
Book Review

Psychiatry, Politics, and PTSD Breaking Down

Janic Haaken

Routledge Press, New York, 2020, paperback,
196 pp., \$48.95, ISBN: 978036781937

Psychoanalysis, Culture & Society (2021) 26,
405–410. <https://doi.org/10.1057/s41282-021-00228-2>; published online 16 July 2021

Introduction

“Trauma” may perhaps be the most socially impactful concept of the 20th century, casting its influence increasingly into the 21st century. Bridging legal and medical discourses and redefining moral categories, trauma reshapes not only concepts used in thought but also everyday affective responses to human behavior. The social thinkers Didier Fassin and Richard Rechtman (2009) observe that “trauma has become a major signifier of our age” (p. xi). The term has, they observe, become an “unassailable moral signifier.” Trauma stories largely concealed in the many years before World War II, for fear of shame, are now expressed and accorded respect and sympathy. If the modernist world was concerned with anxiety and neurosis, the new century has shifted its attention to trauma as an overarching principle for understanding violence and its impact on social function.

An understanding of trauma, many argue, augurs a new epoch for cultural thought, in

which old habits invested in an ideal of heroic individual agency are modified by new insights into the disabling impact of stress upon mental activity and neurological function. The legal scholar Alan Stone (1993) argues that “no diagnosis in the history of American psychiatry has had a more dramatic and pervasive impact on law and social justice,” giving a new legitimacy to people who suffer (cited in Haaken, p. 171). The revisionary use of the term in legal procedures mirrors its revisionary use in everyday social discourse. Trauma decisively alters our assumptions about human agency. As the power of the term’s impact widens, so do debates over its legitimacy in various fields of study. In the Humanities, the debates between Cathy Caruth’s largely psychoanalytic description of trauma’s “unclaimed experience” and Ruth Leys’s claims about trauma’s incoherence have resulted in a kind of paralysis of the term’s theoretical potential. In the sciences, debates between Bessel van der Kolk’s body-based account of trauma dysregulation and Richard McNally’s (2005) psychological research rejecting trauma’s claim about recovered memory and delayed response to stress create confusion around the malady’s consistency and legibility.

Refreshingly, Haaken does not situate her analysis with reference to the usual embittered debates that now surround the diagnostic concept and category of trauma. Like many critics of the term, she suggests that our understanding of trauma reflects an arbitrary and often clearly compromised account of human suffering and



symptomatology. But unlike many critics, Haaken argues that extremes of stress clearly work to dysregulate human behavior and thought and need to be given respect and understanding. While definitions of PTSD have changed over time, Haaken's research provides evidence that the malady has been observed for at least 150 years, consistently described with reference to a cluster of core symptoms. PTSD, with its emphasis upon a delayed response to traumatic material and delayed dysregulation, is not an invention of the Vietnam War (as Richard McNally and others speculate), but was carefully observed by Charcot in 1888 and many influential thinkers in psychiatry afterward. Haaken describes Charcot's account of traumatic events which produce a "delayed set of debilitating symptoms" (p. 93). Sandor Ferenczi, who worked in an army field hospital during WWI, later wrote smartly about his work with traumatized soldiers (Ferenczi *et al.*, 1921). Both Ferenczi, working with German soldiers, and Abram Kardiner (1941) working with American soldiers, offered compelling accounts of PTSD responses that influenced many psychiatrists during WWII. (Kardiner, although he published *The Traumatic Neurosis of War* in 1941, wrote about his work with traumatized WWI American soldiers.) In these descriptions, offered at different moments in history by clinicians working from different perspectives, a useful clinical picture has emerged. In trauma, a person experiences, in Haaken's words, "psychological and physiological reactions to a distressing event that endure beyond a culturally acceptable time" (p. 5). Additionally, "normal and adaptive response to the threat become reactions [...] when they persist long after the threat has passed" (p. 5).

Trauma, then, is not an invented category, yet the concept of PTSD arbitrarily carves one chunk of human behavior out of the larger context of similar experiences that can best help us understand the whole. Haaken suggests that we need to think more carefully about how the use of the diagnostic category warps the many and various discursive fields in which it operates. Her argument is shaped by three overarching concerns. First, she questions "the relative progressiveness of the PTSD diagnosis" in its various real world uses (p. 171). Second, she asks how such a diagnosis helps us to think differently about "the role of psychiatry in responding to socially produced suffering" (p. 171). Third, she argues that "psychoanalysis lost its critical potential when it joined forces to advance the posttraumatic stress disorder diagnosis (p. 178). On this basis, Haaken's five book chapters are organized "around sites of intense conflict in the social history of PTSD" (p. 15).

