International Society for the Study of Trauma and Dissociation

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November 30, 2007

Scientific American, Inc.
Attn: Editor and Chief
415 Madison Ave.
New York, NY 10017

Dear Editor:

Regrettably the authors of the article "Brain stains: Traumatic therapies can have long-lasting effects on mental health," Kelly Lambert and Scott O. Lilienfeld chose to provide a one-sided, misleading and unscientific account of the dissociative disorders (DD), including dissociative identity disorder (DID). Although we will not comment on the specific case they present, we would like to correct some of their misleading statements and assumptions, and thereby give the reader a more accurate view of this field and of the overt and/or hidden family problems that most often contribute to the development of this kind of psychopathology. Readers may get the impression from the article that there is no research supporting the validity and reliability of DID when, in fact, various studies show that:

- DID fulfills the same requirements for diagnostic validity as other psychiatric diagnoses (e.g., 1).

- The validity of the DID diagnosis is further supported by cognitive (e.g., 2) and brain-imaging research (e.g., 3-6).

- Epidemiological studies have found DID in both Western and non-Western cultures, thus the suggestion that it is a Western "culture bound" syndrome contradicts the evidence (e.g., 7-8).

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- Dozens of studies using various methodologies, retrospective and prospective, support the reality of people forgetting and later recovering traumatic memories (e.g., e.g. 9-10).

- Various studies (e.g. 11) have shown independent corroboration (e. g., through long-term scars, medical archives, etc.) of many DID patient accounts of earlier trauma.

- Epidemiological studies show that the dissociative disorders, including DID, are not uncommon in both clinical and community samples from various cultures (e.g., 12-13).

- Many individuals with DID were diagnosed by therapists who did not use hypnosis or initially believe in the diagnosis (e.g., 14-15).

- The authors repeatedly talk about a "recovered memory therapy," yet provide no evidence that such a therapy modality exists. We are not aware of any colleagues who have ever been trained in such a therapy, nor can we find evidence for that label in any of the training programs of which we are aware. The authors appear to be engaging in a straw-man argument here.

The preceding is by no means an exhaustive list of the myriad ways in which the article ignores relevant literature. Although it may be true that a clinician could shape or exacerbate an individual's symptoms, iatrogenic effects can occur in the treatment of any kind of condition, medical or psychological. Such a proposition does not invalidate the existence of patients suffering from true DID. The finding that many more patients are diagnosed with DID now than were decades ago may be consistent with an iatrogenic hypothesis, but an alternative -- and perhaps more compelling -- hypothesis would be that valid and reliable measures of DID have only recently been developed, available, and employed in this and other cultures.

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The fact that one of the authors of this article is an Associate Editor of *Scientific American Mind* makes these scholarship-related infractions especially problematic. The readership deserves much better than partisan, biased tracts.

Sincerely,

Vedat Sar, MD (President)

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References:

1) Gleaves, D. H., May, M. C., & Cardeña, E. (2001). An examination of the diagnostic validity of dissociative identity disorder. *Clinical Psychology Review, 21,* 577–608.

2) Eich, E., Macaulay, D., Loewenstein, R., & Patrice H. (1997). Memory, amnesia, and dissociative identity disorder. *Psychological Science, 8,* 417–422.

3) Sar, V., Unal, S. N., Kiziltan, E., Kundakci, T., & Ozturk, E. (2001). HMPAO SPECT study of regional cerebral blood flow in dissociative identity disorder. *Journal of Trauma and Dissociation, 2,* 5–25.

4) Vermetten, E.,Schmahl,C., Lindner, S., Loewenstein R.J.,& Bremner, J.D. (2006). Hippocampal and amygdalar volumes in dissociative identity disorder. *American Journal of Psychiatry 163(4),*630-636.

5) Sar, V., Unal, S.N.,& Ozturk, E. (2007). Frontal and occipital perfusion changes in dissociative identity disorder. *Psychiatry Research – Neuroimaging, 156 (3),* 217-223.

6) Tsai, G. E., Condie, D., Wu, M. T., & Chang, I. W. (1999). Functional magnetic resonance imaging of personality switches in a woman with dissociative identity disorder. *Harvard Review of Psychiatry, 7,* 119–122.

7) Coons, P. M., Bowman, E. S., Kluft, R. P., & Milstein, V. (1991). The cross-cultural occurrence of MPD: Additional cases from a recent survey. *Dissociation, 4,* 124–128.

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8) Xiao, Z., Yan, H., Wang, Z., Zou, Z., Xu, Y., Chen, J., Zhang, H., Ross, C. A., & Keyes, B. B. (2006). Trauma and dissociation in China. *American Journal of Psychiatry*, 163(8), 1388-1391.

9) Spiegel, D. (Ed.) (1997). Repressed memories. *Review of psychiatry,* Vol. 16. Washington, D. C.: American Psychiatric Press.

10) Williams, L. M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology, 62,* 1167-1176.

11) Lewis, D. O., Yeager, C. A., Swica, Y., Pincus, J. H., & Lewis, M. (1997). Objective documentation of child abuse and dissociation in 12 murderers with dissociative identity disorder. *American Journal of Psychiatry, 154,* 1703–1710.

12) Foote, B., Smolin, Y., Kaplan, M., Legatt, M.E., Lipschitz, D. (2006). Prevalence of dissociative disorders in psychiatric outpatients. *American Journal of Psychiatry*, 163(4), 623-629.

13) Sar , V., Akyuz, G., & Dogan, O. (2007). Prevalence of psychiatric disorders among women in the general population. *Psychiatry Research*, 149(1-3), 169-176.

14) Putnam, F. W., Guroff, J. J., Silberman, E. K., Barban, L., & Post, R. M. (1986). The clinical phenomenology of multiple personality disorder: Review of 100 recent cases. *Journal of Clinical Psychiatry, 47,* 285–293.

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15) Ross, C. A., Norton, G. R., & Fraser, G. A. (1989). Evidence against the iatrogenesis of multiple personality disorder. *Dissociation, 2*, 61–65.