

## Debate

### Making sense of the psychology of detention

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I am writing to express my disappointment at the article in *Psychology in society* - 11 (December 1988) entitled "A Contribution to a Theory of the Dynamic Mechanisms of Post-traumatic Stress Disorder in South African Detainees" by Kevin Solomons.

At a time when the manifestations of and treatment of Post Traumatic Stress Disorder is of such serious concern, I am sure that many mental health practitioners within the country reach with interest toward any article written on the subject by people who have had practical experience. I certainly did, and therefore my disappointment on reading the article was the greater. The article contains some interesting and useful case vignettes, but it certainly does not do what it claims to do: that is make any contribution to theory. What it does is to rehash a lot of psychoanalytic concepts which are irrelevant and confusing and which make no contribution at all to our understanding of Post Traumatic Stress, let alone the particular manifestation of it found among ex-detainees.

The major achievement of contemporary psychoanalytic theory is, to my mind, in the area of the nature of the relationship between client and therapist and in the analysis of projection, projective identification, transference, and counter-transference. This analysis has been particularly valuable in the treatment of some personality disorders, although I am personally concerned that exclusive focusing on these phenomena is not always the most helpful approach to treating personality disorders. Although very sophisticated (and involving major developments since the writings of Freud) this approach as well as the more traditional psychoanalytic concepts, fail to offer much of value in the conceptualisation and treatment of a wide variety of disorders

including most of the DSM III-R anxiety and eating disorders. These are all areas where, whatever the interest and theoretical value of psychoanalytic conceptualisation, it is the conceptualisations developed by cognitive behavioural therapy that have resulted in most clinically effective treatment. In practice, psychodynamic concepts have contributed little to providing usable models of short term therapy or crisis counselling.

What is needed in the case of Post Traumatic Stress Disorder is a description of the development and course of the disorder which starts with a phenomenologically faithful account of the experiences and behaviours of the sufferers, and then which provides a conceptualisation which is sufficiently clear and operationalised to offer meaningful treatment strategies. I cannot see how the approach taken in this paper can even begin to do this.

A major concern for me is that this type of language and theorising is damaging to the image of the psychologist. As a clinical psychologist myself, I was only more confused by reading the article. How much more confused must non-psychologists be who pick up the journal and want to learn something about the psychology of Post Traumatic Stress Disorder. As you know, a major concern for psychologists is the need to establish their credibility with disadvantaged and oppressed communities. Of course, one major aspect of credibility is simply being a trustworthy person, but another is being able to offer ways of thinking about and solving problems which make sense to the communities we are working with. The language of this article is only likely to damage the credibility of psychologists.

Surely we don't need to understand anything about libidinal withdrawal or narcissistic injury, nor do we need to appeal to Freud's notion of the repetition compulsion to understand the high anxiety levels, waking flashbacks and nightmares experienced by PTSD sufferers. Post Traumatic Stress Disorder sufferers frequently mis-attribute their symptoms. They may believe that they are going insane or that they have some sort of brain disease, or even that they are bewitched. They may feel guilty that they are unable to function effectively in the political and social milieu within which they were previously active. Psychologists would need access to theory which they can share with their clients so that they can have an accurate understanding of their condition and an accurate understanding of the appropriate attitude to take to it and the appropriate methods of managing it. The type of theoretical concepts mentioned in this article make no contribution to this enterprise whatsoever.

However, I would be more than willing to be open to the idea that this theory is useful if it were validated against case material. Unfortunately, in this article this doesn't happen at all. Some case material and some theory is presented but there is no dialogue at all between the two. Nor is the case

material used in any way to test the theory, or to examine whether the theory does, in fact, apply to the specific cases discussed. The cases would, of course, need to be discussed in much finer detail to do this. This article provides an example of a sort of writing which discredits psychological research in general. The use of case material to advance theory is a really important feature of clinical research (Edwards, 1989). However, in order to do this, a great deal of rigour and care is required. This paper assumes that as readers we will take the theory for granted and blindly trust that somehow the case material validates it. There is simply no way that any evidence is provided by the case material for any of the theory, nor is there any cogent argument to interlink the two.

I hope that my comments won't be seen as an attack on psychological work with detainees. It is not. Indeed, I greatly admire those psychologists and other workers who devote their time to this difficult and demanding work. But it is a big step from doing the work and assisting people to developing theoretical models which will make their work more effective and improve the quality of training of people learning to do the same work. I submit that the theoretical contribution in this article merely obfuscates the issue and is likely to do a great deal of damage to the process of understanding the disorder, developing effective treatments and communicating these treatments to people in training programmes.

## REFERENCE

Edwards, D.J.A. (1989) Research and reality: How clinical theory in practice are actually developed - case study method in cognitive behavioural therapy. Paper presented at the Conference organised by the Centre for Research Methodology of the Human Sciences Research Council: "Knowledge and Method: On the Philosophy and Methodology of the Human Sciences", Pretoria 25-28 January, 1989.