FAKULTA
PŘÍRODOVĚDNĚ-HUMANITNÍ
A PEDAGOGICKÁ TUL

Bakalářská práce

Representing PTSD on the Big Screen: Characters from a combat environment in American Sniper a The Hurt Locker.

Studijní program:	B0114A300068 Anglický jazyk se zaměřením na vzdělávání
Studijní obory:	Anglický jazyk se zaměřením na vzdělávání Základy společenských věd se zaměřením na vzdělávání
Autor práce:	**Štěpán Smrž**
Vedoucí práce:	Dávid Levente Palatinus, Ph.D. Katedra anglického jazyka

Liberec 2023

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Zadání bakalářské práce

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Osobní číslo:	P19000781
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Zadávající katedra:	Katedra anglického jazyka
Akademický rok:	2020/2021

Zásady pro vypracování:

Cílem závěrečné práce je srovnání rozdílnosti charakterů a chování hlavních postav ve filmech z válečného prostředí projevujících znaky posttraumatické stresové poruchy (PTSD). Jedná se o filmy American Sniper a The Hurt Locker. V teoretické části budou vysvětleny okolnosti týkající se vzniku, příznaků a diagnostiky PTSD. Další část bude zaměřena na srovnání hlavních postav v uvedených filmech z hlediska projevů PTSD a jejich zvládání v závislosti na rozdílech v charakterových vlastnostech.
The aim of the thesis is to compare differences in characteristics and behavior of the main characters in films from a war ambiance indicating Posttraumatic Stress Disorder (PTSD). For this purpose, it deals with films American Sniper and The Hurt Locker. The theoretical part describes the appearance of conditions about symptoms and diagnostics of PTSD. The next part is focused on the comparison of the main characters from the perspective of expressing the symptoms of PTSD. Further on, it examines managing PTSD-related behavior in connection to personal characteristics.

Rozsah grafických prací:
Rozsah pracovní zprávy:
Forma zpracování práce: tištěná/elektronická
Jazyk práce: Angličtina

Seznam odborné literatury:

American Sniper [česky Americký odstřelovač] [film]. Režie Clint EASTWOOD. USA 2014.
The Hurt Locker [česky Smrt čeká všude] [film]. Režie Kathryn Bigelow. USA 2008.
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Datum zadání práce: 3. dubna 2021
Předpokládaný termín odevzdání: 29. dubna 2022

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Acknowledgement

I would especially like to thank Dávid Levente Palatinus, Ph.D. for his guidance and valuable advice.

Anotace:

Záměrem této bakalářské práce je porovnání dvou hlavních postav ve filmech z válečného prostředí, American Sniper a The Hurt Locker, z hlediska projevů posttraumatického syndromu známého pod zkratkou PTSD. První část obsahuje obecné shrnutí příčinných okolností vzniku, symptomů a diagnostiky PTSD, které rozšiřuje obecně známá fakta o informace z válečného prostředí. Předmětem druhé části je samotné srovnání charakteristik a projevů zmíněných filmových postav v návaznosti na informace a souvislosti uvedené v první části. Cílem srovnání je identifikovat a vysvětlit projevy chování, které mají svůj původ v posttraumatickém syndromu a jak rozdílně je lze člověk jako individuální bytost, může prožívat.

Klíčová slova: Americký sniper, Smrt číhá všude, Posttraumatický syndrom, Válečné prostředí

Abstract:

This thesis aims to compare two main characters of a war ambience film, American Sniper and The Hurt Locker, reflecting Post-traumatic Stress Disorder known as PTSD. The first part comprises general information regarding causes, symptoms and diagnoses of PTSD, adding information about war ambience coherence. The second part is a comparison itself linked with coherent information provided in the first part. The main comparison objective is to identify and explain the behavioural acts which have their origins in Post-traumatic Stress Disorder and how different human beings can experience them.

Keywords: American Sniper, The Hurt Locker, Post-traumatic syndrome, War ambience

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1. Introduction

The thesis introduces the film characters of combat environment from the perspective of Post-traumatic Stress Disorder, also known as PTSD syndrome. PTSD’s leading cause is the presence or witness of a highly stressful situation. The films American Sniper and The Hurt Locker depict the similar character of a US soldier who performs demanding tasks in the Middle East, particularly in Iraq. Chris Kyle, a military sniper and William James, an explosive ordnance disposal operator (EOD), are involved in many life-dangerous situations that challenge their mental strength.

The beginning of the thesis is focused on the theory of PTSD. To the information about uprise, development and symptoms, are added chapters about the historical retrospective, treatment and societal misconceptions, followed by specifications about sniper and EOD profession and psychological comparison. The next part introduces the films and the relevant scenes related to PTSD perspective. The final chapters analyze the characters in comparison. The attention is focused on private life, behaviour and PTSD symptoms. The symptoms depicted in the films are summarized in the outcome and considered as each character´s individualism.

These films with recruitment potential depict brave warriors becoming heroes but, in the background, also deliver a message about how risky the way of a soldier who answers the call of duty is and the hazard of ruining mental health after presence in the combat zone.

2. Post-traumatic Stress Disorder

Post-traumatic Stress Disorder symptom is generally known as a psychological problem caused by the experience of abnormal situations involving events such as car accidents, natural disasters, or acts of violence. It is common after incidents like these to feel flooded with powerful emotions, e.g. fear or sadness, and to begin avoiding situations that remind the trauma (SCHWARTZ 2016). PTSD, also PTSS (syndrome), can start with a wide range of initiators and is not mandatory to experience them directly. Still, the beginning includes exposure to stressful situations in the role of a witness, which works the same way. It can be described as an experience that is not mentally processed. Therefore, the thoughts of what happened repeatedly come back to the human mind asking for a solution and creating permanent problems. It works consciously, where one is aware of those thoughts, knows what has happened, and pays attention to them. However, subconscious channels also lead to childhood traumas, ranging from facing extreme violence and neglect to having confronted feelings of not belonging, being unwanted, or being chronically misunderstood (SCHWARTZ 2016). These factors provide unpleasant fears or discomfort, e.g. insomnia, anxiety or headache without any finite frame.