Much of Haaken's logic of analysis derives from her psychoanalytic perspective. This allows her, paradoxically, both more sympathy toward and more distance from the stories surrounding the PTSD diagnosis. The diagnosis of trauma is always a consequence, Haaken reminds us, of storytelling. A successful trauma story depends upon a set of criteria that police, for both the listener and the patient, the kind of story that must be told. Because an official diagnosis depends upon an account of a single traumatic trigger, the patient and the clinician must discover this single trigger in a story. Such a discovery of a single trigger, as opposed to multiple triggers, can miraculously change a woman held in contempt for her character disorder into one requiring sympathy because of her trauma diagnosis; or can



transform a man facing legal prosecution into one deserving financial compensation.

Haaken explores how the discovery of this critical component of the diagnosis takes place. This memory of the trigger event is not a simple fact existing out there in the world; it is an intersubjective event produced when two people, in the face of much stress and anxiety, achieve an experience of discovered, rather than suggested, embellished or altered memory. Unlike Ruth Leys, who argues that evidence produced by suggested memory makes the trauma concept indefensible, Haaken simply suggests that, though the boundaries between the real and the invented memory may be porous, stress and anxiety are connected to memory, and as such, they produce extreme mental suffering that requires medical support. In this way, the problem with the single trigger designation of trauma is not that it is wrong, but that it is insufficiently responsive to the real complexity of causes of unbearable stress.

Haaken's respect for psychoanalytic knowing equips her to understand the shortcomings of PTSD diagnostic demands. As she points out, "psychoanalysis departs from medical psychiatry in widening the interpretive lens for diagnostic storytelling. It allows for ambiguity, for dynamic shifts in the meaning of events over time, and for the symbolic and metaphorical registers of symptoms" (p. 179). These skills are obliterated by the needs of military psychiatry in its use of the current PTSD diagnostic criteria to quickly sort out the fakers and the truly sick, and to get bodies back into combat situations expeditiously.

Haaken's research reflects information culled from extensive interviews with clinicians in the military and the Veterans Administration. One might argue that the military, as an institution, first gave

international respectability to psychoanalytic perspectives on trauma by virtue of its turning to psychoanalytic thought as a result of their urgent need to keep soldiers in the field, since when it has generated over a century of research findings on stress and breakdown. Haaken documents much of this research, paying close attention to the role clinicians play in adjudicating legally consequential boundaries between acceptable stress and inevitable breakdown.

While growing comprehension of the complexity and effects of trauma has advanced some progressive principles regarding human agency, the PTSD diagnosis remains problematic. Both clinicians and laypeople, influenced by the diagnostic category, fail to see networks of traumatic causality that work outside the diagnostic frames. As a result, some people are denied the support they deserve. Those living on the street may have the required "extreme stressor" event necessary for a trauma diagnosis, but may be unable to access the professional help that might allow such memories to emerge. Alternatively, these individuals may suffer from chronic extreme stress, but not have the kind of "extreme stressor" event that counts toward a PTSD diagnosis. For a variety of reasons (including access to war stories, sympathetic clinicians, and shared social experience about trauma), veterans are more likely to produce memories of extreme stressor events than non-veterans, though the two groups may differ very little in the disabling impact of their life histories of stress.

Haaken gives careful attention to the differing impacts of two broad diagnostic categories: the personality disorder categories that designate people as "bad"; and the traumatic disorders that classify people as "sick." The "bad," whom Haaken



describes as “often recognizable clinically through their difficult relationships with authority figures” (p. 57), very often suffer from histories of chronic childhood trauma. However, because their trauma cannot be told in a story focused on one stressor event, they are seen as uniquely different and undeserving of sympathy in their suffering, or as having character disorders and as thus blameworthy for their actions, while people with documented histories of trauma garner sympathy. In seeking to give respect to competing perspectives on trauma, Haaken recognizes that stress disrupts regulating processes of mind and body, while at the same time honors the need for moral accountability. Trauma may impair both individual and social action, but social progress requires clear moral judgment.

