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The Manchurian Candidate Narrative: The Need for Balance and a Counter Narrative

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A project rationale

submitted in partial fulfillment of the
requirements for the degree of

Master of Arts Interdisciplinary Studies

University of Washington

2016

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Program Authorized to Offer Degree

MAIS

University of Washington

Abstract

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Contemporary American media commonly misrepresents violence committed by veterans suffering from Post-Traumatic Stress Disorder (PTSD) as common place. The reasons for PTSD-related violence are complex, and representations of it in popular media contribute to the stigmatization and fear of veterans with PTSD in both the civilian and military populations. This project rationale is the presentation of a counter narrative to these dominant cultural narratives in the form of a web comic, titled *Binary*. *Binary* is the story of Derek Anderson which shows how deeply PTSD changes the lives of sufferers. Despite his disabled status and less-than-ideal living circumstances, Derek is able to overcome immense challenges due to his profound life experiences, and subverts the traditional ‘dangerous veteran’ trope. *Binary* changes the dominant culture narrative into something that actively combats it.

Keywords: Manchurian Candidate Narrative, Veterans, Post-Traumatic Stress Disorder, Binary

TABLE OF CONTENTS

Introduction.....	6
Manchurian Candidate Narrative & Literature Review.....	10
Case Studies & Text Analysis.....	16
Counter Narrative Production.....	21
Conclusion.....	23
Works Cited	25

Acknowledgements

I will keep this section as brief as possible. I wish to acknowledge the help and mentoring I received from Beverly Naidus, Michael Kula, and Dr. Larry Knopp among others for helping me complete this project rationale, and *Binary* as a project. Your help was invaluable and I thank all of you.

I would also like to thank Dan Smith, Kyle Chapman, Miguel Douglas, Jessica Warner, Jessie Mizic, Peter Benjamin, Tre Carver, and many more of my fellow students for putting up with me and my irrational nonsense in class.

I'd also like to thank my parents Cathy and Douglas Hardin for their love and support.

To the top.

INTRODUCTION

This project rationale is being directed toward the culmination of my Master's Degree project - specifically the project in question is dealing with stigma regarding mental health issues that exists for sufferers of combat related Post-Traumatic Stress Disorder (PTSD). This stigma which is experienced internally within the military also exists in the civilian sector due to misrepresentations of PTSD sufferers in the mainstream media. Veterans are often caught between two extremes by a public that tries to honor and appreciate their service, while being simultaneously frightened and weary of combat related psychological issues. Though the public can be startled and confused by these conflicting extremes it can also be just as disorienting for veterans themselves. This fear and confusion acts as a barrier for treatment which over time has proven to be costly for all parties involved. My project, a web comic titled *Binary*, is a counter-narrative that seeks to attack the stigma regarding mental health in veterans and others.

Now understanding the basis for this project I am obligated as a writer to acknowledge that I suffer from PTSD due to personal experiences in combat during Operation Enduring Freedom 2010-11. My Military Occupation Specialty (MOS) during my time in the military was as a 68W (spoken as sixty-eight-whiskey) Healthcare Specialist. A 68W is in layman terms known as a combat medic. As a medic I was attached to Bravo Company 1-87 Infantry 1st Brigade Combat Team 10th Mountain Division. I served as a line medic within 3rd Platoon until the first few months of our deployment to Afghanistan when I was promoted to Senior Line Medic for the Company. In this capacity I was exposed to many firefights of varying intensity, stressful non-combat related duties, and the treatment of combat casualties. I rounded out my military career with three additional years with the Washington State National Guard - serving a total of six years.

My personal experience with the military and my subsequent transition back to civilian life was difficult. I left active duty approximately one month after returning home from Afghanistan, and for my first year back I underwent what some in the military call a ‘honeymoon’ period. I was happy to be back in the US where roads don’t randomly explode, nobody was actively trying to kill me with a variety of weapons, and no military bureaucracy was actively frustrating me. During this time though I was also suffering from consistent nightmares and distressing/disturbing dreams. I was also suffering from hyper-vigilance where a sudden loud noise would send me into a panic. Certain situations such as entering a crowded area would create intense anxiety to the point I would begin to have panic attacks just going into a grocery store. Even with these glaringly apparent symptoms I refused to acknowledge that I had a problem – I felt like I could handle it.

