THE USE OF POPULAR FILM IN PSYCHOTHERAPY – IS THERE A

"CINEMATHERAPY"?

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B.A., Saint Joseph’s University, 1997

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DEDICATION

This Doctoral Project is dedicated to the memory of Dov Hammer, Psy. D., a clinician and mentor to whom I will always be grateful.
ACKNOWLEDGEMENTS

I would like to thank my committee members, Brian, Shyamala, and John, for all of their encouragement, support, and ideas throughout this project. I would also like to thank my discussant for offering time and knowledge to the final component of this process. A special note of thanks must be expressed to Ken for his constant kindness, help, and generosity, not only during this past year, but also during each of my four years at MSPP.

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THE USE OF POPULAR FILM IN PSYCHOTHERAPY – IS THERE A

“CINEMATHERAPY”?

(Order No. )

Matthew A. Portadin

Massachusetts School of Professional Psychology (June 2006)

Chairperson: Brian Ott, Ph. D.

Abstract

This theoretical study examined therapists’ use of popular film in psychotherapy. In the professional literature this is generally referred to as “cinematherapy”. Proponents of “cinematherapy” view it as an extension or continuation of an older, more proven, form of therapy called bibliotherapy. However, there does not appear to be any outcome research data supporting that the use of film is a form of therapy that should be deemed “cinematherapy”. Rather, the evidence that is being used to support “cinematherapy” as psychotherapy is only case study and anecdotal observations. Because of this, “cinematherapy” should therefore be examined in a more systematic way. In order to be better able to begin to answer the questions posed by this study: 1) Does a formal psychotherapy as “cinematherapy” exist? and 2) Is the term “cinematherapy” a valid term for the use of film in psychotherapy?, the history and uses of “cinematherapy” or the use of film in psychotherapy were addressed, definitions and criteria of psychotherapy were discussed, bibliotherapy was examined, and the literature on “cinematherapy” was critically analyzed. The critical analysis of the literature led this author to determine that a formal psychotherapy as “cinematherapy” does not yet exist and that the term “cinematherapy” is not a valid term for the use of film in psychotherapy. There is the
promise of such a therapy and such a term, but is developmentally in its infancy. This author also articulated what needed to be done in order to perhaps begin establishing the use of film in psychotherapy as a therapeutic modality. This included increasing education in the field, looking at other literature that the author may not have included in this study, and conducting outcome research on the use of film in psychotherapy. This author suggested three studies that could further the legitimate use of film as psychotherapy, and therefore use of the term “cinematherapy” to describe the use of film in psychotherapy. Finally, this author discussed the clinical significance and relevance of this study and the ethical implications raised by this study.
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CHAPTER I

Introduction

I will never forget the phone call. It was the end of May and I was cooking dinner. My mother told me that she had some bad news – my best friend from high school had died the night before. His name was Marc and he was twenty-five years old. I was speechless. Two days later I flew to New Jersey from South Carolina to attend the funeral. It was terribly sad. I had known Marc and his family since I was eight years old.

I returned home feeling distracted and withdrawn. It seemed that the impact of Marc’s unexpected and untimely death was settling in and I was depressed. It was hard to accept that someone so young could be gone so suddenly. Marc was full of life. I realized that I would never hear him laugh again.

A short time later, I went to see a film: The Horse Whisperer. I went by myself, which is something I enjoy doing and had done many times previously. Although the film contained several sad incidents and story lines, I also felt it to be uplifting. As I reacted emotionally to the film, I had less of a burden on my heart. I felt hopeful about life for the first time since my loss.

Looking back, I cannot be sure why my depression lifted. Perhaps it was the character of Grace, whose best friend Judith died suddenly and tragically in an accident, and the way Tom Booker, the horse whisperer, took care of Grace – the way he talked to her, motivated her, and understood her. Or just maybe, it was my witnessing other human beings, and a horse as well, going through a difficult time and yet coming out of the moment of darkness stronger and wiser in some way. But whatever the reason, I came
away with the belief that something about the movie helped me to cope with the death of my friend.

Commentary on Personal Anecdote

Based upon my anecdote of how the *Horse Whisperer* played a part in lessening my depression and how the film helped me to cope with the loss of Marc, it would seem perhaps that the viewing of popular films can play a role in the treatment of clients who seek psychotherapy services. And in all actuality, after doing significant research, popular films are being used by clinicians in the psychotherapy treatment of their clients, with such use generally being designated as “cinematherapy”, a term which suggests that the use of film is psychotherapy. It must be noted that simply because the film allowed me to feel less depressed and allowed me to have a better understanding of the difficulties of life, does it mean that what transpired during the viewing of the film could be deemed psychotherapy. If I had begun to exercise regularly after Marc’s death I might have felt better, and yet this would not have been psychotherapy. I could have begun to meditate, and this would have helped me to feel better. This too would not have been psychotherapy. Or I could have inhaled the scent of aromatic oils derived from herbs and/or flowers, as aromatherapy directs (Webster’s New World College Dictionary, 1999), and perhaps have felt better. However, aromatherapy is not psychotherapy. Since exercise, meditation, and aromatic oils are not forms of psychotherapy, then it seems plausible that viewing popular films is not psychotherapy either.

Despite this, and as will be witnessed in the critical analysis of the literature in Chapter IV, the professional literature garnered from the professional psychological databases suggests that “cinematherapy” is a form of psychotherapy in its own right.
This study is theoretical in nature and the professional literature on “cinematherapy” or the use of film in psychotherapy will be critically analyzed and analyzed in order to ascertain if any evidentiary data exists that would answer the stated questions of this study: 1) Does a formal psychotherapy as “cinematherapy” exist? and 2) Is the term “cinematherapy” a valid term for the use of film in psychotherapy?

To initially begin this investigation, clinicians’ use of film in psychotherapy will be reviewed.

Clinicians Using Film in Psychotherapy

Clinicians are prescribing movies for their clients to watch as part of the psychotherapy treatment plan. The clinicians doing so primarily refer to this as “cinematherapy”. It is not clear how many therapists are doing this, nor is it clear how often and with which clientele it is being used. The reasons for this practice vary across clinicians. Some suggest a circumvention of intrapsychic defenses, such as denial and rationalization. Others speculate on the fostering of the therapeutic alliance, or suggest that watching film encourages self-exploration, or provides modeling of problem-solving behaviors. The practice of using film in psychotherapy is not bound by theoretical models. But as psychologists, I believe it is our responsibility to research our theories and interventions and determine the validity of our theories of change, create and test hypotheses, gather data, and verify beliefs and understandings.

In this chapter, this author will review the various definitions of “cinematherapy” or the use of film in psychotherapy that appear in the literature, the variation in these definitions over time, findings from the use of film in psychotherapy will be provided,
and this author will also provide a working definition of "cinematherapy" or the use of film in psychotherapy for the purposes of this paper.

This author also believes that an understanding of what psychotherapy is and what criteria are used to designate a practice as a psychotherapy is necessary. Therefore, dictionary and professional definitions of psychotherapy will be provided, criteria for the term psychotherapy will be addressed, a working definition of psychotherapy for the purposes of this study will be provided, the concept of "pop psychology" will be discussed, and the definitions of "cinematherapy" and psychotherapy will be compared and contrasted. These areas will also be covered in this chapter.

It is important to note that when this author uses the term "cinematherapy" the author is doing so because other authors have used the term before and/or because this author is reporting what other authors have said. At those times, this author will be placing the word "cinematherapy" in quotation marks because it is the position of this study to question if a formal psychotherapy as "cinematherapy" exists and to question if the term "cinematherapy" is a valid term for the use of film in psychotherapy. At other times, the term "cinematherapy" has been replaced with the phrase "the use of film in psychotherapy" or "the use of film".

**Existing Definitions and Criteria for the Term "Cinematherapy"**

"Cinematherapy" is a term that lacks consistent usage in the professional literature, and the use of film as part of the psychotherapeutic process has been labeled differently by different writers (e.g. using the term "video work" rather than "cinematherapy"). Despite the variability, what is common across definitions is the
practice of therapists instructing their clients to watch a film or films for the purpose of advancing therapeutic gain.

The first use of the term “cinematherapy” came from Linda Berg-Cross, Pamela Jennings, and Rhoda Baruch in 1990, as cited in Haas (1995). They defined “cinematherapy” as “a therapeutic technique that involves having the therapist select commercial films for the client to view alone or with specified others” (Berg-Cross et. al., 1990, p. 135). Since that time, other authors have stated the meaning of “cinematherapy” or the use of film in psychotherapy in various ways. An early definition from Solomon (1995) describes “cinematherapy” or the use of film as prescribing movies for clients to watch in order to help with healing. In 1997, Heston and Kottman described using film in psychotherapy as “using cinematic films as therapeutic metaphors” (p. 92) as part of the psychotherapy treatment plan. Heston and Kottman believe that viewing a movie “can frequently give clients a new perspective for looking at the “characters” in their own lives and give them added clarity into the fundamental complexity of close interpersonal relationships” (p. 92). They also believe that “the metaphoric aspect of the film story helps clients to access feelings and cognitions that might otherwise remain out of their awareness” (p. 98).

Later, Dermer and Hutchings define “cinematherapy” as “a specific therapeutic technique that involves selecting commercial films for clients to view individually or with others as a means for therapeutic gain” (2000, p. 164). According to Calisch, “[v]ideowork is a therapeutic process in which clients and therapists discuss themes and characters in popular films that relate to core issues of ongoing therapy” (2001, p. 1). This definition does not explicitly state that films are assigned to the client as part of
psychotherapy, but it can be assumed they are suggested because a discussion of them could not happen otherwise. A much more specific definition comes from Sharp et. al.: “Cinematherapy is a therapeutic technique that involves careful selection and assignment of movies for clients to watch with follow-up processing of their experiences during therapy sessions” (2002, p. 270).

Peske and West in their 2002 book *Advanced Cinematherapy: The Girl’s Guide To Finding Happiness One Movie At A Time*, state an extreme position: “Watching movies are [sic] more than just entertainment … they’re self-medication that can cure anything” (p. xi). It is important to note that Peske and West are not psychologists and that their book should be categorized as a self-help book. Their book is being included in this study and is worth analyzing in order to show where the use of the term and of the practice of “cinematherapy” has evolved. The most recent definitions are from Lampropoulos et. al., who comment on, “The use of entertainment motion pictures for therapeutic purposes” (2004, p. 536), and from Birgit Wolz, who defines “cinematherapy” as “[t]he use of movies for personal growth and healing … ” (2005, p. 4). Others define the use of film as an intervention, as an adjunct to psychotherapy, or as a tool to use with certain clinical populations.

It is obvious from these definitions that “cinematherapy” is associated with commercial films and psychotherapy, and the concept suggests how films can be used as part of the psychotherapy process with the hope of achieving positive results and therapeutic gains, such as gaining insight into personal issues. However, there currently does not appear to be one overarching definition of “cinematherapy” or the use of film. Without a specific definition, it is difficult to consider the term “cinematherapy” a valid
term to describe the use of film in psychotherapy. Because of this, a working definition is necessary and will be provided later in this chapter.

There are numerous definitions of “cinematherapy” or the use of film in the literature, with no standard definition. There are also no uniform criteria exactly as to why films are used or what the use of film specifically does with regards to treating a client. If film is to be used as psychotherapy, then a more uniform criteria should be researched and developed. Until this research takes place, “cinematherapy” is not psychotherapy. There are theories behind the use of film in psychotherapy that will be addressed more specifically in the critical analysis of the literature. However, several articles did provide a general idea of what “cinematherapy” or the use of film achieves and why it is used.

Findings from the Use of Film in Psychotherapy

In 1946, commercial films were used to treat mental patients in U.S. Army general hospitals and in other mental institutions (Katz, 1946). Showing such films was considered an “integral part of the treatment program” with the expectation that the films would foster a therapeutic atmosphere (Katz, 1946, p. 210). More recently, Berg-Cross et. al. state, that the “film may be intended to have a direct therapeutic effect or it could be used as a stimulus for further interventions within a session” (1990, p. 135). Some, like Bertolino, use films as homework assignments for a particular segment of the population, in one case teenagers, in order to “help them gain new perspectives” (2001, p. 44). Psychotherapists use films in order to assist the progress of self-understanding, to introduce possible choices for action plans, and to plant seeds for future therapeutic interventions (Calisch, 2001). Hesley views the use of film as a way of “relying on
movies to move people toward breakthroughs faster” (2000, p. 54). Schulenberg sees the use of film “as a means of facilitating narrative from the client” (2003, p. 36). Solomon “prescribes specific movies to watch in order to help deal with all of life’s emotional problems” (2001, p. 276), and in order to help with healing (1995). Finally, movies can be used in order to educate clients about their issue(s), to help clients discuss difficult topics more openly, to facilitate understanding and empathy regarding other’s viewpoints, and to demonstrate positive and productive client-psychotherapist interaction (Wedding, 2001). Just as there are various definitions of the term “cinematherapy” or the use of therapy, there are various beliefs of what the assigning of films accomplishes and various reasons why films are used by psychotherapists. However, it must be noted that the authors mentioned above do not provide any data or documented research experiments to verify their claims regarding the use of film as part of the psychotherapeutic treatment. This noted absence of data and documented research experiments needs to be and will be investigated in this study.

To summarize their views, film is used and has been used in a variety of ways, including, but not limited to: essential components of a therapeutic program, motivation to fuel further gains, to provide behavioral options for the client, to facilitate movement in the therapeutic process, and to educate otherwise uniformed clients. Despite these “findings,” there is little actual evidence and data to support these claims, other than anecdotal reports, case studies, or mere personal belief. Until such data is provided or documented research experiments are conducted, then “cinematherapy” as a formal psychotherapy does not exist and the term “cinematherapy” is not a valid term for the use of film in psychotherapy.
The various uses and definitions of "cinematherapy" or the use of film make a working definition necessary.

Working Definition of "Cinematherapy" or the Use of Film in Psychotherapy

"Cinematherapy" or the use of film, as understood by this author, is defined as a psychotherapist selecting a commercial entertainment film and instructing the client to view this film and to discuss the content and/or their reactions during a subsequent psychotherapy session. The first component of this definition is included as it constitutes the one component included in the majority of the definitions provided in the professional literature. This author decided that the subsequent discussion in a psychotherapy session would be included to emphasize that discussing films with the psychotherapist who has a therapeutic goal in mind is an integral part of any therapeutic process. Watching films without follow-up seems pointless and could potentially yield no results, or negative results for a client who misinterprets the message of the assignment or the message of the film.

This author's proposed definition will be used to select additional literature for analysis in this paper. However, as it will be shown in Chapter IV, publications describing procedures that meet this definition or attempt to meet this definition consist primarily of anecdotal reports of use and case studies. However, the authors consistently link the use of film to the term bibliotherapy. Writing in this area (bibliotherapy) is more robust in the use of correlational and experimental research designs. In Chapter II, bibliotherapy will be defined and the literature briefly reviewed.
Before discussing "cinematherapy" or the use of film in psychotherapy further in Chapter II, an understanding of what psychotherapy is and what criteria are used to designate a practice as a psychotherapy is necessary.

What is Psychotherapy?

The use of film in psychotherapy or "cinematherapy" has been presented in the literature as an adjunct to psychotherapy, whereby popular films are used during the course of psychotherapeutic treatment. However, as will be apparent in Chapter II, there is a wide range of practices regarding the use of film in psychotherapy. Further, the term "cinematherapy" does not appear in any of the dictionaries reviewed by this author, including The New Oxford Dictionary, The American Heritage Dictionary of the English Language, Macmillan Dictionary, Webster's Ninth New Collegiate Dictionary, and Webster's Third New International Dictionary of the English Language. This suggests that there is little agreement either in the mental health field or in the popular culture regarding this term.

In order to determine if the many activities clustered under the term "cinematherapy" are indeed a psychotherapeutic modality (as the term would suggest), the question of what constitutes psychotherapy must first be addressed. The following two sections will address definitions of psychotherapy as found in popular dictionaries and the professional literature. These definitions are being provided in order to help answer the question, "What is psychotherapy?".

Dictionary Definitions of Psychotherapy

The unabridged edition of the Random House Dictionary of English Language defines psychotherapy as "the science or method of curing psychological abnormalities
and disorders by psychological techniques” (1967, p. 692). *Webster’s New World College Dictionary* defines psychotherapy as the “treatment of mental disorder by any various means involving communication between a trained person and the patient and including counseling, psychoanalysis, etc.” (1999, p. 343-4). *The American Heritage Dictionary of the English Language, Fourth Edition* defines psychotherapy as:

The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth (2000, p. 421).

