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

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Dr.Kinsler is to be thanked for raising the interesting and provocative issues of the importance of the therapy relationship, the importance of the therapist as person and his perception of survivors as different (special?) patients. The difficulty I have with Dr. Kinsler's approach is most apparent to me in his response to his patients' question as to why he listens to them. He tells them that he listens because they are worth it. I think that is not a complete answer. If they are worth it and that is why he listens, what about the many survivors who cannot afford therapy with him? Are they *not worth* it, is that why he does not listen to them? Were his patients abused by their parents because they were worth abuse as children? When he gets into the question of worth, I think he gets into trouble.

When Dr. Kinsler's patients ask him why he listens to them and he responds to the content of the question as if they are really asking him about why he listens, I think he misses their main question, why no one listened to them as children, and how sad it is that they felt they were not listened to.

However, if he is going to answer their question as if it really is about him and them, I think he should be completely open. I think he should say that he listens to his patients because that is the nature of his agreed-upon relationship with them. His patients have a right to expect him to listen. It is not just out of the goodness of his heart that he listens. They do not need to feel unduly appreciative. As a therapist, he listens more attentively and more consistently to them than do any other people in their lives no matter what they are worth. If they think they are getting listened to for all those hours just because they are worth it, they are in for a surprise in real life. That is not going to happen-at least not for any extended period of time.

In my opinion, Dr. Kinsler over-valuês the therapeutic relationship. In watching some survivors take responsibility and heal while other survivors continue old destructive patterns, I see that the relationship is only one part of the therapy-only one variable. Patients vary greatly in their ability to use the relationship. Some use it well, others can not use it at all and still others use it destructively. The relationship itself is not curative. It is the backdrop for therapy, not the center stage activity except as it illuminates the internal process of the patient.

I also differ with Dr. Kinsler's supposition that he must provide hope, trust and a sense of safety for his patients. The patient is the one who must work on issues of hope, trust and a sense of safety, although the therapists can help the patient understand and master this process. The patient must come to terms with his or her own feelings, issues and beliefs.To try to *help* the patient by providing the therapist's answers does not work. Not to allow the patient his or her own struggle with deeply-held beliefs, even a belief in the hopelessness of the struggle at times, is to trivialize patients' experiences. It is not for the therapist to *save* the patient from the patient's own struggle or teach the patient the *right* way to feel or to see the world. Doing that would merely substitute therapist-chosen reality for parent-chosen reality. The therapist can be present with and honoring of the patient's struggle.

The present therapeutic quandary about the believability of the patient is evident in Dr. Kinsler's confusion and "selective believing" concerning patient self-report. On the one hand, when patients state that life is not worth living, that they are bad or that people are not trustworthy, he understands their statements as the result of the severe abuse which he must change. On the other hand, when patients state that a "special" and different relationship is needed for these "special" patients, he accepts patient report as reality. Are patients to be believed or not?

Also notably lacking in his discussion of the therapy relationship are all the negative relational patterns which survivors lived with and have internalized. He does not mention their rage and their desires to hurt him and all others to whom they get close, their struggles with their own "shadow sides," their sadistic (and often eroticized) impulses, their capacity for contempt for human beings, and their ability to be callous towards others' sufferings. All of these feelings have also shaped the survivors who have lived with these realities. If they are to recover, these feelings as well as the positive and appreciative ones must be part of the therapy process so that the patient can explore them rather than ignoring them or responding to them as if they are present-day reality.

To summarize, I do believe survivors require deep engagement and therapist availability as do other patients and also that therapy with severely abused individuals who dissociate requires modifications. Additionally, I believe survivors often elicit a different degree of engagement and availability from therapists which is not necessarily about the patient. I believe Dr. Kinsler's errs by over-emphasizing the curative aspects of the therapeutic relationship and minimizing the value of

that relationship for exploring the negative transference. A therapeutic and therefore restorative relationship is necessary but is not sufficient for the therapy process just as oxygen is necessary but not sufficient for a rewarding life.No matter how much a therapist cares, how deeply engaged and available a therapist is or how restorative a therapy relationship, MPD/DD patients still were raised by parents who abused them, an experience that has formed their characters in ways they come to therapy to change. That is the reality with which they need to make their peace. ■