THE ART AND THE SCIENCE OF INTERPRETATION

ACCESSING YOUR RIGHT BRAIN'S INTUITIVE GIFTEDNESS AND YOUR LEFT BRAIN'S ANALYTIC FINESSE

(2 – Hour) MASTER CLASS Part 1 – Saturday / January 21, 2023
(1 – Hour) Q&A FOLLOW – UP SESSION – Saturday / January 28, 2023
(2 – Hour) MASTER CLASS Part 2 – Saturday / February 4, 2023

MARTHA STARK MD
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MarthaStarkMD @ SynergyMed.solutions

With deepest appreciation to
Adele Yaron, Robert Downes, and The Relational School
for hosting my upcoming Zoom sessions

FREE 2 – Hour MASTER CLASS Part 1

Saturday / January 21, 2023 – 17.00 – 19.00 (UK) / 12 noon – 2:00 pm (ET)

FREE 1 – Hour Q&A FOLLOW – UP SESSION

WITH MARTHA

Saturday / January 28, 2023 – 17.00 – 18.00 (UK) / 12 noon – 1:00 pm (ET)

FREE 2 – Hour MASTER CLASS Part 2

Saturday / February 4, 2023 – 17.00 – 19.00 (UK) / 12 noon – 2:00 pm (ET)

NO NEED TO SIGN UP SEPARATELY FOR
PART 2 OR THE Q&A FOLLOW – UP SESSION
BECAUSE, IF YOU ARE READING THIS,
YOU ARE AUTOMATICALLY ENROLLED IN BOTH

YOU WILL USE THE SAME LINK
– SO PLEASE SAVE IT! –

AT THE END OF THE DAY

"THERAPEUTIC MODALITIES" THAT HAVE
"DEEP AND ENDURING PSYCHODYNAMIC CHANGE"
AS THEIR ULTIMATE GOAL

FOR EXAMPLE, PSYCHOANALYSIS AND OTHER "DEPTH PSYCHOLOGIES,"
INCLUDING ACT, IFS, CORE PROCESS PSYCHOTHERAPY, EMDR, ISTDP, AEDP, EFT, NLP,
SENSORIMOTOR PSYCHOTHERAPY, SOMATIC EXPERIENCING, PSYCHOMOTOR PSYCHOTHERAPY, etc.

MUST BE ABLE TO "CATALYZE" TRANSFORMATION OF
(1) "PSYCHOLOGICAL RIGIDITY" INTO "PSYCHOLOGICAL FLEXIBILITY"
– IN THE EVOCATIVE WORDS OF ACCEPTANCE AND COMMITMENT THERAPY (ACT) –

(2) "LOW – LEVEL DEFENSE" INTO "HIGHER – LEVEL DEFENSE"
OR "RIGID DEFENSE" INTO "MORE FLEXIBLE ADAPTATION"
– IN THE MORE TRADITIONAL WORDS OF PSYCHOANALYSIS AND EGO PSYCHOLOGY –

SUCH THAT THE PATIENT
– WHATEVER HER "STARTING POINT" / WHATEVER HER "INITIAL LEVEL OF FUNCTIONALITY" –
WILL, OVER TIME, BECOME EVER BETTER ABLE
TO MANAGE THE MYRIAD "STRESSORS" IN HER LIFE
– EVER BETTER ABLE TO "RESPOND ADAPTIVELY" INSTEAD OF "REACTING DEFENSIVELY" –

MY "PSYCHOANALYTICALLY INFORMED"
PSYCHODYNAMIC SYNERGY PARADIGM (PSP)
IS A "DEPTH PSYCHOLOGY" IN THIS TRADITION

WHAT WILL BE REQUIRED OF THE THERAPIST?

THAT SHE STAY EVER ATTUNED
TO THE LEVEL OF THE PATIENT'S ANXIETY

THAT SHE USE THIS LEVEL
TO GUIDE HER IN HER INTERVENTIONS
– "CHALLENGING" WHENEVER POSSIBLE TO PROVIDE "IMPETUS" –
– "SUPPORTING" WHENEVER NECESSARY TO PROVIDE "OPPORTUNITY" –

AND THAT SHE APPRECIATE
THE "TRANSFORMATIVE POWER"
OF THIS "OPTIMAL STRESS"
– NAMELY, JUST THE RIGHT COMBINATION
OF "CHALLENGE" AND "SUPPORT" –

CRITICALLY IMPORTANT IF TRANSFORMATION
OF "OUTDATED AND RIGID DEFENSE"
INTO "UPDATED AND MORE FLEXIBLE ADAPTATION"
IS THE ULTIMATE GOAL

IN SUM
WHETHER THE TREATMENT IS "SHORT – TERM" AND "INTENSIVE"
OR "LONGER – TERM" AND "BROADER – BASED,"
THE THERAPEUTIC GOAL WILL BE TO ADVANCE THE PATIENT
FROM "RIGIDITY" TO "FLEXIBILITY"

STRATEGIC "LEVERAGING"
OF THE PATIENT'S ANXIETY
TO "INCENTIVIZE" TRANSFORMATION

THE OPERATIVE CONCEPT HERE WILL BE
THE ONGOING GENERATION OF

"DESTABILIZING ANXIETY"
AND "INCENTIVIZING STRESS"

"OPTIMAL (NON – TRAUMATIC) STRESS"
HANS SELYE'S "EUSTRESS" vs. "DISTRESS" (1978)

JUST THE RIGHT COMBINATION OF
"DESTABILIZING CHALLENGE"
– TO "PROVOKE DISRUPTION" –
AND "RESTABILIZING SUPPORT"
– TO "JUMPSTART REPAIR" –

PARENTHETICALLY – IN THE PHYSIOLOGICAL REALM

SUPERIMPOSING AN ACUTE PHYSICAL INJURY
ON TOP OF A CHRONIC ONE
IS SOMETIMES EXACTLY WHAT THE BODY NEEDS
IN ORDER TO HEAL

IN ESSENCE

"CONTROLLED DAMAGE" TO "PROVOKE HEALING"

BY WAY OF EXAMPLES

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

BECAUSE OF ITS "UNDERLYING RESILIENCE,"
WHEN A "COMPROMISED BODILY SYSTEM" IS "OPTIMALLY CHALLENGED,"
"ADAPTIVE RECOVERY" WILL BE "TRIGGERED"

BY THE SAME TOKEN – IN THE PSYCHOLOGICAL REALM

THE "THERAPEUTIC PROVISION" OF "OPTIMAL STRESS"

NECESSARY IF DEEP AND ENDURING PSYCHODYNAMIC CHANGE
IS THE ULTIMATE GOAL OF TREATMENT

"CHALLENGE" THAT OFFERS "IMPETUS"
AND "SUPPORT" THAT OFFERS "OPPORTUNITY"
FOR TRANSFORMATION AND GROWTH

TWO GROUPS OF PSYCHODYNAMIC INTERVENTIONS

(1) "MINIMALLY STRESSFUL" INTERVENTIONS
DESIGNED TO "PROMOTE THE THERAPEUTIC ALLIANCE,"
"SECURE THE ATTACHMENT," AND "SET THE STAGE"

(2) "OPTIMALLY STRESSFUL" INTERVENTIONS
DESIGNED TO "PROVIDE CHALLENGE AND THEN SUPPORT"
IN ORDER TO "GENERATE THERAPEUTIC LEVERAGE"

THE STRATEGIC CONSTRUCTION
OF THESE TWO TYPES OF INTERVENTIONS
IS BOTH A "SCIENCE" AND AN "ART"

THE "SCIENCE" AND THE "ART" OF DESIGNING "MINIMALLY STRESSFUL" INTERVENTIONS

– THAT WILL "LAY THE FOUNDATION" –

AND "OPTIMALLY STRESSFUL" INTERVENTIONS

– THAT WILL "INCENTIVIZE DEEP AND ENDURING CHANGE" –

“CHALLENGING” THE PATIENT’S “RIGID DEFENSES”

– AGAINST THE BACKDROP OF “EMPATHIC RESONANCE” – TANIA SINGER (2013)

WILL CREATE “HOMEOSTATIC IMBALANCE”

A STATE OF “DISEQUILIBRIUM”

THAT CANNOT, HOWEVER, BE TOLERATED FOR LONG

PROMPTING “RESTORATION OF EQUILIBRIUM”

– THAT IS, “RE – EQUILIBRATION” –

BUT EACH TIME AT A HEALTHIER LEVEL OF

“HOMEOSTASIS” AND “ADAPTIVE CAPACITY”

A LEVEL “MORE EVOLVED”

BECAUSE OF THE “SYNERGY” BETWEEN

THE THERAPIST’S “EXTERNAL SUPPORT”

AND THE PATIENT’S “INTERNAL RESOURCES”

IN OTHER WORDS

THE PATIENT’S “UNDERLYING RESILIENCE”

THE “WISDOM OF HER BODY”

– WALTER B. CANNON (1932) –

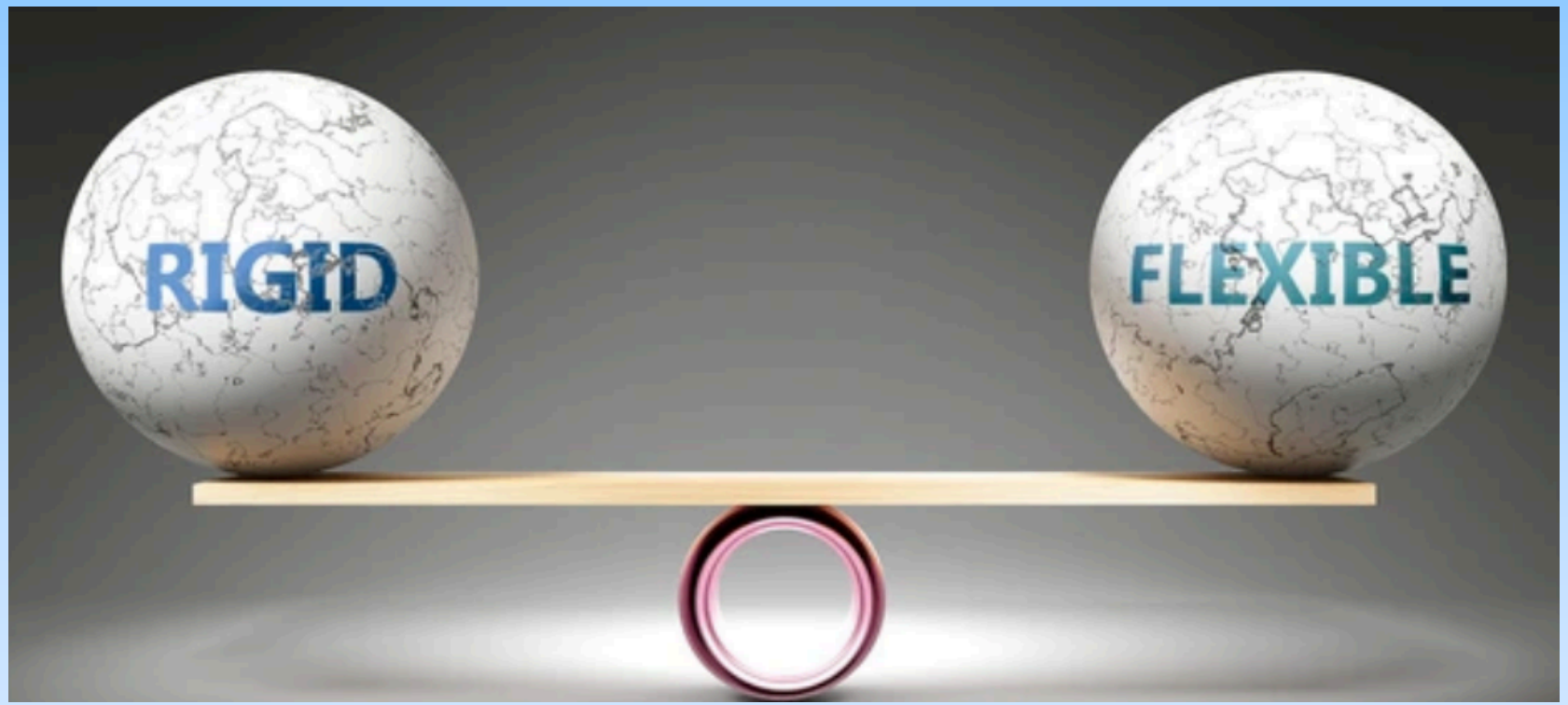
HER “INNATE STRIVING TOWARDS HEALTH”

HER “INTRINSIC CAPACITY TO ADAPT TO (OPTIMAL) STRESS”

THE NET RESULT OF THESE "ITERATIONS"
WILL BE THE GENERATION
OF ONGOING "HEALING CYCLES"
OF "DISRUPTION" AND "REPAIR"
– "RUPTURE" AND "RETURN"
– "DESTABILIZATION" AND "RESTABILIZATION" –

EACH TIME AT EVER – HIGHER LEVELS OF ADAPTABILITY

SUCH THAT PSYCHOLOGICAL RIGIDITY
WILL EVENTUALLY BECOME TRANSFORMED
INTO PSYCHOLOGICAL FLEXIBILITY
– RIGID DEFENSE INTO MORE FLEXIBLE ADAPTATION –