*The American Heritage Stedman’s Medical Dictionary* defines psychotherapy as, “[t]he treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being personality growth and behavior modification” (2002, p. 221). *Merriam-Webster’s Medical Dictionary* defines psychotherapy as:

1: treatment of mental and emotional disorder or maladjustment by psychological means especially involving verbal communication (as in psychoanalysis, nondirective psychotherapy, reeducation, or hypnosis) 2: any alteration in an individual’s interpersonal environment, relationships, or life situation brought about especially by a qualified therapist and intended to have the effect of alleviating symptoms of mental or emotional disturbance (2002, p. 274).

The above definitions, general in nature, share some commonalities. Six out of the seven dictionary definitions refer to psychological “methods,” “techniques,” or “means,” although the precise nature of those methods, techniques, or means is not specified. Four out of the seven definitions mention “communication” as a component of psychotherapy. Six out of seven refer to mental or psychological “disorders”, and the seventh refers to mental or emotional “problems”. Finally, six out of seven definitions for the word “psychotherapy” contain the word “treatment,” with the seventh and oldest definition referring to “curing”. Three of the definitions are rather vague and suggest “treatment”. However, they do not explain “treatment”, nor do they mention any type of outcome. The last three definitions are more specific in their description of psychotherapy and two are more specific regarding possible outcomes.

In an attempt to find a more specific definition of the word psychotherapy, I turned toward the professional literature. How psychologists, therapists, and/or authors define psychotherapy will be examined in the next section.

Definitions of Psychotherapy from the Professional Literature

In 1973, Frank “defined psychotherapy as a ‘type of social influence exerted by a trained and socially sanctioned healer on a person or persons who suffer and are seeking relief, through a series of defined contacts’” (Brent & Kolko, 1998, p. 17). Butler and Strupp, in 1986, defined it as a “systematic use of a human relationship for therapeutic purposes” (Brent & Kolko, 1998, p. 17). Professor Hans Strupp described psychotherapy as “an interpersonal process designed to bring about modifications of feelings, cognitions, attitudes, and behaviour which have proven troublesome to the person seeking help from a trained professional” (Bloch, 1982, p. 4). Anthony Storr, a British
psychoanalyst, defined psychotherapy as “the art of alleviating personal difficulties through the agency of words and a personal, professional relationship” (Bloch, 1982, p. 4). Thomas Szasz, believes that “psychotherapy refers to what two or more people do with, for and to each other, by means of verbal and non-verbal messages. It is ... a relationship comparable to friendship, marriage, religious observance, advertising or teaching” (Bloch, 1982, p. 4). Finally, Winnicott, in 1971, defined psychotherapy as “two people playing together” (Brent & Kolko, 1998, p. 17).

Raymond Corsini, one of the editors of Current Psychotherapies, opens his introduction with the following sentence: “Psychotherapy cannot be defined with any precision” (2000, p. 1). However, he continues by providing his own definition:

Psychotherapy is a formal process of interaction between two parties, each party usually consisting of one person but with the possibility that there may be two or more people in each party, for the purpose of amelioration of distress in one of the two parties relative to any or all of the following areas of disability or malfunction: cognitive functions (disorders of thinking), affective functions (suffering or emotional discomforts), or behavioral functions (inadequacy of behavior), with the therapist having some theory of personality’s origins, development, maintenance and change along with some method of treatment logically related to the theory and professional and legal approval to act as a therapist (Corsini, 2000, p. 1).

There appear to be several components to Corsini’s lengthy definition: The first component consists of the patient-therapist relationship. The second component concerns why such a relationship exists. The third component consists of the professional and legal practices of the therapist.

The definitions that appear in the professional literature defining psychotherapy vary considerably. However, they all share a commonly emphasized characteristic,
namely, that of the patient-therapist relationship. Specific details are not stated, but based
upon the provided definitions, this relationship appears to be key in defining
psychotherapy.

Based upon the variability found in the dictionary and the definitions from the
professional literature, there does not appear to be a single exact definition that defines
psychotherapy. The definitions that appear in various dictionaries have several
components in common, such as the use of psychological methods or techniques, the
necessity of communication, and the recognition that psychotherapy addresses and treats
disorders. But the dictionary definitions differ significantly from the definitions found in
the professional literature. In the professional literature, the patient-therapist relationship
appears to be the primary focus.

Just as there is a range in how psychotherapy is defined, there is also a range in
the criteria used in designating professional mental health services as psychotherapy. In
order to further determine if the use of film is indeed a psychotherapeutic modality, the
criterion that characterizes what we call psychotherapy will be considered.

Criteria for the Term Psychotherapy

Specific criterion for the term psychotherapy can be found in the literature.
According to Strenger and Omer, "... a need is felt for criteria to evaluate therapeutic
constructs. However, all absolute criteria seem to be accepted only by adherents of the
approach that endorses them" (1992, p. 111). Strenger and Omer seem to be suggesting
that therapists and theorists want specific criteria that can be used to evaluate various
therapeutic practices, but that there is little agreement as to what exactly that criteria
should be. This being the case, Strenger and Omer "propose that ... an intervention will
be deemed right to the extent that it is seen as coherent and pragmatically valid from a
variety of points of view, such as the patient’s, the professional community’s, and the
general public’s … and the academic community’s” (1992, p. 111). Strenger and Omer’s
“working concept of coherence refers to the goodness of fit between a construct and other
data or constructs” (1992, p. 119). They do not explain what they mean by “construct” or
“constructs”, nor do they explain what they mean by “other data”. They also state that
there is a “lack of an accepted formal definition of coherence” (1992, p. 119). Because of
this, it is not possible to evaluate or critique their position. Strenger and Omer define
pragmatic value as “a construct’s helpfulness in facilitating treatment … , or in promoting
symptomatic and functional improvement … “ (1992, p. 119). No definitions of these
terms are offered and it is therefore not possible to evaluate or critique their position.

After analyzing the remaining literature that concerns the criterion for the term
psychotherapy, there appear to be two major categories within the criterion: empirically
based evidence and non-empirically based evidence. Empirical evidence will consist of
evidence that is based upon observation, experiment, and data. Non-empirical evidence
will consist of evidence based upon opinion, personal experience, and supposition.

**Empirically-Based Criteria for the Term Psychotherapy**

In order for a mode of treatment to be considered psychotherapy it needs to be
evidence-based and empirically supported (Borkenhagen et. al., 2003). Borkenhagen et.
al., (2003) are referring to “diagnosis-related clinical studies” and “controlled scientific
studies” that are “quantitative” and “outcome oriented” when they use the terms
evidence-based and empirically supported. This holds true for the major theoretical
schools of thought, such as cognitive-behavioral therapy, and adjuncts to psychotherapy,
such as bibliotherapy. The empirical approaches of validation are theoretical validity, replicability, and incremental validity. Theoretical validity is when research adds to theoretical understanding. Replicability occurs when a phenomenon is observed on two or more occasions. Incremental validity stresses the efficiency of a procedure (Beutler & Davison, 1995). These approaches "rely on external criteria and statistical estimates of probability in an effort to preserve their independence from the observer" (Beutler & Davison, 1995, p. 16). Evidence-based criteria include outcome research, statistical reliability, clinical significance, and follow-up data (Jacobson et. al., 1984).

**Non-Empirically-Based Criteria for the Term Psychotherapy**

In contrast to the empirically-based criteria, there are criteria for the term psychotherapy that are non-empirical in nature. These non-empirical approaches include face validity and consensual validity (Beutler & Davison, 1995). Face validity occurs when "[t]he proof of the validity and value of a procedure or principle is… considered sufficient in lay circles [when] the explanation is logical and 'fits' one's personal experience" (Beutler & Davison, 1995, p. 15). Consensual validity is "a procedure … accepted [when] it has wide public support or [when] recognized authorities advocate it" (Beutler & Davison, 1995, p. 15). Case histories and subjective reports can also be used as non-empirical evidence (Kisch & Kroll, 1980). Even the federal government, during the term of the 97th Congress, voiced a non-empirical opinion on what the criteria should be in order to call something psychotherapy. A "declaration or purpose and specified criteria for psychotherapy" (Siebert, 1996, p. 2) was made. In this declaration, Congress stated:

... professional mental health services ... [should be] efficacious, safe, and appropriate to the patient’s need, and
in recognition of the interests of the patients, the public, mental health specialists, and providers in improved mental health care ... [and] conform to appropriate professional standards (Siebert, 1996, p. 2).

Congress did not specify what was meant by efficacious, safe, and appropriate, therefore it is not possible to evaluate their position.

In summary, there are various definitions of psychotherapy and its components. Just as there is variation in the definition of psychotherapy, there is likewise variation in the range of criteria for designating professional mental health services as psychotherapy. Because of this variation, a working definition of psychotherapy is necessary. The working definition of psychotherapy follows.

**Working Definition of Psychotherapy**

Based closely on the Corsini definition above, for the purposes of this paper, psychotherapy will be defined as: a formal process of interaction between a professionally trained psychotherapist and client for the purpose of the relief of distress in the client, related to any or all of the following areas of malfunction: cognitive, affective (suffering or emotional discomforts), or behavioral, with the therapist having sound training and professional and legal approval to act as a therapist.

With this working definition of psychotherapy, the core questions of this study can begin to be addressed: 'Does a formal psychotherapy as “cinematherapy” exist?’ and ‘Is the term “cinematherapy” a valid term for the use of film in psychotherapy?’. In order to first address these questions, the following section of this chapter will put the use of film in psychotherapy under the popular psychology microscope in order to ascertain if it is in fact simply “Pop Psychology”. Then it will examine the operational definition already determined for “cinematherapy” or the use of film, and compare and contrast it to
the various definitions of psychotherapy already noted, including the above operational definition.

“Pop Psychology” and the Use of Film

In order to begin the above-mentioned query, it is essential to first define “psychology”. *Webster’s New World College Dictionary* (1999) defines “psychology” as “the science dealing with the mind and with mental and emotional processes” (p. 1158).

The American Psychological Association states:

Psychology is the study of the mind and behavior. The discipline embraces all aspects of the human experience — from the functions of the brain to the actions of nations, from child development to care for the aged. In every conceivable setting from scientific research centers to mental health care services, ‘the understanding of behavior’ is the enterprise of psychologists (apa.org, 2006, p. 1).

In order to further the query in the previous section, it is essential to examine what constitutes Popular Psychology.

Popular Psychology:

Refers to concepts and theories about human mental life and behavior that come from outside the technical study of psychology, but purport to go beyond everyday knowledge ... [and that] purports to offer a technical insight, and often uses technical jargon, but does so in a way that is unsupported by systematic analysis or knowledge. Many popular psychology concepts are taken from pseudoscience ... (Wikipedia, 2005, p. 1).

These theories often take the form of books that are published for the average person, as can be found in any bookstore. A great many of these books are self-help in nature, and are also available in audio or video forms as well (Work911, 2005). Some of these titles
include *Self-Esteem Therapy* and *Five Simple Steps to Emotional Healing: The Last Self-Help Book You Will Ever Need*.

There is other evidence of Popular Psychology in today’s society: talk shows (Dr. Phil and Oprah), websites (www.helpself.com and www.psywww.com/resource/selfhelp.htm) and magazine quizzes (found traditionally in periodicals like *Cosmopolitan* and *Glamour*). It is not uncommon to have a person or persons appearing on the Oprah Winfrey Show talking about their drug addiction or eating issues in front of millions of people. The websites noted above allow individuals to address various issues, such as depression, stress management, parenting, and anxiety, for example. Some of the magazine quizzes, for example, have titles such as “Are you a pushover?” or “Are you due for a job change?”

What seems to make the use of film more than just another form of “Pop Psychology” is that it is administered under the direction of a trained psychologist, that the psychologist is responsible for the use or misuse of the modality, that there is at least some case study and personal account evidence to support its use, and that it is connected to an already accepted form of psychotherapy that has been researched – namely bibliotherapy.

**Comparing and Contrasting the Definitions of “Cinematherapy” and Psychotherapy**

To further answer the question as to whether the use of film is psychotherapy, it is necessary to examine the operational definition of “cinematherapy” and compare and contrast it to the definition(s) of psychotherapy. When the dictionary definitions of psychotherapy are examined, the use of film can be considered a form of psychotherapy
since the dictionary definitions do not state what is meant by “technique”, “method”, or “means”.

When looking over the definitions by Frank, Butler and Strupp, and Winnicott as cited in Brent & Kolko (1998), it appears that the use of film, as defined, is psychotherapy. The viewing and discussing of commercial films is a “defined contact” between a person or persons who are suffering and who are seeking help from a licensed or supervised psychologist. Watching a film and talking about a film with a therapist is clearly a “systematic use of a human relationship for therapeutic purposes” (Brent & Kolko, 1998, p. 17). Winnicott’s definition of “two people playing together” (Brent & Kolko, 1998, p. 17) could not be better depicted than the image of two or more people discussing a film together.

Considering both the lengthy and truncated definition put forth by Corsini (the truncated version being the working definition for this paper), it is possible that the use of film could be considered psychotherapy. Therapist and client discussing a film is a “formal process of interaction” (Corsini, 2000, p. 1). The purpose of such a discussion is to lessen distress, whether it is cognitive, affective, and/or behavioral, by addressing the issue(s) that brought the person to psychotherapy. The discussion is taking place with a trained and licensed psychologist who has at least some amount of, if not substantial, theoretical understanding of personality, development, and change. The use of film is a “method” of psychotherapy that is logically related to the practice of psychology, particularly since it is seen as being connected or as an extension to an older, approved method called bibliotherapy that does have theoretical and empirically-based support.
As previously noted, the dictionary definitions and the definitions found in the professional literature are broad in scope, allowing for various practices to fit under their umbrella. However, simply because the use of film could be considered a “method”, “technique”, or “means” does not mean it should be used. Therefore, assigning a film as homework as part of psychotherapy does not qualify it as a psychotherapeutic method. And therefore, the questions still remain, ‘Does a formal psychotherapy as “cinematherapy” exist’ and ‘Is the term “cinematherapy” a valid term for the use of film in psychotherapy?’.

**Summary**

The use of film as part of psychotherapy is a purported therapeutic technique, often referred to as “cinematherapy”, whereby a therapist selects commercial entertainment films for the client to view by themselves or with designated others, which will then be discussed in the subsequent psychotherapy session. However, there is no empirical evidence or data supporting the claim that the use of film is a form of therapy. The concept of using films as part of client psychotherapy began in the 1940s, but it is only recently that psychotherapists have been writing about and utilizing films to a greater degree, noting that what is being written are only opinions and observations that have not been tested. In Chapter IV, the literature on “cinematherapy” or the use of film in psychotherapy will be critically analyzed in order to ascertain if any evidentiary data exists that would answer whether there is indeed a “cinematherapy”.

There are many definitions and suggestions in the literature regarding what constitutes psychotherapy. Likewise, there is a broad range of criteria that can be used in determining if professional mental health services should be classified as psychotherapy.
It was determined that the use of film does not appear to be just another form of “Pop Psychology”. This paper’s operational definition of “cinematherapy” was compared and contrasted to the operational definition of psychotherapy. Overall, the working definition of “cinematherapy” appears to be compatible with the working definition of psychotherapy. It is crucial to note, however, that more than compatibility under the general umbrella of a definition is necessary before “cinematherapy” can be considered psychotherapy. Therefore, further examination is absolutely necessary.

To further this examination, the consistent link between “cinematherapy” or the use of film and bibliotherapy as presented in the professional publications critically reviewed for this study will be discussed in Chapter II. As part of this discussion, bibliotherapy will be defined and the literature will be briefly reviewed – including the history of bibliotherapy and the evidence of its effectiveness. The commonalities in assigning books and films to clients will be addressed.

“Cinematherapy” or the use of film in psychotherapy will also be discussed further in Chapter II. The popularity of assigning films during psychotherapy, the frequency of citations regarding “cinematherapy” or the use of film in psychotherapy in the professional literature, and the widening scope of the use of film in psychotherapy will be addressed.
CHAPTER II

Bibliotherapy & Film

Definitions of “cinematherapy” or the use of film, its history, and what it purports to do was addressed in Chapter I. Chapter II will discuss “cinematherapy’s” or the use of film’s connection to the practice of bibliotherapy and “cinematherapy’s” or the use of film’s increased frequency of use. These will be discussed in order to better help orient the reader to “cinematherapy” or the use of film in psychotherapy.

