THE EVER – EVOLVING PSYCHODYNAMIC PROCESS: FROM DEFENSE TO ADAPTATION

THE THERAPEUTIC USE OF OPTIMAL STRESS TO PROVOKE RECOVERY

NO PAIN / NO GAIN

MARTHA STARK MD
Faculty, Harvard Medical School
MarthaStarkMD @ HMS.Harvard.edu

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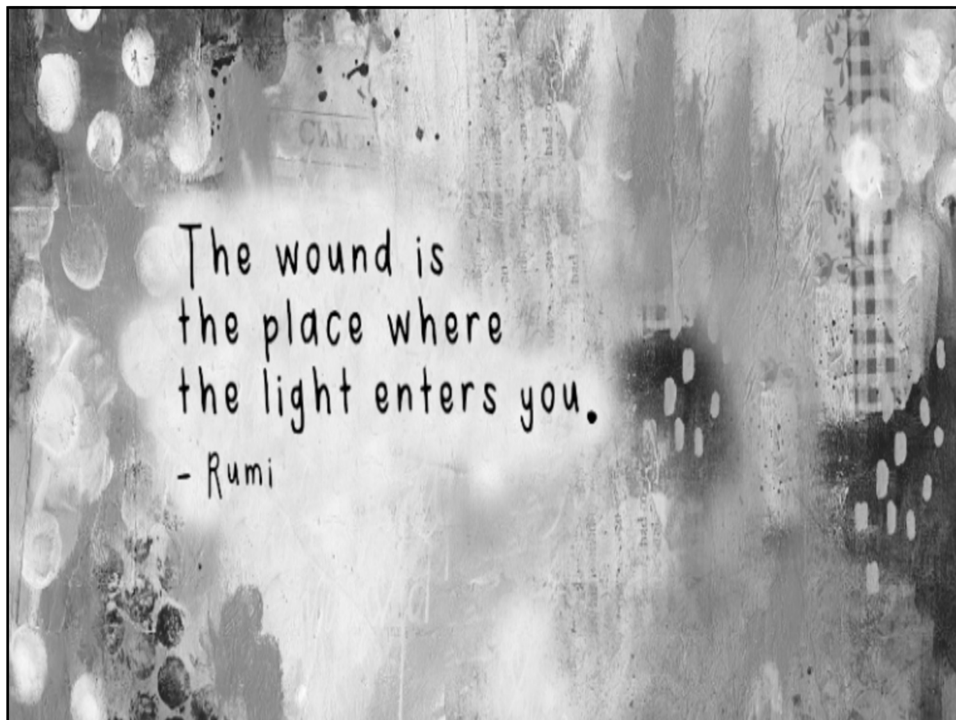

BEHIND THIS "NO PAIN / NO GAIN" ☺
APPROACH IS MY PROFOUND FAITH
IN THE UNDERLYING RESILIENCE
THAT WE WILL INEVITABLY
DISCOVER WITHIN OURSELVES
WHEN FORCED TO TAP INTO
OUR INTRINSIC STRIVING TOWARDS HEALTH
AND INNATE CAPACITY
TO ADAPT TO STRESS

– THE WISDOM OF THE BODY –
WALTER B CANNON (1932)

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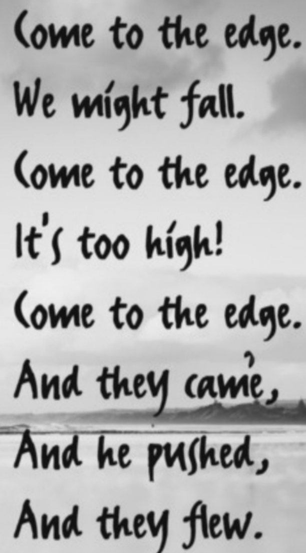

THIS 1969 POEM BY CHRISTOPHER LOGUE

CAPTURES THE ESSENCE OF OUR CAPACITY TO ADAPT TO STRESS

… WHEN PUSH COMES TO SHOVE

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"The world

breaks everyone,

and afterward,

some are strong

at the broken places."

--Ernest Hemingway

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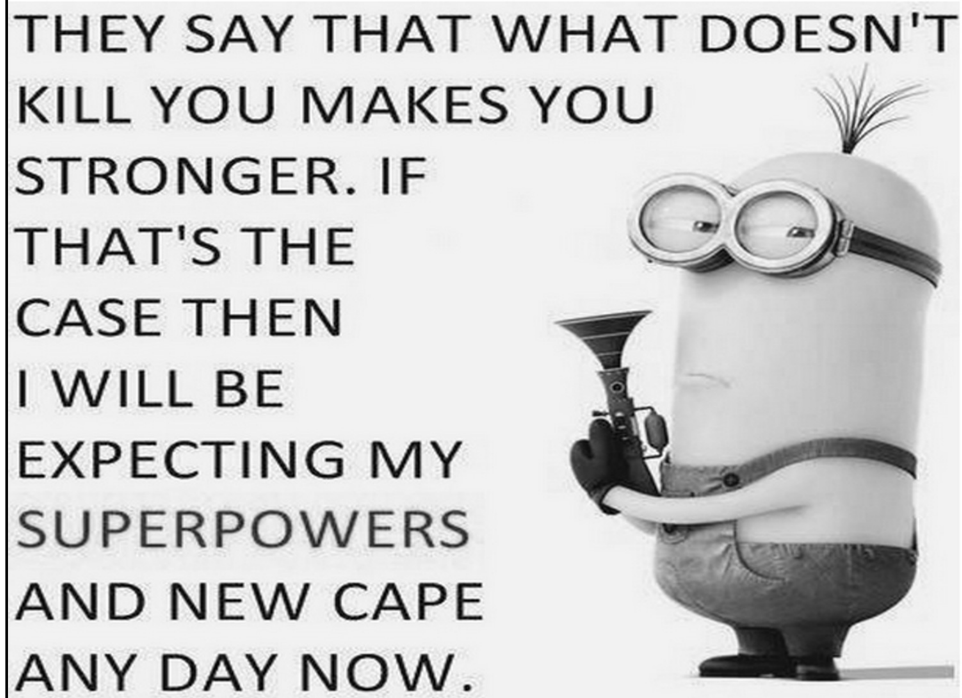

THE "THERAPEUTIC ACTION"
INVOLVES TRANSFORMING
"PSYCHOLOGICAL RIGIDITY"
INTO "PSYCHOLOGICAL FLEXIBILITY"
– "RIGID DEFENSE" INTO "MORE FLEXIBLE ADAPTATION" –

THE CUTTING – EDGE
OF THIS "THERAPEUTIC ACTION"
IS "OPTIMAL STRESS"
– JUST THE RIGHT COMBINATION
OF "CHALLENGE" AND "SUPPORT" –

BY WAY OF "OPTIMALLY STRESSFUL" INTERVENTIONS
THAT EFFECTIVELY SUPERIMPOSE
AN ACUTE INJURY ON TOP OF A CHRONIC ONE

THE THERAPIST "PRECIPITATES DISRUPTION"
IN ORDER TO "TRIGGER REPAIR"
BY TAPPING INTO
THE PATIENT'S UNDERLYING "RESILIENCE"

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"WORKING THROUGH"
INVOLVES GENERATING
THESE "ITERATIVE HEALING CYCLES" OF

"DISRUPTION"
– A "DEFENSIVE REACTION"
TO THE "DESTABILIZING CHALLENGE" –

AND "REPAIR"
– AN "ADAPTIVE RESPONSE"
TO THE "RESTABILIZING SUPPORT"

SUCH THAT ULTIMATELY
"LESS HEALTHY DEFENSE"
WILL BECOME TRANSFORMED INTO
"MORE HEALTHY ADAPTATION"

WHERE DEFENSE WAS,
THERE SHALL ADAPTATION BE

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WHERE RIGIDITY WAS,
THERE SHALL FLEXIBILITY BE

AS WE SHALL SOON SEE

MODEL 1
WHERE RESISTANCE WAS,
THERE SHALL AWARENESS BE

MODEL 2
WHERE RELENTLESS HOPE WAS,
THERE SHALL ACCEPTANCE BE

MODEL 3
WHERE RE – ENACTMENT WAS,
THERE SHALL ACCOUNTABILITY BE

FROM (DEFENSIVE) SURVIVING
TO (ADAPTIVE) THRIVING

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DEFENSES ARE THE LIES
WE TELL OURSELVES
TO AVOID FEELING
THE PAIN IN OUR LIVES
JON FREDERICKSON (2017)

ADAPTATIONS ARE THE ADJUSTMENTS
WE EMBRACE
TO MAKE THE BEST OF (BEST OF, BEST OF)
A BAD SITUATION (BAD SITUATION)
GLADYS KNIGHT & THE PIPS (1973) / MARTHA STARK (2022)

EITHER WE “REACT” TO STRESSORS BY “DEFENDING”
– RESISTANCE, RELENTLESS HOPE, RE – ENACTMENT –

OR WE “RESPOND” TO STRESSORS BY “ADAPTING”
– AWARENESS, ACCEPTANCE, ACCOUNTABILITY –

ALL THREE “As”
ARE ADAPTATIONS
TO THE “STRESS OF LIFE”

