

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

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Kinsler (this issue) has recently commented on his confusion regarding the centrality of the therapeutic relationship in working with victims of severe childhood abuse. His confusion appears to stem from his interpretation that the workshops offered at the Eighth Meeting of the International Conference on Multiple Personality/Dissociative States did *not* stress the importance of the therapeutic relationship in helping these kinds of patients. He goes on to argue that actively engaging abuse victims in a therapeutic relationship is merely "not just good therapy;" it "requires a different degree of engagement and availability than a traditional therapy." While I agree with many of the specific points he makes in his comment, I believe his overall position is unbalanced for several reasons.

First, Kinsler noted that his examination of my videotape and his interpretation of the role play between Drs. Chu and Adams clearly demonstrated that we are "extremely connected" to our patients and that we advocate "sensitive contact with the inner world" of these individuals. Obviously, our position on this issue was clearly communicated. But it is only part of an overall workshop presentation which focused on what we *do* as therapists. We also insist that our clients demonstrate a mutual commitment to the therapeutic process. In other words, the center of the therapeutic relationship, in my opinion, is mutually defined by the interaction between the therapist and the patient.

Second, I do not think that therapeutic work with abuse victims necessitates "special" investment on the part of the therapist. I believe that good therapy with any kind of patient should be based on a mutual agreement between therapist and patient to work equally hard towards achieving specific goals. Otherwise, therapists might not feel that they have facilitated therapy appropriately and patients might not feel empowered by their progress.

Third, regarding some of Kinsler's observations on "Special Relationships," I would like to make two brief points. I believe: a) the number of therapy sessions per week should be based on the patients' level of adaptive functioning and not his/her diagnosis (i.e., abuse victim); and b) availability of the therapist to the patient after "normal hours" should be limited. I acknowledge that the type of limits set may be based on the personality of the therapist, the current needs of the patient, and the recognition and respect by the patient

that all human beings are entitled to their own time. However, I have grave concern over clinicians doing therapy in the service of their own needs.

CONCLUSION

In my opinion, Kinsler has overstated the role of the therapist and understated what is to be expected on the part of the patient. Good therapy is characterized by an engaged and centered interaction between therapist and patient. Special types of psychiatric problems may require special types of therapeutic interventions. However, establishing effective therapeutic relationships should not require "special" involvement on the part of the clinician because of a patients' specific diagnosis. ■