Definition of Bibliotherapy

In a majority of the literature regarding the use of film, a link is made between the use of film and bibliotherapy. Before discussing this connection further, a brief examination of bibliotherapy definition(s), varieties, uses, history and background, outcome literature and effectiveness is warranted in order to be able to better understand bibliotherapy and to be able to better determine why such a link is made.

The term bibliotherapy “literally means to treat through books” (Pardeck & Pardeck, 1984, p. 241). In Barker’s Social Work Dictionary, bibliotherapy is defined as, “[t]he use of literature and poetry in the treatment of people with emotional problems or mental illness” (Pardeck, 1996, p. 45). Katz and Watt define bibliotherapy as “the guided use of reading, always with a therapeutic outcome in mind” (Adams & Pitre, 2000, p. 645).

The written material assigned in bibliotherapy consists of fiction literature in the form of prose, poetry, and plays or non-fiction literature, which is composed of various forms of biographies, autobiographies, and self-help books and/or workbooks. The literature is usually assigned by a therapist or counselor for the client to read, ponder, and
then discuss in a subsequent therapy session. Bibliotherapy can be utilized when working with different clientele in different settings, whether it is individual, couples, families, or group psychotherapy, and regardless of whether it is an out-patient or in-patient setting (Pardeck and Pardeck, 1992; Pardeck, 1996).

**History of Bibliotherapy**

Psychotherapists use bibliotherapy in several ways. These have been categorized as: “1) to provide information, 2) to provide insight, 3) to stimulate discussion about problems, 4) to communicate new attitudes and values, 5) to create awareness that others have similar problems, and 6) to provide solutions to problems” (Pardeck & Pardeck, 1992, p. 8).

The concept that books can heal is an ancient one. The inscription on the door of the library in the ancient Greek city of Thebes read, ‘The Healing Place of the Soul’ (Pardeck, 1996, p. 46). In the United States, during the 19th century, certain books, such as McGuffey Readers and The New England Primer were used to help develop character and pro-social values in children (Pardeck, 1996). In 1840, Sir Walter Galt conducted a survey of books in American mental institutions. Along with his survey, Galt provided guidelines for choosing readings for patients. Numerous librarians in Veteran’s Administration hospitals expanded this initial application of literature and books after World War I. Bibliotherapy was also used at the beginning of the 20th century for patients residing in many of the large tuberculosis sanatoria (Berg-Cross et. al., 1990). Finally, during the 1930s, Dr. William C. Menninger “had an interest in the use of literature in the areas of psychiatry and psychology by laypersons, as well as the kinds of readings typically prescribed in psychiatric settings” (Pardeck, 1996, p. 46).
In the bibliotherapy professional literature, the proposed mechanisms that could possibly account for change, (i.e. the six possible effects listed at the beginning of this section) are given more detail and coherence as compared to the unproven beliefs regarding what the use of film accomplishes.

**Bibliotherapy: Evidence for Effectiveness**

There is research concerning the efficacy of the various forms of bibliotherapy. In 1949, the efficacy of bibliotherapy as a psychotherapeutic treatment method in psychotherapy was demonstrated in the first clinical study by Caroline Shrode (Berg-Cross et. al., 1990). Although Berg-Cross, Jennings, and Baruch state Shrode’s conclusions, they do not provide Shrode’s research on how she determined her conclusions. Nor is a reference to Shrode’s work provided by the authors’ bibliography. Calhoun, as cited in Berg-Cross et. al. (1990, p. 136), notes, “[t]houghtfully chosen bibliotherapy readings have been shown to enhance self perception” (1987). Calhoun came to this conclusion after he conducted a review of the relevant literature in order to depict how bibliotherapy was used to “implement and facilitate self-identification and to enhance self-perception” (1987, p. 939). Bibliotherapy has been shown to help adults and children cope with life crises such as divorce and abuse as well (Pardeck & Pardeck, 1984, 1987). Pardeck and Pardeck reached this conclusion after evaluating books “according to their value in addressing specific areas of family transition” (Pardeck & Pardeck, 1987, p. 113). After he reviewed and comprehensively analyzed the bibliotherapy literature, Lenkowsky, director of the New York League for Early Learning, concluded that bibliotherapy can help children to foster attitude change toward others (1987).
Scogin et. al. (1989), and Schmidt and Miller (1983) found that bibliotherapy can reduce depressive affect, based upon the following studies. Scogin et. al. studied the use of bibliotherapy with mildly to moderately depressed community-dwelling older adults. Sixty years of age or older, some adults were assigned to read a presentation of a cognitive or a behavioral self-help procedure. Others were placed in a waiting list control group. For both of the bibliotherapy groups, observer and self-rated depression were significantly lower as a result of their participation, both at initial assessment and at a six-month follow-up (1989).

Schmidt and Miller (1983) administered an eight-week multidimensional program of behavioral management, cognitive restructuring, and assertiveness training to 46 depressed outpatients. Interventions were administered in five various ways – 1) individually with a single therapist, 2) in two small groups, 3) one large group, as 4) bibliotherapy, or 5) a randomly assigned control group of ten individuals. Clients in the first three groups met with a therapist for 90 minutes each week. Clients in group four received a self-help manual and forms they were to fill out and send in pre-addressed and pre-stamped envelopes. The control group received no treatment contact of any kind. Each person was administered a battery of tests that consisted of the Beck Depression Inventory, Profile of Mood States, and MMPI. These 46 individuals were assessed again 18 weeks later. The findings of the study indicated that although there were not any significant pre-treatment differences among groups, all treated groups, including the bibliotherapy group, improved significantly over the course of psychotherapy. The control group did not change during this same period (meaning their levels of depression remained the same during the course of the study), and there were no substantial
differences among treated groups at the program’s end or at follow-up. These groups did not show significant change over the follow-up period (meaning that their measured improvement remained relatively the same). Schmidt and Miller believe that the results of their study “points to the potential value of more minimal therapist contact interventions” (Schmidt & Miller, 1983, p. 330), such as bibliotherapy.

Starker (1988), in a survey, questioned psychologists about their experiences, attitudes, and practices when utilizing bibliotherapy – particularly self-help books. A questionnaire was mailed to 400 randomly selected psychologists who were listed in the National Register of Health Service Providers in Psychology. The questionnaire consisted mainly of a list of 20 self-help titles, such as Between Parent and Child (1965), Infants and Mothers (1969), The Relaxation Response (1975), and On Death and Dying (1969). The psychologists were asked to note whether they had read the book and whether the book was prescribed to the patient or whether its use by the patient was discouraged if the patient initiated the reading. The psychologists were also asked to rate the work based on two areas – quality of the work and its helpfulness to patients. Of the 400 mailed questionnaires, 123 from 36 different states were returned. 60.3 percent of those who responded had read six or more of the listed self-help titles. Only 4.3 percent noted that they “never” prescribed them. And 59.8 percent prescribed them “occasionally.” Additionally, 23.9 percent prescribed them “often” and 12 percent prescribed them “regularly.” With regards to quality and helpfulness of the works, “few were given very low ratings,” with 70 of the 20 titles receiving an 80 percent or higher “high helpfulness” rating and 15 of 20 receiving 60 percent or higher “high quality” rating. Helpfulness is
not defined by the authors. "Self-help books were reported widely read, approved, and
prescribed" (Starker, 1988, p. 454).

Starker's (1988) survey has limitations. First of all, it is a small survey. Secondly,
the response rate of 30 percent is "less than optimal," and according to the author, such a
response rate "leaves open the possibility of response bias in the result data." Therefore,
one "cannot take these findings as representative of all clinical psychologists in America"
(Starker, 1988, p. 451). Since this is a small study, it is important to note that this study
does not tell us that much about the larger population of practicing psychologists. To
generalize Starker's findings is incorrect, or at a minimum, misleading.

In a second 1988 survey, Starker sent a questionnaire asking psychologists about
their attitudes, experiences, and prescriptive practices regarding self-help books. These
questionnaires were sent to 268 psychologists in San Diego and 132 psychologists in
Boston/Cambridge. These 400 psychologists also were culled from the National Register
of Health Service Providers in Psychology. Fifty-nine (44.7 percent) of the questionnaires
were returned from the Boston/Cambridge area and 62 (45.6 percent) were returned from
the San Diego area. Forty-five percent of those psychologists surveyed responded. Of this
group, 69 percent indicated that some of their clients reported being 'really helped' by the
unspecified self-help books that were prescribed to them. Some of these titles include:
The Relaxation Response (1975), Feeling Good (1980), Between Parent and Child
(1965), On Death and Dying (1969), and Parents Are Teachers (1971). Eight percent of
the respondents indicated that a patient suffered harm from the readings. Of those
psychologists who participated in the survey, 60 percent reported prescribing books as an
adjunct to psychotherapy. There are two particular limitations of this study. The first
concerns the chance or potential for a response bias in the data presented. Those psychologists who are favorable towards books may have responded more positively as compared to those psychologists who are not favorable towards prescribing books, regardless of their clients’ experiences of benefit. Second, the study did not provide data representative of all psychologists in America (Starker, 1988).

In another study, Halliday (1991) surveyed 100 adult (18 years of age or older) clients who were either intakes or transfers, but who had not been seen before by Halliday. The survey was conducted at the time of the initial psychotherapy appointment. The subject pool included 47 men (ages ranged from 18-57) and 53 women (ages ranged from 20-64). They were asked, as part of the regular initial session, the following questions: 1.) if they had read any self-help or self-improvement books to help them with their current or other problems. If they had, they were asked 2.) to name the title and author(s) of the book(s), 3.) to identify in what way or ways, if any, the books had helped, and 4.) to indicate the ways, if at all, the book(s) had caused harm. Forty-three out of the 100 surveyed had read at least one self-help or self-improvement book. Eighty-six percent reported a belief that they had benefited from reading self-help books.

This author is questioning, if such books were helpful, then why seek psychotherapeutic treatment? This author believes that either the books were not enough to prevent the person from needing therapeutic services or the person was seeking psychotherapy for an unrelated issue. This author raised the question and shared the belief in an effort to perhaps show that the use of books may not be as efficacious as some of the previous authors (Schmidt & Miller, 1983; Starker, 1988, 1988; Scogin et. al., 1989) claimed. Nine percent, or four individuals, indicated that they experienced
distress or harm due to reading these books. Three out of those four reported a mixture of benefit and harm. Examples of harm included flashbacks from reading about Vietnam and one where an individual reading about childhood sexual abuse experienced memories that interfered with reading the book. Limitations of this study include the fact that patients were asked to freely recall what they had read and how they experienced what they read. This free recall may have prevented some patients from remembering something they had read (Halliday, 1991). In addition, 100 patients are a small sample and are not reflective of the larger population.

In 1961, Webster stated that he “was able to reduce fear of the dark and of dogs in first grade children by reading stories showing the positive attributes of what was feared, and by the undirected discussion which followed” (Lindeman, 1968-69, p. 39). He had two groups of children. In one group, 35 were afraid of the dark. In the other group, five were afraid of dogs. Webster read one story per week for five weeks to each group. He then conducted interviews three months later and found that 29 percent of the children afraid of the dark were less so. And 100 percent of the children who were afraid of dogs were now less fearful (Lindeman, 1968-69). It appears, based upon Webster’s small-scale study, that literature had some degree of effectiveness, but it cannot be stated that literature, or bibliotherapy, would be effective across populations.

In addition, single studies and meta-analyses have demonstrated the effectiveness of bibliotherapy. Promising results have been noted in single studies that have applied bibliotherapy to various disorders and treatments that span the clinical sphere.

Gould and Clum (1993) conducted a meta-analysis of 40 self-help studies that employed a media-based treatment approach (book, manual, audiotape or videotape, or
some combination). The studies were collected for the meta-analysis using four strategies. A CD ROM PsychLit review of the literature from 1974 through June 1990 was conducted using various key terms, such as self-help, bibliotherapy, manual, videotape, and audiotape. A similar search using the same key terms was conducted with a Medline computer search. Psychological Abstracts was searched for pertinent titles spanning 1970 through 1990. Secondary references were located by examining the reference pages of those self-help studies discovered using the above methods. Gould and Clum’s meta-analysis indicated that self-help books in conjunction with psychotherapy “suggest the potential of self-help to complement individual therapy interventions” (1993, p. 181).

In a 1991 article, Quackenbush states that bibliotherapy may greatly benefit a client when used as an adjunct to individual counseling “when teaching new cognitive strategies, exploring relationships, and dealing with unfinished business of the past” (Quackenbush, 1991, p. 671). Quackenbush does not, however, cite the method or data used to arrive at such a conclusion.

In 1987, Lenkowsky, upon reviewing the literature concerning specific applications of bibliotherapy, found the results to be mixed when used for certain problems or issues, as cited in Schumacher (1995). Lenkowsky states that “while the majority of authors ‘feel’ that bibliotherapy helps those clients they serve and are advocates of the technique, available objective evidence is unclear, if not unconvincing, regarding such benefits” (Lenkowsky, 1987, p. 128).

Some research indicates that bibliotherapy is effective with only certain types of problems, such as behavioral change, assertiveness, self-development, attitude change,
and as a therapeutic technique (Pardeck & Pardeck, 1984). Pardeck and Pardeck (1984) examined 37 studies regarding bibliotherapy from the time period of 1944 to 1978 and determined nine different categories that the research could fall under: academic achievement, assertiveness, attitude change, behavioral change, marital relations, reducing fear, self-concept, self-development, and therapeutic usefulness. For this study, Pardeck and Pardeck do not define, nor do they elaborate on, the terms just listed. They then reported findings for its effectiveness in each of the nine categories. According to their results, bibliotherapy was found to be relatively effective with regards to assertiveness, attitude change, behavioral change, self-development, and as a therapeutic technique. Bibliotherapy was found to be ineffective regarding academic achievement, marital relations, reducing fear (although Webster's work contradicts this), and changing self-concept. From their research, Pardeck and Pardeck conclude that these "findings should give added confidence to the therapist who wishes to use bibliotherapy" (Pardeck & Pardeck, 1984, p. 246).

It appears that Pardeck and Pardeck are choosing to focus on the areas where bibliotherapy helped rather than on those areas where it was ineffective. These psychologists must be careful with generalizing statements. Bibliotherapy does appear, based on some of the research cited, to be effective when addressing certain specific issues. However, to make a generalization like Pardeck and Pardeck (1984) may be erroneous because bibliotherapy does not help in all cases and therefore therapists should not have "confidence" in its efficacy in general.

Overall, bibliotherapy appears to be effective when addressing particular issues; however, there are indications based on some of the research that its effectiveness is
relegated to certain types of cases. Because bibliotherapy is beneficial to some degree and because of some of the similarities of story and metaphor, many authors (Berg-Cross et. al., 1990; Heston & Kottman, 1997; Hesley, 2000; Dermer & Hutchings, 2000; Calisch, 2001; Hesley & Hesley, 2001; Sharp et. al., 2002; Suarez, 2003; Schulenberg, 2003; Lampropoulos & Spengler, 2005; Wolz, 2005) link bibliotherapy and the use of film in psychotherapy.

Commonalities in Assigning Books and Films to Patients

A great deal of the literature regarding the use of film states that the assigning of films is a natural offshoot of the practice of assigning books – an evolution made possible by the advent of movie viewing technology: “[Cinematherapy] is an extension of bibliotherapy … [b]ut it differs from current practices of bibliotherapy, most prominently in using fiction rather than nonfiction” (Calisch, 2001, p. 2). Or as Sharp et. al. simply states, “Cinematherapy is an outgrowth of bibliotherapy” (2002, p. 270).

Both literature and film tell a story in the form of a narrative. The characters are anthropomorphized and often go through experiences that are identifiable to audiences. The major difference between the two forms of homework is that instead of taking many hours and days to read a book, a person can view a film in approximately two hours: “[f]or over a century, therapists have made use of books to help clients overcome a wide range of problems. Recently, movies have been used for similar purposes. Both literature and cinema can be used to educate, normalize, reframe, and expand ideas” (Dermer & Hutchings, 2000, p. 164). This may be true, but the outcome research data with regards to films is presently lacking. Using films is similar to using books in other ways as well. “Using movies as a technique in clinical practice is similar to bibliotherapy, with its
appeal being universal themes and its function as a means for clients to view their problems from a comfortable distance” (Schulenberg, 2003, p. 36).

