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

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In his paper on "The Centrality of Relationship," Dr. Kinsler brings to the forefront for me the importance of ongoing teaching in the field of MPD.

Dr. Kinsler reports on his experience as a beginning attendee to national conferences on the study of MPD and dissociation—conferences which have been ongoing for a number of years with both similar and steadfast tenants and also with topics which vary according to the Zeitgeist. New areas are explored as older ones are restated and continue to be investigated. Since the beginning of these, audio tapes have contributed to ongoing learning, as have an increasing number of papers and books devoted to therapy, the relationship, transference-countertransference, the negotiation of abreactions, etc. Dr. Kinsler's paper surprised me at a number of levels.

I was thrown back to a time, years ago, where word of mouth preceded published knowledge and where therapists were still "figuring out" models of dissociation and models of therapy. Though we still await the "definitive model," much progress has been made in understanding and helping people who have been hurt. It feels as if Dr. Kinsler is unaware of this bountiful literature, as expressed in both the basic content of his text as well as the bibliography which seems to emphasize the trauma field rather than the dissociation literature. There is a qualitative difference, a different focus among these literatures. ISSMP&D members have from the beginning been more interested and concerned about process of therapy than just the "what trauma are we exploring today," Is Dr. Kinsler aware of this?

In addition, Dr. Kinsler has managed the impossible—citing authors on MPD, speaking about process of MPD therapy without once citing Richard Kluft, a widely-published clinician who has focused on the topics Dr. Kinsler still puzzles over.

Though Dr. Kinsler and I may share a common language in terms of description of aspects of therapy, it became clear to me that the meaning(s) may vary between us—certainly the implications vary. I can consider myself "engaged" in a well boundaried relationship with an MPD patient and do not necessarily feel (or act) as if they are "special" and deserve more or less than any other patient of mine (or any other human being). I do not subscribe to the L'Oreal treatment selection criteria..."because you are worth it." Who decides on the worth of the individual? What does this mean about the patients Dr. Kinsler does not work with? Are his MPD patients worth more than his obsessive compulsive neurotics? Many of our MPD patients struggle with being special—both as a wish to be special (important enough, bright enough, lovable enough, etc.), and a fear of being special (Daddy's special little girl, special secret, etc.). Feeding into any aspect of that conflict by the therapist is ultimately unproductive and takes away from the patient the opportunity to negotiate the conflict him/herself. It ranks right up there with being asked to validate memories without independent data—which of course we know is impossible.

Furthermore, I found my reaction to this paper so strong that I felt compelled to explore the intensity of my reaction. To summarize:

It is always frustrating to me when people use lecture/teaching data (especially what is not said) to decide on what the therapist truly does behind closed doors. There is a difference between the teaching role and the therapist role—one may translate with difficulty into another. Therefore when Dr. Kinsler contrasts what a clinician says with what he does in a role play, I find the comment unhelpful and overly concrete.

Furthermore, in my explorations of 19th and 18th century literature on hypnosis and MPD, I found many examples of what we rediscovered seemingly anew in the mid 1970s. I had hoped that this would not happen again, not in my lifetime at least, let alone in my backyard today. Dr.Kinsler seems to have rediscovered the square wheel!

Dr. Kinsler's paper has reminded me once again of the importance of monitoring countertransference, especially traumatic countertransference. ■