

FACT IN FICTION

**HOW DOES THE REALITY OF POST-TRAUMATIC STRESS DISORDER
TRANSLATE TO NARRATIVE AND CHARACTERIZATION IN VISUAL FICTION?**

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ABSTRACT

Mental illness is often used for characterization and narrative purposes, often to motivate villains so that their frequently far-fetched objectives and actions have some semblance of plausibility. This may, in turn, lead to the demonization of certain mental illnesses, and spread misleading information about that illness to the public through misrepresentation in its portrayal. Looking at portrayals of Post-Traumatic Stress Disorder, these characters seem to most often be the protagonist of the story. As an audience is generally supposed to root for the protagonist, does this have an effect on the portrayal of that mental illness? In short, how is Post-Traumatic Stress Disorder used or abused in visual narrative fiction?

To explore this question, I look at the causes for, and symptoms of, PTSD, and analyze them in regard to their narrative functions, and then analyze several films to see how they are used in practice. The result of my analysis is that PTSD is a mental illness that, in contrast to the many others used in narrative fiction to motivate villains, is well-suited for the protagonist of the story. Its causes and symptoms inherently establish sympathy for the character, fits well with established narrative structures like the three-act structure, and that in being primarily used for the protagonist, is far more fairly portrayed than other mental illnesses used in visual narrative fiction.

ABSTRAKT

Mentale lidelser er ofte bruke for karakterisering og narrative formål, ofte for å motivere skurken slik at deres virkelighetsfjerne mål og handlinger har en anelse troverdighet. Dette kan lede til demoniseringen av noen mentale lidelser og spre misledende informasjon om de lidelsene til publikum gjennom misrepresenterende fremstillinger. Når man ser på hvordan Posttraumatisk stresslidelse fremstilles, er karakterene oftest protagonisten i historien. Siden publikum vanligvis skal heie på protagonisten, har dette en påvirkning på fremstillingen av den mentale lidelsen? Kort sagt, hvordan blir posttraumatisk stresslidelse portrettert, negativt eller positivt, i visuell narrativ fiksjon?

For å undersøke dette ser jeg på årsakene og symptomene til PTSD, og analyserer dem i forhold til deres narrative funksjon, og analyserer så videre flere filmer for å se hvordan de brukes i praksis. Resultatet av min analyse er at PTSD er en mental lidelse som, i kontrast til de mange andre lidelsene som blir brukt i narrativ fiksjon for å motivere skurker, er velpassende for historiens protagonist. Årsakene og lidelsene har iboende karakteristikk som skaper sympati for karakteren, passer godt til etablerte narrative strukturer som tre-aktsstrukturen, som gjør at den er mer rettferdig portrettert enn andre mentale lidelser brukt i visuell narrativ fiksjon.

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INTRODUCTION

Preface

A general rule for any competent fictional work is to imbue the characters with motivations and reasons for their behavior, as it not only serves to make an audience understand why the characters act and say what they do on the screen or on the page, but also to make these things believable, or at the very least plausible, to the audience. Film and television have a long history of using mental illness to motivate its characters, often its villains, to give plausible reasons for the frequently far-fetched plans and schemes that they hatch. Psychopathic serial killers, megalomaniacal business tycoons, mad scientists, and so on, are often the antagonists of narratives, their motivations justified by a mishmash of conditions and symptoms that may or may not conform to the reality of the mental illnesses that they attempt to portray. However, among these mental illnesses, one seems to stand out as reserved for the protagonist: Post-Traumatic Stress Disorder (PTSD). Why is that? What is it about this condition that makes it well-suited for justifying the actions, behaviors, and motivations of the protagonist? And so, I ask the question: How is Post-Traumatic Stress Disorder used or abused in visual medium narratives?

Method

To answer this question, I will briefly cover characterization and narrative in film and television, to get a general grounding in why mental illness is used in this manner, as well as the narrative function and use of mental illness in general, using “*Movies and Mental Illness: Using Films to Understand Psychopathology (2nd Ed.)*” (Wedding, 2005), “*Perception of Mental Illness Based Upon its Portrayal in Film*” (Hanley, 2015), and “*The Problem with Crazy Baddies*” (Shepherd, 2018). From there, I will lay out the causes for, and symptoms of, PTSD, using *The Post-Traumatic Stress Disorder Sourcebook (2nd Ed.)* (Schiraldi, 2016) discussing what function these may have in the narrative sense, based mainly on “*Story: Style, Structure, Substance, and the Principles of Screenwriting*” (McKee, 2014), before finally doing an analysis of the films “*The Onion Field*” (Becker, 1979), “*First Blood*” (Kotcheff, 1982) and “*The Perks of Being a Wallflower*” (Chbosky, 2012), wherein PTSD is a substantial part of the characterization, to answer my question in theory and practice. These films have been selected to represent a variety of genres and settings in which PTSD is used to instigate the narrative.

