

Actions Without Choice: The Invisible Scars of a Veteran

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Classical Conversations

### Abstract

All actions begin in the mind, whether we are aware of it or not; from breathing and heart rate, to reasoning and decision making. The brain plays a significant role in how we interact with others and process information. However, when extreme or traumatic events occur, this often leaves an invisible scar on the mind, changing the person's overall outlook, behavior, and actions in life. Because of this, my thesis strives to extrapolate the psychological meaning behind PTSD (Post Traumatic Stress Disorder) and how it affects veterans, due to their serious trauma. Moreover, when faced with wrongdoing, to what standards do we hold people with mental illnesses like PTSD? The three most important key points I make for this case are: firstly, their brain is psychologically and biochemically affected for a lifetime, secondly, when under a flashback episode they are not mentally present, and lastly, when suffering from PTSD it is common for individuals to feel remorseful and out of character. Being that morality and accountability are a large component in this thesis, for the sake of relevance, I will not be delving into legal or theological matters which could easily be intertwined with this issue. The overall objective was to find conducive medical and scientific research portraying psychological damage and side effects within the individual. Because of this, it is arguable that the decision making of individuals with PTSD has been compromised. What I came to realize with this particular subject was intentionality. Intentionality lies in our choices, and our choices come from our perception. When it comes to PTSD, a person's sense of choice can become distorted because of the psychological changes done to their brain. These psychological changes range anywhere from having a shrunken prefrontal cortex to outbursts of rage and vivid flashbacks. There are times when individuals with PTSD are not in control of their behavior, making them feel guilty

and indignant for their loss of control, especially when unintended harm is done. Since behavioral problems are so prevalent with PTSD, professional help is necessary in order to lessen symptoms and ease psychological issues. While there is no indefinite cure for PTSD, healing is possible, and seeking treatment becomes a moral obligation for veterans suffering from PTSD. Lastly, it is important to recognize that mental illness is not an excuse for wrongdoing, but rather, a problem that must be understood, acknowledged, and helped.

### **Introduction to Post Traumatic Stress Disorder**

Where does morality lie? Some would say the heart, others the mind. In a time where society prioritizes mental health, taking accountability for our actions often gets muddled. To further elaborate on this, I'll briefly share Tom's story with you. Tom was a Vietnam war veteran. At the time, he had enlisted into the army with his closest friend Alex. Not only did Tom watch Alex gruesomely die in a heavily infiltrated war zone, but he was never the same after the repercussions of war. The following day, in an onslaught frenzy, Tom attacked a Vietnamese village. He killed an innocent farmer and child, while also raping a Vietnamese woman. There was no way Tom felt he could muster any amount of meaning in his return home; he knew what he had done was unforgivable, but what he didn't know was that his days of war would come to haunt him for a lifetime. Despite his return home and becoming a successful lawyer, the flashbacks never ceased to exist. His sense of guilt and shame overwhelmed him, and oftentimes he would wonder what exactly had caused him to act so unlike himself. How could he face his wife and tell her he had violated a woman just like herself, or look at his two sons without thinking about the innocent child he had killed in an episode of madness? No matter what he attempted to busy himself with to drown out his past, it was all to no avail. (Van Der Kolk, 2014)

Tom was diagnosed with Post Traumatic Stress Disorder (PTSD) years later at a VA clinic. His medical condition was not unlike the many other veterans who experienced the same symptoms. Flashbacks, unwarranted outbursts of rage, depression, feeling constant disconnection from loved ones. Because of this, it leads me to question: can people with mental health issues, specifically, war veterans and active service members with PTSD, be held morally accountable

for their actions—especially abhorrent actions in which one of a sound mind has the ability to control?