As time went on my symptoms became progressively worse. I became easily irritable and had anger that was not reasonable in response to things. I started to become reclusive to the point that I only went outside when it was absolutely necessary. I became depressed to the point where I didn’t feel like anything was worth doing anymore. I lost interest in things that I had loved doing up until that point. I also entertained thoughts of suicide. Eventually things got so far out of control that even I started to understand and recognize that there was something wrong and that I needed help. It took nearly two years but I finally went to the Department of Veteran’s Affairs (VA) to seek treatment. Now nearly six years after my deployment the question has become, ‘Why did I wait so long before I got treatment? Why did I let it get so bad?’

The first thing I had to realize was that I really didn’t understand PTSD and as such couldn’t recognize my own symptoms. Despite the hours of forced PowerPoint presentations I underwent in the Army regarding mental toughness and health I apparently didn’t retain the

information. The best description I could find in describing PTSD symptoms comes from Richard P. Marshall and Matthew Dobson. These authors state:

PTSD is characterized by symptoms such as: recurrent and intrusive recollections of the traumatic event, persistent avoidance of stimuli associated with the trauma, a diminished responsiveness to the external world, and persistent symptoms of increased arousal. It is marked by the dynamic nature of its presentation, as PTSD behavior can be conceptualized as a set of interacting poles of physical and emotional states and coping reactions. Swings from one pole to another occur spontaneously, or sometimes result from the external circumstances in which the person is placed. These "swings" apply to both the individual's overt behavior, their cognitive functioning, and the related emotional dimensions which characterize PTSD. Indeed, it is in the latter dimension that the dynamic nature of PTSD can be noticed. (389)

Though helpful for understanding basic symptoms, and while not technically wrong, there is an interesting binary in the language utilized here. There are clear hierarchical views that place non-sufferers above sufferers. There is also interesting language utilized in the use of the words 'swing' and 'dynamic' to describe the unpredictable onset of symptoms. While not technically wrong there is an implication that there are no in-between states between the onset of symptoms and after; and there is almost a degree of randomness implied in relation to the onset of symptoms as well. In a way even the academic literature describing PTSD could be viewed as stigmatizing rather than compassionate.

This unusual binary interaction between sufferers and non-sufferers made me focus in on one of the key words I used to describe the above quote - stigmatizing. Stigma regarding PTSD takes on many forms and exists both within the military and also out in the civilian world. The

stigma regarding PTSD has been researched by many academics and psychologists to see what kind of role it has in preventing sufferers from seeking treatment (Carr 472; Dickstein et al 225.; Maguen et al. 136; Marshall, Dobson 392). It is interesting to note however that while there is a common idea that stigma is a problem it is difficult to track down literature that deals with the stigma in a complete way. The cited articles above do a very good job of isolating certain causes for stigma in a military environment but don't do an adequate job of speaking about the stigma that exists out in the civilian world. To a degree this makes some sense as it's a military problem in a military environment but this way of thinking does not help veterans.

Outside the framework of the military, veterans and civilians are given conflicting images and narratives regarding the military and veterans. Both groups are confronted by a post-9/11 patriotic narrative created by dominant culture that tries to honor and respect veterans, particularly in response to the horrific way they were treated in the 1960s, 70s, and 80s. While dominant culture frames that particular ideal it is also simultaneously framing veterans as crazy and unpredictable walking time bombs – members of society with the knowledge and skills of combat troubled by psychological issues. These conflicting views regarding the military, active service members, and veterans is both awkward and troubling.

Because of these conflicting and confusing depictions there is a need now, more than ever, for there to be a counter-narrative to balance the proverbial scales. My contribution is as I described above, a free web comic titled *Binary*. *Binary* offers an insider view to what it feels like to be a veteran suffering from PTSD in a contemporary world – one where people like myself are forgotten at worst and condescended to at best. The story depicts also how despite the troubled situations veterans can find themselves in that they have agency and can cope just like

unaffected people can. The title also references the sufferer/non-sufferer binary that was mentioned earlier in this section.

