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Sgt. Robert Bales-PTSD Link at Odds With Research

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US Army(NEW YORK) --

When Army Staff Sgt. Robert Bales was arrested last week for allegedly killing 16 men, women and children in Kandahar, Afghanistan, speculation swirled that post-traumatic stress disorder, or PTSD, had caused him to snap.

The disorder, which plagues thousands of soldiers and veterans returning from combat, triggers episodes of intense anxiety, anger and disturbing behavioral changes. Bales' lawyers, led by John Henry Browne of Seattle, have reportedly considered that Bales suffered from PTSD, in addition to his history with a traumatic brain injury.

In truth, however, there's no evidence to indicate that people afflicted with the condition are more likely than anyone else to commit crimes and acts of mass violence. They are more inclined, instead, to turn their aggression on themselves and their families to devastating effect, research shows.

The knee-jerk linking of Bales and PTSD also exposes troops to prejudice that might discourage them from seeking the treatment they so desperately need, advocates say.

Army Capt. Ross Maybee, 30, a West Point graduate now serving at Fort Hood in Texas, believes the automatic linking of Bales' alleged rampage and PTSD is unfair. Maybee was diagnosed with PTSD after four tours in Iraq and Afghanistan left him with severe panic attacks, difficulty concentrating and an inability to complete assignments for his job. He said he doesn't buy the notion that the disorder caused Bales to commit the alleged crime.

"I feel they're using it as an excuse for other underlying behavioral problems," Maybee said of the allegations. "People with PTSD rarely experience actual violent outbursts like that."

Travis Martin, 27, of Richmond, Ky., is familiar with the disorder's undercurrents of anger and aggression. He was diagnosed with PTSD after two tours as an Army sergeant in Iraq, and underwent treatment to keep his aggression, violent dreams and heavy drinking at bay. He said he can't discount that PTSD played a possible role in the Kandahar killings.

"But I don't know for certain that it's a result of one condition,"

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Martin said of the allegations, "I don't know if we can ever really know just what went through his head."

When shocking crimes are connected with soldiers who have endured the strain of combat, PTSD is often an automatic diagnosis for people searching for an explanation. But experts and survivors dispute the notion that PTSD turns soldiers into ticking time bombs.

"I really hate that people are going to think that," Martin, who's no longer in the military, said.

PTSD affects about 8 percent of men and 20 percent of women who have experienced at least one traumatic event in their lives, according to the Veterans Administration. About 20 to 30 percent of the servicemen and women returning from Iraq and Afghanistan have the disorder. Nearly 100,000 of those veterans received treatment for PTSD at VA medical centers in 2011 alone.

There's no denying the troubling mental health consequences of PTSD and that it causes some sufferers to act out. Several studies have documented that people with PTSD are more likely to express anger and aggression, which for some turns into violence toward their partners, children or others.

Dr. Matthew Friedman, executive director of the National Center for PTSD in White River Junction, Vt., said it's a mistake to automatically attribute crimes like Bales' alleged killing spree to PTSD.

"I'm not saying that PTSD couldn't have been contributory, but the emphasis that PTSD and it alone can account for the event is just not borne out by the data," Friedman said.

Research suggests that people with PTSD are more likely to harm themselves. Soldiers and veterans have a much higher suicide rate than the general population, and the National Center for PTSD notes that studies have found that PTSD is strongly associated with suicidal thoughts or attempts, more so than other psychiatric conditions.

"Damage to individual veterans is so much greater than their damage to other people," said Dr. Joan Anzia, associate professor in psychiatry at Northwestern University Feinberg School of Medicine in Chicago. "As tragic as those killings [in Afghanistan] are, those are few and far between compared to what our soldiers, veterans and their families suffer."

The effects of PTSD are widespread and often devastating for people who suffer. But the condition is vastly underreported in the military. Of the servicemen and women who return from war with PTSD, only about half receive any kind of treatment. Many fear that a diagnosis will damage their career prospects or relationships with their comrades.

Some advocates worry that characterizing people with PTSD as violent potential criminals might further stigmatize the disorder and prevent soldiers and veterans from seeking treatment.

"Creating a link without really knowing what causes a crime stigmatizes hundreds of thousands of people who have such a

diagnosis who are contributing members to society and are no harm to anybody," said Dr. Israel Liberzon, an associate professor of psychiatry at the University of Michigan in Ann Arbor.

Capt. Maybee said he chose to speak candidly with his family and fellow soldiers to fight stereotypes about the condition. He hopes that others will not suffer from an association with rare cases of violent crimes.

"A handful of people make major news stories," Maybee said, "and you don't hear about that person who's suffering silently, abusing drugs and alcohol, or is confronting their issues and moving on with their lives."

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