### **The History Behind PTSD**

For centuries, war has left its impact on the human mind. Dating back to the beginnings of psychiatry during the 18th century, symptoms for PTSD were recorded as early as the French Revolution and Napoleonic Wars. French psychiatrist, Phillipe Pinel, was the first to note how traumatic events seemingly caused behavioral disruption, depression, and intense levels of apprehension (Van Der Kolk, 2000). However, the study of traumatic origins would not be discovered until the late 1800's, and trauma theory would not emerge until 1960 (Mambrol, 2017). Before PTSD was conceptualized into a mental health disorder, many war veterans were typically diagnosed with alcoholism, substance abuse, depression, even schizophrenia, however, no available treatment at the time proved to be successful (Van Der Kolk, 2014). Previously known as “shell shock” or “battle hypnosis,” the horrific memories which haunted war veterans perplexed psychoanalysts for years (Marc-Antoine Crocq, 2000). During World War I, several cases were reported by German Psychiatrist Robert Gaupp, in which he noted,

“The big artillery battles of December 1914... filled our hospitals with a large number of unscathed soldiers and officers presenting with mental disturbances. From then on, that number grew at a constantly increasing rate. At first, these soldiers were hospitalized with the others ... but soon we had to open special psychiatric hospitals for them. Now, psychiatric patients make up by far the largest category in our armed forces ...The main causes are the fright and anxiety brought about by the explosion of enemy shells and mines, and seeing maimed or dead comrades ...The resulting symptoms are states of sudden muteness, deafness ... general tremor, inability to

stand or walk, episodes of loss of consciousness, and convulsions.” (Milian G. L'hypnose des batailles. *Paris Med.* 1915 Jan 2;:265–270.)

PTSD was not recognized by the American Psychiatry Association until 1980 (DSM-IIT). The turning point for PTSD in psychology was aided by a group of Vietnam veterans and psychoanalysts Chaim Shatan and Robert J. Lifton, who advocated for a new diagnosis which we now know to be PTSD. It wasn't until the ideology of trauma, or “trauma theory,” was fully expanded upon that psychiatrists and psychologists alike were able to have a more tangible grasp on Post Traumatic Stress and its functions. According to the U.S. Department of Veterans Affairs, “From an historical perspective [...] The key to understanding the scientific basis and clinical expression of PTSD is the concept of ‘trauma.’” (Friedman, 2022)

### **The Psychology Behind PTSD**

So what exactly is PTSD in a medical sense? After all, the biochemical and psychological effect trauma has on the brain proves to be astounding. When an individual is exposed to traumatic elements, there are several sectors of the brain which this affects; the amygdala, hippocampus, prefrontal cortex, and the broader nervous system.

The amygdala is the core neural part of the brain responsible for processing fear and threatening circumstances. When exposed to a traumatic event, this region of the brain becomes particularly sensitive. This is because the amygdala has accommodated to become more aware in order to avoid danger in the future. However, this alteration of the brain can affect a person negatively, especially when diagnosed with PTSD. When dealing with PTSD, an individual's amygdala can become easily triggered by small things. This hyperfixation on danger can lead a person to assess a situation as threatening or hostile, even if it isn't. (McAdam, 2022)

Since PTSD victims have the tendency to be triggered, these triggers stem back to the hippocampus, which is responsible for the emotions correlated to memories. For example, a veteran whose memories of war are a significant disturbance to him, can be triggered by the sound of Fourth of July fireworks. This would inadvertently remind him of a past hostility due to the emotions correlated to that specific memory, and can even initiate a flashback episode. According to recent studies, trauma has been found to shrink the hippocampus. This essentially kills off the cells in the hippocampus making it less effective in assessing emotions. Oftentimes, people with PTSD have a difficult time distinguishing between past and present, which also explains tendencies for flashbacks and why they appear so vividly. As recorded by The National Library of Medicine (2018), "Pain flashbacks were classified as present in 49% of a sample of complex trauma patients meeting criteria for PTSD."

It is commonly reported that people who have experienced severe trauma also suffer from fragmented memories of experiences they would rather not recall at all. Other times, the victims of these events can have no recollection of it whatsoever due to the brain blocking it out. The prefrontal cortex, just like the amygdala and hippocampus, plays a significant role in processing stress stimuli. This part of the brain is largely responsible for handling higher order thinking as well as rational thought, and similar to the hippocampus, this region of the brain is also found to be shrunken with PTSD victims. Whereas fireworks (done safely of course) may seem harmless to the common individual, to the war veteran this does not appear as obvious. The prefrontal cortex is continuously reverting back to fight, flight or freeze mode, clouding the person's sense of judgment.