2.1. Historical combat retrospective

One of the very first pieces of information about mental reaction to a traumatic event can be found in Mankind's first significant epic, the tale of Gilgamesh gives us explicit

descriptions of both love and post-traumatic symptoms. The first case of chronic mental symptoms caused by sudden fright on the battlefield is reported in the account of the Battle of Marathon by Herodotus, written in 440 b. c. (CROCQ 2000). Another example is the diary of one individual who survived the Great Fire of London in the 1600s. He wrote in his diary six months after his exposure, “It is strange to think how to this very day I cannot sleep a night without great terrors of the fire, and this very night could not sleep to almost two in the morning through great terrors of the fire”. There has been remarkable consistency in describing such post-traumatic reactions throughout the centuries, whether written by poets, novelists, clinicians, or scientists (M. FOLETTE 2006). Shakespeare’s Henry IV appears to meet many, if not all, of the diagnostic criteria for PTSD, as have other heroes and heroines throughout the world’s literature (TRIMBLE 1985).

After the US Civil War (1861-1865 the first scientific attempt came to investigate this phenomenon. Symptoms labelled “shell shock” or “combat fatigue” were known in later wars but poorly understood during the Civil War. Writings of the period imprecisely marked them as “homesickness,” “nostalgia,” “irritable heart,” or sometimes “sunstroke.” Of course, homesick soldiers were not unusual during the war. The very word homesickness had more severe implications than it does today (COOK 2016).

2.1.1. World War I.

At the beginning of 20tieth century, a global conflict started, which was incomparable to any other in history. WWI. involved most nations worldwide and produced enormous amounts of people touched by various traumas for soldiers and civilians. WWI. was

undoubtedly the period when "modern" warfare coincided with "scientific" psychiatry that endeavoured to define diagnostic entities as we understand them today.

Psychiatric casualties were reported very early in the war, in numbers that no one had anticipated. In the British military, patients presenting with various mental disorders resulting from combat stress were initially diagnosed as cases of shell shock before this diagnosis was discouraged in an attempt to limit the number of issues. The experience of the first war months and the unexpectedly large influx of psychiatric casualties led to a change in treatment approaches. The evacuation of psychiatric casualties to the rear became less systematic as the experience of the remaining war years convinced psychiatrists that treatment should be carried out near the frontline and that evacuation only led to chronic disability. It was noticed that soldiers treated in a frontline hospital benefiting from the emotional support of their comrades had a high likelihood of returning to their unit. In contrast, evacuates often showed a poor prognosis, with chronic symptoms that ultimately led to discharge from the military (CROCQ 2000).

2.1.2. World War II.

A dreadful invention of WWII. was the concept of "total war," with the systematic targeting of civilian populations, as exemplified by the millions of deaths caused by the Holocaust, the air raids on cities to break civilians' morale, and the atomic bombs dropped on Hiroshima and Nagasaki. Despite WWI., most armies were again unprepared for many psychiatric casualties (CROCQ 2000).

As WWII began, PTSD symptoms shifted from being referred to as "shell shock" and other dishonest expressions to understanding. These symptoms started to be seen in a more

empathetic light. However, most WWII veterans did not come forward about the symptoms they were experiencing. Cultural norms of the time promoted and even expected a male attitude in which men were "masculine", strong, and resilient. To fit into this, most male veterans avoided speaking about their traumas for fear of appearing weak or "crazy". Likewise, WWII. veterans were celebrated upon their return home as the American public viewed the war as victorious, one that unified the country behind a common cause (LEAHY 2021).

2.1.3. Vietnam War

Scientific progress, in general, was also remarkable in psychiatry. Over time when the Vietnam War started (1955-1975), a growing recognition of the ubiquity of psychiatric injury during war prompted more compassionate approaches to traumatized veterans. "The soldier suffers in the modern war situation a privation hard to equal in any situation in civilian or even primitive life," wrote psychiatrist Abram Kardiner, whose 1941 book The Traumatic Neuroses of War helped change views of what is now known as PTSD.

Veterans turned to what psychiatrist Robert Lifton called "street corner psychiatry" veteran self-help communities who often combined their healing with anti-war protests. Along the way, they met clinicians and researchers like Lifton and Shatan, who began to advocate for the DSM to include some post-combat stress diagnosis.

In 1980, "post-traumatic stress disorder" became a formal diagnosis in the DSM's third edition. Twelve years later, it was also adopted by the World Health Organization's International Classification of Diseases (BLAKEMORE 2020). In the Vietnam War, there was concern about the readjustment difficulties of returning veterans. For the first time,

the nation expressed a collective concern about the mental health of returning veterans. During the Vietnam War, the medical system created a more formal infrastructure to diagnose and treat what would later be termed post-traumatic stress disorder and related mental health problems. With more in-depth monitoring and study during this conflict, the analysis found that incidence varied significantly according to characteristics of combat exposure (TANIELIAN ET AL. 2008).

2.1.4. New age veterans

Recent conflicts, e.g. in former Yugoslavia, Kuwait, Iraq or Afghanistan, have in common the presence of international military coalitions where member states sent their troops to defend required interests recognized by OSN or to eliminate the increased threat to the global society. Those deployments created a new generation of army veterans who experienced the war with its impacts from many nations. Soldiers suffering from traumas and seeking help made psychiatrists worldwide pay more attention to PTSD issues. Many scientific studies were conducted to prevent the development of PTSD, like the study of an assumption that low IQ is a risk factor for developing PTSD (SHURA ET AL. 2020) or focusing on ethnicity and gender predisposition. Prevention and psychotherapeutic care for military personnel decreased the occurrence of post-traumatic syndrome.

Since October 2001, approximately 1.64 million US troops have been deployed for Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) in Afghanistan and Iraq. Early evidence suggests that the psychological toll of these deployments, involving prolonged exposure to combat-related stress over multiple rotations, may be disproportionately high compared with the physical injuries of combat. Upward twenty-

six per cent of returning troops may have mental health conditions. While stress has been a fact of battle since the beginning of warfare, three novel features of the current conflicts may be influencing rates of mental health and cognitive injuries at present: changes in military operations, including extended deployments and higher rates of survivability from wounds (TANIELIAN ET AL. 2008).

2.2. Traumatic brain process

PTSD is a mental health condition involving disturbances in threat perception, threat sensitivity, self-image, and emotional functioning. Neuroscience research suggests impaired functioning in brain areas responsible for threat detection/response and emotion regulation. PTSD symptoms develop due to dysfunction in two key regions the amygdala and the prefrontal cortex. The amygdala is designed to detect environmental threats, activate the “fight or flight” response, and activate the sympathetic nervous system to help deal with the threat. The amygdala helps to store new emotional or threat-related memories. The Prefrontal Cortex is located in the frontal lobe just behind the forehead. The PFC is designed to regulate attention and awareness, decide the best response to a situation, determine the meaning and emotional significance of events, regulate emotions and inhibit or correct dysfunctional reactions. When the brain detects a threat, the amygdala initiates a quick, automatic defensive “fight or flight” response involving the release of adrenaline. Should the threat continue, the amygdala communicates with the hypothalamus and pituitary gland to release cortisol.