THE ULTIMATE GOAL OF TREATMENT

EVER - LESS PSYCHOLOGICAL RIGIDITY
EVER - MORE PSYCHOLOGICAL FLEXIBILITY

WE MIGHT THEREFORE "DEFINE"
PSYCHODYNAMIC PSYCHOTHERAPY AS FOLLOWS

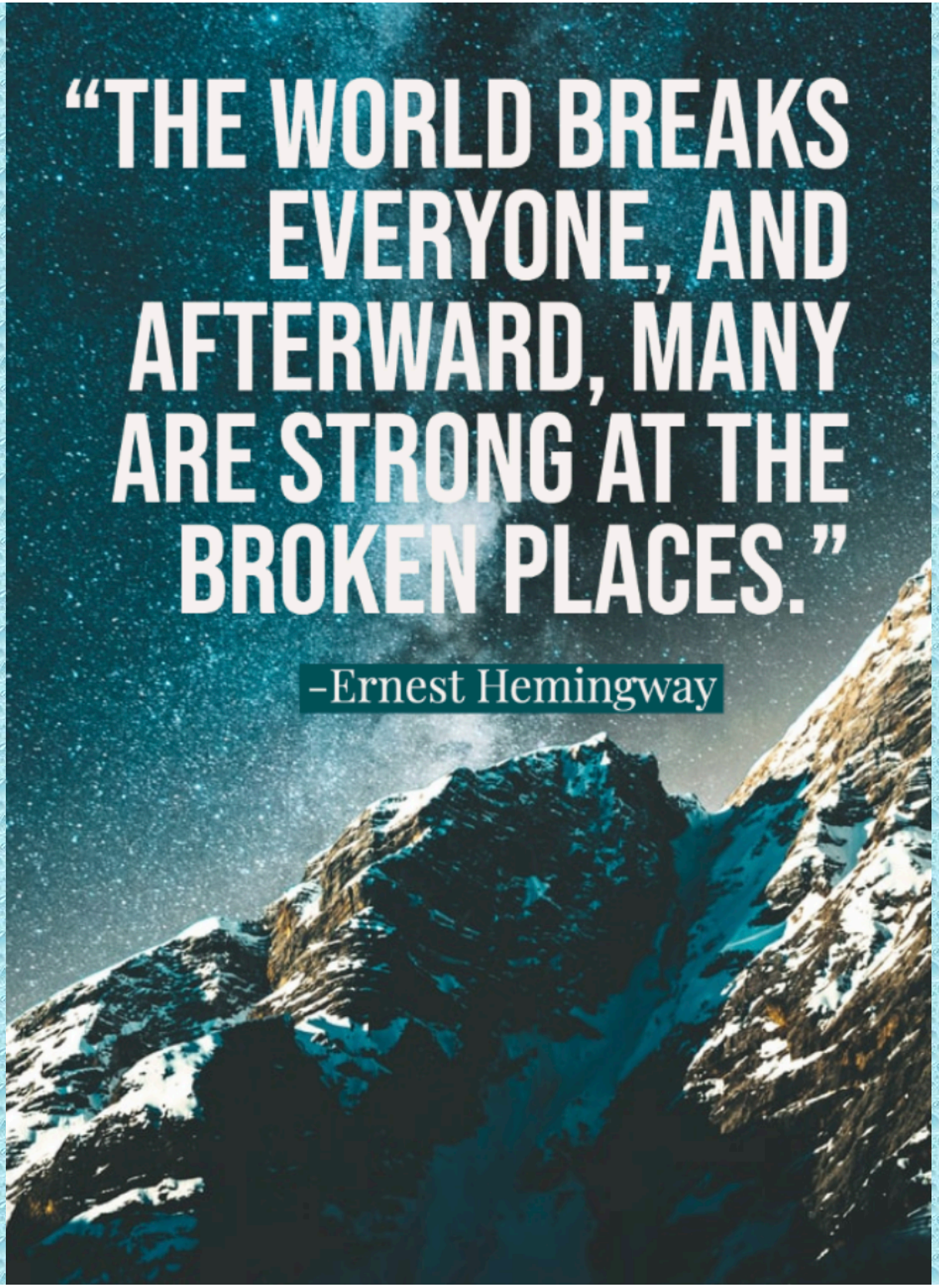
PSYCHODYNAMIC PSYCHOTHERAPY
AFFORDS THE PATIENT
BOTH IMPETUS AND OPPORTUNITY
– ALBEIT BELATEDLY –

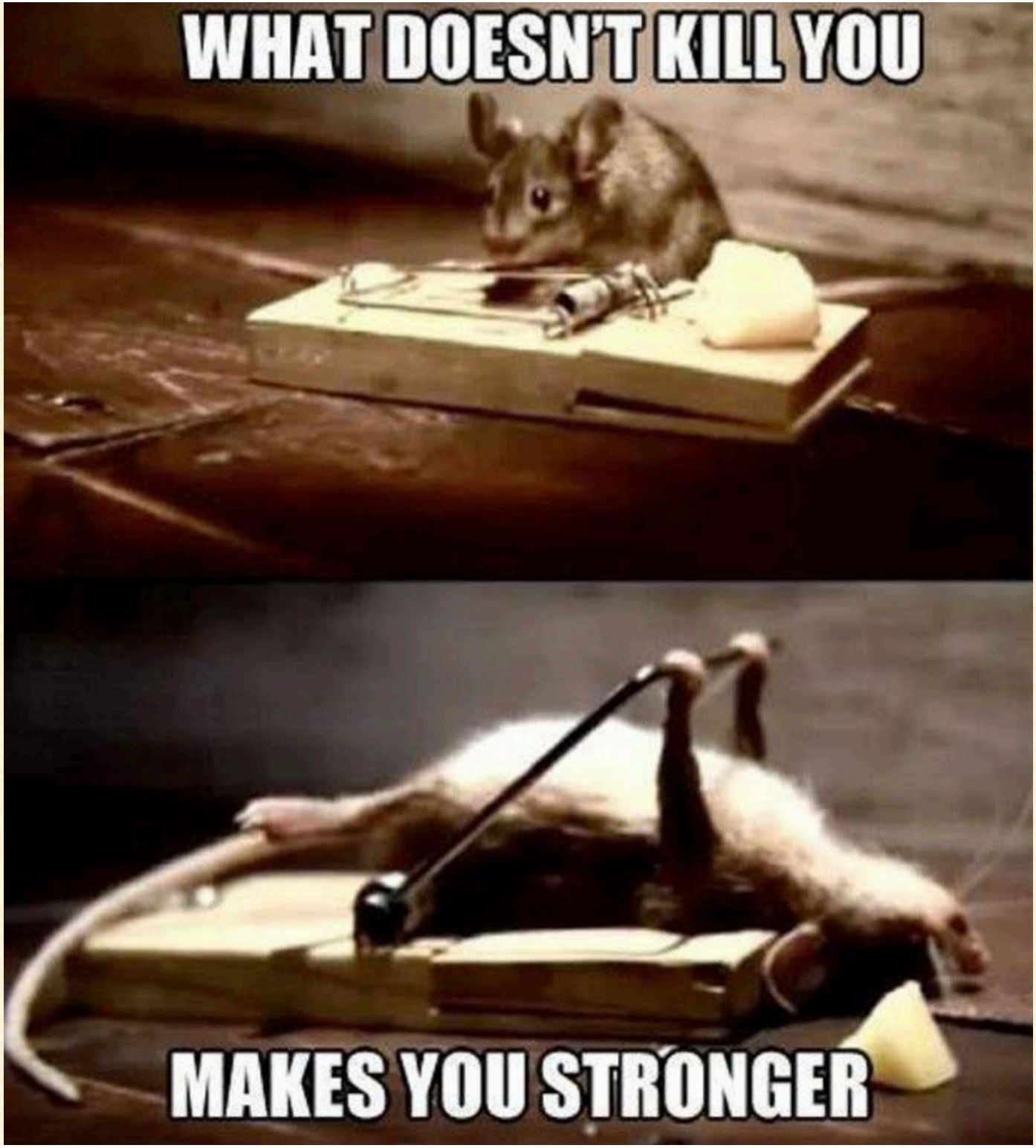
TO MASTER TRAUMATIC EXPERIENCES
THAT HAD ONCE BEEN OVERWHELMING
– AND, THEREFORE, DEFENDED AGAINST –

BUT THAT CAN NOW
– WITH ENOUGH SUPPORT FROM THE THERAPIST
AND BY TAPPING INTO THE PATIENT'S UNDERLYING RESILIENCE
AND INTRINSIC CAPACITY TO ADAPT TO STRESS –

BE REVISITED, REPROCESSED, AND REFRAMED
SUCH THAT GROWTH – IMPEDING DEFENSES
– ONCE NECESSARY FOR SURVIVAL –
CAN BE GRADUALLY UPGRADED
TO GROWTH – PROMOTING ADAPTATIONS

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

PLEASE NOTE

I DO NOT "LIMIT" DEFENSES
TO THE WELL – KNOWN
AND MORE TRADITIONAL ONES

AT ONE END OF THE CONTINUUM
"LOW – LEVEL DEFENSES"

FOR EXAMPLE

REPRESSION, REGRESSION, DENIAL,
DISSOCIATION, DISPLACEMENT, PROJECTION,
ISOLATION OF AFFECT, INTELLECTUALIZATION,
AND REACTION FORMATION

AT THE OTHER END
"HIGHER – LEVEL" OR "MORE MATURE DEFENSES"
THAT ARE "MORE ADAPTIVE" AND "MORE SOCIALLY ACCEPTABLE"

FOR EXAMPLE

SUBLIMATION, HUMOR, ALTRUISM,
HUMILITY, AND POSITIVE IDENTIFICATIONS

RATHER

I DEFINE DEFENSES "MORE BROADLY"
AS SPEAKING TO ANY OF THE
"SELF – PROTECTIVE MECHANISMS"
THAT WE MOBILIZE WHEN MADE ANXIOUS
IN THE FACE OF STRESSORS
– WHETHER INTERNAL STRESSORS OR EXTERNAL ONES –

AT ONE END OF THE CONTINUUM
WHAT HAPPENS "REFLEXIVELY"
WHEN WE ARE CONFRONTED WITH STRESSORS
THAT "OVERWHELM" US WITH ANXIETY
TO WHICH I REFER AS "LOW – LEVEL DEFENSES"
OR "RIGID DEFENSES"

AT THE OTHER END
WHAT HAPPENS "MORE REFLECTIVELY"
WHEN WE ARE CONFRONTED WITH STRESSORS
THAT WE ARE ABLE TO "TAKE IN OUR STRIDE"
TO WHICH I REFER AS "HIGHER – LEVEL DEFENSES"
OR "MORE FLEXIBLE ADAPTATIONS"

AT ONE END OF THE CONTINUUM – "DEFENSIVE REACTIONS"
AT THE OTHER END – "ADAPTIVE RESPONSES"

FROM "DEFENSIVE REACTION" TO "ADAPTIVE RESPONSE"

FROM EXTERNALIZING BLAME TO TAKING OWNERSHIP

FROM WHINING AND COMPLAINING TO BECOMING PROACTIVE

FROM DENYING TO CONFRONTING HEAD – ON

FROM BEING CRITICAL TO BECOMING MORE COMPASSIONATE

FROM DISSOCIATING TO BECOMING MORE PRESENT

FROM FEELING VICTIMIZED TO TAKING RESPONSIBILITY

FROM CURSING THE DARKNESS TO LIGHTING A CANDLE

FROM BEING DISEMPOWERED AND RESTRICTED
TO BECOMING MORE EMPOWERED AND EXPANSIVE

FROM BEING JAMMED UP
TO MOBILIZING ONE'S ENERGIES IN THE PURSUIT OF ONE'S DREAMS

FROM "OUTDATED NARRATIVES" TO "UPDATED NARRATIVES"
ABOUT SELF, OTHERS, AND THE WORLD

FROM "SAME OLD, SAME OLD"
TO "SOMETHING NEW, DIFFERENT, AND BETTER"

EITHER WE

– MADE ANXIOUS –

“REACT” TO STRESSORS BY “DEFENDING”

“DEFENSIVE REACTION”

OR WE

– MORE RESILIENT –

“RESPOND” TO STRESSORS BY “ADAPTING”

“ADAPTIVE RESPONSE”

WE CANNOT AVOID SUFFERING

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

**"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."**

AUTHOR UNKNOWN

– ALTHOUGH OFTEN MISATTRIBUTED TO THE EXISTENTIAL PSYCHIATRIST VIKTOR FRANKL –

AS THIS APPLIES TO THE CLINICAL SITUATION

IN THAT SPACE IS OUR POWER

EITHER TO "REACT DEFENSIVELY"

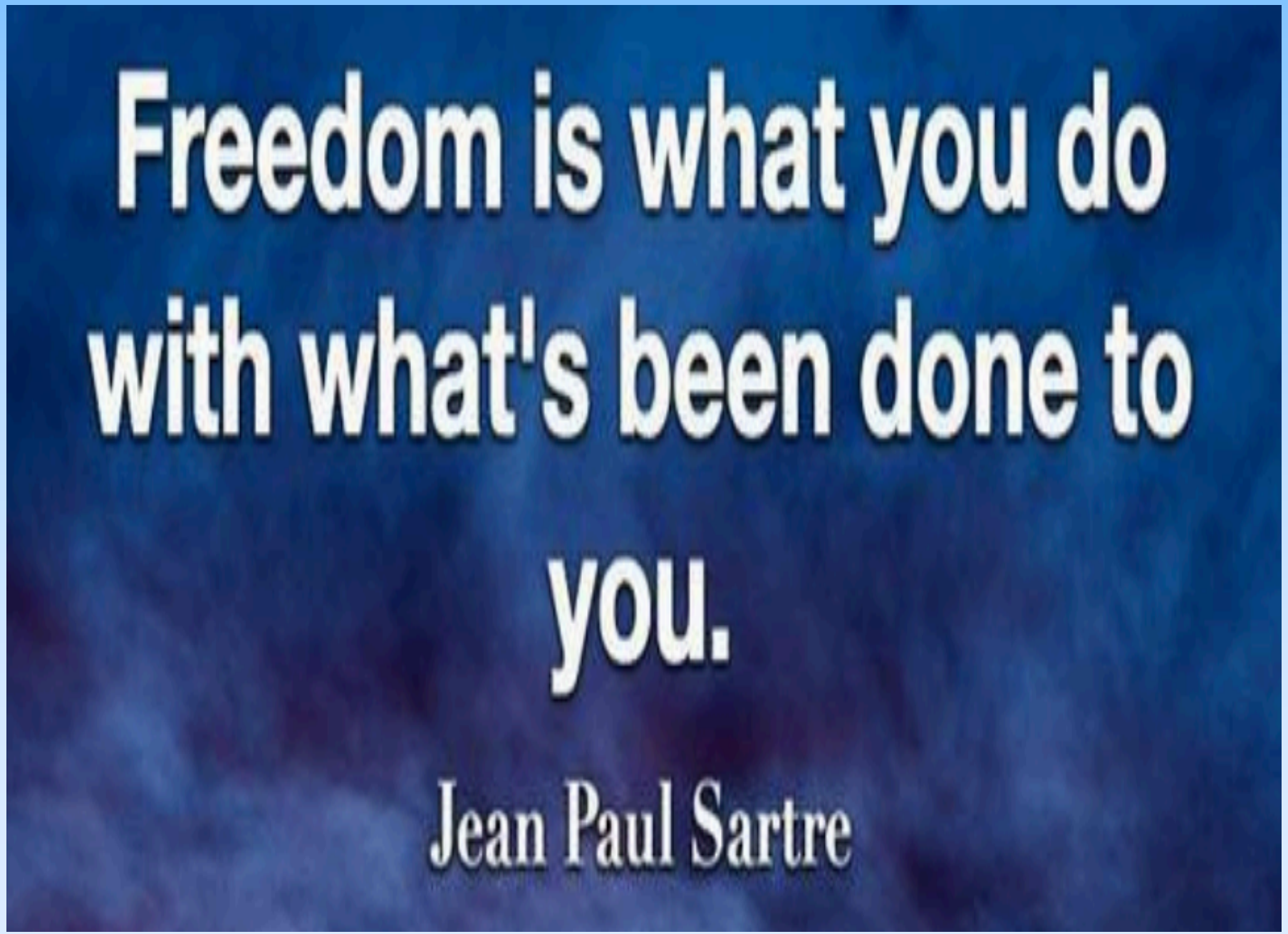
– BY WALLOWING IN OUR DESPAIR AND ABNEGATING RESPONSIBILITY FOR OUR LIVES –

OR TO "RESPOND ADAPTIVELY"

**– BY ACKNOWLEDGING THAT, DESPITE OUR DESPAIR, FROM THIS POINT FORWARD
THE MEANING WE MAKE OF OUR LIVES IS ENTIRELY UP TO US –**

**NOT ONLY DO WE HAVE THE FREEDOM TO CREATE THAT MEANING
BUT WE ALSO HAVE THE RESPONSIBILITY TO DO SO**

**IT HAS BEEN SUGGESETED THAT 10% OF WHAT HAPPENS TO US IS "LIFE"
BUT 90% IS HOW WE "REACT" OR "RESPOND" TO IT**


Freedom is what you do with what's been done to you.
Jean Paul Sartre

WITH IT BEING UNDERSTOOD THAT

THE RELATIONSHIP BETWEEN DEFENSE AND ADAPTATION

IS A YIN – YANG RELATIONSHIP

THESE "SELF – PROTECTIVE MECHANISMS"