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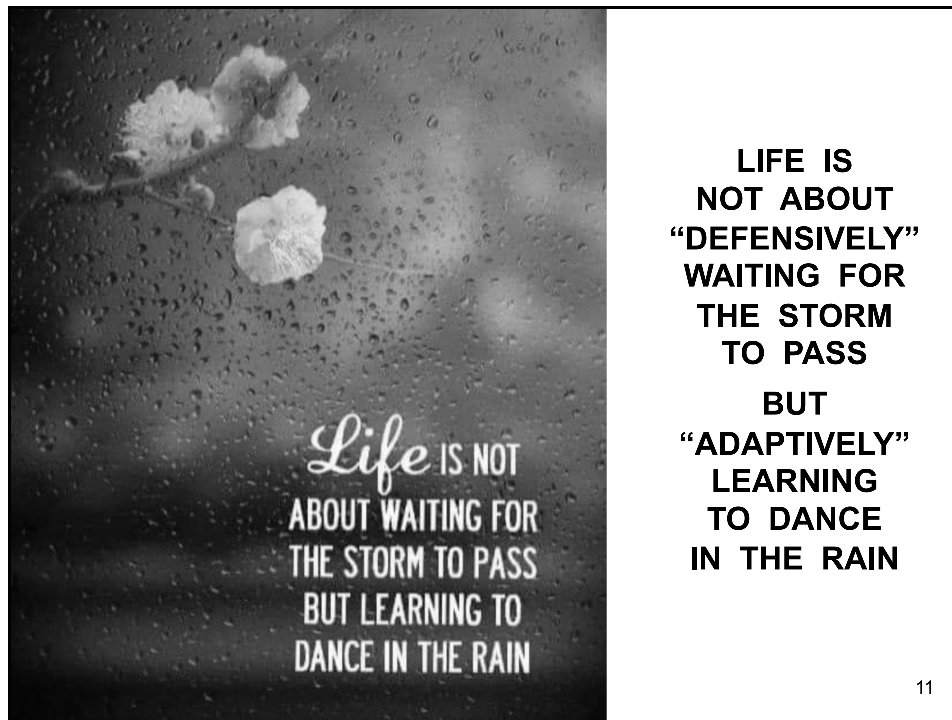

THE RELATIONSHIP BETWEEN DEFENSE AND ADAPTATION

YIN AND YANG
COMPLEMENTARY – NOT OPPOSING – FORCES

FOR EXAMPLE, LIGHT CANNOT EXIST WITHOUT SHADOW

DEFENSES
DYSFUNCTIONAL / UNHEALTHY
RIGID / UNEVOLVED

ADAPTATIONS
MORE FUNCTIONAL / MORE HEALTHY
MORE FLEXIBLE / MORE EVOLVED

ALTHOUGH DEFENSES MIGHT ONCE
HAVE BEEN NECESSARY
FOR THE PATIENT TO SURVIVE,
THEY MUST ULTIMATELY
BE REPLACED BY ADAPTATIONS
IF THE PATIENT IS TO THRIVE

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FROM DEFENSIVE REACTION TO ADAPTIVE RESPONSE

FROM RIGID AND OUTDATED DEFENSE
TO MORE FLEXIBLE AND UPDATED ADAPTATION

FROM DYSFUNCTIONAL DEFENSE
TO MORE FUNCTIONAL ADAPTATION

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

FROM DISEMPOWERING AND RESTRICTIVE
TO MORE EMPOWERING AND EXPANSIVE

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 OWNERSHIP

FROM CURSING THE DARKNESS TO LIGHTING A CANDLE

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PERHAPS IN MORE FAMILIAR TERMS

FROM DEFENSIVE NEED TO ADAPTIVE CAPACITY

THE NEED FOR IMMEDIATE GRATIFICATION
INTO THE CAPACITY TO TOLERATE DELAY

THE NEED FOR PERFECTION
INTO THE CAPACITY TO TOLERATE IMPERFECTION

THE NEED TO HOLD ON
INTO THE CAPACITY TO LET GO

THE NEED FOR EXTERNAL REGULATION OF THE SELF
INTO THE CAPACITY FOR INTERNAL SELF – REGULATION

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THE PARADOXICAL IMPACT OF STRESS

THE "SANDPILE MODEL" OF CHAOS THEORY
OFFERS AN ELEGANT VISUAL DEMONSTRATION
OF THE CUMULATIVE IMPACT
– OVER TIME –
OF ENVIRONMENTAL STRESSORS
ON OPEN SYSTEMS
– THINK "HOURGLASS" –

I USE THIS "SANDPILE MODEL"

WHICH SIMULATES THE EVOLUTION
– OVER TIME –
OF OPEN, SELF – ORGANIZING CHAOTIC SYSTEMS
– LIKE THE STOCK MARKET, NEURAL NETWORKS, HURRICANES –

AS A VISUAL METAPHOR
FOR THE "THERAPEUTIC ACTION"
IN "PSYCHODYNAMIC PSYCHOTHERAPY"

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THE PARADOXICAL IMPACT OF STRESS

BOTH THE "SANDPILE MODEL"
AND THE "THERAPEUTIC ACTION"
FEATURE THE "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

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HOW SO? 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
– THERAPEUTIC INTERVENTIONS –
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)

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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 ALL BEAR –
POIGNANT REMINDERS
OF THE MINOR COLLAPSES
– INJURIES –
WE ALL HAVE SUSTAINED
– OVER TIME –

BUT, ULTIMATELY, TRIUMPHANTLY OVERCOME

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BY WAY OF "OPTIMALLY STRESSFUL"
THERAPEUTIC INTERVENTIONS
THAT SUPERIMPOSE AN ACUTE INJURY
ON TOP OF A CHRONIC ONE
– THEREBY TRIGGERING HEALING CYCLES OF "DISRUPTION" AND "REPAIR" –

PSYCHODYNAMIC PSYCHOTHERAPY
OFFERS 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 INNATE CAPACITY TO ADAPT TO STRESS –

BE REVISITED, REPROCESSED, AND REFRAMED
SUCH THAT GROWTH – IMPEDING DEFENSES
CAN GRADUALLY EVOLVE INTO GROWTH – PROMOTING ADAPTATIONS

STRONGER AT THE BROKEN PLACES

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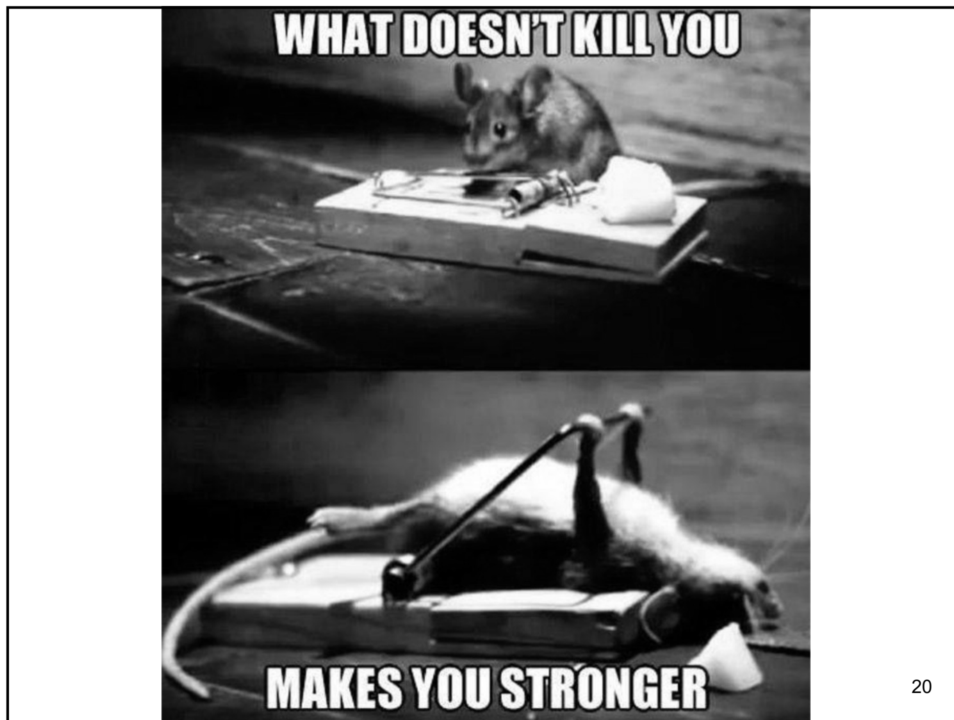

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INDEED, IT COULD BE SAID THAT
WITHOUT SUPPORT, THERAPY NEVER BEGINS
BUT WITHOUT CHALLENGE, THERAPY NEVER ENDS

ALTERNATIVELY
WITHOUT CHALLENGE, THERAPY NEVER BEGINS
BUT WITHOUT SUPPORT, THERAPY NEVER ENDS

BY THE SAME TOKEN, IT COULD BE SAID THAT
WITHOUT EMPATHY, THERAPY NEVER BEGINS
BUT WITHOUT EMPATHIC FAILURE, THERAPY NEVER ENDS

OR
WITHOUT EMPATHIC FAILURE, THERAPY NEVER BEGINS
BUT WITHOUT EMPATHY, THERAPY NEVER ENDS

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MORE SPECIFICALLY

IT IS NOT SO MUCH EMPATHY AS
EMPATHIC FAILURE AGAINST A BACKDROP OF EMPATHY
OPTIMAL DISILLUSIONMENT

IT IS NOT SO MUCH GRATIFICATION AS
FRUSTRATION AGAINST A BACKDROP OF GRATIFICATION
OPTIMAL FRUSTRATION

IT IS NOT SO MUCH SUPPORT AS
CHALLENGE AGAINST A BACKDROP OF SUPPORT
OPTIMAL STRESS

THAT WILL PROVIDE THE THERAPEUTIC LEVERAGE
NEEDED TO PROVOKE FIRST DESTABILIZATION
AND THEN RESTABILIZATION
AT A MORE – EVOLVED LEVEL OF ADAPTIVE CAPACITY

IF INDEED DEEP AND ENDURING
CHARACTEROLOGICAL CHANGE IS THE GOAL

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"OPTIMAL STRESS" PROVIDES
BOTH "IMPETUS" AND "OPPORTUNITY"
FOR THE PATIENT TO EVOLVE
– THROUGH HEALING CYCLES OF DESTABILIZATION AND RECOVERY –
FROM "ILLNESS" TO "WELLNESS"

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A HUMOROUS EXAMPLE OF "RESISTANCE TO CHANGE"

A SATURDAY NIGHT LIVE SKIT IN WHICH
TWO MEN ARE SEATED AROUND A FIRE
CHATTING AND ONE SAYS TO THE OTHER –

"YOU KNOW HOW WHEN YOU STICK
A POKER IN THE FIRE AND LEAVE IT IN
FOR A LONG TIME,
IT GETS REALLY, REALLY HOT?