The last way the brain is impacted is through the broader nervous system. Because of so much hyperarousal to stimuli, this naturally causes an overwhelming amount of hormones to circulate through the body. These hormones, such as cortisol and epinephrine, are triggered by fear through the amygdala and hippocampus, and then processed through the prefrontal cortex. When these kinds of hormones are produced excessively, this causes stress and anxiety, eventually resulting in adrenal fatigue. This dysregulated nervous system leads to a strain on the body and can cause many health issues such as chronic pain, autoimmune disorders, diabetes, and muscle tension among other things.

### **Statistics & Facts**

As statistics show, PTSD is not an uncommon occurrence when it comes to veterans as well as active duty service men and women. A 2020 survey reported, “83% of all US veterans as well as active duty service men and women have experienced PTSD since the 9/11 attack, as a result of their military service.” (Diane, 2022)

The effects of PTSD should not be taken lightly. “PTSD was the second-most reported severe mental injury sustained during service, after sleep issues, in the veterans and active duty service men and women participating in the survey.” (Diane, 2022)

In one study, where veterans were asked about their experience with violence and trauma, “veterans responded that 88% of them had witnessed or experienced violence while deployed. 66% of them always indicated that the experience of combat is traumatizing. An additional 64% felt that their own experiences during deployment were personally traumatizing.” (Parker, et. al, 2010)



### Definitions

Based on clinical data and medical research, PTSD can be defined as the following, “Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.” (Mayo Clinic, 2023)

Although PTSD can be diagnosable due to other life-threatening events, for the sake of this thesis, I will only be referring to PTSD experienced by veterans and military personnel through combat or violence.

According to psychiatrist, Bessel Van Der Kolk, he defines trauma as, “not the story of something that happened back then, but the current imprint of that pain, horror, and fear living inside [the individual].” Severe trauma has the power to change an individual’s perceptions, personality, and entire life. The strides of improvement they take is not for their life to go back to “normal,” as it will never be the same again; rather, it is to adjust to their new normal, and to overcome the challenges trauma brings along with it.

As for defining morality, no matter how diverse humanity’s beliefs are in the matter, philosopher and theologian C.S Lewis (2017) pointed out that even the common man would agree that moral goodness lies in three attributes:

“Firstly, with fair play and harmony between individuals. Secondly, with what might be called tidying up or harmonizing the things inside each individual. Thirdly, with the general purpose of human life as a whole.” In this thesis, I truly believe my topic has much to do with the “tidying up inside the individual.” This “tidying up” can come in various forms, but once again, for the

sake of my thesis, I will mostly be referring to psychological matters. To further elaborate on the concept of morality, I would also like to address how choice partakes in this. “When a man makes a moral choice two things are involved. One is the act of choosing. The other is the various feelings, impulses and so on which his psychological outfit presents him with, and which are the raw material of his choice...”

C.S Lewis goes on to describe that these “raw materials” consist of natural or unnatural feelings.

Psychoanalysis, as he put it, was to undertake removing these unnatural or unhealthy feelings.

Therefore, morality, as I’d like to define it, is a matter that significantly has to do with choice of good and bad, and when the capacity of choice is distorted, by a mental illness for example, the extent of a person’s accountability should be pardoned.

Now, what do I mean by accountability? If a war veteran commits violence against a loved one, I am not denying the fact that he did a dreadful thing. However, I believe the solution is far more complex than we think. We cannot say to someone with a serious brain injury to “control themselves” or “take control” when evidently, they’ve lost a form of that control. Even physically, there is evidence that proves their brain has been unnaturally altered. This is something we cannot deny. When a person’s mind becomes damaged, we are talking about the core being of a person. Afterall, it is the brain that controls countless aspects of the body, from normal day to day functions such as breathing and pulse, to deeper matters like emotion and memory. A person’s will, decision making, processing, all stems from the brain. Accountability can start with healing and acknowledging their pain; even confirming the fact that they do, indeed, need help, and must learn how they will come to heal from these life-long symptoms is a tremendous step forward. I’d also like to address that, by saying a person has brain damage, does

