Wether it is the effect of global warming or just that satellite TVs are instantaneously connecting us to different parts of the world, dealing with the aftermath of natural disasters is becoming an increasingly common phenomenon. Huge efforts are expended on the key tasks of saving and rebuilding lives and rehabilitating infrastructure, but natural and other disasters also leave many people with subtle yet intransigent emotional disorders. In the mental health fraternity, the sequelae of such disasters are labelled post-traumatic stress disorders (PTSD). In Western populations, PTSD affects approximately 3.6% of the population and the impact and distress this condition constitute a serious public health problem.

In the ‘decade of the brain’ with neurogenic hegemony, negative experiences which manifest as PTSD have been compared to brain injury where exposure to the events leads to structural and functional changes in the brain. The emotional reaction has been attributed to adverse conditioning. These two views have been the mainstays of treatment modalities available for sufferers of PTSD.

Everyone began to think that the psychoanalytic approach had been consigned to footnotes in history books. It is better to think again. This volume, *Wounded by Reality* by Ghislaine Boulanger came to add spice to the established approach to PTSD. This book not only rekindles the psychoanalytic approach, but the volume brings fresh insight into the treatment modalities of PTSD. The book specifically focuses on adult onset trauma. The author’s interest in the field began in the 1970s among Vietnam veterans. Her thirty years of experience of examining and treating PTSD and survivors of adult onset trauma has been concretised in this volume. The strength of the book is its focus on demarcating the difference between childhood trauma and trauma that is experienced in adulthood. The book is written succinctly and does not pretend to reach the general public. The book is intended for American psychoanalysts who have a substantial knowledge not only of Freud, but also of psychoanalysis as a field, and who focus on treating PTSD using the method of psychoanalysis. This volume presents many fascinating clinical vignettes that are likely to grab the reader’s attention. However, when one reflects, the clinical descriptions are nothing more than theoretical constructs stemming from a Freudian perspective.

The unique issue on which Boulanger focuses, and which has not been widely explored by many clinicians, is the fact that trauma faced at different stages in life results in different outcomes; this automatically creates the need for a different approach to treatment. The author proposes, and pertinently makes the case for, this alternative *modus operandi*. This is valuable in itself as most other professionals in the field focus on
psychopharmacology when it comes to rehabilitating PTSD. Not long ago, it was essential to ‘listen’ to prozac, now this volume poses new questions about the unconscious mind of those who have been wounded by natural or other disasters.

With the increasing numbers of trauma-causing disasters around the world, the need is growing for a treatment system that can be applied internationally. Yet, there is no evidence that this volume will be a panacea for the global challenges posed by natural and other disasters. This volume may not meet the needs of the 80% of the global population living outside Western Europe, North America and Argentina. Many have testified, be it bush-doctors in equatorial Africa or psychiatrists in urban Asia that different cultures neither perceive nor experience trauma alike. With much of the world aloof to the psychoanalytical approach, this book would be more useful for practitioners, psychoanalytic ones in particular, in New York and Buenos Aires rather than Jakarta or Muscat.

REVIEWER
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