Meanwhile, the medial part of the prefrontal cortex consciously assesses the threat and either accentuate or calms down. Studies of response to threat in people with PTSD show a hyperreactive amygdala and a less activated medial PFC. The amygdala is responsible for the overactive effects. That includes hyperarousal, hypervigilance or increased wakefulness and sleep disruption. People with PTSD can get emotionally triggered by anything that resembles the original trauma. A reactive amygdala keeps people with PTSD alert and ready for quick action when they face a threat. It leads them to be more impulsive. The orbital PFC is a part of the PFC that can inhibit motor behaviour when it is not appropriate or necessary. In people with PTSD, the orbital PFC has a lower volume and is less activated. It means people with PTSD have less control over reactive anger and impulsive behaviours when emotionally triggered. Effective treatments for PTSD seem to address these brain dysfunctions by either decreasing the amygdala's reactivity or increasing the PFC's ability to calm it down. People with PTSD often report feeling excessive negative and little positive emotions. They may have difficulty enjoying their day-to-day activities and interactions. It could result from a hyperactive amygdala communicating with the insula, an area of the brain associated with introspection and emotional awareness. The amygdala-insula circuit also impacts the medial PFC, an area associated with assigning meaning to events and regulating emotions (LYBI MA 2018).

2.3. PTSD symptoms and diagnosis

A psychotherapist is a qualified specialist recommended to get in touch with in case of suspicion of PTSD. The interview is used to determine if a person has adequate symptoms and advice on further steps leading to full recovery.

2.3.1. DSM-5 symptoms criteria

DSM is the Diagnostic and Statistical Manual of Mental Disorders. The latest revision, the DSM-5 (2013), has made many notable evidence-based revisions to PTSD diagnostic criteria with significant conceptual and clinical implications. First, because it has become apparent that PTSD is not just a fear-based anxiety disorder (as clarified in both DSM-III and DSM-IV), PTSD in DSM-5 has expanded to include anhedonic/dysphoric presentations, which are most prominent. Such representations are marked by negative cognitions and mood states as well as disruptive (e.g. angry, impulsive, reckless and self-destructive) behavioural symptoms. Furthermore, due to research-based changes to the diagnosis, PTSD is no longer categorized as an Anxiety Disorder. PTSD is now classified into a new category, Trauma- and Stressor-Related Disorders, in which the onset of every disorder has been preceded by exposure to a traumatic or otherwise adverse environmental (FRIEDMAN).

Criterion A (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): Direct exposure, witnessing the trauma, learning that a relative or close friend was

exposed to a trauma, indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g. first responders, medics)

Criterion B (one required): The traumatic event is persistently re-experienced in the following way(s): Unwanted upsetting memories, nightmares, flashbacks, emotional distress after exposure to traumatic reminders, physical reactivity after exposure to traumatic reminders.

Criterion C (one required): Avoidance of trauma-related stimuli after the trauma in the following way(s): Trauma-related thoughts or feelings, trauma-related reminders.

Criterion D (two required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s): Inability to recall key features of the trauma, overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the negative trauma affect, decreased interest in activities, feeling isolated, difficulty experiencing positive affect.

Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma in the following way(s): Irritability or aggression, risky or destructive behaviour, hypervigilance, heightened startle reaction, difficulty concentrating, difficulty sleeping.

Criterion F (required): Symptoms last for more than one month.

Criterion G (required): Symptoms create distress or functional impairment
(e.g., social, occupational).

Criterion H (required): Symptoms are not due to medication, substance use, or other illness.

Two specifications:

Dissociative Specification. In addition to meeting the criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:

Depersonalization. Experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).

Derealization. Experience unreality, distance, or distortion (e.g., "things are not real").

Delayed Specification. Full diagnostic criteria are not met until at least six months after the trauma(s), although the onset of symptoms may occur immediately (APA 2013).

2.3.2. Classification and subtypes

PTSD is no longer considered an Anxiety Disorder but has been reclassified as a Trauma and Stressor-Related Disorder because it has several clinical presentations, as discussed previously. In addition, two new subtypes have been included in the DSM-5. The Dissociative Subtype includes individuals who meet full PTSD criteria but also exhibit either depersonalization or derealization (e.g. alterations in the experience of one's self and the world, respectively). The Preschool Subtype applies to children six years old and younger; it has fewer symptoms (especially in the "D" cluster because it is difficult for young children to report on their inner thoughts and feelings) and also has lower symptom thresholds to meet full PTSD criteria (FRIEDMAN).

2.3.3. Diagnosis

Diagnosis is set after the interview with specific procedures to classify symptoms named in the above chapter. It is important to call all actual deceases and to ask sensitively for further details about a traumatic event. There is also an option to use a standardized questionnaire or request another examination, e.g. neurological when simultaneously a head injury happened. It is not rare that physical hurt is present, and there is a need to exclude any organic cause. Causes can appear immediately after a traumatic event and disappear 4 or 8 weeks later. PTSD diagnosis is considered when the duration of symptoms exceeds eight weeks (NZIP 2022).

2.4. Treatment for PTSD

One of the most important facts is that PTSD is a treatable mental disease. The effectiveness of the treatment varies on many factors. Longitudinal research has shown that PTSD can become a chronic psychiatric disorder and persist for decades and sometimes for a lifetime. Patients with chronic PTSD often exhibit a longitudinal course marked by remissions and relapses. There is also a delayed variant of PTSD in which individuals exposed to a traumatic event do not exhibit complete PTSD syndrome until months or years afterwards. The most successful interventions are cognitive-behavioural therapy (CBT) and medication. Excellent results have been obtained with CBT approaches such as prolonged exposure therapy (PE) and Cognitive Processing Therapy (CPT), especially with female victims of childhood or adult sexual trauma, military personnel and Veterans with war-related trauma, and survivors of serious motor vehicle accidents.

Success has also been reported with Eye Movement Desensitization and Reprocessing (EMDR) and Stress Inoculation Therapy (SIT).

Sertraline (Zoloft) and paroxetine (Paxil) are selective serotonin reuptake inhibitors (SSRIs) that are the first medications to have received FDA approval as indicated treatments for PTSD. Other antidepressants are also effective, and promising results have recently been obtained with the alpha-1 adrenergic antagonist, prazosin.

