

APPLYING CINEMA THERAPY WITH ADOLESCENTS

and

A CINEMA THERAPY WORKSHOP

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Abstract

Cinema therapy has emerged as an outgrowth of bibliotherapy using films or movies as metaphor to create indirect but powerful therapeutic interventions in marriage and family counseling. This article explores the usefulness of cinema therapy in treating adolescents. By watching assigned movies with conscious awareness, adolescents can identify and relate to situations and characters, leading to personal exploration and insight while keeping an emotional distance from stressful or frightening experiences or topics. The relevant theories that are associated with this innovative intervention will be discussed. Techniques for implementation are outlined; advantages and disadvantages of cinema therapy are addressed. Since little study has been done on how the clients of different cultures respond to this therapy, the author hopes that this article will inspire more formal research on this topic.

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PAPER ONE: Applying Cinema Therapy with Adolescents

Introduction

Cinema therapy is a creative, therapeutic intervention in which a therapist uses a film as a metaphorical tool to promote self-exploration, personal healing and transformation. Though it is a relatively new counseling technique, its roots can be traced to ancient Greece (Jones, 2006). The ancient Greeks used drama to show the right and wrong paths in life. Drama was viewed as a form of ritual purification, as a catharsis, which gives rise to pathos, a Greek word, meaning “instructive suffering.” Thereby, drama was a way of learning about and dealing with one’s emotions. This is similar to film, a contemporary medium that can function much in the same way as ancient drama.

The power behind cinema therapy lies within the metaphors that are inherent in every film. Metaphors are words or symbols applied to an object or concept in order to suggest a comparison between two things. In films, characters and themes are potential metaphors. Cinema therapy, then, intends for clients to observe film clips and movies that are metaphorically similar to their own life. By viewing a clip, clients will be able to see themselves and their experiences on the screen (metaphorically), and theoretically, with professional guidance, to obtain greater insight and new perspectives on how to overcome the real obstacles that prevent them from true happiness and change.

Cinema therapy is an outgrowth of bibliotherapy. Bibliotherapy is known as using the therapeutic value of literary works to heal clients. It is the process of assigning material that involves characters dealing with similar conflicts and issues as the client, in

an effort to help the client better understand and cope with his or her own difficulties.

(Newton, 1995)

Cinema therapy has been utilized for several years since 1990. Sinetar (1993) was one of the first to discuss the use of movies as a tool for personal growth. There are many self-help books written in a lighthearted manner primarily as self-healing guides. One by Peske and West (1999) is intended for women to choose the right movie for their own therapeutic viewing pleasure, but any population can use this guide to help choose an appropriate film.

There is growing literature acknowledging the educational and therapeutic values of movies. Shepard and Brew (2005) mentioned using Hollywood movies as an instructional method to teach couple counseling theories to Marriage and Family Therapy (MFT) students. One movie that presents the concept of cinema therapy is Woody Allen's *Hannah and Her Sisters* (1986). A character, Mickey, was experiencing a critical religious conversion which led to him to depression and suicidal ideation. But a fortuitous opportunity to view *Duck Soup* reminds him why life is worth living. This is one example of how film can be helpful in a therapeutic setting.

During the past decade, cinema therapy has emerged as an innovative intervention for therapists to treat individuals, couples and families. Viewing specific movies can help validate a client's experience as he/she observes conditions and circumstances that resonate with his/her own. By watching the films and then discussing the stories, character struggles, and moral dilemmas presented in specific movies, client and therapist can access meaningful metaphorical content for client (Solomon, 2001).

Because of its metaphorical therapeutic healing nature, cinema therapy has been utilized with a broad population group. However, this paper explores using cinema therapy with adolescents, because adolescents have unique developmental challenges as they experience the transition from childhood to adulthood. They become less involved with the immediate family environment and seek information and experience from outside the family. Their physical growth, sexual development, romantic relationship development, cognitive, social and emotional developments are acutely affected by their environment. Adolescents use media for a variety of purposes, such as forming their own identity, coping with problems, and relating to peers. (Arnet, Larson, & Offer, 1995)

Media is an important element in their world outside the family. There is existing literature demonstrating the many possibilities and potentials to incorporate movies in interventions for adolescents.

Bierman, Kreiger, and Leifer (2003) present their clinical studies of group therapy and the use of viewing movies as supplemental psychotherapy. They applied cinema therapy with a group of over 100 girls between the ages of 12 to 18 years old. The girls were divided into seven units at the Good Shepherd Center in Baltimore, Maryland. Bierman worked with the group on a monthly basis, and reported that movies served as metaphors that enabled the girls to access therapeutic material with less difficulty

There is another program called 4-H Night at the Movies. This program successfully used movies to increase self-esteem in adolescents. The program included 40 adolescents and had them attend six four-hour sessions over eight weeks. They watched five films relevant to adolescence then followed small group discussions. The results of the Tennessee Self-Concept Scales evaluation suggested that the program helped improve

adolescents' self-concepts, self-satisfaction, family self, and social self (Jurich and Collins, 1996).

Despite these reported results and advantages, therapists should be aware that there is still very limited descriptive information published in this area compared with other rather conventional therapies. Therapists may use this approach with their clients, but therapists need to be aware that the movie experience should not be used as a therapeutic modality by itself... (it) includes and in fact rests upon traditional psychotherapeutic methods (Wolz, 2005).

