

# Book Review

## Tony Coates

*Harmony of Illusions: Inventing Post Traumatic Stress Disorder.*

By Alan Young Princeton University Press 1995

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(Also available as a down-loadable e-book from amazon.com)

If you look up Post Traumatic Stress Disorder on the internet you will find that PTSD is a real disorder, a real illness (like a physical illness) that needs real treatment.

This book runs counter to the tendency to construe mental disorders as real physical illnesses. The author does this by revealing the historical context in which the notion of posttraumatic stress first arose. He claims that PTSD is a “condition” whose popularity has grown out of proportion to the limited evidence for its validity as a clinical entity. Furthermore, he also claims that PTSD fits a profession’s need for a “serious” mental disorder that requires psychotherapy as its primary mode of treatment, at a time when medications have come to be seen as the primary treatment from most Axis I psychiatric disorders.

The author succinctly states his premises in the Introduction, tracing the history of PTSD from its early beginnings in the 19<sup>th</sup> century when conceptions of ‘memory’ were in their infancy. He outlines how the concept of ‘traumatic memory’ first began in relation to ‘Railway Spine’, and shows how these ‘memories’ were inseparable from the context of compensation prevalent at the time.

He argues “... that the generally accepted picture of PTSD, and the traumatic memory that underlies it, is mistaken. The disorder is not timeless, nor does it possess an intrinsic unity. Rather, it is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, and treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources”. His claim is not that PTSD isn’t real but that it has been *made* real by clinicians, researchers and institutions from which it arose.

In subsequent chapters he outlines this process through the notions of memory of David Hume, John Locke, and how these were developed as traumatic memory in the clinical narratives of Freud, Charcot, and Janet. He traces the development of these ideas in the context of the First World War where symptoms of shell shock

as a medical condition freed one from the military obligations of maintaining an idiotic and senseless loss of life.

Young shows how traumatic memory became transformed by the DSM-III into PTSD and how Vietnam veterans became eligible for compensation if it was shown that their current distressing symptoms were construed to be a consequence of experiencing war atrocities. There is an interesting aside about the development of the DSM whose structure had been decided in advance by a small circle (including its principal developer Robert Spitzer). This small but powerful group identified themselves with Emil Kraepelin's ideas that mental disorders could be best understood by analogy with physical disorders thus setting the scene for psychiatry today. In a chapter on the architecture of traumatic time he points out that the DSM presumes that time moves from the etiological event to the post traumatic symptoms. But this can be ambiguous. Time can flow from the current psychological state back to the etiological event. In some cases time may be seen as flowing backwards from current symptoms as historical searches are made for possible traumatic memories.

In a chapter entitled the technology of diagnosis he outlines how various subscales of the MMPI were used as a diagnostic tool at a Veterans' Administration psychiatric facility run interestingly enough on psychodynamic lines.

There follow a couple of chapters entitled "Everyday life in a Psychiatric Unit" and "Talking about PTSD". I didn't find these helpful. There are long verbatim rambling accounts of ward meetings discussing patients and a number of vignettes from various authors that were hard to get through. It was difficult to tease out the meaning through the plethora of detail and the innumerable quotes of other authors; precisely how these supported his main thesis is unclear.

Finally the book ends up with a chapter on "The Biology of Traumatic Memory". This begins with a philosophical discussion of Time and scientific and psychiatric practice before taking a sudden leap into biological research narratives entitled "The Neurobiology of Traumatic Memory". Here the author endeavors to bring together the neuro-physiology of stress, that is to say hormonal and neuro anatomical correlates in brain structure, with subjective self reports, psychodynamic theories of repression, and memory. In one highly subjective account for example the hormonal correlates of splitting denial and paranoid ideation are discussed by one author. (I thought that such discussions had largely disappeared after Freud to his disappointment never found anything like an ego, superego or an id represented in any neurological structure.) These chapters carry much detail comprising the research findings of other authors, their self-reports

and opinions, the quotes of others who have studied the matter as well as his own views. I found difficulty in drawing together the various threads he outlined.

The book delivers on its promise in the first few chapters. Yet it is sometimes overly ambitious and the welter of peripheral detail detracts from its overall impact. On the other hand if someone wants some new ideas, some original notions, some historical or philosophical background on PTSD, psychiatric diagnosis and DSM-III, I can recommend this book. It has plenty of material.