A frequent therapeutic option for mildly to moderately affected PTSD patients is group therapy, although empirical support for this is sparse. In such a setting, the PTSD patient can discuss traumatic memories, PTSD symptoms, and functional deficits with others who have had similar experiences. This approach has been most successful with war Veterans, rape/incest victims, and natural disaster survivors. Therapeutic goals must be realistic because, in some cases, PTSD is a chronic, complex (e.g., with many comorbid diagnoses and symptoms), and severely debilitating psychiatric disorder that does not always respond to currently available treatments (FRIEDMAN).

2.5. Misconceptions about PTSD

There are still many misconceptions within society about PTSD. The most common are opinions about denying the existence of PTSD. People think PTSD is not a mental disorder. It is an invisible disease that is all in someone's head. Using MRI technology, researchers can now identify changes in neurochemical systems and specific brain regions, or circuits connecting them, involved in the stress response. These developments in the field of trauma care transform our understanding of PTSD as more than just psychological,

but as a physical injury that can be seen and treated. Another wrong information is that most people who are exposed to trauma will develop PTSD. For 90 per cent of people who experience PTSD-like symptoms following a trauma, those symptoms usually resolve within a month, especially with proper emotional support.

There is also a belief only veterans who see combat can develop PTSD. Many veterans who see combat indeed suffer from PTSD. They are not the military population with the highest incidence of the disease. The highest rate of PTSD in veterans, both men and women, occurs as a result of military sexual trauma (MST). Military sexual trauma refers to an experience with sexual assault or sexual harassment occurring at any point during military service. To experience extreme violence to get PTSD is not necessary. PTSD can occur if a person experiences, witnesses, or is confronted with an event or events involving actual or threatened death, serious injury, or a threat to the physical integrity of self or others. In addition, PTSD can occur when the person's response involves intense fear, helplessness, or horror. The majority of patients who suffer from PTSD can find effective relief. Successful treatments for PTSD exist and are evolving every day. Traditional treatments include a combined patient education approach, cognitive behavioural therapy, and psychopharmacology. So the myth about PTSD being a life sentence is not correct either (MARANO 2020).

However, these prejudices are still present, the information campaign improved the overall meaning, and the public picture of a person with PTSD changed.

3. Sniper vs EOD

All soldiers have their tasks across the structure of the unit. There are more and less dangerous positions within platoons, but also when comparing different units. The risk of getting PTSD differs for a logistics servicemen member compared to special operations paratroopers or reconnaissance teams. Every military unit has its systematic order where various specialists are needed, whether it offers a particular service and support or might be considered a regular one.

For the purpose of the thesis, details of the EOD (explosive ordnance disposal) specialist and the military sniper will be compared. Both positions have similar features but also specific ones that require inside knowledge.

3.1. Military sniper

A military sniper is a soldier whose leading and essential equipment is a rifle with a mounted scope. He can perform tasks and missions where long-distance shooting is expected. Military sniper works individually or with the spotter, who provides cover, communication and observes the area searching for targets. Such a couple can conduct missions in the enemy-controlled territory while using camouflage either in the urban environment or typically called “green “surroundings where is vegetation.

Spotter provides sniper information about temperature, wind speed, atmospheric pressure, vertical angle or target speed. All those data are crucial for an accurate first shot that offers the best opportunity for a precise hit of the target. Ballistic calculations and years of

practice increase the chances of successful operation. A military sniper's other tasks might be observation, reconnaissance and collection of information. A crucial role is providing security for other elements and eliminating threats in case of an attack.

3.1.1. Police sniper

There are several differences between military sniper and police sniper. Military sniper usually operates at longer distances. Depending on the calibre of his riffle, it is possible to shoot up to several kilometres. The average distance of police sniper intervention is about 70 m. It is due to a hostile environment where a military sniper operates, and for security reasons, it is an advantage being a further distance from a possible threat. That offers easier withdrawal to safe territory. Police sniper usually does not operate in hostile environments and can afford to sneak closer to the target. For a military sniper, shooting at a longer distance precisely is much more complicated. He can afford to miss the target or take a second shot. His main concern is to create damage to the enemy. Nothing wrong happens when he fails unless he can come back unseen. Police sniper mostly solves hostage situations where the first and most accurate shot is crucial to eliminate a hostage taker. There is no room for the correctional shot when two people are beside each other, and the suspect rests his finger on a trigger while pointing the gun towards the hostage's head.

3.1.2. Mental requirements

Military sniper candidates are generally chosen from outstanding shooters, but their mental qualities are also important. Shooting can be enhanced with qualified training, whereas psychological dispositions are limited to any change. A calm, quiet professional with a mature personality is ideal for this position. No energetic and impatient people searching for adrenaline would suit.

The sniper's tasks include waiting a long time, including inhibiting any movement on the post to avoid being seen. The situation can be immediately turned. There is a fast switch from long hours waiting to a few seconds of instant action. It demands absolute concentration, quick decision-making, along with full responsibility. That illustrates the entry scene of American Sniper, where the main character Chris Kyle experiences a child running towards US troops carrying a grenade in his hands, and there is a need for a fast reaction whether to shoot or not.

3.2. Military EOD

An explosive ordnance disposal operator is a specialist with detailed knowledge of explosives. EOD securely removes explosive items prepared as IED (improvised explosive devices) or booby traps, but also forgotten and lost unexploded rockets, grenades and bombs. His capabilities allow using explosives for breaching tasks where the entry team needs to get into the building if all entrances are blocked or barricaded. That may be a window, door or just the wall. The main protective gear is a complete suit with a helmet that can resist explosions. However, the suit has certain limitations, and it

cannot protect the EOD operator against immersing blasts. Tongs, wire cutters or duct tape are the essential tools. To eliminate the potential threat of an unexploded device means that the EOD operator must remove the initiator. Without a detonator, every IED and other explosive devices are safe. Comprehensive knowledge of explosives is a must. There is no space for mistakes; precise information and the right decision are premises for success. Some positions require additional skills to increase operability for underwater missions, so diving training or being familiar with rappelling are not exceptions. Beneficial are remote-controlled devices like a robot, small vehicles or drones. Having those technical partners can reduce the risk to a minimum. They are equipped with cameras, and it is possible to do the check without approaching. Robots can even manipulate objects and transport them to a safe area.

