

Clinical Psychological Analysis of the film Antwone Fisher: Trauma, PTSD, and Treatment Approaches

Abnormal Psychology – 204

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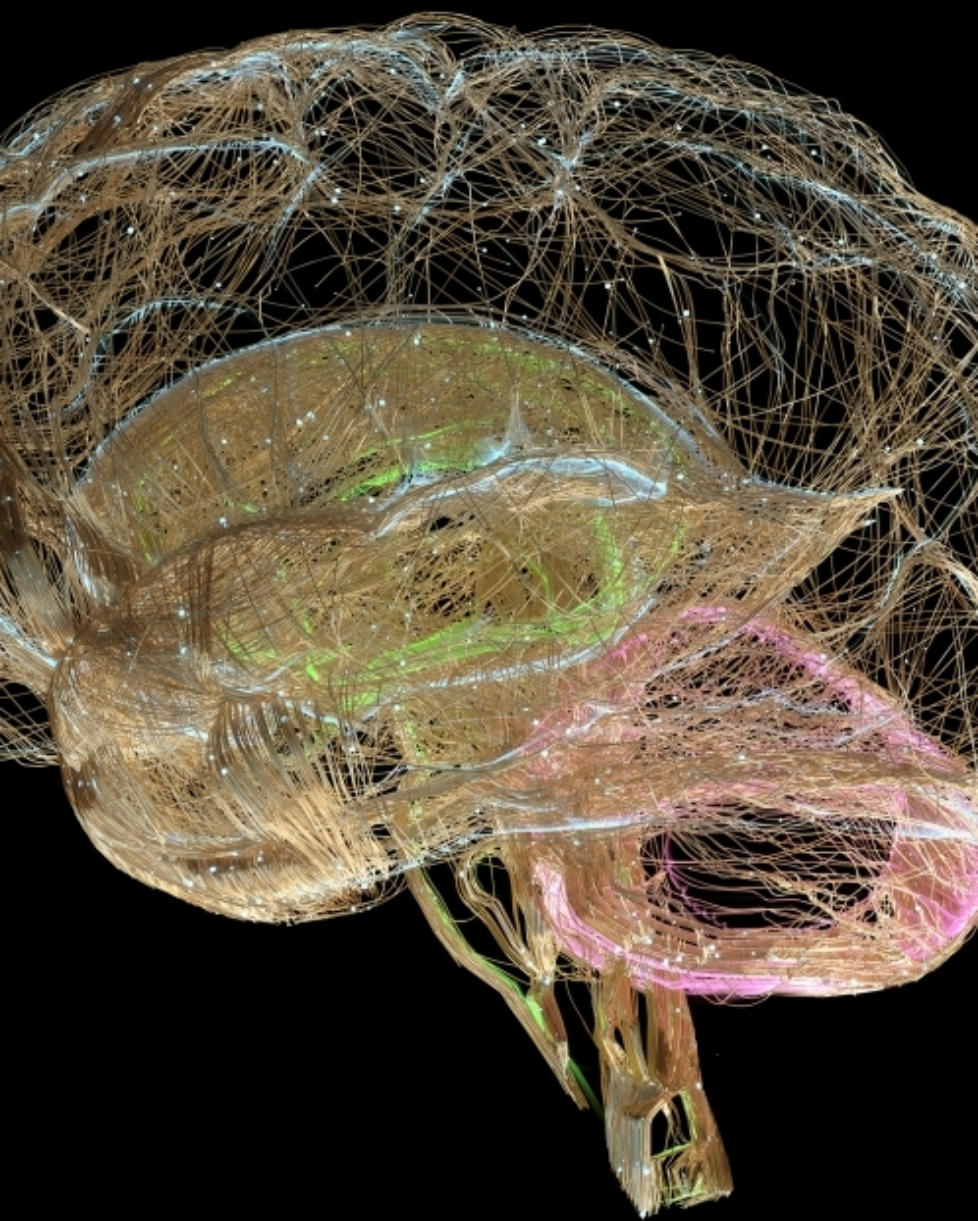
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Introduction ☐

- The 2002 film Antwone Fisher directed by Denzel Washington, is based on the true story of Antwone Quenton Fisher, a U.S. Navy sailor struggling with the psychological impact of childhood trauma.
 - The film explores the long-term effects of abuse and neglect, highlighting Post-Traumatic Stress Disorder (PTSD) and Attachment Disorder as central themes.
 - Through therapy, Fisher embarks on a journey of self-discovery and healing, confronting his past trauma and developing healthier coping mechanisms.
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Character Overview ☐

