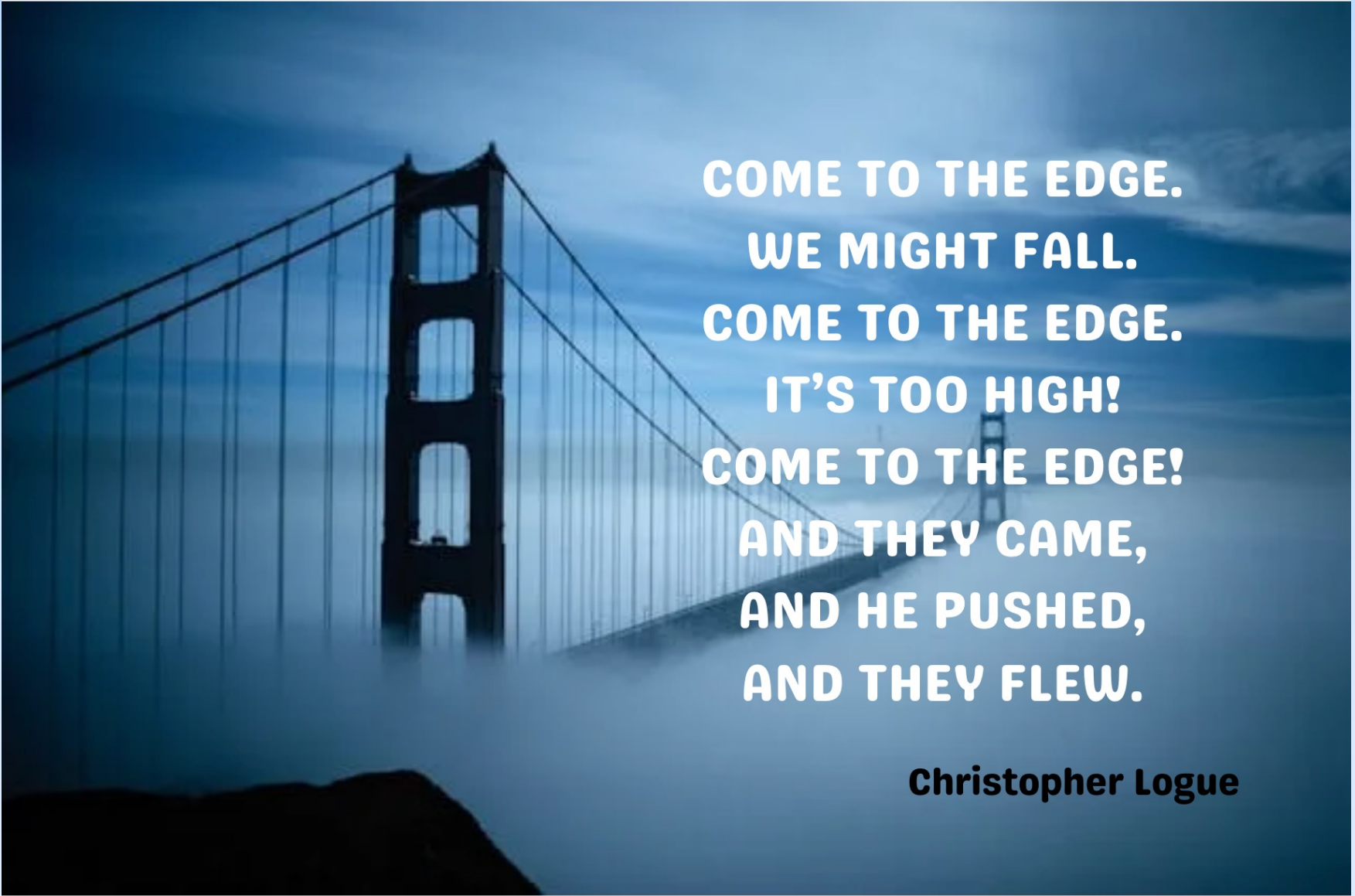
**IS THERE NOT A CERTAIN BEAUTY IN BROKENNESS,
A BEAUTY NEVER ACHIEVED BY THINGS UNBROKEN?**

**IF A BONE IS FRACTURED AND THEN HEALS,
THE AREA OF THE BREAK WILL BE STRONGER
THAN THE SURROUNDING BONE
AND WILL NOT AGAIN EASILY FRACTURE**

ARE WE, TOO, NOT STRONGER AT OUR BROKEN PLACES?

