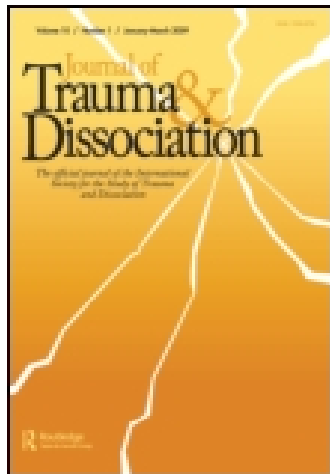


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The International Society for the Study of Trauma and Dissociation: A Name to Shape the Futures

Catherine C. Classen PhD ^a

^a Women's College Hospital, Ontario, Canada

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EDITORIAL



The International Society for the Study of Trauma and Dissociation: A Name to Shape the Future

It is a great honor to introduce the readers of our fine journal to the new name of our society—The International Society for the Study of Trauma and Dissociation (ISSTD). The journey to this name began in 1983 with the establishment of the International Society for the Study of Multiple Personality and Dissociation (ISSMP&D). The focus of our organization at that time was primarily multiple personality disorder (MPD), now referred to as dissociative identity disorder (DID). Eleven years later, in 1994, we became the International Society for the Study of Dissociation (ISSD). In 2006, once again we have changed our name in order to highlight trauma, alongside dissociation, as a primary focus. In this editorial, I will describe where we have been and consider where we are going.

THE BEGINNING

The evolving name of our society mirrors both the evolution of our concerns as well as our strengths. In 1983, when the ISSMP&D was

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established, the impetus for the birth of this organization came out of a deeply felt need for a scientific and clinical community among clinicians treating DID. Reading the ISSD booklet celebrating our twentieth anniversary, a common theme that emerges is the sense that at that time clinicians treating DID felt as though they were on their own, navigating a ship with no crew and often without a compass (O'Neil, 2003a). The ISSMP&D provided both the support and guidance they were seeking. The founders of the organization brought an unprecedented knowledge of multiple personality and clinicians new to the field were eager to learn from them, and they to learn from each other.

According to Richard Kluft's twentieth anniversary reminiscences (2003), Bennett Braun suggested the addition of "dissociation" to the name first coined by George Greaves—the International Society for the Study of Multiple Personality—with the intention of broadening the scope of the society. This seemingly prescient addition of "dissociation" has become the thread that weaves the fabric of our society together. "Dissociation" is a term that is passionately held by old and new members of our society as the core of our identity.

PERILS AND CONTROVERSY

Ours is a controversial field that sometimes seems like a minefield. This was never as true as during the early 1990s. During that time, there were two developments that the ISSMP&D had to navigate—the recovered memory/false memory debate and the rise in reports of satanic ritual abuse. The false memory debate had a devastating impact on both our organization as well as the clients with whom we worked. Once The False Memory Syndrome Foundation was created in 1992, they quickly became leaders in the backlash against therapists who devoted themselves to helping survivors heal from the devastating effects of child sexual abuse. The chilling effect of demonstrations outside therapists' offices and homes, lawsuits, and the threat of lawsuits took their toll on our society.

During this same period, the American Psychiatric Association was preparing a revised edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, and a special task force on dissociative disorders was assembled and chaired by David Spiegel. The controversial outcome of this task force was that the term multiple personality disorder was replaced with dissociative identity disorder (ISSMP&D Executive Council and Spiegel, 1993). In 1994, then president, Colin Ross, proposed that ISSMP&D be changed to the International Society

for the Study of Dissociation (Ross, 1994). The membership voted overwhelmingly for this change with 85% in favor. The time was right to shift the focus away from multiple personality to its core underlying process, dissociation.