AND THEN YOU STICK IT IN YOUR EYE,
AND IT REALLY, REALLY HURTS?

I HATE IT WHEN THAT HAPPENS!
I JUST HATE IT WHEN THAT HAPPENS!"

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OR THE ROCK SONG
BY THE LATE WARREN ZEVON (1996)
ENTITLED

"IF YOU WON'T LEAVE ME
I'LL FIND SOMEBODY WHO WILL"

WHICH SPEAKS TO THE NEED
WE ALL HAVE TO RECREATE
THE "FAMILIAL AND THEREFORE FAMILIAR"
STEPHEN MITCHELL (1988)

BECAUSE THAT IS ALL WE HAVE EVER KNOWN

HAVING SOMETHING DIFFERENT
WOULD CREATE ANXIETY
BECAUSE IT WOULD HIGHLIGHT THE FACT
THAT THINGS COULD BE
– AND COULD THEREFORE HAVE BEEN –
DIFFERENT

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I AM HERE REMINDED OF PORTIA NELSON'S
AUTOBIOGRAPHY IN 5 SHORT CHAPTERS (1993)
WHICH HIGHLIGHTS BOTH
OUR DEFENSIVE NEED TO MAINTAIN THINGS AS THEY ARE
AND OUR ADAPTIVE CAPACITY ULTIMATELY TO CHANGE

CHAPTER 1
I WALK DOWN THE STREET
THERE IS A DEEP HOLE IN THE SIDEWALK
I FALL IN
I AM LOST … I AM HELPLESS
IT ISN'T MY FAULT
IT TAKES FOREVER TO FIND A WAY OUT

CHAPTER 2
I WALK DOWN THE SAME STREET
THERE IS A DEEP HOLE IN THE SIDEWALK
I PRETEND I DON'T SEE IT
I FALL IN AGAIN
I CAN'T BELIEVE I AM IN THE SAME PLACE
BUT IT ISN'T MY FAULT
IT STILL TAKES A LONG TIME TO GET OUT

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CHAPTER 3
I WALK DOWN THE SAME STREET
THERE IS A DEEP HOLE IN THE SIDEWALK
I SEE IT IS THERE
I STILL FALL IN … IT'S A HABIT
MY EYES ARE OPEN
I KNOW WHERE I AM
IT IS MY FAULT
I GET OUT IMMEDIATELY

CHAPTER 4
I WALK DOWN THE SAME STREET
THERE IS A DEEP HOLE IN THE SIDEWALK
I WALK AROUND IT

CHAPTER 5
I WALK DOWN ANOTHER STREET

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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.

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MY PSYCHODYNAMIC SYNERGY PARADIGM
FEATURES FIVE MODES OF THERAPEUTIC ACTION

"STRUCTURAL CONFLICT" – CLASSICAL PSYCHOANALYTIC
COGNITIVE

"STRUCTURAL DEFICIT" – SELF PSYCHOLOGICAL
AFFECTIVE

"RELATIONAL CONFLICT" – CONTEMPORARY RELATIONAL
RELATIONAL

"RELATIONAL DEFICIT" – EXISTENTIAL – HUMANISTIC
EXISTENTIAL

"ANALYSIS PARALYSIS" – QUANTUM – NEUROSCIENTIFIC
DIRECTIVE

ALL FIVE OF WHICH CAPITALIZE UPON
THE "THERAPEUTIC PROVISION" OF "OPTIMAL STRESS"
TO ADVANCE THE PATIENT
FROM "RIGID DEFENSE" TO "MORE FLEXIBLE ADAPTATION"
WITH AN EYE TO INCENTIVIZING DEEP AND ENDURING
CHARACTEROLOGICAL CHANGE

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MY PSYCHODYNAMIC SYNERGY PARADIGM
IS INDEED A SYNERGISTIC APPROACH TO HEALING

FEATURING FIVE INTERDEPENDENT
– MUTUALLY ENHANCING (NOT MUTUALLY EXCLUSIVE) –
MODES OF THERAPEUTIC ACTION

BUT MY FOCUS HERE WILL BE ON THE THREE MAJOR PSYCHOANALYTIC SCHOOLS
– ONE OF WHICH IS CLASSICAL AND TWO OF WHICH ARE MORE CONTEMPORARY –

MODEL 1
THE INTERPRETIVE PERSPECTIVE
OF CLASSICAL PSYCHOANALYSIS

MODEL 2
THE CORRECTIVE – PROVISION PERSPECTIVE
OF SELF PSYCHOLOGY
AND THOSE OBJECT RELATIONS THEORIES EMPHASIZING INTERNAL
"ABSENCE OF GOOD" (AS A RESULT OF DEPRIVATION AND NEGLECT)

MODEL 3
THE INTERSUBJECTIVE PERSPECTIVE
OF CONTEMPORARY RELATIONAL THEORY
AND THOSE OBJECT RELATIONS THEORIES EMPHASIZING INTERNAL
"PRESENCE OF BAD" (AS A RESULT OF TRAUMA AND ABUSE)

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ALL THREE MODELS
AIM TO ADVANCE THE PATIENT
FROM "RIGID DEFENSE"
TO "MORE FLEXIBLE ADAPTATION"

DEFENSES – THE THREE "Rs"
ADAPTATIONS – THE THREE "As"

MODEL 1 – "RESISTANCE" TO "AWARENESS"
THE INTERPRETIVE PERSPECTIVE
OF CLASSICAL PSYCHOANALYSIS

MODEL 2 – "RELENTLESS HOPE" TO "ACCEPTANCE"
THE CORRECTIVE – PROVISION PERSPECTIVE
OF SELF PSYCHOLOGY

MODEL 3 – "RE – ENACTMENT" TO "ACCOUNTABILITY"
THE INTERSUBJECTIVE PERSPECTIVE
OF CONTEMPORARY RELATIONAL THEORY

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MOMENT BY MOMENT
THE "POINT OF EMOTIONAL URGENCY"
DICTATES THE "GO – TO" MODEL

MODEL 1
RELEVANT WHEN, IN THE MOMENT,
THE PATIENT IS "RESISTANT"
AND / OR "NOT AWARE"

MODEL 2
RELEVANT WHEN, IN THE MOMENT,
THE PATIENT IS "RELENTLESS"
AND / OR "NOT ACCEPTING"

MODEL 3
RELEVANT WHEN, IN THE MOMENT,
THE PATIENT IS "RE – ENACTING"
AND / OR "NOT ACCOUNTABLE"

ALL THREE MODELS ARE RELEVANT FOR BOTH
(ENDURING) "TRAIT" AND (EPHEMERAL) "STATE"

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MODEL 1 – THINKING
TARGETS THE PATIENT'S "INTERNAL CONFLICTEDNESS"
AND RELUCTANCE TO "KNOW" ANXIETY – PROVOKING "TRUTHS" ABOUT THE "SELF"
– NEUROTIC CONFLICTEDNESS –

MODEL 2 – FEELING
TARGETS THE PATIENT'S "RELENTLESS PURSUITS"
AND RELUCTANCE TO "CONFRONT AND GRIEVE" ANXIETY – PROVOKING "TRUTHS"
ABOUT THE "OBJECTS OF HER DESIRE"
– NARCISSISTIC ENTITLEMENT –

MODEL 3 – DOING
TARGETS THE PATIENT'S "COMPULSIVE RE – ENACTMENTS"
AND RELUCTANCE TO "TAKE OWNERSHIP" OF ANXIETY – PROVOKING "TRUTHS"
ABOUT THE "SELF – IN – RELATION" (THE STONE CENTER AT WELLESLEY COLLEGE)
– NOXIOUS RELATEDNESS –

THOUGHT, EMOTION, AND BEHAVIOR
HEAD, HEART, AND HAND

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WHEREAS CLASSICAL PSYCHOANALYSIS
CONCEIVES OF THE PATIENT'S PSYCHOPATHOLOGY
AS DERIVING FROM THE PATIENT
IN WHOM THERE IS PRESUMED TO BE AN IMBALANCE
OF FORCES AND THEREFORE INTERNAL CONFLICT
BETWEEN DYSREGULATED FORCES
ARISING FROM AN UNTAMED ID
AND DEFENSIVE (RESISTANT) COUNTERFORCES
ARISING FROM AN UNDEVELOPED EGO MADE ANXIOUS

