

Invisible Battles: Understanding PTSD and Moral Injury



“Not all wounds bleed. Many live inside — affecting identity, relationships, and the sense of what is right in the world.”

PTSD

PTSD arises after experiencing overwhelming threat or horror. Symptoms reflect the body’s attempt to survive long after danger has passed.

- Intrusion: flashbacks, nightmares.
- Avoidance: emotional numbing, avoiding reminders.
- Hyperarousal: irritability, jumpiness, trouble sleeping.
- Negative Thought/Mood Shifts: shame, guilt, hopelessness.
- Neurobiology of Trauma:
 - Trauma locks the brain into survival mode.
 - Memory stored in sensory fragments, not narrative.
- Human Impact:
 - Loss of identity, isolation, hypervigilance, relationship strain.

Moral Injury

A wound of conscience resulting from violating deeply held beliefs, witnessing harm, or experiencing betrayal.

- Common Sources:
 - Civilian harm, inability to save, conflicting orders, betrayal by leadership.
- How Moral Injury Shows Up:
 - Shame, rage, spiritual distress, loss of purpose.
- Difference Between PTSD & Moral Injury:
 - PTSD = fear-based trauma.
 - Moral injury = guilt/shame/betrayal wound.
- They often overlap.

The Healing Path

- Rebuilding Safety:
 - Grounding techniques, breathwork, learning triggers.
- Naming the Story:
 - From silence to truth-telling; trauma loses power in community.
- Reconnecting with Identity:
 - Rediscovering strengths, courage, values.
- Meaning-Making & Spiritual Integration:
 - Exploring beliefs about justice, forgiveness, suffering, hope.
- Community-Based Healing:
 - Peer groups, family education, healthy rhythms, purpose-building.

Tools

- 90-Second Reset:
 - Box Breathing: Inhale 4 sec, hold 2, exhale 6.
- Name It to Tame It:
 - Identify trigger, reaction, thought, next step.
- Moral Repair Practices:
 - Letter of truth, guided conversations, rituals of release.
- When to Seek Professional Help:
 - Nightmares, panic, suicidal thoughts, functional decline.

Case Studies

Case Study #1 — The Unspoken Night

- Staff Sergeant D. sits rigidly on the edge of his bed every Fourth of July. His wife and kids gather for fireworks, but he stays inside with noise-canceling headphones, pretending to be tired. That night, at 2:13 a.m., he jolts awake — heart racing, shirt drenched in sweat. The “boom” of fireworks hours earlier stirred sensory memories from convoy explosions in Afghanistan.
- He tells his family he’s “fine,” but becomes irritable and withdrawn for days. He avoids conversations that might bring up deployment, loss, or the things he saw.
- Deeper Elements:
 - Hypervigilance every night after loud noises, checking doors and windows
 - Sudden emotional downturn after patriotic holidays
 - Shame about “not being stronger”
 - Belief that talking about it will burden his family
 - Fear he’ll lose control emotionally if he “opens that door”
- Which PTSD symptoms appear?
- Why might he avoid talking?
- What grounding tools help?

Case Study #2 — The Unspoken Night

- Corporal T. served with extraordinary courage in a chaotic battlefield environment. During a critical moment of extraction, leadership failed to send backup they had promised. He and his team were left exposed for over an hour.
- The event wasn’t just dangerous — it was a relational fracture. After redeployment, he received little acknowledgement from command and no accountability for the decision that endangered his unit.
- He now distrusts authority, avoids leadership roles, and carries simmering resentment.
- Deeper Elements:
 - Insomnia triggered by memories of waiting for rescue
 - Cynicism and deep suspicion toward leaders
 - Loss of belief in the chain of command
 - Emotional numbness, inability to trust even safe people
 - “If they left us once, why wouldn’t others?”
- How is betrayal linked to moral injury?
- Ways to rebuild trust?