A Dialogue

TALKING WITH "ME" AND "NOT-ME"

PHILIP K. BROWN, M.D.
RICHARD A. CHERTZ, M.D.

09
TALKING WITH ME AND "NOT ME"

Richard A. C. Chaffetz, M.D., F. M. M. Schmierberg, Ph.D.

When I was young, I used to imagine that I was going to be a writer. I had a dream of writing a book about my life and my experiences. I thought that it would be a way for me to express myself and share my thoughts with the world. But as I grew up, my dreams changed. I realized that I wasn't cut out for writing, and I began to pursue a different path.

However, my passion for writing never died. I started writing poetry andShort stories in my free time, and I even tried my hand at screenwriting. I never published anything, but it was a way for me to express myself and connect with my inner self.

Last year, I decided to take the plunge and start writing a book. I had been thinking about the topic for a long time, and I knew that it was something I needed to do. It was a way for me to express my thoughts and experiences, and I was determined to see it through.

So I started writing, and it was hard. I had to work on my craft, and I had to overcome my fears. But I persevered, and I finally finished the book. It's a story about a young man who is struggling to find his place in the world, and it's a story about the importance of self-expression.

I'm proud of what I've accomplished, and I'm excited to share my work with the world. I hope that people will find value in my words, and I hope that they will take something away from my story. Writing has always been a way for me to connect with myself, and I'm grateful for the opportunity to share my story with others.
TAKING ME, AND NOT ME:

Richard A. Chezter, M.D., and Philip M. Bromberg, Ph.D.

There is a sense of nakedness that, says Sullivan, becomes a charter of the self, and thus it is a life's journey to find the self, to feel like one's self, and to be like one's self. As Sullivan was referring to the self, he was referring to the self in the way that he was in the self and the self in the way that he was in the self. The self is not a mental construct, but rather a mental construct that exists within an affective memory system, according to Sullivan. The self is an experience, not a mental construct.

They are just from another world, that is, the world of the self, the world of the self, the world of the self, the world of the self. The self is a world, not a mental construct.

The self, as Sullivan was referring to it, is not a mental construct, but rather a mental construct that exists within an affective memory system. The self is not a mental construct, but rather a mental construct that exists within an affective memory system. The self is not a mental construct, but rather a mental construct that exists within an affective memory system. The self is not a mental construct, but rather a mental construct that exists within an affective memory system. The self is not a mental construct, but rather a mental construct that exists within an affective memory system.
What makes it possible, through a relationship in the Host, the therapist creates a dynamic of pattern and potential for the patient which can be used to help them understand and resolve the issues at hand. This is achieved by facilitating a process of internalization and externalization, which allows the patient to develop a sense of coherence and control over their experiences.

The therapist's role is to provide a safe and supportive environment in which the patient can express their thoughts and feelings. This process is facilitated through the use of techniques such as free association, dream analysis, and role-playing. The therapist also helps the patient to identify and work through any defense mechanisms that may be interfering with their ability to process and understand their experiences.

A key aspect of the therapist's approach is the use of the concept of the client's "ego state," which refers to the patient's current state of mind and their ability to deal with stress. By understanding and working with these different ego states, the therapist can help the patient to develop a more integrated sense of self.

The therapeutic process is a collaborative one, with the therapist and patient working together to understand and address the patient's concerns. The therapist's role is to act as a guide, helping the patient to explore their thoughts and feelings and to develop new ways of thinking and behaving.