CONTEMPORARY PSYCHOANALYSIS
CONCEIVES OF THE PATIENT'S PSYCHOPATHOLOGY
AS DERIVING FROM THE PARENT
AND THE PARENT'S TRAUMATIC FAILURE OF THE CHILD

I AM SPEAKING HERE TO THE DISTINCTION BETWEEN NATURE
– WHAT DERIVES FROM WITHIN THE CHILD (MODEL 1) –

AND NURTURE
– WHAT DERIVES FROM WITHIN THE RELATIONSHIP
BETWEEN PARENT AND CHILD (MODELS 2 AND 3) –

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IN OTHER WORDS
SELF PSYCHOLOGISTS AND
RELATIONAL THEORISTS FOCUS

NOT SO MUCH ON NATURE
THE PROVINCE OF MODEL 1

AS ON NURTURE
THE PROVINCE OF MODELS 2 AND 3

WHETHER
THE QUALITY OF PARENTAL CARE
MODEL 2

OR
THE MUTUALITY OF FIT
BETWEEN PARENT AND CHILD
MODEL 3

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BUT PLEASE NOTE
THE CRITICAL DISTINCTION
BETWEEN

QUALITY OF PARENTAL CARE
A STORY ABOUT "GIVE"
WHICH MAKES OF MODEL 2
A 1½ – PERSON PSYCHOLOGY

AND MUTUALITY OF FIT
A STORY ABOUT "GIVE – AND – TAKE"
WHICH MAKES OF MODEL 3
A 2 – PERSON PSYCHOLOGY

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MORE SPECIFICALLY

MODEL 2
AN "I – IT" RELATIONSHIP

A 1 – WAY RELATIONSHIP BETWEEN
SOMEONE WHO GIVES
AND SOMEONE WHO TAKES

MODEL 3
AN "I – THOU" RELATIONSHIP

A 2 – WAY RELATIONSHIP INVOLVING
GIVE – AND – TAKE, MUTUALITY,
RECIPROCITY, AND COLLABORATION

MARTIN BUBER (2000)

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THIS DISTINCTION IS CRITICAL
BECAUSE A RELATIONSHIP
BETWEEN SOMEONE WHO ACTIVELY PROVIDES
AND SOMEONE WHO IS
THE PASSIVE RECIPIENT OF SUCH PROVISION
MODEL 2

IS A FAR CRY FROM
THE "MORE SUBSTANTIVE" RELATIONSHIP
THAT EXISTS BETWEEN
TWO "REAL" PEOPLE

MODEL 3
AN INTERSUBJECTIVE RELATIONSHIP
INVOLVING TWO SUBJECTS
BOTH OF WHOM CONTRIBUTE TO WHAT
TRANSPIRES AT THEIR "INTIMATE EDGE"
DARLENE EHRENBERG (1992)

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AS WE SHALL SEE
THE EMPHASIS IN MODEL 2 IS THEREFORE
NOT SO MUCH ON THE RELATIONSHIP PER SE
AS IT IS ON THE FILLING IN OF
THE PATIENT'S DEFICITS BY WAY OF
THE THERAPIST'S CORRECTIVE PROVISION

OR, PERHAPS MORE ACCURATELY,
AS IT IS ON THE FILLING IN OF DEFICIT
BY WAY OF WORKING THROUGH FAILURES
IN THE ENVIRONMENTAL PROVISION

BY CONTRAST
THE EMPHASIS IN MODEL 3 IS
TRULY ON A "2 – WAY" RELATIONSHIP
BETWEEN TWO "AUTHENTIC SUBJECTS"
– TWO "RELATIONAL OBJECTS" –

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IMPORTANTLY
AS THE ETIOLOGY HAS SHIFTED
FROM NATURE (MODEL 1)
TO NURTURE (MODELS 2 AND 3),

SO TOO THE LOCUS OF THE
THERAPEUTIC ACTION HAS SHIFTED

FROM
"INSIGHT BY WAY OF INTERPRETATION"

TO
"A CORRECTIVE EXPERIENCE BY
WAY OF THE REAL RELATIONSHIP"

THAT IS
FROM WITHIN THE PATIENT
TO WITHIN THE RELATIONSHIP
BETWEEN THERAPIST AND PATIENT

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BUT ACTUALLY
ALTHOUGH THERE ARE
STILL SOME WHO WRITE ABOUT

"A CORRECTIVE EXPERIENCE BY
WAY OF THE REAL RELATIONSHIP"

THIS TELESCOPES TWO DIFFERENT CONCEPTS AND
OBFUSCATES THE CRITICAL DISTINCTION BETWEEN

A THERAPY RELATIONSHIP
THAT INVOLVES "GIVE"

AND A THERAPY RELATIONSHIP
THAT INVOLVES "GIVE – AND – TAKE"

A "CORRECTIVE EXPERIENCE"
IN THE FIRST INSTANCE (MODEL 2)

A "REAL RELATIONSHIP"
IN THE SECOND (MODEL 3)

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ANOTHER IMPORTANT CLINICAL DISTINCTION

**WHEREAS MODEL 2 THEORISTS FOCUS ON
THE PRICE THE CHILD PAYS BECAUSE
OF WHAT THE PARENT *DID NOT DO*
DEPRIVATION AND NEGLECT**

"ABSENCE OF GOOD"
DEFICIENCY

**INTERNALLY RECORDED IN THE FORM OF
STRUCTURAL DEFICIT AND IMPAIRED CAPACITY**
– TO BE A GOOD PARENT UNTO ONESELF –

**DEFICITS THAT THEN GIVE RISE TO THE
DESPERATE SEARCH FOR A NEW GOOD PARENT**

**"RELENTLESS PURSUITS"
IN AN EFFORT TO CORRECT FOR EARLY – ON
"PARENTAL ERRORS OF OMISSION"**

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**MODEL 3 THEORISTS FOCUS ON
THE PRICE THE CHILD PAYS BECAUSE
OF WHAT THE PARENT *DID DO*
TRAUMA AND ABUSE**

"PRESENCE OF BAD"
TOXICITY

**INTERNALLY RECORDED AND STRUCTURALIZED
IN THE FORM OF PATHOGENIC INTROJECTS**

**THAT ARE THEN "COMPULSIVELY AND UNWITTINGLY"
DELIVERED INTO ONE'S RELATIONSHIPS**
– AGAIN AND AGAIN –
**IN DESPERATE ATTEMPTS TO ENCOUNTER DIFFERENT
AND BETTER OUTCOMES EVERY "NEXT TIME"**

**"COMPULSIVE RE – ENACTMENTS"
IN AN EFFORT TO CORRECT FOR EARLY – ON
"PARENTAL ERRORS OF COMMISSION"**

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AS IT HAPPENS

"ABSENCE OF GOOD" (MODEL 2)
AND
"PRESENCE OF BAD" (MODEL 3)

GENERALLY GO HAND IN HAND

BY WAY OF EXAMPLES

THE CHILD WHO WAS RARELY PRAISED
AND THEREFORE DEVELOPED "STRUCTURAL DEFICIT"
WAS PROBABLY ALSO OFTEN CRITICIZED
AND THEREFORE ALSO DEVELOPED "PATHOGENIC INTROJECTS"

THE CHILD WHO WAS RARELY ADMIRED
AND THEREFORE DEVELOPED "STRUCTURAL DEFICIT"
WAS PROBABLY ALSO OFTEN DEVALUED
AND THEREFORE ALSO DEVELOPED "PATHOGENIC INTROJECTS"

BUT THESE SITUATIONS ARE NOT
HANDLED THE SAME WAY CLINICALLY

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MODEL 2

"ABSENCE OF GOOD"
– STRUCTURAL DEFICIT –
WILL CREATE THE NEED TO "FIND NEW GOOD"

DISPLACEMENT OF THIS NEED
WILL GIVE RISE TO "ILLUSION"
– POSITIVE MISPERCEPTION OF REALITY –
AND "POSITIVE TRANSFERENCE"

THE THERAPEUTIC ACTION IN MODEL 2
WILL THEN INVOLVE "WORKING THROUGH"
– BY WAY OF GRIEVING –

NOT "POSITIVE TRANSFERENCE"
BUT "POSITIVE TRANSFERENCE DISRUPTED"

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MODEL 3

"PRESENCE OF BAD"
– PATHOGENIC INTROJECTS –
WILL CREATE THE NEED TO "RE – FIND OLD BAD"

PROJECTION OF PATHOGENIC INTROJECT
WILL GIVE RISE TO "DISTORTION"
– NEGATIVE MISPERCEPTION OF REALITY –
AND "NEGATIVE TRANSFERENCE"

THE THERAPEUTIC ACTION IN MODEL 3
WILL THEN INVOLVE "WORKING THROUGH"
– BY WAY OF NEGOTIATING
AT THE INTIMATE EDGE
OF AUTHENTIC ENGAGEMENT –

"NEGATIVE TRANSFERENCE"

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THE THERAPEUTIC ACTION IN MODEL 2

WORKING THROUGH "POSITIVE TRANSFERENCE DISRUPTED"

A STORY ABOUT "CONFRONTING"
– AND "GRIEVING" –
THE REALITY OF THE "LIMITATIONS, SEPARATENESS,
AND IMMUTABILITY" OF THE PATIENT'S OBJECTS
BOTH PAST AND PRESENT

