

GUEST
EDITORIAL:

TOWARD FEELING
YOU FEELING ME
FEELING MY FEELINGS

Richard A. Chefetz, M.D.

It is a privilege to have been invited to put together an issue of the journal *DISSOCIATION*. This issue is born out of the hard work of its authors. It is also a product of the active midwifery of Dr. Kluft.

I am fond of the words "cohesive" and "coherent." They are ideas central to the exploration of experience. In the treatment of persons with dissociative disorders, both patient and therapist must struggle with the construction of a context for working together as well as finding and maintaining a context for understanding themselves and each other. The essence of context is in the meaning of experience. Coherence of thought and feeling is necessary toward construction of a cohesive narrative of experience. As clinicians who investigate dissociative phenomena we are in the realm of exploring the "experience of experiencing." Being empathically attuned to the experience of depersonalization requires more than a little effort.

One of my patients commented on the process of listening in therapy by saying: "I need to feel you feeling me feeling my feelings." That seems like a fine definition of experiencing empathy. We don't feel the patient's feelings; but we convey to them that we feel that they are feeling, we are truly present with them, an actual witness. We try to help our patients tolerate intense affect through talk, witnessing, modeling, and "technique." "Take a deep breath in, hold it. Now, as the breath blows out let the feelings in that misty breath leave the body. That's right, as the body relaxes, the tension leaves. Let it happen again as you're ready." But, for those who use this technique, isn't it true that some of the time, when you say these kinds of words, you too, like me, find yourself relaxing, and letting a deep breath slowly exit?

Now I have created the conditions for my message: "The therapeutic endeavor is replete with the creation of new meaning in a mutually-lived series of moments. In my experience, the finest tool available for the exploration of meaning is modern psychoanalytic theory." Self psychology, object relations theory, interpersonal theories, attachment motifs, and infant research, all provide a wealth of theoretical bases which constantly expand our understanding of what it is to be human. In my opinion, these conceptual realms must be tested against the best that our colleagues in neurobiology, neuropsychology, and the cognitive sciences can muster. We cannot lapse into the comfort of believing that any theory is the "right one." We must remain capable of healthy doubt,

and tolerant of uncertainty and ambiguity. We must model this for our patients.

The work you have before you is a melding of psychoanalytic, cognitive, and hypnotic theoretical bases, amongst others. It is an eclectic, highly effective stance in the treatment of complex dissociative disorders. It works for us. It is not rigid, but it is firm. It asks that patient and therapist to recursively test themselves for honesty in thought, word, and deed. I hope you find it useful.

I can comfortably speak for the contributors to this issue of *DISSOCIATION* when I say that we are excited about this work, and cheered by the experience of working together to hone our ideas and present them to you. *DISSOCIATION* has been presenting diverse views on the dissociative disorders since its inception. It is a sadness that it will cease publication. It is a personal loss for this writer. On the occasion of the publication of this material it leaves me feeling happy/sad. I am grateful to the editors of *DISSOCIATION*. I look forward to future experience together, but for now, I will know my sadness. My best to you all,

Richard A. Chefetz, M.D.