MENTAL ILLNESS IN VISUAL NARRATIVE FICTION

Narrative and Characterization

What separates a narrative from documentation of events, fictional or not, is the decision as to what information to include and exclude so that the story is told without bogging it down with irrelevant information or minutiae that would confuse, bore, or distract the audience (McKee, 2014, p.181). In the visual medium of film, where the narrative can be shifted in time, space, and distance at the speed of the frame rate, and where it can be communicated in all these dimensions through the use of sound and images, means that a lot of information can be communicated quickly, but also that a lot of information may need to be communicated for the audience to make sense of the narrative. The visual medium is also one of the more quickly absorbed mediums, and requires that the audience be invested at all times, as just a single scene, just a few minutes of time, can be enough to make them lose interest and just turn it off at the click of a button. This means that creators of the visual medium must walk a narrow line between over-explaining and under-explaining in their storytelling.

Despite this, an engaging narrative can be said to require that the characters themselves are engaging, as well. A hollow character simply running around performing actions as is convenient for the story, changing their mood and behavior at a whim, is unlikely to engage the audience. As such, writers are generally required to create a personality, a background, and some motivation for the characters of their narrative that explains their actions and behaviors, at least for the more prominent characters of the narrative (McKee, 2014, p.141-142). However, because of the high-speed nature of the visual medium, as previously noted, a film cannot spend pages upon pages expounding on the trials and tribulations of the protagonist's childhood and teenage years, but must usually limit itself to a small portion of a runtime that is around two hours (McKee, 2014, p.343). Consequently, and by virtue of being a highly pop-cultural medium, the film will make use of the cultural short-hand of common knowledge, perception, and understanding to fill out a complex character background with a few short phrases and references. There are the common and pretty much universal motivations such as good versus evil, selflessness versus selfishness, needs versus wants, materialized through the protagonist needing money for an expensive medical procedure to save the life of their child, and the antagonist wanting control over the medical corporation to hike up prices and enrich themselves, for instance. But these types of

motivators can often seem too black and white, too shallow and simple, and an abundance of any one type of motivator makes them less interesting as a whole. Furthermore, they can only be taken so far, being able to only account for some kinds of actions and behaviors. Narratives become predictable, which causes the audience to lose interest (McKee, 2014, p.67). Neither can a character be a Mary Sue, unrealistically free of weakness, as this again leads to a predictable narrative. Characters, in particular the protagonist, must also face obstacles in their narrative, often having to overcome some flaw or weakness within themselves, to beat the antagonist or accomplish their objective (McKee, 2014, p.210-213). Especially with the recent popularity of more morally gray or changing protagonists, such as Walter White in “Breaking Bad”, Anthony Soprano in “The Sopranos”, and pretty much every character in “Game of Thrones”, all examples of big budget, long-form television series, it is evident that the modern audience prefers complex and multi-faceted characters.

Mental Illness in Fiction

It is in this situation that mental illnesses come in handy for the screenwriter. If you cannot find a rational basis for the behavior of your characters, it is very convenient to instead use something that allows your characters to act irrationally. And more likely than not, irrational motivations belong to the villain (Shepherd, 2018). A very common misconception that films perpetuate is that people with mental illness are violent (Wedding, p.182), despite the fact that people with mental illnesses are less violent than the general population (Hanley, p.37-38). This may relate to the fact that many villains, particularly in the crime genre, are portrayed as having some sort of mental illness. This correlation between villains and mental illness may cause an audience to always conflate mental illness with the potential for violence (Shepherd, 2018). Serial killers, like Jame “Buffalo Bill” Gumb in “*The Silence of the Lambs*” (Demme, 1992), and Norman Bates in “*Psycho*” (Hitchcock, 1960) are an example of this, but you can also see it comedy films like “*There’s Something About Mary*” (Farrelly, 1998), where Mary’s mentally challenged brother, mainly a supporting comedic character, becomes brutally violent when the main character removes the brother’s earmuffs. Mental illnesses like schizophrenia, psychopathy, and dissociative identity disorder (Multiple personalities), are frequently used and combined to create terrifying villains with no regard for accurate portrayal, but PTSD, a mental illness that is just as commonly used in media (Hanley, p.2-3), is not. What makes PTSD different to these, then?

Analysis of PTSD

Post-traumatic Stress disorder is a mental illness caused by exposure to an overwhelmingly stressful event or series of events, such as war, rape, or abuse (Schiraldi, 2016, p.16). This traumatic event or series of events may be directly experienced or directly witnessed, the sufferer may have been informed of a traumatic event to a close family member or a close friend, or it may be the repeated or extreme exposure to aversive details of the traumatic event (Schiraldi, 2016, p.19). PTSD may cause the sufferer to experience intrusions in the form of memories of the trauma or nightmares, avoidance of anything that may cause such intrusions to occur, social isolation, disassociation, amnesia, outbursts of violence and anger, self-destructive behavior, and suicidal ideation.

