Alexey Kiriluk Professor Iddings

English 1121

18 December 2016

The Curse of the American Military: Post-Traumatic Stress Disorder

On March 6, 2009, John Thuesen, a former Marine, called the police and reported two gunshot victims. When the dispatcher asked him, what happened, he said: "I got mad at my girlfriend, and I shot her" (Vicens 1). John Thuesen suffered from heavy Post-Traumatic Stress Disorder(PTSD) from the war in Iraq; however, the court didn't see PTSD as a legitimate excuse and on May 28, 2010, John was sentenced to death. Nowadays, PTSD is common as 7.8% of Americans suffer from it every year (Haskell 7-8). If you are not familiar with population numbers, 7.8% of a total population of America is 24.5 million. Furthermore, serving in the military greatly increases your chances to get PTSD. According to statistics, 21% of military members suffer from PTSD (Haskell 8). Translating percentage into the number, we get that 294 thousand of military members are affected by PTSD. Post-Traumatic Stress Disorder is dangerous, and the government should take serious measures to decrease risk among military members and improve healthcare procedure to treat PTSD.

Why are military members so affected by PTSD? According to Caroline Macera, military members develop PTSD from combat exposure. Let's take a look at a complicated example from her article: Private Johnson was sent to Afghanistan as part of a marine mine removal team. His team member and battle-buddy David, who was his friend from middle school, was blown up by a terrorist with RPG while Private Johnson was 15 yards away from him. This is a true

story. The experience some military members got through is unbelievable shocking. So, would you think Private Johnson just continued to live his normal life after he saw his old friend blown apart by the grenade? No. His mind is corrupted with bad thoughts; he is trying to come up with scenarios of how he would have saved him and what he could have done differently. It is a vicious circle: the survivor thinks about the tragedy starts finding ways that would have helped, and then blames himself. Combat exposure happens way too often in modern Iraq and Afghanistan. Convoys are getting attacked by terrorists on a daily basis. American soldiers have to deal with IEDs (improvised explosive device) which could be found anywhere from the clear road to resident's houses. All these are high-risk situations which affect a person's brain and greatly increase the chance of developing of PTSD.

PTSD could be dangerous for you and people around you. As a bright example, I chose a movie "American Sniper" which is based on a true story. Despite the fact that movie is fiction, it contains many documentary-proved scenes and events, especially the life of Chris Kyle. The character is based on the story of the deadliest American sniper who killed more than 200 terrorists in Iraq. Nevertheless, Chris Kyle comes back from Iraq, giving up military life for his new civilian one with his wife and kids. However, everything is not this rosy and wonderful. Chris suffers from flashbacks from the past; he has problems with controlling his anger, and he seems to be hypervigilant and hyperactive. Everybody around him, even his wife, recognizes that but don't how to deal with it which leads to a misunderstanding. That is what PTSD could cause, but it is just half of the story. These were not shown in the movie, but Chris Kyle also has been meeting with retired veterans on the shooting range to "maintain skills." Once, he was helping 25-year old Marine Eddie Routh who suffered from PTSD and schizophrenia. Kyle's plan was to take Eddie to shooting ranges and let him shoot and, potentially, decrease the PTSD. The tragedy

happened. On February 2, 2013, Chris Kyle was shot by Eddie Routh with a .45-caliber pistol which belonged to Kyle. As it turned out, Eddie Routh killed him just because Chris didn't talk to him on the way to the range. This tragic story clearly shows PTSD's full potential and proves that it has to be treated more intensively.

PTSD strongly affects the brain and the science behind it is complicated. To speak the truth, PTSD is just a huge amount of stress that person's brain cannot live with. PTSD starts to develop in the cases of serious stress when a person cannot overcome the depression and keeps it inside. The hippocampus is in charge of short-term and long-term memories. In most cases involving PTSD, the hippocampus gets affected by high level of stress and adrenaline and stops working properly (Timms 2). As a result, short-term memory is not able to processed or delete these short-term bad memories of combat exposure, and they get stocked in your head. If you are confused what it means, you can think about these as importunate advertisements that always pop up right in front of the screen and cannot be skipped or dismissed. At the same time, the part of your brain called the amygdala, which is in charge of your stress control, can stop function properly in response to any sound, smell or memory of combat exposure and decide to signal your body about possible danger by producing a humongous amount of adrenaline (Hammer 2). Lastly, the prefrontal cortex, your body's decision maker, gets affected by bad memories and high level of adrenaline and starts to make decisions as if you are in danger (Hammer 2). Furthermore, the constant high level of adrenaline causes additional irritation, hostility, and insomnia (Timms 3). To make it short, continuous stress and high level of adrenaline cause bad memories to get stuck in the head which makes the brain to signal the body about danger, and the body starts to pop up the adrenaline which closes this vicious circle. PTSD is not easy to overcome, but it is totally possible when using new equipment and methods.