Prior to being transcribed, stories were told as part of the oral tradition. The stories were told and passed along to help people learn and understand themselves, their fellow beings, and the world around them (Holt et. al., 2000). Birgit Wolz believes that the “use of movies for personal growth and healing carries forward a longstanding connection between storytelling and self-reflection …” (2005, p. 4). Literature and films share the same basic elements – plot, metaphor, characters, point of view, climax, and resolution. Reading literature or viewing a film can allow a client to acquire new insight into their lives, situation, problems, and issues (Haas, 1995). Lampropoulos and Spengler state, “In a similar way to movies, bibliotherapy is a well known method of healing throughout history. Perhaps the most often read book used for such purposes is the Bible (and other basic writings in various religions)” (2005, p. 50).

Literature and film can be viewed as narratives that involve metaphors. It is suggested that such metaphors might “afford individuals the opportunity to distance themselves from events in their own experiences and become the protagonist in their own life narratives, enable them to rehearse potential solutions …, … [and] allows people to bridge the gap between what is and what can be” (Calisch, 2001, p. 2).

Society today is faster-paced and more technologically-based. People work more, read less, and must manage their lives in order to meet the demands of family, work, and self. According to the research, the assigning of films, with its combination of possible therapeutic gain and definitive entertainment and relaxation, is a logical next step after
bibliotherapy. In the next section, the issues of popularity amongst clinicians and the scope of assigning films during psychotherapy will be addressed.

**Popularity of Assigning Films During Psychotherapy**

As technology has advanced, more people have greater access to film and visual media through VCRs and DVD players, along with cable numerous movie channels, making it more possible to assign a film as part of treatment. Hesley notes that “[a]n increasing number of therapists are relying on movies to move people toward breakthroughs faster” (2000, p. 54). Hesley also points out that at the movie therapy workshop at the 1998 Texas Association of Marriage and Family Therapy’s annual meeting, a vast majority of therapists reported that they regularly discussed movies in therapy (2000). However, Hesley’s article may simply reflect his opinion, and the conclusions he draws are not supported by any presented data and no reference is made to help obtain data that would help to support his conclusions.

Lampropoulos and Spengler relate that “[n]ational surveys reveal that many practitioners use selected motion pictures with healing effects as components of their treatments and consider them to be effective” (2005, p. 50).

In 2000, Norcross et. al., sent a lengthy questionnaire to 1,500 members of the APA clinical and counseling psychology divisions. The psychologists were asked to rate the quality of listed movies with which they were sufficiently familiar for 20 problem areas. A total of 417 questionnaires were returned, with usable data provided by 401 of those who responded. The response rate was 28 percent. Those who participated were all doctoral-level psychologists of various ethnicities, genders, theoretical orientations, and work settings. It was reported that nearly half of those questioned recommended movies
to their clients and that 68 percent of the clinicians reported finding films helpful, as compared to 2 percent perceiving them as harmful (Norcross et. al., 2000).

Lampropoulos et. al. (2000), conducted a survey in order to obtain information on demographics, theoretical orientation, attitudes, evaluation, patterns of clinical use of motion pictures, and ratings of specific motion pictures. The survey also sought to obtain ratings of specific movies. A cover letter, the survey, and a postage-paid envelope were mailed to 3,000 randomly selected members of the APA. Eight hundred forty surveys were returned, yielding a return rate of 28 percent. It was discovered that 67 percent of those who responded to the survey had recommended a film to a client. Eighty-eight percent of the respondents regarded the use of films to be helpful as part of psychotherapy (Lampropoulos, 2004). A possible limitation of this study is that it only determined that movies are being used as part of psychotherapy and did not “quantify the effects on psychotherapy process and subsequent outcomes” (Lampropoulos, 2004, p. 540).

Finally, Hesley notes that “[t]he growing number of therapist-authored film critiques on the Web and the recent onslaught of related academic and journalistic articles illustrate the impact film therapy is rapidly making on the field” (2000, p. 54-55). Be this as it may, few of the academic books and journals reviewed for this project contained data and research to verify the claim that “film therapy” is making an impact on the field of psychology.

By contrast, bibliotherapy is a popular therapeutic adjunct with a long history of informal and formal use. The use of film is a relatively new therapeutic adjunct, although growing in popularity and use. The research issue with using books and films as an
adjunct to psychotherapy is the lack of empirically based criteria for utilizing these homework assignments. And since there is no empirical research or data with regards to the use of film as part of psychotherapy, a critical question must be raised. Should psychotherapists be assigning films for their clients to watch, when the data to support such use is lacking, and when data to provide a rationale and criteria for use is also missing? Currently, psychotherapists appear to be using these tools without concrete criteria as to choosing certain books or movies and without adequate clinical guidelines as to how to use that book or movie, other than perhaps having read the book or viewed the film themselves.

To demonstrate this point, a study by Kazantzis and Deane (1999) will be reviewed, whereby they collected information regarding demographics, theoretical orientation, frequency of homework use, frequency of the procedures used in recommending homework, and the perceived importance of homework assignments in the psychotherapy treatment of different client problems. To determine their results, Kazantzis and Deane mailed 358 surveys, cover letters, and prepaid return envelopes to clinical psychologists registered with the New Zealand Psychologists’ Board. Two hundred forty-seven surveys were returned, yielding a return rate of 69 percent. Of the 247 returned surveys, 221 were usable. Ninety-eight percent of practicing psychologists in New Zealand reported using homework assignments in an average of 57 percent of psychotherapy sessions. However, of those 98 percent who use homework assignments, only 25 percent of all psychologists surveyed habitually followed a systematic approach when using homework or assigning homework to a client or clients (1999). Although this study cannot necessarily be generalized to capture all psychologists around the world, it
is nonetheless concerning to see that homework is being assigned when a definitive system that is based upon research and data is not in place.

Based on data and observation/opinion, the use of film as part of psychotherapy has recently increased in part to technological advances and greater access to films. Although an increase has been noted, the study by Kazantzis and Deane (1999) suggests that psychologists prescribe homework assignments, such as viewing a film, without systematic guidelines on which to base their suggestions. In the following section, the increase of citations related to the use of film in psychotherapy will be discussed.

**Frequency of Citations Regarding the Use of Film in Psychotherapy**

There has indeed been an increase in the number of citations regarding the use of films as part of psychotherapy during the past 65 years. Figures 1-4 present the results of using the following keyword searches: (1) “Cinematherapy”, (2) “Cinema” and “Psychotherapy”, (3) “Film” and “Psychotherapy”, and (4) “Movies” and “Psychotherapy”. Figure 5 reflects the print materials gathered for this study, print materials that are both popular literature and academic literature.

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**Figure 1**
The number of print materials found using the keyword searches “Cinematherapy” from 1980-2005.

**Using Keyword Search "Cinematherapy"**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Print Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980-1984</td>
<td>10</td>
</tr>
<tr>
<td>1985-1989</td>
<td>8</td>
</tr>
<tr>
<td>1990-1994</td>
<td>6</td>
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<tr>
<td>1995-1999</td>
<td>4</td>
</tr>
<tr>
<td>2000-2005</td>
<td>2</td>
</tr>
</tbody>
</table>
Figure 2
The number of print materials found using the keyword searches “Cinema” and “Psychotherapy” from 1980-2005.

Using Keyword Search "Cinema" and "Psychotherapy"

Figure 3
The number of print materials found using the keyword searches “Film” and “Psychotherapy” from 1980-2005.

Using Keyword Search "Film" and "Psychotherapy"
Figure 4
The number of print materials found using the keyword searches "Movies" and "Psychotherapy" from 1980-2005.

Using Keyword Search "Movies" and "Psychotherapy"

Figure 5
The number of print materials gathered for this study published between 1980-2005.

Articles and Books
A search of popular publications was conducted using the search engine provided in the popular online book vendor Amazon.com. Using the keyword “Cinematherapy” yielded 27 results, with ten of these books appearing to be applicable to the topic at hand. Publication dates were recent; the oldest being 1999. A search conducted on Google.com using the key word “Cinematherapy” resulted in 8,100 “hits”. Some of the sites were cinematherapy.net (a site offering suggestions for movies to fit your mood), cinematherapy.com (a site offering a brief overview of “cinematherapy” and its alleged benefits), and www.ed.uab.edu/cinematherapy/home.html (a site that claims to further the “practical and theoretical use of Cinematherapy in school counseling, private counseling, and counseling education”) (2005, p. 1).

It can clearly be seen that the concept of using commercial films as an adjunct to psychotherapy is of growing interest and is being cited more often in the relevant academic and professional journal articles. Of these articles or books, many of them contain case studies authored by individual therapists who are using “cinematherapy”, and several contain anthologies of films with therapeutic benefit. These will be covered in greater detail during the critical analysis of the literature in Chapter IV. As the professional literature increases, so, too, does the number of psychotherapists using films and the range of clinical issues being addressed, as discussed in the following section.

**Widening Scope of Use of Film in Psychotherapy**

The interest and use of films as part of clinical treatment is increasing over time, based on the growth of relevant literature depicted in Figures 1-5 above. Some of the areas the literature addresses include: group psychotherapy for adolescent girls, treating schizophrenics in an in-patient setting, group psychotherapy, treating children, family
psychotherapy, couples psychotherapy, and individual psychotherapy. As Wedding and Niemiec note:

Using films as a helpful adjunct in therapy has been referenced in the literature in many therapeutic modalities (individual, group, couple, family, child/adolescent psychotherapy) and across numerous theoretical orientations (psychoanalytic, psychodynamic, cognitive-behavioral, humanistic, and family systems) (2003, p. 211).

Be this as it may, Wedding and Niemiec do not provide any data to support this statement.

This author, in Figures 1-5, showed the increase in information for psychologists regarding the use of film. And this increase in information, when carefully analyzed, indicates that psychologists and counselors of different theoretical orientations and modalities are using film to treat patients with varied clinical issues. This will be covered in greater detail during the critical analysis of the literature in Chapter IV.

References to the use of film are not only found in specific professional journals, but also books, websites, lectures, and conferences.

Types of Literature and Sources Citing Use of Film in Psychotherapy

Uses of film in psychotherapy are noted in articles from numerous professional journals, such as Professional Psychology: Research and Practice, Journal of Contemporary Psychotherapy, Counselling Psychology Quarterly, and American Journal of Family Therapy. It is also the subject matter of books: The Motion Picture Prescription: Watch This Movie and Call Me in the Morning, Rent Two Films and Let's Talk in the Morning, and E-Motion Picture Magic: A Movie Lover's Guide to Healing and Transformation. It is noteworthy that the titles often claim established efficacy and effectiveness. There are websites promoting the use of film, such as
www.cinematherapy.com and www.ed.uab.edu/cinematherapy/intro.html. They appear not to make any specific references to research or data regarding efficacy and effectiveness, other than personal statements from practitioners. There are links to bibliographical references, but none appeared to be research based or data driven. There are symposiums and conferences that sponsor lectures and sessions regarding the use of films as an adjunct to psychotherapy. One of the symposium sessions at the Third Annual Santa Fe Spring Symposium in 2005 was called “REEL LOVE: Confronting Couples Issues with Movie Clips”. Another symposium at the 22nd Annual Cape Cod Summer Symposia in 2005 was titled “Movies and the Mind: Film Clips To Teach and To Heal”. Even Blockbuster Video had a campaign through Hallmark greeting cards that offered a free movie rental that read: “We all need a little cinema-therapy!” (Blockbuster Inc., 2004, p. 1). But, despite this enthusiasm, the data to support claims is absent.

Based on the information provided in the Lampropoulos and Spengler (2005) and Norcross et. al., (2000) studies, and taking into account the unsupported information provided by Hesley (2000) and Wedding and Niemiec (2003), it appears that more clinicians are making use of films in psychotherapy, that films are being used to treat a broad range of populations and disorders in various settings, more is being written about the subject, that more individuals are promoting the use of films as an adjunct to psychotherapy, and that the concept has entered the popular culture in a synergistic fashion, promoting both film and psychotherapy.

Summary

Proponents of using films in psychotherapy view it as an extension or continuation of an older, more proven, therapeutic technique called bibliotherapy, which
involves assigning various forms of fiction and non-fiction literature. Commonalities exist between fiction literature and popular entertainment films.

The use of film is being increasingly written about and discussed, in journals, books, websites, and at symposiums, noting that what is being written about and discussed are only opinions and observations that have not been tested. And it is being used in the psychotherapy treatment of various populations in various settings. Given that “cinematherapy” or the use of film is not definitively defined, given that more psychotherapists are using it more frequently, and given that the evidence and data concerning its efficacy is absent, it seems that “cinematherapy” or the use of film in psychotherapy should be examined in a more systematic way.

In order to continue towards this more systematic way and towards a resolution of the central questions of this study – ‘Does a formal psychotherapy as “cinematherapy” exist’ and ‘Is the term “cinematherapy” a valid term for the use of film in psychotherapy?’, this paper will now turn toward determining the best possible method for answering the focal question, a method that will centrally focus on a critical analysis of the available literature concerning the use of film.
CHAPTER III

Methodology

This chapter provides information about the method used to address the purpose of this study: To determine if the use of popular film as part of the psychotherapeutic treatment ("cinematherapy") is indeed psychotherapy and to determine if the use of the term "cinematherapy" is a valid term for the use of film in psychotherapy. The results of this study provide important information regarding the increased use of an unproven technique by psychotherapists. This chapter discusses: 1) what methods the authors of the literature gathered for the purposes of this study appear to have used; 2) how the method for the current study was chosen; 3) how the findings from this method are analyzed; 4) an alternative method that was considered; 5) how previous research has been conducted regarding bibliotherapy.

Methods Utilized By the Authors of the Gathered Professional Literature

From reading the literature analyzed in Chapter IV, it appears that the authors of the articles and books made use, consciously or unconsciously, of the first two steps of the scientific method: "1.) observing a phenomenon, 2.) forming tentative explanations or statements of cause and effect" (Bordens & Abbott, 1999, p. 15). However, the authors did not follow the remaining two steps of the scientific method: 3.) further observing or experimenting (or both) to rule out alternative explanations, and 4.) refining and retesting the explanations" (Bordens & Abbott, 1999, p. 15) prior to drawing the conclusions they do about "cinematherapy" or the use of film in psychotherapy. It appears that the authors made use of the rational method when drawing their conclusions The rational method is a
method of inquiry where logical reasoning is used to deduce conclusions. It involves the use of pure reason (Bordens & Abbott, 1999).

The weakness with the rational method is, "[i]f one (or both) of the assumptions used in the deduction process is incorrect, the logically deduced conclusion will be invalid" (Bordens & Abbott, 1999, p. 14). The problem with this method is that more proof is needed to make conclusions. For example, the general efficacy of bibliotherapy does not prove the efficacy of the use of film, even though much of the literature leads one in that direction. The rational method is not adequate as a method, and ultimately has to be used in conjunction with other methods. The authors of the literature gathered for the purposes of this study do not go beyond using this method of inquiry and the first two steps of the scientific method.

Because of the apparent weakness in the method used by the authors of the literature gathered for this study, this author determined that what was and is being written about and determined about "cinematherapy" or the use of film in psychotherapy should be analyzed.

In order to do this, this author made use of two methods in order to conduct the current study: The method of authority and a critical analysis of the literature. In the following two sections the choice of method for this study will be discussed.

The Choice of Method for this Study

Method of Authority

One method of inquiry is the method of authority. This method refers to the use of expert sources – literature or people – to determine whether the research question can
be answered (Bordens & Abbott, 1999). For this study, articles from psychology databases and books were consulted as the authoritative sources.

The method of authority has two major weaknesses. Sources may have been selected in error; and they may not be objective and could therefore be biased. The method of authority is not adequate as a method by itself, and needs to be done in conjunction with other methods (Bordens & Abbott, 1999).

Therefore, after consulting and gathering articles from databases and books, it was determined that a critical analysis was also necessary since the literature appeared to be biased towards “cinematherapy” or the use of film in psychotherapy.