Of course changing the name from ISSMP&D to ISSD did not magically solve our problems. The 1990s continued to be a time when trauma therapists were under siege and this, in turn, led to a decline in our membership. In 1998, we were in such dire financial straits that the very survival of our organization was in question (O'Neil, 2003b). However, the past is the best predictor of the future and our history shows that we are survivors. Perhaps we have to be, in order to have the mettle it takes to work with survivors of chronic traumatization. A core group of ISSD members mobilized and poured their hearts, souls, and endless hours into working on behalf of ISSD. They included then President Peter Barach, Su Baker who took on responsibility for organizing our conferences, as well as other members of the Executive Council who assumed a variety of roles. The generous financial contributions of our members were also critical for our survival.

A GOLDEN ERA

ISSD not only survived but continued to grow and mature. Steve Gold, in his editorial in 2004, described ISSD as entering adulthood, the fact being that we were then in our twenty-first year (Gold, 2004). This is an apt description. We have endured numerous growing pains and a deep sense of gratitude is owed to the leaders of our organization over the past 23 years. Their stewardship through the most challenging of times has brought us to the place we find ourselves in today—looking towards a future of further growth and development.

Recent years have seen the development of important initiatives by ISSD. One of them was the creation of this journal. Joyanna Silberg was instrumental in negotiating with Haworth Press to publish our own journal. James Chu and Elizabeth Bowman shared the role of editor, until recently when this role was ably taken over by Jennifer Freyd. The Dissociative Disorders Psychotherapy Training Program, spearheaded by Elizabeth Bowman, Richard Chefetz, and Steve Frankel is thriving with over 600 students trained in the past four years and the addition of an advanced course along with the regular course and an online course. John Curtis's education initiative resulted in the creation of the "Understanding Dissociation" videotape, which has been widely distributed to graduate

training programs. James Chu led the efforts in updating *Guidelines for Treating Dissociative Identity Disorder in Adults* which is available on our Web site and published in our journal (*International Society for the Study of Trauma & Dissociation*, 2005). Newly created *Guidelines for the Evaluation and Treatment of Dissociative Symptoms in Children and Adolescents*, an effort led by Joyanna Silberg, is also now available on our Web site. Steve Gold invited me to lead the Certification Task Force with the ultimate goal being the development of a Certification Program, which would enable clinicians to demonstrate that they hold basic knowledge on dissociative disorders and their treatment. Building on the efforts of Elizabeth Bowman, James Chu, and The Haworth Press, Jennifer Freyd, in her role as editor of the *Journal of Trauma & Dissociation (JTD)*, helped *JTD* attain acceptance into the MEDLINE index by the National Library of Medicine thereby dramatically increasing the visibility and accessibility of state-of-the-art dissociation literature. With the help of Frank Putnam, Richard Kluft, and librarian Carol Hixson, Freyd was also instrumental in having the University of Oregon digitize all issues of our first journal, *Dissociation*. These issues are now available online through the University of Oregon and are free of charge. All of these developments, as well as many others, reflect the maturity of this organization.

WHO ARE WE? WHO DO WE WANT TO BECOME?

As we enjoyed this golden era of developing and expanding our programs and outreach, and as the threats from without have subsided, I believe it afforded us the psychological space to consider who we are and who we want to become. We are a boutique organization, as Clare Pain describes it (personal communication, 2006). I believe this is true. With a primary focus on multiple personality and dissociation, how could it be otherwise? How many times have you told someone about your involvement in the International Society for the Study of Dissociation and heard—the study of what? *Dis-association*? Our obscure name ensured that we remained a boutique organization.

I suggest that it speaks to our growing confidence in what our organization has to offer that we began to consider adding “trauma” to our name. Given the prevalence of child abuse and the role of dissociative processes in coping with abuse along with its devastating consequences, it only made sense that we would want to share our knowledge and understanding with a broader audience. Consequently, the question of

whether to add “trauma” to our name came up several times in the executive council. Although it had been burbling for years, in 2005 there was finally a groundswell of support within the executive council. This was clearly an idea whose time had come.