While the term “Post-Traumatic Stress Disorder” was not introduced until 1980, it has been recognized in some form for a long time. During World War I it was shell shock, in World War II it was battle fatigue, and it has long been associated with war. Odysseus, the eponymous character of Homer’s *“The Odyssey”*, experiences flashbacks and survivor’s guilt, and Herodotus writes of a soldier going blind after witnessing the death of a comrade. Throughout recorded history, it has been present (Schiraldi, 2016, p.422 – 423). In fact, any major war since film and television became a societal staple seems to have quite a few productions dealing with this, from *“The Best Years of our Lives”* (Wyler, 1946) and *“Mine Own Executioner”* (Kimmins, 1947) following World War II, *“The Deer Hunter”* (Cimino, 1978) and *“First Blood”* (Kotcheff, 1982) following the Vietnam War, and *“The Hurt Locker”* (Bigelow, 2009) and *“American Sniper”* (Eastwood, 2014) following the Iraq War. But while PTSD is a commonly associated with war films, it is a mental illness with a considerable breadth of symptoms that allows for a variety of narratives, settings, and genres.

Intrusions is a common symptom, and can occur in the form of thoughts, images, feelings, and bodily sensations, often eliciting feelings of fear and vulnerability, rage, sadness, disgust, and guilt. Flashbacks are particularly upsetting, causing the sufferer to relive the trauma, and may last for seconds or hours, even days. Nightmares are common, and may realistically recollect the trauma, or may symbolically represent it (Schiraldi, 2016, p.22-23). This symptom is highly visual, and as such, it is well-suited to being depicted in a visual medium. The use of flashbacks and nightmares being visually depicted in film is a well-established technique that is used across

all genres to either narratively tie separate events together, showing growth and/or learning for a character, introduce events in a character's life in a compact form, or to remind the audience of something that has previously been shown to them (McKee, 2014, p.341-342). As such, it is a symptom that can be easily visualized and understood as such by an audience, allowing for a realistic depiction of it. In terms of characterization, it helps to explain to an audience the background of a character, flashing back to pivotal moments in their life to give context to their situation or actions. As an example, in *"First Blood"*, the film starts after John Rambo's return to the USA, but we see several short flashbacks to his traumatic experiences there, and we are able to fill in the blanks through our historical knowledge and the violent nature of the flashbacks to understand that he was captured and tortured during the Vietnam War, a traumatic experience that leads to his PTSD.

Because intrusions are extremely unpleasant, those who suffer from PTSD go to great lengths to avoid anything that may cause those intrusions, avoiding activities, places, people, and keepsakes that arouse recollections. Overworking, drug use, emotional shutdowns, and fantasies are often used to avoid other feelings, and experiencing pain or anger might be used to block out deeper feelings (Schiraldi, 2016, p.23-24). This symptom allows for the character to engage in a multitude of behaviors that can cause conflicts with other characters, and provide the character with a substantial setback from their initial position. A successful entrepreneur may turn to drugs after a trauma, causing their business ventures to fall into decline, or their personal life may suffer as a consequence, alienating their friends and family. It also sets the stage for the progressive complications of escalating conflict that a protagonist must often endure in a narrative (McKee, 2014, p. 208-210).

Negative alterations in cognition and mood can result in sufferers shutting out painful memories, in essence having amnesia as it relates to their trauma. They may feel detached and estranged from others, avoiding social situations and being emotionally isolated (Schiraldi, 2016, p.24-25). This is used to great effect in *"The Perks of Being a Wallflower"* (Chbosky, 2012), where the protagonist returns to high school after being institutionalized, and finds himself isolated and having difficulty forming or re-establishing social relationships. As with avoidance, this symptom allows the writer to place the character in a rut, a deep hole from which they must

ascend. This allows the character to have a clear obstacle to overcome, and one that they often cannot overcome on their own, requiring external pressure.

Distressing arousal and reactivity, leading to irritability and outbursts of anger, reckless or self-destructive behavior, hypervigilance, and difficulty concentrating or remembering, is a substantial symptom of PTSD (Schiraldi, 2016, p.25-31). In the narrative sense, this allows room for the protagonist to behave in negative ways without immediately losing sympathy as long as the audience is aware of the character's mental illness. An example of this is the character of Martin Riggs from "*Lethal Weapon*" (Donner, 1987), who we are introduced to in the opening scene handcuffing himself to a suicidal man standing on the roof of a building, then goading him on to jump. Riggs is suffering from PTSD after his wife died in a car accident some years prior, and in the context of the action film, his self-destructive behavior allows the writer to justifiably place Riggs in life threatening situations, as he wants to die.