ARE COMPLEMENTARY – NOT OPPOSING – FORCES

FOR EXAMPLE, LIGHT CANNOT EXIST WITHOUT SHADOW

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 DEFENSES BECOME

UPGRADED TO ADAPTATIONS,

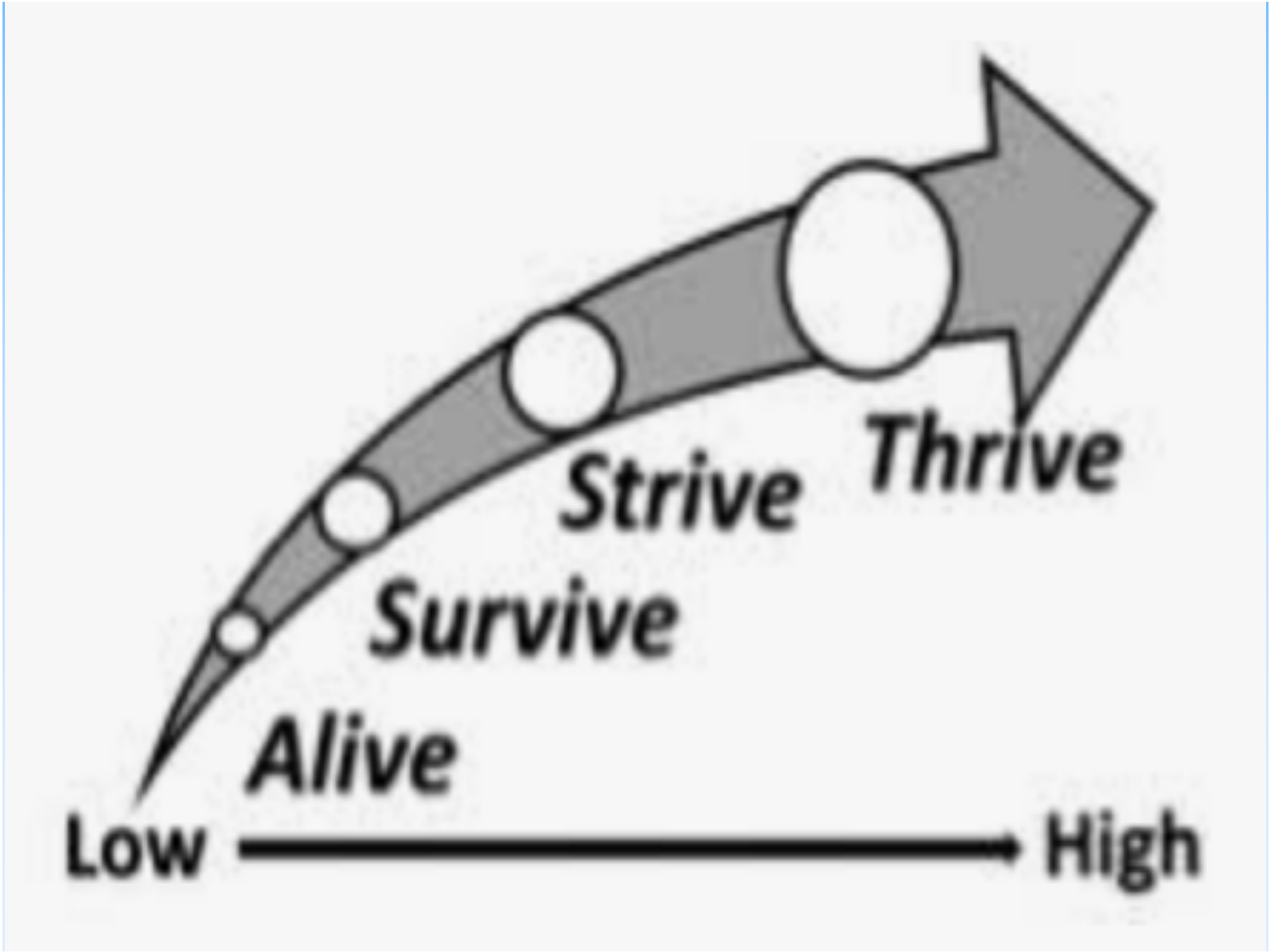
THE PATIENT BECOMES

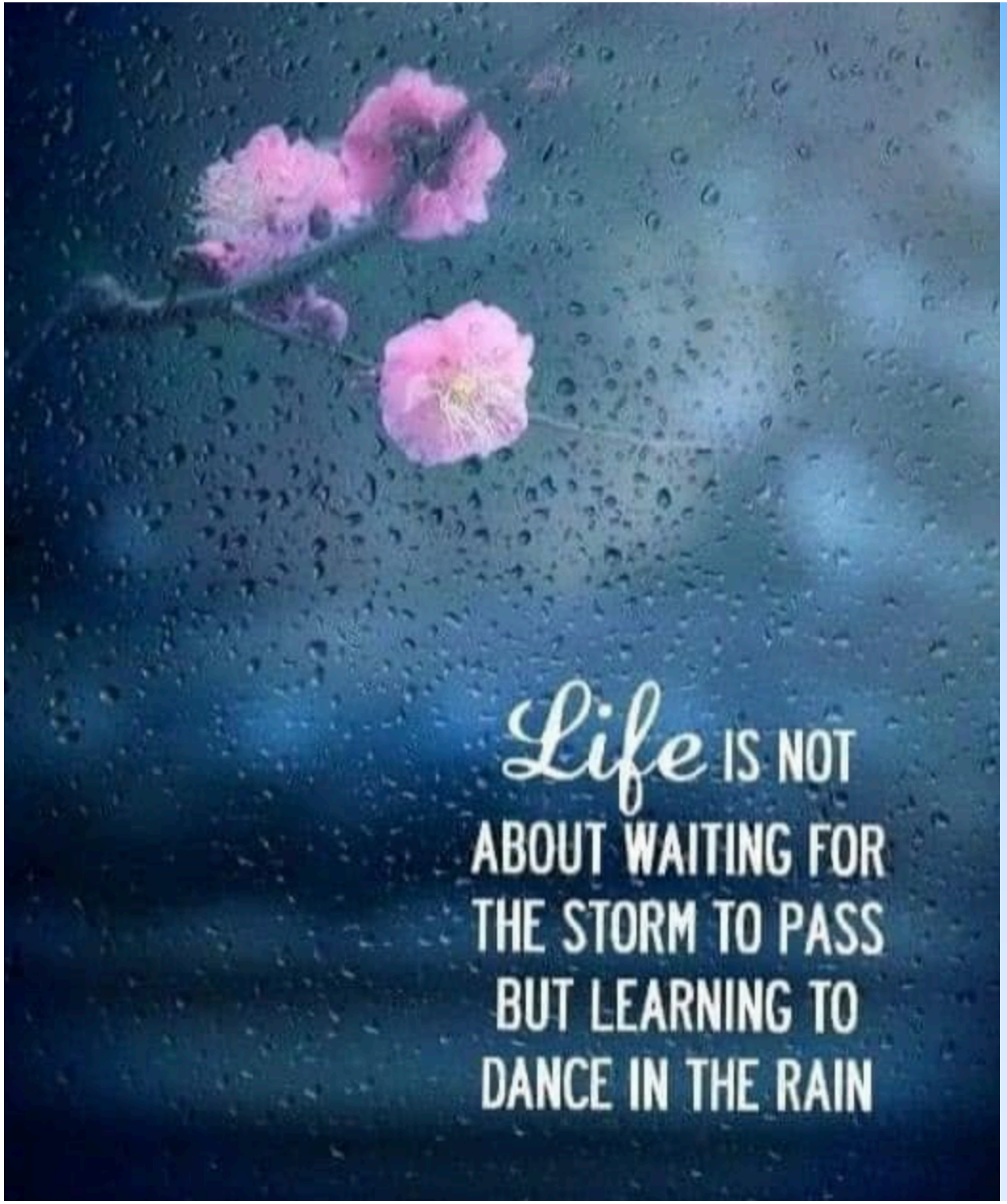
BETTER ABLE TO "THRIVE"

THE THERAPEUTIC ACTION

IS INDEED DESIGNED

TO TRANSFORM "SURVIVING" INTO "THRIVING"


Thrive
Strive
Survive
Alive
Low
High



LIFE
IS ABOUT

NOT
“DEFENSIVELY”
WAITING FOR
THE STORM
TO PASS

BUT
“ADAPTIVELY”
LEARNING
TO DANCE
IN THE RAIN

AS A PRELUDE TO LEARNING ABOUT

"MINIMALLY STRESSFUL" INTERVENTOINS
THAT "TEASE OUT" AND GENTLY "NAME"
THE PATIENT'S DEFENSES
IN ORDER TO "PROMOTE A THERAPEUTIC ALLIANCE,"
"SECURE THE ATTACHMENT," AND "SET THE STAGE" …

… FOR "OPTIMALLY STRESSFUL" INTERVENTOINS
THAT WILL "CHALLENGE" THE PATIENT'S DEFENSES
AND THEN "SUPPORT" THEM
IN ORDER TO "CREATE THERAPEUTIC LEVERAGE" …

… AND ULTIMATELY TRANSFORMATION
OF DEFENSE INTO ADAPTATION

IS SOMETHING TO WHICH I REFER AS
"NUANCED PHRASEOLOGY"


WORDS
MATTER

NUANCED PHRASEOLOGY

"YOU FIND YOURSELF"
WHEN THE PATIENT IS
HAVING AN "ANXIETY – PROVOKING" FEELING
BUT HAVING TROUBLE "ACKNOWLEDGING" IT

"YOU FIND YOURSELF FEELING PRETTY ANGRY RIGHT NOW."

INSTEAD OF

"YOU ARE FEELING PRETTY ANGRY RIGHT NOW."

THE THERAPIST IS INDIRECTLY
LETTING THE PATIENT "OFF THE HOOK" A BIT
BY INTIMATING THAT THE PATIENT'S ANGER
MIGHT WELL BE SOMETHING THAT HAS
COME UPON HER (AS IF TAKEN HER BY SURPRISE)

AND, THEREFORE, SOMETHING FOR WHICH
SHE IS NOT ENTIRELY RESPONSIBLE

PARADOXICALLY
THE PATIENT MIGHT WELL THEN
BE ABLE MORE EASILY TO "ACKNOWLEDGE"
THE "ANXIETY – PROVOKING" FEELING

NUANCED PHRASEOLOGY

"YOU WOULD PROBABLY RATHER NOT"

WHEN THE THERAPIST SAYS
SHE KNOWS THAT THE PATIENT
"WOULD PROBABLY RATHER NOT"
BE FEELING WHAT SHE IS FEELING,
THE THERAPIST IS INDIRECTLY
LETTING THE PATIENT "OFF THE HOOK" A BIT
AND, HERE TOO, ATTEMPTING TO MAKE IT
A LITTLE EASIER FOR THE PATIENT
THEN TO "ACKNOWLEDGE"
THE "ANXIETY – PROVOKING" FEELING

"YOU WOULD PROBABLY RATHER NOT
BE FEELING ANGRY
BUT, EVEN SO, FIND YOURSELF
FEELING PRETTY ANGRY RIGHT NOW."

INSTEAD OF

"YOU ARE FEELING
PRETTY ANGRY RIGHT NOW."

NUANCED PHRASEOLOGY

"YOU ARE REALIZING"

INSTEAD OF

"YOU REALIZE"

"YOU ARE REALIZING"
IS MORE "DYNAMIC"
AND SUGGESTS
AN "ONGOING PROCESS"
OF "EVOLVING AWARENESS"

"YOU REALIZE"
IS MORE "STATIC"

NUANCED PHRASEOLOGY

"FOR NOW" / "AT THIS POINT IN TIME"
"RIGHT NOW" / "AT THIS MOMENT"

HERE THE THERAPIST IS USING
A LITTLE BIT OF "SUBLIMINAL STIMULATION"
TO HIGHLIGHT THE FACT THAT PERHAPS,
AT SOME LATER POINT IN TIME,
THE PATIENT MIGHT BE ABLE
TO TAKE HEALTHY ACTION
INSTEAD OF REMAINING STUCK

"EVEN THOUGH YOU STOPPED LOVING
YOUR WIFE YEARS AGO,
AT THIS POINT IN TIME,
YOU CAN'T IMAGINE EVER LEAVING HER."

INSTEAD OF

"EVEN THOUGH YOU STOPPED LOVING
YOUR WIFE YEARS AGO,
YOU CAN'T IMAGINE EVER LEAVING HER."

NUANCED PHRASEOLOGY

"EVERY NOW AND THEN" / "SOMETIMES"
"PERHAPS" / "ON SOME LEVEL" / "A LITTLE"
"MAYBE" / "POSSIBLY" / "AT TIMES"
"A PART OF YOU" / "SOME PART OF YOU"

THE THERAPIST CAN USE "QUALIFIERS"
TO "LIMIT" THE "INTENSITY" OF SOMETHING
THAT IS "ANXIETY – PROVOKING,"
THEREBY "PERHAPS" MAKING IT EASIER
FOR THE PATIENT THEN TO "ACKNOWLEDGE" IT

"SOMETIMES YOU FIND YOURSELF FEELING A LITTLE ANGRY."
INSTEAD OF "YOU ARE FEELING ANGRY."

"A PART OF YOU IS ENRAGED."
INSTEAD OF "YOU ARE ENRAGED."

"EVERY NOW AND THEN PERHAPS
YOU FIND YOURSELF FEELING A LITTLE ANGRY."
INSTEAD OF "YOU ARE FEELING ANGRY."

NUANCED PHRASEOLOGY

"I SEE" INSTEAD OF "I HEAR"

THE THERAPIST MAKES EXPLICIT THAT
SHE IS A WITNESS TO WHAT THE PATIENT IS FEELING

– "I SEE HOW MUCH PAIN YOU ARE IN." –
"I SEE HOW DESPERATELY YOU WANT TO GET BETTER." –

NOTE THE SUBTLE DISTINCTION BETWEEN

"I SEE HOW LONELY YOU ARE FEELING."
AND "I HEAR HOW LONELY YOU ARE FEELING."

"I SEE HOW SAD YOU BECOME WHEN YOU TALK ABOUT
YOUR MOTHER AND HOW SHE NEVER UNDERSTOOD."
AND "I HEAR HOW SAD YOU BECOME WHEN YOU TALK ABOUT
YOUR MOTHER AND HOW SHE NEVER UNDERSTOOD."