There have been some cautions given for applying this therapy to younger children. Hesley and Hesley (2001) advise against including younger family members in the process, particularly where violence of the medium can actually harm children.

While Byrd, Forisha, and Ramsdell, (2003) present their research and a case study in using cinema therapy with younger children, they state that though media exposure can be harmful to children, there exists the potential to counteract the passive information from movies and television by engaging children in dialog and play.

Though there is increasing interest in the use of cinema therapy for the transformation and healing of adolescents, there is little information as to what extent psychologists or therapists are using films in clinical practice. The use of motion pictures in therapy may vary with clinical experiences, theoretical orientations, work settings, and other relevant practice characteristics of the clinicians. As very few studies have been conducted on the relation of adolescent cultural background and effectiveness to cinema therapy, this paper hopes to encourage further research on the topic.

Theoretical Basis of Cinema Therapy

Since cinema therapy is understood to promote a metaphorical therapeutic change in the client's inner world, its metaphor functions in much the same way as those of traditional and contemporary forms of psychotherapy.

Erickson's Conscious and Unconscious Mind Theory: Metaphors have been used to convey meaning to the symbolic, creative parts of our brain while bypassing the more analytical and logical parts of our brain. Barker (1996) refers to this process as an 'outranking manoeuvre' whereby the message in the metaphor bypasses the logical functioning of the brain and reaches the more receptive, creative part of the brain. Groth-Marnat (1992) describes metaphors as bypassing conscious resistance while speaking directly to the part of the personality that controls change. These notions are similar to Milton Erickson's concept of the conscious and unconscious mind. (Erickson, Rossi, E.L. & Rossi, S.I, 1976). Erickson felt that metaphors appeal to the conscious mind because they are interesting while at the same time, mobilizing the more open and automatic unconscious mind by activating unconscious association patterns. In some cases, clients will resist messages and interpretations from the therapist by intellectualizing or refusing to consider concepts and ideas that are personally relevant. Metaphors provide a less direct form of communication, which speak to more receptive parts of our personality.

When we are watching movies, we become absorbed in the story on the screen. We often lose track of time and our surroundings. We enter a trance state where our conscious reality is just a hypnotic phenomenon and we lose awareness of our everyday problems and details. While we suspend disbelief as an unconscious way to accept entertainment, the film builds a vicarious relationship between the protagonist and the

viewer. This is the power of drama, how the human mind is able to suspend disbelief and experience the “story” of the protagonists as if it were their own. Suspension of disbelief leads to a suspension of personal awareness, which will limit defensiveness and allows aspects of the movie to speak to a person's creative mind without resistance. This is much like Erikson’s “confusion technique” that he often used to hypnotize resistive patients.

According to Piaget’s development theory, the human brain is not fully developed until adolescence. Thus, adolescents may be cognitively more capable of abstract and thinking. They can comprehend the messages in media and simultaneously carry on a meaningful conversation. Their thinking becomes less tied to concrete reality. During the movie therapy session they can better connect with their unconscious self.

Cognitive Behavior Theory and Family System Theory: Wolz (2005) mentions that films can be used in combination with multiple theoretical psychotherapeutic orientations including cognitive behavior therapy and family system therapy. In cognitive-behavior therapy, movies -- like stories, myths, jokes, fables, or even dreams -- are used in combination with the established modalities as a supportive device for understanding maladaptive core beliefs and for cognitive restructuring. Movies can also be assigned as homework for clients. Cognitive insights tell clients what to do but affective insights give them the motivation to follow through. Behavior modification treatment can be supported by watching movies where a character demonstrates courage in the face of a challenge. The client becomes motivated to copy the behavior seen on screen and is more open to successfully undergo treatments such as "exposure with behavior avoidance prevention". Systems oriented therapists can find support for their

approach by choosing movies to help address unfamiliar or difficult concepts or family dynamics, to communicate with the adolescent in this indirect movie language.

Wolz (2005) presented a case where she assigned as homework the movie *My Big Fat Greek Wedding* (2002) to one of her clients who had low self-esteem to guide the client to change their maladaptive thoughts and then build a new behavior.

Jung's Shadow Theory: Identifying with a character can help clients develop ego strength which is buried in their subconscious mind or referred to as their shadow (Jung, 1939). Jung believed that the shadow contains a wellspring of strength, power and creative energy. He believed that if we could access our shadow, we could live more fully. As clients identify with a film character they see their own issues unfold. This brings to life issues they previously wanted to avoid. Viewing characters in movies following discussion with the therapist creates a safe environment for the clients to process their feelings. The characters in the movies that clients like or dislike can reveal part of themselves that they like or dislike, therefore their "shadow" can be discovered. As Pablo Picasso said, "Art is a lie that makes us realize the truth."

Gardner's Multiple Intelligences and Education Theory: According to multiple intelligence theory, we have seven "intelligences" (Gardner, 1993). The more of these intelligences we access, the better we learn because they employ different methods of information processing. When adolescents watch movies, they can engage all seven of intelligences simultaneously: the logical (plot), the linguistic (dialogue), the visual-spatial (pictures, colors, symbols), the musical (sounds and music), the interpersonal (storytelling), the kinesthetic (moving), and the intrapsychic (inner guidance). It is not only a process of their emotional awareness, but also helpful for their academic and

personal growth. They may have some new feelings inspired by the movies; those feelings may trigger them to carry out new and desired behaviors.

