

Psychotherapy Guidebook



PARADIGMATIC PSYCHOTHERAPY

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Paradigmatic Psychotherapy

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DEFINITION

In Paradigmatic Psychotherapy, which is psychoanalytically based, the therapist presents himself to the patient as a model for identification and introjection (“setting forth an example”). He adopts the roles of the significant personalities in the past and present life of the patient, with their varied viewpoints and temperaments, in order to free the patient from being controlled by disabling memories and regressive habits. In this fashion, the therapist permits the patient to correct defective precepts of reality and at the same time demonstrates to the patient those ego functions that the patient does not possess or misuses. He thus provides the patient with the much-needed opportunity to learn to cope with crucial and stressful life situations. To achieve this purpose, the therapist acts as a paradigm of the world, in which the patient must learn to move and to survive.

HISTORY

Marie Coleman Nelson, in collaboration with social scientist and historian Benjamin Nelson, originated and developed the technique known as

“Paradigmatic Psychotherapy.” The first complete presentation of her method appeared in the journal *Psychoanalysis* (Vol. 5, No. 3, 1957) under the title “Paradigmatic Psychotherapy in Borderline Treatment,” co-authored by Benjamin Nelson. This approach was originally designed to provide the therapist with a new, effective procedure for overcoming stalemates encountered when the classical approach of psychoanalytical interpretation proved to be inadequate in the treatment of borderline cases. One year before this article, Mrs. Coleman Nelson reported her early experiments in a paper entitled “Externalization of the Toxic Introject” (*Psychoanalytic Review*, Vol. 43, No. 2, 1956). Her work and scientific contributions led to the establishment of the Paradigmatic Behavior Studies Seminar in New York, devoted to research in strategically selected types of role playing and model functioning as well as the deliberate reprojecting of the patient’s pathological and healthy motivation.

TECHNIQUE

Paradigmatic Psychotherapy is designed to provide the patient with an interpersonal experience that reveals to him his misperceptions of inner and outer reality. This goal is achieved through the application of any of the following approaches:

1. Analysis of resistances. By active mirroring (either imitative or exaggerated joining of resistance); by duplicating reported

interpersonal experience.

2. Analysis of introjects and images. By assuming the role of the self-image (patient's idealized, hated or unconscious self); by assuming the role of the introject (patient's idealized, toxic, or unconscious introject); by assuming the role of a "stranger" (alien, uncomprehending, distant).
3. Analysis of fantasies and transference. By entering into ongoing fantasy; by following the patient's own recommendations of procedures for the analyst to follow ("self-dosing"); by adopting any of the methods listed under resistances and introjects.

Thus, through presenting the patient with paradigms, he is systematically exposed to an active form of mirroring, permitting him a direct recognition of his projections (his attributing his own behavior, attitudes, etc., to someone else) and resistances, their nature and origin, and allowing him to externalize them and to repudiate all toxic introjects. This technique leads to the development of a degree of ego-strength, which ultimately makes paradigmatic tactics superfluous and permits the therapist to conduct the final phase of the treatment in a more classical fashion.

APPLICATIONS

While originally designed primarily for the treatment of borderline patients, this method and procedure has been sufficiently developed to be

used for the therapeutic management of all adult as well as adolescent patients, in whom the toxic introjects have created overwhelming anxiety, hostility, and helplessness and have led to the development of paralyzing misperceptions, parataxic distortions, compulsive indecision, and faulty reality testing.