3.2.1. Police EOD

The work of military EOD and police EOD is very similar and does not have so many differences as snipers. Both deal with the same tasks and threats. However, police EOD has the comfort of other support without dealing with security issues that are part of operating in hostile territory. Military EOD can not request such support and is also limited by the time spent in the enemy's controlled area, which can be crucial.

For security reasons and civilians presented in the surroundings, they very often request a completely cleared perimeter of several hundred meters which is typical for police EOD. However, military EOD must accept the risk for himself and people who cannot evacuate.

3.2.2. Mental requirements

Becoming an EOD operator means being a very calm and stress-resistant person. A self-confident and mature personality plays a crucial role in a critical situation where an EOD operator must execute an act like cutting the wires or turning the screwdriver. Shaking hands may ruin his effort or cause an unwanted explosion. The potential EOD operator should expect significant demands to study various information regarding physics, ballistics, and chemistry and be ready to continue in that process endlessly. It is also essential to know the complete explosives arsenal used by armies worldwide today and throughout history. So that he can identify, e.g. the found grenade from World War II. and be sure what kind of detonator it is equipped with. There is essential to search for new information and experience. of other specialists to find recent trends in IED making or to have an overview of brand new products that can help reach a higher professional level and security.

3.3. Comparison of psychological aspects in task

Both characters have demanding and dangerous work that may create an impression of similarity. However, from a closer perspective, some aspects make several differences and demand specific psychological acceptance. Such adaptability influences the character and leads to modifying individual personality.

3.3.1. Sniper

Aspects of a mental process during tasks can present significant impulsion in developing PTSD. First of all, there needs to be mentioned that performing a sniper's duty does not necessarily mean a life-threatening moment for him. The main stress factor is in a highly responsible situation when taking a decision about someone else's life. Seeing a foreign person through the rifle scope with magnification that allows looking at details of the target person's face is an unusual and hardly understandable feeling. Meanwhile, the person does not know at all being watched by someone considering whether shoot or not. Another scenario may involve a decision already made, and the sniper is aware of upcoming intervention to obey the order. To press the trigger and kill a man just because another person decided so is not simple. The consequences of a well-placed shot are also visible with a rifle scope in detail. Our morality is firmly thought by society that human life has the highest value in the world and is untouchable. We are educated to respect that since we are born without any doubt. It is one of the reasons why the brain is incapable of processing this experience. The problem remains in the head, believing in doing something wrong.

3.3.2. EOD operator

With an EOD operator, it is the opposite situation. He works and manipulates explosives, which is a direct and instant threat to his life. It is necessary to approach an explosive device during most tasks. Although he can have a protective suit, it does not offer complete safety. That is helpful against smaller explosive items, but it cannot protect the human body against massive blasts caused by e. g. unexploded aircraft bombs. There

are scenarios suitable for using a robot and remotely controlled electronic mobile devices, but they are considered additional help.

When working in a hostile area, EOD operator is aware of several potential risks at one moment. He risks his own life or at least serious injury by manipulating the given explosive device but also taking the risk of getting involved in the shootout with the enemy. There are several scenes in The Hurt Locker where the EOD operator is pressured by soldiers securing the perimeter; that situation at the spot is developing against their safety. They ask him to finish his work as soon as possible.

EOD operator is not preferably involved in offensive tasks. His duty is to eliminate the danger coming from the placed explosive device. When he commits to the explosion, and someone is hurt by coincidence or with the planned attack, there is not such a direct, personal and instant link to the victims as sniper experiences.

4. Comparison of characters

Both chosen films from a war ambience have a similar story that offers comparable scenes from a PTSD perspective. There are film sequences that describe psychological reactions to the stress of combat and its aspects in detail. Those parts offer an in-depth depiction of feelings during such complicated situations. The filmmakers usually modify the facts and conditions up to their needs to bring more attractive products for the viewers. Although, American Sniper and The Hurt Locker both keep the rendition realistic.

4.1. PTSD relevant scenes

As a pre-phase of comparison itself is essential to have information about situations that challenge the main characters in the films. The scenes below were chosen to consider the relevant factor presence related to PTSD. The depiction of the situations is very realistic and offers first-hand experience of those moments that can happen on the battlefield.

4.1.1. The entry scenes

The similarity between these two films is shown during the very first minutes. The story's entry has typical scenarios for both main characters. Although, in The Hurt Locker, the beginning substitutes Matthew Thompson, who died during this mission, and W. James becomes his replacement for the rest of the film.

The film American Sniper depicts a situation where Chris Kyle provides cover for US troops in the street conducting house searching operation. That is one of the usual tasks for a sniper who can enhance the security for soldiers on the ground by providing counter-sniper tasks or response to other threats that are possible to spot from a well-chosen position offering an overview of the given area. Sniper and his spotter are placed on the balcony and monitoring the surroundings. They provide relevant information via radio to their commanding officer in charge. While observing, they spotted a woman and a child of pubescent age in the street, walking towards US soldiers. Kyle observes those persons through his rifle scope and the spotter with his binoculars. They pass the information via radio about suspected persons, and him having the impression that the woman carries

something because her arms are not swinging. The next moment, Kyle recognizes a Russian version of the grenade in her hands while she passes it to the child. He immediately gives this information to a commanding officer requesting confirmation whether they can visually check it. At this moment, Kyle becomes very nervous. He speaks faster and quickly adjusts the rifle scope to target distance. He receives radio information that the commanding officer has no visual contact with the suspected woman with the child and transfers the responsibility of whether to shoot or not to Kyle. Meantime, the child starts running towards soldiers with the grenade in his hands. There is no time to consider what decision to take. His colleagues in the street are about to be attacked within seconds because the child is already quite close to initiating the explosion, but on the other hand, killing a child is an extreme test of morale.

He is in an exceptionally stressful situation, and his spotter reminds him that this happens intentionally. The enemy makes him feel wrong and hopes not to be courageous enough to take that shot against the child. During this moment, the audio track is just Kyle's heavy breathing, and the camera shows details of his face. The scene is suddenly closed with a shot from a rifle, but it is already another scene where young Chris Kyle is taught by his father how to shoot. This entry scene surprisingly continues approximately half an hour later. Kyle finally decides to shoot against the child, who falls, and the carried grenade drops down next to his body without explosion. The woman sees it and runs towards the child's body, but she does not feel any sorrow, and instead of taking care of the child, she immediately picks up the grenade and tries to finish the attack. For Kyle, it is an enormous pressure. After one controversial decision, he is forced to make another one within seconds. He takes the shot against the woman too. However, the hit comes just

in time, and she throws the grenade nearby the US soldiers walking in the street next to the tank, where it explodes. The spotter makes the situation for Kyle even worse with his comments, and after the second shot, he tries to praise him, but Kyle affectedly refuses and lets go of his stressful emotions. This situation can be enough for developing PTSD because of using deadly force against a woman and a child. Although there are objective and serious reasons for those decisions, on the other hand, a human brain operates in the emotional sphere too, which is even more significant compared to a rational one. Such an incident is dominantly perceptible with emotions; therefore, reason has limited options for how to justify this act, which affects the final systematical processing. Unprocessed experiences are one of the starters for PTSD.