IT FEELS GREAT TO BE ABLE TO KNOW
THAT HOW LONELY AND SAD YOU ARE IS BEING "HEARD"
BUT SOMETIMES IT IS EVEN MORE
VALIDATING AND REASSURING TO BE ABLE TO KNOW
THAT HOW LONELY AND SAD YOU ARE IS BEING "SEEN"

NUANCED PHRASEOLOGY

SOMETIMES USEFUL WILL BE THE "ACT" CONCEPT OF "COGNITIVE DEFUSION"
ONE OF THE GOALS OF WHICH IS TO CHANGE THE WAY
THE PATIENT "RELATES TO" HER THOUGHTS
– THAT IS, HOW SHE "POSITIONS HERSELF IN RELATION TO" THEM –

COGNITIVE DEFUSION PROMOTES "NOTICING" THE THOUGHT
RATHER THAN "GETTING CAUGHT UP IN" OR "BUYING INTO" THE THOUGHT
– LETTING THOUGHTS COME AND GO RATHER THAN HOLDING ONTO THEM –

DEFUSION INVITES THE PATIENT TO "THINK ABOUT THINKING"
AND TO REALIZE THAT SHE IS
CONTINUOUSLY "VERBALLY CONSTRUCTING" HER WORLD

IT IS ABOUT NOT CHANGING THE THOUGHT BUT RELATING DIFFERENTLY TO IT

"YOU ARE HAVING THE THOUGHT THAT YOU ARE BROKEN."

"YOU ARE NOTICING THAT YOU ARE HAVING THE THOUGHT
THAT YOU ARE BROKEN."

"YOU FIND YOURSELF THINKING THAT YOU ARE BROKEN."

ALL OF WHICH ARE DESIGNED TO ENCOURAGE DEVELOPMENT
OF THE PATIENT'S "REFLECTING SELF" OR "OBSERVING EGO"

MORE SPECIFICALLY

"DUAL AWARENESS" IS BEING FOSTERED
WHEN THE PATIENT IS BEING ASKED
TO DIRECT HER ATTENTION
TO WHAT SHE IS EXPERIENCING IN THE MOMENT

AT THE SAME TIME THAT SHE IS BEING ENCOURAGED
TO STEP BACK FROM THAT EXPERIENCE
IN ORDER TO DETACH HERSELF FROM IT,
RECOVER PERSPECTIVE, AND REFLECT UPON IT

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

BETWEEN THE EXPERIENCING
– OR PARTICIPATING –
EGO

AND THE OBSERVING
– OR REFLECTING –
EGO

RICHARD STERBA (1968) / LESTON HAVENS (1976)

"DUAL AWARENESS" IS ONE OF THE GOALS OF ANY TREATMENT

NUANCED PHRASEOLOGY

AS WE SHALL LATER SEE
RELEVANT FOR OPTIMALLY STRESSFUL INTERVENTIONS
DESIGNED TO "PROMOTE AWARENESS"
ARE THE IMPACTFUL WORDS "YOU KNOW THAT … "

WHICH HIGHLIGHT "ANXIETY – PROVOKING REALITIES"
THAT THE PATIENT REALLY DOES KNOW
– EVEN IF SHE WOULD RATHER NOT –

"YOU KNOW THAT I DON'T ANSWER THOSE KINDS OF QUESTIONS,
BUT YOU FIND YOURSELF WISHING THAT I DID."

INSTEAD OF
"I DON'T ANSWER THOSE KINDS OF QUESTIONS … "

"YOU KNOW THAT YOU COULD ASK YOUR NEIGHBOR TO KEEP HIS BARKING DOG INSIDE,
BUT YOU FIND YOURSELF HESITATING FOR FEAR OF GETTING HIM ANGRY."

INSTEAD OF
"YOU COULD ASK YOUR NEIGHBOR TO KEEP HIS BARKING DOG INSIDE … "

YOU ARE NOT TELLING THE PATIENT WHAT "YOU" KNOW
RATHER, YOU ARE INSISTING THAT THE PATIENT
"TAKE OWNERSHIP" OF WHAT "SHE" KNOWS!
– EVEN IF IT MAKES HER ANXIOUS –

NUANCED PHRASEOLOGY

AS WE SHALL LATER SEE
RELEVANT FOR OPTIMALLY STRESSFUL INTERVENTIONS
DESIGNED TO FACILITATE THE "GRIEVING OF DISILLUSIONMENT"
ARE THE IMPACTFUL WORDS "YOU HAD HOPED THAT … "

STRATEGIC USE OF THE "PAST PERFECT (PLUPERFECT) TENSE"
HIGHLIGHTS THE REALITY THAT SOMETHING THE PATIENT
"HAD BEEN HOPING FOR" IS BECOMING NO LONGER A VIABLE OPTION

"YOU HAD HOPED THAT I WOULD TELL YOU WHAT YOU SHOULD DO
BUT YOU ARE BEGINNING TO REALIZE
THAT I DON'T SIMPLY OFFER ADVICE
AND THAT ANGERS AND UPSETS YOU TERRIBLY."

"YOU HAD HOPED THAT YOUR MOTHER MIGHT SOMEDAY APOLOGIZE
BUT YOU ARE BEGINNING TO REALIZE
THAT PROBABLY SHE NEVER WILL
AND THAT BREAKS YOUR HEART."

"YOU HAD HOPED THAT YOUR HUSBAND WOULD ASK YOU
HOW YOUR DAY HAD GONE
BUT YOU ARE STARTING TO REALIZE THAT HE NEVER DOES ASK
AND PROBABLY NEVER WILL
AND THAT REALIZATION IS ABSOLUTELY DEVASTATING."

THESE KINDS OF STATEMENTS ARE DESIGNED TO HELP THE PATIENT
ADVANCE ULTIMATELY FROM "RELENTLESS HOPE" TO "ACCEPTANCE"


WORDS
HAVE
POWER

THE "THERAPEUTIC ACTION" IN PSYCHODYNAMIC PSYCHOTHERAPY

TWO GROUPS OF PSYCHODYNAMIC INTERVENTIONS

(1) "MINIMALLY STRESSFUL" INTERVENTIONS

DESIGNED TO "PROMOTE A THERAPEUTIC ALLIANCE,"
"SECURE THE ATTACHMENT," AND "SET THE STAGE"

(2) "OPTIMALLY STRESSFUL" INTERVENTIONS

DESIGNED TO "PROVIDE BOTH CHALLENGE AND SUPPORT,"
THEREBY "GENERATING INTERNAL TENSION AND THERAPEUTIC LEVERAGE"

THE STRATEGIC CONSTRUCTION OF THESE TWO TYPES OF INTERVENTIONS IS BOTH A "SCIENCE" AND AN "ART"

OVER THE COURSE OF THE YEARS

I HAVE COME TO APPRECIATE

THAT WHATEVER THE TREATMENT

WHETHER CRISIS INTERVENTION, TRAUMA WORK,

SHORT – TERM INTENSIVE, OR LONGER – TERM BROADER – BASED

IT WILL GENERALLY BE MORE EFFECTIVE

TO "MAKE STATEMENTS" THAN TO "ASK QUESTIONS"

"QUESTIONS" RUN THE RISK

OF ELICITING SOMEWHAT "HEADY ANSWERS"

– MORE "INTELLECTUAL" THAN "HEARTFELT" –

FOR THE MOST PART THEREFORE

I LET THE PATIENT "LEAD" AND I "FOLLOW"

I "MAKE STATEMENTS" AND DON'T "ASK QUESTIONS"

IN OFFERING THE PATIENT STATEMENTS

I AM, OF COURSE, "GIVING" HER SOMETHING

RATHER THAN "ASKING" OF HER

THAT SHE "GIVE" ME SOMETHING

– NAMELY, ANSWERS TO MY QUESTIONS –

BUT WHEN MIGHT QUESTIONS BE USEFUL?

WHEN YOU ARE DOING AN INTAKE
OR GATHERING INFORMATION ABOUT THE PATIENT'S HISTORY

WHEN YOU FEEL THAT YOU SIMPLY MUST HAVE MORE CONCRETE DATA POINTS
IN ORDER TO UNDERSTAND WHAT THE PATIENT IS TALKING ABOUT

WHENEVER POSSIBLE, HOWEVER, TRY TO SIT WITH "NOT ALWAYS KNOWING THE SPECIFICS"
"NEGATIVE CAPABILITY" – THE CAPACITY TO TOLERATE UNCERTAINTY AND "NOT – KNOWING"
A TERM COINED BY THE ROMANTIC POET JOHN KEATS (1991)

AND INSTEAD TRY TO "GIVE" THE PATIENT A HEARTWARMING STATEMENT THAT
REFLECTS YOUR "EMPATHIC ATTUNEMENT" TO WHAT SHE IS FEELING OR SAYING

FOR EXAMPLE, TO A PATIENT WHOSE MOTHER WAS ALWAYS JUDGMENTAL
AND WHO IS NOW TALKING ABOUT HOW AWFUL IT FEELS
TO BE CONSTANTLY JUDGED BY HER GIRLFRIEND

INSTEAD OF

"IS THAT THE WAY YOU FELT IN RELATION TO YOUR MOTHER?"
– WHICH RUNS THE RISK OF ELICITING A RATHER "HEADY" ANSWER OR "I GUESS SO" –

BE PATIENT – PERHAPS OFFER HER SOMETHING LIKE

"IT ALWAYS FEELS AWFUL TO BE JUDGED."

OR

"AN ALL – TOO – FAMILIAR – AND – AWFUL FEELING –
THAT FEELING OF BEING ALWAYS JUDGED …"
– WHICH WILL PROBABLY ELICIT A MORE HEARTFELT AND APPRECIATIVE RESPONSE –
AND MIGHT, INDEED, CREATE SPACE FOR HER TO "ASSOCIATE TO" HER JUDGMENTAL MOTHER

AND, IF POSSIBLE, MINIMIZE YOUR USE OF "SAY MORE"

THREE SPECIFIC QUESTIONS THAT MIGHT BE USEFUL

OVER TIME AND AS A RESULT OF MY IMMERSION IN SOME OF THE SHORT – TERM, INTENSIVE APPROACHES TO TREATMENT, I HAVE COME TO APPRECIATE THE VALUE OF THREE "GENERIC" QUESTIONS

– ESPECIALLY USEFUL FOR PATIENTS WHO ARE HAVING TROUBLE STARTING THEIR SESSIONS OR HAVING TROUBLE "FOCUSING" ON WHAT THEY WANT FROM THEIR TREATMENT –

SO AT THE BEGINNING OF THE SESSION, I MIGHT ASK –

"HOW WOULD YOU WANT TO USE YOUR TIME IN HERE TODAY?"

AT THE END OF THE SESSION, I WILL THEN OFTEN ASK –

"DO YOU FEEL THAT YOU USED YOUR TIME IN HERE TODAY IN THE WAY THAT YOU WOULD HAVE WANTED TO?"

AND

"WHAT IS YOUR TAKE – AWAY FROM YOUR TIME IN HERE TODAY?"

LIKE IT OR NOT

– AND, ACTUALLY, IT IS SOMETIMES APPRECIATED –

PATIENTS COME TO EXPECT THESE SOMEWHAT CHALLENGING QUESTIONS

WHAT'S IMPORTANT IS THAT THESE QUESTIONS

– WHICH ARE DESIGNED TO "FOCUS" THE PATIENT'S ATTENTION –

ARE BEING ASKED

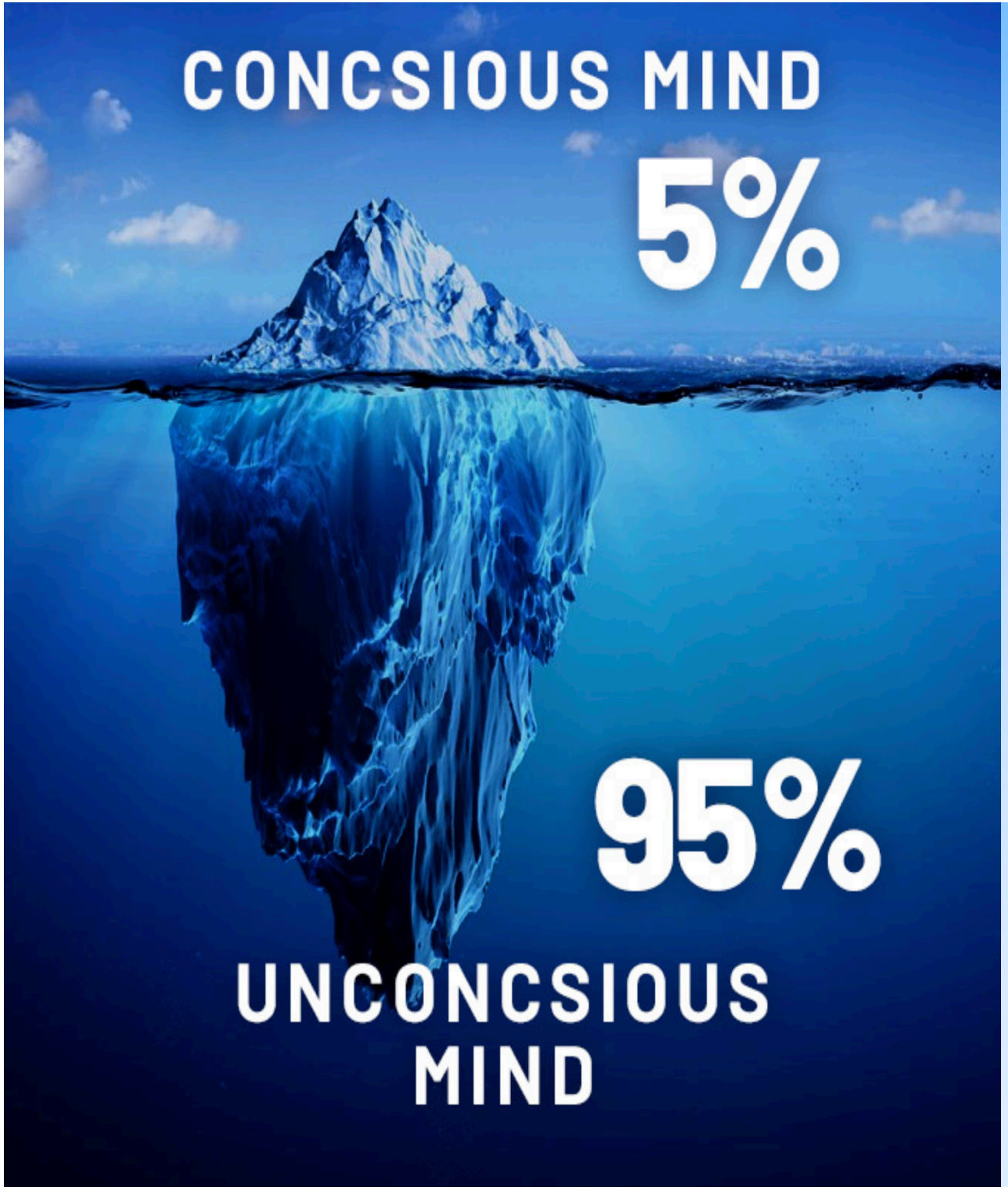
– AND NOT EVEN SO MUCH THE ACTUAL ANSWERS –

"MINIMALLY STRESSFUL" INTERVENTIONS
ARE DESIGNED TO ELICIT "LITTLE OR NO" ANXIETY

"BE WITH THE PATIENT WHERE SHE IS"
– HOMEOSTATIC ATTUNEMENT –

NOT ONLY DO THEY "SUPPORT" THE PATIENT
BUT THEY ALSO "ADVANCE THE BALL" A BIT
BY GENTLY "TEASING OUT" AND "BRINGING INTO FOCUS"
SOME OF THE "DEFENSIVE" AND "LESS – THAN – HEALTHY"
"RECURRING THEMES, PATTERNS, AND REPETITIONS"
IN THE PATIENT'S LIFE