not mean that suddenly they can get away with whatever they want. At the end of the day, mental illness should not be a crutch for anyone. It is a serious issue which needs to be helped and treated. A man who suffers from PTSD does not have leeway to beat his wife now simply because of his mental illness. There is a significant difference between the man who strangled his wife while experiencing a flashback and having remorse, versus a man who strangled his wife but resorted to blaming it on an illness and has no remorse whatsoever. The moment a person has acknowledged their sickness but no longer shows remorse for their wrong doing, shows a lack of morality. I would arguably say that remorse plays a significant role in the accountability and morality of a person. According to Dr. Mark Winwood (2018), psychologist at AXA Health, “In its true sense, guilt is a feeling of remorse or sadness over a past action, experienced when we think we’ve caused harm or breached our moral code. It’s our moral compass. Our values and how we process our emotions will all inform the way we react to certain situations.”

Remorse, although an unpleasant feeling, is a God-given sensation that allows us to learn from our mistakes, and when processed in a healthy way, can allow a person to grow.

### **How PTSD Affects Our World**

A large aspect of understanding PTSD and mental illness, comes down to the importance of our part in it. Why PTSD? Anyone can acknowledge the gravity of a disease, or spread awareness, however there is so much more to it than that. I came here, not only to display the need for medical help and therapy for those who struggle with PTSD, but also the need to empathize. When we look from the outside, it is typically easy to say, “that man has rage issues...he must be a bad person,” without even taking into account for a second any kind of understanding on their behalf. Many times we fail to ask ourselves “why” and instead revert to

the simpler “therefore” without facing the facts. I believe humanity has a tendency to judge quickly on the wrongdoing of others, when, at the end of the day, we forget we are human too. We believe that, just because we never beat someone, resort to alcohol, or experience rage episodes, that our wrongdoing is lesser. And according to the world’s standards, this would be correct. However, when we extrapolate the true meaning of goodness, morality, and love, we’ll find that we are one and all the same. That everyone, regardless of the past or what they’ve done, is deserving of love. “Goodness” or “badness” does not make a person any less deserving of love, because if we had to earn it, it simply wouldn’t exist.

The world is an unforgiving place, but who knows how we could change the life of a person who truly needs to experience forgiveness. To the man who cannot come to forgive himself, an act of forgiveness might be just what he needs.

Recognizing pain is truly the first step any person can make towards healing. As for seeking treatment when it comes to PTSD, it begins with vulnerability. As Colonel Steve West (2021), chaplain and military veteran who also suffered from PTSD put it, “There has to be some willingness to be vulnerable to be healed in any way.”

### **Contentions**

As human beings, we may not always be in control of what we feel, however, it is what we do with those feelings or emotions in which our moral choice lies. Yet I believe there are times and circumstances in which actions do not come with a choice. We are instinctual beings, just as we are rational and sentient beings as well. An infant cries when they’re hungry, and not because they’re manipulative and intend evil, but because it is in their instinct to do so. In the same way, when we are under significant levels of stress, we operate under fight, flight or freeze

mode, and when that reaction brings about a disagreeable action, we cannot immediately resort to saying that person's intentions were evil. Because of this, I would conclude that there are arguably three reasons as to why veterans and service members with PTSD should not be held morally accountable for unintended disagreeable actions. Firstly, their brain is psychologically and biochemically damaged for a lifetime, secondly, when under a flashback episode they are not mentally present, and lastly, when suffering from PTSD it is common for the individual to feel remorseful and out of character.

On the contrary, the countering perspective may disagree with the issue presented at hand. Although it may be agreed upon that PTSD is a mental health issue, it may be argued that if a person can be exempt from some wrong choices, they might as well be allowed to be excused for all wrong choices since essentially, their brain is at fault. Furthermore, it may also be stated that blaming a person's wrongdoing on their mental health issues is essentially dehumanizing.

I will further elaborate on this later on, but to briefly refute this I'd simply like to say that when it comes to mental illness, behavior can be pardoned but that does not make it acceptable. Additionally, attempting to fully understand a person's mind and emotions is not dehumanizing, especially from an evidence-based approach in seeing why they reacted a certain way.