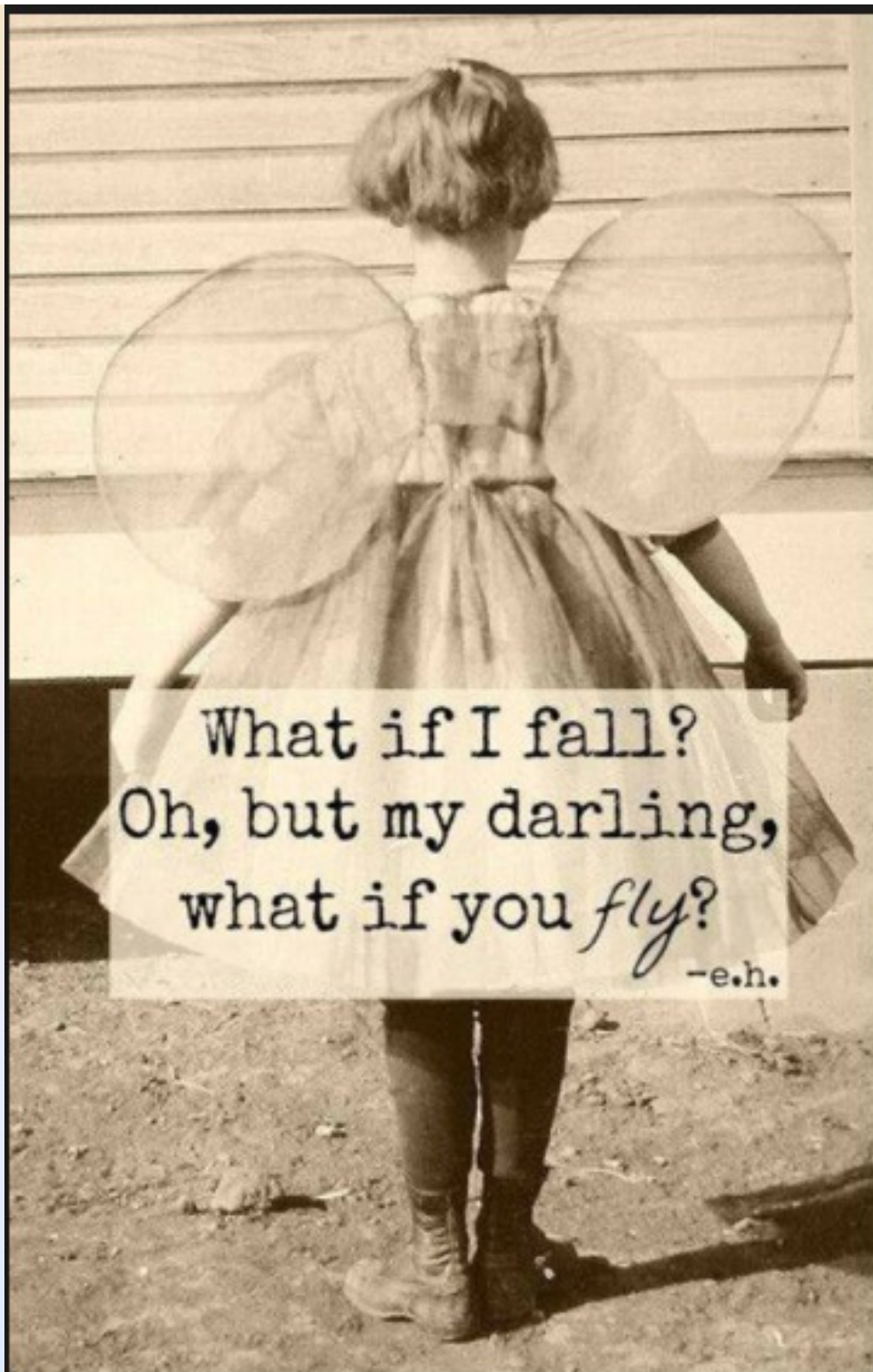
**AND DO WE, TOO, NOT ACQUIRE A QUIET STRENGTH
FROM SURVIVING ADVERSITY AND HARDSHIP
AND MASTERING THE EXPERIENCE OF
DISAPPOINTMENT, HEARTBREAK, AND DEVASTATION?**

**AND THEN, WHEN WE FINALLY RISE ABOVE IT,
DO WE NOT RISE UP IN QUIET TRIUMPH,
EVEN IF ONLY WE NOTICE ...**



**COME TO THE EDGE.
WE MIGHT FALL.
COME TO THE EDGE.
IT'S TOO HIGH!
COME TO THE EDGE!
AND THEY CAME,
AND HE PUSHED,
AND THEY FLEW.**