Morawski's Three Stages Concept: The process of movie message identified with Morawski's (1997) three stage concept of self-development of the bibliotherapy: identification, catharsis and insight. The first stage is identification, in which clients see some similarity or feel some connection with a fictional character. Examination of the behaviors and motives of the fictional character leads to self-exploration. Secondly, observing an identified character work through a problem and release emotional tension can be cathartic for the client. In addition, through identification with the character, emotions and internal conflicts may come to surface. Finally, through understanding the behaviors and motives of a character that they empathize with, clients can develop a better awareness and understanding of issues and/or situations relevant to their own life. Jeon (1992) identifies an additional fourth state -- universalization. By observing characters, clients are able to recognize that others have experienced similar difficulties, thereby reducing their sense of uniqueness and isolation.

Play Therapy: Because of the metaphorical and entertaining nature of cinema therapy, the author thinks this therapy integrates some flavors of play therapy and narrative therapy. In play therapy, play provides a way for children to express their experiences and feelings through a natural, self healing and secure process. According to the Psychodynamic approach, children's experiences are often communicated through play. Play is a behavior by which children work through their anxieties; it has been determined to be an essential component of healthy child development. Adolescents play as well. As their brains are more ready for abstract thinking, adolescents can play with

more non-physical toys. Movies irresistibly invite adolescents to play with their most primal fantasies rather than to repress them. Watching movies with awareness is the similar action of play, which is directly linked to cognitive development (Gerald, 2004).

Narrative Therapy : Discussing movies with a therapist is one of the processes of cinema therapy. By answering the assigned questions from the therapist, adolescents are experiencing the session of retelling the story, which is an indirect way for them to organize their lives into stories. Therefore, just like narrative therapy, using the narrative or text metaphor, they externalize their problems consciously or unconsciously. “The person is not the problem, the problem is the problem” (Freedman J. & Combs G.,1996). Like narrative therapy, cinema therapy can also be practiced in community work and schools to enhance the communication between adolescents and adults.

Advantages

Among many advantages of applying cinema therapy to adolescents, existing literature confirms the effective results in two areas: cinema therapy helps adolescents to communicate sensitive topics with adults, and to build a rapport with the therapist while gaining a deeper insight of self that they could learn from movies.

As adolescents experience the transition from childhood to adulthood, it is an important period of their physical, cognitive and emotional growth. They develop the capacity for abstract reasoning and improved decision making skills; their thinking becomes more self-reflective and less absolute. This has implications for the way they conceptualize themselves and their social environments. They also become focused on developing their self-identity, seeking more autonomy, and spending more time with peers than with family. Gender and sexual identity development become increasingly

important and adolescents begin exploring intimate romantic relationships. These developmental transitions can be overwhelming and potentially put stress on them (Rutter, 1995). Some adolescents may also experience abuse, death and loss of family members, divorce of the parents, etc. They need to communicate with adults about their sensitive issues in a way that allows them to leave stress and embarrassment at a safe distance.

Evaluating movies, because of their versatile nature, appear to be a highly desirable method for dealing with the complexity of multiple behaviors of adolescents. It is utilized as a displacement technique: a technique that allows one to become emotionally involved in a situation but also allows one to maintain enough distance to maintain objectivity. Issues such as culture, class, gender, power, loss, death and sexual orientation can be explored through film.

Duncan, Beck and Grnum (1986) presented a case using the movie *Ordinary People* (1981) where several youths with serious emotional disturbance (SED) were successfully treated. The participants viewed the film in three parts, and later specific scenes within eight weekly, one-hour group sessions. Duncan (1986) portrayed that “the subtle emotions of apprehension, anxiety, and being on stage” helped the clients “project into the future and prepare for what lies ahead” (p. 50).

Jurich and Collins (1996) in their study confirmed the effectiveness of cinema therapy in enhancing adolescents’ self-esteem. The participants in the study were adolescents enrolled in a four-hour program. They were struggling with self-concept issues and such problematic behaviors as eating disorders, conduct disorders, anxiety, and depression. Berk (2005) defines self-esteem as “the judgments we make about our own

worth and the feelings associated with those judgments,” which begin to emerge in early childhood and are shaped by life-experiences. It is essential that youths receive self-esteem enhancement as part of their overall treatment to elevate their presented “state” of perceived self-worth. Klein (1995) found that high self-esteem in youth correlates with positive mental health. Youths with low self-esteem, however, are far more likely to develop a mental illness and a serious emotional disturbance (Koenig, 1988).