The fictional representations of PTSD are modified to fit the film's structure and make it attractive to the spectators. The reality of stressful moments includes hidden personal emotions and thoughts. The book´s version of the entry scene describes the inner thoughts and emotions. It offers a comparison of real moments to the film´s representation.

I watched our troops pull up. Ten young, proud Marines in uniform got out of their vehicles and gathered for a foot patrol. As the Americans organized, the woman took something from beneath her clothes and yanked at it. She'd set a grenade. I didn't realize it at first. "Looks yellow ", I told the chief, describing what I saw as he watched himself. "It´s yellow, the body". "She´s got a grenade, " said the chief. "That´s a Chinese grenade."

"Shit."

"Take a shot. "

"But-".

"Shoot. Get the grenade. The Marines".

I hesitated. Someone was trying to get the Marines on the radio, but we couldn´t reach them. They were coming down the street, heading towards the woman.

“Shoot! “ said the chief. I pushed my finger against the trigger. The bullet leapt out. I shot. The grenade dropped. I fired again as the grenade blew up. It was the first time I´d killed anyone while I was on the sniper rifle. And the first time in Iraq and the only time I killed anyone other than a male combatant (KYLE 2015).

The intro scene in The Hurt Locker is based on the EOD team investigating suspicious items in the street. M. Thompson is the leader who has a friendly relationship with the other two members and keeps a warm mood with professional access. That contrasts with the atmosphere in the team after W. James becomes the leader. The team sends the remote-controlled robot equipped with a camera towards the pale of rubbish where an IED is expected. The robot reached the place while the team observed the screen on the remote controller. An IED is discovered beneath the rags. The team immediately recognizes the type of explosive item and decides to dispose of it with a prepared charge. They returned the robot to them and hooked it to a small cart with their charge. Then they use the robot again to drive it there so no one gets exposed to the danger of unwanted explosions. Unfortunately, a cartwheel gets broken halfway, and the charge gets stuck there. Thompson decides to put on the EOD explosion-resistant suit and bring the charge there personally in his hands, knowing that in the case of an explosion, the suit will not protect him anyway due to the enormous amount of explosives the IED is made of. He walks down the way to pick up the prepared charge while the other team members provide him security, watching the surroundings. After placing the charge on IED and heading back, the specialist Owen Eldrige, the team member, noticed a man holding a mobile phone

while watching their action, which is a potential threat to the distant explosion. The situation escalates. They start shouting and giving warnings to persuade the man to get off the phone and give this information via radio to Thompson, who starts running back to the safety zone as fast as possible. All three soldiers are under extreme pressure knowing Thompson´s life is in danger. Finally, the suspected man initiates the explosion via his mobile phone. The blast strongly hits Thomson, who is not far enough and dies. The next scene shows shaken Sergeant Sanborn inspecting the box with their team leader's leftovers. This experience is, for such a small team, very traumatic. Being witness to the death of one of them, together with possible remorse that they could not protect their colleague, is very stressful. The two left soldiers are in the set up of not welcoming a new leader, especially the kind James is. The first picture of William James shows him already having mental issues when he arrives at Camp Victory as a replacement for Thompson. James affectedly smokes a cigarette in the dark room, having his head in his hands, and the stereo plays thunderous hard rock music sketching in the gloominess atmosphere. He shows some signs of suppressed aggression. Later, James informs the other two colleagues that he was already deployed in Afghanistan, so his psychological deprivation might have been for quite a long time till now.

4.1.2. Selected scenes

Further scenes were selected as relevant for describing both characters and their development of PTSD. These moments depicted in the films have the most severe potential to interfere with a person´s mental health. The extreme conditions of such situations would most likely cause trauma that cannot be overcome without help. The

processing of experiences depends on the mental capacity of each individual, and therefore one situation can be perceived with differences.

The scene where Kyle gets involved in an attempt to arrest the insurgent´s local leader, called Butcher, shows the brutal behaviour of the local tyrant. Witnessing such a scenario can become an initiator of psychological issues. After the house-clearing operation, the soldiers find a civilian called Sheikh, who has information about Butcher. US intelligence is interested in apprehending him due to his high-ranking position within the insurgent structure. Sheikh lives in his house with his family and fears Butcher. He offers information about Butcher's exchange for 100k and an escape to the United States with his family. According to his knowledge, Butcher is violent and uses aku-drill to torture the people who don´t cooperate with insurgents so that he can spread fear. The soldiers returned from the mission and informed the US intelligence officers about their findings. The intelligence accepts that proposal if relevant information leads to his capture.

Kyle returns to the Sheikh´s house with other soldiers to make the deal, but Butcher has already discovered what happened and arrived earlier. Kyle answers the satellite phone during the transport. His pregnant wife Tanja has just left the hospital and calls him to say that the expected child is supposed to be a boy. Kyle turns happy and rejoices with the rest of the soldiers sitting in the back of the armoured truck, but suddenly the driver gets shot, and the armoured vehicle crashes into the wall. Kyle drops his phone on the floor, but the call is still on, and Tanja can hear everything happening there. This accident occurs near the target building where Sheikh lives. Butcher is already present with his people, and a heavy shootout starts. The crew leaves the crashed vehicle and, under fire, finds a cover in the surrounding buildings. During this shootout, Butcher takes one of the

Sheikh´s children in the street and uses an aku-drill against the child´s leg in front of the family. Kyle sees what is happening and tries to find a better position on the balcony to shoot Butcher and save the child. The injured screaming child and the rest of the family create a stressful atmosphere. Kyle knows there is not much time to do something, but he cannot shoot because his position is under fire too. The camera shows the detail of his face in a desperate situation. Butcher finishes his torturing procedure and makes a hole in the child´s head with the aku-drill. Sheikh runs towards him, but another insurgent shoots him dead. Kyle cannot do anything. He is distraught and shocked. Butcher and his companies leave the scene unharmed. Kyle and the other soldiers are angry and desperate about the whole situation. They blame themselves for not protecting the Sheikh and his family, and just after, Kyle says to his colleagues that he is about to leave Iraq in three weeks.