By working together in this way, the therapist and patient can achieve a greater sense of understanding and resolution, leading to improved mental health and well-being.
APPLYING FOR A MORTGAGE: MORTGAGE CHECKLIST

1. Gather all necessary documents:
   - ID proof (government-issued)
   - Income proof (pay stubs, tax returns)
   - Bank statements
   - Employment letter

2. Calculate your debt-to-income ratio:
   - DTI = (total monthly debt payments / gross monthly income) * 100

3. Determine your loan-to-value ratio:
   - LTV = (loan amount / property value) * 100

4. Research different lenders:
   - Compare interest rates
   - Consider fees and closing costs

5. Apply for a mortgage:
   - Complete the mortgage application
   - Submit all required documents

6. Negotiate the terms of the mortgage:
   - Interest rate
   - Loan term
   - Prepayment penalties

7. Obtain a preapproval letter:
   - This letter shows that you are creditworthy and are likely to be approved for a mortgage

8. Shop for a home:
   - Look for homes in your budget
   - Consider the location, neighborhood, and schools

9. Make an offer:
   - Write a letter of intent
   - Include a preapproval letter

10. Close on the property:
    - Attend the closing meeting
    - Sign all necessary documents
    - Pay closing costs

Remember, the process can be complex and time-consuming. It's important to be prepared and patient throughout the process.
Talking with Mr. and Mrs. Neet

Remember that I have mentioned that I was raised by a family of doctors, and that my mother was a nurse. This is important to keep in mind when considering the issues we are about to discuss.

Mr. Neet: My wife and I have been married for many years, and we have been struggling with some issues lately. We have been seeing a therapist, but things are not getting better. We have been having problems in our relationship, and I think there might be something wrong with me.

Mrs. Neet: I agree. I feel like we are not connecting anymore, and I think we are growing apart.

Mr. Neet: I know it sounds weird, but I feel like I am not interested in my wife anymore. I don't know why, but I just don't feel the same way I used to.

Mrs. Neet: That's really concerning. Have you tried talking to your therapist about this?

Mr. Neet: Yes, we have. But I don't think it's helping much. I feel like I am stuck in a rut, and I don't know how to change.

Mrs. Neet: I understand. It's not easy to admit something like this, but it's important to be honest with yourself and your partner.

Mr. Neet: I know. It's just that I don't want to hurt her. I love her, but I don't know what to do.

Mrs. Neet: Have you considered seeking help from a professional counselor or therapist?

Mr. Neet: I have thought about it, but I am not sure if it's the right thing to do. I don't want to put more pressure on her.

Mrs. Neet: I understand your concern, but it's important to remember that getting help is a sign of strength, not weakness. It takes courage to reach out for help when you need it.

Mr. Neet: You're right. I will talk to her about it.

Mrs. Neet: Good. I'm glad you are taking this seriously. I love you, and I want to make things better.

Mr. Neet: I love you too. I will talk to her about it tomorrow.
to help these self-states to become part of consciousness, part of what is consciously considered during moments of reflective awareness and decision making. Unless we ask our patients about dissociative experience, we are as lost as our patients. And we must challenge ourselves to become conscious of the Not-Me's in each of us that resonate and respond to the Not-Me's in our patients.

I would like to make a plea here for specificity in understanding these processes, many of which rely on dissociative mechanisms. To me, saying that someone “dissociates” is not clinically useful unless it is used in the broad generic sense, such as “she is too dissociative” or “his dissociative symptoms become more prominent.” To say someone “is dissociating” is to know little about a person. To say that the intensity of depersonalization experience increased, or she experienced herself drifting away from the room as a fog closed in, or she entered a spontaneous trance state, or she became confused about her identity, moves closer to the patient’s actual experience. It also helps a person to understand the meaning of her experience as a marker of inner distress. We do well to track the extent of feelings of disembodiment or disorientation as a result of provocative levels of emotional distress, and to use the specificity of words like “depersonalization” or “deverbalization.”

I do not want to give you the impression that I have been talking only about persons with dissociative identity disorder. Yes, it is true, I could be doing that, and doing that accurately. The truth is that I am talking about processes that always exist in all of us. We all have Not-Me self-states. Isn’t that a basic premise of relational psychology? I am suggesting that states of mind are the building blocks of self-states. The association of states of mind into larger aggregations called self-states provides us a feeling of selfness, and a sense of coherence of this aggregate of self-states called “Me.” This very personal assessment relies on appraisals of the continuity, consistency, congruence, and cohesion of our identities over time. I come back to this later.