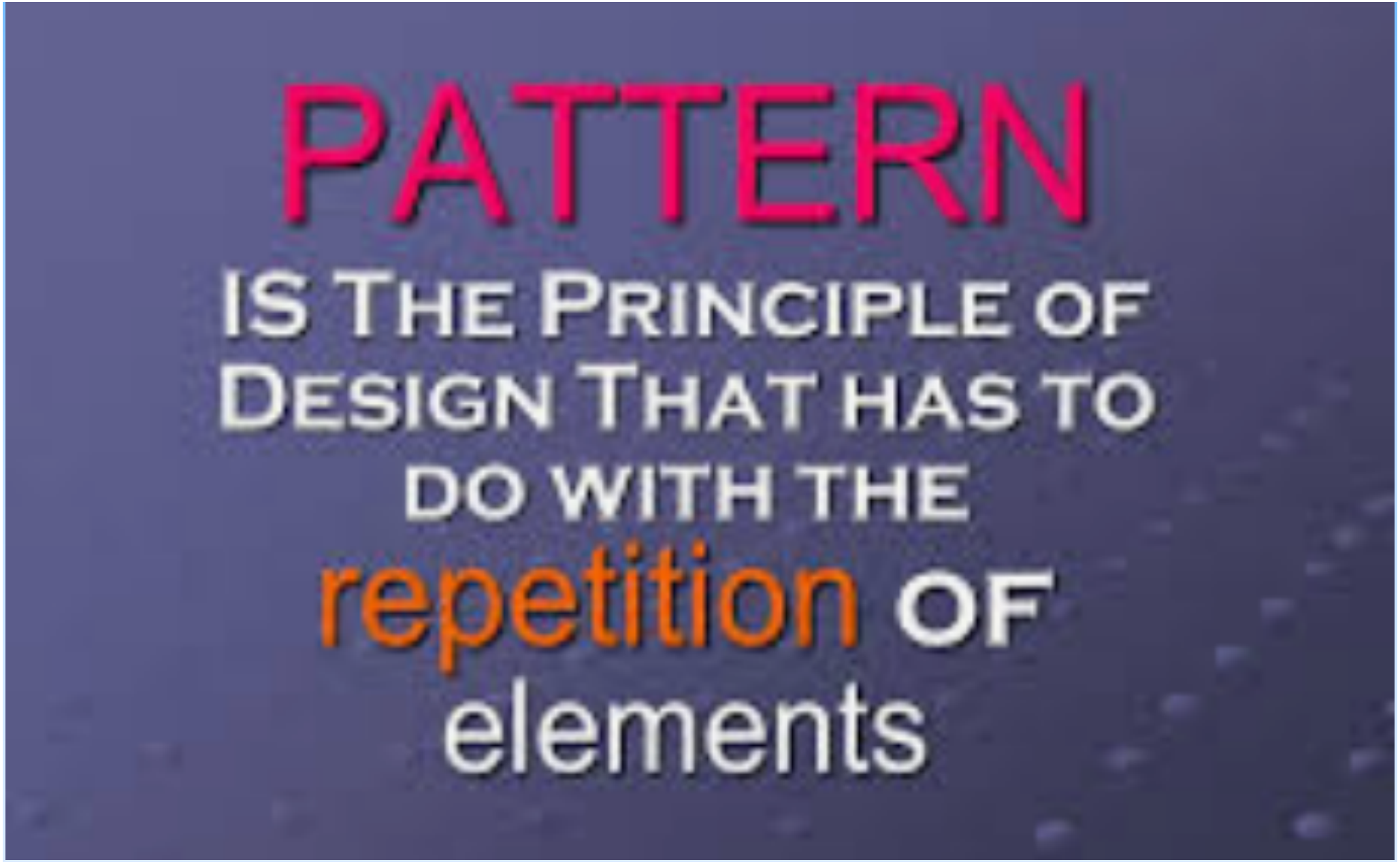
INTEGRATION STATEMENTS
2 "PARTS" – BOTH / AND STATEMENTS
PATH – OF – LEAST – RESISTANCE STATEMENTS
DAMAGED – FOR – LIFE STATEMENTS
COMPENSATION STATEMENTS
ENTITLEMENT STATEMENTS
MASOCHISM STATEMENTS
SADISM STATEMENTS
PARADOXICAL INTERVENTIONS
YOU – WOULD – WISH STATEMENTS
EMPATHIC STATEMENTS



MINIMALLY STRESSFUL INTERVENTIONS HIGHLIGHT "PATTERNS" IN THE PATIENT'S CONSCIOUS – OR PRECONSCIOUS – MIND

THEY ARE NOT DESIGNED TO TARGET HER UNCONSCIOUS

OPTIMALLY STRESSFUL INTERVENTIONS ARE MORE LIKELY TO DO THAT



THE DESIGN OF "MINIMALLY STRESSFUL" INTERVENTIONS
THAT SPOTLIGHT
PROBLEMATIC "RECURRING THEMES, PATTERNS, AND REPETITIONS"

MINIMALLY STRESSFUL INTERVENTIONS

INTEGRATION STATEMENTS

FOR THOSE PATIENTS WHO ARE HAVING TROUBLE HOLDING IN MIND SIMULTANEOUSLY BOTH THE "GOOD" AND THE "BAD" ASPECTS OF THEIR EXPERIENCE

IN OTHER WORDS

PATIENTS WITH TENUOUSLY ESTABLISHED
"LIBIDINAL OBJECT CONSTANCY" / "EVOCATIVE MEMORY CAPACITY"

"HARD TO REMEMBER" / "HARD TO IMAGINE"

"WHEN YOU'RE FEELING THIS BAD,
IT'S HARD TO REMEMBER THAT YOU HAD EVER FELT GOOD
AND IT'S HARD TO IMAGINE THAT YOU COULD EVER FEEL GOOD AGAIN."

"WHEN YOUR HEART IS BREAKING AS IT IS NOW,
YOU CAN'T IMAGINE THAT YOU COULD EVER DARE TO TRUST AGAIN."

"WHEN YOU'RE FEELING THIS ANGRY AT ME,
IT'S HARD TO REMEMBER THAT YOU USED TO FEEL GOOD ABOUT ME
AND EVEN LOOKED FORWARD TO COMING."

"WHEN YOU FEEL THIS DESPAIRING,
YOU CAN'T REMEMBER EVER HAVING HAD ANY HOPE WHATSOEVER."

MINIMALLY STRESSFUL INTERVENTIONS

2 "PARTS" – BOTH / AND STATEMENTS

FOR THOSE PATIENTS WHO ARE "AMBIVALENT" / "CONFLICTED"
ABOUT SOMEONE OR SOMETHING
AND ARE STRUGGLING EITHER TO MAKE A DECISION
OR TO COME TO TERMS WITH SIMPLY "BEING AMBIVALENT"
– THAT IS, "HAVING MIXED FEELINGS" WITHOUT FEELING THE NEED TO "TAKE ACTION" –

IN OTHER WORDS

PATIENTS WHO ARE FEELING "TWO WAYS" ABOUT AN ISSUE

– WHEN BOTH "SIDES" ARE "REASONABLE OPTIONS" –

"A PART OF YOU" / "ANOTHER PART OF YOU"

"A PART OF YOU THINKS ALL THE TIME ABOUT STOPPING THE AFFAIR,
BUT ANOTHER PART OF YOU IS STILL ENJOYING EVERY MINUTE OF IT."

"A PART OF YOU IS PROFOUNDLY DISAPPOINTED, HURT, AND ANGRY
AT YOUR HUSBAND, BUT ANOTHER PART OF YOU DOES KNOW
THAT THIS IS A MAN WHOM YOU DEEPLY CHERISH, ADORE, AND LOVE."

"A PART OF YOU IS TEMPTED TO STOP TREATMENT BECAUSE
IT COSTS SO MUCH, BUT ANOTHER PART OF YOU KNOWS THAT
YOUR THERAPY HAS BEEN VERY HELPFUL AND THAT YOU MIGHT
BE MAKING A HUGE MISTAKE WERE YOU SIMPLY TO QUIT RIGHT NOW."

"A PART OF YOU REMAINS HURT, DISAPPOINTED, AND UNFORGIVING,
BUT ANOTHER PART OF YOU IS WANTING TO FIND A WAY TO FORGIVE ME."

MINIMALLY STRESSFUL INTERVENTIONS

PATH – OF – LEAST – RESISTANCE STATEMENTS

FOR THOSE PATIENTS WHO ARE
"REACTING DEFENSIVELY"
RATHER THAN
"RESPONDING ADAPTIVELY"

EASIER TO "REACT DEFENSIVELY"
THAN TO "RESPOND ADAPTIVELY"

"IT'S EASIER TO GIVE UP THAN TO KEEP FIGHTING FOR WHAT YOU REALLY BELIEVE IN."

"IT'S EASIER TO EXPERIENCE YOURSELF AS DISEMPOWERED THAN TO TAKE OWNERSHIP OF THE POWER AND AGENCY THAT YOU ACTUALLY DO HAVE."

"IT'S EASIER TO EXPERIENCE YOURSELF AS HAVING NO ACCOUNTABILITY THAN TO TAKE RESPONSIBILITY FOR YOUR LIFE."

"IT'S EASIER TO HOLD ON TO THE HOPE THAT YOUR HUSBAND MIGHT SOMEDAY CHANGE THAN TO CONFRONT THE REALITY THAT HE PROBABLY NEVER WILL."

THE "I CAN'T, YOU CAN, AND YOU SHOULD" DYANMIC

FOR THOSE PATIENTS WHO EXPERIENCE THEMSELVES AS SO "DAMAGED" FROM WAY BACK THAT THEY CAN'T IMAGINE BEING HELD ACCOUNTABLE FOR THEIR LIVES NOW

DAMAGED – FOR – LIFE – AND – THEREFORE – NOT – RESPONSIBLE – NOW STATEMENTS

WHO FIND THEMSELVES THEREFORE LOOKING TO OTHERS TO "COMPENSATE" THEM FOR THE EARLY – ON "DAMAGE"

COMPENSATION STATEMENTS

AND WHO

– QUITE FRANKLY –

FEEL THAT THIS "COMPENSATION" IS THEIR DUE

ENTITLEMENT STATEMENTS

DISTORTION – DISTORTED SENSE OF SELF AS "NOT HAVING"

ILLUSION – ILLUSORY SENSE OF OBJECT AS "HAVING"

ENTITLEMENT – ENTITLED SENSE THAT "GETTING" IS THEIR "DUE"

ALL OF WHICH ARE DEFENSIVE REACTIONS

MINIMALLY STRESSFUL INTERVENTIONS

DAMAGED – FOR – LIFE – AND – THEREFORE – NOT – RESPONSIBLE – NOW STATEMENTS

"YOU FEEL SO DAMAGED BECAUSE OF ALL THE ABUSE YOU SUFFERED AS A CHILD THAT YOU CANNOT IMAGINE EVER BEING ABLE TO DO ANYTHING NOW TO MAKE YOUR LIFE BETTER."

COMPENSATION STATEMENTS

"WHEN YOU ARE FEELING DESPERATE, AS YOU ARE RIGHT NOW, YOU FIND YOURSELF WISHING THAT SOMEONE WOULD UNDERSTAND JUST HOW BAD YOU FEEL AND WOULD DO SOMETHING TO HELP EASE YOUR PAIN."

ENTITLEMENT STATEMENTS

"BECAUSE YOU FEEL THAT WHAT YOUR FATHER DID TO YOU WAS SO UNFAIR, DEEP DOWN YOU HARBOR THE CONVICTION THAT THE WORLD NOW OWES YOU."

"BECAUSE YOUR MOTHER NEVER UNDERSTOOD YOU AND LEFT YOU SO MUCH ON YOUR OWN, YOU'RE NOW FEELING THAT UNLESS SOMEONE IS WILLING TO GO MORE THAN HALFWAY, THEN YOU'RE SIMPLY NOT INTERESTED."

MINIMALLY STRESSFUL INTERVENTIONS

MASOCHISM STATEMENTS

FOR THOSE PATIENTS WHO
– BECAUSE IT SIMPLY "HURTS TOO MUCH" –
REFUSE TO "CONFRONT" – AND "GRIEVE" – THE REALITY
THAT THE "OBJECT OF THEIR DESIRE" WILL NEVER CHANGE

INSTEAD, THEY HOLD ON TO THEIR
DEFENSIVE – AND RELENTLESS – "HOPING AGAINST HOPE"

"BECAUSE IT IS SO PAINFUL TO HAVE TO CONFRONT THE TRUTH ABOUT YOUR HUSBAND AND HIS ONGOING INSENSITIVITY TO YOU AND YOUR FEELINGS, YOU FIND YOURSELF CONTINUING TO HOPE THAT PERHAPS, IF YOU TRY HARD ENOUGH, ARE PERSUASIVE ENOUGH, PERSIST LONG ENOUGH, AND SUFFER DEEPLY ENOUGH, THEN YOU MIGHT YET BE ABLE TO COMPEL HIM TO CHANGE."

"BECAUSE IT HURTS TOO MUCH TO CONFRONT THE REALITY THAT YOUR FATHER WILL NEVER BE WILLING TO APOLOGIZE FOR ALL THAT HE DID TO YOU WHEN YOU WERE GROWING UP, YOU KEEP HOPING THAT IF YOU TRY HARD ENOUGH, PERSIST LONG ENOUGH, AND SUFFER DEEPLY ENOUGH, THEN HE MIGHT YET RELENT AND BE WILLING TO ACKNOWLEDGE THAT HE KNOWS HE CAUSED YOU TERRIBLE HEARTBREAK DURING ALL THOSE YEARS OF HIS DRINKING."

MINIMALLY STRESSFUL INTERVENTIONS

SADISM STATEMENTS

FOR THOSE PATIENTS WHO
– IN THOSE MOMENTS OF DAWNING RECOGNTION THAT WHAT THEY HAD SO DESPERATELY WANTED AND FELT THEY NEEDED TO HAVE IN ORDER TO SURVIVE IS SIMPLY NOT GOING TO HAPPEN –
ARE DEFENSIVELY PRONE TO EXPERIENCING THEMSELVES AS HAVING BEEN "MISTREATED" AND / OR "VICTIMIZED"

THEY WILL OFTEN THEN FIND THEMSELVES FEELING THAT THEY EITHER HAVE NO CHOICE BUT TO RETALIATE OR ARE ENTITLED TO RETALIATE

"WHEN YOU FEEL THAT YOU HAVE BEEN WRONGED, YOU CAN GET PRETTY UGLY IF YOU HAVE TO!"

"WHEN YOUR MOTHER IS DOING HER 'USUAL,' IT HURTS SO MUCH TO BE FEELING SO MISUNDERSTOOD THAT YOU FIND YOURSELF THINKING ABOUT WHAT YOU CAN DO TO HURT HER BACK. YOU WANT HER TO GET A TASTE OF HER OWN MEDICINE."

"WHEN YOU FEEL THAT YOU ARE BEING MISTREATED, IT MAKES YOU SO ENRAGED THAT YOU FEEL YOU HAVE NO CHOICE BUT TO RESPOND IN KIND."

