

## EDITORIAL

# The Courage to Study What We Wish Did Not Exist

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This editorial marks the final issue of Volume 15 of the *Journal of Trauma & Dissociation (JTD)*. Much like the work of compiling manuscripts for this volume, it reflects a collaboration between the editorial assistant (Smith) and the editor (Freyd). We bring to this editorial our perspectives from our *JTD* work but also our insights from work as researchers of institutional betrayal. Most recently, our thoughts about what it means to be trauma researchers and clinical scientists have been shaped by our efforts to address sexual violence on our own university campus.

### THE COURAGE TO STUDY WHAT WE WISH DID NOT EXIST

It takes dedication, energy, and bravery to purposefully research and report on phenomena—interpersonal violence, human rights violations, and other forms of trauma—that many wish did not exist. Those who study trauma and dissociation have long had to contend with critics who assert that trauma cannot be so common; does not occur in so many settings; is not so bad when it does occur; and in any case does not result in dissociation, forgetting, or anything other than clear-cut fear-based responses.

Although challenging, these criticisms have ultimately served to strengthen the study of trauma and dissociation, as they inspire researchers

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not to be silent but rather to be ready to defend their work. Careful methods, analyses, and interpretations serve as one form of protection. Sound theory, replication, and collaboration serve as another. However, these criticisms often direct our attention to gaps in knowledge. For example, attempts to explain away posttraumatic responses such as dissociation as purely organic rather than trauma related led to research on pseudoseizures, which indicated that this phenomenon may be better understood as a dissociative response to traumatic experiences (Bowman, 1993). Insistence that reports of childhood abuse were largely false and rare led to large-scale studies that indicated that childhood abuse was all too common and associated with long-term mental health, including dissociation (Edwards, Holden, Felitti, & Anda, 2003).

When studying a topic that we wish did not exist, it is necessary to listen for what is left unsaid as individuals try to share their experiences. Noting these gaps in understanding of traumatic events often signals the need for research, as individual accounts of trauma often reflect societal norms of what “counts” as traumatic. Such a gap led us to ask about the impact of institutional failure to prevent or respond supportively to traumatic experiences, what we call *institutional betrayal* (Smith & Freyd, 2013). Our research indicates that institutional betrayal is associated with a range of common posttraumatic outcomes. What is more, as we develop the theory of institutional betrayal, it is increasingly clear that recognizing and acting to prevent or repair this type of betrayal will require both the dedication and courage of individuals willing to confront large-scale injustice (Smith & Freyd, in press).

The work we feature in *JTD* has this same thread of dedication and courage. The special issue on systemic trauma, published in Volume 15, highlighted articles that pushed us to consider large-scale or systemic causes of traumatic distress (Nadal, Davidoff, & Fujii-Doe, 2014; Sattler, Assanangkornchai, Moller, Kesavatana-Dohrs, & Graham, 2014). Others pointed to problems in how we talk about sexual assault and rape (Chapleau & Oswald, 2014) or use traumatic experiences as pedagogical tools (Carello & Butler, 2014). Mismanagement of posttraumatic care for veterans who experience sexual harassment was explored (Bell, Street, & Stafford, 2014), as were the practices for assessing trauma in children (McDonald, Borntrager, & Rostad, 2014). The guest editors in this issue used their editorial to discuss the implications for our field in taking, or failing to take, into account systemic trauma (Goldsmith, Gamache-Martin, & Smith, 2014).

A previous *JTD* editorial (Brand, 2012) urged clinicians and researchers alike to take heed of a changing health care system that increasingly favors empirically based treatments. Brand (2012) pointed to the largely financial barriers to developing these treatments but called for acceleration of the

development of effective, evidence-based treatments for dissociative disorders. Many of the authors who contribute to *JTD* are researchers as well as clinicians, which has always benefited the field of trauma and dissociation. However, it is not without some potential peril.

