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Discussion

Research and clinical issues in trauma and dissociation: Ethical and logical fallacies, myths, misreports, and misrepresentations

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ABSTRACT

Introduction. – The creation of a new journal on trauma and dissociation is an opportunity to take stock of existing models and theories in order to distinguish mythical, and sometimes dangerous, stories from established facts.
Objective. – To describe the professional, scientific, clinical, and ethical strategies and fallacies that must be envisaged when considering reports, claims, and recommendations relevant to trauma and dissociation.
Method. – After a general overview, two current debates in the field, the stabilisation controversy and the false/recovered memory controversy, are examined in detail to illustrate such issues.
Results. – Misrepresentations, misreports, ethical and logical fallacies are frequent in the general and scientific literature regarding the stabilisation and false/recovered memory controversies.
Conclusion. – A call is made for researchers and clinicians to strengthen their knowledge of and ability to identify such cognitive, logical, and ethical manoeuvres both in scientific literature and general media reports.

Mots clés :
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RÉSUMÉ

Introduction. – La création d'une nouvelle revue sur le trauma et la dissociation est l'occasion de faire le bilan des modèles et des théories existants afin de distinguer les histoires mythiques, parfois dangereuses, des faits établis.
Objectif. – Décrire les stratégies et erreurs professionnelles, scientifiques, cliniques et éthiques qui doivent être considérées en prenant connaissance de rapports, d'affirmations et de recommandations en lien avec le trauma et la dissociation.
Méthode. – Après un aperçu global, deux débats qui animent actuellement le domaine, la controverse de la stabilisation et la controverse des faux souvenirs/souvenirs retrouvés, sont examinés en détail pour illustrer ces questions.
Résultats. – Les présentations tendancieuses, les rapports erronés et les erreurs éthiques et logiques sont fréquents dans la littérature générale et scientifique concernant les controverses sur la stabilisation et sur les souvenirs faux/retrouvés.
Conclusion. – Les chercheurs et les cliniciens sont invités à renforcer leur connaissance de telles manœuvres cognitives, logiques et éthiques ainsi que leur capacité à les identifier, tant dans la littérature scientifique que dans les descriptions générales par les médias.

The creation of a new journal dedicated to the field of trauma and dissociation as it exists in Europe offers the opportunity not only to take stock of the wisdom, theories, and techniques already formulated by pioneers and expert clinicians around the world, the solid ground on which we may move forward; it is also an invitation to put on fresh lenses and to determine which questions we must ask – which ethical, clinical, and professional issues we must address – in order to distinguish mythical, and sometimes dangerous, stories from established facts.

On a more practical level, this article will describe a number of strategies that are used, intentionally or otherwise, by researchers, academics, and other professionals when striving to convince their audience. These strategies mislead, misrepresent, oversimplify,

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distract, or generalise in ways that may have a profound influence on what we perceive, understand, and retain as information.

No one would deny that our choice of clinical tools and techniques, when treating traumatised individuals with trauma-related dissociative symptoms or disorders, should be informed by reliable research and valid models. However, current debates relevant to complex trauma and dissociation possess their share of complexity, myths, truths, and lies, and will serve to inform readers of these issues.

Interestingly, although the most widely recognised models, theories, and psychotherapies in the field of complex trauma and dissociation vary in many significant ways, when their founders and representatives confront their views on the ISSTD (International Society for the Study of Trauma and Dissociation) list serve dedicated to the topic of dissociative disorders, these "giants" tend to agree that their actual clinical practices probably differ far less than their theoretical explanations or therapeutic principles for these same phenomena.

1. Integrating alternative practices into the treatment of trauma and dissociation

Beyond these recognised theoretical and therapeutical approaches, be they general, or specific to trauma and dissociation, there is a growing trend of integrating alternative techniques and belief systems with traditional psychology-based therapies, with examples including quantum healing (Chopra, 2015), energy psychology (Feinstein, 2008; Gallo, 2004), neurofeedback (Evans & Abarbanel, 1999; Lubar, Swartwood, Swartwood, & O'Donnell, 1995), traditional or non-Western healing systems (Moodley & West, 2005), such as shamanism (Dobkin de Rios, 2002; Hes, 1975), magnetism (Crabtree, 1993), and pranic healing (Yeh et al., 2004), and even astrology (Bowman, 1999).