Perhaps even more important than the counter-narrative itself is the way in which it is deployed, and that medium is that of the free web comic. Though comics have been long stigmatized as for being just for ‘kids’ or ‘nerds,’ sequential art is among the most accessible types of literature available. This accessibility comes from the fact that action is depicted through drawings in addition to the written word, allowing people who might not be as literate to be able to enjoy and understand the ideas portrayed within. *Binary* is also hosted under its own domain name (www.binarywebcomic.com) and requires no purchase necessary to view it – all that is needed is an internet connection and a device able to access it.

Due to the nature in both how *Binary* is constructed and exhibited, it can serve as an example on how to construct counter-narratives or narratives in general for artists and writers with limited resources. With enough positive content it’s possible that our cultural ideas and beliefs, whether wrong or right, can eventually be changed to promote positive social change.

THE MANCHURIAN CANDIDATE NARRATIVE & LITERATURE REVIEW

The mainstream media consistently provides news of veterans causing violence in sensationalized ways. In the Pacific Northwest there was a particular example when Benjamin Colton Barnes killed a park ranger at Mount Rainier National Park before he himself died from exposure. The media focused mostly on the violence and tragedy aspect, paying special attention to how disturbed the perpetrator was (“Suspect in Killing of Mount Rainier Ranger Found Dead”) and omitting avenues for treatment and support. In addition to these news stories the fictional media of the United States reinforces this viewpoint with shows such as *Homeland* that

perpetuates fear and mistrust in veterans. In the case of the plot for *Homeland* it frames prisoners of war (POWs) as dangerous and corruptible. The similarity to the 1962 film *The Manchurian Candidate* and its 2004 remake is certainly there highlighting that this has been a generational problem that has existed for decades. In researching this problem I've personally begun to use the term 'Manchurian Candidate Narrative' to describe the conflicting duality the American public has toward veterans – honoring and praising them for their service while simultaneously mistrusting and fearing what and who they are.

The definition I utilize to describe the Manchurian Candidate Narrative more explicitly is as follows. First, the text being analyzed will portray veterans as having little to no agency regarding their mental health – either being unaware of or completely victim to psychological issues. Second, the text portrays veterans as being corruptible, violent, and unpredictable. Third, the text portrays veterans as utilizing the combat skills utilized in the military to cause violence. Finally, the text portrays veterans as being unsalvageable due to their mental health condition. This style of narrative is frequently depicted within pop culture especially in regard to movies and television shows.

This Manchurian Candidate Narrative specifically is the target for my final project. As mentioned before my project is a free web comic titled *Binary* and is designed both as a counter-narrative and also as a proverbial blue print for other creators to follow. This counter-narrative depicts a humanized veteran that has agency and a desire to not be a stereotype or be debilitated by his condition. To reiterate again, I've chosen the medium of the web comic due mostly in part to that particular medium's accessibility to people of all ages and backgrounds. The project is transformative in nature and seeks to remove or minimize stigma so that seeking and receiving treatment for psychological issues isn't viewed negatively. Over time incidents where veterans

cause violence due to untreated PTSD will become lessened, or even more hopefully, become a thing of the past.

There has been much written about the stigma that exists within the military in reference to PTSD and other mental health conditions. As mentioned in the article ‘Targeting Self-Stigma in Returning Military Personnel and Veterans: A Review of Intervention Strategies’ in 2010, “there appears to be a general consensus that mental health stigma is a daunting threat to the overall health and well-being of returning service members and veterans” (Dickstein et al. 225). Stigma is there but how does it start? How does the stigma get perpetuated throughout the military and into every Soldier, Marine, Airman, and Sailor? The best way to explain this is to show examples of the academic literature, but to also call upon my own personal experience starting with Basic Combat Training (BCT), through Advanced Individual Training (AIT), and finally service on active duty.

