An Injury, Not a Disorder

Frank Ochberg, M.D.

Frank Ochberg, M.D, is a clinical professor of psychiatry at Michigan State University, East Lansing. He served in uniform during the Vietnam era and advises several nonprofit veterans organizations. He was a founding board member of the International Society for Traumatic Stress Studies and recipient of their highest honor, the Lifetime Achievement Award. He edited the first text on treatment of post-traumatic stress disorder, and he served on the committee that defined PTSD. He was also associate director of the National Institute of Mental Health and director of the Michigan Mental Health Department.

PHOTO: U.S. soldiers with the 1st Air Cavalry Brigade, 1st Cavalry Division, shake hands with SGTs Omar Avila and Jay Fain and other soldiers participating in Operation Proper Exit at Camp Taji, Iraq, 4 February 2010. Operation Proper Exit was a program designed to take wounded veterans back to Iraq and the places they were injured to bring a sense of finality to their combat experiences. (U.S. Army, SGT Alun Thomas)

POST-TRAUMATIC STRESS DISORDER—PTSD—HAS been an accepted diagnosis since 1980. And that's a good thing. So why is it now making controversial headlines? Why are some clinicians like myself—along with a wide range of veterans' advocates, women's groups, and others—arguing for changing the name of the diagnosis, PTSD, to "PTSI" for post-traumatic stress injury?

In large part, General Peter Chiarelli, retired vice chief of staff of the U.S. Army, has inspired this argument. After two tours in Iraq, General Chiarelli grew alarmed by rising suicide rates in the Army. He reviewed every case, and concluded that many service men and women hate the term "disorder," and suffer in silence rather than endure that label. "For a soldier who sees the kinds of things soldiers see and experience on the battlefield today, to tell them what they're experiencing is a disorder does a tremendous disservice," he has said. "*It's not a disorder. It's an injury*."

Jonathan Shay, M.D., Ph.D.—whose pioneering studies of veterans earned him a MacArthur Fellowship—and I agreed with General Chiarelli. We wrote to John Oldham, M.D., president of the American Psychiatric Association, on 7 April 2012, proposing that the new edition of the *Diagnostic and Statistical Manual*, currently under review, adopt the PTSI name. We wrote that there is a crisis of suicide, stigma, and misunderstanding affecting young veterans. Anything that helps them seek help is worth consideration. We then argued that the name affects civilian survivors of trauma as well—crime victims, women who are raped and battered, and others who develop the syndrome. Finally, we explained how the injury model applies to the history, theory, and treatment of this condition. (That includes journalists who cover war

(U.S. Army, D. Myles Cullen)

Vice Chief of Staff of the Army GEN Peter Chiarelli discusses the Army's Health Promotion, Risk Reduction, and Suicide Prevention Report during a press conference at the Pentagon, 29 July 2010.

and have high rates of PTSD. We believe journalists, too, are injured on the job and are more like the physically wounded than the chronically mentally ill.)

Since April, this new language has received endorsements from a wide spectrum of individuals, some of whom speak for veterans groups, some for women's issues, and others who represent organizations that advocate for the needs of traumatized populations.

Women who survive rape, incest, and battering plead with the American Psychiatric Association (APA) for recognition of their dignity. They ask the APA to keep the basic concept behind post-traumatic stress disorder intact, but to improve the name to a phrase that they find more accurate, hopeful, and honorable.

Many endorsers are men and women who have received a PTSD diagnosis, who are grateful for the help they have received, but who ask the APA, on their behalf, to rename the condition an injury. They tell us that they will feel less stigmatized. They also explain how the concept of an injury, rather than a disorder, does justice to their experience. Once they were whole. Then they were shattered. When their counselors, employers, friends, and loved ones behaved as though they were survivors of injuries, with lingering wounds, they could heal. When they felt like mental patients and were treated as persons with preexisting weakness, they could not heal.

Among those who share this concern are longtime leaders in understanding the impact of violence—including a previous director of National Institutes of Mental Health, Bertram S. Brown. Also among these leaders are the founding president of the International Society for Traumatic Stress Studies, Charles Figley, and leading feminists such as Gloria Steinem. Several authors of books documenting their traumatic struggles and military and Department of Veterans Affairs mental health professionals are also onboard with this concern.

Jonathan Shay and I shared these letters of endorsement with the APA. We hope those who have the power to name psychiatric syndromes will eventually be persuaded, whether or not the change is adopted for this version of the *Diagnostic and Statistical Manual*.

