

PREVIEW

**THREE MODES
OF
THERAPEUTIC ACTION**

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PREVIEW

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

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

TRANSFORMATION OF DYSFUNCTIONAL DEFENSE
INTO MORE FUNCTIONAL ADAPTATION

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

AN ONGOING PROCESS INVOLVING
HEALING CYCLES OF DISRUPTION AND REPAIR

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

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PREVIEW

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

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

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

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

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

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

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

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MODEL 1 – KNOWLEDGE

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

MODEL 2 – EXPERIENCE

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

MODEL 3 – RELATIONSHIP

**2 – PERSON PSYCHOLOGY
FOCUS ON PATIENT'S RELATIONAL DYNAMICS (1)
THERAPIST AS AUTHENTIC SUBJECT (1)**

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

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

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

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

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

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

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MORE SPECIFICALLY

A HIGHER LEVEL OF

AWARENESS
MODEL 1

ACCEPTANCE
MODEL 2

ACCOUNTABILITY
MODEL 3

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