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Essay

To what extent are the aetiology and symptomatology of post-traumatic stress disorder (PTSD) comparable between civilians and soldiers?

Introduction

PTSD is a mental health disorder which is triggered by the exposure to a traumatic event such as armed conflict. PTSD gives rise to impaired functioning following a traumatic experience, with an onset of psychological and physiological symptoms. Shevlin et al. (2018) defines PTSD symptoms as clusters within a triad of categories. The three categories are re-experiencing, avoidance, and hyper-vigilance to threat. Existing literature in the field of PTSD of soldiers and civilians exhibit shared patterns in the prevalence of the disorder. In a comparative study between civilian and soldier populations receiving treatment for burns at a military centre, Gaylord et al. (2009) found that there was no statistically significant difference between the prevalence of PTSD across the two populations. However, across key domains which are critical for understanding PTSD in civilians and soldiers, there are great variations in the conclusions of previous research. These domains are the aetiology and consequences of the disorder. My essay will aim to critically review the previous literature into the aetiology and consequences of PTSD, and to articulate a definitive conclusion into the convergence of for civilians and soldiers. In my review, I will consider the conceptual frameworks different disciplines adopt in interpreting the aetiology and consequences of PTSD. These disciplines include psychology, sociology, feminism and philosophy, and will provide this essay with an integrated perspective of the disorder. In the first section, the essay will look at a philosophical view of the implications of PTSD and the differences in morality between civilians and soldiers. The second section will turn to a feminist approach to further refine the influence of gender in morality of both civilians and

soldiers. Our third section will cover the neurobiological approach to clarifying the aetiology of PTSD, and the generalisability of the approach to civilians and soldiers. The third section will then examine a political perspective to understand the weaknesses of the neurobiological explanation. The fourth and final section will shift our focus to a combined approach to adopting an analytical and critical understanding of PTSD and looking at practical applications of this methodology. The conclusion will reach a definitive stance on the comparability of the disorder between civilians and soldiers. The essay will integrate various perspectives into current and historical armed conflict (e.g. the Ukraine war, the 9/11 attack), to display the relevance of the shared arguments.

Section One

From a philosophical position, it can be argued it is not effective to equate the implications of PSTD of civilians and soldiers due to significant differences in their moral injury. Fleming (2022) distinguishes between two types of moral injury: complex moral injury and standard moral injury. Complex moral injury can be observed in both social groups presenting manifestations such as continuous guilt, hopelessness and loss of trust in governing powers. Civilians and soldiers experience complex moral injury coupled with standard moral injury. However, the determinants of their standard moral injury greatly vary. Standard moral injury for civilians stems from witnessing devastating events and being forcefully displaced for their own safety. Their standard moral injury is not based on their own actions, but at the instability within wider society. Soldiers' standard moral injury is a primary consequence of the actions they have committed and deem inhumane such as killing civilians or failing to protect their country from harm. This indicates that despite soldiers and civilians both exhibiting standard moral injury as a post-traumatic response, the causes of the response greatly differ due to their situational contexts. Therefore, this accentuates the

need for a holistic approach to be taken to understanding PTSD. Differing traumatic exposure and experiences between civilians and soldiers require personalised treatment and are not entirely comparable as the causes of their symptoms greatly vary. This theoretical outlook is supported by research into the Ukraine war looking at differences between the standard moral injury in civilians and soldiers. Zasiekina et al. (2023) proposes that the standard moral injury of civilians originates from the catastrophic events they have witnessed in their homeland, presenting in a loss of religious faith due to bombing of public institutions such as schools and hospitals and consequently the fatal injuries of innocent locals. On the other hand, the standard moral injury of soldiers in the Ukrainian war stems from their direct actions and involvement during the war. This affirms the view of Fleming (2022). Therefore, this literature points to the presence of similar symptomatology of PTSD in modern day conflict in both civilians and soldiers. However, we should be cautious in understanding the lived experiences of both social groups and how they interact with the manifestation of symptoms. With this care, medical professionals can appropriately design intervention methods that consider the entirety of the individual.