At the end of Fran Waters’ presidency in 2005, the question of adding “trauma” was brought to the membership in the form of a survey and the idea was discussed at the Town Hall meeting. Eli Somer, during his presidency last year, asked the membership and the Executive Council to vote on the proposed change. With Eli Somer’s encouragement and in consultation with Elizabeth Bowman and Rick Kluft who represented opposing viewpoints, I led an effort to provide a careful analysis of the pros and cons for either keeping or changing the name. Harold Siegel, Bethany Brand, Anne DePrince, and Sandy Sela-Smith qualitatively analyzed the members’ remarks on the online survey and this information was included in the document outlining the arguments for and against a name change. This document was provided to the membership prior to the vote so that all members were in a position to make an informed decision and to ensure that this process was balanced and fair. Remarkably, nearly half of the membership participated in the online voting and 70% endorsed changing the name to the International Society for the Study of Trauma and Dissociation. I believe that this strong endorsement suggests that we feel secure enough in the importance of our focus on dissociation that we do not need to fear a loss of identity.

NOW THAT OUR NAME INCLUDES “TRAUMA,” WHAT CAN WE EXPECT?

What does it mean to our society to have “trauma” in our name? Perhaps the most important implication is that we will be able to reach out and attract those with an interest in trauma but with little or even no knowledge of dissociation. Awareness of trauma and its harmful effects has grown dramatically in the past several years and increasingly, more and more clinicians are working with trauma survivors and education about dissociation is sorely needed. Our expertise in chronic traumatization is considerable and the depth of knowledge we hold collectively is arguably unparalleled and ought to be disseminated. Our new name greatly increases our ability to reach clinicians, researchers, academics, and policy makers with an interest in trauma.

Broadening the focus of our organization in this way has the potential to broaden the scope of our influence. We understand how dissociative

processes in response to extreme stressors come about and the functions they serve for the individual. However, this understanding of dissociation is not widely shared nor appreciated. The most accepted model for conceptualizing the response to traumatic events is the posttraumatic stress disorder (PTSD) model. It is also the most researched. As a result, most accepted models for treating trauma are derived from that model, despite its limitations. We know that PTSD does not capture the full range of responses to chronic traumatization, and neither do the PTSD treatment models suffice as adequate strategies for treating the chronically traumatized. The treatment of chronic traumatization requires an understanding and appreciation of the centrality of dissociative processes. Our new name puts us in a position to reach out and educate those who are interested in treating trauma but lack knowledge of dissociation and the important role it plays in both the immediate and long-term response to trauma.

With a more widely shared knowledge of dissociative responses to trauma, dissociative disorders are much more likely to be recognized and accurately diagnosed. A knowledge of dissociative processes including how they function to protect the individual during the traumatic experience, how they prevent integration of those experiences, and how that leads to a persistence of dissociative and other symptoms begs for information on how best to treat these disorders. Our potential for providing education and training on the treatment of dissociative disorders will be broadly expanded and so too our impact on both trauma clinicians and trauma survivors. Appropriate and effective treatment will be more readily administered and thus, recovery less arduous.

Our ability to attract trauma researchers will also increase. While research on dissociative disorders has been growing steadily over the last decade or so, there is much work that needs to be done. Treatment outcome research is desperately needed in our field. PTSD researchers have been highly successful in researching the efficacy of their interventions. Certainly, their task is considerably less complicated than ours. The treatment of simple PTSD has been their main focus, which reduces the complexity of the undertaking, and thus numerous studies have demonstrated the efficacy of these PTSD-focused interventions. In recent years, research has begun to emerge to address treatment for the chronically traumatized. However, these investigations largely focus on PTSD and do not address dissociative disorders. Dissociative disorders are not assessed and, in fact, exclusion criteria are most likely to remove individuals with dissociative disorders from the pool of participants.

Reaching out and building collaborative relationships with psychotherapy researchers should be a priority. We need to marry our clinical knowledge and understanding with their expertise in psychotherapy research and begin to systematically investigate our treatment strategies. Eli Somer has encouraged the use of single case design and I wholeheartedly agree (Somer, 2006). There is a need for both qualitative and quantitative research, as well as single case and controlled designs.