- **Name:** Antwone Quenton Fisher
 - **Age & Background:** A young African American male raised in the foster care system, abandoned at birth.
 - **Key Relationships:**
 - Dr. Jerome Davenport (therapist) – central to Fisher's therapeutic journey.
 - Cheryl (love interest) – represents his struggle with intimacy and trust.
 - Fisher's childhood was marked by physical abuse, emotional neglect, and abandonment, significantly shaping his ability to form trusting relationships.
 - His military environment provides stability but also exposes deep-seated psychological distress that manifests as anger, withdrawal, and emotional dysregulation.
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Presenting Symptomology ☐

Fisher exhibits hallmark symptoms consistent with PTSD and Attachment Disorder:

- Aggression & Violent Outbursts – Displays uncontrollable anger, often in response to perceived threats or disrespect.
 - Emotional Dysregulation & Suppression – Struggles to process emotions healthily, avoiding deep discussions of his past.
 - Difficulty with Intimacy & Relationships – Experiences fear of abandonment and trouble establishing trust.
 - Hypervigilance & Mistrust – Remains constantly alert to potential danger, leading to defensive behavior.
 - Flashbacks & Re-experiencing Trauma – Though not explicitly depicted, his intense reactions to past events indicate unresolved trauma.
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Diagnosis – PTSD ☐

(DSM-5 Criteria)

Fisher's behaviors align with Post-Traumatic Stress Disorder (PTSD) as outlined in the DSM-5 (APA, 2013):

- **Exposure to Trauma:** Persistent effects of childhood abuse and neglect.
- **Intrusive Symptoms:** Distressing emotional responses when recalling past trauma.
- **Avoidance Symptoms:** Hesitation to discuss past abuse or engage in deep emotional reflection.
- **Negative Alterations in Cognition & Mood:** Persistent self-doubt, trust issues, and emotional withdrawal.
- **Arousal & Reactivity Symptoms:** Heightened irritability, aggression, and hypervigilance.



Attachment Disorder ☐

(DSM-5 Criteria)

- **Attachment Disorder, often associated with childhood trauma, manifests through:**
 - Insecure Attachments: A history of inconsistent caregivers impairs his ability to form healthy relationships.
 - Fear of Abandonment & Rejection: Exhibits reluctance to emotionally invest in relationships due to fear of loss.
 - Emotional Isolation & Self-Reliance: Prefers solitude, avoiding vulnerability as a defense mechanism.
 - Difficulty Trusting Others: A pervasive belief that others cannot be depended upon.
- **Fisher's symptoms align with Reactive Attachment Disorder (RAD) (Zeanah et al., 2016), a condition that impairs emotional regulation and social connection.**



Best Treatment Practices ☐

(Psychotherapy)

•Evidence-based psychotherapeutic interventions for PTSD and Attachment Disorder:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*: Helps individuals process trauma, restructure maladaptive thoughts, and develop coping strategies (Cloitre et al., 2019).
 - Eye Movement Desensitization and Reprocessing (EMDR)*: Reduces distress associated with traumatic memories through guided reprocessing techniques..
 - Dialectical Behavior Therapy (DBT)*: A structured therapy that combines mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness to help individuals develop healthy coping strategies for trauma-related symptoms. DBT is particularly beneficial for those who experience intense emotions and struggle with impulse control, both of which are prevalent in Fisher's case.
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Best Treatment Practices ☐

(Pharmacotherapy)



Pharmacological treatment is often used in conjunction with psychotherapy for PTSD:



Selective Serotonin Reuptake Inhibitors (SSRIs) (e.g., Sertraline, Paroxetine) – First-line treatment for PTSD, reducing anxiety and mood instability (Stein et al., 2021).



Prazosin for Nightmares & Hyperarousal – Mitigates PTSD-related sleep disturbances and intrusive thoughts.



Mood Stabilizers (e.g., Lamotrigine, Valproate): Assists with emotional regulation, particularly in individuals with heightened irritability and impulsivity.





Treatment Plan: Mr. Fisher ☐

A comprehensive, individualized treatment plan for Fisher should include:

- Trauma-Focused CBT – Assists in processing childhood abuse and restructuring maladaptive thought patterns.
 - Gradual Exposure Therapy – Supports confronting and reprocessing distressing memories in a controlled setting.
 - SSRIs (Sertraline) for emotional regulation – Addresses mood instability and anxiety symptoms.
 - Structured Military Support System – Provides discipline and structure while ensuring access to mental health services.
 - Long-term Therapy for Attachment Issues – Focuses on fostering trust, improving relationship-building skills, and promoting emotional security.
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Final Thoughts



The Conclusion ☐

- The film Antwone Fisher presents a compelling psychological case study, highlighting the profound effects of early-life trauma.
 - Fisher meets DSM-5 criteria for PTSD and Attachment Disorder, reinforcing the necessity of trauma-informed interventions.
 - Best practices for treatment involve a multimodal approach, integrating TF-CBT, EMDR, DBT, pharmacotherapy, and long-term emotional support.
 - The film serves as a critical exploration of the intersection of mental health, trauma, and sociocultural resilience.
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