Section Two

As the preceding discussion outlined, it is crucial to acknowledge the differences in manifestations of PTSD between civilians and soldiers. However, feminist trauma theorists would elaborate on this argument, by extending to the intersectionality with gender in PTSD. Voris and Steinkopf (2018) place this viewpoint in the historical context of the post 9/11 wars in Afghanistan and Iraq. Voris and Steinkopf (2018) found that veterans of the war experienced primary moral injury from their frontline engagement with violence. The spouses of the veterans experienced secondary moral injury, which is arguably more complex than the primary moral injury the veterans experience. The spouses of soldiers in this study

reported experiences of social exclusion from the military. Their struggles spanned across a breadth of areas such as financial support, emotional support and social support. They outlined the lack of visibility they felt from both civilian and army groups. Spouses experienced secondary moral injury from experiencing considerable guilt of their partner's trauma symptoms and not being able to rid them from this burden. This reinforces patriarchal structures of adopting the traditional and nurturing role of upkeeping of the family, despite the excessive guilt they simultaneously experience. Thus, it is crucial to consider the intersectionality of gender in PTSD symptoms, alongside the variations between civilians and soldiers. If we disregard the factor of gender, this allows patriarchal viewpoints to dominate our understanding of psychiatric symptomatology in civilians and soldiers. Professionals should consider the further divergence within civilians and soldiers by gender, as this further confirms belonging to a particular social group manipulates the experiences related to PTSD. We can further break down the consequence of moral injury beyond complex and standard moral injury, into primary and secondary moral injury when discussing the presentation of PTSD in civilians and soldiers. However, this study adopted a semi-structured interview methodology. Junnier (2024) highlights that semi-structured interviews are introduced as an opportunity for interviewees to openly share their viewpoints. However, there is an unequal power imbalance between the interviewers and interviewees due to the nature of the interviewing schedule. The interviewers may be unconsciously biased in determining which pre-planned questions should be asked, and where the appropriate lines of enquiry may be. Therefore, in the study of Voris and Steinkopf (2018), the researchers may unconsciously not have collected a fully comprehensive view of the spouses' experiences, and there may have been critical aspects of their experiences that have shaped their PTSD that may have been missed in their research. Thus, it is key we utilise a wide body of literature to draw effective conclusions on the comparability of PTSD presentation in civilians and soldiers, and account for the factor of gender.

Section Three

Alternatively, the neuroscientific argument proposes we can generalise the aetiology of PTSD across civilians and soldiers. The neuroscientific stance emphasises that soldiers and civilians, and other social groups such as those defined by gender, share the same neurobiological basis of PTSD. Therefore, a neurobiological model argues we can directly compare the aetiology of civilians and soldiers due to the exclusivity of PTSD from social status. Neuroscientific models of PTSD show the impaired functioning of a triad of biological structures. These brain structures are the amygdala, the hippocampus and the prefrontal cortex. The structures are respectively responsible for determining threats in an environment, integrating memories and emotion regulation. Shin et al. (2006) formulated a synthesis of previously conducted neuroimaging studies that analysed the implication of the three brain structures previously mentioned. The combined results from this synthesis observed that the medial prefrontal cortex shows reduced activation during emotional-cognitive tasks, with a relationship to the intensity of the disorder. Furthermore, the review found the hippocampal volume in sufferers of PTSD to be reduced, and the amygdala was more frequently activated in trauma associated situations. From this study, it is possible to draw that the amygdala, hippocampus and the medial prefrontal cortex are components of a generalised circuit model of PTSD that explains the aetiology of both civilians and soldiers. Therefore, from a neuroscientific position, biomedical models greatly support the comparability of aetiology between civilians and soldiers. However, the neuroscientific approach to understanding the aetiology of PTSD in civilians and soldiers only considers one level of explanation. The neuroscientific explanation of the aetiology of PTSD only considers