People think of PTSD as something that is irreversible and cannot be treated. Nowadays, there are only a few old ways to treat PTSD. The most common of them are psychotherapy and medication (antidepressants) (Timms 5). Psychotherapy includes visiting a therapist for at least 90 minutes 12 weeks in a row. Usually, psychotherapy includes a regular conversation between patient and psychologist, allowing patients to unload their thoughts and to talk about their everyday concerns. Another treatment is antidepressants which have the same amount of side effects as positive effects. Antidepressants influence neurotransmitters, making them more efficient. Neurotransmitters are in charge of producing the hormone of happiness, called serotonin. In other words, antidepressants increase the amount of "happiness" in your body which could eliminate many symptoms of PTSD such as insomnia, fear, hostility and so on. Some of the possible side effects are anxiousness, restlessness, and suicide (Timms 6). All methods are imperfect and can be called frequently unsuccessful. According to Natalie Wade, only around 50% of people get rid of PTSD after any of the treatments that I have mentioned above. There are also few more methods such as Body-Focused Therapy(BFT) and Cognitive Behavioral Therapy(CBT). Cognitive behavioral therapy is a new, short-term program that involves visiting a special therapist. Each session lasts for 50 minutes once a week. The difference between CBT and psychotherapy is that in CBT you and your therapist focus on your thoughts, beliefs, and images. It also emphasizes the importance of positive thinking and how it is related to our emotional condition (Martin 1). However, CBT is really specific and may work only for small percentages of patients (around 10%). Current PTSD treatment needs further development to improve the quality of healthcare to help as many military members as we can.

To conclude, PTSD is still a serious problem among military members. We were able to reduce the percentage of PTSD among military members from 51% in Second World War to

39% in Vietnam war and to 21% as of right now. Nevertheless, 21% is still a great amount of people, and further improvements are required. Due to still continuing combat in Iraq and Afghanistan many former military members with PTSD such as Eddie Routh and John Thuesen are still committing crimes because of their unhealthy mental condition. New methods of treating PTSD are needed because it solves problems like crime, violence and sexual abuse. The government should reduce the risk for military personnel and invest more time and money into PTSD research.

Works Cited

American Sniper. Directed by Clint Eastwood. Warner Bros. Pictures, 2014.

Hammer, Paul. "DCoE Director Explains Science Behind PTSD." *Defense Centers of Excellence*, dcoe.mil/blog/13-05-10/DCoE_Director_Explains_Science_Behind_PTSD.aspx. Accessed 03 Dec. 2016.

Haskell, Sally G. "Gender Differences In Rates Of Depression, PTSD, Pain, Obesity, And Military Sexual Trauma Among Connecticut War Veterans Of Iraq And Afghanistan." *Journal Of Women's Health (15409996)* 19.2 (2010): 267-271. *Academic Search Complete*. Web. 21 Nov. 2016.

Macera, Caroline. "Postdeployment Symptom Changes And Traumatic Brain Injury And/Or Posttraumatic Stress Disorder In Men." *Journal Of Rehabilitation Research & Development* 49.8 (2012): 1197-1208. *Academic Search Complete*. Web. 21 Nov. 2016.

Martin, Ben. "In-Depth: Cognitive Behavioral Therapy." *PsychCentral* psychcentral.com/lib/in-depth-cognitive-behavioral-therapy. Accessed 03 Dec. 2016.

Timms, Philip. "Post-Traumatic Stress Disorder." *Royal College of Psychiatrists Public Education Committee.* vol. 1 no. 2, 2013,

www.rcpsych.ac.uk/healthadvice/problemsdisorders/posttraumaticstressdisorder.aspx. Accessed 26 Nov. 2016.

Wade, Natalia. "Integrating Cognitive Processing Therapy And Spirituality For The Treatment Of Post-Traumatic Stress Disorder In The Military." *Social Work & Christianity* 43.3 (2016): 59-72. *Academic Search Complete*. Web. 21 Nov. 2016.

Vicens, Aj. "An Ex-Marine Killed Two People in Cold Blood. Should His PTSD Keep Him From Death Row?" *MotherJones* motherjones.com/politics/2016/04/veterans-death-row-ptsd-categorical-exemption. Accessed 03 Dec. 2016.