How do you recognize the presence of a self-state in a patient who hides this Not-Me-ness from his or her consciousness in the first place? Stop, look, and listen. What do we see if we stop, and focus our attention on looking at our patients? We see that shifting from one set of thoughts and feelings to another is accompanied by a physiologic change of state that parallels the thoughts and feelings. Like the musical score of a movie, the memory of a thought or a feeling is encoded with contextual physiologic accompaniment. If we want to know about unconscious process, then we need to become keen observers of our patient’s physiology and the associated bodily changes. Typical representative changes are change in body position, shift in facial expression, shift in eye gaze, eye closure, swallowing, and skin flush. I include tears that flow onto cheeks and tears that well up but do not flow, finger, ankle, or other repetitive movement (both onset, and ending), rooms that suddenly get too hot or too cold, and so on. All of these are often readily observable, especially if you can see your patient. If you cannot see your patient, then you won’t see these icons of state change. You may be lucky, from time to time, to catch a change in the quality of your patient’s voice and pitch cadence.

But you will never hear her “goose bumps” stand up and say “look at me!” You may never notice that their yawn is dysphoric and representative of involuntary motor activity in response to terror. Your patient will have to report these things to you. You have to look at and see your patient’s whole body to catch this information. If we are to observe the parade of self-states in our patients, then we must do more than rely on time-honored linguistic signs of intrapsychic conflict, beyond such events as “slips of the tongue.” But even with more sophisticated attention to verbal double meanings, dream analysis, and so on, you will fail to bring into view a lot of Not-Me’s if you ignore the basics of the experience of affect, bodily state, and facial expression. The language of the body is the basis for speech. Most recently, Damasio (1999) has written compellingly about the neurologic basis of conscious awareness and its reliance on the soma for its organization. So, the first step in discerning Not-Me states is to engage in a “close-process” observation of your patient’s bodily state.

If you do sit behind your patients, there is one other source of their physiologic state that you might notice: your own previously unconscious physiologic reaction. Call it the “physiologic countertransference,” if you like. If you can tolerate such scrutiny, then take the changes in the experience of your body as indicating that something in your thoughts and feelings has shifted in response to something happening in your patient—something about your Not-Me and their Not-Me. Would you be more comfortable thinking about projective identifiability processes? I can accept that. Be careful to remember that nothing was put into you, it was already there. Your own Not-Me simply became active in resonance with the unconscious recognition of a “fellow” Not-Me in an Other.
To fully understand the role of hermetism in the context of the previous discussions, it is essential to recognize the previous presentations and implications. This is particularly true in the context of the previous discussions on the nature of the relationship between the patient and the doctor. The doctor's role in the relationship is crucial in understanding the hermetic principles that underlie the patient's experience.

The hermetic relationship is not merely a professional one but is also a spiritual one. It involves the doctor's ability to understand the patient's inner world, to empathize with their emotions, and to provide guidance based on this understanding. This is a complex and multifaceted process that requires a deep understanding of the principles of hermeticism.

The doctor's role in the relationship is not merely a professional one but is also a spiritual one. It involves the doctor's ability to understand the patient's inner world, to empathize with their emotions, and to provide guidance based on this understanding. This is a complex and multifaceted process that requires a deep understanding of the principles of hermeticism.
TALKING WITH ME AND NOT ME

I got out what their experience of themselves actually is. To achieve a reader and contextualize the surface action of the material. Interpretations and understandings of clinical process are taken up in the comments that follow. The patient's words are transcribed.

I understood that it's all put up with in different aspects, or another way of doing things. You want to call it, perhaps. You want to dilute it. But when you try to do that, you're feeling a little bit, what's the word, finding things out. What you want to call it. That's where I come in. I'm finding things out. The patient wants to be involved in the process.

"And then where do I wind up?" And then I come in. I'm finding things out. The patient wants to be involved in the process. They want to know what's happening, what's going on, and they want to understand it.
"Oh, yeah..."

"I'm just trying to figure this out..."

"I don't know what I'm doing..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."

"I don't know..."
"No. Never..."