symptomatology at a cellular and neurological level. The approach ignores the wider social context the disorder is occurring in, and how social structures and interactions can mediate the aetiology. For example, we can situate ourselves within the political lens of understanding the aetiology of PTSD. Bistoen (2016) critiques the biomedical approach of explaining PTSD due to its origins in Kraepelin's work. Kraepelin treated psychopathology and psychological disorders as natural disease entities, despite no biological basis to the presenting symptoms. The narrow view of the biomedical perspective dismisses societal influences such as the relationship between political relations and the presentation of PTSD. Political factors such as displacement from family homes and hostages due to governmental and cross-national conflict are disregarded by the neurobiological approach. When considering treatment approaches, the consideration of only one level of explanation limits the regard for structural changes to be implemented and for a holistic approach to treatment. An exemplar structural change that could reduce the prevalence of PTSD is peace negotiations between countries, directly preventing war casualties. Previous literature in this essay, such as the work of Zasiekina et al. (2023), highlights witnessing war casualties as an initial trigger of PTSD. This demonstrates the crucial need to examine the aetiology of PTSD in civilians and soldiers from multiple theoretical lenses. Hernández (2002) applies these theoretical considerations to the Colombian war commencing in 1964. The Colombian war led to civil and political unrest and originated from state orchestrated violence and structural inequality. This resulted in dysfunction between social groups. Hernández (2002) emphasises the need to critically examine PTSD from a sociopolitical lens, accounting for the interplay of the inequalities between the state and its citizens by adopting community focused interventions. Therefore, PTSD for civilians situated in conditions of civil and political inequalities may be exposed to alternative stressors shaping their symptom trajectories in comparison to soldiers. The positions of soldiers and civilians in a hierarchical society may mediate the origins of their PTSD symptoms. Hence, we need an interdisciplinary approach

to understanding the aetiology and psychological consequences of PTSD. A biologically informed approach to understanding the aetiology of PTSD can be generalised by civilians and soldiers, however socioeconomic perspectives are equally as crucial to consider the wider factors that can exacerbate an individual's disorder. For civilians and soldiers, these socioeconomic factors can greatly fluctuate due to greatly different involvement and participation in armed conflict.

Section Four

The preceding sections of the essay have critically examined the different theoretical perspectives that articulate detailed explanations of the aetiology and implications of PTSD in civilians and soldiers. The diversity of theoretical propositions suggests clinicians should adopt integrative therapeutic interventions to effectively support both social groups. A biopsychosocial approach would allow the consideration of different potential factors of PTSD. Hoffman and Kruczek (2011) examine the biopsychosocial model of trauma-related PTSD, which they title as the bioecological model. The model operates at six unique levels that interlock to exacerbate traumatic experiences. The biophysical layer constitutes physiological changes, such as neurochemistry in the brain. The five other layers include the microsystem, mesosystem, exosystem, macrosystem and chronosystem. Individuals are affiliated with various individual and broader societal groups, and these groups shape the onset and experience of psychological, trauma-based symptoms. The consideration of both social and biological factors allows clinicians and medical professionals to design and implement interventions that target multiple dysfunctional constructs. Thus, this highlights the need for a holistic approach to understand the differing individual and wider contexts civilians and soldiers are situated within. A systematic review conducted by Coventry et al. (2020) looks at the practical application of the biopsychosocial theory in the treatment of

civilians and soldiers. Coventry et al. (2020) identified the biopsychosocial approach to treatment for war-related PTSD to be the most effective method for both civilians and soldier groups who were exposed to armed conflict such as the Iraq-Afghanistan war zones and refugee camps. Psychological treatments with multiple phases such as trauma focused and skills focused interventions were highly ranked by researchers for managing mental health problems in PTSD sufferers. Medicated interventions such as antipsychotics were also deemed effective by the researchers of this study. Therefore, the consistent efficacy of biopsychosocial treatments in large populations across both civilians and soldiers confirms a generalised biopsychosocial model can be applied.