MINIMALLY STRESSFUL INTERVENTIONS

PARADOXICAL INTERVENTIONS

FOR THOSE PATIENTS WHO ARE DEEPLY ENTRENCHED IN MAINTAINING "SAME OLD, SAME OLD"

ALTHOUGH THE PATIENT HAS BEEN GIVING "LIP SERVICE" TO WANTING TO CHANGE, IT IS CLEAR FROM WHAT THE PATIENT IS ACTUALLY DOING THAT THE PATIENT IS NOT, IN FACT, PREPARED TO CHANGE

THE THERAPIST THEREFORE "LETS GO" OF HER OWN "NEED" FOR THE PATIENT TO CHANGE AND "ACCEPTS" THE REALITY THAT THE PATIENT IS NOT PREPARED TO CHANGE – AT LEAST "NOT FOR NOW"

IN ESSENCE, THE THERAPIST "GOES WITH THE RESISTANCE" BY

"PRESCRIBING THE SYMPTOM"

"I THINK I AM BEGINNING TO SEE WHY YOU FEEL THAT YOU CANNOT AFFORD TO TRUST ANYONE. BASED UPON WHAT YOU HAVE BEEN TELLING ME ABOUT THE NUMBERS OF TIMES YOUR TRUST HAS BEEN BETRAYED AND YOUR HEART BROKEN IN THE PAST, I CAN NOW UNDERSTAND WHY YOU FEEL THAT YOU SIMPLY MIGHT NEVER WANT TO OPEN YOUR HEART AGAIN. ALTHOUGH IT MIGHT MEAN BEING ALONE FOREVER, AT LEAST YOU WILL KNOW THAT NO ONE WILL BE ABLE TO HURT YOU EVER AGAIN."

MINIMALLY STRESSFUL INTERVENTIONS

PARADOXICAL INTERVENTIONS

IN ESSENCE, THE THERAPIST USES HER "EMPATHIC UNDERSTANDING" OF THE PATIENT TO OFFER HER A PARADOX

TO THE PATIENT WHO, EVEN AFTER A YEAR, HAS NOT BEEN ABLE TO MOBILIZE HIMSELF TO UPDATE HIS RESUME – DESPITE HIS PROCLAIMED INTENTION TO DO SO

"YES, EVERY SINGLE DAY YOU DREAD GOING TO WORK, YOU HATE YOUR BOSS, AND YOUR JOB IS INCREDIBLY TEDIOUS. BUT, AS YOU HAVE SAID REPEATEDLY, IT DOES PROVIDE YOU WITH FINANCIAL SECURITY AND A SENSE OF BELONGING. SO I THINK I AM BEGINNING TO APPRECIATE THAT, AT THIS POINT IN YOUR LIFE, PERHAPS IT DOES NOT REALLY MAKE SENSE FOR YOU TO BE MOVING FORWARD WITH APPLYING FOR A NEW JOB. PERHAPS AT SOME POINT IN THE FUTURE, BUT NOT RIGHT NOW."

TO A DESPERATELY UNHAPPY 45 – YEAR – OLD MAN MARRIED FOR 20 YEARS

"YOU HATE IT THAT YOUR WIFE ABUSES YOU IN ALL THE WAYS THAT SHE DOES. AND YOU STOPPED LOVING HER YEARS AGO. BUT, AS YOU HAVE OFTEN EXPLAINED, WHEN YOU START TO THINK ABOUT HOW OLD AND TIRED YOU FEEL, YOU FIND YOURSELF THINKING THAT PERHAPS IT IS SIMPLY TOO LATE – THAT THE TIME TO HAVE LEFT HER MIGHT ALREADY HAVE COME AND GONE. UNDERSTOOD."

IF THE PATIENT IS MADE ANGRY BY THE THERAPIST'S PARADOXICAL INTERVENTIONS, THEN THE PATIENT'S ANGER MIGHT WELL EMPOWER HER – MIGHT WELL PROVIDE THE NECESSARY MOTIVATION (OR IMPETUS) FOR HER TO TAKE ACTION – IF ONLY TO PROVE THE THERAPIST WRONG!

MINIMALLY STRESSFUL INTERVENTIONS

YOU – WOULD – WANT / YOU – WOULD – WISH STATEMENTS

HERE THE THERAPIST IS GIVING THE PATIENT THE "BENEFIT OF THE DOUBT"

USING A LITTLE BIT OF "SUBLIMINAL STIMULATION"
TO HIGHLIGHT THE FACT THAT THE THERAPIST THINKS THERE IS INDEED
A HEALTHY PART OF THE PATIENT THAT "WOULD WANT" TO BE ABLE
TO DO A BETTER JOB OF MANAGING THINGS IN HER LIFE
INSTEAD OF ALWAYS SABOTAGING HERSELF

ADMITTEDLY, THE THERAPIST IS "LEADING THE WITNESS" A BIT
BY "PUTTNG HEALTHY WORDS IN THE PATIENT'S MOUTH"

BUT IT IS ALL BEING DONE WITH AN EYE
TO HELPING THE PATIENT ACCESS HER "LEADING EDGE"

"YOU WOULD WANT TO BE ABLE TO FORGIVE YOUR HUSBAND
BUT ARE JUST NOT QUITE YET PREPARED TO DO THAT."

"YOU WOULD WANT TO BE ABLE TO GET YOUR HOUSE IN ORDER
BUT FIND YOURSELF FIGHTING IT EVERY STEP OF THE WAY."

"YOU WOULD WANT TO BE ABLE TO HAVE A RICHER, MORE FULFILLING LIFE
BUT HOLD BACK FROM VENTURING OUT
FOR FEAR OF BEING TERRIBLY DISAPPOINTED."

"YOU WOULD WISH THAT YOU COULD BE MORE ON TOP OF YOUR GAME
BUT FIND YOURSELF CONTINUALLY FEELING OVERWHELMED
AND LOSING YOUR WAY."

EMPATHIC STATEMENTS

ARE ALSO "MINIMALLY STRESSFUL"
AND, THEREFORE, DESIGNED TO ELICIT "LITTLE OR NO ANXIETY"

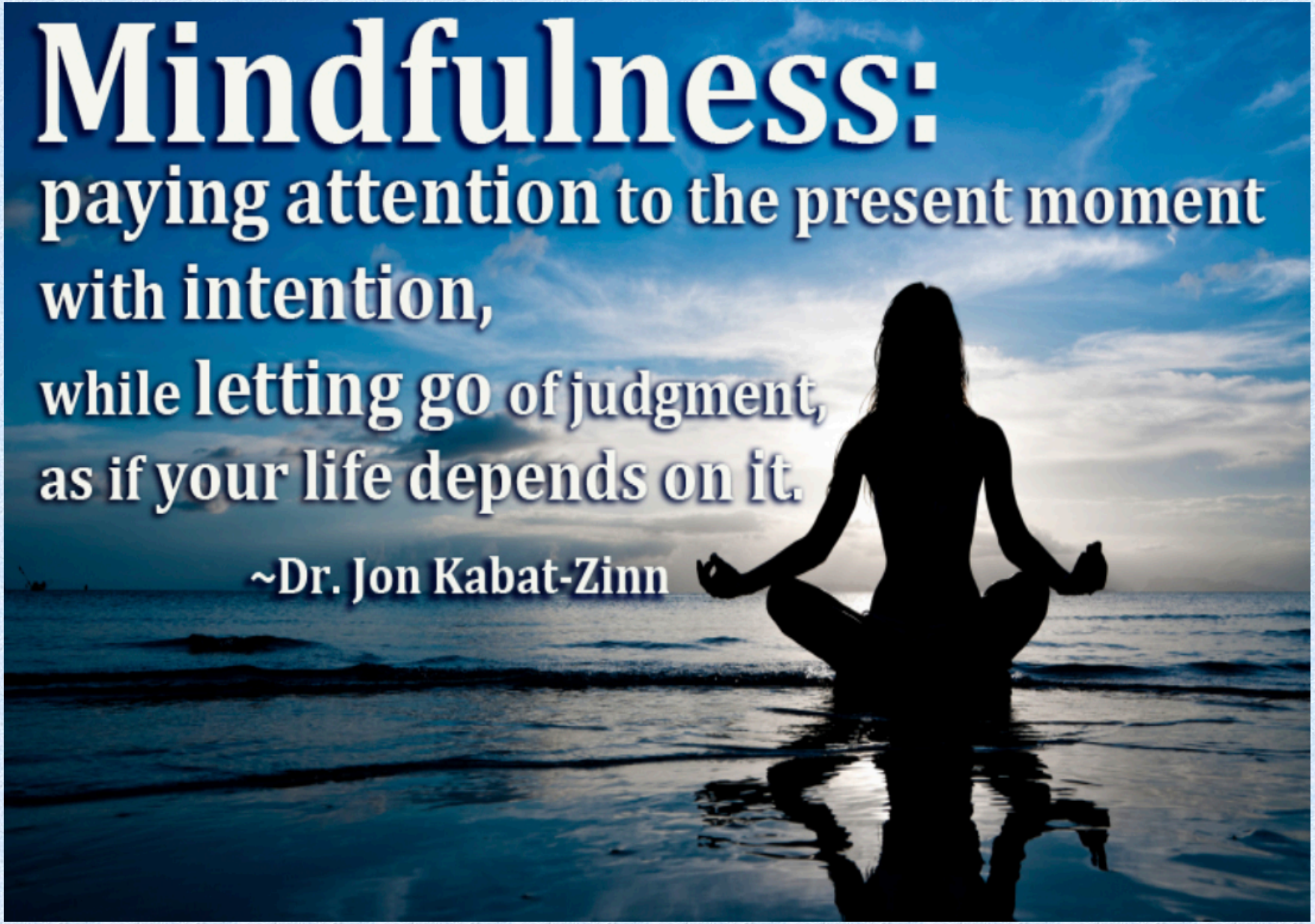
BUT THEY ARE IN A CLASS OF THEIR OWN
THEY ARE MY "DEFAULT MODE" AND WHERE I SPEND MUCH OF MY TIME

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
"ATTENTIVELY LISTENING" AND "EMPATHICALLY ATTUNED"
TO WHATEVER THE PATIENT IS "EXPERIENCING" IN THE MOMENT

THE THERAPIST'S STANCE HERE 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


Mindfulness:
paying attention to the present moment
with intention,
while letting go of judgment,
as if your life depends on it.
~Dr. Jon Kabat-Zinn


EMPATHY IS SIMPLY LISTENING, HOLDING
SPACE, WITHHOLDING JUDGMENT, EMOTIONALLY CONNECTING,
AND COMMUNICATING THAT INCREDIBLY HEALING
MESSAGE OF "YOU'RE NOT ALONE."

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 RIGHT THEN"

AND "ABOUT WHAT"

STATEMENTS THAT OFTEN END WITH AN IMPLIED QUESTION MARK

WHEREBY I AM SIGNALING THAT I AM VERY OPEN TO HAVING

MY RENDERING OF THINGS EDITED, CORRECTED, OR REVISED

IN ORDER TO MAKE IT 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 AND DRAMATIC EMOTION" LIKE

ANGER / OUTRAGE – FEAR / PANIC / DESPERATION

SADNESS / DESPAIR – DISGUST / HORROR – SHAME / GUILT / REGRET

IT CAN BE SOMETHING "MORE UNDERSTATED" LIKE

CONFUSED / NOT KNOWING FOR SURE / LOST – UPSET / CONCERNED / WORRIED

UNCOMFORTABLE / WEARY / BURDENED – DISAPPOINTED / FRUSTRATED

WOULD RATHER NOT / WOULD WISH

EXAMPLES OF EMPATHIC STATEMENTS

**"IT IS HARD TO KNOW WHERE TO BEGIN
WHEN EVERYTHING FEELS SO OVERWHELMING."**

**"IT IS UNCOMFORTABLE TO BE HERE
WHEN YOU'RE NOT SURE THE THERAPY IS REALLY HELPING ANYWAY."**

"IT IS UPSETTING TO BE FEELING THIS OUT OF CONTROL."

**ALL OF WHICH SPEAK TO BOTH
THE PATIENT'S "AFFECT" AND THE "ASSOCIATED THEME"**
THAT IS, THE "STORY" OR "NARRATIVE" THAT GOES WITH THE FEELING

**"YOU ARE 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 ARE TERRIFIED THAT YOU WILL BE DISAPPOINTED."

"YOU ARE TERRIFIED THAT YOU YOURSELF WILL DISAPPOINT."

"YOU ARE CONFUSED ABOUT HOW BEST TO USE THE SESSION."

"YOU WORRY ABOUT WHAT I MIGHT BE THINKING."

EMPATHIC STATEMENTS THAT HIGHLIGHT
WHAT THE PATIENT IS EXPERIENCING
IN A "SPECIFIC CONTEXT"

"IT IS PAINFUL TO BE FEELING SO MISUNDERSTOOD BY JUANITA."

CAN THEN USUALLY BE "GENERALIZED"
FROM THE "SMALL" TO THE "ALL"

"IT IS PAINFUL TO BE FEELING ALWAYS SO MISUNDERSTOOD."

BY THE SAME TOKEN

EMPATHIC STATEMENTS THAT HIGHLIGHT
WHAT THE PATIENT IS EXPERIENCING
IN THE "PRESENT"

"IT IS PAINFUL TO BE FEELING SO MISUNDERSTOOD."

CAN THEN USUALLY BE "EXTENDED"
TO THE "PAST"

"IT IS PAINFUL TO HAVE BEEN FEELING
SO MISUNDERSTOOD FOR SO LONG NOW."

WITH RESPECT TO THE "FRAMING" OF AN EMPATHIC STATEMENT

PLEASE NOTE THAT INSTEAD OF

"I WONDER IF IT IS PAINFUL TO BE FEELING SO MISUNDERSTOOD."

OR "IT SOUNDS AS IF IT IS PAINFUL TO BE FEELING SO MISUNDERSTOOD."

OR "IT SEEMS AS IF IT IS PAINFUL TO BE FEELING SO MISUNDERSTOOD."

OR "IT MUST BE PAINFUL TO BE FEELING SO MISUNDERSTOOD."

YOU COULD SIMPLY SAY

"IT IS PAINFUL TO BE FEELING SO MISUNDERSTOOD."

FOLLOWED BY THE IMPLIED QUESTION MARK
THEREBY SIGNALING THAT YOU ARE VERY OPEN
TO HAVING YOUR STATEMENT AMENDED

I DO MY BEST TO ELIMINATE EXTRA WORDS AT THE BEGINNING
OF THE STATEMENT SO THAT I CAN CUT RIGHT TO THE CHASE

"IT BREAKS YOUR HEART THAT SHE DOESN'T SEEM TO CARE."