Arguments Against

To date, we have heard the following arguments against a name change from members of the *Diagnostic and Statistical Manual*-5 committee:

- A name change will make no difference.
- There are far more important ways to combat stigma.
- Disorder is a term in the *Diagnostic and Statistical Manual* and it is clearly defined in ways that apply to the reality of PTSD.
- The U.S. Department of Defense can use any name it likes (e.g., The Canadian military refers to "operational stress injury"). The DOD, not the APA, should change names.
- The Purple Heart will confer honor and recognize psychological injury. (Let us work on that for PTSD received under eligible conditions.)
- PTSD has genetic elements and changing the name could reduce emphasis on biological etiology and biological remedy.

Arguments For

In response to these six arguments we hear from the *Diagnostic and Statistical Manual*-5 committee members, we offer these observations:

- A name change will make a difference to the 100-plus people whose letters have been submitted to the APA and to the thousands they have heard from directly on the issue. People who are labeled "disordered" tell us why being labeled "injured" would improve their lives. This evidence should be acknowledged, whether or not it means that more will come forward to seek treatment.

Canada does have a Sacrifice Medal for PTSD, stemming from military service under carefully, defined circumstances.

- Certainly, there may be other important ways to combat stigma. Let us work on all of those. We should also realize that an APA name change will signal something very positive to those who look to us for leadership. It will mean, "We take this seriously. We listen to our patients. We join the movement to speak with respect about those who have invisible wounds."
- The APA, in the *Diagnostic and Statistical Manual*, has defined "disorder" in ways that apply to PTSD. We agree. But PTSI is at least equally applicable as a label. We have diagnoses in the *Diagnostic and Statistical Manual* that use names other than disorder. Even if "disorder" seems innocuous to those who write the *Diagnostic and Statistical Manual*, we should not deny evidence that the term is degrading to so many who carry the label.
- Canada's military and veterans agencies did change the titles of their clinics to "Operational Stress Injury" services and they did find that a successful move. This is evidence that names and titles do matter. Instead of simply saying "let DOD change" (a change that would do nothing for traumatized civilians), let's use the Canadian experience of beneficial name change to move us forward, not to hold us back.
- The Purple Heart will confer honor, and when the APA changes PTSD to PTSI, the fight for the Purple Heart will be far easier to win. We base this conclusion on soundings we have taken in the United States and Canada. Canada does have a Sacrifice Medal for PTSD, stemming from military service under carefully defined circumstances. However, the Pentagon needs more ammunition to change the rules for a Purple Heart. Leaders have told us that PTSI will be critical.
- Biological psychiatrists have no reason to fear that a name change to PTSI will inhibit research on genetic factors. There are constitutional factors at play in determining who becomes injured after exposure to traumatic events, and who has difficulty recovering. There is biological vulnerability and biological resilience. The scientific community will have just as much impetus to conduct research and treatment studies on ways to prevent and ameliorate the injury after PTSD is renamed PTSI.

(U.S. Army, SPC Daniel Stoutamire)

U.S. Soldiers shake hands with retired SPC Steven Patterson, left, at Camp Liberty, Iraq, 30 June 2011. Patterson, who has suffered from post-traumatic stress and traumatic brain injury, and several other Wounded Warriors returned to Iraq as part of Operation Proper Exit, which seeks to give closure to wounded veterans of the conflicts in Iraq and Afghanistan.

Accurate, Honorable, and Hopeful

There is another concern we must address. Some believe that we who advocate a name change are motivated by a desire to reduce benefits because we are associated with the military or the government. This is a red herring. We are motivated to change the name to "injury" by a conviction that there are many who deserve help, including benefits, and they closet themselves due to stigma and fear. The APA will change the elements of the diagnosis as outlined in *Diagnostic and Statistical Manual*-5 drafts. These changes are of far more consequence than a name change to third-party payers who may seek an excuse to limit resources. Indeed, if the APA changes the name to PTSI, all of us must make it clear that we are doing this because our patients, our potential patients, and their advocates have convinced us that this is accurate and honorable and hopeful. But we are *not* suggesting that the consequences of traumatic stress are any less significant, painful, and capable of creating disability. In fact, we believe a name change will help protect benefits by securing broader public awareness and support for those who suffer from the signature psychological injury of war, violence, and human cruelty.

In sum, PTSI is a better term than PTSD. It is accurate. It does justice to the condition. Those who contend with the condition prefer it. The APA would bring credit to itself and respect to its patients by adopting this improvement in diagnostic terminology. ***MR***