"OPTIMAL DISILLUSIONMENT"

ADAPTIVE "TRANSMUTING INTERNALIZATIONS"
STRUCTURE (AND CAPACITY) BUILDING INTERNALIZATIONS

INCREMENTAL "ACCRETION" OF PSYCHIC STRUCTURE
AND ADAPTIVE CAPACITY

GRADUAL "FILLING IN" OF STRUCTURAL DEFICIT

EVENTUAL TRANSFORMATION OF THE PATIENT'S
"RELENTLESS PURSUIT OF THE UNATTAINABLE"
INTO "SERENE ACCEPTANCE" OF PAINFUL REALITIES
ABOUT THE "OBJECTS OF HER DESIRE"

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THE THERAPEUTIC ACTION IN MODEL 3

WORKING THROUGH "NEGATIVE TRANSFERENCE"

A STORY ABOUT "NEGOTIATING" THE VARIOUS
"MUTUAL ENACTMENTS" AND "THERAPEUTIC IMPASSES"
THAT WILL INEVITABLY ARISE AT THE
"INTIMATE EDGE" OF "AUTHENTIC ENGAGEMENT"
AS A RESULT OF THE PATIENT'S "PROJECTIVE IDENTIFICATIONS"

THE THERAPIST'S PROVISION OF "CONTAINMENT"
BY VIRTUE OF HER CAPACITY BOTH
TO RELENT AND TO HOLD HERSELF ACCOUNTABLE

INCREMENTAL "RELATIONAL DETOXIFCATION"
OF THE PATIENT'S "TOXIC INTERNAL BOLUSES"
BY WAY OF "SERIAL DILUTION" AND BY VIRTUE OF THE
THERAPIST'S CAPACITY TO PROCESS AND INTEGRATE TOXICITY
ON BEHALF OF A PATIENT WHO TRULY DOES NOT KNOW HOW

EVENTUAL TRANSFORMATION OF THE PATIENT'S
"COMPULSIVE AND UNWITTING DRAMATIC RE – ENACTMENTS"
INTO "ACCOUNTABILITY" FOR HER DYSFUNCTIONAL
ACTIONS, REACTIONS, AND INTERACTIONS

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IN ESSENCE

MODEL 2
"SERIAL ACCRETION"
OF PSYCHIC STRUCTURE
TO CORRECT FOR
"INTERNAL ABSENCE OF GOOD"
BY "WORKING THROUGH" THE STRESS
OF "GOOD – BECOME – BAD"

MODEL 3
"SERIAL DILUTION"
OF TOXIC STRUCTURE
TO CORRECT FOR
"INTERNAL PRESENCE OF BAD"
BY "WORKING THROUGH" THE STRESS
OF "BAD – BECOME – GOOD"

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IMPORTANTLY
CENTER STAGE FOR BOTH
SELF PSYCHOLOGISTS
AND RELATIONAL THEORISTS

ARE THE "INEVITABLE EMPATHIC FAILURES"
OF SELF PSYCHOLOGY (MODEL 2)

AND THE "INEVITABLE RELATIONAL FAILURES"
OF CONTEMPORARY RELATIONAL THEORY (MODEL 3)

BUT THE TWO MODELS CONCEIVE OF
SUCH FAILURES VERY DIFFERENTLY

SELF PSYCHOLOGISTS (MODEL 2) CONTEND
THAT FAILURES ARE UNAVOIDABLE
BECAUSE THE THERAPIST IS NOT
– AND CANNOT BE EXPECTED TO BE –
PERFECT

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BY CONTRAST
MOST RELATIONAL THEORISTS (MODEL 3) BELIEVE
THAT THE THERAPIST'S FAILURES ARE A STORY ABOUT

NOT JUST THE THERAPIST AND THE THERAPIST'S
INEVITABLE "LACK OF PERFECTION"

BUT ALSO THE PATIENT AND THE PATIENT'S
INEVITABLE "RE – ENACTMENT" OF HER
UNCONSCIOUS "NEED TO BE FAILED"

SO THAT SHE CAN ACHIEVE "BELATED MASTERY" OF
HER UNMASTERED EARLY – ON RELATIONAL TRAUMAS

TO THAT END
THE PATIENT IS SEEN AS CONTINUOUSLY EXERTING
"INTERPERSONAL PRESSURE" ON THE THERAPIST
TO PARTICIPATE IN OLD
"FAMILIAL AND THEREFORE FAMILIAR" WAYS
STEPHEN MITCHELL (1988)

RE – ENACTMENTS TO WHICH THE THERAPIST WILL FIND
HERSELF CONTINUOUSLY AND UNCONSCIOUSLY REACTING

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THE PROCESS OF "WORKING THROUGH"

THREE OPTIMAL STRESSORS – THE THREE "Ds"

MODEL 1 – "RESISTANCE" TO "AWARENESS"
"COGNITIVE DISSONANCE"
– WORKING THROUGH THE STRESS OF "GAIN – BECOME – PAIN" –
("EGO – SYNTONIC" BECOME "EGO – DYSTONIC")

MODEL 2 – "RELENTLESS HOPE" TO "ACCEPTANCE"
"AFFECTIVE DISILLUSIONMENT"
– WORKING THROUGH THE STRESS OF "GOOD – BECOME – BAD" –
("ILLUSION" BECOME "MORE REALITY – BASED")

MODEL 3 – "RE – ENACTMENT" TO "ACCOUNTABILITY"
"RELATIONAL DETOXIFICATION"
– WORKING THROUGH THE STRESS OF "BAD – BECOME – GOOD" –
("DISTORTION" BECOME "MORE REALITY – BASED")

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FROM "RIGID DEFENSE" TO "MORE FLEXIBLE ADAPTATION"

MODEL 1
THE CLASSICAL PSYCHOANALYTIC PERSPECTIVE
THE THERAPEUTIC ACTION FOCUSES ON "INTERPRETING"
ANXIETY – PROVOKING TRUTHS
ABOUT THE "SELF"
– "CONFLICT STATEMENTS" –

MODEL 2
THE SELF PSYCHOLOGOCAL PERSPECTIVE
THE THERAPEUTIC ACTION FOCUSES ON "GRIEVING"
ANXIETY – PROVOKING TRUTHS
ABOUT THE "OBJECT"
– "DISILLUSIONMENT STATEMENTS" –

MODEL 3
THE CONTEMPORARY RELATIONAL PERSPECTIVE
THE THERAPEUTIC ACTION FOCUSES ON "OWNING"
ANXIETY – PROVOKING TRUTHS
ABOUT THE "SELF – IN – RELATION"
– "ACCOUNTABILITY STATEMENTS" –

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MODEL 1 – COGNITIVE
ENHANCEMENT OF KNOWLEDGE "WITHIN"
ULTIMATELY, A STRONGER, WISER,
AND MORE EMPOWERED "EGO"
NO LONGER AS RESISTANT TO BEING CONFRONTED WITH
DISCOMFITING TRUTHS ABOUT THE SELF

MODEL 2 – AFFECTIVE
PROVISION OF EXPERIENCE "FOR"
ULTIMATELY, A MORE CONSOLIDATED
AND COMPASSIONATE "SELF"
NO LONGER AS RELENTLESS IN THE ENTITLED PURSUIT OF
EXTERNAL PROVISION FROM THE OBJECT

MODEL 3 – RELATIONAL
ENGAGEMENT IN RELATIONSHIP "WITH"
ULTIMATELY, A MORE ACCOUNTABLE
"SELF – IN – RELATION"
NO LONGER AS COMPULSIVELY AND UNWITTINGLY RE – ENACTING
UNMASTERED EARLY – ON RELATIONAL TRAUMAS
ON THE STAGE OF ONE'LIFE

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"EMPATHIC STATEMENTS"
ARE MY "DEFAULT MODE"

THEY "SUPPORT"
BY "RESONATING EMPATHICALLY"
– MOMENT BY MOMENT –
WITH THE PATIENT'S "AFFECT"
AND THE "NARRATIVE"
WITH WHICH THAT AFFECT
IS ASSOCIATED

THEY ARE "NEEDED"
TO LAY THE GROUNDWORK
FOR "OPTIMALLY STRESSFUL" INTERVENTIONS
DESIGNED TO "INCENTIVIZE" CHANGE

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IN OTHER WORDS
"EMPATHIC STATEMENTS"
– ON THEIR OWN –
DO NOT SPECIFICALLY "INCENTIVIZE"
STRUCTURAL TRANSFORMATION

BUT THEY DO "SET THE STAGE"
FOR SUBSEQUENT
"OPTIMALLY STRESSFUL" INTERVENTIONS
THAT WILL

"EMPATHIC STATEMENTS" ARE
"NECESSARY BUT NOT SUFFICIENT"
FOR DEEP AND ENDURING
CHARACTEROLOGICAL CHANGE

WHEN EMPATHY ALONE IS NOT ENOUGH,
WE TURN TO THE PSYCHODYNAMIC SYNERGY PARADIGM
– WITH ITS OPTIMALLY STRESSFUL INTERVENTIONS –
TO PROVIDE "IMPETUS" AND "OPPORTUNITY"
FOR SUSTAINED GROWTH

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EMPATHIC STATEMENTS ARE "EXPERIENCE – NEAR"
– NOT "EXPERIENCE – DISTANT" –
AND ARE DESIGNED TO "VALIDATE" OR "REINFORCE"
THE PATIENT'S "EXPERIENCE" IN THE MOMENT