EXTRA WORDS RUN THE RISK OF PUTTING TOO MUCH DISTANCE
BETWEEN THE THERAPIST AND THE PATIENT

EMPATHIC STATEMENTS ARE "EXPERIENCE – NEAR"

– NOT "EXPERIENCE – DISTANT" –

AND ARE DESIGNED TO "VALIDATE" AND "RESONATE EMPATHICALLY WITH"
THE PATIENT'S "EXPERIENCE" IN THE MOMENT
AND THE "NARRATIVE" WITH WHICH THAT AFFECT IS ASSOCIATED

THEY ARE NOT DESIGNED TO TARGET HER UNCONSCIOUS

I AM HONORING WHAT THE PATIENT IS ACTUALLY SAYING

I AM NOT TRYING TO READ BETWEEN THE LINES
OR TO INTERPRET WHAT I THINK MIGHT LIE BENEATH THE SURFACE

I AM FOCUSING MORE ON THE "MANIFEST CONTENT"
THAN ON THE "LATENT CONTENT"

THE AIM OF THESE STATEMENTS
IS TO HELP THE PATIENT "FEEL UNDERSTOOD,"
NOT TO HELP THE PATIENT "UNDERSTAND"

WHEN PATIENTS FEEL UNDERSTOOD,
THEY ARE LESS LIKELY TO GET DEFENSIVE
AND MORE LIKELY TO DELIVER INTO THE RELATIONSHIP
WHAT MOST MATTERS TO THEM
– THAT IS, WHAT IS MOST "EMOTIONALLY RELEVANT" FOR THEM –

AGAIN

EMPATHIC STATEMENTS
ARE SPECIFICALLY DESIGNED
NOT ONLY TO "HIGHLIGHT"
WHAT THE PATIENT IS ACTUALLY "FEELING"

BUT ALSO TO "MAKE EXPLICIT"
– AND "GIVE SHAPE TO" –
THE "STORIES" (OR "NARRATIVES")
THAT THE PATIENT
– AS A YOUNG CHILD –
HAD CONSTRUCTED
IN A DESPERATE ATTEMPT
TO MAKE SENSE OF

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 EXPOSED

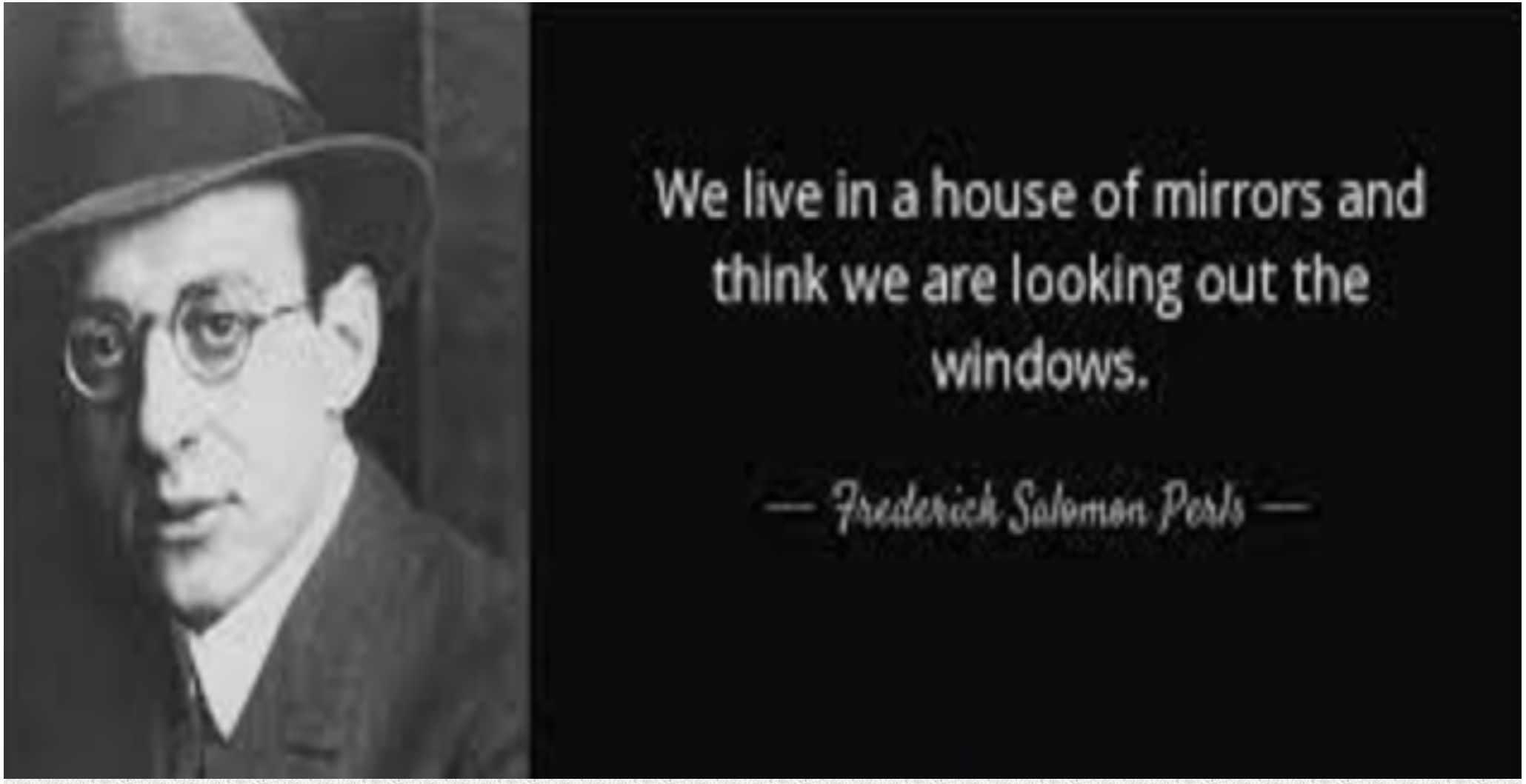
BUT "MADE – UP" AND "DISEMPOWERING" STORIES
THAT HAVE NOW GENERALIZED
FROM THE "SMALL" (HER NUCLEAR FAMILY)
TO THE "ALL" (THE WORLD AROUND HER)

"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 WILL FOLLOW

AND THEN FACILITATE TRANSFORMATION OF RIGID DEFENSE
INTO MORE FLEXIBLE ADAPTATION



WE ARE WEDDED TO NARRATIVES

CONSTRUCTED LONG AGO
IN A DESPERATE ATTEMPT
TO MAKE SENSE OF THINGS

THAT HAVE NOW BECOME THE WAY WE,
UNWITTINGLY, VIEW THE WORLD

BRIEFLY

MY PSYCHODYNAMIC SYNERGY PARADIGM

MY "CARE" APPROACH TO HEALING

FEATURES FIVE "MODES OF THERAPEUTIC ACTION"

FIVE DIFFERENT APPROACHES TO "CATALYZING" THIS TRANSFORMATION OF PSYCHOLOGICAL RIGIDITY INTO PSYCHOLOGICAL FLEXIBILITY

MY PSYCHODYNAMIC SYNERGY PARADIGM (PSP)

– A SYNERGISTIC APPROACH TO HEALING –

FIVE INTERDEPENDENT AND MUTUALLY ENHANCING "MODES OF THERAPEUTIC ACTION"

MODEL 1 – ENHANCEMENT OF KNOWLEDGE "WITHIN"

THE INTERPRETIVE PERSPECTIVE OF CLASSICAL PSYCHOANALYSIS

MODEL 2 – PROVISION OF EXPERIENCE "FOR"

THE CORRECTIVE – PROVISION PERSPECTIVE OF SELF PSYCHOLOGY

MODEL 3 – ENGAGEMENT IN RELATIONSHIP "WITH"

THE INTERSUBJECTIVE PERSPECTVE OF CONTEMPORARY RELATIONAL THEORY

MODEL 4 – FACILITATION OF SURRENDER "TO"

AN EXISTENTIAL – HUMANISTIC APPROACH TO MENDING BROKENNESS, SECURING THE ATTACHMENT, AND EASING EXISTENTIAL ANGST

MODEL 5 – ENVISIONING OF POSSIBILITIES "BEYOND"

A QUANTUM – NEUROSCIENTIFIC APPROACH TO OVERCOMING ANALYSIS PARALYSIS AND "STUCKNESS"

MY PSYCHODYNAMIC SYNERGY PARADIGM (PSP)
A "CARE" APPROACH TO HEALING

Cognitive – Affective – Relational – Existential

MODEL 1 – COGNITIVE

"STRUCTURAL CONFLICT" – CLASSICAL PSYCHOANALYTIC

MODEL 2 – AFFECTIVE

"STRUCTURAL DEFICIT" – SELF PSYCHOLOGICAL

MODEL 3 – RELATIONAL

"RELATIONAL CONFLICT" – CONTEMPORARY RELATIONAL

MODEL 4 – EXISTENTIAL

"RELATIONAL DEFICIT" – EXISTENTIAL – HUMANISTIC

MODEL 5 – CONSTRUCTIVIST

"NEURAL ENTRENCHMENT" – QUANTUM – NEUROSCIENTIFIC

ALL FIVE PSP MODELS CAPITALIZE UPON
THE THERAPEUTIC PROVISION OF OPTIMAL STRESS
TO ADVANCE THE PATIENT
FROM LONGSTANDING, DEEPLY ENTRENCHED, MALADAPTIVE RIGIDITY
TO NEWFOUND, MORE EVOLVED, MORE ADAPTIVE FLEXIBILITY
WITH AN EYE TO INCENTIVIZING
DEEP AND SUSTAINED CHARACTEROLOGICAL CHANGE

FIVE "OPTIMALLY STRESSFUL" "GROWTH – INCENTIVIZING" INTERVENTIONS

CORRESPONDING TO THE FIVE INTERDEPENDENT MODELS

– ALL OF WHICH TARGET THE PATIENT'S DEFENSES IN ORDER TO ADVANCE HER FROM RIGID DEFENSE TO MORE FLEXIBLE ADAPTATION –

MODEL 1 – "COGNITION" AND "INSIGHT"

CONFLICT STATEMENTS

– FROM "RESISTANCE" TO "AWARENESS" –

MODEL 2 – "AFFECT," "EXPERIENCE," AND "GRIEVING"

DISILLUSIONMENT STATEMENTS

– FROM "RELENTLESS HOPE" TO "ACCEPTANCE" –

MODEL 3 – "INTERACTION," "MUTUALITY OF IMPACT," AND "NEGOTIATION"

ACCOUNTABILITY STATEMENTS,

CONTAINING STATEMENTS, AND THE "RULE OF THREE"

– FROM "RE – ENACTMENT" TO "ACCOUNTABILITY" –

MODEL 4 – "SURRENDERING," "FINDING MEANING," AND "LIVING RESPONSIBLY"

FACILITATION STATEMENTS

– FROM "RELATIONAL ABSENCE" TO "AUTHENTIC PRESENCE" –

– FROM NIHILISTIC "REJECTION OF EXISTENCE" TO EXISTENTIAL "ACCEPTANCE OF ITS DUALITIES / POLARITIES / COMPLEMENTARITIES" –

MODEL 5 – "CONSTRUCTED NARRATIVES" AND "ENVISIONED POSSIBILITIES"

QUANTUM DISENTANGLEMENT STATEMENTS

– FROM "REFRACTORY INERTIA" AND "ANALYSIS PARALYSIS" TO "ACTION" AND "ACTUALIZATION OF POTENTIAL" –


SYNERGY

BUT OUR FOCUS NOW AND NEXT TIME WILL BE ON THE FIRST THREE MODELS

– THE THREE MAJOR PSYCHOANALYTIC SCHOOLS –

– KNOWLEDGE, EXPERIENCE, AND RELATIONSHIP –

THE FIRST OF WHICH IS CLASSICAL

THE SECOND AND THIRD OF WHICH ARE MORE CONTEMPORARY

MODEL 1

THE INTERPRETIVE PERSPECTIVE

OF CLASSICAL PSYCHOANALYSIS

– SIGMUND FREUD / ANNA FREUD / HEINZ HARTMANN / DAVID RAPAPORT –

MODEL 2

THE CORRECTIVE – PROVISION PERSPECTIVE

OF SELF PSYCHOLOGY

AND THOSE OBJECT RELATIONS THEORIES

EMPHASIZING INTERNAL "ABSENCE OF GOOD"

– RESULTING FROM "RELATIONAL DEPRIVATION AND NEGLECT" –

– HEINZ KOHUT / MICHAEL BALINT / PAUL AND ANNA ORNSTEIN –

MODEL 3

THE INTERSUBJECTIVE PERSPECTIVE

OF CONTEMPORARY RELATIONAL THEORY

AND THOSE OBJECT RELATIONS THEORIES

EMPHASIZING INTERNAL "PRESENCE OF BAD"

– RESULTING FROM "RELATIONAL TRAUMA AND ABUSE" –

– STEPHEN MITCHELL / JAY GREENBERG / JESSICA BENJAMIN / JEAN BAKER MILLER –

MODEL 1 – COGNITIVE

CLASSICAL PSYCHOANALYTIC

MODEL 2 – AFFECTIVE

SELF PSYCHOLOGICAL

MODEL 3 – RELATIONAL

CONTEMPORARY RELATIONAL

SIMILARLY (AND REASSURINGLY!)

ALLAN SCHORE (2022) HAS HIGHLIGHTED

WHAT HE DESCRIBES AS A "PARADIGM SHIFT"

– OVER THE COURSE OF THE YEARS –

FROM "LEFT BRAIN" CONSCIOUS COGNITION

MY MODEL 1

TO "RIGHT BRAIN" UNCONSCIOUS EMOTIONAL PROCESSES

MY MODEL 2

AND "RIGHT BRAIN" UNCONSCIOUS RELATIONAL DYNAMICS

MY MODEL 3

MODEL 1

COGNITIVE / "HEAD" / THOUGHTS

TARGET THE PATIENT'S "INTERNAL CONFLICTEDNESS"

AND RELUCTANCE TO "ACKNOWLEDGE"

ANXIETY – PROVOKING "TRUTHS"

ABOUT THE "SELF"

MODEL 2

AFFECTIVE / "HEART" / FEELINGS

TARGET THE PATIENT'S "RELENTLESS PURSUITS"

AND RELUCTANCE TO "CONFRONT AND GRIEVE"

ANXIETY – PROVOKING "TRUTHS"

ABOUT THE "OBJECTS OF HER DESIRE"