Death, loss, and grief are some other difficult topics to which a therapeutic metaphor could be applied. Christie and McGrath (1987) presented a case to use the movie *The Neverending Story* (2001), incorporating the intervention to help an 11-year-old boy cope with the loss of his mother. The boy’s mother had bipolar disorder and was frequently in the hospital for long periods of time. In addition, there were marital problems between the boy’s mother and stepfather. Before the mother’s suicide, the boy was adopted by his uncle and aunt. He had extreme difficulty with the grieving process and developed emotional and behavioral problems at home and at school. *The Neverending Story* engaged the client and his family in therapy and provided a framework and language for working through the client’s grief. The client was able to identify strongly with the movie because the protagonist was a 12-year-old boy who had also experienced the death of his mother, struggled with his grief and sadness, and went on a journey in a fantasy land. As a result, this 11-year-old client and his family were able to complete the grieving process and the journey. A six-month follow-up indicated that the client and his family were functioning well. Though it is a successful case, there is no further follow up study of how the boy performed in later years. Adolescents’ development of self and identity may be more crucial when they are in their later teens.

Movies can infuse clients with optimism and hope for the frustrations of their lives. Romance, sexual and intimate relationships are other difficult issues that adolescents are not willing to talk about with their parents. Not only are they afraid of not being understood, but also they may not really understand themselves either. Movies provide therapeutic insight for young clients that they could not form on their own. It can loosen them up so they can appreciate the universal or even humorous aspects of their situation. Woody Allen's *Everything You Always Wanted to Know About Sex but Were Afraid to Ask* (1972) was used to treat a sexually confused youth. During the cinema therapy session, for the first time, the client laughed at his anxieties and emotionally acknowledged he was not the only one of his peers to experience such problems. He then established a new attitude which was crucial in building his sexual identity (Berg-Cross, 1990).

Movies can also be used to facilitate communication between family members on difficult topics. For example, Berg-Cross (1990) assigned *Ordinary People* (1981) to a family that had multiple destructive secrets and was unable to communicate freely with one another. The family was told to watch the movie together and then have a 15-minute discussion on "Why is our family afraid to openly communicate?" "What hurts so much to talk about?" This clearly opened up the conversation of the family.

Another important area in which to explore cinema therapy is to treat the intellectually advanced adolescent. Precocity is one of the frustrations that they experience -- they are waiting for others to catch up. Precocity may lead to boredom in school, as gifted youth wait for their peers to learn skills they have mastered earlier (Clark, 1997; Gross, 1999). Many gifted youth must also cope with perfectionist

tendencies. According to Adderhold and Goldberg (1999), young teens plagued with this trait avoid risk-taking activities in which failure is possible, denying themselves opportunities conducive to the development of their potential.

Another trait most often associated with gifted youth is their heightened sensitivity, the depth and intensity of feeling with which the environment and other people affect them (Lovecky, 1991). They may experience more concerns about ethical and moral issues than their peers. Their heightened emotionality may overwhelm them, unless they are able to find appropriate outlets.

Through empirical studies movies have been recognized for their potential to affect the emotional lives of large numbers of viewers (Adams & McGuire, 1987). Newton (1995) and Milne and Reis (2000) have proposed the use of film with gifted adolescents. Newton (1995) highlighted advantages of using cinema therapy with gifted adolescents as movies may appeal to visual learners more than books because movies involve multiple senses. In addition, Hebert and Neumeister (2001) noted that movies are a “powerful medium in contemporary society and are an especially significant part of the teenage culture” (Hebert & Neumeister, 2001). Gifted adolescents may be more receptive to the notion of discussing sensitive topics through popular films. “Films assist youth in making connections between inner-life fantasy and current reality, and have a highly persuasive effect on their preconceptions about life” (Wedding & Niemiec, 2003). At a time when they developmentally battle with self-appreciation and identity formation (Brinthaupt & Lipka, 2002), youth connect with the power of cinema therapy. With the development of new technology, movies are becoming more accessible. As another emerging aspect of adolescent culture, Websites such as YouTube is becoming an

important self-help channel for youth to share their own movies and watch movies of others.

Movies are familiar to most people, and they can be a common, fairly neutral experience that client and therapist can share, which helps build a therapeutic alliance (Hesley & Hesley, 1998). When the therapist assigns a movie for the adolescent client to watch or even watches a movie together with the client, the therapist builds a bridge between the understanding of the client's angst and the therapist's empathy. When two people can watch a movie and understand it through the same lens, their respect and feelings for each other are deepened.

Berg-Cross (1990) presented a case where a young client was obsessing about her inability to capture her lover. The therapist instructed her to see *Fatal Attraction* (1987). While the film profoundly affected many people, this client had a strong experience about how well the therapist understood her impulses. For the first time, she felt someone else really understood how she felt, what her fantasies were, her fears of going insane, and her disgust at her own groveling behavior.

As the movie's meaningful, therapeutic metaphors capture the essence of the client's experiential dilemma, the client and therapist can communicate more efficiently with this expanded vocabulary based on a more trustful therapeutic relationship. For example, a client who felt he had lost his value and "sold out" was asked to watch *Citizen Kane* (1941). After viewing the film, he stated that he had been searching for his "Rosebud" in the treatment sessions. A "Rosebud" tag became a useful metaphor for the types of security and interpersonal experiences the client wanted to recapture (Berg-Cross 1990).