The depicted scene is extremely difficult. Several traumatic factors are working together as a cluster. First of them is the threat of Kyle´s own life during the shootout, and additionally, he will have to explain everything to his wife when he gets home because of the dropped phone. The next one is witnessing a child's torture to death and his father's shooting death almost simultaneously. Being responsible and guilty for those events are probably feelings that remain for a long time.

Another example of a horrific situation that would cause significant damage to mental health is a scene where Sgt. James arrives with his team to investigate a place of a possible IED workshop. The team securely searches the target building, and they do not only find material for the preparation of explosive devices such as explosives, shells, and wires but also a dead body that discovers James. The corpse lies in the middle of the workshop on a bloody table, half naked with visible rough stitches on the thorax. James and his

colleagues are shocked. The whole situation worsens when James recognizes the body as being 12year old boy who sells DVDs at their military base. The face of boy is seriously injured with many bruises and cuts. James thinks it is him, but he discovers it is someone else after this scene. There is a strong belief that this body is out of the bowels and there are explosives inside instead. The team is distraught and cannot accept what they have just witnessed, especially James, who is obviously in extreme tension. They do not understand how someone can use a dead body with such a disgusting intentions. The decision is made to destroy the whole workshop with the explosion. There are too many dangerous things to transport together with a high risk of possible booby traps, so this is the best solution to solve it. James is responsible for that as an EOD in charge. He suddenly freezes the look when he starts putting the prepared explosives on the body and assembling them with a charger. The situation is overwhelming, and James changes his decision. He removes the prepared explosives on the body and starts cutting the stitches on the corpse to confirm their assumption. His goal is to check what is inside the corpse so that it can be brought away and buried. It is obvious how uncomfortable it is for him. He has to open the body of the known person and investigate what is there. After cutting the stitches, James sticks his hand in and finds a bunch of explosives, so his assumption is correct. The corpse is transported in his hands to the local officials waiting outside of the building. Other US soldiers secure the perimeter, and one of them died of a booby trap explosion hidden next to his position in the heap of stones.

There is no doubt about the psychological impact of depicted moments. Using the dead body as a tool is morally unacceptable in every society. Being forced by given conditions to open the corpse and touch the inside must be a shocking and traumatized experience.

The attempt to restore dignity and morality for death is demonstrated by carrying the body in the arms. It symbolizes accepting the situation in the human mind so one can understand and feel that something good was done.

The main characters, Chris Kyle and Williams James, are specific individuals. Their personalities differ from each other. However, they are both soldiers and operate in the middle east, particularly in Iraq. Emotions and feelings are excellently expressed by actors Bradley Cooper as Chris Kyle and Jeremy Renner as Williams James. The films offer procurement of the stories and complete draw-in for the spectators in coping with difficult situations during their duty. It is possible to identify behaviour that indicates mental issues connected to traumatic events they went through. It is a deteriorating factor for PTSD when the same kind of stressful situations appear regularly again. In that case, the mental health of a human is under enormous pressure and processing those experiences is much more complicated. The analysis focuses on their character´s comparison and the influence of other factors relevant to mental strength.

4.2. Private life

For developing PTSD is also very important the quality of private life. It is different from how can be a traumatic situation processed if supportive family or close friends are creating a helpful atmosphere. Being alone without any support or, even worse, already having severe problems, e.g. divorce or loss of a loved one, makes it more difficult. The feeling of a safe environment and having help you can rely on are essential elements in overcoming any mental issue.

The film American Sniper is biographical and offers decent information about Kyle´s life. The first scenes are situated in his childhood in early teenage. Chris Kyle and his father have a close relationship spending much time together. His father represents the leading authority of their family. Chris and his brother address him very formally, sir. They often go hunt, and the father teaches him how to shoot from a rifle equipped with a scope. Chris is taught about his father´s values about God, his country and the family, and they are accepted by Chris precisely in this order. Kyle´s family is religious, and they regularly visit the Church. It can be an essential factor in dealing with the consequences of a traumatic experience. Religion offers other explanations of situations that might not make sense to people without faith.

He firmly thought about the sense of responsibility. For this purpose, his father uses a parable about sheep, wolves and sheepdogs sorting out all the people in these categories. The most valued are the sheepdogs' people, who can protect the sheep as the weak ones against the predators called wolves. Kyle tries to perform it in combat to protect other soldiers with his sniper rifle.

Kyle is married to his wife, Tanja, and they have two children. Although they have difficult periods during their marriage, they remain together. Being part of a family is a significant factor in overcoming PTSD.

The Hurt Locker does not offer much information about William James´private. It is unknown what his childhood was like or the influence of his parents. The similarity of personal life with Chris Kyle is that James has a child with his ex-wife. At the film's end are a few scenes depicting the return after his deployment. James, back at home, is trying

to adapt to civilian life but can’t because he feels like something is missing. While he is spending time with his son, he says the following,

“You love playing with that. You love playing with all your stuffed animals. You love your mommy, your daddy, your nature pyjamas. You love everything, don’t ya? Yeah. But you know what, buddy? As you get older… some of the things that you love might not seem so special anymore, you know? Like your Jack-in-a-Box. Maybe you’ll realize it’s just a piece of tin and a stuffed animal, but the older you get, the fewer things you really love, and by the time you get to my age, maybe it’s only one or two things. With me, I think it’s one” (BIGELOW 2008).

4.3. Behaviour and Personality

Both films depict an image of a modern warrior and the situations he is facing on the battlefield. However, Chris Kyle and William James differ in their personalities and behaviour. It affects how they perform the tasks or their relationships with their colleagues. Kyle is more responsible and mostly obeys all orders. Chris stresses his patriotism and loyalty to God. He is all the time ready to perform at the highest level. His emotions and feelings are securely hidden, even in extreme situations. Although his colleagues call him „ The Legend“ because of his number of confirmed kills, he remains humble. He does not talk much and is in contact with just a few friends. Privacy and peace are essential to him. His character fits into an introverted frame.

William James makes different images about himself. James is more impulsive, unpredictable and self-oriented. He likes to be alone and is not interested in the company

of others. His careless behaviour creates the impression of an unresponsible and dangerous individual, and his colleagues hardly tolerate it during the missions. They often argue about it. This behaviour puts the whole team in hazardous moments. Not respecting even the basic rules harms James´ reputation the most. He does not mind being at the centre of attention. It seems there is a kind of enjoyment for him in those reckless and ignoring moments. William´s character also shows some signs of being an introvert, but he can perform duty as „a one-man show“ using his style, knowing that everybody is watching.

