

Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930

By Paul Lerner. Ithaca, NY: Cornell University Press. 2003. 326 pp. £23.95 (hb). ISBN 0 8014 4094 7



Psychiatrists, more than most people, like to flirt with history, and nowhere is this more true than in the field of psychological trauma, where it has become *de rigueur* to introduce a chapter or book with an historical overview. More often than not these superficial, oversimplified accounts do little more than attempt to convince the reader that post-traumatic stress disorder (PTSD) as described in ICD-10 has existed since time immemorial. Recent conflict, global terrorism and renewed enthusiasm for the poetry of the First World War as well as the novels of authors such as Pat Barker and Sebastian Faulks have reawakened interest in war-related psychological trauma, leading to a more thoughtful critical analysis of the psychiatric morbidity arising from the major wars of the 20th century. This historical reappraisal suggests an altogether more complex picture, and

has prompted a fascinating debate about the nature of PTSD: are the diagnostic symptoms and signs set out in modern classification of disease a constant and enduring function of the effects of trauma on the brain, recognised throughout history, be it in a returning soldier from the Trojan war described in Homer's *Iliad* (it takes the eye of faith to see PTSD in literature) or in a Vietnam veteran of the 1980s? Alternatively, is PTSD a phenomenon peculiar to the Vietnam era, and are the effects of trauma on the brain pathologically shaped by culture, politics and society's attitudes and belief systems? Was 'shell-shock' to First World War veterans what Gulf War illness is to contemporary British soldiers?

Against this background, any more rigorous analysis of the sociology of psychological trauma and the effects of combat is to be welcomed. *Hysterical Men* describes the evolution of attitudes towards trauma and hysteria in 19th century German society and shows how these concepts influenced – and were themselves influenced by – the politics of post-Bismarck Germany and debates about Germany's national health, economic productivity and military strength. Arising from concerns that Germany's revolutionary pensions system would encourage a deluge of claims from the working (and presumed work-shy) classes following industrial accidents and fuelled by the epidemics of shell-shock in the Great War, male hysteria was seen as an affront to the German virtues of Teutonic masculinity. Weakness of personality and a lack of moral courage were seen as crucial ingredients in the genesis of post-traumatic psychopathology, rather than a traumatic event *per se* (a view that is debated to this day). As a result of these attitudes, German psychiatrists sought to turn these male hysterics into fit workers and loyal political subjects.

American historian Paul Lerner's book is excellent: scholarly, carefully researched and well referenced. *Hysterical Men* explores the status of psychiatry in early

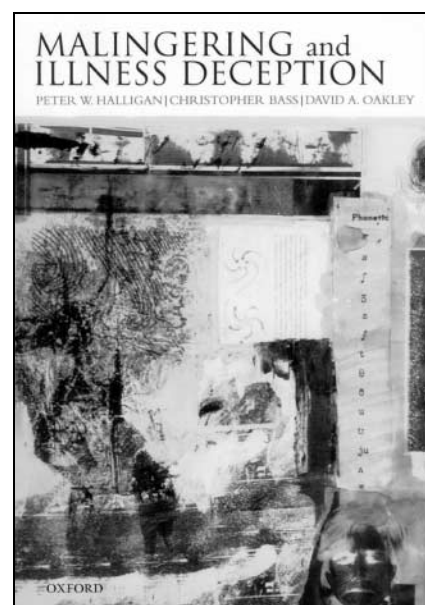
20th-century Germany as well as psychiatric attitudes to war: a potential 'cure' for the degeneration and moral weakness vilified by psychiatry and society alike. The heroic and increasingly desperate treatments used by psychiatrists – treatments often as dramatic as they were ineffective – are described, as well as the influence of the war on psychoanalytical thought.

What this book does so effectively is illustrate the profound impact of politics, culture and social values on medicine, and remind us that none of us works in a social vacuum and how subject to external influence our clinical objectivity actually is. The book will appeal to readers of history and the philosophy of science, as well as giving depth and perspective to the PTSD debate. Most historical accounts of the psychiatry of the Great War are Anglocentric and it makes a refreshing change to read this fascinating account of the terrible toll of war on the vanquished.