### ***Contention 1***

Trauma can have a long-lasting effect on the brain, and because of this, I find it crucial to my first contention: The brain is psychologically and biochemically affected for a lifetime. To put this into perspective, a study done by Bessel Van Der Kolk, founder and medical director of The Trauma Center in Brookline, Massachusetts, found results on how trauma affects perception

beyond just rational thinking. Van Der Kolk conducted a Rorschach test; a unique and viable way to observe how people construct a mental image using ink blots. Because humans are naturally inclined to have an imagination, healthy results would create some sort of art work or image to the individual. Curious to see the results of traumatized war veterans, Van Der Kolk gathered a pool of twenty two veterans, all of which had consistent results. As Van Der Kolk put it, “The veterans interpreted this card with descriptions like ‘These are the bowels of my friend Jim after a mortar shell ripped him open’ and ‘This is the neck of my friend Danny after his head was blown off by a shell when we were eating lunch.’ None of them mentioned[...]the whimsical images that most people see.” While a majority of the veterans were greatly disturbed by what they saw in the ink blots, the reactions of the remaining five veterans proved to be even more shocking. They concluded that they saw nothing, that it was simply ink dots, which although true, was not a common response. Van Der Kolk (2014) concluded that trauma therefore affects the imagination. “Imagination is absolutely critical to the quality of our lives...When people are compulsively and constantly pulled back into the past, to the last time they felt intense and deep emotions, they suffer from a failure of imagination, a loss of mental flexibility. Without imagination there is no hope, no chance to envision a better future, no place to go, no goal to reach.” The Rorschach test is a feasible example that traumatized people, especially veterans or military personnel with PTSD, have a distorted imagination. However, this goes beyond simply imagination. Their entire outlook on life has been changed forever and it affects the quality of their life.

Another important thing to note is that individuals with PTSD fail to return to normal hormone levels. As Van Der Kolk (2014) summarized, “...Cortisol puts an end to the stress

response by sending an all-safe signal, and that, in PTSD, the body's stress hormones, do in fact, not return to baseline after the threat has passed. Ideally our stress hormone system should provide a lightning-fast response to threat, but then quickly return us to equilibrium. In PTSD patients, however, the stress hormone system fails at this balancing act. Fight/flight/freeze signals continue after the danger is over, and...do not return to normal. Instead, the continued secretion of stress hormones is expressed as agitation and panic and, in the long term, wreaks havoc with their health."

Additionally, besides imbalanced levels of cortisol and adrenaline, studies found that 75% of severely wounded soldiers did not request morphine. The study, which was led by Greenburg, Pitman, Orr, and Van Der Kolk (2014), concluded that "strong emotions can block (physical) pain." This was caused by morphine-like substances produced by the brain. This evidence further demonstrates the significant ways in which the brain is hormonally and physically affected, especially in ways which do not return to normal. The evidence regarding physical disruption is significant as well. "Recent studies show that PTSD is associated with deficits in highly specific frontal lobe functions, such as response inhibition and sustained attention. These cognitive deficits are strongly correlated with symptom severity." (Swick, 2019) These symptoms, as research goes to show (McAloon, 2014), are a response to neurochemical changes. "People react to threat or danger with a system comprised of biological, cognitive and behavioral responses. The biological responses involve a cascade of interdependent neurochemical changes in different parts of the brain and body. These, in turn, influence thinking and behavior."

Furthermore, because the brain is undergoing all of these biochemical, psychological and physical changes, they will impact an individual for the rest of their life. Without professional help or intervention, it would be nearly impossible to cope with these symptoms.

“In this way, complex trauma translates into a range of social, emotional, behavioral and interpersonal difficulties that can be life-long. The associated personal, social and economic costs are high.” (McAloon, 2014) Decision-making is a large component to an individual’s life-long effects, “...[research suggests](#) that repeated exposure to traumatic events early in development not only inhibits the neural system’s ability to return to normal but changes the system to appear like one that is always anticipating or responding to trauma. For this reason, people who have experienced complex trauma may display symptoms including poor concentration, poor attention and poor decision-making and judgment.” (Perry, 2004)

