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Research Paper

Evolution of the nosography of post-traumatic psychological injuries of war: From dissociation to clinical principles

Évolution de la nosographie des troubles psychiques post-traumatiques de guerre : de la dissociation à la pratique clinique

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ABSTRACT

Clinical medicine is not bound in an unchangeable framework. "New" pathologies are described, and disappear, in a societal context that admits a particular psychological or psychopathological expression at any given moment. The intense individual and collective echoes of war are reflected in periods of excessive individual and societal psychological suffering that could create "new diagnoses" in the field of psychotraumatology. In this work, we propose a socio-anthropological approach to examine the origin of *post-traumatic stress disorder* (PTSD) in American nosography. We then critically discuss *Gulf War syndrome* and *post-concussion syndrome* after mild traumatic brain injury. Finally, we examine the situation in France—notably the clinical foundations and principles of the 1992 military decree that is applied under the French Military Pensions Code in case of disablement, victims of war and acts of terrorism, which has remained both germane and pertinent despite nosographic pressure.
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RÉSUMÉ

La clinique ne se laisse pas enfermer dans des référentiels immuables. De « nouvelles » pathologies sont régulièrement décrites, et disparaissent, au sein d'un contexte sociétal qui permet leurs expressions à un moment donné de l'histoire. La mise en tension de la subjectivité individuelle et collective est poussée à son paroxysme dans les périodes de guerre qui ont régulièrement vu surgir de nouvelles descriptions cliniques dans le champ de la psychotraumatologie. Dans cet article, nous examinons grâce à un point de vue clinique et anthropologique la naissance du trouble de stress post-traumatique dans le DSM-III, puis la description scientifique du syndrome de la guerre du Golfe, avant de focaliser notre réflexion sur l'entité ré-émergente de syndrome post-commotionnel dans les suites d'un traumatisme crânien. Nous exposons enfin pourquoi les principes cliniques du Code des pensions militaires d'invalidité et des victimes de la guerre restent pertinents afin d'effectuer le diagnostic des troubles psychiques post-traumatiques et d'en évaluer les conséquences fonctionnelles.
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1. Introduction

Clinical medicine is not bound in an unchangeable framework. "New" pathologies are described, and disappear, in a societal context that admits a particular psychological or psychopathological expression at any given moment. The intense individual and collective echoes of war are reflected in periods of excessive individual and societal psychological suffering. After so many armed conflicts, 'new' clinical entities have been described in the field of psychotraumatologie by many authors, such as *battle fatigue*, *war nostalgia*, *irritable heart syndrome*, *shellshock*, and *battle hypnosis* (Da Costa, 1871; Grinker & Spiegel, 1945; Milian, 1915). In fact they listed different symptoms but they did not always use the

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same terminology to refer to them. These new descriptions reported in papers and books were non-consensual at this time, although they seemed to evoke a similar clinical phenomenon. Could wars or others major crises be considered as triggering factors of post-traumatic psychological injuries?

Driven by concerns about legal redress for psychological damage, regular updates to medical and forensic nosography have become part of modern history. The evolution of international nomenclature, such as in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD), is sometimes overtaken by scientific research or media pressure. In contrast, the military psychiatric French model that are used to define and evaluate post-traumatic psychiatric disorders remain stable and faithful to the clinical picture.

Here, we propose a socio-anthropological approach to examine the origin of *post-traumatic stress disorder* (PTSD) in American nosography. We then critically discuss *Gulf War syndrome* and *post-concussion syndrome*. Finally, we examine the situation in France—notably the clinical foundations of the 1992 military decree that is applied under the French Military Pensions Code in case of disablement, victims of war and acts of terrorism, which has remained both germane and pertinent despite nosographic pressure.

2. The rediscovery of PTSD via the standardisation of diagnostic criteria from across the Atlantic: how can it be used to recover from psychological damage and what are the clinical consequences?

2.1. The origin of PTSD in the DSM

Mental illness due to war has been described since antiquity (for example, by Hippocrates in his treatise *Dreams*, and Lucretius in *De Rerum Natura*) (Hippocrate BC, 460-370; Lucrère BC, 94-54). In America, the classification was first introduced as the term *gross stress reaction* (DSM-I), but this classification disappeared in the subsequent edition, to resurface as the term *post-traumatic stress disorder* in 1980 upon publication of DSM-III, which banned the term 'traumatic neurosis' (American Psychiatric Association, 1952, 1980). Why change the signifier? Far from describing a new disorder, these successive neologisms make it possible to express, or even create, semiologic changes, while insidiously introducing changes to medico-social care options.