From the first day of BCT a certain mentality is pounded into every recruits’ head by a combination of angry drill instructors and peer pressure - weakness is not acceptable, nor is it tolerated. Weakness is a concept though that never truly forms as something that is actually reified. Weakness can mean anything ranging from pain, to injury, to sickness. Military recruits are consistently told to ‘tough it out’ to prove that they are not just strong and tough but also masculine. This mentality inevitably continues onto active duty, particularly in combat MOSs such as those in the infantry (11B/C), forward observers (13F), and combat medics (68W). Those that are not deemed ‘tough’ enough face an assortment of physical and verbal harassments and hazing in order to correct the error. Dickstein et al. also describe this unusual situation:

Attitudes such as toughness, mission focus, and self and group-based sufficiency are instilled in service members to ensure combat readiness. This belief system contributes to

the notion that help-seeking is a sign of weakness and that strong, self-reliant individuals can ‘tough out’ any problem or injury. It comes as no surprise then that in one study, at least half of soldiers and Marines meeting criteria for a mental disorder felt that seeking mental health treatment would result in being perceived as weak, being blamed for the problem, being treated differently by unit leaders, and having harm done to their careers. (227)

Though the military has a functioning healthcare system both in regard to physical and mental health its utilization is unofficially discouraged as described above. Despite the fact that institutions like the US Army have devoted considerable time to developing programs like the suicide prevention ACE program (“ACE Suicide Prevention Program Wins National Recognition | Article | The United States Army.”) among others, the stigma still remains. Russell Carr describes his experience with this very thing by stating that “I have come to realize that soldiers and Marines with PTSD can be difficult to engage in treatment. Frequently, they do not want treatment, or they avoid it out of fear for their careers or out of shame” (473). This kind of stigma is exacerbated by the unusual and fast moving environment that the military is with frequent deployments and changing duty stations. Carr also recalls this in his article as he describes:

A combat zone is no place for the intense, prolonged work of psychoanalysis. Even back in the safety of their home bases in America, military personnel seeking treatment and their active duty military therapists are members of a transient population. In all of these circumstances, either the patient or I was always in the process of going somewhere else. Time has rarely been on our sides. Fix it and move on becomes the mentality. Even before experiencing combat and its subsequent effects, most military personnel do not

have the time or motivation for extended exploratory work. Once in therapy, they often drop out because of various internal or external pressures, ranging from legitimate mission requirements to stigma. (471, 472)

Within the structure of the military, mental health is given the proverbial backseat to mission requirements and stigma.

The mission requirements that Carr mentions are important to explain as well as they can bring in their own unique stressors and contradictions. For several decades now the US military has been involved in a number of 'Peacekeeping' missions in places such as Somalia and the Balkans; certain elements of Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) also could be considered Peacekeeping operations. Litz et al. describes research that details military service members that felt "boredom, resentment, pent-up anger, and demoralization" in regard to the mission requirements of Peacekeeping duty (1001). Litz et al. note that a major source for these feelings stem from this analysis:

The exercise of restraint in the face of danger is likely to be quite troubling for combat-trained soldiers, contributing to feelings of helplessness and increased anxiety, especially when there is any uncertainty or ambiguity about the rules of engagement. Furthermore, manifesting restraint is a crucial and necessary component of effective peacekeeping.

(1002)

In other words military service members that are tasked with Peacekeeping duties face challenges that veterans from other wars, such as the World Wars, didn't face. These mission requirements are often areas of specialty that military service members weren't trained to do - enemies are often not obvious in regard to hostile intentions, and the use of force is regulated to the point of apprehension due to legality issues and punishments. Carr and Litz et al. describe in

academic literature how PTSD manifests in the unusual and unsuitable conditions for treatment, assuming service members would seek treatment anyway due to the internal stigmatization of mental health related issues within low level units.

What else can be said then about stigma within other instances of academic literature? In the article ‘Targeting Self-Stigma in Returning Military Personnel and Veterans: A Review of Intervention Strategies’ the authors describe two different kinds of stigmas – public and self (Dickstein et al. 225). The authors state, “Public stigma entails invalidating and unjustified beliefs (i.e., prejudices and endorsed stereotypes) about others, whereas self-stigma refers to the internalization of these negative beliefs” (225). Military service members do face both kinds of stigma exerted on them not just by the military but also themselves due to reinforcement.