### ***Contention 2***

Secondly, it is important to realize that individuals who suffer from PTSD *do not* have control during a flashback episode. “Flashbacks are like waking nightmares. They are intense, repeated episodes of re-living the traumatic experience while you’re fully awake. Flashbacks can come on suddenly and feel uncontrollable.” (Chi, 2019) Flashback episodes are very common for military respondents and veterans with PTSD. There is also a significant possibility that flashbacks can trigger violence. This is due to the fight, flight, or freeze mode perpetrated by the amygdala. According to the Pew Research Center (2019), statistics showed that, “...veterans who report having had traumatic experiences during their time in the military, more than seven-in-ten (72%) say they have had flashbacks, repeated distressing memories or recurring dreams of those incidents.” Flashbacks consist of reliving horrific events with those who have experienced



trauma, “(flashbacks have a) temporal component whereby they are re-experienced as if they were happening in the present (*nowness*), and the individual may behave as if the event were occurring in that moment.” (Pain, 2018) Additionally, misidentification during a flashback episode is probable. “People who misidentify someone during a flashback associated with previous war combat experience may perceive and conceptualize the misidentified object as an enemy who may be both feared and disliked. This might make the misidentified objects become the targets of violent attacks by the affected person.” (Silva, et. al, 2023)

I believe it is understandable that because those with severe PTSD have a distorted reality, it would be unjust to hold them accountable to the actions they had no control over.

### ***Contention 3***

Finally, my third and final contention is that individuals with PTSD tend to feel out of character and overwhelming feelings of remorse and shame. As I mentioned before about remorse, it serves as a kind of moral compass. When a military veteran reacts badly because of his PTSD, for example, more often than not they will feel remorseful for the actions they felt they couldn't control. As Van Der Kolk (2014), familiarized in the realm of trauma, said, “One of the hardest things for traumatized people is to confront their shame about the way they behaved during a traumatic episode, whether it is objectively warranted (as in the commission of atrocities) or not.” Shame usually becomes a common factor as to why veterans with PTSD are oftentimes disconnected to those around them. Emotional disorders, as well as misinterpreting situations as threatening due to prefrontal damage, all contribute to reacting badly, only making them feel more ashamed for how they behaved. “The disorder is characterized by symptom clusters of re-experiencing or intrusion, hyperarousal, avoidance, and negative alterations in

cognition. In addition to these distressing emotional and mood problems, impairments in attention and executive control can be observed. Impairments in these frontal lobe functions could, in turn, have a negative impact on social and occupational activities.” (Bremner, 2006)

Such impairments have a significant impact on the individual's life due to the many facets it affects. If they are constantly out of tune with their emotions, chances are they will definitely have a lack of intimacy with their spouse, children, and loved ones. All of this builds up to feeling overwhelming guilt, especially when they cannot understand why it is that they're feeling so detached or distant. Innately, as human beings, we are inclined to seek connection with others. When this is breached, it can result in feeling shameful and out of characters. This also contributes to the amount of anger and frustration veterans with PTSD feel. Could you imagine going years without being able to discern why you've felt disconnected, and being unable to properly express your anger because of it? This is the daily experience of a veteran with PTSD. Unsurprisingly, research shows that 60% of veterans with PTSD are more likely to perpetrate violence (Richman, 2020). However, this only results in more shame in the ever revolving shame-cycle. As a review from *The Journal of Rehabilitation Research and Development* (2012) revealed, “In addition to reluctance to disclose, many clients who have perpetrated violence or are victims of violence experience significant guilt, shame, and distress.”

### **Counter Arguments**

On the contrary, there are some who believe that mental illness such as PTSD should not be excusable whatsoever. There is a need and a want for justice on both sides, and some believe whether they intended it or not, they should still be held accountable for wrongdoing without excuse. The two following countering points I will be addressing are:

1) If a person can be exempt from some wrong choices due to illness, they might as well be allowed to be excused for all wrong choices.

2) Blaming a person's actions on a mental illness can be dehumanizing.

And so the case can be made: if a person can be exempt from a mental health issue such as PTSD, why stop there? If the mental illness is as bad as it is, who's to say they can't be exempt from all their wrongdoing if it all comes down to a mental disorder? Would there then be no sense of accountability for them whatsoever? In a way, it would be blaming the brain for their unacceptable actions.