An important goal of cinema therapy is to directly provide the client with a healing emotional experience. After all, in movies, audiences see the artistic results of a protagonist working out his or her traumas and conflicts. Just experiencing the artistic resolution of another person's conflict can often provide the same relief of the viewer. Feelings of inadequacy, guilt and shame are diluted through the universal feeling of the shared human drama. It is an excellent adjunctive technique to quickly help adolescents gain personal insights. Once they have deeper insights into the dilemmas that they are facing in their own lives and a deeper understanding of their personalities, their strengths, and their weaknesses, an effective communication with the therapist can form along with a strong therapeutic alliance.

Problems with using Cinema Therapy

Despite the increasing importance and prevalence of using movies in psychotherapy, the literature has noted a few problems. There is little literature regarding the criteria of selecting movies though there are many workshops that run group cinema therapy. The author feels that more research is needed to understand and underlay the processes of therapeutic movie selection.

Not all movies are instructive, insightful, or filled with meaning. Many films have violence, nudity, and strong sexual language. As adolescents are strongly influenced by what they see and here, the disturbing, painful enraging portrayals of the cruelties of the human race can increase a client's sense of hopelessness and injustice.

Sharp, Smith and Cole (2002) noted that effective cinema therapy begins with a careful selection of the movies the therapist is to assign. Unfortunately, there is no easy formula for movie selection, as each client's situation needs to be considered on an

individual basis. In addition, there are so many new movies constantly being released that it is not really feasible to develop a standard list of suggested movies because it would so quickly become outdated. Selection of movies for cinema therapy can be a rather time-consuming process; it is imperative that the therapist preview the movie and become thoroughly familiar with the content of the movie. In selecting appropriate movies for a homework assignment, it is helpful for the therapist to consider movies that have affected himself or herself personally. Ideally, the therapist will watch candidate movies for a second time before using them in the therapy session, as viewing movies in the context of selection for cinema therapy is quite different from watching movies for entertainment. Watching movies for a second time can allow for greater focus on the therapeutic value of the film. It is useful if therapists are able to learn to watch movies in a “metaposition” during this second viewing, where they can appreciate the therapeutic benefits of various themes in the movie.

An additional consideration in the selection of movies is the possibility of inappropriate therapist action in the film. For example, *Good Will Hunting* (1997) may be an effective film for use with issues related to attachment or child abuse; however, the movie contains a scene where a therapist demonstrates inappropriate violence toward his client, grabbing his client by the throat and pushing him up against the wall. While such actions may be appropriate for dramatic effect, it is important that the therapist clarifies that these actions have no place in a real therapeutic session. It is important that the therapist realize such issues and address them with his or her client, possibly even warning a client about potentially offensive content if the therapist feels this is indicated, based on their knowledge of their client (Sharp 2002). Bertolino (2001) also noted the

importance of obtaining parental/guardian consent if a movie recommended to an adolescent had an “R” rating.

It is important that the theme of the movie be relevant to issues that are needed to be addressed in treatment. Therapists need to be certain of why they are recommending a particular movie. Films need to be appropriate to the needs and interest of the client. Client’s strengths, interests, issues of diversity, and ability to comprehend the film are to be considered when working to match clients with films. The importance of matching clients with films that have relevance to their issues is vitally important for a successful therapeutic experience (Dermer and Hutchings, 2000).

However, it is preferable that the movie be relevant on a metaphorical level rather than in terms of literal content. If the content is identical to the client's own difficulties, then there is increased likelihood for defense mechanisms to interfere with the process of cinema therapy. For example, the movie *28 Days* (2000) appears to be a good choice for working with clients that have issues with substance abuse, as the main character in the movie is explicitly dealing with substance abuse and treatment. However, if this movie is used with substance abusing clients, they often have a tendency to become quite defensive and find fault with some of the details of the film, rather than being able to focus on the potential therapeutic benefit of the content. In contrast, a movie such as *Interview with the Vampire* (1994) might be a good choice for use with substance abusing clients, as the movie is relevant on a metaphorical rather than a literal level. In this movie, blood is metaphorically the abused substance and the movie explores the devastating effect of the substance on both the protagonist and his victims.

Sharp (2002) also stated that along with selecting the movies, the therapist should assess the clients as well. People with severe mental illness, victims of domestic violence, and people who have had recent traumatic experience comparable to characters depicted in the film are not suitable for this therapy. It also indicated that such clients do not use films when there is a negative character portrayed. The client may assume the therapist feels there is a connection between them. It is also not appropriate treatment to those who do not enjoy movies (Hesley & Hesley 1998). Alternative means of exploring metaphor should be used when working with clients who have hearing or vision impairs such as Audio/Braille closed captions.

Another concern in applying cinema therapy is that some minority clients may not value movies as part of their cultural background. Racial/ethnic groups are not always equally represented in positive roles in films. It is important to match clients with films with characters of similar backgrounds. For instance, native Americans portrayed in film are often either negative or based on inaccurate information. There are fewer films available that address issues related to acculturation, racial/cultural identity development, immigration, and refugees.

Despite the evidence that movies benefit clients in treatment, the approach is an adjunct to core therapy. It does not take the place of therapy (Solomon, 1995). One should not cancel their next therapy session and head to the theater. Cinema therapy is still a less researched method of treatment as it has only recently come to be widely recognized. Although it can be used with almost anyone, Wolz (2005) says, "I would not use movies exclusively with someone who is seriously ill". Experts caution that, like

music or dance therapy, art can be worked into traditional forms of therapy, but not as a sole means of treatment.