Dickstein et al. also make note of the stigma created by dominant culture:

Though the general public’s views toward treatment-seeking seem to be improving... a number of misconceptions remain in the public consciousness due, in part, to pop culture’s unrealistic and negative portrayal of mental illness and its treatment... as a mirror to and shaper of the culture, television and film portrayals of mental illness entail considerable mythology and misconception... for example, pop culture depicts rare disorders (e.g., dissociative identity disorder) as relatively common, mentally ill individuals as aggressive and dangerous, and mental health treatment as melodramatic; electroconvulsive therapy and ethical indiscretions are commonly found in pop culture’s depictions of mental health treatment, whereas images of psychiatrists prescribing medication are a rarity... research suggests that such inaccurate portrayals result in increased levels of stigmatization and a decreased willingness among individuals to seek mental health treatment. (226)

This is one of the key elements regarding the construction of what I call the Manchurian Candidate Narrative.

Military veterans, due to the mental and physical reconditioning initiated in joining the military, are ill-equipped to deal with mental health issues. Both veterans and civilians suffering from PTSD, or any other mental illness for that matter, are consistently shown inaccurate representations of both sufferers of mental illness along with the treatment process of these conditions. Those that are unaffected by mental health issues are fed these same narratives, breeding unsubstantiated fear and anxiety regarding affected people.

CASE STUDIES AND TEXT ANALYSIS

The Manchurian Candidate Narrative as I've described is so named after the 1962 film *The Manchurian Candidate* which starred Frank Sinatra and Laurence Harvey. There was also a remake of the film released in 2004 that starred Denzel Washington and Meryl Streep. Both films serve as interesting case studies for their role in helping to perpetuate the idea of veterans as dangerous, violent, and unpredictable. Though both films take place during different time frames, the Korean War for the original and the Gulf War for the remake, the basic premise remains the same - POWs undergo brainwashing by enemy forces to turn them into sleeper agent assassins. Though the original film was more of a critique of the McCarthy era of 1950s America than anything else, it can't be denied that it frames veterans, particularly POWs, in a negative fashion.

Laurence Harvey's character in the original, Sergeant Raymond Shaw, is brainwashed by communist forces while captured as a POW during the Korean War. Shaw returns home and attempts to resume his life but is subject to the whims of his former captors - being triggered to

assassinate a target when presented with the correct stimuli. Shaw as a character lacks any degree of agency regarding his mental situation. He is tormented by nightmares along with his awkward reintegration back into American society. He exists as a dangerous time bomb that explodes into violence when provoked. It is also interesting to note that Shaw does 'redeem' himself at the end of the movie but only by committing suicide which is disturbing given the long standing trend of veterans suffering from PTSD.

With this summary it should be clear why I call the 'dangerous veteran' narrative the Manchurian Candidate Narrative and where I got the criteria to define it. Shaw is portrayed as a dangerous and unpredictable and utilizes his military skills to commit acts of violence. He has little to no agency in dealing with his situation and is ultimately unsalvageable due to the trauma inflicted upon him during war. The Shaw character then is quite literally the ideal poster child for the Manchurian Candidate Narrative as a concept.

The amazing thing to keep in mind though is that the *Manchurian Candidate* films came out in 1962 and 2004, which indicates that the fear of veterans is a generational one that works culturally as the basis for these conspiracy thrillers. There is an even more recent variant of this dangerous POW narrative in the Showtime series *Homeland* which bears more than a striking resemblance to the *Manchurian Candidate* films. In *Homeland* the main character is a Marine named Nicholas Brody whom was captured by al-Qaeda and is believed to have been 'turned' much like the Shaw character in the *Manchurian Candidate*. Is it a coincidence that these films happen to be released during or shortly after American wars where veterans with PTSD are trying to resume their lives? The similarity between the situation of the Shaw and Brody characters and traditional views of veterans in the civilian world is striking.

The wife of Benjamin Colton Barnes, referenced earlier in this project rationale, described her former husband before he murdered Rainier National Park Ranger Margaret Anderson as, “easily irritated, angry and depressed and keeps an arsenal of weapons in his home. She wrote that she feared for the child's safety” (“Suspect in Killing of Mount Rainier Ranger Found Dead”). The way her words are given indicates that he had no agency; that he existed as a dangerous time bomb that would eventually explode if provoked. Sadly and regrettably Barnes did eventually explode much like the Shaw character from *The Manchurian Candidate*. The questions that are provoked by this situation are simultaneously profound and depressing. What if Barnes had sought and been treated for PTSD? What if family and friends didn’t shun him or avoid him due to his mental state? Would both Barnes and Anderson still be alive today?