Heart rate variability training (Karavidas et al., 2007; O'Hare, 2012) and neurofeedback (Evans & Abarbanel, 1999; Lubar et al., 1995) rely on technology and are based on observable physiological phenomena. However, versions are taught that claim to achieve the same effects without any feedback technology. For example, some therapists teach their clients to take approximately 6 breaths per minute, breathing in for 5 seconds and out for 5 seconds, claiming that this achieves "cardiac coherence" or optimal heart rate variability without any further verification. Such instances of techniques being used by a therapist who does not fully understand or master them do not seem to present any significant risks. The worst case scenario would seem likely to be either a positive outcome through the placebo effect or a lack of any effect at all.

1.1. The potential for harm

The potential effects of other so-called alternative techniques may not always be as innocuous. One example would be copycat versions of EMDR psychotherapy (e.g., in France, DMOKA [DMOKA, 2016], SBA [Réa-Active, 2016], TMO [La voie de l'hypnose, 2016]) that use bilateral dual attention stimulation (BDAS), have not been the object of any research studies, and are taught to people who are not necessarily licensed to practice a mental health profession. Formal and accredited trainings in EMDR therapy, which are limited to mental health professionals, insist on the importance of establishing suitability before applying EMDR and on the need for specific training and experience when working with complex cases. BDAS is the most researched component of EMDR and undeniably plays a key role in the effectiveness of this therapy (Barrowcliff, Gray, Freeman, & MacCulloch, 2004; Christman, Garvey, Propper, & Phaneuf, 2003; Lee & Drummond, 2008; Van Veen et al., 2015).

So if BDAS plays an active and important role in the outcomes of EMDR therapy, does that signify that it will always have a healing and positive effect, however it is used? To answer this question, one might look to the pharmaceutical industry and the medical field, in which all forms of treatment and medication, including plant-based and "natural" supplements, are considered to have potential adverse effects. In other words, an active ingredient that has the potential to heal may also have the potential to harm, depending on health status, posology, and interactions with other substances, among other factors. In the field of mental health care, perhaps we should proceed with similar caution and remember that it is not because a tool or method has the potential to heal that it cannot have the potential to harm. A technique or approach will only ever be as good as the clinician who uses them.

Similarly, some therapists may underestimate the potentially deleterious impact of techniques inspired by energy psychology (e.g., EFT, TFT, TAT, Reiki, applied kinesiology; Feinstein, 2008; Gallo, 2004) or traditional healing systems, such as magnetism, shamanism, pranic healing (Moodley & West, 2005; Yeh et al., 2004). While some training programmes may extend over several years, others consist of single weekend workshops or short webinars.

1.2. Psychotherapy as a profession

It is safe to assume that most, if not all, mental health professionals consider that the practice of psychotherapy is a profession and that becoming a member of that profession requires extensive training by recognised teachers. The main recognised forms of psychotherapy are taught either over a period of several years, leading to general and specific competencies in the practice of psychotherapy (e.g., cognitive behavioural therapy [CBT], psychodynamic psychotherapy, attachment-based therapy, hypnosis, Gestalt, family systems therapy), or over a much smaller number of days to therapists who are already licensed mental health professionals (e.g., EMDR therapy).

If a non-psychotherapist attended a training or read a textbook describing the procedures of a specific form of psychotherapy, they could learn to apply them but could it legitimately be called psychotherapy? Would it be safe? Would it be efficacious?

Is it a form of Western arrogance that allows us to claim that our Western professions require extensive academic and hands-on training, but that techniques originating within other traditions can easily be acquired during one or several weekend workshops and then applied safely?

If the practice of, for example, CBT, hypnosis, psychodynamic psychotherapy, EMDR therapy, sensorimotor psychotherapy, ego states therapy, requires extensive clinical knowledge and experience, including training in general psychopathology, attachment theory, psychotraumatology, dissociative disorders, case conceptualisation, treatment planning, and continued professional development, among others – then why wouldn't the use of energy psychology techniques (for example) equally require extensive knowledge and experience of, and training in, Chinese medicine, the meridians, Qi, biofields, chakras, bio-electrical and electromagnetic activities of the body?

Of course, the same questioning may be applied to the use of other esoteric, "natural" or "traditional healing techniques", which are more and more being integrated into counseling and psychotherapy (Moodley & West, 2005).

2. Selection criteria

What criteria might psychotherapists then select to determine which trainings to attend and how techniques may be applied safely?

They may check for published research but should also employ critical thinking in order to spot logical and ethical fallacies as well as remain aware of the potential motives of authors and researchers.