PSYCHODYNAMIC SYNERGY PARADIGM

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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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PSYCHODYNAMIC SYNERGY PARADIGM
THREE "MODES" OF THERAPEUTIC ACTION

MUTUALLY ENHANCING NOT MUTUALLY EXCLUSIVE

RELEVANT FOR
CRISIS INTERVENTION, MEDICATION MANAGEMENT,
SHORT – TERM INTENSIVE TREATMENT,
AND LONG – TERM IN – DEPTH PSYCHOTHERAPY

RELEVANT ALSO FOR
WHATEVER THE DEGREE OF HEALTH / PSYCHOPATHOLOGY
AND WHETHER HIGH – FUNCTIONING OR LOW – FUNCTIONING

BECAUSE IT IS ALL ABOUT THE
"THERAPEUTIC PROCESS"

INDEED, THE THERAPIST WILL BE ABLE TO OPTIMIZE
HER THERAPEUTIC EFFECTIVENESS IF
– MOMENT BY MOMENT –
SHE IS ABLE TO TRANSITION
– BACK AND FORTH –
FROM ONE "MODE" TO ANOTHER …

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… BASED UPON WHAT THE THERAPIST SENSES IS
MOST "IMMEDIATE" AND MOST "EMOTIONALLY LADEN"
FOR THE PATIENT IN THE MOMENT
THAT IS, THE "POINT OF EMOTIONAL URGENCY" FOR THE PATIENT

BE IT

HER RESISTANCE TO GAINING INSIGHT INTO
– AND TAKING RESPONSIBILITY FOR –
WHY SHE IS SO STUCK IN HER LIFE
(MODEL 1)

HER REFUSAL TO ACCEPT DISAPPOINTING
REALITIES ABOUT THE PEOPLE IN HER LIFE
(MODEL 2)

HER RELUCTANCE TO HOLD HERSELF ACCOUNTABLE
FOR WHAT SHE ENACTS IN HER RELATIONSHIPS
(MODEL 3)

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IN OTHER WORDS

THE PATIENT'S INTERNAL CONFLICTEDNESS
(MODEL 1)

THE PATIENT'S RELENTLESS PURSUITS
(MODEL 2)

THE PATIENT'S COMPULSIVE REPETITIONS
(MODEL 3)

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ALL THREE MODELS ARE RELEVANT FOR BOTH
(MOMENTARY) "TRAIT" AND (MORE SUSTAINED) "STATE"

MODEL 1 FEATURES "NEUROTIC CONFLICTEDNESS"
AND IS RELEVANT WHEN, IN THE MOMENT,
THE PATIENT IS "RESISTANT" AND / OR "NOT AWARE"
WHICH WILL CALL FOR A "CONFLICT STATEMENT"

MODEL 2 FEATURES "NARCISSISTIC VULNERABILITY"
AND IS RELEVANT WHEN, IN THE MOMENT,
THE PATIENT IS "RELENTLESS" AND / OR "NOT ACCEPTING"
WHICH WILL CALL FOR A "DISILLUSIONMENT STATEMENT"

MODEL 3 FEATURES "NOXIOUS RELATEDNESS"
AND IS RELEVANT WHEN, IN THE MOMENT,
THE PATIENT IS "RE – ENACTING" AND / OR "NOT ACCOUNTABLE"
WHICH WILL CALL FOR AN "ACCOUNTABILITY STATEMENT"

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MODEL 1 – STRUCTURAL CONFLICT
THE NEUROTIC DEFENSE OF
RELENTLESS CONFLICTEDNESS

MODEL 2 – STRUCTURAL DEFICIT
THE NARCISSISTIC DEFENSE OF
RELENTLESS NEED FOR VALIDATION
AND EXTERNAL REINFORCEMENT
(RELENTLESS HOPE)

MODEL 3 – RELATIONAL CONFLICT
THE CHARACTER DISORDERED DEFENSE OF
RELENTLESS EXTERNALIZATION
AND DENIAL OF RESPONSIBILITY

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MODEL 1 – STRUCTURAL CONFLICT
DYSFUNCTIONAL INTERNAL DYNAMICS
NEUROTIC CONFLICTEDNESS

MODEL 2 – STRUCTURAL DEFICIT
RELENTLESS PURSUIT OF THE UNATTAINABLE
NARCISSISTIC VULNERABILITY

MODEL 3 – RELATIONAL CONFLICT
DYSFUNCTIONAL RELATIONAL DYNAMICS
NOXIOUS RELATEDNESS

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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,
ACCEPTING, AND COMPASSIONATE SELF

MODEL 3 – RELATIONAL
ENGAGEMENT IN HEALTHY RELATEDNESS "WITH"
ULTIMATELY, A MORE ACCOUNTABLE SELF – IN – RELATION

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THE THERAPEUTIC ACTION

MODEL 1
FROM RESISTANCE TO ACKNOWLEDGING
PAINFUL TRUTHS ABOUT ONESELF
TO AWARENESS OF THOSE PAINFUL TRUTHS

MODEL 2
FROM RELENTLESS HOPE AND REFUSAL TO GRIEVE
PAINFUL TRUTHS ABOUT ONE'S OBJECTS
TO ACCEPTANCE OF THOSE PAINFUL TRUTHS

MODEL 3
FROM COMPULSIVE AND UNWITTING RE – ENACTMENT
OF UNMASTERED EARLY – ON RELATIONAL TRAUMAS
TO ACCOUNTABILITY FOR ONE'S DYSFUNCTIONAL
ACTIONS, REACTIONS, AND INTERACTIONS

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HOW DO WE KNOW WHICH MODEL TO USE?
PSYCHODYNAMIC PSYCHOTHERAPY IS LIKE BALLROOM DANCING
THERE IS A LEADER AND A FOLLOWER
THE PATIENT LEADS AND, FOR THE MOST PART, WE FOLLOW

I HAVE COMPLETE FAITH IN THE "THERAPEUTIC PROCESS"
AND CONFIDENCE THAT THE PATIENT WILL
LEAD US TO WHEREVER SHE NEEDS US TO GO
HER NEUROTIC CONFLICTEDNESS (MODEL 1)
HER NARCISSISTIC VULNERABILITY (MODEL 2)
HER NOXIOUS RELATEDNESS (MODEL 3)
AND THIS POINT OF EMOTIONAL URGENCY WILL CONTINUOUSLY SHIFT

I "GIVE" STATEMENTS AND RARELY "ASK" QUESTIONS
BECAUSE I AM MORE INTERESTED IN "GIVING" TO THE PATIENT
THAN IN "ASKING" OF HER THAT SHE "GIVE" (ANSWERS) TO ME

MOMENT BY MOMENT, AS WE LISTEN, WE ARE CONTINUOUSLY DECIDING
WHETHER TO "SUPPORT" BY BEING WITH THE PATIENT WHERE SHE IS
OR TO "CHALLENGE" BY DIRECTING HER ATTENTION TO ELSEWHERE

OUR GOAL – AN OPTIMAL BALANCE BETWEEN THE TWO
OPTIMAL STRESS

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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 KNOWLEDGE THAT
IT IS THE EFFORT WE MAKE TO GET IT JUST RIGHT
THAT WILL ULTIMATELY COUNT

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