MODEL 3

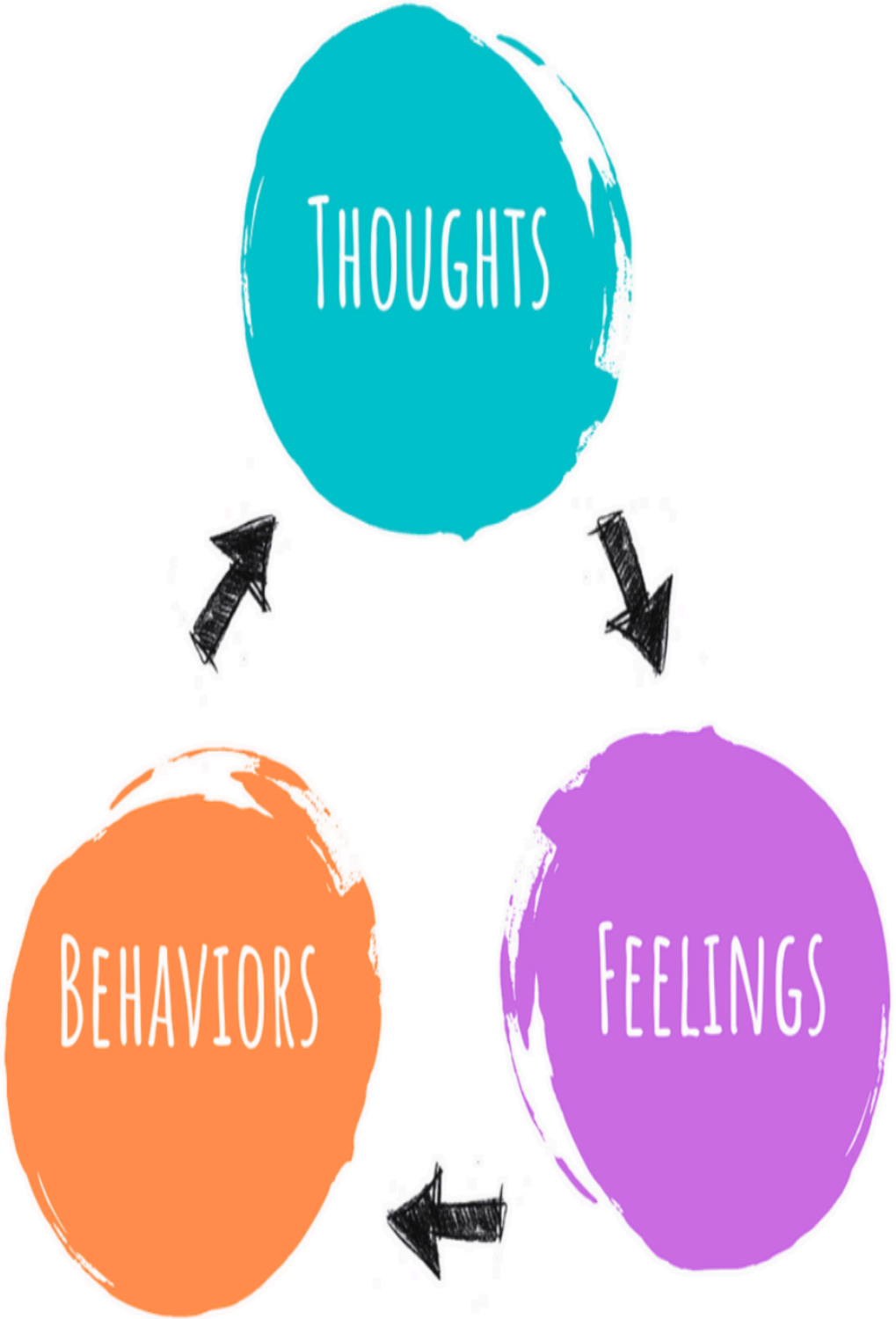
RELATIONAL / "HAND" / BEHAVIORS

TARGET THE PATIENT'S "COMPULSIVE RE – ENACTMENTS"

AND RELUCTANCE TO "TAKE OWNERSHIP OF"

ANXIETY – PROVOKING "TRUTHS"

ABOUT THE "RELATIONAL SELF"



HEAD
MODEL 1

HEART
MODEL 2

HANDS
MODEL 3

MODEL 1 – COGNITIVE

CLASSICAL PSYCHOANALYSIS

THE THERAPEUTIC ACTION FOCUSES ON "INTERPRETING"

ANXIETY – PROVOKING TRUTHS

ABOUT THE PATIENT'S "SELF"

– AND FEATURES OPTIMALLY STRESSFUL CONFLICT STATEMENTS –

MODEL 2 – AFFECTIVE

SELF PSYCHOLOGY AND OTHER DEFICIT THEORIES

THE THERAPEUTIC ACTION FOCUSES ON "GRIEVING"

ANXIETY – PROVOKING TRUTHS

ABOUT THE PATIENT'S "OBJECTS OF DESIRE"

– AND FEATURES OPTIMALLY STRESSFUL DISILLUSIONMENT STATEMENTS –

MODEL 3 – RELATIONAL

CONTEMPORARY RELATIONAL THEORY

THE THERAPEUTIC ACTION FOCUSES ON "OWNING"

ANXIETY – PROVOKING TRUTHS

ABOUT THE PATIENT'S "RELATIONAL SELF"

– AND FEATURES OPTIMALLY STRESSFUL ACCOUNTABILITY STATEMENTS –

MODEL 1 – INTERPRETING

THE THERAPEUTIC ACTION INVOLVES
"RESOLVING INTERNAL CONFLICT"
BY "INTERPRETING THE RESISTANCE"

TO ADVANCE THE PATIENT
FROM "RESISTANCE" TO "AWARENESS"

MODEL 2 – GRIEVING

THE THERAPEUTIC ACTION INVOLVES
ADAPTIVELY "INTERNALIZING EXTERNAL GOOD"
BY "GRIEVING DISAPPOINTMENT"

TO ADVANCE THE PATIENT
FROM "RELENTLESS HOPE" TO "ACCEPTANCE"

MODEL 3 – NEGOTIATING

THE THERAPEUTIC ACTION INVOLVES
"DETOXIFYING INTERNAL BADNESS"
BY "NEGOTIATING AT THE 'INTIMATE EDGE' OF RELATEDNESS"
DARLENE EHRENBERG (1992)

TO ADVANCE THE PATIENT
FROM "RE – ENACTMENT" TO "ACCOUNTABILITY"

OPTIMALLY STRESSFUL

MODEL 1 CONFLICT STATEMENTS

ARE DESIGNED TO ENCOURAGE

THE "RESISTANT" PATIENT

TO STEP BACK FROM THE IMMEDIACY OF THE MOMENT

IN ORDER TO GAIN INSIGHT INTO

BOTH HER INVESTMENT IN MAINTAINING "SAME OLD, SAME OLD"

WHICH IS WHY IT IS "EGO – SYNTONIC"

AND THE PRICE SHE PAYS FOR DOING SO

IN AN EFFORT TO MAKE IT MORE "EGO – DYSTONIC"

OPTIMALLY STRESSFUL

MODEL 2 DISILLUSIONMENT STATEMENTS

ARE DESIGNED TO FACILITATE

THE NECESSARY GRIEVING THAT

THE "RELENTLESS" PATIENT

MUST DO

AS SHE BEGINS TO CONFRONT

PAINFUL REALITIES ABOUT
THE OBJECTS OF HER DESIRE

THEIR LIMITATIONS, SEPARATENESS, AND IMMUTABILITY

OPTIMALLY STRESSFUL

MODEL 3 ACCOUNTABILITY STATEMENTS

ARE DESIGNED TO ENCOURAGE

THE "RE – ENACTING" PATIENT

TO TAKE RESPONSIBILITY FOR

THE UNMASTERED RELATIONAL TRAUMAS

THAT SHE IS COMPULSIVELY AND UNWITTINGLY

REPLAYING ON THE STAGE OF HER LIFE

MORE SPECIFICALLY

TO TAKE OWNERSHIP OF
THE EARLY – ON TRAUMATIC FAILURE SITUATIONS
THAT SHE IS EVER – BUSY
RECREATING IN HER CURRENT RELATIONSHIPS

OVERVIEW

THE THERAPEUTIC ACTION IN ALL THREE MODELS INVOLVES "WORKING THROUGH" THE "OPTIMAL STRESS" CREATED BY THE THERAPIST'S INTERVENTIONS – WHICH ALTERNATELY CHALLENGE AND THEN SUPPORT –

INTERVENTIONS STRATEGICALLY DESIGNED TO GENERATE

MODEL 1 – COGNITIVE DISSONANCE

"WORKING THROUGH" THE "STRESS" OF "GAIN – BECOME – PAIN"

– "EGO – SYNTONIC – BECOME – EGO – DYSTONIC" –

THEREBY TRANSFORMING "RESISTANCE" INTO "AWARENESS"

MODEL 2 – AFFECTIVE DISILLUSIONMENT

"WORKING THROUGH" THE "STRESS" OF "GOOD – BECOME – BAD"

– "ILLUSION – BECOME – DISILLUSIONMENT" / "POSITIVE TRANSFERENCE DISRUPTED" –

THEREBY TRANSFORMING "RELENTLESS HOPE" INTO "ACCEPTANCE"

MODEL 3 – RELATIONAL DETOXIFICATION

"WORKING THROUGH" THE "STRESS" OF "BAD – BECOME – GOOD"

– "DISTORTION – BECOME – REALITY" / "NEGATIVE TRANSFERENCE" –

THEREBY TRANSFORMING "RE – ENACTMENT" INTO "ACCOUNTABILITY"

PLEASE NOTE
IF YOU DO INDEED EMBRACE THE IDEA
THAT "OPTIMAL STRESS" IS NEEDED TO INCENTIVIZE
DEEP AND SUSTAINED PSYCHODYNAMIC CHANGE,

THEN CRITICALLY IMPORTANT WILL BE
THE "WORKING THROUGH" OF
"OPTIMALLY STRESSFUL" SITUATIONS
THAT ARISE FOR THE PATIENT OUTSIDE THE TREATMENT

BUT EVEN MORE TRANSFORMATIVE WILL BE
THE "WORKING THROUGH" OF
"OPTIMALLY STRESSFUL" SITUATIONS
THAT ARISE FOR THE PATIENT INSIDE THE TREATMENT
– NAMELY, IN THE RELATIONSHIP WITH YOU –
(IN BOTH THE "TRANSFERNCE" AND THE "REAL RELATIONSHIP")

OFFERING "WISE COUNSEL"
AND "PROBLEM – SOLVING ADVICE"
IS NOT A STORY ABOUT "WORKING THROUGH"

OR, AS ONE OF MY TEACHERS ALWAYS DELIGHTED IN TELLING US,
IF THE PATIENT ASKS YOU WHERE THE BATHROOM IS,
YOU CAN TELL THEM BUT DON'T CALL IT THERAPY!

AS WE SHALL SEE

WHAT THIS MEANS IS THAT YOU MUST BE ABLE TO TOLERATE BEING SOMETIMES EXPERIENCED AS A "BAD OBJECT" (MODEL 2) AND SOMETIMES EVEN MADE INTO A "BAD OBJECT" (MODEL 3)

INDEED

IF THE MODEL 2 THERAPIST CANNOT TOLERATE

– AT LEAST EVERY NOW AND THEN –

"BREAKING THE PATIENT'S HEART"

THE THERAPIST WILL BE ROBBING THE PATIENT OF THE OPPORTUNITY "ADAPTIVELY TO INTERNALIZE" "MISSING PSYCHOLOGICAL FUNCTIONS"

BY WAY OF "OPTIMAL DISILLUSIONMENT," "TRANSMUTING INTERNALIZATION," AND "SERIAL ACCRETION" OF "SELF STRUCTURE"

BY THE SAME TOKEN

IF THE MODEL 3 THERAPIST REFUSES TO PARTICIPATE AS SOMEONE WHO

– AT LEAST EVERY NOW AND THEN –

"INITIALLY RE – TRAUMATIZES BUT ULTIMATELY RELENTS"

THE THERAPIST WILL BE ROBBING THE PATIENT OF THE OPPORTUNITY "ADAPTIVELY TO REWORK" HER "INTROJECTED BOLUSES OF TOXICITY"

BY WAY OF "PROJECTIVE IDENTIFICATION," "RELATIONAL DETOXIFICATION," AND "SERIAL DILUTION" OF "PATHOGENIC INTROJECTS"

ALSO AS WE SHALL SEE

OPTIMALLY STRESSFUL INTERVENTIONS

USE THE CONJUNCTIONS "BUT" AND "AND"
TO JUXTAPOSE "PARTS" OF THE PATIENT'S "SELF – EXPERIENCE"

THEREBY CREATING INTERNAL TENSION / DISSONANCE BETWEEN
THE "LESS – HEALTHY PARTS"
THAT HAVE THE "NEED TO DEFEND" IN THE FACE OF STRESSORS
AND THE "MORE – HEALTHY PARTS"
THAT HAVE THE "CAPACITY TO ADAPT"

MODEL 1 CONFLICT STATEMENTS

– FROM "RESISTANCE" TO "AWARENESS" –

"ADAPTIVE CAPACITY" FOR "AWARENESS"
BUT "DEFENSIVE NEED" TO "RESIST"

MODEL 2 DISILLUSIONMENT STATEMENTS

– FROM "RELENTLESS HOPE" TO "ACCEPTANCE" –

"DEFENSIVE NEED" FOR "RELENTLESS HOPE"
BUT "ADAPTIVE CAPACITY" TO "CONFRONT"
AND "ADAPTIVE CAPACITY" TO "GRIEVE" AND "ACCEPT"

MODEL 3 ACCOUNTABILITY STATEMENTS

– FROM "RE – ENACTMENT" TO "ACCOUNTABILITY" –

"DEFENSIVE NEED" TO "RE – ENACT"
BUT "ADAPTIVE CAPACITY" FOR "ACCOUNTABILITY"

THE OVERARCHING AIM OF THESE OPTIMALLY STRESSFUL INTERVENTIONS

MODEL 1 – ENHANCEMENT OF KNOWLEDGE "WITHIN"

THE INTERPRETIVE PERSPECTIVE
OF CLASSICAL PSYCHOANALYSIS

"TAMING OF THE ID"

AND "STRENGTHENING OF THE EGO"

MODEL 2 – PROVISION OF EXPERIENCE "FOR"

THE CORRECTIVE – PROVISION PERSPECTIVE
OF SELF PSYCHOLOGY

"FILLING IN OF DEFICIT"

AND "CONSOLIDATION OF THE SELF"

MODEL 3 – ENGAGEMENT IN RELATIONSHIP "WITH"

THE INTERSUBJECTIVE PERSPECTIVE
OF CONTEMPORARY RELATIONAL THEORY

"DETOXIFICATION OF PATHOGENICITY"

AND "ACCOUNTABILITY FOR THE RELATIONAL SELF"

THE NET RESULT OF WORKING THROUGH THE PATIENT'S RIGID DEFENSES

MODEL 1

A STRONGER, MORE EMPOWERED, AND MORE AWARE "EGO"

NO LONGER AS "RESISTANT" TO ACKNOWLEDGING DISCOMFITING TRUTHS ABOUT THE "SELF"

MODEL 2

A MORE CONSOLIDATED, COMPASSIONATE, AND ACCEPTING "SELF"

NO LONGER AS "RELENTLESS" IN ITS ENTITLED PURSUIT OF EXTERNAL PROVISION FROM THE "OBJECT"

MODEL 3

A MORE ACCOUNTABLE "RELATIONAL SELF"

NO LONGER AS COMPULSIVELY AND UNWITTINGLY "RE – ENACTING" UNMASTERED EARLY – ON RELATIONAL TRAUMAS AT THE INTIMATE EDGE OF RELATEDNESS

PERHAPS IT COULD BE SAID THAT

MATURITY INVOLVES DEVELOPING THE ADAPTIVE CAPACITY …

MODEL 1

… TO KNOW AND ACCEPT THE "SELF," INCLUDING ITS INTERNAL SCARS

ULTIMATELY BECOMING WISER, EVEN IF MORE SOBERED

MODEL 2

… TO KNOW AND ACCEPT THE "OBJECT," INCLUDING ITS LIMITATIONS, SEPARATENESS, AND IMMUTABILITY

ULTIMATELY BECOMING MORE ACCEPTING, EVEN IF SADDER

MODEL 3

… TO KNOW AND ACCEPT THE "SELF – IN – RELATION," INCLUDING ITS RELATIONAL SCARS

ULTIMATELY BECOMING MORE ACCOUNTABLE, EVEN IF MORE BURDENED

THE END OF MASTER CLASS Part 1
Saturday / January 21, 2023