As it typically excuses actions performed in “dissociated states,” trauma tends to impose sharp divides between “victims” who cannot control their responses and perpetrators who can control their actions. Yet in reality, the two conditions are more commonly linked; indeed, perpetrators are often initially victims. A second theme of Haaken’s analysis thus argues that the frames that define PTSD reduce our optics for understanding moral and social responsibility. There is a tendency in the medical community to think of “symptoms” of illness—for example, a sore throat—as linked to a limited set of possible causes, e.g., a bacterial or viral infection. The DSM, in its account of mental “illness,” likewise promises a clear understanding of the categories and causal factors generating mental illness. But in fact, in relation to mental illness, both the categories and the causal factors are anything but clear. Indeed, in the last twenty

years, such a hope for clear categories has been erased by increasing research that suggests that the categories developed for understanding mental illness are not at all distinct in either their cause or their structure: they overlap; they exist on a continuum; they develop from multiple causal roots. While good and bad judgments connected to diagnostic categories are sharp and definitive, the diagnostic categories themselves are blurred and intertwined. Haaken discusses how people diagnosed with character disorders (a borderline disorder, for example) are seen as “bad” people, while people diagnosed with trauma disorders (PTSD, for example) are seen as “good” people. But in fact both groups of people suffer from dysregulations caused by trauma, and the apparent distinctions between the diagnostic categories are more imagined than real.

A key virtue of Haaken’s thinking is her ability to hold contradictory ideas in mind simultaneously without being pulled into reductive over-simplification. One of the virtues of her writing is that she will offer a sketch of dramatic new shifts in understanding without tendentially pushing an argument that would reduce the nuance of her insight. For example, Ruth Leys has proposed that trauma may be a product of clinical suggestion whereby patients embody the belief suggested by their clinician. Those trained in psychoanalytic modes of listening know that this is indeed an important clinical dynamic to carefully track and question in the psychoanalytic process, insofar as suggestion of course plays a role in symptom expression. Haaken points out that there are a number of instances of contagion effect trauma where groups of people,



influenced by each other, apparently express the same symptom. There may be no shared traumatic trigger, but there is a shared expression. One can imagine that these cases force us to think that trauma symptoms are simple inventions. But it is more useful to consider how this behavior, rather than being a direct product of suggestion, is instead a real expression of suffering, but one that has its particular form created by social demands. Human expressions, including many apparently basic experiences of affect, are not direct expressions of an invariable biological process, but are shaped by primal logics of human communication. Socially formed expressions of suffering demonstrate the social nature of the human communication of suffering. Bodies in stress will adapt a “language” (expressed as bodily experience) that communicates according to evolving social codes. The fact that symptoms are in some way “chosen” does not also necessarily mean that the stress they express is not real.

Haaken’s book arises from her own experiences doing film work with military units responding to combat trauma. This experience contributes to her careful attention to real world behavior and adds much complexity to existing military understandings of trauma. But, if Haaken’s book is especially useful in its discussion of military examples, it also responds smartly to the use of the trauma diagnosis in non-western contexts. Her work with African women’s organizations seeking recognition for rape in criminal courts, and her psychoanalytic thinking about these experiences, give her a unique perspective on the impact of thinking about PTSD on global cultures. As she points out,

much of the critique of PTSD has come from people working in global contexts and crisis zones. As used by many global health organizations, “the PTSD constellation of symptoms,” Haaken observes, “narrows the field of observations in ways that obscure important elements of the picture” (p. 143). Large-scale global suffering becomes represented as the illness of distinct individuals, while social contexts are erased and social causes obscured. The historical development of suffering and essential social relations needed to narrate the story are expunged by the demands of the official PTSD narrative.

Trauma is now taught in many academic disciplines, from political science to English literature. Finding a book that contains a broad range of perspectives, deep insight into the subject, and a fair representation of multiple sides of the issue is almost impossible. Haaken’s book now offers this resource to anyone with an interest in the subject.

Declarations

Conflict of interest I have no conflict of interest with regard to this manuscript. I have no financial or personal relationship with a third party whose interests could be positively or negatively influenced by the article’s content.

References

- Fassin, D. and Rechtman, R. (2009) *The Empire of Trauma: An Inquiry into the Conditions of Victimhood*. Princeton: Princeton University Press.



Ferengi, S., Abraham, K., Simmel, E., and Jones, E. (1921) *Psycho-Analysis and the War Neuroses*. London: The International Psycho-Analytical Press.

Kardiner, A. (1941) *The Traumatic Neuroses of War*. New York: Paul B. Hoeber Inc.

McNally, R. (2005) Troubles in traumatology. *Canadian Journal Psychiatry* 50: 815–816.

Stone, A. (1993) Post-traumatic stress disorder and the law: Critical review of the new frontier. *The*

Bulletin of the American Academy of Psychiatry and the Law 21(1): 23–36.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Marshall Alcorn 
Professor Emeritus, George Washington
University, 260 Hamilton Way, Boone,
NC 28607, USA.