Lastly, there is the cause of PTSD. As previously noted, the instigating cause of PTSD is a trauma that may be directly or indirectly experienced or witnessed. It is generally separated into three categories. Intentional human trauma in the form of deliberate and malicious actions, such as war, physical or sexual abuse, torture, and assault. Unintentional human trauma, caused by human actions, but not with intent or malice, such as building collapses due to shoddy workmanship, fires, or plane crashes. Finally, there are acts of nature, where no human action is responsible, such as earthquakes, tsunamis, avalanches, and the like (Schiraldi, 2016, p.17-19).

Intentional human trauma is the most commonly depicted cause of PTSD in the visual medium, and this is because it lends itself best to dramatic narratives. Firstly, this is generally an extremely personal cause that allows an audience to more directly relate to and empathize with a character. It is also a trauma that is more often individual, allowing the narrative to focus on one character's story. As the event generally happens to a targeted individual, it can also be used to establish a single antagonist in the form of whoever caused the traumatic experience. This can be the rapist, the kidnapper, the murderer, and so on. This cause also lends itself to a wide variety of narratives, genres, and settings, which means it can provide characterization and narrative within practically any genre, from the high school coming-of-age tale of "*The Perks of Being a Wallflower*" to the sci-fantasy superhero setting of "*Iron Man 3*" (Black, 2013).

By way of its causation and symptoms, PTSD is a mental illness that almost inherently makes a character sympathetic. While many mental illnesses may be used to explain negative behaviors and motivations, especially when it comes to the villain, and while PTSD may cause violent behavior that is, by itself, considered negative, it allows the audience to continue sympathizing with the protagonist. The root cause of PTSD, the experience of trauma, inherently means that the character suffering from it is capable of an emotional depth that is not very compatible with the persona of the stereotypical villain. The villain causes trauma onto others, is not averse to violence, abusing or killing innocent bystanders, sacrificing scores of their own henchmen, or even executing them themselves. This kind of behavior does not lend itself to someone who would develop PTSD as a consequence of exposure to trauma. Along with the root cause, the symptoms of PTSD are generally not good motivators for a villain, either.

The other two categories – unintentional human trauma and acts of nature – are also employed in visual media, but in these cases, they are usually better suited to disaster films and spectacle, where the traumatic event itself is the focus of the narrative, not the aftermath where survivors deal with PTSD. They also often deal with a larger cast of characters, as the scope of the traumatic event affects more people, and if there is little time to delve deeply into one character for a film's runtime, it is even harder to give time to several characters. Furthermore, it is much harder to create a tangible villain with building collapses and hurricanes. It is easier to root against a rapist or serial killer, an individual antagonist, than it is to get angry at the underpaid construction workers who did not perform due diligence, or the wind. That is not to say that it cannot be done. *"Fearless"* (Weir, 1993), for example, follows Max, who suffers from PTSD after surviving a plane crash. It is just a little harder to make compelling. Would you rather watch *"Jurassic Park"* (Spielberg, 1993), a film about trying to escape from an island of genetically resurrected dinosaurs, or *"Jurassic Trauma"*, a film about coping with the trauma *after* escaping from an island of genetically resurrected dinosaurs?

Consequently, PTSD is a mental illness that seems reserved for the protagonist, or sometimes a victimized character that the protagonist has to help. Not the villain. The initial cause of an experienced trauma obviously makes an audience sympathize or empathize with the character, and it also serves as a very good inciting incident for the narrative. The character may start off leading a successful and happy life, and the traumatic event functions to send them in a

downward spiral of ever-escalating series of obstacles that they must overcome. The setting and genre of the narrative can be anything from drama and horror to action and sci-fi, and the symptoms can allow a protagonist to act and behave in any number of ways within any of these genres and settings. And while not everyone will have personal experience with PTSD, the individual symptoms and resulting behaviors are likely experienced by a large portion of the audience, allowing them to personally empathize with the character on screen (McKee, 2014, p.141-142). Alcoholism, sexual or physical abuse, war, and crime, are all things so common that most people will experience one or more of them, directly or indirectly, at one point in their life. And while experiencing this does not make one suffer PTSD, one may experience one or more of the expansive list of symptoms that are related to the mental illness, making the character's experiences deeply personal to the audience. In effect, PTSD is a mental illness that is well suited for narrative, characterization, and audience engagement. Let us now look at a few examples of how this mental illness is used in film.

FILM ANALYSIS

The Onion Field

“The Onion Field” (Becker, 1979) is a film based on the true story of Los Angeles police detectives Karl Hettinger and Ian Campbell, who were kidnapped in 1963, and, driven out to an onion field near Bakersfield, where Campbell was executed, and Hettinger barely escaped. It opens, following both the two detectives and the two kidnapers, showing the events leading up to the kidnapping. As their paths cross at night on the streets of Los Angeles, the detectives decide to follow the kidnapers' car, as they seem suspicious. Pulling over their car, the detectives tell them to step out of their cars, at which point one of the kidnapers draws their gun, and they kidnap the detectives. The kidnapers tell the detectives that they will let them go later, but drive them into the onion fields, where one of them asks the detectives what the “little Lindbergh Law” is, mistakenly believing that kidnapping is capital offense, and shoots Campbell in the head. Hettinger runs away across the fields and into the dark of night, successfully evading the kidnapers, who flee the scene after a short pursuit attempt. This is Hettinger's traumatic experience, watching his friend and colleague shot dead, knowing he would be next, and then

running from men intent on killing him. In narrative terms, the traumatic experience is the inciting incident of the film, radically upsetting the balance of forces in Hettinger's life.