WHAT IS IN HER CONSCIOUSNESS OR, PERHAPS, HER PRECONSCIOUS
THEY ARE NOT DESIGNED TO TARGET HER UNCONSCIOUS

WITH EMPATHIC STATEMENTS
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 EMPATHIC 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

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NONETHELESS
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 DEPRIVATION AND NEGLECT
– ABSENCE OF GOOD –
AND THE TRAUMA AND ABUSE
– PRESENCE OF BAD –
TO WHICH SHE WAS BEING SUBJECTED

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NARRATIVES THAT THEN BECAME
THE "GO – TO" FILTERS
– OR LENSES –
THROUGH WHICH SHE EXPERIENCED
SELF, OTHERS, AND THE WORLD
– FROM THE "SMALL" (THE NUCLEAR FAMILY)
TO THE "ALL" (THE WORLD BEYOND) –

"OLD BAD" NARRATIVES
THAT DISEMPOWER, DISTORT, AND LIMIT

AND WILL EVENTUALLY NEED TO BE UPDATED
AND REPLACED WITH "NEW GOOD" NARRATIVES
THAT ARE MORE EMPOWERING, MORE REALITY – BASED,
AND MORE AFFIRMING
– AND THAT OFFER GREATER FREEDOM –

FROM "OLD BAD" OUTDATED NARRATIVES
TO "NEW GOOD" UPDATED NARRATIVES

FROM RIGIDITY AND DISEMPOWERMENT
TO FLEXIBILITY AND EMPOWERMENT

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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" THAT GOES WITH THE FEELING

IN OFFERING THE PATIENT EMPATHIC STATEMENTS,
I AM, OF COURSE, "GIVING" HER SOMETHING
RATHER THAN "ASKING" OF HER THAT SHE "GIVE" ME SOMETHING
NAMELY, ANSWERS TO MY QUESTIONS

"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"

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EMPATHIC STATEMENTS THAT HIGHLIGHT
WHAT THE PATIENT IS EXPERIENCING
IN A "SPECIFIC CONTEXT"
"IT IS PAINFUL TO BE FEELING SO MISUNDERSTOOD BY JUANITA"

CAN USUALLY BE "GENERALIZED"
"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 USUALLY BE "EXTENDED" TO THE "PAST"
"IT IS PAINFUL TO HAVE BEEN FEELING
SO MISUNDERSTOOD FOR SO LONG NOW"

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AGAIN
IN ADDITION TO PROVIDING
"VALIDATION" AND SUPPORT,"
EMPATHIC STATEMENTS ARE TEASING OUT
– AND GIVING SHAPE TO –

THE NARRATIVES THAT THE PATIENT
– AS A YOUNG CHILD –

HAD CONSTRUCTED
IN A DESPERATE ATTEMPT
TO MAKE MEANING OUT OF
THE RELATIONAL TRAUMAS
TO WHICH SHE WAS BEING EXPOSED

AND THAT THEN BECAME
THE "FILTERS" THROUGH WHICH
SHE INTERPRETED HER LIFE

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WITH RESPECT TO "FRAMING" 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 AN 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 MY "EMPATHIC STATEMENTS"
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

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**STRESS IS WHEN
YOU WAKE UP SCREAMING**

**AND THEN YOU REALIZE
YOU HAVEN'T FALLEN
ASLEEP YET**

ANONYMOUS

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**THE "POOREST UNDERSTOOD"
AND
THE TWO MOST "ENIGMATIC WORDS
IN PSYCHOANALYSIS"
ARE "WORKING THROUGH"**

PETER GIOVACCHINI (1986)

**"THIS WORKING THROUGH
OF THE RESISTANCES < DEFENSES >
MAY IN PRACTICE
TURN OUT TO BE
AN ARDUOUS TASK
FOR THE SUBJECT
OF THE ANALYSIS
AND A TRIAL OF PATIENCE
FOR THE ANALYST"**

SIGMUND FREUD (1914)

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THE “WORKING THROUGH” PROCESS

“OPTIMALLY STRESSFUL”
TEMPLATE INTERVENTIONS
FOR THE THREE MODELS

INTERVENTIONS
THAT SUPERIMPOSE
AN ACUTE
– “GROWTH – INCENTIVIZING” –
INJURY

ON TOP OF
A CHRONIC
– “GROWTH – IMPEDING” –
ONE

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THE TRANSFORMATIVE POWER
OF “OPTIMAL STRESS”

“OPTIMALLY STRESSFUL” INTERVENTIONS
WILL ALTERNATELY

“CHALLENGE” THE DEFENSE
BY DIRECTING THE PATIENT’S ATTENTION
TO WHERE SHE ISN’T
BUT WHERE THE THERAPIST
WOULD WANT HER TO GO
– SALMAN AKHTAR’S “DISRUPTIVE ATTUNEMENT” (2012) –

AND “SUPPORT” THE DEFENSE
BY RESONATING EMPATHICALLY
WITH WHERE THE PATIENT IS
– SALMAN AKHTAR’S “HOMEOSTATIC ATTUNEMENT” (2012) –

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“BUT” / “AND”
TO HIGHLIGHT DIFFERENT “PARTS”
OF THE PATIENT’S SELF – EXPERIENCE

MODEL 1 CONFLICT STATEMENTS (COGNITIVE)
“ADAPTIVE CAPACITY” FOR “AWARENESS”
BUT “DEFENSIVE NEED” TO “RESIST”

MODEL 2 DISILLUSIONMENT STATEMENTS (AFFECTIVE)
“DEFENSIVE NEED” FOR “RELENTLESS HOPE”
BUT “ADAPTIVE CAPACITY” TO “CONFRONT”
AND “ADAPTIVE CAPACITY” TO “GRIEVE”

MODEL 3 ACCOUNTABILITY STATEMENTS (RELATIONAL)
“DEFENSIVE NEED” TO “RE – ENACT”
BUT “ADAPTIVE CAPACITY” FOR “ACCOUNTABILITY”

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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 THINGS AS THEY ARE
“EGO – SYNTONIC”

AND THE PRICE SHE PAYS FOR DOING SO
“EGO – DYSTONIC”

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MODEL 1

THE INTERPRETIVE PERSPECTIVE OF CLASSICAL PSYCHOANALYSIS

OPTIMALLY STRESSFUL "CONFLICT STATEMENTS"

"YOU KNOW THAT … , BUT (MADE ANXIOUS) YOU FIND YOURSELF THINKING / FEELING / DOING IN ORDER NOT TO HAVE TO KNOW … "

FOR EXAMPLE

"YOU KNOW THAT YOU COULD HAVE SOMETHING DIFFERENT AND BETTER, BUT YOU FIND YOURSELF RETURNING TO SAME OLD SAME OLD"

"YOU KNOW THAT YOU PAY A PRICE FOR SAME OLD SAME OLD, BUT YOU FIND YOURSELF RETURNING TO SAME OLD SAME OLD EVEN SO"

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OPTIMALLY STRESSFUL "CONFLICT STATEMENTS" ARE THEREFORE DESIGNED FIRST TO INCREASE ANXIETY BY "CHALLENGING" THE DEFENSE AND THEN TO DECREASE ANXIETY BY "SUPPORTING" THE DEFENSE

ALL WITH AN EYE TO "MAKING EXPLICIT" THE CONFLICT WITHIN THE PATIENT BETWEEN THE HEALTHY PART OF HER THAT HAS THE "ADAPTIVE CAPACITY" TO "KNOW" WHAT'S REAL / WHAT'S TRUE AND THE LESS HEALTHY PART OF HER THAT HAS THE "DEFENSIVE NEED" TO "RESIST THAT KNOWING"

"YOU KNOW THAT EVENTUALLY YOU WILL NEED TO MAKE YOUR PEACE WITH THE REALITY THAT YOUR MOTHER IS VERY LIMITED IN HER ABILITY TO BE THERE FOR YOU; BUT YOUR FEAR IS THAT WERE YOU EVER TO LET YOURSELF REALLY FEEL THE PAIN OF THAT, YOU WOULD NEVER RECOVER."

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"YOU KNOW THAT IF YOUR RELATIONSHIP WITH ELANA
IS TO SURVIVE, YOU'LL NEED TO TAKE AT LEAST
SOME RESPONSIBILITY FOR THE PART YOU'RE PLAYING
IN THE INCREDIBLY ABUSIVE FIGHTS THAT YOU AND SHE ARE
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'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, ULTIMATELY, YOU'LL NEED TO LEAVE MIGUEL
BECAUSE HE, LIKE YOUR DAD, REALLY ISN'T AVAILABLE IN THE WAYS
THAT YOU WOULD HAVE WANTED HIM TO BE; BUT YOUR FEAR IS
THAT WERE YOU TO LET HIM GO, YOU SIMPLY WOULD NOT SURVIVE."

"YOU KNOW THAT IF YOU ARE 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."