Kyle is always ready to help in combat to protect others selflessly. It is his main objective in the missions, whether he is behind the sniper rifle or a member of an assault team. The risk taken for this purpose includes his own life. He tries to do everything to his maximum and succeeds in the given tasks. James literally risks his life in every EOD task when he approaches and disables the explosive device. His uncontrolled and reckless behaviour puts the lives of others in danger. On the other hand, when things go wrong, he steps up and shows an excellent work ethic. He is willing to give extra effort to the ongoing tasks and act with enthusiasm as a team member.

It is possible to observe similar elements in their behaviour when they are off duty. Chris is a responsible father who cares about his children and wants to be also a good husband to his wife, Tanja. He acts calmly and protectively, the same as he is used to. William´s family situation is more complicated. After finishing the tour, he returns to his ex-wife and a little son. The relationship between both parents is not warm, and James is more-less tolerated as a father, and he likes to interact with children. He also has a good relationship with a boy named Beckham, who sells DVDs at their military base in Iraq.

4.4. PTSD symptoms summary

There is possible to identify the potential symptoms in film scenes that indicate the presence of PTSD for both main characters, Chris Kyle and William James. The criteria list is specified in chapter 2.3.1. DSM-5 symptoms criteria are used for this purpose. There are mentioned at criterion **A** that direct exposure to death, threatened death, actual or threatened serious injury, witnessing the trauma, and learning that a relative or close friend was also exposed to trauma during professional duties. Both Kyle and Williams have all those experiences, and unfortunately, some of them not only once but several times repeatedly. Criterion **B** comprises the unwanted upsetting memories, nightmares, flashbacks, emotional distress after exposure to traumatic reminders, and physical reactivity after exposure to traumatic reminders. Chris Kyle experiences the nightmares and upsetting memories of the fallen comrades he could not save in combat. He conveys it during the interview with the psychologist. His extremely high blood pressure is diagnosed during a routine medical check, which links to physical reactivity. Before the scene where William James meets J. T. Sanborn for the first time, are moments when James was sitting in the dark room smoking cigarettes and listening to loud heavy metal music while having the head in his hands. It is obvious how miserable he feels. It can be qualified as emotional distress and physical reactivity. Criterion **C** is avoidance of trauma-related thoughts, feelings or trauma-related reminders. There is no evidence of such avoidance of both characters. Kyle especially seems to bring his memories intentionally back and thinks about them. Criterion **D** specified negative thoughts or feelings that began or worsened after the trauma. After returning home, Chris Kyle´s main problem is

exaggerated blame for himself that he could have saved more of his colleagues' lives. He feels responsible for the troops in the street while providing them cover from the sniper position. It is impossible to eliminate all the risks and threats during those missions, even when one is doing his best. Another description that fits both characters is feeling isolated. Chris Kyle is part of the team surrounded by fellow colleagues, but in civilian life back home, he struggles with social life. William James does not look for the company of other soldiers except his team members, Sanborn and Eldridge. In civilian life, the film introduces the only contact with his ex-wife. Criterion **E** is trauma-related arousal and reactivity that began or worsened after the trauma. This can be irritability or aggression, risky or destructive behaviour, hypervigilance, heightened startle reaction, difficulty concentrating, and difficulty sleeping. These criteria fit Chris Kyle's response at the family garden party. A dog starts to growl at kids while they play, and Chris notices that and grabs that dog very aggressively, which is not equal to the situation. He pushes the dog to the ground and swings the arm to hit him, but his wife Tanja shouts to stop. All people at the party watch that and remain silent for a while. During other scenes has an obvious problem with concentration when Tanja talks to him or with sleeping. James behaves aggressively and overreacts against the local man selling goods at their military base. He is convinced that he is connected with the lost kid named Beckham. He decides to kidnap this man to find some information. For this purpose, he is unafraid to threaten him and another man with the gun. In another scene, he points the pistol towards the head of a local civilian who drives a vehicle and does not obey the instructions. The reason is the suspicion of a booby trap in the car. It is a hazardous and irrational reaction by James. Criterion **F** condition is that symptoms last more than one month, which complies with

both characters. Criterion **G** Symptoms create distress or functional impairment (e.g., social, occupational). Some scenes give reasons to assume that Chris Kyle has distress and functional impairment. However, it is not directly mentioned, and these facts are not provable. Regarding William James, there is not enough information in the film regarding these symptoms, and therefore it is impossible to analyze them. Criterion **H** requires the presence of symptoms not due to medication, substance use, or other illness. There is no evidence of any usage of medication, substance or symptoms of other diseases in both films that would be linked to the main characters, Chris Kyle and William James (APA 2013).

The description of PTSD symptoms is based on the information found in the films. It would be necessary to add detailed facts and information for a comprehensive diagnosis that assures a reliable outcome. However, these films offer a wide range of scenes which allows for the classification of the main characters from a PTSD perspective and to assume a reasonable assessment.

5. Conclusion

PTSD is a mental disorder that is not as rare as it seems at first sight. Not only soldiers and persons who experienced war are the victims of this illness, but also ordinary people in everyday life. Yet, due to the character of their duty, the military and armed forces have an increased predisposition for PTSD occurrence. Still, a single presence of a traumatic event, which can appear elsewhere, is a potential initiator of a mental problem that may lead to PTSD.

Both war ambience films' primary focus is introducing an image of modern warriors and their heroism during the missions. The psychological aspect of such a demanding duty is an integral part of it. The thesis outlined the two main characters from a PTSD perspective. As the main character of American Sniper, Chris Kyle presents a highly skilled professional who tries to do his best and obey all orders and instructions. He also wants to do the right things in his duty and personal life. However, the symptoms of mental disorder complicate those efforts and the return home to the father´s role in civilian life. The main character of The Hurt Locker, William James, is a different picture of a hero. He is much more casual, ignoring rules and doing things in his style no matter the consequences, which might be a method for him to eliminate the stress and mental issue symptoms. Although he performs the missions successfully, this behaviour harms his reputation and remains overlooked. The identified significant symptoms of PTSD occurrence are the subject of comparison for both characters. The result shows common utterances of symptoms in the behaviour of both characters, which vary and correspond to the difference in the individual personality.

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