At the funeral for Campbell, the first signs of Hettinger's PTSD begin to emerge as the ceremonial three-volley salute is fired, and as bagpipes begin to play. When Hettinger first meets Campbell, Campbell is playing the bagpipes, and the gunshots of the salute obviously remind Hettinger of Campbell's death, and the threat on his own life. While no flashback is used in this sequence, we can only assume that these strong triggers are causing intrusions, as Hettinger grimaces and begins to cry in reaction to them. This is the audience's first introduction to Hettinger's PTSD symptoms, and they are subtle considering the setting, but become obvious in retrospective as the narrative moves on.

The kidnappers are apprehended not long after the events of the onion fields, and Hettinger is tasked with telling the story of those events during roll call at several police precincts. As the trial begins, Hettinger again is required to retell the story in court. During his testimony, he is shown a picture of Campbell postmortem, and all he manages is a short glance at the picture when the prosecutor asks him if that is how he saw him in death. Other than that, his eyes are locked dead ahead, as he grimaces and begins to tear up. This is an example of aversion, where his mind is doing everything it can to avoid anything that can remind him of his trauma.

Immediately following this, we are presented to a flashback to Campbell's death, revealed to be a nightmare Hettinger has. This is likely brought on by the repeated retelling of the story, and repeated exposure to triggers that cause intrusions. As Hettinger tells his wife in bed, he is made to tell the story over and over again, but he dismisses it as "just nerves, they'll go away". This highlights how unsurmountable an obstacle a trial can be to a victim, where they may be averse to committing to a legal process because it will force them to relive their trauma. And for a sufferer of PTSD, that is the last thing you want to do. In the case of the legal process depicted in the film, after initially being sentenced to death, the kidnappers begin to use a variety of legal loopholes to delay the date of execution, eventually getting a second trial in 1967, which results in the same verdict. In 1972, California declares the death sentence unconstitutional, and both kidnappers avoid execution. The kidnappers would spend the rest of their lives in prison, constantly petitioning for parole, one of them dying in 2007, and the other in 2012. In the narrative sense, this causes Hettinger to live in a constant state of limbo, having to provide the

same testimony at least eight times, and consequently having to relive the trauma again and again. This causes a series of escalating behaviors on his part, that cause his life to deteriorate.

Leaving court after the initial sentencing, Hettinger is almost involved in a car crash as he is not paying attention while driving home. This is a common occurrence for those who suffer from PTSD, trouble concentrating, zoning out, and shows the audience how much the strain of the testimony affects Hettinger. Back at work, Hettinger complains of a constant tenseness in his neck, resulting in headaches. This is a result of his body being in a constant fight or flight mode, permanently wound up and alert. While tailing a suspected thief at a department store, his neck pain and headache shifts into an intrusion, as the memory of the trauma comes back, bagpipes and screaming blaring in his mind. At this point, he decides to steal a watch, and the intrusion fades away. This shows how PTSD sufferers engage in high-risk and self-destructive behavior to alleviate intrusions, keeping the mind thinking about other things. This is part of the progressive complications of his narrative, causing him to lose his job in the police department, putting him further down in the hole. While substantial conflict with his wife is not shown, we are informed through a conversation they have that Hettinger is also suffering from impotence, another symptom of PTSD, and a sign of the strain his mental illness is putting on their family life.

As the pressure mounts on Hettinger in the wake of the new trial, we come to the climactic scene. As he is home alone, taking care of his two children, the baby's crying begins to frustrate him. Sitting in the living room, he is unable to concentrate on the TV, and he turns it off. Now sitting alone in the dimly lit room, with only himself and the cries of the baby in the background, he is unable to avoid his trauma. The baby's crying, reminiscent of both one of the kidnappers screaming in the onion field, and of the bagpipes, likely causes intrusions, though we do not see any flashbacks visualized for the audience. He squirms in the couch, grimacing as the crying becomes too much. He walks into the baby's bedroom, and for a moment we are unsure how far Hettinger is willing to do to stop the crying. He slaps the baby before returning to the couch, again trying to avoid the intrusions. His eyes lock on the closet, and from it he pulls out his gun. Again, for a moment, we are unsure who exactly he intends to use it on. He sits down in the couch and puts the gun to his own mouth, contemplating suicide. As he sits there, about to cock the hammer, his elder daughter calls out to him, telling him that the baby is crying. This stops him from committing suicide, the realization of his responsibilities to his family dissuading him.