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BY LOCATING WITHIN THE PATIENT THE CONFLICT BETWEEN
WHAT SHE "KNOWS" AND WHAT SHE, MADE ANXIOUS,
"FINDS HERSELF" (DEFENSIVELY) "THINKING, FEELING, OR DOING"
IN ORDER NOT TO HAVE TO CONFRONT THAT REALITY,
THE THERAPIST IS DEFTLY SIDESTEPPING THE POTENTIAL
FOR CONFLICT BETWEEN HERSELF AND THE PATIENT

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

IF, INSTEAD, 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 THE THERAPIST WILL ALSO BE DEPRIVING 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
– IN OTHER WORDS, HER "AMBIVALENCE" –

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 / HEALTHY" THING
– A STANCE THAT THEN LEAVES THE PATIENT, MADE ANXIOUS,
NO CHOICE BUT TO BECOME THE "VOICE OF OPPOSITION"

"YOU KNOW THAT ULTIMATELY YOU WILL NEED TO CONFRONT –
AND GRIEVE – THE REALITY THAT TOM IS NOT AVAILABLE IN THE
WAYS THAT YOU WOULD HAVE WANTED HIM TO BE AND THAT
UNTIL YOU MAKE YOUR PEACE WITH THAT PAINFUL REALITY
YOU WILL CONTINUE TO BE MISERABLE; BUT, IN THE MOMENT,
ALL YOU CAN THINK ABOUT IS HOW ANGRY YOU ARE THAT
HE DOESN'T TELL YOU MORE OFTEN THAT HE LOVES YOU."

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WHERE DEFENSE WAS, THERE SHALL ADAPTATION BE

AS LONG AS THE "GAIN"
IS GREATER THAN THE "PAIN"
– MORE "EGO – SYNTONIC" THAN "EGO – DYSTONIC" –
THE PATIENT WILL "MAINTAIN" THE DEFENSE
AND "REMAIN" ENTRENCHED

BUT AS A RESULT OF "WORKING THROUGH"
THE "OPTIMAL STRESS"
OF "GROWTH – INCENTIVIZING" INTERVENTIONS

THAT ALTERNATELY AND REPEATEDLY
"CHALLENGE"
AND THEN "SUPPORT"
THE PATIENT'S DEFENSES

THE "PAIN" WILL ULTIMATELY
BECOME GREATER THAN THE "GAIN"
– MORE "EGO – DYSTONIC" THAN "EGO – SYNTONIC" –

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AT WHICH POINT
THE (OPTIMAL) STRESS AND “STRAIN”
OF THE (COGNITIVE AND AFFECTIVE) “DISSONANCE”
BETWEEN “PAIN” AND “GAIN” / “COST” AND “BENEFIT”

WILL BE SUCH THAT THE PATIENT
WILL BE “GALVANIZED” TO TAKE ACTION
TO RESOLVE THE INTERNAL TENSION
AND RESTORE HOMEOSTASIS

ACCOMPLISHED BY WAY OF
RELINQUISHING THE “COSTLY DEFENSES”
IN FAVOR OF
“MORE BENEFICIAL ADAPTATIONS”

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FREUD’S (1937) “HORSE AND RIDER” IS
INDEED AN APT METAPHOR FOR THE
THERAPEUTIC ACTION IN MODEL 1

FREUD’S RIDER
A NOW STRONGER AND MORE EMPOWERED EGO
BY VIRTUE OF THE GREATER AWARENESS IT HAS
OF ITS INTERNAL CONFLICTEDNESS

WILL NOW BE MORE SKILLED AT HARNESSING
THE QUANTUM POWER OF THE HORSE
A NOW BETTER REGULATABLE ID
BY VIRTUE OF THE WORKING THROUGH PROCESS,
WHICH HAS TAMED, MODIFIED, AND INTEGRATED ITS ENERGIES

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

NO LONGER IN CONFLICT BUT IN COLLABORATION

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IN ESSENCE
THE DEFENSIVE NEED TO
"REIN THE HORSE IN"

WILL HAVE BECOME
INCREMENTALLY TRANSFORMED INTO

THE ADAPTIVE CAPACITY TO
"GIVE THE HORSE FREE REIN"

AS STRUCTURAL CONFLICT GIVES WAY
TO STRUCTURAL COLLABORATION

AND "JAMMED UP" EVOLVES INTO
"EMPOWERED" AND "ACTUALIZED"

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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

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MODEL 2

THE CORRECTIVE – PROVISION PERSPECTIVE
OF SELF PSYCHOLOGY

OPTIMALLY STRESSFUL
“DISILLUSIONMENT STATEMENTS”

“YOU HAD SO HOPED THAT … ,
BUT YOU ARE BEGINNING TO REALIZE THAT … ,
AND IT DEVASTATES / ENRAGES YOU … ”

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MODEL 2 DISILLUSIONMENT STATEMENTS (AFFECTIVE)

“YOU HAD SO HOPED THAT I WOULD TELL YOU WHAT TO DO,
BUT YOU ARE BEGINNING TO REALIZE
THAT I DON’T JUST GIVE ANSWERS LIKE THAT –
AND IT REALLY UPSETS YOU.”

“YOU HAD SO HOPED THAT YOUR DAUGHTER
WOULD REACH OUT TO YOU WHEN YOU WERE SICK;
BUT YOU ARE BEGINNING TO REALIZE THAT,
FOR NOW, YOU ARE NOT A TOP PRIORITY FOR HER –
AND IT IS A DEVASTATING LOSS.”

“YOU HAD SO HOPED THAT YOUR HUSBAND WOULD ASK
HOW HE COULD HELP WITH THE DINNER PREPARATIONS;
BUT YOU ARE STARTING TO REALIZE THAT OFFERING
TO HELP WITH HOUSEHOLD THINGS LIKE THAT
IS NOT HIS THING – AND IT REALLY ANGERS YOU.”

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

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GRIEVING

A PROTRACTED PROCESS THAT TRANSFORMS
THE PATIENT'S REFUSAL TO CONFRONT
THE REALITY OF THE OBJECT'S
LIMITATIONS, SEPARATENESS, AND IMMUTABILITY
– WHICH FUELS THE RELENTLESSNESS WITH WHICH SHE PURSUES IT –
INTO THE CAPACITY TO TOLERATE
AND ACCEPT THOSE DISAPPOINTING REALITIES

IN THE CONTEXT OF THE TREATMENT, IT INVOLVES
WORKING THROUGH "OPTIMAL DISILLUSIONMENT"
THAT IS, "POSITIVE TRANSFERENCE DISRUPTED"

BY CONFRONTING THE "PAIN OF HER GRIEF"
AND "ADAPTIVELY INTERNALIZING" THE
"GOOD THAT HAD BEEN" PRIOR TO THE DISRUPTION
IF YOU CANNOT ALWAYS COUNT ON EXTERNAL PROVISION, BETTER THAT
YOU INTERNALIZE WHATEVER "GOOD SUPPLIES" YOU CAN SO THAT
THEY WILL ALWAYS BE THERE FOR YOU AS INTERNAL RESOURCES

ARRIVING ULTIMATELY AT A PLACE OF SERENE
ACCEPTANCE, FORGIVENESS, AND INNER PEACE

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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 RELATIONSHIPS

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MODEL 3

THE INTERSUBJECTIVE PERSPECTIVE OF CONTEMPORARY RELATIONAL THEORY

OPTIMALLY STRESSFUL "ACCOUNTABILITY STATEMENTS"

– "RELATIONAL INTERVENTIONS" –

DESIGNED TO TEASE OUT
TRANSFERENCE / COUNTERTRANSFERENCE ENTANGLEMENTS
PROJECTIVE IDENTIFICATIONS
MUTUAL ENACTMENTS
CO – CREATION OF THERAPEUTIC IMPASSES

THE GOAL OF WHICH
IS TO BRING THE FOCUS
INTO THE HERE – AND – NOW
OF WHAT THE PATIENT IS RE – ENACTING
IN THE TRANSFERENCE
TO WHICH THE THERAPIST, IN HER TURN,
IS REACTING / RESPONDING

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MODEL 3 ACCOUNTABILITY STATEMENTS (RELATIONAL)

THE THERAPIST MIGHT CHOOSE TO SHARE –

SOMETHING ABOUT HER OWN EXPERIENCE
OF BEING IN THE ROOM WITH THE PATIENT

OR HER OWN STATE OF INTERNAL CONFLICTEDNESS
AS A RESULT OF SOMETHING HAPPENING BETWEEN THEM

ALTERNATIVELY
THE THERAPIST MIGHT CHOOSE TO HIGHLIGHT –

HOW THE PATIENT GETS OTHERS TO DO UNTO HER
IN THE HERE – AND – NOW
SOME VERSION OF WHAT HAD BEEN DONE UNTO HER
IN THE THERE – AND – THEN
("DIRECT NEGATIVE TRANSFERENCE")

OR HOW THE PATIENT DOES UNTO OTHERS
IN THE HERE – AND – NOW
SOME VERSION OF WHAT HAD BEEN DONE UNTO HER
IN THE THERE – AND – THEN
("INVERTED NEGATIVE TRANSFERENCE")

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MODEL 3 ACCOUNTABILITY STATEMENTS

CAN BE INTRODUCED IN ANY OF THE FOLLOWING WAYS

"IT OCCURS TO ME THAT, BY WAY OF YOUR BEHAVIOR IN HERE WITH ME, YOU ARE HELPING ME TO UNDERSTAND SOMETHING THAT I HAD NEVER BEFORE ENTIRELY UNDERSTOOD … "

"I THINK THAT YOU HAVE BEEN TRYING TO COMMUNICATE SOMETHING IMPORTANT TO ME THAT I HAD BEEN REFUSING TO SEE … "

"I WONDER IF MY DIFFICULTY APPRECIATING JUST HOW DESPERATE YOU WERE MADE YOU FEEL THAT YOU HAD TO DO SOMETHING DRAMATIC IN ORDER TO GET MY ATTENTION … "

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AS ADDITIONAL EXAMPLES

MODEL 3 ACCOUNTABILITY STATEMENTS (RELATIONAL)

THE THERAPIST MIGHT CHOOSE TO SHARE SOMETHING ABOUT HER EXPERIENCE OF BEING IN THE ROOM WITH THE PATIENT

"I GUESS I AM IN THE DOG HOUSE THESE DAYS!"