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Malingering and Illness Deception

Edited by Peter W. Halligan, Christopher Bass & David A. Oakley. Oxford: Oxford University Press. 2003. 370 pp. £35 (pb). ISBN 0 19 851554 5



The territory of malingering and illness deception is one of the last 'no go' areas in medical practice: few doctors tread there with any degree of confidence, and little is taught about it to medical students or postgraduate trainees. The authors of this book have therefore taken on a difficult challenge. Malingering has been neglected in the medical literature, probably because it is not regarded as a medical diagnosis in the broadest sense of the term. Neither of the widely used medical and psychiatric classifications regard malingering as a valid diagnosis. It is, essentially, a conclusion that is reached after relevant medical and psychiatric disorders have been excluded. Although it is therefore not a medical condition, malingering impinges on medical practice in most areas of clinical medicine. It implies deliberate deception and in this context the clinician has to make judgements about the level of conscious awareness, the degree of free will and the motivation that accompanies the spurious symptoms of ill-health. The conclusion that someone is malingering carries highly pejorative judgements. There are serious implications for the doctor if the diagnosis is incorrect, with medico-legal consequences and professional reprimands.

The book makes it clear that malingering is on the increase. The contributors cite various examples, including sickness absence, early retirement on grounds of ill-health, health insurance fraud and bogus personal injuries compensation. The assessment of malingering is complicated by observations that suggest that even within the same individual conscious awareness is not an all-or-none phenomenon. It varies over time and its assessment is highly subjective. Only when there is direct, recorded observation that an individual is able to perform activities that he or she has claimed not to be able to perform can malingering be concluded with a reasonable degree of certainty.

In their opening chapter the authors provide a helpful definition of malingering, which they describe as a conscious voluntary act or set of actions made with the intention of obtaining personal advantage by securing benefits and/or lack of responsibilities that society and the legal system have bestowed upon the sick role. Several of the subsequent chapters approach malingering from a sociological viewpoint. Others attempt to define the boundary between malingering and psychiatric illness, particularly dissociative disorders

(hysteria) and functional somatic syndromes. There is a very useful section on the medico-legal and occupational perspectives. Particularly intriguing are two chapters that review attempts to distinguish malingering from dissociative disorder, using functional brain imaging. This work is at a preliminary stage and remains inconclusive, but it does open up the possibility of obtaining objective criteria to distinguish symptoms associated with loss of free will from those that appear to be consciously determined.

Doctors, whatever their specialty, like to believe that patients who consult them are honest, distressed and in need of medical help. The notion that some people wilfully set out to deceive doctors sits uncomfortably with this assumption. This book provides an illuminating glimpse into the hinterland between illness and fraudulent behaviour. It is a book that should have relevance to clinicians whatever their background, to the legal profession and to those who have an interest in understanding human behaviour in relation to health.

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Unipolar Depression: A Lifespan Perspective

Edited by Ian M. Goodyer. Oxford: Oxford University Press. 2003. 224 pp. £24.95 (pb). ISBN 0 19 851095 0

Are there important continuities between depressive episodes in childhood, adolescence, young adulthood, middle age and later life? Is the categorisation of depression by the age of the sufferer a reflection of the division of the Royal College of Psychiatrists into child, adult and old age faculties? Or are there genuine differences in aetiology, pathogenesis, clinical features, response to treatment and outcome for each life stage? Will an examination of the continuities and dislocations of these dimensions in relation to a person's life history be illuminating, or will it lead us into a conceptual morass?

Professor Goodyer brings the developmental perspectives of child psychiatry to one of the most pervasive and cumulatively disabling of mental disorders. He has commissioned six concise and expert

reviews of our knowledge about depression at each life stage. These are sandwiched between two editorials, which try to move towards inclusion and integration of the developmental concepts of human growth and ageing. A third of the book's 200 or so pages are taken up by references. The chapter by Birmaher & Rozel covers childhood depression in just 10 pages, stressing the importance of comorbidity and complex psychosocial environments for this group. Harrington gives a masterly but necessarily skeletal review of research into every aspect of adolescent depression. Paykel & Kennedy provide an excellent but painfully condensed 15 pages covering depression between the ages of 40 and 60, and O'Brien & Thomas offer a fascinating summary of depressive disorders in later life, highlighting the increasing role of neurobiological changes in risk processes at this time.

There may have been variable latitude in the brief given to authors: for example, Lewinsohn & Seely, writing under the heading of 'early adult life', devote all of their 22 pages to their own Oregon Adolescent Depression project. Depression between the ages of 25 and 40 meets a cruel fate, having no coverage at all. In a chapter entitled 'Intergenerational transmission', Murray & Cooper document the impact of maternal depression on infant and child development, but their focus is on cognitive and behavioural outcomes rather than on depressive disorder in the offspring.