Bierman, Kreiger and Leifer (2003) present that they treated over 100 adolescent girls in Good Shepherd Center in Baltimore of Maryland. The diagnoses of the girls include major depression, bipolar disorder, oppositional defiant disorder, posttraumatic stress disorder, conduct disorder and borderline personality disorder. With this mix of diagnostic categories, there are various degrees and kinds of ego deviations and deficits. The therapist provided group cinema therapy to these girls. Many girls started to look at the characters and situations portrayed in the films and compared them to their own experiences after the group became more cohesive. The therapists reported that the girls in treatment stayed in the metaphor of the film or came out of it into the personal as far as their defenses would allow. What they were defending against were sadness, depression, anxiety, terror, and vengeful feelings of anger about all of the above. The findings show that cinema therapy is a supplemental therapy but cannot and should not stand alone.

There are no systematic psychotherapy outcome studies available to support the use of this technique. It is likely that not all clients will be equally receptive to films and will not react equally well to the intervention. The therapeutic recommendation of movies to clients is more an art than a science. More stringent empirical data is needed to better apply this art form to be used in therapy.

Utilizing Cinematherapy

Because movies offer the people who watch them over symbolic models of behavior and attitudinal expression, to adolescent clients, capturing and processing the

message from the movies is an observational learning experience (Rosenthal & Steffek, 1991).

Since the acts of capturing and processing require adolescents to be involved both cognitively and emotionally, the therapist expects the clients to demonstrate at least a moderately functioning mind in order to assimilate, process and resolve their issues through observation and discussion. Seriously and persistently mentally ill clients may not necessarily be qualified for such a model as their minds may not have capacity to grasp the message. Therefore, it is recommended that the cinema therapist interview the prospective clients and assess their mental, emotional and spiritual capacities before applying therapy to them.

Schulenberg (2003) suggested that special care is needed to ensure the success of this technique. A three-stage guideline is introduced: assessment, implementation, and debriefing.

Assessment

Complete assessment and joining (engagement) is essential to any type of successful intervention, and cinematherapy is no exception (Christie & McGrath, 1989). Assigning a movie should be based upon therapeutic judgment regarding presenting problems, family hobbies and interests, and the goal of the intervention. Hesley and Hesley (1998) suggested asking clients to name movies they identified with and what kinds of movies they typically enjoy. The following outlines the process of assessing clients in order to incorporate a movie as intervention:

1. Identify presenting problems and goals for therapy.
2. Assess strengths (i.e., interests, hobbies, activities, type of employment).

3. Determine clients' ability to understand the content of the film and recognize similarities and difference between themselves and the characters.
4. Take into consideration of culture, race, ethnicity, socioeconomic status, sexual orientation, and gender when choosing a film.
5. Based on assessment, match clients with movies.

Implementation

Once a therapist matches an appropriate movie with a client (or group of clients), the therapist can either assign the movie as homework or show the movie during the session. Therapists should always watch the movie before assigning it to clients, be prepared to offer clients a rationale for viewing the movie, and make decisions about what subsystems should watch the movie (i.e., parents, children, whole family). Adolescents clients and their families do better when they go into a cinematherapy experience knowing what to look for, especially those with poor insight into metaphors within the film or with problems paying attention to the overall work. A worksheet with clear instructions and an explanation of the benefits of the intervention also helps ensure that the adolescents (or family) will participate or complete the session or homework assignment.

Debriefing

After the clients view the movie, the therapist needs to process the clients' reactions. This serves as a forum for discussing thoughts and feelings solicited by the

movies, which includes processing how this information may be used to benefit clients in the future (Dermer and Hutchings, 2000).

The debriefing will vary depending on the therapist's personal and therapeutic style. The therapist should schedule a session soon after clients view the film in order to debrief if the movie is assigned as homework. By discussing clients' overall impression of the movie, the therapist acknowledges the clients' insight of the movies. Based on the feedback from the clients, the therapist can process perceptions and thoughts about how the movie may or may not relate to clients' issues. In this way, the therapist can explore the possibility of creating a metaphor based on the movie, and generate ideas with clients about how information gained from the movie may help them think, feel, or behave differently.

Adolescents may enjoy talking about the content of a movie. This is helpful at the beginning of the debriefing because it gets them talking about feelings and perceptions; this bridges the forthcoming therapeutic questions about their own feelings and perceptions. In fact, young clients will be less resistant because they can spend considerable time disclosing or processing in a less formal manner. If the discussion is in group therapy, worksheets with open-ended questions are useful during the debriefing, especially when adolescents are paired up with one another.

During debriefing, clients are experiencing four stages in this intervention: disassociation, identification, internalization and transference.

During dissociation, the client hears dialogue and watches the film character(s) as if they are removed from or outside the client's internal frame of reference. During the

showing of the movie, the client begins to identify with a scene, occurrence, situation, or individual outside of the client's internal world. The client can develop a sense of connectedness and eventually ownership of feelings that were felt through the vicarious relationship with the character(s), scene, situations, and/or feelings. As the client starts to build the connection with the character(s) in the movies, the connection, the resulting feelings and thoughts begin to push through to the client's reality. Now, the client can examine issues which at first were safely "outside the self" but have been identified, acknowledged, and are appropriate for examination.