Conclusion

The analysis of different theoretical perspectives in understanding the aetiology and implications of PTSD across civilians and soldiers, demonstrates the lack of generalisability between the two social groups. Despite the universal brain circuitry involved in all cases of PTSD, sociocultural and political contexts such as national instability and social interactions greatly shape the differences in aetiology and presentation of PTSD in civilians and soldiers. For example, the moral injury of soldiers and civilians arise from unique experiences from armed conflict. It is also crucial to consider the intersectionality of gender, and how patriarchal structures can further influence the symptomatology of male and female civilians. Future research could navigate the gap within literature of the intersectionality of ethnicity for male and female civilians and soldiers, and the confounding influence on their symptoms. Attempting to utilise a generalised model for both civilians and soldiers marginalise the social context their symptoms have occurred within. A biopsychosocial model is the most appropriate model to adopt for both civilians and soldiers to gain a fully comprehensive understanding, and can be shaped for different political, gendered and social contexts.

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References

Bistoen, G. (2016). Individualization, Decontextualization and Depoliticization in the Biomedical PTSD-Approach to Trauma. In *Trauma, ethics and the political beyond PTSD: the dislocations of the real* (pp. 11–33). Palgrave Macmillan.

Coventry, P. A., Meader, N., Melton, H., Temple, M., Dale, H., Wright, K., Cloitre, M., Karatzias, T., Bisson, J., Roberts, N. P., Brown, J. V. E., Barbui, C., Churchill, R., Lovell, K., McMillan, D., & Gilbody, S. (2020). Psychological and pharmacological interventions for posttraumatic stress disorder and comorbid mental health problems following complex traumatic events: Systematic review and component network meta-analysis. *PLOS Medicine*, *17*(8). https://doi.org/10.1371/journal.pmed.1003262

Fleming, W. H. (2022). Complex Moral Injury: Shattered Moral Assumptions. *Journal of Religion and Health*, *61*(2), 1022–1050. https://doi.org/10.1007/s10943-022-01542-4

Gaylord, K. M., Holcomb, J. B., & Zolezzi, M. E. (2009). A Comparison of Posttraumatic Stress Disorder Between Combat Casualties and Civilians Treated at a Military Burn Center. *The Journal of Trauma: Injury, Infection, and Critical Care*, *66*(4), S191–S195. https://doi.org/10.1097/ta.0b013e31819d9c21

Hernández, P. (2002). Trauma in war and political persecution: Expanding the concept. *American Journal of Orthopsychiatry*, *72*(1), 16–25. https://doi.org/10.1037/0002-9432.72.1.16

Hoffman, M. A., & Kruczek, T. (2011). A Bioecological Model of Mass Trauma. *The Counseling Psychologist*, *39*(8), 1087–1127. https://doi.org/10.1177/0011000010397932

Junnier, F. (2024). Action and understanding in the semi-structured research interview: Using CA to analyse European research scientists' attitudes to linguistic (dis)advantage. *Journal of English for Academic Purposes*, *68*, 101355–101355. https://doi.org/10.1016/j.jeap.2024.101355

Shevlin, M., Hyland, P., Roberts, N. P., Bisson, J. I., Brewin, C. R., & Cloitre, M. (2018). A psychometric assessment of Disturbances in Self-Organization symptom indicators for ICD-11 Complex PTSD using the International Trauma Questionnaire. *European Journal of Psychotraumatology*, *9*(1), 1419749. https://doi.org/10.1080/20008198.2017.1419749

Shin, L. M., Rauch, S. L., & Pitman, R. K. (2006). Amygdala, Medial Prefrontal Cortex, and Hippocampal Function in PTSD. *Annals of the New York Academy of Sciences*, *1071*(1), 67–79. https://doi.org/10.1196/annals.1364.007

Voris, S. E., & Steinkopf, J. (2018). Suffering in the Shadows: Interviews with Wives of Combat Veterans Suffering from Post-Traumatic Stress Disorder and/or Traumatic Brain Injury. *Marriage & Family Review*, *55*(6), 493–511. https://doi.org/10.1080/01494929.2018.1519494

Zasiekina, L., Duchyminska, T., Bifulco, A., & Bignardi, G. (2023). War trauma impacts in Ukrainian combat and civilian populations: Moral injury and associated mental health symptoms. *Military Psychology*, *5*(5), 1–12. https://doi.org/10.1080/08995605.2023.2235256