

How Love Saved Cherry! A Case Conceptualization

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The film "Cherry" by Angela Russo-Otstot and Jessica Goldberg released in 2021, depicts the story of a young man named Cherry who serves as a medic in a war in Iraq after dropping out of college and joining the military at a young age (Nguyen, 2021). According to the DSM-5 criteria, Cherry has a post-traumatic stress disorder and substance use disorder diagnosis. The life events and trajectories that Cherry experienced explicitly highlight these diagnoses.

After basic training in the military, Cherry advances to a medic position and is seemingly prepared for war in Iraq. During basic training, a drill sergeant expresses the harsh realities of wartime in Iraq (Russo & Russo, 2021). Cherry advances in his training and later serves on the front lines of the war depicted in the movie. Cherry witnesses a bombing and must identify and bury the calcinated bodies of his comrades amid combat. Cherry is depicted to have lost all hope during wartime and his desperation is illuminated when he exclaims, "there [is] nothing" while battling at the "Triangle of Death"; A place where the protagonist was constantly being exposed and engaged in acts involving violent death and injury (Russo & Russo, 2021). Cherry's experiences in Iraq were aversive and traumatic, and it is made evident when Cherry confides to his comrade saying, "I just hate it here dude, I just wanna go home!" These aversive events reflect criterion A for a PTSD diagnosis: exposure to aversive experiences (Craig, 2021).

Post-war, Cherry goes back home, rekindles with his wife Emily, works a below-minimum-wage construction job, and attempts to continue with school. Soon after his return, he begins to manifest the classic signs of PTSD. He is then diagnosed and prescribed an opioid named OxyContin. Cherry's symptoms post serving in the War in Iraq reflect the textbook definition of PTSD as he meets not only criterion A - as explored earlier - but also criteria B to H of the DSM-5 criteria for PTSD. Cherry manifests Criterion B through recurring distressing memories of people who experienced gruesome deaths and recurring nightmares that viciously diminished his quality of sleep. Altogether, this indicates the presence of intrusive symptoms related to the traumatic events he witnessed at war in Iraq (Craig, 2021). In Cherry's search to avoid these distressful memories, he begins to abuse substances. His avoidance of distressing thoughts and memories related to the war is consistent with Criterion C (Craig, 2021).

Criterion D - persistent negative emotional states - is demonstrated in Cherry by negative mood and cognition changes (Craig, 2021). Post-war, Cherry exhibited an increased propensity to violence and was also prone to negative influence. This juxtaposes Cherry's traits pre-war: calm and sensitive. This change is made evident when Cherry's wife mentions that she has a thing for "weak guys". Moreover, Cherry acts violently to unknowing strangers and later punches a bathroom mirror in frustration when on a date with Emily. Both events are a clear indication of increased irritability. This hindered his social functioning and inevitably led to substance abuse, which is consistent with criterion G (Craig, 2021).

Cherry also exhibits changes in arousal and reactivity; he is often irritable, hypervigilant, anxious, and has difficulty sleeping - all symptoms congruent with criterion E (Craig, 2021). Moreover, the disturbances mentioned lasted for more than a month, which is in line with criterion F. Notably, all of Cherry's symptoms and disturbances were not linked to medication, substance abuse, or any other medical conditions, which fulfills criterion H (Craig, 2021). Hence, Cherry's behaviors and cognition post-war inexplicably meet the criterion for a DSM-5 PTSD diagnosis.

After receiving a prescription for Oxycontin, a drug that allowed Cherry to escape daunting and intrusive images associated with gruesome

war experiences, he becomes addicted to the opioid (Bernardy & Montano, 2019). Cherry is lured into drug addiction to cope with PTSD symptoms, a situation that effectively illustrates an internalizing development pathway to substance use disorder and highlights the profound impact of traumatic war experiences on Cherry's mental health. Cherry did not start uncontrollably indulging in drugs until after the aversive war experience, but he does have a history of recreational drug use. In college, Cherry was exposed to drugs via peer drug use, where he exchanged and shared drugs like ecstasy. Cherry's relationship with drugs was positively reinforced through increased positive affect and social influence. Moreover, Cherry lived in an environment where he had easy access to drugs. For example, Emily tells Cherry that a weird guy just offered her drugs during one of their first conversations; at this time, Cherry appears to be high on ecstasy on the college campus, an environment promoting drug use. Furthermore, people not only feel happier on ecstasy, but they also tend to feel more at ease in the world and pleased with those around them, a feature that seems to have drawn Cherry to recreational drug use (The Drug Classroom). It is therefore not surprising that Cherry leaned towards drug use while battling PTSD.

Emily and Cherry's relationship is an essential factor that sustained and fostered Cherry's substance abuse. Their love story transcends time, mental illnesses, and many tribulations. When Cherry started abusing drugs, he was constantly high, inactive, and unsupportive. Despite Emily's attempts at being supportive, she grew frustrated and tired. At the height of her despair, Emily angrily consumes Cherry's drugs as she screams in frustration and says, "I would love a break, from all of this..." , an event that marked the beginning of their co-dependency on drugs (Russo & Russo, 2021). Furthermore, Emily's inception to drug use reflects the role of stress and access to drugs as the primary environmental factors that promoted her inception to substance abuse and dependency. This mutual reinforcement helps spiral Cherry and Emily into substance use disorders.