### Bravery to Share Your Own Story: Case Reports

Clinicians often witness firsthand the courage it takes to face a personal history of trauma, particularly interpersonal violation. At times an individual's journey to recovery is so compelling and insightful that it offers a means to educate other clinicians. When constructing a clinical case report, many clinicians collaborate with their client, and their first order of business is to protect their patient's identity. However, protecting patient identities in case reports does not mean erasing their agency as humans. Toward protecting this autonomy, *JTD* recently revised its case report guidelines to require that pseudonyms used to deidentify subjects of case reports have full first and last names rather than some shortened version of a name (e.g., an initial or first name only). This full name conveys respect for the wholeness and agency of the client (Freyd, 2009).

Many individuals may welcome the opportunity to have their story of recovery shared in a case report. It can be yet another empowering act of courage as they acknowledge and give voice to their traumatic experiences. As researchers and clinicians, it is our duty to honestly inform individuals who share their stories of the realistic risks to their privacy and admit our field's own shortcomings. Most recently, this issue was explored in a firsthand account of having one's identity revealed for the purpose of verifying information in a case report (Kluemper, 2014). A thoughtful discussion followed via commentary from several leaders in field of traumatic stress as they examined the place of case reports in academic journals and the ethics of publishing firsthand accounts of traumatic stress (e.g., Brown, 2014; Cheit, 2014; Dalenberg, 2014). We agree with Brown's (2014) recommendation that future versions of the American Psychological Association Ethical Principles and Code of Conduct speak directly to the potential for harm that comes with writing about clinical work. This is an issue that the field will continue to explore, and *JTD* welcomes submissions on this issue.

### Journal Status

*JTD* has had a banner year. Our submissions have been plentiful, and the quality of many superb. As this issue goes to press, we have just received our fourth Journal Impact Factor from the Institute for Scientific Information (ISI). The most recent Journal Impact Factor reflects the number of 2013 citations in ISI-indexed journals to *JTD* articles published in 2011 and 2012. We once

again have seen an increase in our impact factor: from 0.78 in 2010, to 1.23 in 2011, to 1.72 for 2012, and remained strong at 1.60 in 2013. This impact factor news is good for *JTD*, but as before, we caution against misuse of this metric (Freyd, 2009, 2011, 2012).

It is also very good news that for the third year in a row we were able to give an award for a particularly outstanding publication in *JTD*. This award includes a cash prize made possible by Taylor & Francis. Bethany Brand kindly agreed to be the chair of the awards committee that reviewed the nominations for 2013. However, because an article Brand coauthored was nominated for the award, Brand recused herself and submissions were instead scored by the other members of the awards committee (Ruth Blizzard and Paul Dell).

The Richard P. Kluff Award for *Journal of Trauma & Dissociation* 2013 Best Article went to Jon Allen for his article "Treating Attachment Trauma With Plain Old Therapy" (Allen, 2013). The awards committee noted that this article was a succinct and compelling summary of Allen's work to bridge multiple frameworks to provide the best treatment for childhood trauma. Although not an empirical article, it elucidates important issues related to research-informed care to be addressed by the field of trauma and dissociation.

Allen will be receiving a cash prize from Taylor & Francis. In addition, the awards committee selected three 2013 papers for honorable mention: Bernstein, Laurent, Musser, Measelle, and Ablow (2013), Monds, Paterson, Kemp, and Bryant (2013), and Myrick, Brand, and Putnam (2013).

Welcome to new editorial board members for Volume 16 (to be published in 2015): Sheryl Kubiak, PhD, Kathy Pezdek, PhD, Julia Seng, PhD, and Shin Shin Tang, PhD. Thank you to rotating-off-for-now members Etzel Cardeña, PhD, and Valerie Edwards, PhD, who have provided much helpful reviewing. Thank you especially to Elizabeth Howell, PhD, who is stepping down as one of our book review associate editors after years of remarkable service in that role. Happily, Elizabeth Howell will be remaining on the *JTD* editorial board and Rose Barlow, PhD, will continue as book review associate editor. Welcome to Marina Rosenthal, MS, who will be joining Carly Smith, MS, as an editorial assistant in anticipation of eventually assuming that primary role when Carly Smith completes her doctoral dissertation and goes on clinical internship in 1 year.

Please send *JTD* your best work; we so look forward to reading your submissions.

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