These provocative fictional narratives combined with sensationalized news stories of veterans committing acts of violence feed into one another. For every film that frames a disturbing view of PTSD in veterans like *Harsh Times* or *Brothers*, there are news stories that break like those of the Fort Hood shooter, Specialist Ivan Lopez (“Fort Hood Shooting: Psychiatric Issues ‘Fundamental Underlying Causal Factor’ - CNN.com.”). Speaking back to the Dickstein et al. article, the high speed mishmash of stigma built up in the military combined with the uneven and frightening narratives pushed by dominant culture creates the fear of PTSD and other mental health conditions in veterans. Acknowledging problems and seeking treatment creates baggage around the sufferer which prevents them from seeking treatment, and yet doing nothing is even potentially more dangerous for the sufferer. This is why the creation of a counter-narrative is so important. That begs the question, are there already examples of counter-narratives produced by dominant culture?

The answer to this question is rather difficult. The first instinct is to look at contemporary TV shows and films that attempt to depict warfighters and war in general. In our war time Post 9/11 society it's not that hard to do. Films and television shows like *Blackhawk Down*, *Act of Valor*, *Band of Brothers*, *The Pacific*, etc. all depict war and the military in glamorized Hollywood terms. Usually these films like *Blackhawk Down* depict a single battle and don't delve deeply into the soldiers or the aftermath of the battle. Films like *Act of Valor* are basically glorified recruitment ads whose only message is that America is always the good guy, sacrifice in war time is heroic, and that the military is 'cool.' These films depict unrealistic expectations and assumptions of the military which again creates the odd tension of respecting yet fearing veterans for civilians.

The closest film that I have found is the 1982 Sylvester Stallone film *First Blood* which is the first theatrical appearance of action hero character, John Rambo. In this film, John Rambo is a decorated Special Forces veteran of the Vietnam War forced to eke out an existence as a drifter. He ends up in a fictional Washington State town where he is discriminated against and forced out of the town by local law enforcement. He defiantly reenters the town and is arrested and subsequently abused by the police force which causes him to lose control of his PTSD symptoms - he escapes the police station and injures quite a few cops along the way. Then begins a cat and mouse game outside the town where he is hunted by local and state police along with the Washington State National Guard. Rambo uses his warfighting skills to evade capture while simultaneously causing catastrophic damage to the town. Eventually he returns to the police station, takes down the abusive police chief, and finally surrenders himself to his wartime Commanding Officer (CO), Colonel Trautman.

This description doesn't at first glance sound like a counter-narrative to *The Manchurian Candidate*. The difference is that Rambo is the wounded party – he didn't draw 'first blood.' Rambo like so many real life Vietnam veterans were used and discarded by the US military and met with open anti-veteran hostility from civilians upon returning from combat. An Army friend of Rambo's, whom he tries to visit during the opening sequence of the film, had died of exposure to Agent Orange - Rambo is met with quiet anger on behalf of the mother of the man. Rambo himself is an aimless drifter, whose very existence the abusive police of the town refuse to acknowledge. Rambo also delivers one of the most painful monologues in film after the final showdown at the police station where he very accurately states that "you just don't turn it off" in reference to his PTSD and warfighting skills.

First Blood then in comparison to films like *The Manchurian Candidate* does initially feel different because of the way the story is presented. Rambo is an anti-hero – someone that is technically a law breaker and a 'bad guy' but is shown in a sympathetic and heroic fashion. However, despite the narrative focusing on Rambo's perspective and portraying him as a sympathetic character there are a lot of troubling elements regarding *First Blood*. Though he was the wounded party, Rambo still exists as the dangerous PTSD riddled veteran stereotype - someone who is ready to explode into violence with the right stimuli. Rambo in this instance has too much agency as an unstoppable and almost borderline cartoonish distributor of violent, military-trained force. He lacks any degree of agency to control himself and his situation until he is reeled in by the only person that knows him as a military weapon. Ultimately, Rambo is also unsalvageable, at least in the first film, and is sent off to prison for the damage he has created. Rambo then fits the criteria for the Manchurian Candidate Narrative despite the positive, anti-hero role his characters acts as within the film.