*Critical Analysis*

Critical analysis “can be characterized as a way of approaching and thinking about a problem … [and] is nothing more than a deconstructive reading and interpretation of a problem or text … [with] critical thinking about and analysis of situations/texts [being] as ancient as mankind … itself” (Palmquist, 2006, p.1). Critical analysis is “a central process in all academic work” (Deakin University, 2006, p.1). Critical analyses have several strengths and weaknesses: 1) “Critical Analysis always remains a matter of interpretation. As there is no hard data provided through [critical] analysis, the reliability and the validity of one’s research/findings depends on the force and logic of one’s arguments”. 2) “[Critical] Analysis does not provide definite answers”. 3) “[Critical] Analysis and critical thinking is applicable to every situation and every subject”. 4) “Authoritative [critical] analysis can lead to fundamental changes in the practices of an institution, the profession, and society as a whole” (Palmquist, 2006, p.1).
For the purposes of this study, the available literature concerning "cinematherapy" and/or the use of commercial films as part of the psychotherapeutic treatment of a client was used. A computerized literature search of the major databases was conducted, as well as an examination of published books and websites on the topic of "cinematherapy" or the use of film in psychotherapy.

The objective of looking at the literature is threefold. First, the literature on the use of popular films in psychotherapy was critically analyzed with an emphasis on whether or not research had been conducted, the type of research conducted, the quality of the data, and the conclusions drawn by the individual authors. Second, the data from this critical analysis was used to assess the appropriateness of the term "cinematherapy" in the context of current definitions of psychotherapy. Third, the theoretical leaning of the literature was critically analyzed.

The following section explains how the critically analysis of the literature was executed.

Analysis of the Literature Regarding the Use of Film

The current literature concerning the use of film analyzed in Chapter IV was subject to the following analysis:

- Does the article or book specify what "cinematherapy" or the use of film is or how it is being used, and does this match the working definitions of "cinematherapy" and psychotherapy?
- What type of research does each article employ? Does it use (theoretical), survey data, experimental data, a case study, or personal experience
(anecdote)? The research will be organized based on the type of literature and/or study.

What is the theoretical leaning of the literature? This was categorized as: psychodynamic, cognitive-behavioral, family, group, or humanistic. The language, concepts, and constructs used by the author determined the nature of the theoretical leaning.

It is important to consider other methods that could have been employed in order to address the purpose this study. In the following section, an alternative method is discussed.

**An Alternative Method**

There are other methods that could have been used rather than observation. No one methodology can be concluded to be the "right" methodology and it is worth considering the use of alternative methods. For example, experiential interviews could have been conducted. If these had been used, a broader sample of both good and bad experiences with film could have been analyzed. Additionally, experiential interviews could allow for more recent information to be garnered. And, the study would not have to rely upon outdated articles. Also, experiential interviews are a primary source, rather than a secondary one. Solely relying on the professional literature may cause the study to be biased in a positive direction, since most professionals publishing on this topic are also supporters of it. Since there appears to be benefits in using the method of experiential interviews, more will be said about this in the suggested research chapter of this paper. However, despite this alternative method, for the purposes of this paper, experiential interviews were not conducted.
In the following section, it is worthwhile to look at how the research on bibliotherapy has been conducted, perhaps to ascertain if it helps to think about how to best evaluate the use of film in psychotherapy.

**How Research on Bibliotherapy has been Conducted**

Bibliothersy has been evaluated over time. Prior to 1980, 24 studies found fiction to be effective as a therapeutic tool, and during the 1980s, 14 studies were conducted on bibliotherapy (Pardeck & Pardeck, 1992). The types of controlled research conducted on the use of bibliotherapy vary. The following have been conducted to ascertain the efficacy of bibliotherapy: surveys of psychologists who have used bibliotherapy, surveys of clients who have been assigned reading, clinical studies, meta-analyses, single studies, empirical research, literature reviews, case studies, experiments, and interviews. More specifically, single studies have applied bibliotherapy to various disorders and treatments spanning the clinical realm, and meta-analyses have found bibliotherapy to be effective under various conditions (Campbell & Smith, 2003).

Bibliotherapy has been researched in many different ways, all in an attempt to evaluate its efficacy. Overall, it appears that bibliotherapy has been shown to be efficacious as an adjunct to psychotherapy, although there are some studies that have mixed opinions regarding its efficacy.

The primary data available on the use of film as part of psychotherapy is elicited from interviews with clinicians who use film and/or clinicians who publish books or articles, such as Gary Solomon, John and Jan Hesley, and Conni Sharp et. al., regarding their use, or the use, of film. The foundation for the use of film seems to be its connection
with bibliotherapy, but proving that such a connection exists has not been previously researched or proven.

The various ways bibliotherapy has been researched clearly helps this author to think about how to evaluate the use of film, namely that research of varying types needs to be conducted on the use of and the efficacy of the use of film in psychotherapy.

In the next chapter the critical analysis of the "cinematherapy" or the use of film in psychotherapy literature was conducted in order to examine what is being written about the use of film in psychotherapy. Such a critical analysis further helped to determine if the use of popular film in psychotherapeutic treatment is indeed a form of psychotherapy and if the use of the term "cinematherapy" is a valid term for the use of film in psychotherapy.
CHAPTER IV

Critical Analysis of the Literature

The critical analysis of the literature will be approached in three ways. This study will first summarize each article and book in chronological order, from the earliest to the most recent. A critical summary of the articles will then follow. Also, a summary review of the definitions of “cinematherapy” or the use of film in psychotherapy from each article or book being compared and contrasted to the working definitions of psychotherapy and “cinematherapy” or the use of film in psychotherapy as defined for the purposes of the present study will be provided.

The writer will then provide two tables (Appendices A & B) – the first table (Appendix A) will organize each article or book according to the type of study – theory, data, and opinion/editorial. Within the area of theory, this study will include various models of psychotherapy, such as psychodynamic/analytic, behavioral, social learning, humanistic, group, and family. With regards to data, this study will include case study, survey, experiment, and anecdotal data. Within the domain of opinion/editorial, this writer is referring to the opinion of the author or authors of particular articles or books that were reviewed as part of this critical analysis. The terms from this paragraph will be defined in the two succeeding paragraphs.

The psychoanalytic model “holds (1) that … underlying pathology is a constellation of unconscious conflicts and defenses against anxiety …” (Gleitman et. al., p. C25, 2000). The dynamic approach and psychodynamics consider “human behavior …from the standpoint of underlying and often unconscious forces … [t]he pattern of motivational forces, both conscious and unconscious … [including] drives, wishes,
emotions, and defense mechanisms ...” (Corsini, p. 304 & 780, 1999). Behavioral will be defined as human behavior understood from two perspectives, the first being as a set of learned skills which can be involuntary or voluntary, and the second being conscious thought as a primary determinant of behavior and emotion. Social-learning theory posits that human behavior is largely a function of acquisition through observation with environmental contingencies determining which behavior is performed. Humanistic theory focuses on three values, “(1) freedom (e.g., to know oneself), (2) experiential reflection (e.g., to discover what one is becoming), and (3) responsibility (e.g., to act on or respond to what is becoming)” (Schneider, p. 149, 2003). The humanistic approach to personality “asserts that what is most important about people is how they achieve their selfhood and actualize their potentialities” (Gleitman et. al., p. C15, 2000) and as a theoretical model where a client can identify with others and feel that they are not alone. The group school of thought believes that “individuals who seek group psychotherapy will enter the treatment situation and display their central personality attributes …[and that] each person’s unique or idiosyncratic features will emerge in everyday interactions” (Dies, p. 521, 2003). Family systems theory views “the family as the primary unit of focus, departing from the traditional view that dysfunctional behavior primarily is influenced by individual characteristics, such as personality” (Kaslow et. al., p. 403, 2003) and conceptualizes “… the family as a complex of interrelating individuals” (Corsini, p. 367, 1999).

Survey will be defined as “1. [a]n overall inspection for a particular purpose … 2. [a] method of gaining certain information by asking specific people specific questions … utilizing written questionnaires or personal interviews” (Corsini, 1999, p. 966). Case
study is an “observational study in which one person is studied” (Gleitman et. al., p. C5, 2000). Experiment is a “system of scientific investigation, usually based on a design and carried out under controlled conditions with the aim of testing a hypothesis and establishing a casual relationship between independent and dependent variables” (Corsini, 1999, p. 352). Anecdotal data is “[e]vidence which is not based on research” (AS Psychology, p. 1, 2006) and a “kind of evidence based on uncontrolled personal observations, as opposed to scientific observations” (Corsini, 1999, p. 48).

The second table (Appendix B) will organize each article or book according to its theoretical perspective. The theoretical perspective will be based upon and determined by an explicit or implicit theoretical model, such as psychodynamic/analytic, behavioral, social learning, humanistic, group, and family, as defined above.

Summary of Literature

Each article and book that was gathered for the purposes of this study will now be summarized in chronological order, from the earliest to the most recent. This structure was chosen in order to best inform the reader of the evolution of the use of film in psychotherapy, including the advent of the term “cinematherapy”, and to help better discern the continual lack of outcome research data. Once completed, a critical summary of the articles will be provided. This summary will include the general weaknesses and strength(s) of the articles and books critically analyzed. A summary review of the definitions of “cinematherapy” or the use of film in psychotherapy from each article or book will follow this critical summary. In this summary review, the definitions will be compared and contrasted to the working definitions of psychotherapy and
"cinematherapy" or the use of film in psychotherapy, as defined for the purposes of the present study.

_A Brief Survey of the Use of Motion Pictures for the Treatment of Neuropsychiatric Patients - Psychiatric Quarterly Supplement_

In "A Brief Survey of the Use of Motion Pictures for the Treatment of Neuropsychiatric Patients" (1946) by Lt. Elias Katz, M. A. C., Katz states that "motion pictures of different types have been found useful in enlarging the scope of techniques and facilities available to psychiatrists and psychologists in the treatment of mental patients ... used primarily as an aid to treatment ..." (p. 204). Katz therefore notes that although the use of feature films is generally relegated to entertainment purposes, they are nonetheless considered "an integral part of the treatment program" (p. 210). In this article, Katz quotes various individuals who responded to his survey. How Katz conducted the survey nor what questions he asked were not specified in this article. It appears that the survey asked about the use of feature films with neuropsychiatric patients on closed wards.

Theodore Fong (1945), whose title and position are not specified, from Darnell General Hospital in Danville, Kentucky states, "[w]e have employed motion pictures extensively in our activities for neuropsychiatric patients ... and found them to be a definite value as a therapeutic aid ... [for] resocialization and rehabilitation" (Katz, p. 211, 1946). It is not explained how the films are used or specifically how they are of value. The titles of the films used are not provided here or anywhere else in the article.

Paul Kramer (1945), whose title and position are unknown, from Bushnell General Hospital in Brigham City, Utah, states that "[t]he purpose [of using motion
pictures] was not one of specific treatment, but of general entertainment as a contributing factor in the ‘therapeutic atmosphere’ with which we endeavor to surround our patients” (Katz, 1946, p. 211). The first quote suggests some specific therapeutic use of film, whereas the second quote suggests general use.

Henry Sisk (1945), title and position unknown, from Cushing General Hospital in Framingham, Massachusetts states, “Films were utilized primarily for the purposes of breaking the monotony of the ward … There was no attempt at any time to select them for specific therapeutic purposes” (Katz, 1946, p. 211). Like Kramer, Sisk’s use of film suggests general use, as opposed to the specific use suggested by Fong.

After reviewing the various sources, which appear to be contradictory, Katz (1946) concludes that “[f]rom these comments and from universal experience, the importance of showing carefully selected entertainment feature films to psychiatric patients cannot be overestimated” (p. 212). Unfortunately, Katz does not support his strong assertion other than to say that the films shown in a normal group setting, “… [provide] an experience which can be made to reinforce a patient’s previous contact with the world of reality” (p. 212), and that while watching a film, patients are distracted from their own problems for a period of time. How the experience can reinforce previous contact with reality is not explained.

A Brief Survey of the Use of Motion Pictures for the Treatment of Neuropsychiatric Patients” (1946) by Lt. Elias Katz, M. A. C. has several weaknesses. His methodology is unknown. Katz appears to have gathered quotes that support his personal belief about the importance of using entertainment feature films as part of the
treatment program for neuropsychiatric patients, even though many comments appear to contradict one another. He does not specify how the films are used clinically.

Ordinary People: Using a Popular Film in Group Therapy - Journal of Counseling and Development

In the article, “Ordinary People: Using a Popular Film in Group Therapy” (1986), authors Kevin Duncan, David Beck, and Richard Granum discuss how a “time-limited, topic-oriented counseling group using the popular film Ordinary People prepared adolescents in residential treatment for reentry into their families and communities” (p. 50). Twenty-two boys and girls, ranging in age from eleven to seventeen, used the film as a “stimulus for learning ... [t]he subtle emotions of apprehension, anxiety, and being on stage ... [and to help] clients project into the future and prepare for what lies ahead” (p. 50). These boys and girls had been in residential treatment for an average of eighteen months and were being treated for emotional disturbances.

The format of the use of this film was as follows: six to ten adolescents were assigned to three groups, with each group meeting for eight weekly sessions lasting one hour. During the first session, the theme of “going home” was introduced. It took the first three sessions to show the entire film. Adolescents’ reactions to scenes were recorded and used for discussion in the sessions. The types of reactions are not specified. The dynamics of the fictional family and the story line were also discussed, using pre-prepared questions to facilitate the discussion. Some of the questions included: “How did Conrad (the protagonist of the film) explain his treatment experience to others? How might he have felt doing this?” (p. 50).
Duncan et. al. (1986), found that using the film *Ordinary People* “was an effective means of helping clients anticipate and prepare for the challenges associated with reentry” (p. 51). The authors did not explain how it was “effective” or what was meant by the term. Informal data were used to evaluate the use of the film. The content or method of collection regarding this informal data is not provided in the article. The adolescents reported “satisfaction in the groups” (p. 51) and the authors observed an increase in client involvement. The authors do not indicate how this observation was measured. Nineteen of the twenty-two participants returned to their families or went to foster homes and stayed in these placements for six months. Ultimately, the authors determined that “the selection of scenes was the most critical element for success” (p. 51), but do not explain the basis of this conclusion.

*Taking Up the Challenge of Grief: Film as Therapeutic Metaphor and Action Ritual – Family Therapy*

In “Taking up the Challenge of Grief: Film as Therapeutic Metaphor and Action Ritual” (1987), Mimi Christie and Mary McGrath begin by introducing the subject of bereavement and grief, as well as children’s difficulty with verbally expressing feelings about a loved one’s death. The authors present the case of an eleven year-old boy who had twice experienced the loss of his mother, first when he was given up for adoption, and second when his biological mother committed suicide.

The boy, Christie and McGrath believed, “appeared to be suffering from the results of pathologically and guilt laden grief … complicated by the difficulty the boy faced in expressing his thoughts and feelings verbally about his mother” (p. 193). The authors describe in this article how they made use of the film *The Never Ending Story* “as
a therapeutic metaphor and as the basis for an action ritual” (p. 193) in order to help the boy come to terms with his adoption and his mother’s suicide. The patient was brought to counseling to address his emotional and behavioral difficulties, such as uncooperativeness, temper, fearfulness, and theft.

Christie and McGrath (1987) briefly examine and discuss the death and bereavement literature that they believed was relevant to the boy’s case, such as the phenomenon of bereavement, loss of a parent in middle childhood, and cybernetic theory, which the authors describe as a theory of negative explanation which suggests that “events take their course because they are restrained from taking alternative courses” (p. 194). In the case of the boy, “a cybernetic approach to grief management addresses the behaviors and beliefs blocking the expression of feelings” (p. 194).

Christie and McGrath (1987) describe the adoptive parents as not wanting the boy to address his adoption and his mother’s suicide. Therefore, the authors addressed the temper tantrums, which gradually improved. Over time, however, the authors maintained their belief that the boy needed to deal with his unexpressed grief. Since the boy rarely spoke spontaneously, the authors decided “an approach was needed which could by-pass restraints (including the blame and guilt …) and provide largely non-verbal means of disinhibiting the grief process” (p. 195). Christie and McGrath (1987) chose to make use of “therapeutic metaphor” and “action ritual” in order to achieve their goals.

Christie and McGrath (1987) define “therapeutic metaphor” as a specific kind of story told “with the intention of instructing or advising the listener” (p. 195). The authors also suggest that when “using metaphorical ideas, language and action can become deeply meaningful to clients, often by-passing resistance and defensive organization” (p.
195). They also note, “metaphor speaks directly to the unconscious, activating unconscious association patterns and response tendencies which integrate to produce apparently ‘new’ behavioral responses in the present consciousness” (p. 195). The only support they provide for this is attributing this belief to Erickson and Rossi (1970). No other data is provided to support this assertion.