"Would you know about that?"

"Yeah, I mean you might not have heard the words, but was there something?"

"Eh, you know, my mental health is still..."

"It's a different person. There's no doubt about it. I mean, every time you hear these things, you know, it's like your mind is telling you something."

"Yeah, I know, you know, if it's a different person, whatever. But I don't mean that, I mean the role of the words."

"It's a different person, but then I don't always know about it."

"Yeah, I mean you said you were talking to a different person."

"I don't know, but I don't know if I don't care. But I know..."
Dr. Cheifetz comments: This was a very poignant scene for many folks. I think we're all very much in the same boat. This is something that we all struggle with. This is a story of perseverance and determination. It's a story of overcoming adversity. And it's a story of hope. Hope that things will get better, that things will improve. That's what this scene is all about.

COMMENTARY ON CHEIFETZ'S CLINICAL MATERIAL

Philip Kaufman

It's a tough scene, but it's a good scene. It's a scene that we all can relate to. It's a scene that we all can see ourselves in. It's a scene that we all can learn from. And it's a scene that we all can use as a source of inspiration. I think this scene is very important. It's a scene that we all need to see. It's a scene that we all need to understand. And it's a scene that we all need to learn from.

And do you want to know what I think? I think this scene is a must-see. It's a scene that we all need to see. It's a scene that we all need to understand. And it's a scene that we all need to learn from.
TALKING WITH ME AND NOT ME

Richard J. Cheffetz, M.D., Philip M. Bromberg, Ph.D.

Nancy’s highly dissociative state is not a flaw in her system, but a protective element. The essence of the therapeutic relationship is to help the patient learn to engage the parts of the brain and body that have been disconnected. This process is not a one-time event, but a ongoing process of reintegration.

The dissociative state is not a problem, but a symptom of a deeper issue. The key to understanding Nancy’s state is to see it as a protective mechanism, rather than a pathological one. When the therapist is able to help the patient understand and work with the dissociative state, the process of reintegration can begin.

The therapeutic relationship is a powerful tool for helping the patient learn to engage the parts of the brain and body that have been disconnected. This process is not a one-time event, but a ongoing process of reintegration.

The dissociative state is not a problem, but a symptom of a deeper issue. The key to understanding Nancy’s state is to see it as a protective mechanism, rather than a pathological one. When the therapist is able to help the patient understand and work with the dissociative state, the process of reintegration can begin.

The therapeutic relationship is a powerful tool for helping the patient learn to engage the parts of the brain and body that have been disconnected. This process is not a one-time event, but a ongoing process of reintegration.
TALKING WITH ME — AND NOT ME... TALKING WITH ME — AND NOT ME...

I have been thinking a lot about the experience of being a patient. It's not just about the medical aspects, but also about the emotional and psychological impact. When you are diagnosed with a serious illness, it can be overwhelming. I'm often asked how I cope, and I always find it difficult to express how I really feel. It's not just about the physical symptoms, but also the fear of the unknown, the uncertainty about the future. Sometimes, it feels like there's no one who truly understands what I'm going through.

Richard A. Chestnut, M.D.
Philip M. Brodribb, M.D.

It's hard to express these feelings, but I try to talk about them with my loved ones. They are my support system, and they help me stay strong. I also try to stay positive and focus on the good things in life. It's not always easy, but I believe that keeping a positive outlook is important.

Talking with me — and not me. That's what it feels like sometimes. Even though they want to help, they don't always understand. They can't imagine what it's like to be in my shoes. They can't know how I feel, how I think, or how I perceive the world. It's a difficult thing to explain, but I try to express it as best I can. I hope that by doing so, they can better understand me and support me in my journey.

The experience of being a patient is a unique one. It's not just about the illness and its treatment, but also about the emotional and psychological impact. It's a journey that we all go through, and it's important to remember that we are not alone. We have support systems, and we have each other. That's what keeps us going, and that's what helps us persevere.