COUNTER NARRATIVE PRODUCTION

Do true counter-narratives exist already in some form within dominant culture? It's certainly possible given the huge quantity of material that exists in film, text, and picture form. However, after reviewing a wide range of popular culture narratives about veterans with PTSD I have not been able to find one that pushes back strongly against the Manchurian Candidate Narrative. You have films on the topic that fall either into the *Manchurian Candidates* of the world, the ambiguous category of films like *First Blood*, or the grossly inaccurate theatrical recruitment ads like *Act of Valor*. This is why the creation of a counter-narrative is so important.

As a published short fiction writer I understand that making a counter-narrative is not a simple task. First and foremost there has to be a story and this story cannot be in the simplistic guise of a public service announcement that aired after cartoons in the 80s and 90s. Soapbox styled narratives like those don't engage viewers or readers the same way a standard narrative can – people don't like to be told how they should think or feel. Though avenues of educational non-fiction styled art pieces are there for open investigation in the future, it's not where I intend to go with this comic. As someone who grew up on sci-fi and fantasy settings both in regard to comics, television, and film those are my preferred genres. As such, my contribution to the comics industry for a counter-narrative is *Binary*.

The basic concept for *Binary* starts with a veteran protagonist that is suffering from PTSD. This character, named Derek Anderson, is based off of many real life people I've met during group therapy sessions through the VA. This character is debilitated by his condition and has become reclusive - he lives off of his monthly disability payment and stays inside playing a fantasy Massive Multiplayer Online Role Playing Game (MMORPG) where he is able to forget and hide from his condition. To the rest of society he's a nervous and depressed wreck but in the

game he firmly claims a loved and heroic identity. Derek receives short and ineffective treatment sessions from the VA, which is a very common complaint among veterans including myself. After one of these sessions, Derek is struck by a car and it's assumed he's gone into a coma. He wakes up and finds himself in what seems to be a real, tangible version of the videogame he was so obsessed over. Derek then has to adjust to his new situation and overcome challenges while he also deals with his mental health condition.

Additionally, *Binary* also has two other characters that also suffer from PTSD but have different circumstances for the condition. The first character, Kiara Lourenzan, is also a sufferer of combat-related PTSD but represents a different character archetype compared to Derek. Kiara is an example of a veteran that has not sought any kind of treatment nor really understands the depths to which she has been affected. She is easily irritated, startled, and has very little patience and, in essence, acts as many veterans do in the real world prior to treatment. She's an example of a character that would be used to reinforce the Manchurian Candidate Narrative in another text, but through her friendships and the support of Derek, she begins to gain control over her symptoms.

Another character that has PTSD in *Binary* is Aurora LaCroix. Aurora represents the civilian-side of PTSD – more specifically those that have been victims of domestic abuse. Aurora is a lynchpin in *Binary's* story, acting as the catalyst for the events that eventually unfold. As a character she has been the recipient of brutal physical and sexual abuse at the hands of the main antagonist of the story. Aurora is easily frightened and lives in perpetual fear, but eventually learns to be independent and capable in much the same way that Kiara overcomes her symptoms.

This counter-narrative to the Manchurian Candidate Narrative of dominant culture clearly places a realistically represented veteran, among other types of PTSD sufferers, in a unique and interesting fantasy situation. Derek, Kiara, and Aurora all show agency as they begin to rebuild themselves within the context of the main story arch. All of these characters are portrayed as people with feelings and emotions, devoid of the angry and violent time bomb stereotype. Much in the same way Art Spiegelman gave a touching, personal, and accessible version of the holocaust with *Maus*, I seek to do the same with *Binary* and PTSD. Hopefully with this counter-narrative an open and productive discourse can be started to remove the stigma from mental health issues in veterans.