To refute this, I would start by stating yes, they must have accountability. Both sides can agree that there is a need for accountability, but the difference lies in how each would like to go about it. Their accountability, I would say, lies in the responsible measures they take in seeking treatment. In a sense, it becomes a moral obligation for them. If they have a sound enough mind to acknowledge that they do, indeed, need professional care and attention to their mental illness, yet still refuse, I would argue that this is once again, using mental illness as a crutch. Because evidence shows that damage has been done to the brain and can affect actions at times, we have to acknowledge that we might not hold them to the same standard as a mentally sound person, but there can still be some basis of accountability. The following question could reasonably be asked: well, what if their making the decision to not seek out help is because of significant brain damage and not their choice? After all, isn't there significant evidence that shows their decision making capabilities have been affected?

Although this is true, I am not arguing now that because someone suffers from a mental illness that they have been robbed of *all* sense of choice. While certain aspects of their emotional or

mental state are not easily controllable anymore, they still have some control in their life, even if not all. For example, perhaps the war veteran with PTSD who beat his wife during an episode of rage was not in a clear state of mind during the act, but once he acknowledged that his unintended actions did cause harm, he can still make the choice as to whether he'd be willing to seek treatment or not. His wrongdoing will be pardoned (though not acceptable) as long as the following stay true: (1) he acknowledges a sense of remorse for his wrongdoing, and (2) he fulfills his moral obligation in seeking help and/or treatment.

The second argument is that blaming a person's wrongdoing on their mental illness is dehumanizing. This is because it is looking at a human through the lens of hormones and chemicals, rather than an autonomous human being with a personal will. Assuming that the brain and its biochemical reactions take priority over the person's will is seen as an error. It would be like saying a human's decision making and emotions only come down to chemical reactions, rather than anything fundamentally moral or even spiritual. It separates the soul from the person and categorizes the problem as a chemical issue rather than a moral issue within the individual (Welch, 1998).

To all of this, I would like to begin by stating that this is, indeed, a very heavy moral issue. The science is simply presented in the facts, but that is not to say that suddenly human beings with mental illnesses are now chemical processes gone to disaster. Human beings are complex, and there is a need to communicate emotional depravity. There are times when therapy is not enough and medication becomes necessary. Emotions are more than just hormones circulating through the body, it is all beautifully intertwined with memory and will. The brain in all its various components work harmoniously to convey something so interpersonal to each individual.

Sometimes these interpersonal experiences can be wonderful, however, when it comes to trauma and PTSD it can be detrimental. As I've stated before, a person is not their trauma, but it will affect them for the rest of their life in the way they view or process things. Even beyond that, a person is composed of their experiences in life, beliefs, intent, and so much more than just their emotions. Therefore, I believe that attempting to understand a person, especially in their mental distress, can be one of the most humanizing things we can do.

### **Conclusion**

And so, the curtain comes close to a draw. However, throughout all the evidence presented on behalf of PTSD, I'd like to make it very clear that there is still hope for individuals who experience something similar to Tom's story. The good news is that because research on behalf of PTSD has broadened over the years, treatment has been made available in various ways. Promising studies have shown that anger management therapy can curb a significant amount of aggression and violence (Taft, C. T., Creech, S. K., & Kachadourian, L., 2012). Medication, as well, has been developed to target specific brain abnormalities when dealing with an overwhelming amount of norepinephrine in PTSD patients (Van Der Kolk, 2014).

I found that trauma is a serious issue that can affect our society far greater than we think. Statistically, veterans are 57% more likely to commit suicide (Baton, 2022). This affects their loved ones and family members tragically. Although this heart wrenching reality only touches on one aspect of PTSD regarding war conflict, that is only a drop in the ocean. PTSD is not an external, but an internal wound that will take time to heal. Because of this, I believe that the decision making of a person can become distorted when struggling with something like Post Traumatic Stress Disorder.

The truth of it all though, is that finding healing is far different than finding a cure. Is there any kind of indefinite cure to PTSD? The answer, sadly, is no. But that's not where it all ends. Healing is still possible and so is growth. To the military veteran, the war PTSD wages on them is a lifelong journey that takes the support of loved ones and professional help to surmount. For us, understanding the morality behind PTSD and the severity of it in a person's life, are the best steps we can take moving forward. As Colonel West (2021) shared about his experience with PTSD, "...no matter how much of the pain is healed, my scars will always remain." (pp.194) This is what it means to be a true soldier.

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