



# The Rise of the Trauma State: Afghanistan and America's Unwinnable War

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Post-traumatic stress disorder afflicts 11 to 20 percent of U.S. military members after they serve in Afghanistan or Iraq. The military expends significant effort to provide them with needed care. Commanders move the psychologically injured out of the combat zone. Medical and mental health providers deliver needed aid. And, commanders may temporarily suspend individuals' authority to bear firearms to minimize any threat they pose to themselves or others. For good reason: studies indicate that combat veteran status and PTSD associate with a two to three times increase in the risk of violence against others.

If trauma has such negative effects on U.S. service members despite all of the assistance available, what are its effects on Afghans who have lived in a combat zone for 40 years straight with little access to care? More importantly for the United States, how does all of that trauma and PTSD affect America's longest war? I argue that Afghanistan's national trauma assures U.S. policy goals will continue to go unmet and, as a result, U.S. forces should be withdrawn.

When at war, the U.S. military prioritizes winning, not mental health. Grievous psychological harm has remained the concern of helping agencies and religious organizations. Warfighters rightly eschewed such issues in order to focus on killing enemy forces and destroying their warfighting capability. But this war is different. It is as much (or more) about the villagers caught in the middle and their government as it is about the insurgents. General Petraeus observed that "the human terrain is the decisive terrain." For this type of war, doctrine calls on military members to have "an adaptive and flexible mindset to understand the population," in contrast to the traditional enemy-centric focus. However, despite the U.S. military's attempts to learn the languages, religion, and culture, the decades of psychological trauma experienced by Afghans have gone unexamined.

The scope and scale of trauma endured by Afghans is staggering. Upwards of 50 percent likely met the criteria for PTSD, major depressive disorder, or both *before* the U.S. invaded in 2001. A meta-analysis of conflict-affected populations published in the *Journal of the American Medical Association* calculated that half of a population exposed to extremely high rates of torture and

political terror will meet the criteria for one or more mental disorders. Afghanistan has met those criteria for decades.

Severe and repetitive trauma over four decades has had at least three major consequences for Afghans. Violence has become normalized as a legitimate means for goal achievement and problem resolution. The people lack the capacity for trust required for an enduring settlement across dissimilar ethnic and religious groups. And, Afghans do not have the ability to govern effectively, especially problematic for a nascent democracy.

### *Hurt People Hurt People*

Trauma states like Afghanistan become more violent as a result of all the trauma and negative effects which often accompany it. Increased exposure to severe traumatic stressors, such as torture, rape, and war, results in more mental illness, substance abuse, and diminished impulse control. Taken together, those three factors dramatically increase violence rates.

Larry Goodson observes that killing has become “a way of life in Afghanistan, creating “a cult of violence.” Others have expounded on the role of psychological factors on violence, observing that previous trauma negatively alters violence norms. Explaining societal violence after civil conflict has ended, Chrissie Steenkamp refers to a “culture of violence” in which “the norms and values that underpin the sustained use of violence” become established in the society.

A scene during my deployment to Afghanistan in 2010 (and right out of Dr. Strangelove) makes the point. An argument took place in the “war room” between two Afghan colonels. The senior police official drew his pistol to shoot a peer from the security directorate over an insult. An American military officer—and friend—bravely placed himself between the gun and intended target and spoke the only English the middle-aged police chief understood, “It’s okay. It’s okay.” With the situation peacefully resolved, they banned the police leader from the operations center for 30 days and all government buildings posted makeshift signs indicating no guns allowed.

The police chief serves as an archetype of the traumatized Afghan. A brave fighter against the insurgents, he has been at war for all of his adult life and has become a drug addict in response. Self-medication was preferable to no medication, and soberly confronting his demons was too painful. The Colonel’s impulse control had plummeted well below safe levels. Violence has become his reflexive tool for goal achievement and problem resolution.

### *Eroding Trust*

Repeated exposure to traumatic events severely erodes a person’s ability to trust. Additionally, victims of repeated traumas often develop attentional bias towards expressions of anger and fear and they tend to miss cues associated with happiness, amplifying the cycle of distrust. The effects appear particularly pronounced when the traumas occur early in life. The fact that Afghans have suffered so much trauma at the hands of so many different actors intensifies the erosion of trust.

### *Diminished Capacity, Diminished Governance*

Adverse changes to the brain can also follow severe and repeated trauma.

These alterations include reduced hippocampal volume and hemispheric integration, decreases in corpus callosum size, and diminished activity in the basal ganglia. These changes associate with a variety of negative outcomes, including lowered intelligence quotient, diminished capacity to reason, and poor problem-solving skills.

Everyone, government officials included, becomes less competent. Governance and the delivery of basic goods and services suffer. This is particularly problematic in a democracy, where government legitimacy derives from its competence.

### *Militaries Can't Fix Trauma States*

Afghanistan's national trauma helps explain why nation building efforts have been so difficult and the gains from American combat power so temporary. Only Afghans can bring about enduring change, and they are too traumatized to do it. The trauma-induced "cult of violence" fuels the war, eroding the possibility for negotiation. Politicians cannot trust each other, which further incentivizes the use of violence rather than dialogue for goal achievement. The cognitive deficits resulting from decades of trauma reduce the capacity of government bureaucrats and security forces, adding to the population's grievances. And because the trauma is on-going—civilian deaths are at record highs—and Afghans have meager mental health infrastructure, these problems should only get worse.

### *Implications for U.S. Policy*

America has no good choices in Afghanistan. The least bad option, though, is likely the withdrawal of U.S. forces. Sixteen years of fighting later and the Afghan government remains egregiously corrupt and incompetent, while the Taliban now control more territory than at any time since 2001. Traumatized Afghans have a lot to do with it, and American combat power has no answer for that.

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