CONCLUSION

The depiction of veterans within modern popular culture is one of the more serious issues of our time considering that they can influence life and death situations. The academic literature, both military and civilian, appear to have come to the same conclusions (Carr 472; Dickstein et al 225.; Maguen et al. 136; Marshall, Dobson 392). Veterans in particular occupy a very strange place within American society both due to the mental and physical reconditioning we undergo in joining the military, but also in the ways that combat affects us psychologically. Combine these things with damaging and unsympathetic representations in mainstream media and it becomes rather easy to identify why veterans are unwilling to seek treatment for PTSD, and why civilians are indecisive and frightened about helping.

Narratives like those seen in *The Manchurian Candidate* are so prevalent in contemporary pop culture that we as a culture begin to internalize their concepts. This has been a generational problem for American society considering just how long and how many of these

types of narratives continue to be produced. The traditional structures that produce these narratives have been in place for decades also and are notoriously difficult to break into – studios, design houses, and publishers want narratives that are proven to give returns on investments. A counter-narrative is unlikely to be produced through these traditional areas without examples that show they are worth the money and effort to produce.

Binary is a counter-narrative that circumvents this entire process described above while maintaining as much accessibility to the general public as possible. *Binary* is a free web comic that requires only that readers have the web page address, an internet connection, and a device to view it on. The sequential art format of *Binary* allows viewers of all ages, backgrounds, and abilities to become invested. Likewise, content creators can view the comic and see a clear path onto which they too can create, promote, and self-publish their own narrative.

WORKS CITED

- “ACE Suicide Prevention Program Wins National Recognition | Article | The United States Army.” Web. 6 Dec. 2014.
- Ayer, David. Harsh Times. 2006. Film.
- Band of Brothers. 2001. Film.
- Carr, Russell B. “Combat and Human Existence: Toward an Intersubjective Approach to Combat-related PTSD.” *Psychoanalytic Psychology* 28.4 (2011): 471–496. Web. 11 Oct. 2014.
- Homeland. 2011. Film.
- Demme, Jonathan. The Manchurian Candidate. 2004. Film.
- Dickstein, Benjamin D. et al. “Targeting Self-stigma in Returning Military Personnel and Veterans: A Review of Intervention Strategies.” *Military Psychology* 22.2 (2010): 224–236. Web. 11 Oct. 2014.
- “Experts: Vets’ PTSD, Violence a Growing Problem.” CNN. Web. 6 Dec. 2014.
- “Fort Hood Shooting: Psychiatric Issues ‘Fundamental Underlying Causal Factor’ - CNN.com.” CNN. Web. 22 Feb. 2015.
- Frankenheimer, John. The Manchurian Candidate. 1962. Film.
- Kotcheff, Ted. First Blood. 1982. Film.
- Litz, Brett T. et al. “Warriors as Peacekeepers: Features of the Somalia Experience and PTSD.” *Journal of Consulting and Clinical Psychology* 65.6 (1997): 1001–1010. Web. 11 Oct. 2014.
- Maguen, Shira et al. “The Role of Psychologists in the Care of Iraq and Afghanistan Veterans in Primary Care Settings.” *Professional Psychology: Research and Practice* 41.2 (2010): 135–142. Web. 11 Oct. 2014.
- Marshall, Richard P., and Matthew Dobson. “A General Model for the Treatment of Post-traumatic Stress Disorder in War Veterans.” *Psychotherapy: Theory, Research, Practice, Training* 32.3 (1995): 389–396. Web. 11 Oct. 2014.

McCoy, Mike, and Scott Waugh. *Act of Valor*. 2012. Film.

Orr, Jackie. *Panic Diaries: A Genealogy of Panic Disorder*. Duke University Press Books, 2006. Print.

The Pacific. 2010. Film.

Scott, Ridley. *Black Hawk Down*. 2002. Film.

Sharpless, Brian A., and Jacques P. Barber. "A Clinician's Guide to PTSD Treatments for Returning Veterans." *Professional Psychology: Research and Practice* 42.1 (2011): 8–15. Web. 11 Oct. 2014. *Psychological Services for Veterans and Military Service Members and Their Families*.

Sheridan, Jim. *Brothers*. 2009. Film.

Spiegelman, Art. *The Complete Maus*, 25th Anniversary Edition. New York: Pantheon, 1996. Print.

"Suspect in Killing of Mount Rainier Ranger Found Dead." Web. 6 Dec. 2014.

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