

points. Using criteria from DSM-IV and DSM-5, the study found that overall rates of PTSD-caseness were equivalent across both editions, but 30% of individuals that met criteria in DSM-IV did not screen positive for DSM-5. Conversely, 27% of those meeting DSM-5 criteria did not screen positive for DSM-IV.¹⁴

When Spitzer suggested that PTSD needed to be saved from itself, he was cautioning colleagues that American psychiatry was increasingly applying a singular disorder to account for human reactions to adversity, even in the face of challenges to that syndrome's validity.¹⁵ Within the context of this expanding narrative, DSM-5 largely ignored Spitzer's criterial recommendations, introduced numerous changes and produced no meaningful improvement to issues of validity. Yet, the current state of affairs presents little challenge to the viability of PTSD. As observed by British historian, Ben Shephard: 'If "trauma" could now be broken up into its constituent parts, it would return to its social contexts and be demedicalized . . . [but] it is now too late. Trauma has been vectored into the wider society by the law and the media'.¹⁶ Perhaps, in this context, we should revisit Spitzer's goal of saving PTSD from itself, and ask how American psychiatry and the broader public can be saved from PTSD as currently framed in DSM-5.

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poems
by
doctors

Chaos

Saman Khan

Sitting in solitude
I often think of those in war
Bombs blasting, smoke blinding
Eyes stinging, limbs tearing
Cries of women and children
Exhausted men with empty eyes
no more tears left to shed
Homes are empty shells
Painted black and grey
Chaos is their world
With no relief, no release,
And no reprieve.

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