Recovering Duty

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Commentary

Recovering Duty

J. Melvin Woody, PhD*

One must freely admit that there is here a sort of circle from which, so it seems, there is no way of escape. In order the order of efficient causes, we assume that we are free so that we may think of ourselves as subject to moral laws in the order of ends. And we think of ourselves as subject to these laws because we have attributed to ourselves freedom of the will. Freedom and self-legislation of the will are both autonomy and are hence reciprocal concepts. (Kant, 1981, p. 52)

Post-traumatic stress disorder (PTSD) stems from an overwhelming experience of complete helplessness (VanderKolk, 1996). The traumatized victim has utterly lost all sense of agency. He or she may well dissociate from that helpless, passive self and become depersonalized. Judith Herman describes this process as a numbing escape:

The person may feel as though the event is not happening to her, as though she is observing from outside her body, or as though the whole experience is a bad dream from which she will shortly awaken. These perceptual changes combine with a feeling of indifference, emotional detachment, and profound passivity in which the person relinquishes all initiative and struggle. This altered state of consciousness might be regarded as one of nature’s small mercies, a protection against unbearable pain. A rape survivor describes this detached state: “I left my body at that point. I was over next to the bed, watching this happen . . . I dissociated from the helplessness. I was standing next to me and there was just this shell on the bed . . . There was just a feeling of flatness. I was just there. When I repicture the room, I don’t picture it from the bed. I picture it from the side of the bed. That’s where I was watching from. (Herman, 1992, p. 31)

Herman comments that those who cannot escape the terror by such spontaneous dissociation often seek numbness by alcohol and drugs.

This loss of agency is realized—or derealized—in the standard symptoms of PTSD: hypervigilance, the contradictory combination of amnesia about the traumatic event with repetitions of that event in flashbacks, “in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)” (American Psychiatric Association, 2013).

The loss of the present leaves the trauma survivor trapped in the past, or impaled upon a past that s/he cannot recall, but only reenact. The sufferer seems transfixed by that past event, which erupts again and again, not as a normal memory, but as a sort of re-embodiment of the traumatic experience. Van der Kolk and McFarlane highlight this difference in the first essay in Traumatic Stress:

Ordinarily, memories of particular events are remembered as stories that change over time and that do not invoke intense emotions and sensations. In contrast, in PTSD the past is relived with an immediate sensory and emotional

* The author reports no conflict of interest.
intensity that makes victims feel as if the event were occurring all over again . . . Years and even decades after the original trauma, victims claim that their reliving experiences are as vivid as when the trauma first occurred. Because of this timeless and unintegrated nature of traumatic memories, victims remain embedded in the trauma as a contemporary experience, instead of being able to accept it as something belonging to the past. (VanderKolk, 1996, p. 8)

The trauma victim is thus transfixed in a past that s/he can neither remember nor forget, still as helpless as when first overwhelmed. What room can that allow for the freedom that Kant described as a necessary condition of duty? Mustn’t we admit that “there is here a sort of circle from which there is no way of escape”?

Kant’s own answer is that, despite the constraints of trauma, the trauma victim can still reason and that in practice, reason is inconceivable without freedom, since no one can trust or endorse the truth of thoughts that are determined by mechanical causation, as are the symptoms of traumatic stress. The sufferer from those paralyzing symptoms can exercise that freedom—and recover duty—by deciding to seek liberation through therapy. If she does not see or grasp that opportunity, s/he is not guilty, but only still overwhelmed and helpless. And since s/he is not guilty if s/he does not grasp the opportunity, so the restoration of duty itself is only an imperfect duty, as Harster concludes (and so do I.) But the helplessness of PTSD itself gives the trauma victim ample reason to seek help.

REFERENCES