Christie and McGrath (1987) define an “action ritual” as “a specific behavior or activity which gives symbolic expression to certain feelings and thoughts of the actor” (p. 195). The authors assert “[t]hrough prescribed action, rituals can cut through intellectualization, denial, and other resistances to mourning” (p. 196).

Next, Christie and McGrath (1987) discuss how, upon viewing The Never Ending Story, they were struck by the similarities between the film’s main character and the boy in treatment. Christie and McGrath (1987) called the family and asked them to see the film before the next scheduled appointment. They then provide a brief summary of the plot of the film and the major challenges the main character must face.

Christie and McGrath (1987) then describe how the boy’s story was reframed “in the language and context” (p. 197) of the film. To reframe “is to take previously painful and unwanted experience or behavior and recast it as valuable and potentially useful” (p. 196-7). Metaphorically similar to the tasks given to the film’s main character, the boy was given tasks that would address his grief, such as finding out as much as he could about his birth mother and sleeping alone in his own bedroom. The boy completed each task over an eight month period and then therapy ended. At a six months follow-up, the boy had “on the whole … maintained the gains he had made in therapy” (p. 198).
Christie and McGrath (1987) concluded that as a therapeutic metaphor and a basis of an action ritual, that *The Never Ending Story* was an effective intervention. They do not define effective, but base their determination on the belief that the film provided the boy and his family “an entertaining and non-threatening way of engaging them in therapy” (p. 198), it provided a structure and language for discussing the boy’s mother, an explanation for his mother’s actions – which freed him from feelings of blame. It also provided a chance to write a new story focusing on challenge and hope instead of despair and defeat, a model that could be used to deal with grief and to move forward in life, and “a possible alternative to traditional highly verbal grief management therapy” (p. 198).

Christie and McGrath (1987) conclude that therapists who use the non-verbal technique of viewing film as a therapeutic metaphor and action ritual “have the potential to address not only the challenge of grief but also some of the broader challenges facing [a] therapist” (p. 198), such as an uncommunicative client of any age. The authors do not note that there is no way of knowing from their case study what made the difference and that what they have presented is a clinical hypothesis.

*Cinematherapy: Theory and Application – Psychotherapy in Private Practice*

In “Cinematherapy: Theory and Application” (1990), Linda Berg-Cross, Pamela Jennings, and Rhoda Baruch use the term “cinematherapy”, the first time it appears in the professional literature. Berg-Cross et. al. (1990), begin their article by defining “cinematherapy” as “a therapeutic technique that involves having the therapist select commercial films for the client to view alone or with specified others” (p. 135). They also state that the assigned film “may be intended to have a direct therapeutic effect or it could be used as a stimulus for further interventions within a session” (p. 135).
Berg-Cross, et. al., (1990), begin their body of the article by acknowledging that since 1985, the availability of videotapes "has allowed cinematherapy to be used informally by a variety of therapists in a variety of settings with a variety of different types of clients" (p. 135). Berg-Cross et. al (1990), do not specify what is meant by "informally", who the "variety of therapists" are, what the "settings" are, and who the "different types of clients" are. They then state that the purpose of the article is to "develop a theoretical framework of how and when to use cinematherapy" (p. 135).

An historical overview of bibliotherapy is provided, since "cinematherapy is an outgrowth of bibliotherapy" (p. 135). Berg-Cross et. al. (1990), note that literature has a therapeutic effect that can be traced over centuries, basing this claim on the inscription "The Healing Place of the Soul" that existed in the library of the ancient city of Thebes. They also make note of the 1840 survey of Sir Walter Galt which demonstrated that books were being used therapeutically in American mental hospitals. Galt (1840) reported that books were being read, and suggested that patients read books that were religious and/or strongly moralistic in nature.

Berg-Cross, et. al. (1990), then discuss Caroline Shrode, who conducted the first clinical study that showed the efficacy of bibliotherapy as part of the psychotherapy treatment. The details of her study are not provided, nor is a reference provided that would allow this author to examine her study. Berg-Cross et. al. (1990), claim that dozens of empirical research projects have been conducted that support the effectiveness of bibliotherapy, but they do not provide data or evidence from any of them. Despite this, it is stated that bibliotherapy has been shown to "enhance self-perception, help adults and children cope with life crises such as divorce and abuse, foster attitude change, and
reduce depressive affect” (p. 136). The benefits derived from reading literature, such as helping clients gain new insights into their issues, broadening the foundation of self-understanding, increasing client motivation, increasing a client’s ability to express emotion, and helping to form the therapeutic alliance, are then listed. Berg-Cross, et. al. (1990), note that “these benefits are potentially present in cinematherapy, as well” (p. 136).

They suggest that “cinematherapy”, like bibliotherapy, derives its therapeutic value because of storyline and character, but is currently more appealing because less people are reading literature and more clients would comply with being assigned a film to watch since it is a popular activity in which many people partake.

Berg-Cross et. al. (1990), state that “[a]ll cinema has the potential of profoundly affecting the emotional and behavioral repertoire of its viewer” (p. 137-8). In order to support this statement, the authors cite two studies demonstrating the impact of cinema, such as Eisenberg’s (1986) study that “found that after airing four shows with a suicide theme, suicide attempts were significantly greater for the two week period following the broadcasts than the two weeks period before the broadcasts” (p. 138). No other information regarding this study is provided in the article. The other cited study was conducted by Adams and McGuire (1986), demonstrating the benefits of “using humorous movies to decrease clinical depression and increase pain threshold” (p. 138). The details of this study are not provided.

The potential harm in using films as part of psychotherapy is also addressed. Berg-Cross, et. al. (1990), warn against haphazardly using film, although they do not note any specific harm that could result. They merely note that using film as a technique that
only benefits, is inaccurate. Deciding to use films as part of treatment “should not be
done in a cavalier manner and requires the same thought and attention that any
therapeutic intervention requires” (p. 138).

Berg-Cross, et. al. (1990), then examine the possible therapeutic uses inherent in
using film in treatment. These uses include: creating a therapeutic alliance “by creating a
common bridge of understanding between the client’s angst and the therapist’s empathy”
(p. 138), creating “meaningful, therapeutic metaphors” (p. 139), generating hope and
optimism regarding a predicament, providing alternative ideas, thoughts, or examples of
action, promoting communication between spouses and family members with regards to
difficult issues, offering greater insight into problems and into self, “breaking through
resistance” (p. 140), and creating a “healing emotional experience” (p. 140). In order to
support their claims, the authors provide only anecdotal case examples. No empirical data
or research to support these claims is provided. Berg-Cross et. al. (1990), believe that the
use of film is an “exceptional technique in brief, dynamic treatments because of the way
it quickly facilitates both personal insight and the therapeutic alliance” (p. 140). They do
not provide data or evidence to support this belief.

According to Berg-Cross, et. al. (1990), there are four steps “involved with the
careful application of the cinematherapy technique … “ (p. 140). The first is the client
“must be actively and consciously working on a specific issue” (p. 140), meaning that the
connection between the issues of therapy and the assigned film must be clear to the client.
If the relationship is not clear, then the client may deny, rationalize, or ignore what the
therapist hopes to accomplish. The second step involves the therapist wanting “to deepen
the level or broaden the issues on which the client is working … trying to get the client to
explore and experience new interpretations and solutions ... “(p. 141). The third step involves the therapist adequately preparing the client to watch the film. This includes discussing with the client why a particular film is being suggested, where to view it, when to view it, and with whom to view it. The fourth step consists of the therapist processing the film with the client shortly after it has been viewed, this generally being the session following the viewing of the film.

Berg-Cross, et. al. (1990), then provide three brief case examples where they assigned a film to a patient. The first involved a 22-year-old woman who watched the film *Barfly* in order to address her drinking issue. The next case involved a couple that was assigned to watch *The Accidental Tourist* in order to help them address their numerous marital and life issues. The third case example involved a 28 year-old woman who viewed *Rain Man* in order to address her feelings of abandonment and her wish to be in a positive intimate relationship. All three cases conclude with a positive therapeutic outcome, due in part to the viewing and discussing of a film.

Berg-Cross, et. al. (1990), provides an annotated bibliography for “cinematherapy”. It includes a list of client populations and issues and corresponding films that can be viewed. Berg-Cross et. al. (1990), note that they have not viewed many of the films that they recommend, but rather took the recommendations from colleagues who had viewed the films. Some of the listed headings include: Alcoholism, Facing Death, Divorce, Elderly Parents, and Single Parenting. Some of the movie titles under these headings are *Barfly*, *An Early Frost*, *Between Friends*, *Family Upside Down*, and *First Born*. 
There are several weaknesses to this article. The anecdotal examples and the brief case studies do not prove efficacy of the use of film and make it difficult to generalize their results. Many of the statements made by the authors, such as the list of what using film in therapy can accomplish, are unsupported by data; or studies are cited but the specifics of the studies are not provided in the article. Berg-Cross, et. al. (1990), present the theory section of the article in a factual manner, but it is only supported by anecdotal examples or small personal case studies. The authors use the term “theory”, but they do not explicitly state the theory, which seems to be psychodynamic in nature, due to terms such as “resistance” and “dynamic”, but they do not discuss the application of psychoanalytic theory.

*Use of a Horror Film in Psychotherapy – Child and Adolescent Psychiatry*

In “Use of a Horror Film in Psychotherapy” (1990), Jeffrey M. Turley, M.D. and Andre P. Derdeyn, M.D. present a case study of a 13-year-old boy. They begin the case study by noting that many, if not most, people have an “appetite for vicariously experienced violence and the emotional response that it provokes” (p. 942). They make this assertion without providing any data or evidence to support it, under the context of explaining the popularity of horror movies, particularly the ‘teen slasher’ films of today. Turley and Derdeyn (1990) then describe the boy who is the center of this case study. He is a 13 year-old boy who was committed to a psychiatric hospital after destroying the inside of his aunt and uncle’s home with an axe while he was intoxicated. His aunt and uncle are his legal guardians. This episode was the culmination of a year-long decline in social and school functioning. The boy lived with his maternal uncle and his aunt because
his biological mother abandoned him after years of being in and out of psychiatric hospitals due to bipolar illness.

In treatment, the boy tended to complain about his uncle, teachers, and other figures of authority. He particularly complained that his aunt and uncle did not allow him to watch the horror movies he loved. The boy often remained silent in individual treatment, except when he would complain about authority figures or mention something about horror movies. However, when the therapist attempted to engage the boy by asking questions about his thoughts and feelings about the horror movies, he would become silent again. A “transference interpretation” (p. 943), where the therapist noted that asking questions revealed the same ignorance towards horror films as the uncle had, allowed for more conversation about horror films and his thoughts and feelings.

In the next session, the therapist and the boy viewed fifteen minutes of the horror film *A Nightmare on Elm Street, Part IV, The Dream Master* and then spent thirty minutes discussing “the thoughts and feelings this experience provoked” (p. 943). The boy, while discussing the film with the therapist, acknowledged that the main character’s loss of his mother drove the character’s violence. The connection was then made between the boy’s loss of his mother and his anger and violence. This breakthrough for the boy and the subsequent sessions where the boy was able to discuss and reflect upon his thoughts, feelings, and actions, allowed him and his guardians to become closer. He was eventually discharged from the hospital and at a six months follow-up, was functioning well and free of symptoms.

Turley and Derdeyn (1990) make a parallel connection between fairy tales, which “provide children meaning for their developmental tasks and help them to manage the
fears and anxieties they experience” (p. 944) to horror films for adolescents. Turley and Derdeyn (1990) believe this connection exists because “[f]ears of bodily damage, object loss, and the destructiveness of thoughts are shared with the preschooler by people of all ages” (p. 944).

Turley and Derdeyn (1990) conclude that what ultimately allowed for a sound therapeutic alliance and for the boy’s improvement through therapy was the “therapist’s use of the horror film as a means of grasping and working through unconscious conflict ... “ (p. 944-5). They also strongly urge other mental health professionals not to reject the use of “entertainment so widely enjoyed by adolescents” (p. 945), in this case the “entertainment” is horror films.

Turley and Derdeyn’s (1990) definition of the use of film is more specific than the working definition of “cinematherapy” or the use of film in this study. It specifies a particular genre of film (horror) and it specifies the exact use of the horror film (grasp unconscious conflict and work through it). It matches the working definition in that the therapist selects to use horror film. It does not match in that it does not indicate that discussion takes place once the viewing is finished. The way film is used differs from the working definition as well. In the article, the client watches the film during the session with the therapist, rather than watching it at home or in the theatre. But given the confines of the hospital setting, this difference is justified.

*The Application of Cinema in the Practice of Psychotherapy* – Dissertation

J. William Haas begins the third chapter of his dissertation “The Application of Cinema in the Practice of Psychotherapy” (1995) by defining the use of film in psychotherapy as “a therapeutic technique that involves the selection of a film by the
therapist for the client to view” (p. 73). He then lists some of the various ways film can be used during the course of psychotherapy, such as to solidify and elaborate the therapist’s interpretations, to create a safe distance for the client in order to allow for examination of an issue since it is easier to talk about the movie character than to talk about oneself, and to demonstrate how a number of presenting issues are interrelated. Haas does not provide any data as support the ways film have been used.

A connection between the use of film and the use of books in therapy is made in the Haas article. Haas notes that after World War I, Veteran’s Administration hospitals began establishing the position of librarian in each of its hospitals in order to help treat soldiers who were both physically and emotionally wounded. He also notes that by reading books, an individual can better identify with the human condition and that “this identification with humanity can strengthen the therapeutic alliance” (p. 75). The alliance is strengthened by the client and therapist sharing their emotional reactions to what they have read. No data to support this is provided.

Haas (1995) claims that “film is also the primary medium through which contemporary mythology is disseminated … [with] values, conflicts, goals, conventions and behaviors … articulated and shared … “ (p. 76). He provides no further information or data to support this notion. Film can influence a person’s way of thinking, feeling, and behaving. According to Haas, this potential for growth can be “readily incorporated in to the goals of therapy” (p. 77). He does not elaborate on or support this belief.

Haas (1995) then reviews past literature on the use of film in psychotherapy, much of which has already been analyzed in this study. There is information, however, that has not been covered already, specifically Haas’ discussion on the potential hazards
of using film in psychotherapeutic treatment. These hazards include: miscalculating the
effect a film can have on the client, the possibility that the client may have a stronger
reaction than was anticipated, the client may not see the connection, and that the client
may become upset if the therapist sees a connection between the client and the film
and/or the film character(s). Because of these potential dangers, the therapist must
carefully choose each film and must prepare the client for the viewing of the film. The
therapist must also thoroughly evaluate if a client is ready to use film as part of his or her
treatment.

Haas (1995) also notes some additional benefits to using film in treatment that
have not been mentioned before, such as the client feeling understood when the therapist
assigns a film that demonstrates the therapist’s empathic understanding. This may allow
the client “to take more risks in therapy” (p. 79). This assertion is not supported by data.
One additional benefit of using film would be when a family gathers to view an assigned
film, which “can be a pleasant and therapeutic exercise” (p. 81). Haas does not explain
this further.

Haas (1995) then moves on to film being used in additional types of therapy
settings other than individual therapy. Although primarily presented as a technique to use
with an individual client, the use of film has been shown to be effective with groups,
particularly with “adolescent groups and in substance abuse treatment milieus” (p. 81).
Haas does not provide any citation or data to support this claim.

Haas (1995) next provides case studies that demonstrate the efficacy of the use of
film in psychotherapy. These case studies support of the use of film and include treatment
with a couple, with an adolescent, with groups of children and adolescents, and with an
adult. Haas chose these cases in order to “illustrate the usefulness of cinematherapy in a wide range of clinical applications” (p. 104).

In Chapter Four of his dissertation, Haas (1995) begins by discussing some of the difficulties that might arise when using film with a client. Many of these have been noted earlier. Haas continues to add to the list of variables that must be evaluated concerning the client and the use of film. One such variable to evaluate is the client’s “matrix of personality organization and the nature of the client’s problems” (p. 107), such as a client who is fragile and “vulnerable to narcissistic wounding” (p. 107) or a client who is in denial or well-defended regarding their issue(s). Haas also believes that the therapeutic relationship must be considered. Clients may wonder why a particular film was assigned and may feel misunderstood if they are unable to connect or identify with the main character(s).