Cherry and Emily display a myriad of behaviors aligning with the criteria indicative of substance use disorder (SUD), particularly their addiction to opioids. Firstly, they are seen to consume substances in large amounts and for extended periods. This is made evident by their incorporation of drugs into their functional daily routine as a couple. Emily and Cherry single-handedly raid an entire supply of drugs left in their care by their drug dealer friend. An entire supply of drugs is a large quantity for two people. They invested a lot of time and effort to access these securely stored drugs and consumed the bulk of the drugs without considering any consequences. This series of events highlights Cherry's and Emily's inability to cut down and stop using substances. This reflects the second criterion for a SUD diagnosis (Elizabeth Hartney, 2023). Secondly, Cherry devotes most of his time to drug-seeking behaviors. These behaviors are often dangerous and have a variety of consequences. He immerses himself into a life of robbing banks to acquire funds to support his substance-dependent lifestyle. He is unable to earn the money honestly since the rest of his time is spent getting high with Emily and recovering from the use of opioids. This prevents him from sustaining a decent job, a situation relevant to the fifth criterion for a SUD diagnosis (Elizabeth Hartney, 2023).

Consequently, Cherry appears to have a palpable desire for drugs, such that both he and Emily get physically sick and emotionally agitated when they are unable to attain drugs. The couple's incessant desire for drugs reflects the fourth criterion for a SUD diagnosis. This steers Cherry into a life of crime and causes him to use violence and put himself in dangerous situations for the sake of drugs. It is without a doubt that substance use had many aversive consequences on both Cherry's and Emily's life. Cherry witnesses Emily's heroin overdose where Emily almost dies. However, Cherry continues to abuse substances despite seeing all the possible negative consequences. He is instead forced to continue robbing banks to pay for the drugs they previously raided. The aversive consequences of substance use appear to be pervasive and further promote the use of drugs. For instance, Cherry continues getting high to not only avoid PTSD symptoms but also to boost his confidence. This hence enables him to rob banks, events that lead to vicious addictive cycles, and are a clear depiction of the ninth criteria for a SUD diagnosis (Elizabeth Hartney, 2023). Furthermore, we see that over time, both Cherry and Emily consume more drugs and in more frequent intervals, highlighting their increased tolerance to drugs. Ironically, their increased tolerance neces-

for a SUD diagnosis. Towards the end of the movie, we see that Cherry decides to seek help, driven by fear of losing his and Emily's life. After Emily's first overdose, Cherry decided to leave Emily under the care of her family; he realized that he was a factor promoting Emily's addiction. Unfortunately, Emily relapses after an intense rehabilitation program and goes back to live with Cherry, which accurately illustrates how their relationship and bond perpetuate a vicious cycle of substance co-dependency (Russo & Russo, 2021). Out of the eleven criteria indicating a SUD diagnosis, Cherry sufficiently meets nine of the criteria which suggests a severe case of a substance use disorder (Elizabeth Hartney, 2023).

Eventually, we see that Cherry becomes self-aware of his opioid addiction problem. This causes him to become fearful of losing his wife and possibly wasting his life. We see their love playing a role in motivating Cherry to seek help and intentionally work towards remission. In a captivating scene, Cherry surrenders himself to police via open fire. He then injects himself with heroin in the middle of the street and is promptly taken into custody (Russo & Russo, 2021). Individuals with opioid use disorders require a comprehensive treatment plan when incarcerated as this can be a critical time to positively impact the rest of their lives. Forced withdrawal increases the risk of fatal overdose after release, emphasizing the importance of the intervention and the diminished likelihood of relapse (John Hopkins, 2021). After a withdrawal intervention, medication is the next gold standard for treating opioid use disorders with FDA-approved options including methadone, buprenorphine, and naltrexone (John Hopkins, 2021). When compared to non-medication-based approaches, incorporating these medications into treatment plans has been shown to significantly reduce the risk of overdose by more than 50% (Moore et al., 2019). This emphasizes the importance of medication-assisted treatment as a life-saving treatment. This is most likely the treatment route Cherry received after being indicted. Further findings highlight the importance of Medication-Assisted Treatment (MAT) in increasing community-based substance use treatment engagement both during and after incarceration (Moore et al., 2019). Notably, inmates who received methadone are over eight times more likely to seek community-based treatment. Cherry received this treatment and willingly joined the Heroin Anonymous program while in prison (Moore et al., 2019). The movie finishes after Cherry completes his sentence, and once again, rekindles with his wife. This time, there is hope of a sober future and a new co-dependency in ensuring a successful recovery and remission from both PTSD and SUD (Russo & Russo, 2021).

Examining the portrayal's accuracy in comparison to current psychopathology science, the film effectively captures the multifaceted nature of PTSD and SUD. The movie recognizes and shows the heterogeneity in individuals' experiences within these diagnoses. While certain aspects of Cherry's life are consistent with DSM-5 criteria, the narrative also acknowledges environmental and interpersonal factors as well as pathways that contribute to the development and maintenance of mental health disorders. Cherry offers a nuanced examination of how societal perceptions and internalized stigma affect people's lives. Most importantly, the film highlights the need for more comprehensive and government-funded mental health care programs for military veterans.

In conclusion, the film *Cherry* depicts a vivid portrayal of a young man named Cherry, whose life trajectory corresponds to the DSM-5 diagnostic criteria for both Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD). The depiction of Cherry's experiences during and after his service in the Iraq War meticulously adheres to the PTSD criteria, demonstrating the profound impact of traumatic war events on his mental health. Cherry's battles with intrusive memories, avoidance behaviors, negative mood, and arousal reactivity accurately reflect the complexities of PTSD. Furthermore, the film depicts Cherry's post-war life as it becomes entangled in a cycle of substance abuse, demonstrated through the progression of increased tolerance, withdrawal symptoms, and pervasive consequences on his relationships and daily functioning. The film emphasizes the importance of understanding the complex interplay between mental health, trauma, and substance abuse, as well as the potential and possibility for recovery through comprehensive treatment.

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