Powell (2005) develops guidelines especially for young clients. Powell stated that during the assessment stage, the therapist should especially take the type and genre of the movies into consideration, i.e., movie, documentary, or instructional; comedy, drama or science fiction. Also, because the adolescent client may not be as attentive as adults, the therapist may decide to show the entire movie or only part of the movie during the session.

The most important task before showing or prescribing a film is to obtain consent from the young client's guardian (Powell, 2005). Although some families are liberal in regards to what their child may view, permission should be given at all times. It is the best to obtain the written consent from the legal guardian. It is imperative that consent letter cover the issues such as the movie title and plot, why the prescribed movie is helpful, and any negative aspects such as language or sexual content.

According to the therapist's style and theoretical orientation, cinematherapy can be adapted to be delivered in different methods to be more affective and more attractive to the clients.

Powell (2005) introduced his *Sequential Method* delivery, a five-session model in which one film is segmented into three parts: rising action, breaking point, and resolution.

Session 1: Preliminary Phase

Rapport/cohesion building, rules/disclosures, and goal identification.

Session 2: Rising Action

1. Guided viewing of the first 30-45 minutes of film to understand story, plot, and problem
2. Exploration of the clients' own stories, plots, and problems as relating to pertinent relationships in their own life that could use enhancement

Session 3: Breaking Point

1. View middle half of movie to uncover the climax of the film
2. Discover solutions that would assist with problem reduction and enhancement

Session 4: Resolution

1. View conclusion of film
2. Actively engage and plan specific actions/goals that will assist clients in achieving their solution

Session 5: Termination

Putting it all together and encouraging clients to follow through with plans or goals.

Literatures showed some other delivery models of this intervention as well: the nondirective vs. directive approach; the psychoeducation and healing approach; the insight approach; and, the guided viewing method.

Nondirective vs. Directive Approach

When using a nondirective delivery method, the therapist processes with the client only the metaphors found within the film (e.g., characters, plot, dilemmas) and refrains from connecting the information to the client's life. Rather, the counselor hopes that the client will make that connection and bring whatever they choose to the table for discussion. A directive counselor, on the other hand, helps facilitate that connection by pointing out with the client similarities between both the movie and his/her own life.

Sometimes when the therapists seek for a particular outcome from the clients, they will direct the clients to process particular parts of a movie with the belief that those clips have the most powerful therapeutic properties for that particular client. For example, this style would suggest that clients who have difficulties in parent-children relationship should be cognizant of relationship themes in a movie and be prepared to discuss them afterward. An unstructured cinematherapist, however, will let the client decide which clips were most important and process whatever the client feels like whether it involves relationship issues or not.

The Psychoeducation and Healing Approach

Although the term cinematherapy did not originate until 1990, the literature shows that the U.S. military has used films since WWI to educate soldiers about the detection, prevention, and treatment of mental illnesses. This approach continues to exist. *Stepmom* (1998) is a good movie to help educate adolescent client about the difficulties of blended families.

Ulus (2003) stated that we do not forget the experience we have under two mutually exclusive extreme conditions: suffering and entertainment. Therapists can use

humorous movies to relax patients and distract them from their ailments and trauma. By viewing an entertaining movie, the clients can escape from their stress or grief.

The Insight Approach

The insight approach intends that clients obtain new information about a particular issue. Insight implies action, or that a client has new understandings about a problem and potential solutions. Thus, the insight approach intends for a client to gain clarity into his/her problem and obtain new possibilities in order to apply action and change. For example, for the adolescent who have parent-child relationship problems, *Bebe's Kids* (1992) has been used to help the client gain the insights of parenting and discipline issues.

The Guided Viewing Method

Guided viewing is an in-vivo approach. Rather than asking clients to view a film on their own as homework, both the therapist and client watch the movie or particular clips together. This approach has been applied in both individual and group settings. An example would be having a group of teenagers watch *The Breakfast Club* (1985) to assist with peer acceptance and difficulties with cliques.

Development of Cinema Therapy

Cinema Therapy, as a new form of therapy, has taken further steps to *Make-Your-Own Movie Therapy*. Eisenberg (1985) once posed the question, "If they were making a movie about your life, what would the title be?" The goal of this form of therapy is for the client to employ the task of planning a film as a metaphor for planning or reviewing the client's own life; essentially, projecting the client's past or future into a hypothetical film just as the film is projected on a screen.

Welter (1995) expanded the idea of “making a movie of your life” to a two-movie exercise. Welter initially developed the technique as a humanistic/existential exercise, but applied it to therapeutic circumstances where clients are struggling with issues of purpose of life or their own identity. It has served as the means for therapists to learn past experiences and future goals that are important to clients (Schulenberg, 2003).

Welter (1995) noted that the goal of the first movie of this “two-movie exercise” is to highlight areas of the patient’s life’s purpose up to the present time. The second movie exercise assists clients in planning to live meaningful lives from the point of the exercise forward.

Welter (1995) described that the initial exercise is to present clients with opportunity to develop a movie about their lives. Clients plan the budget of the movies, select actor/actress to play the lead role (role of client). Then, the client is to imagine the film crew going out to shoot the picture of his or her life, with the film coming back for editing prior to the being sent to theaters. Clients choose the title of the film to be shown on the marquee.