Haas (1995) then proposes a three-stage model for using film in psychotherapy in an attempt to anticipate any difficulties that may arise. The three stages are “preparation”, “viewing”, and “discussion”. The “preparation stage” includes the therapist deciding if the use of film is appropriate and then choosing a film (preferably one where a positive resolution of the problem takes place) since “[r]esolutions encourage hopefulness and foster problem-solving oriented thinking” (p. 109). Haas offers no data or proof to support this notion. As part of the preparation stage, the therapist needs to consider the state and strength of the alliance between therapist and client. This step is important because “[s]eeing a film suggested by a therapist can be a powerful emotional experience … bring[ing] sensitive issues to the surface rapidly. If the alliance is insufficiently robust to contain this upheaval, the result could be counter-therapeutic” (p. 110). Haas does not
explain how or why seeing a film suggested by a therapist would be a powerful emotional experience or how film brings issues to the surface rapidly, and he does not explain what is meant by counter-therapeutic.

At this point Haas (1995) suggests using humorous films that make their point through humor or more serious films that still employ humor to make a point. He believes that humor allows a client to keep a safe distance from their issue(s) while still being able to recognize and understand what there is to be learned. Haas does not elaborate on these processes.

According to Haas (1995), the next part of the preparation phase is to prepare the client for the viewing of the film. After a film is suggested, the therapist should explain what the use of film in psychotherapy is about and answer any questions the client may have. Emphasis should be placed on the purpose of the assignment, what the client needs to do, what the therapist will do, and what the client and therapist will do together once the film is viewed. Haas points out that it is important to stress that viewing the film is an aspect of the therapy and not merely a two hour period for the client to relax and be entertained. Haas refers to how the emotional experience of viewing a film can be enhanced by attaching or including a component of ritual to the process, but he does not explain what is meant by the process of viewing the film.

Haas (1995) states that the second stage of using film as part of treatment is the “viewing stage”. The client should view the film at a time when they are most alert and relatively free from distractions. The final stage is the “discussion stage”. The therapist needs to be familiar with the film, preferably having recently seen it. Haas states that he or she should read various critical reviews of the film. This will allow the therapist to be
prepared for a different interpretation of the film that the client may have as compared to
the therapist’s interpretation. The therapist needs to be prepared for the strong feelings
the film may provoke in the client. The client and the therapist should discuss the film in
the session following the assignment. The therapist should be attuned to possible
metaphors that emerge, as well as any insights, resistances, or misinterpretations that
arise. Haas states that several sessions may be needed to process the film and its meaning
for the client and its meaning to therapy. Haas believes that if the three stages are
followed by the therapist, then “the probability of a good outcome is increased” (p. 116).
He does not specify what is meant by good outcome.

As Haas (1995) concludes Chapter Four of his dissertation, he includes his
thoughts regarding future research on the use of film in psychotherapy. Haas notes that
the literature on the use of film is lacking empirical research and empirical data. Case
histories and suggestions for film’s use are often provided in the literature, but evidence
to support or invalidate film’s use is absent. Haas (1995) found that when the literature is
reviewed, clients generally view the use of film favorably and feel that the therapeutic
material that is generated as a result of its use influenced the treatment in a positive way.
Haas (1995) does not provide specific citations or data to support this, other than to say
“[j]udging from the literature and from discussions with other therapists who have used
movies as an adjunctive technique to therapy” (p. 116). Haas (1995) believes that many
unknown variables may exist that play a part in the use of film process, but does not state
what these variables are. Thus, Haas thinks that more research is needed to define
variables. Haas also lists questions, such as, “Is the experience the same if the viewer sees
the film in a theatre as opposed to viewing it at home on a small screen?” (p. 117) and
“Should the therapist’s instructions to the client be general or should they include specific questions for the client to respond to after seeing the film?” (p. 118). Haas believes that laboratory research and field research are needed to address these and other questions. He does not provide any specific examples of a laboratory research or field research experiment that could be conducted to support or invalidate the use of film in therapy.

*The Motion Picture Prescription – Watch This Movie and Call Me in the Morning*

In his book “The Motion Picture Prescription – Watch This Movie and Call Me in the Morning” (1995), Dr. Gary Solomon describes prescribing movies for clients to watch in order to help with emotional healing and as a therapeutic intervention. He presents his book as both a self-help book for lay people and as a reference book for psychotherapists.

Solomon (1995) begins the introduction of his book by describing how the idea for the book came about. His wife suggested he write a book about the movies he had been using for years as a therapeutic tool. He refers to the movies he uses as “healing stories” (p. xiv). Solomon does not define what is meant by “healing stories”. Solomon then describes how there were movies that “touched” (p. 1) him when he was a child, movies that made him feel “things” (p. 1). He also liked movies that had a “message” (p. 1). He does not define “touched”, “things”, or “message”. He tells of his difficult childhood and his struggles in school, and how movies always remained an interest to him. As an adult, Solomon was initially a businessman who lost all his money and who was addicted to drugs and sex. He turned to movies to help, and he suggests the movies eventually helped him to realize that others could understand what he was experiencing, since they could write movies addressing the issues that he was going through. After
returning to school for a Master’s degree in Social Work, Solomon began to treat clients and began to assign films for them to watch in order to gain “comfort and healing … [and to] experience the same healing … “ (p. 3) he had had.

After beginning to assign movies, Solomon (1995) notes that prescribing movies worked. Clients reported that they saw themselves in the movies and the more movies they watched, the faster they became better, came out of denial, and healed. The author does not define better or healed, nor does he elaborate on denial – what the denial was and how the clients came out of it.

When Solomon obtained his doctorate, he planned on researching the use of movies in the treatment of clients. He relates that he received little support in doing research on this topic. Solomon decided to research the topic on his own while in private practice. He does not specify how he intended to research the use of movies while in school, why he received little support for doing research in this area, and how he intended to research the use of movies while in private practice.

Once in private practice, Solomon (1995) continued to prescribe movies to his clients. If the issue was abortion, he would assign Roe vs. Wade. If a client felt they were being stalked or spied on, he prescribed movies like Fatal Attraction and Sleeping with the Enemy. He does not explain his rationale for choosing the movies he assigns. Solomon believes that everyone has things that weigh on their minds, things from the past or present, and that “everyone needs to experience recovery in some form or another” (p. 5). He does not define “things”, “recovery”, or “healing”. Solomon also believes that movies can help empower a person to make their own life choices and decisions and that the feelings a person experiences while watching a film can “lead to
breakthroughs in negative thought patterns and the opening of new ideas" (p. 5). He does not elaborate on the feelings a person may experience, nor does he define "breakthroughs" or "negative thought patterns". He also does not explain how new ideas will be opened.

Solomon (1995) begins Chapter One of his book by asserting that if movies, or healing stories, are viewed then self-enrichment and increased awareness will be achieved, which will help toward recovery. He does not define "self-enrichment", "increased awareness", or "recovery", and he does not explain how increased awareness and self-enrichment will be achieved, other than by viewing healing stories.

Solomon (1995) then discusses, without providing any specific examples, the healing messages inherent in movies. He then compares these healing messages to the wise, soothing, and encouraging, messages the people we have known and cared for us have provided during difficult times. The benefit of the healing messages in movies is that a person can hear the message as often as he or she likes because it is on a videotape and can be replayed numerous times. He then compares the list of movies he provides as the body of his book to a roadmap. The stories he provides in the form of commentary after each listed movie are compared to landmarks that will make the healing journey safer and easier. He does not elaborate on this process.

Solomon (1995) then discusses the powerful images and messages that are inherent in the films he has listed in his book. He believes that these images and messages are "eye opening and enlightening" (p. 11). He does not explain these terms or explain how the images and messages will be "eye opening" and "enlightening". Solomon claims that the healing messages will bring a person out of their denial, "the
denial that holds most people back from recovery” (p. 11). He does not define “denial” or explain how a person is brought out of it, other than to say that movies help people “see and hear things that [they] were unwilling or unable to acknowledge on [their] own” (p. 11) and that it is the suppression of disbelief that allows a person to “see things as they really are ... “ (p. 11). By suspending disbelief and seeing things as they really are allows a person to feel differently about their problems, which means that the person no longer will be in denial. Solomon does not elaborate further on this process, other than to say that it works.

Solomon (1995) believes that his healing stories and list of healing movies can be utilized by hospitals and treatment centers, recovery groups and halfway house residents, prison and jail administrators, educators, and “people who counsel and give therapy will be able to use movies as an adjunct to treating their clients” (p. 12). In particular, Solomon points out that “the therapeutic community has been overlooking this body of therapeutic work” (p. 12).

Solomon (1995) posits that movies make potent healing stories because what the characters experience in the movies is often what people experience in real life. In order to grow, movies that apply to a person’s individual life issue(s) need to be identified, either by the person or by the person’s therapist. He does not define the term grow and he does not explain how to identify the movies that apply to a person’s issue(s).

Solomon (1995) believes that watching a movie is more practical than reading a novel or self-help book. He suggests that people do not have the time to read as much and there are benefits to experiencing the healing story in one sitting as compared to the many sittings it requires to complete a book. He does not specify what the benefits are, other
than to say that they exist. He also notes that it is easier to keep track of and retain the plot line, characters, and messages of a movie as compared to a book. Solomon (1995) proceeds to explain how much easier it is for a person to take meaning away from a visual image as compared to a passage in a book that describes every detail – seeing anger is more powerful than reading about it. He also feels that movies can be used as if they were instructional videos, videos such as *He Said, She Said*, which Solomon considers “the how to on relationships and love” (p. 14). At this point Solomon tells more of what viewing movies achieves. He believes that movies help bring a person out of denial, gets them in touch with his or her feelings, and confronts the person with their issue(s). He does not explain how viewing movies accomplishes these things, he merely states them as fact.

Solomon then discusses what he calls paradoxical healing, which he describes as being similar to paradoxical learning. He defines paradoxical learning as learning what not to do by doing it, such as touching a hot light as a child and learning to never do it again. He also compares paradoxical healing and paradoxical learning to negative reinforcement. The negative learning experience of touching the light leads to paradoxical healing – never touching a hot light again. Solomon believes movies can work in much the same way. Watching a person destroy himself and his life through cocaine addiction may allow a person who is viewing this movie to heal by learning what not to become or do in life. He also feels that by viewing a movie or character in denial, the person viewing the movie will come to realize their own denial. He believes it is easier to see denial being acted out in a movie than having it explained by a therapist or reading about it in a book. Solomon does not provide data or evidence to support this
notion of denial being better realized and understood if it is being acted out as compared to other means of explanation.

Solomon (1995) believes that movies are a positive and effective way to create or generate a dialogue between parents and their children, because a “child or adolescent will be less resistant to talking about what’s going on in their life once they view [a] movie and realize that no one is ever alone” (p. 17). He provides no data or proof to support this.

The majority of Solomon’s book (pages 20-219) is dedicated to a list of films in alphabetical order. Each film listed takes up one page – this includes the title of the movie, a bulleted list of healing themes, a list of the cast members, a brief synopsis of the movie, comments by Solomon, the year and language in which the movie was produced, the length, the rating, and whether the movie is in black and white or color. Some of the movie titles include The Accidental Tourist, Bright Lights, Big City, Dead Poets Society, The Mission, Sophie’s Choice, and The Way We Were. Some of the healing themes included under The Accidental Tourist are “letting someone into your life again” and “dealing with the death of a child” (p. 21). Some of Solomon’s comments include, “Notice how the sister is unable to let go of the role of caretaker. Maybe you know someone like her. Are you that person?” (p. 21). He does not indicate or specify how he went about selecting this particular movie, or any of the movies listed in this book. He does not explain how he generated his healing themes or the comments he makes or asks.

After the lengthy list of movies, Solomon (1995) includes a short chapter specifically dedicated to encouraging the use of movies in therapy. He believes that he has provided a “comprehensive list of movies to help ... patients and clients” (p. 223) and
that "[e]ach movie brings to the surface one or more issues to help ... with [a] client's recovery" (p. 223). Solomon proceeds to note the benefit of using movie therapy. The first is not necessarily a benefit of movie therapy, but Solomon states "... treatment facilitators ... now have an additional therapeutic device to use as a springboard for treating ... patients and clients" (p. 223). He does not define "therapeutic device". Counting this as a benefit, other benefits include using movies as a teaching tool for students – with therapists helping them to identify various diagnostic problems, using movies to help treat the problems clients experience, using movies as a means of generating group discussion, and using movies effectively with individuals, couples, families, and groups. Effectively is not defined by the author. Solomon asserts that his book "is a positive addition to the body of work in the area of client treatment" (p. 224).

Solomon (1995) then provides tips for therapists using or thinking of using movies in therapy. The tips include: waiting for the therapeutic alliance to develop, recommending few movies at one time, checking appropriateness, patience for non-compliance, follow up in the subsequent session with questions about the movie and the viewing experience, client journals, company during viewing, and "enjoy[ing] the healing process along with [the] client" (p. 226).

Solomon (1995) then provides what he refers to as the Motion Picture Prescription List. This is a form that has a place for the therapist to fill in his or her name, the date, and the client's name. Then there is a sentence that reads, "I would like you to watch the following movie(s) by [date]" (p. 227). This is followed by a three-page list of all 200 films listed in this book, with a line to make a check mark next to the selected movie(s). Next is a page that the author suggests therapists to photocopy. The page
contains two Motion Picture Prescription forms. The form is to be filled out and given to
the client as an assignment. Solomon then provides a glossary, where he defines various
terms. It is here that he defines denial, healing, recovery, and therapist. Denial is defined
as “choosing not to see or feel an experience; the conscious and/or unconscious act of
avoiding truth or reality” (p. 231). Healing is defined as, “to make sound, well, or healthy
again; to cure or get rid of a disease. Becoming emotionally self-aware on the road to
recovery” (p. 232). Recovery is defined as, “the return to consciousness; the regaining of
balance, control, and composure. The ultimate goal in the process of self-healing” (p.
232). Therapist is defined as, “a large group of people who practice the discipline of
administering therapy; psychiatrists, psychoanalysts, psychotherapists, or counselors” (p.
232). He then takes each word from the glossary and creates a film index. After each
word, he lists movies that are relevant to that particular word. For example, under the
word Divorce, he lists such movies as *The Accidental Tourist, An Affair to Remember,*
*Damage, Falling Down,* and *War of the Roses.*

*Brief Group Therapy and the Use of Metaphor -- Groupwork*

In Christian C. Sunderland’s “Brief Group Therapy and the Use of Metaphor”
(1997), Sunderland describes the use of film in therapy as the use of metaphor in brief
group work, with film clips being a very powerful metaphorical tool. He also gives an
overview of brief therapy. He describes psychodynamic psychotherapeutic groups
operating for extended periods of time – months or even years. The focus is on “the
client’s personality [rather] than ‘symptom relief’” (p.127). However, Sunderland notes
that three factors, particularly beginning in the 1980s, have shifted the emphasis to briefer
therapeutic methods. The first factor is the client seeking counseling for a specific
problem and its resolution. The second factor concerns studies that have shown brief therapy to be as effective as long-term therapy (the author does not provide data or support for these first two factors; he also does not define “resolution” or “effective”). The third factor has to do with limits being placed on the number of sessions that health insurance providers will pay for.

Sunderland (1997) also believes that brief work is increasing in prominence due to an informed public who “seek faster, less costly, and more efficient therapies” (p. 127).

In brief group therapy, therapeutic techniques are modified, more structured, planned, and a greater emphasis is placed on group cohesiveness (“modified”, “structure”, “plan” and “cohesiveness” are not defined). Sunderland (1997) notes five other features of brief group therapy, including: 1) limited time, 2) limited goals, 3) maintenance of focus, 4) high therapist activity, and finally, 5) prompt intervention.

Sunderland (1997) then introduces a brief group called Strategic Group. A Strategic Group is a structured, theme-based group. Each session has a pre-planned theme, such as “family”, “stress”, and “grief work”. Through various techniques, one being the therapeutic metaphor, the group “focuses on strategic plans, new choices clients may have, [and] discusses how different behaviors work to accomplish desired goals” (p. 128).