Here, the crisis and climax of the film are combined, with the crisis of the strain his mental illness is having on him pushing him towards suicide, ending in a climax where his realization pulls him back from the brink, and onwards to healing and progress. The film closes with Hettinger and his wife out camping on Mother's Day, and Hettinger tells her that, as he was driving by the onion field, an ad came on that played bagpipe music. When she asks him what happened, he simply replies "it's pretty nice music", but the dialogue also hints at him not being fully past the trauma of that night in the onion field. As this film is based on real events, the filmmaker is somewhat more restricted in exactly how events unfold, as is seen in the progressive complications plateauing partway through the film, up until the climax.

First Blood

"First Blood" (Kotcheff, 1982) opens on the protagonist, John Rambo, on his way to visit a friend of his, Delmar Barry. Arriving at the address given to him, he is informed by Barry's family that Barry died of cancer the previous summer, and the audience is informed of Rambo's and Barry's relationship, serving in the same team during the Vietnam War. Despondent, leaves and follows the roads towards civilization, as a vagrant, a drifter. And this is how he ends up in Hope, Washington. Here, he catches the eye of the town sheriff, who takes a dislike to him and gives him a lift out of town while explaining to him that Rambo's kind is not welcome in this town. When Rambo starts walking back into town after being dropped off, the sheriff's subdued intolerance turns into hostility as he decides to arrest Rambo.

Already, in these scenes, we see many of the symptoms of PTSD, as well as the allusion to the trauma that causes his PTSD. Being a veteran of the Vietnam War, it is evident that his trauma is related to his experiences during that war. Rambo is also a drifter, hinting to his social isolation and withdrawal from society. Vagrancy and homelessness are common among those who suffer from PTSD, and this allows the writer to place Rambo in the situation he is in, isolated, stuck, and with nowhere else to go but into town. Him returning to town after the sheriff tells him he is not welcome there might also be an example of self-destructive behavior, as it is common for war veterans to start conflicts such as barroom brawls to distract from the pain of the traumatic memories, or seeking the respect they do not feel inwardly (Schiraldi, 2016, p.30). Furthermore, his reaction to the sheriff grabbing him shows his exaggerated startle response, which serves to escalate the hostility between Rambo and the sheriff.

When they arrive at the sheriff's department, he is subjected to demeaning and dehumanizing treatment at the hands of the sheriff's deputies, particularly the sadistic deputy sergeant Galt. It is also here that his flashbacks to the traumatic events he has experienced begin, showing him imprisoned in a deep hole where his captors throw buckets of feces on him. Again, his exaggerated startle response kicks in as one of the deputies reaches for his dog tags to learn his name. The escalation of conflict continues, now extending to the deputies, and the already confrontational Galt begins to goad him. Another reminder of the traumas he has experienced becomes evident as he strips down for a hose down, and the scars from his torture are revealed. Galt begins to assault Rambo with his nightstick and kicking him. The intrusions continue as the deputies prepare to give Rambo a shave, bringing in implements that remind him of torture implements, causing him to have an anxiety attack. As Galt begins to choke Rambo with his nightstick, another flashback to his torture commences, being wracked in a crucifix position. Once presented with a straight razor, he again has a flashback to a Vietnamese soldier holding up a bayonet and cutting him across the chest with it. This highly traumatic flashback causes him to attack and overpower the deputies, fighting his way out of the sheriff's department and escaping into the woods and mountains. This sequence is a great example of how the symptoms of PTSD, and especially the intrusions, can be used to escalate a situation, and how a protagonist may maintain sympathy despite being partly at fault for escalating that situation.

From this point on, Rambo goes into survival mode, running through the woods, evading law enforcement, setting traps, and picking off his pursuers one by one. As noted, intrusions can last for hours and days, and at this point it is fully possible that he would still be in the mental state of trying to escape his Vietnamese captors. Law enforcement, having given him no better treatment than his captors, are simply his enemy. After a protracted series of action sequences, Rambo, presumed dead, returns to the town of Hope to exact his revenge. Wreaking havoc across the town, he eventually assaults the sheriff's department where the sheriff is holed up alone. After a firefight, Rambo has the sheriff at his mercy when Colonel Trautman returns to talk him out of killing the sheriff. As he talks him down, Trautman uses military language to reach him, telling him that "the mission is over", showing that Rambo is still reliving his traumatic experiences, physically in Hope, Washington, but mentally fighting for his life in Vietnam. As Rambo says, "you just don't turn it off". He retells the experience of seeing his friend being blown up, Rambo being covered in his blood and guts as his friend begs for help. Rambo says he relives that

moment every day, unable to get it out of his head, that he sometimes cannot remember where he is, and that he goes for days and weeks without even talking to anyone. This haunting scene lays out, in a few sentences, the horror of PTSD, being hounded by your own worst trauma, unable to escape it, and how sufferers shut themselves off from the outside world, retreating further and further into isolation, with only themselves and their unwanted memories.