"I WONDER IF THE FRUSTRATION AND HELPLESSNESS I AM FEELING NOW IN RELATION TO YOU IS SIMILAR TO THE FRUSTRATION AND HELPLESSNESS YOU HAVE SPOKEN OF FEELING IN RELATION TO YOUR FATHER."

"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)

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MODEL 3 ACCOUNTABILITY STATEMENTS (RELATIONAL)

AS IRWIN HOFFMAN (2001) HAS SUGGESTED
IF THE THERAPIST IS AWARE OF FEELING CONFLICTED IN RELATION TO THE PATIENT, SHE MAY CHOOSE TO SHARE THE FACT OF THIS CONFLICTEDNESS WITH THE PATIENT

"I WANT TO TELL YOU 'X,' BUT I AM AFRAID THAT 'Y.'"

HERE THE THERAPIST IS EXPRESSING ALOUD THE CONFLICT WITH WHICH SHE IS STRUGGLING – A CONFLICT THAT MIGHT WELL BE REFLECTIVE OF THE PATIENT'S OWN INTERNAL STATE OF DIVIDEDNESS

"I AM TEMPTED TO GIVE YOU THE ADVICE FOR WHICH YOU ARE LOOKING, BUT MY FEAR IS THAT WERE I TO DO SO, I WOULD BE ROBBING YOU OF THE IMPETUS TO FIND YOUR OWN ANSWERS."

"I FIND MYSELF FEELING ANGRY WITH YOU FOR BEING SO OFTEN LATE AND WANTING YOU TO UNDERSTAND HOW IT IMPACTS ME, BUT THEN IT OCCURS TO ME THAT IT MIGHT BE MORE IMPORTANT FOR US TO TRY TO UNDERSTAND WHAT YOU MIGHT BE TRYING TO COMMUNICATE TO ME BY WAY OF YOUR FREQUENT LATENESS."

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MODEL 3 ACCOUNTABILITY STATEMENTS (RELATIONAL)

"I AM TEMPTED TO RESPOND TO YOUR REQUEST BY SAYING THAT OF COURSE YOU CAN BORROW ONE OF THE MAGAZINES IN MY WAITING ROOM, BUT I AM ALSO REALIZING THAT WERE I SIMPLY TO SAY 'OK,' WE MIGHT THEN LOSE AN OPPORTUNITY TO UNDERSTAND SOMETHING MORE ABOUT YOU AND, PERHAPS, ABOUT US."

TO A PATIENT WHO SAYS SHE WANTS THE THERAPIST'S APPROVAL REGARDING HER DECISION TO TERMINATE
– A TERMINATION THAT THE THERAPIST THINKS IS PREMATURE –

"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 LEAVE, I MIGHT ULTIMATELY BE DOING YOU A DISSERVICE."

92

MODEL 3 ACCOUNTABILITY STATEMENTS (RELATIONAL)

"I WONDER IF THIS FEELING I HAVE IN RELATION TO YOU THAT NO MATTER WHAT I SAY IT WON'T BE GOOD ENOUGH IS LIKE THE FEELING YOU HAVE SPOKEN OF HAVING HAD IN RELATION TO YOUR FATHER, FOR WHOM NOTHING WAS EVER GOOD ENOUGH."

"I FIND MYSELF FEELING SO ANGRY AT YOUR MOTHER. I WONDER IF SOME OF THOSE FEELINGS ARE ACTUALLY A STORY ABOUT FEELINGS YOU HAVE ABOUT YOUR MOTHER – FEELINGS YOU WOULD RATHER NOT HAVE TO ACKNOWLEDGE."

"IT OCCURS TO ME THAT WE HAVE MANAGED TO RECREATE IN HERE THE VERY SAME DYNAMIC THAT HAD CHARACTERIZED YOUR RELATIONSHIP WITH YOUR DOUBLE – BINDING FATHER – NAMELY, THE FEELING WE BOTH HAVE THAT NO MATTER WHAT EITHER OF US MIGHT DO, IT WOULDN'T GET THE OTHER'S APPROVAL! BUT ALL OF THIS, PAINFUL AS IT IS, GIVES US AN OPPORTUNITY TO EXPERIENCE, FIRSTHAND, HOW TOXIC THE RELATIONSHIP WITH YOUR FATHER REALLY WAS – EXCEPT THAT NOW WE CAN DO SOMETHING ABOUT IT!"

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MODEL 3 IS ABOUT ACCOUNTABILITY AND THEREFORE EMPOWERMENT

THE "RULE OF THREE" (MARTHA STARK 2016)

RELEVANT WHENEVER A PATIENT SAYS OR DOES SOMETHING THAT THE THERAPIST EXPERIENCES AS PROVOCATIVE
– A "PROVOCATIVE ENACTMENT" –

IN ORDER TO COMPEL THE PATIENT TO TAKE OWNERSHIP OF WHAT SHE IS "PLAYING OUT" ON THE STAGE OF THE TREATMENT, THE THERAPIST MIGHT ASK THE PATIENT ANY OF THE FOLLOWING

"HOW ARE YOU HOPING THAT I WILL RESPOND?"
WHICH ADDRESSES THE ID

"HOW ARE YOU FEARING THAT I MIGHT RESPOND?"
WHICH ADDRESSES THE SUPEREGO

"HOW ARE YOU IMAGINING THAT I WILL RESPOND?"
WHICH ADDRESSES THE EXECUTIVE FUNCTIONING OF THE EGO
– THE DORSOLATERAL PREFRONTAL CORTEX (DLPFC) OF THE BRAIN –

ALL THREE "RELATIONAL INTERVENTIONS" DEMAND OF THE PATIENT THAT SHE MAKE HER "INTERPERSONAL INTENTIONS" MORE EXPLICIT AND THAT SHE TAKE RESPONSIBILITY FOR HER PROVOCATIVE ENACTMENT

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I WOULD LIKE TO BORROW FROM STEPHEN MITCHELL (1988)
A WONDERFUL ANECDOTE THAT CAPTURES THE ESSENCE
OF THE QUINTESSENTIAL STRUGGLE IN WHICH ALL OF US
ARE ENGAGED AS WE ATTEMPT TO MASTER OUR ART

MITCHELL WRITES –
"<STRAVINSKY> HAD WRITTEN A NEW PIECE WITH A DIFFICULT VIOLIN PASSAGE. AFTER IT HAD BEEN IN REHEARSAL FOR SEVERAL WEEKS, THE SOLO VIOLINIST CAME TO STRAVINSKY AND SAID HE WAS SORRY, HE HAD TRIED HIS BEST, <BUT> THE PASSAGE WAS TOO DIFFICULT; NO VIOLINIST COULD PLAY IT. STRAVINSKY SAID, 'I UNDERSTAND THAT. WHAT I AM AFTER IS THE SOUND OF SOMEONE TRYING TO PLAY IT.'"

AS THERAPISTS, OUR WORK IS EXQUISITELY DIFFICULT AND FINELY TUNED – AND OFTEN WE WILL NOT BE ABLE TO GET IT JUST RIGHT – PERHAPS, HOWEVER, WE CAN CONSOLE OURSELVES WITH THE THOUGHT THAT IT IS THE EFFORT WE MAKE TO GET IT JUST RIGHT THAT WILL ULTIMATELY COUNT

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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?

... A QUIET STRENGTH WE ACQUIRE
FROM SURVIVING ADVERSITY AND HARDSHIP
AND MASTERING THE EXPERIENCE OF
DISAPPOINTMENT, HEARTBREAK, AND DEVASTATION?

AND, THEN, WHEN WE FINALLY RISE ABOVE IT,
DON'T WE RISE UP IN QUIET TRIUMPH,
EVEN IF ONLY WE NOTICE ...

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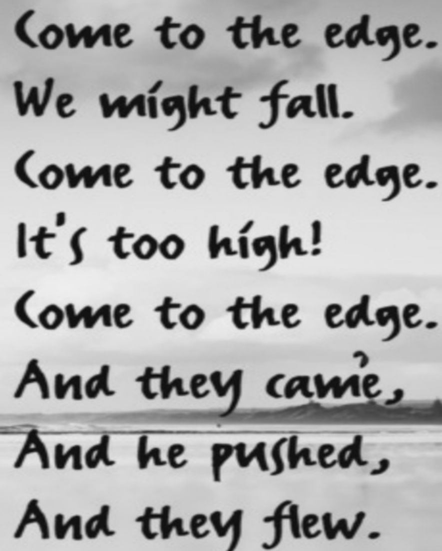

What if I fall?
Oh, but my darling,
what if you fly?
-e.h.
99

she took
THE LEAP
and built
HER WINGS
on the way down
100

MY
LITTLE
MINION
FRIENDS

STUART
AND
HIS
BROTHER
STEWART

WANTED
TO
SAY
“HI!”
AND
TO
THANK
YOU

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IF YOU WOULD LIKE
TO BE ON MY
MAILING LIST,

PLEASE EMAIL ME AT
MarthaStarkMD @
HMS.Harvard.edu
TO LET ME KNOW

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