RESPONSE TO THE CENTRALITY OF RELATIONSHIP: WHAT'S *NOT* BEING SAID

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The issues raised by Dr. Kinsler in this article are extremely important. The article is well written, and I was impressed from the genuine and eloquent ways in which Dr. Kinsler addresses the main issues in this article. A few key points that struck me were the following:

Kinsler states: "It is in relationships that abuse has harmed our clients, and, I believe, it is in restorative relationships that they recover."

Later, when Dr. Kinsler was describing the way our patients see the world he says, "People are dangerous, inconsistent and unpredictable." In the way our patients see relationships, Dr. Kinsler says, "Relationships are fraught with pain, exploitation, violence, in every conceivable form of violation." Dr. Kinsler goes on to say that the essence of effective therapy with such patients is not enough to do "good therapy," but it has to do with maintaining structure and boundaries while being actively engaged with the patients as he says, "Therapists ought to maintain a consistent stance of deep engagement with safe boundaries." In essence, he says that therapists ought to express "deep care with an effective structure."

I agree with many of these statements; however, these are neither new nor original. In many articles and presentations Dr. Richard Kluft has emphasized that essential elements of successful therapy in patients with MPD include consistent maintenance of boundaries and structure, with the active communication and engagement of warmth from the therapist to the patient, with genuine interest in the patient as a person. Drs. van der Kolk and van der Hart (1989), in an article entitled "Pierre Janet and the Breakdown of Adaptation in Psychological Trauma" mentioned, "Janet was very much aware of the special patient/therapist relationship which had already been recognized by the old hypnotists under the name Rapport Magnétique. He deemed a therapeutic alliance "Rapport" indispensable for a cure, but recognized that with severely traumatized patients, it can develop into an intense, almost addictive "somnabulistic" passion. He was aware of the tightrope the therapist must walk between promoting a passionate attachment in satisfying the patient's need for direction and guidance. Therapists must pursue two apparently contradictory goals: Educating patients to accept their authority and guidance, and at the same time, decreasing their own importance by encouraging patients to control their own lives," (Van der Kolk and van der Hart, 1989, p. 1538).

In another section of the article, the authors observe that like contemporary clinicians; Janet understood that stabilization of symptoms need to precede the exploration of the patient's past. This issue of modification in technique was also discussed by many psychoanalysts who recognized that some patients that were traumatized in their childhood did not respond well to classical psychoanalytic technique. Michael Balint (1979) in his book, "The Basic Fault: Therapeutic Aspects of Regression" wrote about patients with the characteristics of the basic fault. These are people that were traumatized in a relationship with another person. Balint described the chief characteristics of the level of the basic fault to be the following:

a. All the events that happen in it belong to an exclusively two person relationship.
b. This two person relationship is of a particular nature: entirely different from the well known human relationships of the oedipal level.
c. The nature of the dynamic force operating at this level is not that of a conflict.
d. Adult language is often useless, or misleading in describing events at this level because words have not always an agreed conventional meaning."

Michael Balint goes on to say that strictly psychoanalytic interpretation is not enough, and these patients have to be accepted and have to experience a sense of empathy and caring on a nonverbal level from the psychotherapist. This subject was later elaborated by many analysts, including Otto Kernberg (1975), Heinz Kohut (1977), Arnold H. Modell (1976), and Ralph Greenson (1971). Modell (1976) in his paper, "The Holding Environment and the Therapeutic Action of Psychoanalysis" elaborated on Winicott's ideas regarding the holding environment and its functions. He stressed the object relationship aspects of the therapist's hold, and its important foundation in psychotherapeutic technique. Good psychotherapy includes not only the creation of a maternal, accepting, holding environment which is very protective of the patient to stay functional, but it also must be facilitating and growth promoting with reasonable boundaries and structure. Yes, "good psychotherapy" does mean an active engagement with the patient, coupled with consistent structure in a safe environment with the maintenance of boundaries

between patient and therapist. This is exactly what Sidney Tarachow (1963) talked about in his description of the "therapeutic barrier." A therapist who has a detached, cold, aloof, and uninterested attitude rationalized by striving to be a blank screen for the patient's transference projections is not doing "good psychotherapy" regardless of what the patient's diagnosis may be.

I have a problem with the author's suggestion of the specialness that needs to be imputed to the relationship between the therapist and patients who are survivors of childhood trauma.I believe that this may easily lead to a variety of misalliances as described and cautioned by Robert Langs (1975). I also would suggest that Dr. Kinsler's paper would have been much stronger had it included some of the key articles and references from the psychoanalytic and object relations literature, as mentioned, where these issues have been debated for decades.

The problem of many patients with dissociative disorders, is that they end up being treated by novice therapists who practice the dictim "See one, treat one," and understand "good therapy" as uncovering and abreacting traumatic memories.We all know that this may lead to iatrogenically induced regressions and dysfunctional states, and this is certainly not "good therapy." ■

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