Overall, “First Blood” manages to use PTSD in an effective manner to motivate its protagonist and explain his actions and behavior, setting the stage for a thrilling action drama with substantial violence and explosions that are expected of an action film, without misrepresenting PTSD in its portrayal.

The Perks of Being a Wallflower

In “*The Perks of Being a Wallflower*” (Chbosky, 2012), we follow Charlie Kelmeckis, a teenager returning to high school after being institutionalized for reasons that are undisclosed to the audience. Charlie is portrayed as a shy and socially awkward teenager who has trouble with getting friends. This is a pretty common trope in coming-of-age films, with socially peripheral characters that are academically gifted, nerdy, and bullied at school. At first glance, Charlie fits this mold perfectly. But hints are dropped right from the start that this character has a deeper issue, for example with him taking medication for some unexplained reason. While it is not evident at this stage in the narrative, the social isolation is of course a prominent symptom of PTSD, and in this film, it is used to slowly unravel the mystery of Charlie’s behavior until the end of the film, where the source of his trauma is finally revealed, having been sexually abused by his aunt during his childhood. He manages to overcome his awkward social skills when he befriends Patrick, an extroverted high school senior, and is also introduced to Samantha by him, and she becomes Charlie’s love interest for the film. The inciting incident of the film, Charlie’s friendship with them puts him in unfamiliar situations and the conflicts of teenage life that, along with his PTSD, form the basis of the narrative’s progressive complications.

When Charlie witnesses his sister’s boyfriend slapping her as they argue, it causes an intrusion in the form of a flashback to his aunt coming back to live with their family after leaving her abusive boyfriend. Again, his PTSD is not yet disclosed to the audience, and so it reads more like him not wanting her to end up in the same situation as their aunt, particularly through the match cut of his aunt coming in the front door in the flashback, followed by his sister walking through the

same door in the present. His sister asks him not to tell their mom and dad about what happened, and Charlie becomes noticeably agitated. While this makes sense to the audience in the context of wanting to protect his sister, this also reminds him of his aunt telling him to keep the sexual abuse secret, again causing intrusions.

Charlie goes to a party hosted by Patrick and Samantha, where he witnesses Patrick making out with Brad, a high school athlete who is a closeted homosexual. He also reveals to Samantha that his best friend, Michael, shot himself the year prior, revealing why Charlie was institutionalized, and leading the audience to assume that this is the source of his trauma. As Charlie and Samantha hang out in Samantha's bedroom, they start talking about their first kiss. Charlie says that he has never kissed anyone, and when Samantha tells him that she used to date guys who treated her badly, Charlie says that his aunt was in that same situation. He then says that his aunt was his favorite person in the world. This reveals two things that may be indicative of PTSD. First of all, sexuality can be stunted as a consequence of trauma, with sex feeling confusingly different (Schiraldi, 2016, p.369), especially in the case of sexual abuse, where sex and intimacy can trigger intrusions. Secondly, Charlie has no memory of the traumatic experiences with his aunt, having developed selective amnesia related to his trauma (Schiraldi, 2016, p.20). The focus on Charlie's aunt begins to stand out, underscored by another flashback Charlie has on his birthday, of his aunt going to get him his birthday present. While keeping their relationship secret, the film uses the reality of his sexual abuse, through vague flashbacks, to create a growing mystery in this way.

Charlie escalates his drug use, which is a symptom of PTSD, but in this instance would not be different to recreational drug use among teenagers, so is likely not a symptom of PTSD. As he is high on LSD, he once again has a flashback, this time of a police officer standing in the door of their home when he was young. This is soon followed by another flashback while Charlie is at a church service, and he has flashbacks to his aunt's funeral, again growing the mystery of why Charlie has flashbacks of his aunt, when the supposed trauma is his best friend's suicide. Meanwhile, the friendships he has built with Patrick, Samantha, and their group falls apart as Charlie kisses Samantha while he is in a relationship with one of her friends. This causes his previously improving mental state to deteriorate, and he returns to his social isolation. He is now reaching rock bottom. In the school cafeteria, Patrick gets in a fight with Brad that turns violent