Richard A. Chestnut, M.D.
Philip M. Brodribb, M.D.
Let me set the stage for my commentary. When an analyst wishes to help a patient develop a more balanced and integrated emotional experience, the language of clinical processes, what Kiesler described in his book *The Language of the Therapist*, helps. For example, he described that the patient's experience of an event is described in terms of a prototype, or a general model of an event, which is then refined through the patient's experiences of the event. This cycle of refinement continues until the patient has a more balanced and integrated emotional experience.

"I have a friend who has been coming to therapy for a year now. He's been talking about his experience of an event in a way that I haven't heard him talk about it before. He says, "In this event, I felt a sense of fear and anger." He then went on to describe in detail what he experienced during the event, including his physical sensations, thoughts, and feelings. He also talked about how he has been able to manage his emotions since that time."

"I think it's great that he's been able to talk about his experience in this way. It's helped him to understand his emotions and how to manage them."

"I wonder if we could use the language of clinical processes to help him further develop his emotional experience."
"I believe that what Nancy means by 'check-up' is checking in with another part of her experience. She is not trying to resolve or change anything, but rather be in touch with and accept that part of herself that is not yet ready to be integrated. I think that this is an important step, because it acknowledges that fact that the experience of her own past does not necessarily lead to an immediate resolution of her present difficulties. In her words, 'not everything has to be fixed right away.'"

"And when we are not sure where to start, it can be helpful to focus on the present moment, rather than the past or future. This allows us to be more present and engaged in the therapy process, which can be very healing."

"It's also important to remember that therapy takes time and effort. Healing is not an easy process, and it often requires a lot of courage and strength to face our own pain and vulnerability. But with the right support and guidance, we can learn to heal and move forward."

"So, when you are feeling unsure about where to start, just remember that it's okay to take things one step at a time. And always feel free to ask for help if you need it. Together, we can work towards creating a safer and more supportive environment for you to heal and grow.

"And if you ever feel stuck or overwhelmed, just know that you are not alone. We are here to support you every step of the way."

"Thank you for sharing your story with me. I am here to listen and help you in any way I can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?

"Let's begin."

"What you are doing is very important. It's an important step in your healing journey. And I am here to support you every step of the way."

"And remember, you are not alone. We are here to help you in any way we can."

"And now, let's start the therapy process together. Shall we?
"A LOT OF FEELING.

"OH, BUT LOTS OF THINGS HAPPEN IN THAT PLACE.

"AND I'M NOT TALKING ABOUT INDIVIDUAL FEELINGS.

"I'M TALKING ABOUT A WHOLE SYSTEM OF FEELINGS.

"THAT'S WHAT REALLY MATTERS.

"AND IT'S NOT JUST THE INDIVIDUAL FEELINGS.

"IT'S THE WAY THEY INTERACT WITH EACH OTHER.

"AND THE WAY THEY INTERACT WITH THE ENVIRONMENT.

"AND THE WAY THEY INTERACT WITH THE PEOPLE.

"AND THE WAY THEY INTERACT WITH THE TIME.

"AND THE WAY THEY INTERACT WITH THE SPACETIME.

"AND THE WAY THEY INTERACT WITH THE UNIVERSE.

"AND THE WAY THEY INTERACT WITH THE MULTIVERSE.

"AND THE WAY THEY INTERACT WITH THE AFTERLIFE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.

"AND THE WAY THEY INTERACT WITH THE PAST.

"AND THE WAY THEY INTERACT WITH THE FUTURE.

"AND THE WAY THEY INTERACT WITH THE PRESENT.
Molly's parents were worried. Molly had been acting strangely lately. She was often seen crying alone in her room and wouldn't talk to anyone. The parents decided to have a talk with Molly.

"Molly, we've noticed that you've been acting differently lately. Are you going through something? We're here for you, no matter what."

Molly hesitated before answering. "Actually, I've been feeling really down lately. I've been having trouble sleeping and eating."

"That's tough, Molly. It's important to talk about how you're feeling. Is there anything specific that's been bothering you?"