After demobilisation, many (between 500,000 and 1,3 million) Vietnam War veterans developed severe psychological illnesses and were unable to resume their pre-war lives (Gabriel, 1987). They distanced themselves from their loved ones, and became aggressive or engaged in criminal activities—even soldiers who had been decorated for their bravery. In an attempt to understand such a persistent disorder, as "Vietnam Combat Veterans' Self-Help Movement", veterans' groups were organized, not by officials, but by soldiers and their families who worked with a few psychiatrists (Shatan, 1973; Lifton, 1975). The extent of their suffering became clearer and was named *post-Vietnam syndrome* in an article in the New York Times published on 6 May, 1972 (Shatan, 1972). Subsequently, DSM-III included diagnostic criteria for the new nosographic entity, PTSD. We will not engage here in a debate on the origin and development of DSM criteria, which, while undoubtedly increasing diagnostic reliability, have also decreased validity (Auxéméry, 2014). Diagnostic reliability or inter-rater accuracy, defined as the concordance between diagnoses assigned to a patient by different psychiatrists, was found to be very low in the first studies devoted to the subject since the 1950s (Thurin & Briffault, 2006). To resolve these inaccuracies, sources of bias in scientific studies, a few psychiatrists from the American Psychiatric Association decided to change the principles of nosography in order to optimise the reliability of psychiatric diagnoses (Young, 2002; Summerfield, 2001). These days, a scientific study that does not use this official standard will have very little chance of being cited in the international literature, but the scientific basis of the increase in inter-rater accuracy thanks to the DSM-III and following need to be more developed. Very few studies have compared a diagnosis established in relation to the DSM with a diagnosis established as a result of a non-standardised clinical interview. While PTSD was the only diagnosis not to respect the "atheoretical" principles in the definition of the disorders in DSM-III, the "atheoretical" notions are no longer relevant in the DSM-V (American Psychiatric Association, 2013): the validity of the diagnoses should increase through the precise definition of psychopathological and sociological determinants associated with the characterisation of biological and/or neuroradiological markers which will build an etiopathogenic theory of each psychic phenomenon.

But what is interesting about DSM classifications is that their statistical definition means they primarily mirror the societal expression of psychological problems, rather than offering a physiological or psychopathological definition (Rechtman, 2002).

At the end of the Vietnam War, many veterans found it hard to mentally disengage, making it difficult for them to reintegrate into society. While some returning soldiers were welcomed back as heroes, many others were pointed at and criticized by "pacifists" as war criminals or "baby killers". Part of the American public, like many soldiers themselves, had been shocked by the war, and everyone was trying to find a way out. How could a society overcome the error of letting itself be seen as the aggressor in a conflict where it could no longer claim to be keeping the peace? As is often the case in the course of history, psychiatry may have exceeded its mandate; namely, appeasing society.

This 'new' entity, PTSD, appears to be an attempt to pacify American society about its position during the war, to the point of relieving soldiers of their official responsibilities, or the abuse that they caused or allowed to happen. The American society's guilt regarding the Vietnam War, was both for what was done to the Vietnamese and for the consequences on American soldiers; and the responsibility of veterans for their actions in post-war American society. In the original definition, PTSD may occur primarily when the victim is in fact the perpetrator of the attack, someone who tries to overlook their moral responsibility with respect to death or cruelty (Summerfield, 2001; Young, 2002). Further, by voluntarily distancing oneself from psychoanalytic concepts to find support in an emerging neurobiology, as a reaction disorder caused by stress, the nosographic entity "PTSD" counters the official fundamental assumptions of the DSM definition, which advocates atheorism (APA, 1980). While the definition of stress is a nonspecific response, independent of the stimulus that induces it and the subject who experiences it, an excessive stress response is understood as a normal reaction to an "abnormal" situation. Retaining a physiological reflex leaves room for psychopathological and sociopathological interpretations. The DSM task force has therefore created a term that can also serve as a reference in the medicolegal context, responding to requests from insurance companies responsible for compensating veterans (Summerfield, 2001). The result of a tacit agreement on both sides, this social armistice 'bought' their silence, but finally proved insufficient for both veterans and American society. Many years after the formal end of the armed conflict, the media continued to report that more veterans had died as a result of suicide following their return to American soil than by fighting on the ground. The return to social peace through a denial of individual and collective trauma did not pay off, neither at the human nor the medico-economic level.

Interest in the suffering of veterans was needed; we cannot blame a bruised society for wanting to heal its wounds and those of

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