after Brad calls him a faggot, refusing to acknowledge their relationship. Charlie intervenes in the fight, zoning out completely, unable to remember the fight itself. These kinds of temporary amnesia are also common, especially when in high-stress situations. Visually, it allows the film to not have to show the fight itself, which in practical terms avoids costs associated with stunts and choreography, and also avoids the narrative shift of suddenly placing an action fight scene in the midst of a drama. Charlie's intervention also begins to repair his damaged friendships with Patrick and Samantha, and spirits rise a little before the climax. However, it also serves to exacerbate his PTSD. When he and Samantha are about to have sex near the end of the film, Charlie has a flashback to his aunt sexually abusing him, finally revealing the trauma that he has buried for so long, and he is unable to keep the memories from flooding back to him. Charlie calls his sister, telling her that he feels responsible for the death of his aunt, who died in a car accident while picking up Charlie's birthday present. This form of guilt is also a symptom of PTSD, and a substantial obstacle in the treatment process (Schiraldi, 2016, p.223). He wonders if he wanted her to die, and has a flashback where he sees his aunt's wrists, scarred by a suicide attempt, and his eyes lock on a kitchen knife. This scene is the crisis and the climax of the narrative, where Charlie has to choose whether to keep fighting or let go by committing suicide. Charlie wakes up back in an institution, where he finally accepts that his aunt sexually abused him, and it is also revealed to his family. Through a long treatment period, Charlie begins to improve and overcome his mental illness, and as the narrative winds down, Charlie, Patrick, and Samantha go for a car ride together before Samantha and Patrick return to college, giving the audience a cathartic, positive ending.

As opposed to most films about PTSD, this film does not use the traumatic experience as an inciting incident, nor does it reveal the nature of the trauma at the start of the film, showing another way in which, it can be used narratively. Camouflaging the true cause of his PTSD with another, more recent traumatic event in the form of his best friend's suicide, using flashbacks as misdirection and to create a growing mystery, with the climactic reveal at the end. Further muddying the waters, the common conflicts of high school are also present to fill in the gaps in progressive complications, and one is not certain what is caused by PTSD, and what is simply teen angst. This is also one of very few films that depicts part of the treatment process.

Overcoming perceived guilt is a big part of the treatment process, and if left unresolved, it keeps the traumatic memories active. As with most narratives, it doesn't go into detail about the

process, but it at least shows that it is a long process, not a quick cathartic release, and involves actual parts of the treatment process in the story.

SUMMARY

Discussion

As this is by no means an exhaustive analysis of films dealing with characters suffering from PTSD, it cannot provide a conclusive answer to whether it is a mental illness seemingly exclusive to protagonists. Despite this, I believe the analysis can at least state that the conclusion reveals a general trend as it relates to the use of PTSD in narrative fiction, compared to other mental illnesses. It is also possible that other mental illnesses favor the protagonist of a narrative, but through my research I have not found any.

Conclusion

Mental illnesses have, and will continue to be used in characterization and narrative to motivate its characters and justify its plot, for better or for worse. While many portrayals are inaccurate and misleading, potentially giving the audience a shallow or incorrect understanding of a mental illness, their ability to give plausible reasons for actions and motivations, especially when it comes to the spectacular objectives, like world domination and global wars. With the popularity and financial success of crime and horror fiction, it is evident that mental illnesses will often be used to explain the horrific and gratuitous violence that villains are capable of, as well as their lack of empathy and humanity. However, Post-Traumatic Stress Disorder stands out as a mental illness that is better suited for the protagonist. With its underlying cause being an experienced trauma, the villainous stereotype is immediately excluded by way of requiring a situation that elicits a sympathetic response from an audience, and by requiring emotional depth beyond that which a villain is expected to have. The trauma itself can function as the inciting incident that starts the story, and can place the protagonist in any number of situations that fit a variety of genres, from the action of *"First Blood"*, the psychological thriller of *"Copycat"* (Amiel, 1995), the personal drama of *"Eternal Sunshine on the Spotless Mind"* (Gondry, 2004), to the sci-fi superhero fanfare of *"Iron Man 3"* (Black, 2013), and it can do so without misrepresenting the mental illness. Traumas involving unintentional human trauma or acts of nature are less

frequently used in film and television, most likely because the villain is more nebulous, or there is no villain, and because narratives involving these kinds of events lend themselves more to genres like the disaster film, where the traumatic event is the spectacle that forms the narrative, and not the aftermath of the survivors dealing with the trauma.

It also fits the common story structures of fictional narratives, such as the one laid out by McKee, with either the inciting incident being the trauma itself, or a consequence of the symptoms, as seen in films like *"First Blood"*, where Rambo's startle response and aversion to intrusions escalates the conflict between him and the already hostile sheriff. The symptoms themselves also lend themselves to the progressive complications that generally fill out the second act of a common three-act narrative, and the wide variety of symptoms allows the writer to send the protagonist in a multitude of directions, from escalating conflict themselves, their social withdrawal and isolation causing conflict with family and friends, drug use getting them involved with a bad crowd, and self-destructive behavior putting them in dangerous situations.

PTSD, as opposed to many other mental illnesses, serves as a flexible narrative tool, and through its association with the protagonist of the story, inherently sympathetic foundation, and high potential for an empathetic connection with its audience, finds itself well-treated in its portrayals, that are exceptionally accurate in contrast to other depictions of mental illness.

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