

CONFLICT STATEMENTS

SIDESTEPPING CONFLICT
BETWEEN
PATIENT AND THERAPIST

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IMPORTANTLY

MODEL 1 CONFLICT STATEMENTS

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

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MORE SPECIFICALLY

WHEN THE THERAPIST INTRODUCES A CONFLICT STATEMENT WITH
“YOU KNOW THAT ...”

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

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

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

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

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IN OTHER WORDS
 AS A RESULT OF THE JUDICIOUS USE
 OF CONFLICT STATEMENTS THAT FORCE
 THE PATIENT TO BECOME AWARE OF
 - AND TO TAKE RESPONSIBILITY FOR -
 HER OWN STATE OF INTERNAL "DIVIDEDNESS"
 ABOUT GETTING BETTER

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

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

A STANCE THAT THEN LEAVES
 THE PATIENT - MADE ANXIOUS - NO CHOICE BUT
 TO BECOME THE "VOICE OF OPPOSITION"

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

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

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

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

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

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

"FOR NOW" - "RIGHT NOW"
 "AT THE MOMENT" - "IN THE MOMENT"
 "AT THIS POINT IN TIME"

WHICH SHE WILL DO WHEN SHE IS ADDRESSING THE
 PATIENT'S "INVESTMENT IN" THE DYSFUNCTIONAL DEFENSE

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

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

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IN SUM
"OPTIMALLY STRESSFUL"
CONFLICT STATEMENTS
ARE DESIGNED TO PROVOKE
THE RELINQUISHMENT OF
DYSFUNCTIONAL DEFENSES
BY GENERATING COGNITIVE AND AFFECTIVE
DISSONANCE WITHIN THE PATIENT
THE "WISDOM OF THE BODY" IS SUCH
THAT IT CANNOT TOLERATE THE
DISTRESS OF DISEQUILIBRIUM FOR ANY
EXTENDED PERIOD OF TIME AND WILL
THEREFORE BE "PROVOKED" TO TAKE ACTION
IN ORDER TO RESOLVE THE INTERNAL TENSION
AND RESTORE HOMEOSTATIC BALANCE

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

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