The second movie planning exercise takes place approximately six months later (Welter, 1995). Welter notes that this is a sequel to the first hypothetical film, which the client is instructed to imagine was a substantial box-office success. The sequel is to take place in the client’s life from the present time forward. It is up to the client to “write” the script and “direct” it, based on events and relationships that are thought to be important to the client in the future. What goals would the client like to accomplish? What obstacles must be overcome? The client has to make additional decisions as to the budget, the genre of movie, and the actor/actress to play the lead role. As with the first exercise, the

client has the opportunity to name the movie.

Schulenberg (2003) used this movie exercise in clinical practice while working as a therapist in a high-management group home with male adolescents diagnosed with mental retardation/developmental disabilities (mild mental retardation or borderline intellectual functioning, learning disabilities) and sexual behavior problems (sexual aggression, paraphilias). Many of these adolescents had histories of being abused physically and/or sexually themselves. Schulenberg (2003) conducted a group with this population that was geared toward preventing relapse of sexual offending behaviors. Schulenberg found both movie exercises to be effective with this population, reporting that it encouraged discussion of such issues as identity formation, stigma resulting from societal views on cognitive deficits and sexual aggression, effectiveness of treatment, interpersonal relationships, and avoidance of future sexually aggressive behaviors. Through their movies, clients had an alternative means to tell the stories of their lives, recognize their values, find meaning in the past, and establish priorities for the future. Because movies are so popular with adolescents, this exercise built rapport and enhanced their ability to focus on their treatment.

In general, these movie exercises afford clients opportunities to tell their life stories to their therapists. This is a potentially valuable means for clients to arrive at insights, organize emotional experiences, and recognize their values: by using the hypothetical movies to learn the story of the individual client, the therapist may learn much about the individual culture of that person. Because movie exercises encourage clients to tell their stories, they are related to the narrative therapy movement as outlined by such authors as Payne (2000) and McLeod (1997).

This technique also has application in patients with more serious problems. Chicago Institute for the Moving Image (CIMI) has program to assist people seeking therapy for depression or other serious psychiatric illnesses, including schizophrenia or amnesia, to write, produce, and direct their own movies.

Loverock (2006) stated that the idea behind allowing those with mental illness to make their own films is two-fold. One reason is the work involved in making a movie entails a lot of order and organization that patients need when they suffer from illnesses like clinical depression and schizophrenia. Also, by creating their own films, these patients allow others to see the world as they do and possibly create a greater understanding of their condition (Loverock, 2006). CIMI now has special program to let patients who tend to have personal interests in making a movie or a screenplay to work with therapist and their special consultant to edit screenplays, rehearse scenes, and try out people.

The process of filmmaking provides a certain amount of therapy, organization, and order that people with psychological diseases need, and it helps the therapist see what the conflicts are within their patients' lives (Loverock 2006). In a sense, making a movie or creating a screenplay enables the therapist or loved ones to see the world through this person's eyes.

Future Research

As with any new theory, qualitative and quantitative research is lacking in the field. Some see film as an unscientific tool with little research to account for its therapeutic value, believing it to be too simplistic (Tyson, Foster, & Jones, 2000). However there is little debate relative to the increasing interest in using film to enhance

therapy with clients, to promote discussion in school counseling classroom guidance and small group counseling, and in counselor education to identify issues relating to diagnosis, ethics, and fallacies in counseling relationships.

Schulenberg (2003) stated that systematic outcome research and additional case studies need to be reported in the literature to facilitate a more detailed understanding of the benefits and disadvantages of using movies with clients, as well as the processes underlying how movies are perceived and experienced.

There is not enough information about cognitive and affective changes that occur as a result of watching movies, and there is even less information available about physiological changes that may result from watching movies. Biofeedback researchers may be able to add valuable data in terms of quantifying physiological changes that occur in response to certain types of movies. What sort of breathing and heart rate changes occur when a person watches a movie with characters experiencing therapeutic issues that closely approximate their own? Such data may aid clinicians with regard to the types of movies that they recommend (Schulenberg 2003).

The author of this paper found very limited literature indicating the outcome of this therapy from the client's of different cultural background and the social economic status. For the clients from immigrant family, before they are completely acculturated, they may not be able to comprehend the meaning the movie tends to convey. There are also fewer films available that address issues related to acculturation, racial/cultural identity development, immigration, and refugees.

With the increasing importance and prevalence of using motion picture in clinical practice, research on the psychologists or therapists who conduct this treatment may also

add valuable data to this field. The experience of the therapist, educational background of the therapist, therapist's professional orientations, and therapists' work setting could influence the conduct of the cinema therapy and the outcome of the treatment.

Summary

This article has reviewed the literatures on the use of movies with clients as a psychotherapy technique. It analyzed the theoretical basis of this intervention, discussed the benefit and problems of applying this therapy, and presented the procedures of utilizing cinema therapy in practice. There is merit in exploring the use of films as a psychotherapeutic intervention with clients, but this should be done cautiously and with careful deliberation, and it cannot be used as the main intervention. It currently relies on the artfulness of the therapist. There is support for this practice, but it is descriptive in nature, with an evident need for more stringent research.

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