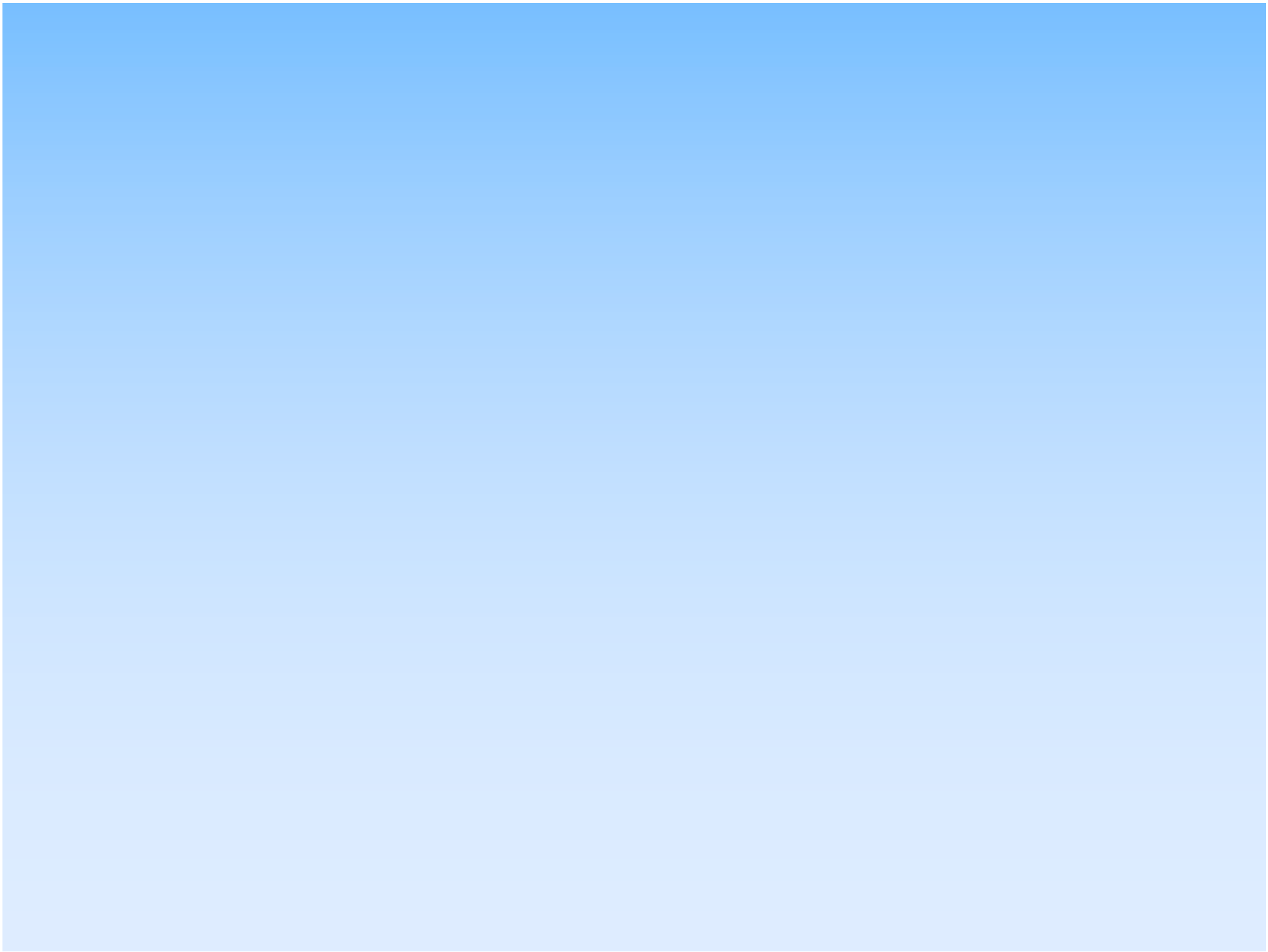
Christopher Logue



What if I fall?
Oh, but my darling,
what if you *fly*?
-e.h.

**SO SHE TOOK THE LEAP
AND BUILT HER WINGS
ON THE WAY DOWN**





Q&A

IF YOU HAVE ANY
UNANSWERED QUESTIONS,
WOULD LIKE TO BE
ON MY MAILING LIST,
OR WOULD LIKE TO JOIN
MY Entirely F.R.E.E. Weekly
Spot Supervision ZOOM Sessions

- BOTH "LIVE" AND "RECORDED" FOR LATER VIEWING
ON MY PRIVATE YouTube CHANNEL -

PLEASE EMAIL ME AT
[MarthaStarkMD @ SynergyMed.solutions](mailto:MarthaStarkMD@SynergyMed.solutions)

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