Molly took a deep breath before speaking. "I've been feeling like I'm not good enough. Like I'm not smart enough or pretty enough. I feel like no one likes me."

"Those are common feelings to have, Molly. It's important to remember that everyone has their own unique set of strengths and weaknesses. You have many great qualities, and it's unfair to compare yourself to others."

Molly nodded, still looking down. "I know, but it's hard sometimes. I feel like I'm failing in everything I do."

"It's okay to feel this way, but it's important to remember that failure is a part of life. Everyone makes mistakes and fails at times. It's important to keep trying and learning from those experiences."

Molly looked up at her parents, tears forming in her eyes. "I just feel so alone. No one understands me."

"That's not true, Molly. We understand you, and we're here for you. You don't have to go through this alone."

Molly hugged her parents tightly. "Thank you, I love you."

"We love you too, Molly. We'll always be here for you."

"I know, but it's just hard sometimes."

"It's okay to feel this way, Molly. It's important to talk about how you're feeling and to seek help if you need it."

Molly nodded, feeling a sense of relief. "Okay, I'll try. I just need to figure things out."

"That's okay, Molly. We're here for you every step of the way."

Molly smiled, feeling a little better. "Thank you, I really needed that."

"Anytime, Molly. We love you."

Molly hugged them one last time before going to bed, feeling a little bit more hopeful about the future.
TALKING WITH ME AND NOT ME

Richard A. Chretien, M.D.
Philip M. Bromberg, Ph.D.

If you know the line song from a few years back, "Dick, Dick, you know, Dick, Dick, you know," you'll be able to identify with the following.

"Dick, Dick, you know," is a line song that went viral on TikTok a few years ago. The song starts with the phrase "Dick, Dick, you know," and then goes on to say "Dick, Dick, you know," repeatedly. It's a simple, repetitive song that became popular due to its catchy melody and relatable lyrics.

However, the use of the word "Dick" in the song has sparked controversy, with some people questioning its appropriateness and sensitivity.

Tattoo artist to the stars, David Voyce, even got into trouble when he designed a "Dick, Dick, you know" tattoo for a client. The tattoo was seen as offensive by some, leading to Voyce facing backlash.

So, how does this relate to the line song? Well, it's a fun and lighthearted way to describe the repetitive nature of the song. It's a playful way to acknowledge the song's popularity and the way it's been used to express different meanings.

The phrase "Dick, Dick, you know," has become a cultural phenomenon, and it's not just limited to tattoos. It's been used in various contexts, from music videos to advertising campaigns.

So, whether you love it or hate it, the line song is here to stay, and it's sure to continue being a part of popular culture for years to come.
It's nice to be back. I'm just a little tired, and I want to add some thoughts about why psychological therapy isn't always effective. This is a topic that has been discussed before, but it's worth revisiting because it's a common concern among therapists and patients alike.

First, let's consider the idea that therapy is a one-size-fits-all solution. While therapy can be effective for many people, it's not appropriate for everyone. Some people may not be able to access therapy, either due to financial constraints or because they live in areas where therapists are not readily available. For others, therapy may not be the best solution, as it may not address all of their needs or concerns.

Second, therapy can be a challenging and sometimes uncomfortable process. It requires patients to confront their emotions and behaviors, which can be difficult and painful. For some, this process can be too overwhelming, leading to a sense of failure or inadequacy.

Third, therapy is not a quick fix. It requires time and effort on the part of both the therapist and the patient. For some, the process may be too slow or too intrusive, leading to a sense of impatience or frustration.

Finally, therapy is not always successful. While therapy can be effective for many people, there are always some who do not respond well to treatment. This can be frustrating for both therapists and patients, and can lead to a sense of hopelessness or defeat.

In conclusion, while therapy is a powerful tool for many people, it's not a one-size-fits-all solution. It requires time, effort, and sometimes a willingness to confront difficult emotions and behaviors. For some, therapy may not be the best solution, and for others, it may not be successful. It's important to consider these factors when deciding whether therapy is right for you, and to be open to the possibility that other solutions may be more appropriate.