

Final Movie: *Sleeping with the Enemy*

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The 1991 psychological thriller *Sleeping with the Enemy* portrayed cohesive controlling behavior (CCB) and domestic violence (DV) between Laura and Martin Burney. The couple resided in a glass covered mansion, on the private shores of Cape Cod. Laura succeeded in faking her death, to escape her abusive marriage. After her escape, she moved to an undisclosed location and changed her name to Sara. As Sara, she was finally able to enjoy a life of freedom. Slowly she regained her sense of safety and autonomy. Unfortunately, Martin hunted down his estranged wife, after finding her wedding ring, which indicated that she was still alive. Martin discovered that she was living a happy life, with a new identity, and a new romantic partner. At the end of the film, Martin breaks into her home, however Sara managed to find the courage she never had and kills Martin.

Martin's psychological construct of marriage is immediately evident at the commencement of the movie. Martin displayed behaviors that indicated he believed he had a right to maintain control over Laura because he was the financial provider in the marriage. In return, Martin expected Laura to be submissive and obedient to him. In the case of Martin, a differential diagnosis is necessary to accurately identify diagnoses to treat comorbid symptomology (Smith, 2021, para. 19). Martin displayed behavioral indicators that are aligned with clinical terms often seen the dark triad. These traits refer to a trio of negative personality characteristics seen in Narcissism, Machiavellianism and Psychopathy and commonly share malevolent features (Psychology Today, n.d, para. 1).

Martin displayed a charming, suave quality that he appeared to use to his advantage. His success in the financial industry may indicate that he is extremely intelligent and therefore can easily manipulate others. Martin demonstrated a pervasive pattern of grandiose sense of self-

Final Movie: *Sleeping with the Enemy*

importance, entitlement, exploitativeness, and lack of empathy, as seen in the way in which he expected Laura to cater to his every need. He displayed a need to make and control all decisions, including having control over Laura's appearance. In the final scene, Martin demonstrated he felt he was above the law. Therefore, Martin clearly demonstrated that he meets the criteria in the *Diagnostic and Statistical Manual of Mental Disorders* for Narcissistic Personality Disorder (F60.81; DSM-5; American Psychiatric Association, 2013).

Martin's character appeared in formal business attire at the beach, while forgoing leisurely time with his wife, so that he could remain working. Martin mandated that Laura adhere to an excessive amount of orderliness and perfectionism within the couple's home. This form of CCB caused Laura to ensure that every household detail is in order. Martin systematically exploited Laura through an imbalanced use of power and psychological manipulation, to control his wife's autonomy and sense of self (Tanasugarn, 2022, para 4). Therefore, Martin clearly demonstrated that he meets the diagnostic criteria for Obsessive-Compulsive Personality Disorder (F60.5; APA, 2013).

If Martin had survived, he would most likely be court mandated through the criminal court system to participate in a batterer's intervention program (BIP). The most appropriate BIP for Martin would be The Domestic Abuse Intervention Project, which incorporates the Duluth model. Capuzzi & Stauffer (2015) pointed out that:

This model is a feminist-based, psychoeducational program that views violence as being rooted in the patriarchal belief system of abusers and the dominant Western society. The power-and-control wheel is a tool used frequently by Duluth model adherents looking at the belief and behavioral sources of violence perpetrated by males... Recidivism

Final Movie: *Sleeping with the Enemy*

and attrition are major problems within BIPs, and many studies indicate these forms of intervention are only mildly successful... Other researchers, however, show good results or conclude that any effect, however minimal, is beneficial to preventing violence. (p. 449)

According to Pietrangelo (2020) a diagnosis of narcissistic personality disorder is one that both requires individual therapy and yet is unlikely to be changed by treatment (para. 7). Therefore, Martin would unlikely utilize therapy as a place where he can work on his personality deficits and may instead use it as an avenue to complain about Laura. In addition, he may view therapy as a threat to his self-image and is likely to be defensive. Feelings of narcissistic injury may lead to a dysregulation of behavior and attitude towards therapy. However, a cognitive reframing regimen may overcome his inclination to deny psychological interpretations. Smith (2021) explained that “considering the aforementioned evidence of strong learned components, as has been proven regularly through cognitive therapies, if something is learned it can be unlearned if a person is somehow motivated and in the hands of a skilled therapist” (para. 24). Therefore, a cognitive methodology may be a beneficial treatment plan. Capuzzi & Stauffer (2015) indicated that cognitive-behavioral therapy (CBT) may also be a beneficial treatment plan. They went on to explain that CBT and DV are learned skills which can potentially be unlearned. They supported their argument by stating that “this approach views violence as a functional behavioral strategy from the abuser's perspective and seeks to explore the benefits and costs of using violence in this manner.” In addition, they highlighted that this approach frequently explores values and beliefs from a patriarchal perspective (p. 449-450).

Final Movie: *Sleeping with the Enemy*

Laura appeared to comply with Martin's demands and abuse. Independent.ie (2018) interpreted Laura's compliance by stating that, "although her obsessive husband...doesn't hit her every time he finds something out of place, the threat of violence was there for these small things. That is what coercive control is. Fear of another person to such an extent that you will do anything they require" (paras. 4-5). They went on to explain that abusers systematically exert power on a consistent basis (para. 18). Cannon (2020) explained that "there is a dark side to fear... human morals and values often undergo drastic transformation in the midst of alarm. We tend to sacrifice our own good, and trample our standards, all in the name of survival" (para. 7).

In the beginning of the movie Laura exhibited signs of depression and sadness. However, after she managed to escape her abusive marriage, Laura's symptoms appeared to drastically reduce. Therefore, Laura may meet the diagnostic criteria for a depressive disorder. However, Laura's depressive symptomatology rapidly improved and therefore may be her presentation of fear within the context of her abusive relationship, rather than depression itself. Although her symptoms improved, Laura continued to present with a combination of negative cognitions, and exhibited reactive-externalizing symptomology when she met Ben. Therefore, Laura appeared to meet the diagnostic criteria for Post-Traumatic Stress Disorder (F43.10; APA, 2013).

Capuzzi & Stauffer (2015) argued that individuals who have experienced CCB and DV within the family dynamic, may experience pervasive trauma due to certain intervention strategies. Therefore, long-term trauma recovery interventions should be considered as an adequate alternative due to safety reasons. In Laura's case long term trauma recovery may include mourning; grieving; acceptance; personal empowerment; reconstruction of trauma narratives; development of a new self, and personal belief system (p. 445).

Final Movie: *Sleeping with the Enemy*

Involving Laura in group therapy may also be helpful to assist her in establishing new and supportive friendships with other CCB and DV survivors. However, caution should be taken when selecting a support group. Therefore, a psychoeducational group may be more appropriate, which would include an educational component which may feel empowering to Laura and avoid re-traumatization (p. 449).

In conclusion, Capuzzi & Stauffer (2015) asserted that mental health professionals have a limited comprehension that is necessary to assess and evaluate family violence dynamics (p. 438). In addition, they emphasized that the assessments used depend entirely on each unique situation, and that some forms of interventions may pose a greater risk for the victims (p. 442). Therefore, not all diagnoses can be treated equally. Current risk factors and psychological disorders need to be evaluated within the family dynamic prior to conducting assessments when CCB and DV are present.

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