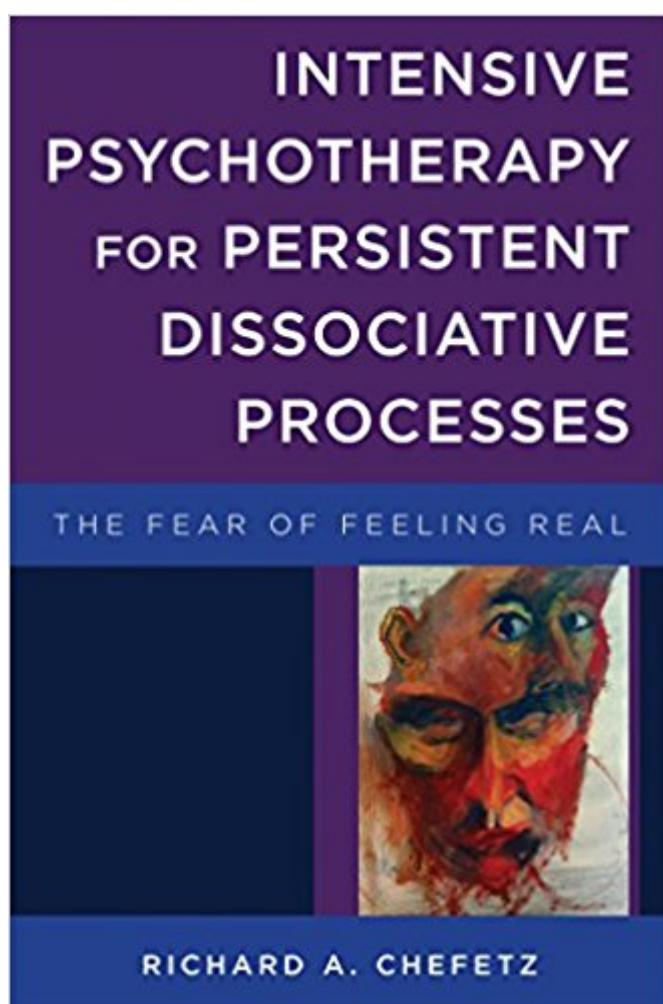


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Intensive Psychotherapy For Persistent Dissociative Processes: The Fear Of Feeling Real (Norton Series On Interpersonal Neurobiology)



Synopsis

Winner of the International Society for the Study of Trauma and Dissociation's (ISSTD) Pierre Janet Writing Award, 2015.What really happens in dissociation.Winner of the International Society for the Study of Trauma and Dissociation's (ISSTD) Pierre Janet Writing Award, 2015.What really happens in dissociation.Winner of the International Society for the Study of Trauma and Dissociation's (ISSTD) Pierre Janet Writing Award, 2015.What really happens in dissociation.Dissociative processes have long burdened trauma survivors with the dilemma of longing to feel à cœurâ • at the same time as they desperately want to avoid the pain that comes with that healingâ "a dilemma that often presents particularly acute difficulties for healing professionals. Recent clinical and neurobiological research sheds some light into the dark corners of a mind undergoing persistent dissociation, but its integration into the practice of talking therapy has never, until now, been fully realized.Intensive Psychotherapy for Persistent Dissociative Processes brings readers into the consultation room, and into the minds of both patient and therapist, like no other work on the treatment of trauma and dissociation. Richard A. Chefetz marries neuroscientific sophistication with a wealth of extended case histories, following patients over several years and offering several verbatim session transcripts. His unpacking of the emotionally impactful experience of psychodynamic talking therapy is masterfully written, clearly accessible, and singularly thorough.From neurobiological foundations he builds a working understanding of dissociation and its clinical manifestations. Drawing on theories of self-states and their involvement in dissociative experiences, he demonstrates how to identify persistent dissociation and its related psychodynamic processes, including repetition compulsion and enactment. He then guides readers through the beginning stages of a treatment, with particular attention to the psychodynamics of emotion in both patient and therapist.The second half of the book immerses readers in emotionally challenging clinical processes, offering insight into the neurobiology of fear and depersonalization, as well as case examples detailing struggles with histories of incest, sexual addiction, severe negativity, negative therapeutic reactions, enactment, and object-coercive doubting. The narrative style of Chefetzâ ™s casework is nearly novelistic, bringing to life the clinical setting and the struggles in both patient and therapist. The only mystery in this clinical exposition, as it explores several cases over a number of years, is what will happen next.In the depth of his examples and in continual, self-reflexive analysis of flaws in past treatments, Chefetz is both a generous guide and an expert storyteller. Intensive Psychotherapy for Persistent Dissociative Processes is unique in its ability to place readers in the consultation room of psychodynamic therapy. With an evidence-focused approach based in neurobiology and a bold clinical scope, it will be indispensable to new and

experienced therapists alike as they grapple with the most intractable clinical obstacles.

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Customer Reviews

It is especially difficult to write coherently and persuasively about the complexities of dissociation, in a way that cogently integrates the many relevant dimensions of this common but extremely confusing process. Impressively, Dr. Chefetz succeeds admirably in doing just this. His nearly 30 pages of bibliography demonstrate that he knows the relevant literature extremely well. He is conversant with all the major theories that address dissociation and the spectrum of dissociative disorders. But he refrains from using theory to distance himself and his readers from the clinical phenomena he is describing and explaining. His book makes it obvious that he has many years of clinical experience working with dissociation. And he has learned that theory may be a legitimate way we talk with colleagues, but it is too experience-distant to play a useful role in the consulting room. As Dr. Chefetz puts it, "theory creates an additional layer of jargon" | I prefer a more conversational language • (p. 93). Instead, he focuses on the central issue of the patient's emotions, calling emotion "the great contextualizer" • (p. 26). He orients himself through a close

attunement to these feelings, and to subtle shifts in them in the session--especially discontinuities. He writes that "The study of emotion is central to the treatment of the dissociative disorders" (p. 133) --as well as to all other psychological problems. Dr. Chefetz also writes, "Feelings, even after trauma and years of fearfulness, remain the mortar that cements together and shapes relationships with self and others over a lifetime" (p. 136). Much of the book elaborates on Dr. Chefetz's understanding of the clinical role of self states. For those of you who find this term unfamiliar, I'd suggest you think of dreams.

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