We need to educate trauma researchers about dissociation and dissociative disorders and to engage them in addressing our most pressing research questions. The Dissociative Disorders Research Planning Conferences co-chaired by Vedat Sar and Daphne Simeon are an important step in this direction. The purpose of these conferences is to identify critical issues regarding the diagnosis and classification of dissociative disorders and to devise a research agenda to address them. This is a vital effort that they are facilitating. While the ultimate goal is to affect an improvement in the classification of dissociative disorders in the DSM-V, hopefully this effort will also generate an upsurge of research on dissociation and dissociative disorders.

DISSOCIATION, OUR RAISON D'ETRE

A valid concern about adding “trauma” to our name is that it will dilute our focus on dissociation. This concern is valid not because it is bound to happen, but because any risk of it happening is cause for concern. We have fought hard to build awareness of dissociation in our clinical and research communities and there is still a long way to go. Opening the doors to clinicians and researchers with an interest in trauma and possibly no knowledge or interest in dissociation can certainly be viewed as a threat to our *raison d'être*. However, I suggest that we need not fear. Our society, the ISSTD, has a long history of threat and, ultimately, survival.

Although our name has changed, our mission has not. Our purpose as stated in our bylaws is “information sharing and international networking of clinicians and researchers; providing professional and public education; promoting research and theory about dissociation; and promoting research and training in the identification, treatment and prevention of dissociative disorders.” One could argue that all it takes is two-thirds of the executive council voting in favor of a change in the bylaws and with the addition of “trauma” to the name, the slippery slope to becoming a society focused on trauma and *not* dissociation has begun. It is prudent to consider this possibility. However, I suggest this is

not likely to happen for the following reason. The evidence and knowledge we have amassed regarding dissociation, dissociative disorders and their relation to trauma and its treatment is too compelling to dismiss. Our society fills a void in the trauma field. Clinicians treating the chronically traumatized feel they have come home when they finally discover our society—a society whose focus is dissociation. Adding “trauma” simply increases the odds that they will find us.

REMAINING INCLUSIVE

It is important to remain inclusive and to recognize that adding “trauma” to our name does not restrict the focus of our society. Dissociation is a broad construct that is not always associated with traumatic experiences as, for example, in the case of normative dissociation. There is a growing interest in normative dissociation within our society which culminated in an entire issue of our journal being devoted to this topic (Butler, 2004). This collection of articles clearly demonstrates the potential benefits of broadening the scope of analysis. Dissociation and its relation to attachment style is another area of enormous interest and importance to our society. Attachment research has deepened our understanding of the impact of trauma and the development of dissociative disorders and has enormous treatment implications. Attachment and normative dissociation are simply two examples of other areas of theoretical, clinical, and research interest that enrich our understanding of dissociation and dissociative processes.

BECOMING MAINSTREAM

Adding trauma to our name has the potential to make the focus of our organization and ultimately the work we do more mainstream. Imagine a time when we are no longer viewed as a boutique organization with an arcane focus, when dissociation is routinely cited as a consequence of traumatic experiences and as a legitimate and necessary consideration in both diagnosis and treatment. This is a goal worth striving for.

As we all know, working in the field of dissociation is not for the faint-hearted. It requires a capacity to sit uncomfortably outside of the mainstream, and at times it requires courage. I believe that changing our name demonstrates, yet again, the many strengths of our organization and, indeed, courage. We are willing to ask tough questions and make tough decisions. We are secure in our identity and in what we have to

offer notwithstanding our critics. We are able to disagree and still unite around a common cause. We persevere despite the obstacles. These are admirable qualities.

Becoming mainstream is critically important if we are to make the kind of difference we seek in combating the legacy of chronic traumatization. However, this is not going to happen overnight nor are we suddenly going to have hordes of new members. We must all do our part to get the word out about who we are and what we have to offer. Let's harness our many strengths and together make the International Society for the Study of Trauma and Dissociation the premiere organization for disseminating knowledge about dissociative disorders and dissociative processes.

Catherine C. Classen, PhD
Women's College Hospital
Ontario, Canada

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