

***Psychiatry, Politics and PTSD: Breaking Down* by Janice Haaken**

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The history of PTSD takes us back to the beginning of psychotherapy itself. This is a history which Haaken reminds us has no decisive beginning, middle, or end. A nonlinear history like this one is pitted starkly against trauma-based diagnoses, which have two crucial, perhaps damning conditions: a discernible, dramatic event, in the sense of Freud's primal scenes, and an effect on the psyche that outlasts (someone's) culturally sanctioned window for suffering its consequences.

These conditions figure in strongly to a key goal of the book: to assess the degree to which trauma-based diagnoses can serve political causes. Haaken accomplishes this by directing her immense skill in historical analysis to track the ebb and flow of the progressive charge of PTSD. The continual rise of trauma-based diagnoses has the potential to reflect the intimate link between trauma, what it means to be human, and what is possible for human subjects (Roberts, 2018). Yet, we see that its progressive sheen has largely eroded alongside its basis in a psychoanalytic model of the unconscious.

The book is organized around sites of conflict in the history of the social development of the PTSD diagnosis. A tour de force utilizing personal communications, clinical interview materials, and her own documentary films spanning over a decade, Haaken inspects all angles of the prism of trauma diagnoses. Her creativity lies chiefly in her methodological choices, all of which come together to compose a highly rewarding critical, psychoanalytic feminist position that takes psychiatry to task as much as it does the military complex and political movements with which it is intertwined.

Another goal of the book is to interrogate psychiatry, holding up a mirror to it by diagnosing PTSD itself as a *symptom of crisis in psychiatry*. It is both a "boundary object" in Star Griesemer's (1989) sense of the term, weaving across different disciplines and social institutions, as much as it a terrain upon which the boundaries of what belongs to psychiatry itself is negotiated. Psychiatry extends itself and has its borders troubled through trauma-based diagnoses, and Haaken provides an impressive array of historical instances in which claims for care are made and legitimized.

Social movements beware: despite the claims on society for support the PTSD diagnosis substantiates, soliciting psychiatric power drags in a diagnostic process that dampens the progressive potential of trauma. The "index event" that condition diagnosis forecloses attention to life stressors and conditions before the event, as well as sources of suffering too diffuse to be described as events at all. Delineating this event refuses to admit that we are irrevocably made of the stuff of society, in its exclusion of a range of endemic social dynamics of neglect (notably chronic

poverty, poor infrastructure, systemic racism). Psychiatry therefore attunes to and bolsters public appraisal of stories as compelling or not, and this is a subterranean pragmatism running through the book. Welcome to the real politik of trauma, where the price of care is the delivery of a story that is believable rather than simply true.

The first and second chapters trace the shaping of PTSD by the military and wartime, the former a hot spot of psychic trauma and stress reactions and the latter a unique cut in time, which foments the neat partition of mundane and extreme required for deciphering (and diagnosing) trauma. This partition is abetted by another condition for diagnosis: Trauma-based maladies are partially founded in the *prolongation* of a normal response to abnormal circumstances. The histories of the APA (American Psychiatric Association), the VA (Department of Veterans Affairs), are among the institutions here shown to be characterized by the play of signifiers that distribute responsibility and shift the threshold of normality. This is balanced with their own will to self-preservation. Social movements are involved in this tug of war; it takes the expansive PTSD movement to expose the "obsessive vigor" by which "the DSM [Diagnostic and Statistical Manual] committee imposes linguistic control", as in its rejection of admitting *Complex Posttraumatic Stress Disorder* (p.73). Here we see the link between a just-so conception of PTSD and psychiatry's own ego, defending its institutional existence by withstanding a deluge of sociopolitical etiology.

Institutional politics and personnel, and their acceptance and rejection of various charges and responsibilities, conditions how trauma is variably deployed by veterans, the VA, and military psychiatrists: to elicit sympathy, gain and distribute benefits, and mount therapies that extract the most "value from military assets" (read: soldiers), respectively. The entanglement between the psychology of personality and the requirements of wartime also bestowed a scientific legitimacy on the former (Mills, 2015). One therefore sees a tacit win-win by which psychology gains legitimacy as it obscures a properly political, socially complex lens for reading the effects of organized violence and the physical and emotional demands it makes on everyone involved.

Interestingly, if we follow the tradition of Martin-Baro's liberation psychology, developing theory from practice rather than the other way around, as Haaken does, we find that progressive politics cannot be securely matched with this or that psychiatric key term. The book registers these surprising moments when theories of psychopathology become progressive when situated alongside claims for care. In the context of the World Wars, for example, even the normally conservative notion of inborn or inheritable weakness can be used to challenge claims of willful misconduct used to deny benefits to veterans (p. 63).

In the third chapter, pressure to read the body for signs of trauma imposes a medical epistemology on the effects of sociopolitical events. In its advocacy for trauma survivors, the trauma therapy movement is inclined toward the slogan "the body never lies", yet things are not so simple. Haaken shows how the body, in fact, does lie, in the sense that physical symptoms directly reveal neither the socially-embedded, institutional-political causes of suffering nor the power struggles informing how symptoms get interpreted (p. 100).

Chapter four shows how PTSD operates as a redemptive diagnosis, buffeting veterans' disability claims where they might otherwise be denied. In this sense, the PTSD diagnosis represents a historically low threshold for veterans' claims for care on the VA. Haaken explains it makes the military mandate to weed out fakers and malingerers more difficult. The dual motivations of profit-seeking and avoiding bearing witness to veterans' complaints create a hushed tunnel through the PTSD diagnosis. Yet, its progressiveness collides with public reception of veterans and the political importance of protective veterans' sense of dignity. This diagnosis generally manages to protect military *culture*, wartime expenditure, and warfare itself from scrutiny, with the very important exception of claims to care made by survivors of MST (military sexual trauma).

Finally, we see how PTSD functions on a collective level, showing how individuals suffering around a culturally unmetabolized event bear an extra burden. They are often recipients of transference involved when they come forward with painful reminders of these events and related social and political grievances. Here we encounter another

limit of psychiatry, with its habit of *registering* struggles and pain that are inherently collective, only to sideline them in an individualizing diagnostic process. This is a global export from the West, portraying the disjointed hubris of universal psychiatric knowledge and chipping away at the power of collective identities as therapeutic salves in their own right (Haj-Yahia, 2007).

I recommend *Psychiatry, Politics, and PTSD: Breaking Down* highly to clinicians, psychologists, military personnel, political thinkers, feminists, and advocates interested in a critical, yet unceasingly humane psycho-social history of PTSD.

references

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