Sunderland (1997) believes that metaphors can aid a person to shift their position and cause the person to see something differently. Partly through the use of metaphors, individuals can be assisted in changing their frames of reference, or how one sees the world. He suggests that when a person learns to view things differently, change can occur.
Sunderland (1997) provides an example of how film clips are used as a metaphorical technique as part of the therapeutic plan. He begins the example by stating, “... film clips seem to be a very powerful metaphorical tool” (p. 136). The movie clips Sunderland uses average five minutes in length and are chosen based on the clip’s relation under the theme up for discussion. He provides a brief example where a clip from the movie Steel Magnolias is shown, depicting a mother grieving over the death of her daughter. The grieving woman is angry and upset. Sunderland reports that after seeing the clip, a group member who normally maintained her composure despite feelings of anger, asked if it was appropriate for the character to be angry in the way that she was. From this, the group encouraged her to express her anger, letting her know that she would be accepted regardless. The author notes that he has used clips from Ghandi, Beaches, and Fried Green Tomatoes with this particular theme and group. Sunderland chose these particular films on the basis of their having a thematically relevant scene. Sunderland concludes the discussion by stating, “... dramatic metaphors seem to compel attention and consideration. They can both model alternative behavior and cause group members to consider other alternatives” (p. 137), however, he does not explain how or why they “compel attention and consideration”. He does not elaborate on how they cause members to consider alternative behaviors.

Sunderland (1997) concludes that metaphor, including film clips, “is a therapeutic tool that acts as a catalyst in encouraging change” (p. 139). Metaphor encourages change by presenting a stimulus that possibly can expand a client’s experiences by “creating an atmosphere of change” (p. 139). The author believes that metaphor can circumvent resistance, explain or emphasize a point, model behavior, and offer possible solutions and
alternatives to a problem. Metaphor speaks "to the inner life where feelings, affections, and beliefs exist" (p. 139).

Sunderland (1997) acknowledges that research needs to be done on "[t]he suitability and effectiveness of different modes of metaphor [including the use of film clips] needs exploration and the dangers and disadvantages...also require rigorous attention" (p. 140). He concludes by asserting his belief that "metaphor as an instrument to reframe thinking and address psychodynamic issues has promise" (p. 140).

Sunderland’s (1997) use of film in therapy differs from the working definition of "cinematherapy" or the use of film as put forth for this study. He is using film clips during the course of the therapeutic session and discussing the clips immediately, rather than assigning the viewing for outside of the therapy session and then discussing what was viewed in a later session.

*Movies as Metaphors: A Counseling Intervention* – *Journal of Humanistic Education and Development*

Melissa A. Heston and Terry Kottman, in "Movies as Metaphors: A Counseling Intervention" (1997), believe that using cinematic films as therapeutic metaphors can help clients gain insight into problems and begin making changes in their lives. Film can be assigned or the client can happen to see a film and want to discuss it in therapy.

Heston and Kottman (1997) present a "rationale for using cinematic films as therapeutic metaphors" (p. 92), with metaphors "...characterized as phrases, images, or story lines that symbolize, through analogy, another object, idea, person, situation, or relationship" (p. 92). It is noted that the authors have written about various metaphors and metaphor techniques, such as bibliotherapy and therapeutic storytelling that have
been useful as counseling intervention strategies ("useful" is not defined). It is also noted that little has been published regarding the use of films in psychotherapy. Despite this paucity in published literature, the authors state that they have "...successfully used movies...as metaphoric intervention tools in counseling" (p. 92). They do not define or elaborate on what they mean by "successfully".

Heston and Kottman (1997) assign films that they feel can function as a noticeable therapeutic metaphor for the client. They do not explain how they determine the suitability of the films that are assigned. By acknowledging that films contain metaphoric possibilities, the therapist can use the inherent metaphors to help clients talk about what they have viewed and help them to gain further insight into their issues. Insight is described as a "new perspective for looking at the 'characters' in [a client's life] and [to] give an added clarity into the fundamental complexity of close interpersonal relationships" (p. 92).

They suggest that metaphors are generally allegorical, meaning they are meant to teach. In order for a metaphor to be therapeutic, the therapist needs to promote an atmosphere where the client is "willing to experience and share" (p. 93). This is accomplished by the client identifying with the characters. Once the client connects and identifies with the story, he or she can take parts of the story and apply them to his or her own life. The feeling of a shared experience that is generated by the metaphor allows the "client's sense of isolation and existential loneliness" to diminish (p. 93). The authors do not expand on how this process occurs.

Heston and Kottman (1997) suggest that in order for the metaphor to work therapeutically, there must be a balance between its being obscure and it being obvious.
The metaphor needs to be obvious enough for the client to be able to connect with it and draw parallels to his or her own life. But they emphasize that the metaphor cannot be so obvious that the parallels are drawn directly. Heston and Kottman (1997) believe the parallels need to be indirect enough so as to prevent the client from becoming resistant to what the metaphor is trying to present.

Heston and Kottman (1997) note that the therapeutic metaphors function on three levels, with the first activating the second and the second activating the third. The first level consists of the surface structure and the literal meaning of the words and images. The second level consists of an “associated deep structure of meaning” (p. 93) that is not directly meaningful. This level generates association, ideas, and feelings that are generally universal in nature. The third level consists of a “recovered deep structure of meaning” (p. 93). At this level, the generated associations, ideas, and feelings are directly meaningful to the client and it’s here that the client gains greater insight into his or her issues.

Heston and Kottman (1997) believe that a triadic relationship is created between the therapist, the client, and the film’s story when the client enters into the world of the film. When this occurs, “the counselor can use the transformational power of cinematic metaphors” (p. 93).

Heston and Kottman (1997) suggest that society is moving towards becoming a post-literary society, where films can be used as therapeutic interventions, replacing bibliotherapy and the use of poetry. They then present two case studies. The first concerns a 39 year-old woman named Victoria who entered therapy after experiencing mild depression for six months. She had a history of depressive episodes. The primary
focus of the therapy was the antagonistic relationship Victoria had with her mother. Victoria believed that her depression was a result of “unresolved emotional conflict” (p. 94) that came from her poor relationship with her mother. Victoria consistently blamed her mother for all of their issues, without ever understanding in a deeper way what it was that pulled her into the pattern of having this antagonistic relationship.

The counselor in Heston and Kottman’s 1997 paper suggested that Victoria watch the film *Lost in Yonkers*, hoping that the film would help Victoria’s perspective to change regarding her relationship with her mother. They suggested the change in perspective would allow Victoria to attempt new behaviors when interacting with her mother. By watching the film and seeing how the mother in the family treated her children, Victoria was able to be more objective and encompassing when describing her mother’s behavior. She no longer focused on single incidents where she simply described her mother as insane. Victoria came to understand that her mother’s behaviors had to do with her own pain. This insight enabled Victoria to stop taking her mother’s behaviors personally. After several more months of therapy, Victoria reported that her depression had disappeared for the most part and she was not fearful of having to interact with her mother.

It may have been the film that helped, but perhaps discussing the mother with the therapist (which she was doing prior to the film being suggested) allowed her to gain insight and to feel her depression lift and her fear of her mother to subside.

Heston and Kottman (1997) conclude by asserting that a client’s interpretation of the various levels of meaning inherent in cinematic films can help bring into focus parts of their life that the client was otherwise unaware of. Heston and Kottman believe that
the metaphors that reside within a film’s story help clients “to access feelings and cognitions that might otherwise remain out of their awareness” (p. 98) and to gain insight into these feelings and cognitions. They feel clients are also comforted by seeing others experience similar issues that they are struggling with, which is helpful because their understanding of their own experiences can be validated or challenged (“validated” and “challenged” are not defined). Counselors can help clients to “find personal significance in the meaning of the films...[in order to] help clients gain insight into themselves and their relationships...perhaps leading to altered thoughts, feelings, and behaviors” (p. 99).

Reel Therapy: Movies are the Hot New Prescription – Psychology Today

John W. Hesley, in his article “Reel Therapy: Movies are the Hot New Prescription” (2000), he defines the use of film in therapy as asking clients to watch films in order to move people toward breakthroughs faster. He begins the book by providing a brief case of how a film was used in the treatment of a client. The counselor in the case had been treating the client for twelve sessions. The client is an adult woman who was raped by her father when she was young. The client was unable to feel pain or cry about the trauma she endured. The therapist asked the client to view the film Bastard Out of Carolina. In the thirteenth session, the client reported that she tried not to feel or cry while viewing the film, but she finally acquiesced to her emotions. The author notes that there was more progress in the thirteenth session than in the previous twelve sessions combined (“progress” is not defined).

After Hesley (2000) presented this case example, he states that “an increasing number of therapists are relying on movies to move people toward breakthroughs faster” (p. 54). The author does not provide any data or evidence for this assertion, nor does he
define or specify what is meant by "breakthroughs". The author then notes that a majority of those attending "the movie therapy workshop at the 1998 Texas Association of Marriage and Family Therapy's annual meeting" (p. 54) reported by survey that they regularly discussed films in psychotherapy. The author does not provide more information regarding the survey. He also asserts that a growing number of professors are encouraging graduate students to use films with their clients. The author does not provide any data or evidence to support this assertion.

Hesley (2000) then supports the use of fictional films by briefly reviewing how therapists use fictional literature in the form of novels, short stories, and poems as an aspect of psychotherapy. Hesley believes "[m]ovies are simply the latest, most accessible and time-saving addition to what has been known as bibliotherapy" (p. 55). Movies, according to Hesley, provide role models, provide inspiration and hope, offer new solutions to problems or issues, and allow clients to feel that they are not alone.

Hesley (2000) then notes that "[c]linicians have found movies particularly effective in couples therapy" (p. 55). He does not provide any data or evidence other than an anecdotal case example where a couple improved their level of intimacy after being assigned the film *Bridges of Madison County* to view.

Hesley (2000) then posits that "[t]herapists also use films to help clients develop courage to surprise themselves, to fundamentally change their lives" (p. 55). There is no data or evidence to support this, other than an anecdotal case example where a woman finds the courage and identifies people who will support her in order to leave her husband. In order to help with this, the woman was assigned the film *Titanic*. 
Hesley (2000) continues to note various ways that therapists can use films with their clients, such as using films to help clients with self-improvement, to “help families rebuild after tragedy...[and] help clients illustrate their difficult life experiences to others” (p. 56), and to motivate clients to change or make changes in their life. Other than brief anecdotal case examples, the author does not provide any empirical data that supports the use of film in these areas.

Hesley (2000) believes that an increasing number of therapists will use film in therapy with their clients because “many next-generation therapists are being trained with the aid of films” (p. 56). Other than naming one professor who uses film clips to teach her graduate students various concepts, the author provides no data to support the notion that more students are being trained.

Hesley (2000) ends this article by noting some of the limitations of using film in therapy, and suggests therapists should be careful not to spend too much time discussing the films rather than the issues that led the client to therapy in the first place. The therapist must be sensitive to how the film could upset the client, and should think in advance about the compatibility between the client and the character(s) of a film and make sure the film features role models and realistic possibilities.

The 2000 article also contains an appendix where the author lists nine movies, such as One True Thing and Life is Beautiful, including a brief overview of the plot, suggestions as to how to watch the film, and a sentence or two of what Hesley calls “therapeutic wisdom” (p. 57).
According to authors Lawrence E. Tyson, Linda H. Foster, and Cynthia M. Jones (2000), the use of film in psychotherapy is a therapeutic interaction allowing clients to visually assess the film characters' interactions with others, their environment, and personal issues, thereby developing a bridge from which positive therapeutic movement may be accomplished. The article, “The Process of Cinematherapy as a Therapeutic Intervention” (2000) also states that the use of film in psychotherapy “is the use of film or movies to facilitate a client’s therapy” (p. 35) although the term “facilitate” is not defined. Tyson, et. al. suggest that Film helps to facilitate the therapy by means of its images, which can “touch the unconscious and bring feelings to a conscious level of awareness” (p. 35).

Tyson, et. al. cite Chapman (1999), who believes that the “theoretical basis for cinematherapy may originate in Jungian psychology and Social Learning Theory” (p. 36). They suggested that the Jungian notions of archetypes, persona, mythology, and the occult apply to the use of film in psychotherapy. They also state that the precepts of vicarious learning, reciprocal determinism, and self-efficacy from Social Learning Theory can be applied to the use of film. Tyson et. al. do not expand on how the two theories can be applied.

Tyson, et. al. (2000), suggest that specific film clips or an entire movie can be used as a homework assignment for a client in order to help the client recognize and accept treatment for their symptoms. This is done through the client watching other individuals coping with or handling similar issues. A film assignment can help foster the
therapeutic process “by creating a common bridge of understanding between a client’s angst and a therapist’s empathy” (p. 36). Tyson et. al. note that it is easier for a therapist and a client to discuss the characters of a film and the story events rather than directly discussing an area that the client is reticent to speak about.

The authors (2000) suggest that the use of films can also allow therapeutic metaphors to be created and can provide a topic whereby impressions, beliefs, and client responses can be explored, allowing clients to “examine and confront intimate issues” (p. 37). They can also allow a client to connect with or identify with a character or situation, thus making the client feel safer and less alone. Through the use of film, “[c]ommunication, reframing, opening hope and encouragement, potentiating emotion and prioritizing values” (p. 37) are just some of the themes that can be encouraged according to these authors.

In the next section of the article, Tyson, et. al. (2000), provide examples of using film in psychotherapy, such as using the films Dracula and Dr. Jekyll and Mr. Hyde to metaphorically teach clients about the destructiveness of alcoholism and drug addiction; also, using The Lion King to help children deal with and perhaps express feelings about death and loss. Tyson, et. al., then note that as part of using film, the client must be prepared by the therapist prior to viewing the film and that follow up in the next session by discussing the film is crucial to the process.

Tyson, et. al. (2000), then provide a developmental stage theory that “describes the process through which a client cognitively and emotionally interprets what is viewed” (p. 38). During the first stage, “dissociation”, the client sees and hears characters and actions “as if they are removed from the client’s internal frame of reference...
the client to experience a dissociative state in which his or her ordinary existence is temporarily suspended” (p. 38).

In the second stage, “identification”, the client “connects with the action and identifies with the film’s similarities to his or her experiences” (p. 39). The third stage, “internalization”, “allows the client to internalize or develop a sense of connectedness and…ownership of the feelings that [are] felt in bring[ing] what is seen and heard to his or her internal frame of reference” (p. 39). During the final stage, “transference”, a “transference between what is viewed outside (on film) to what the client feels (affect) and thinks (cognition) occurs” (p. 39). This occurrence allows thoughts and feelings to come into the awareness of the client. By going through these four stages, the authors suggest, the client and the therapist are able to examine issues that were too difficult for the client to explore earlier.

Tyson, et. al. (2000), conclude this article by noting that “cinematherapy is undergoing considerable investigation in terms of validity as a counseling tool in [particular since some therapists] see film as an unscientific tool with little research to account for its therapeutic value” (p. 39). They then reiterate that the use of film helps clients identify with characters and to discuss difficult topics.

Tyson et. al. (2000) define “cinematherapy” as “the use of film or movies to facilitate a client’s therapy” (p. 35). This definition does not match this author’s working definition of psychotherapy because it is vague and does not speak to a formal interaction between therapist and client. It also does not speak to any type of training in the use of film in therapy. It also does not match this author’s working definition of “cinematherapy” or the use of film in therapy because of its vagueness. It can be assumed
that films are being assigned, viewed, and discussed since the author’s definition does say that films are being used for a therapeutic purpose, but it does not indicate this specifically.

*Utilizing Movies in Family Therapy: Application for Individuals, Couples, and Families*

— American Journal of Family Therapy

According to Shannon B. Dermer and Jennifer B. Hutchings in “Utilizing Movies in Family Therapy: Applications for Individuals, Couples, and Families,” (2000) movies can be a useful adjunct to therapy. They state that the major aim of this article is “to explore the use of cinema as an intervention within the realm of individuals, couples, and family therapy” (p. 163). According to the authors, the use of film in therapy is gaining in popularity over the use of books (bibliotherapy) in therapy – a practice that has been in use “for over a century” (p. 164).

Dermer and Hutchings (2000) point to films’ versatility as one of the main reasons films in therapy is gaining in popularity. “Films typically have universal appeal, can be integrated into any therapy modality, and can be used in individual, couple, and family therapy” (p. 164). In addition, the article states that films are a safe way for people to discuss otherwise uncomfortable topics and films are beneficial because clients can connect on an “emotional, cognitive, and/or behavioral level” (p. 165).

Dermer and Hutchings (2000) stress that the therapist’s role is an important one whereby they are “helping clients view [movies] therapeutically” (p. 165). The article also offers specific guidelines for utilizing film in psychotherapy and states that the practice of using film requires preparation. The broad guidelines include three steps: assessment, implementation, and debriefing. Assessment includes identifying goals for
the client and matching the client with specific films. Implementation is the actual film assignment given to the client, and debriefing involves the exploration of the experience between the therapist and client.

The Dermer and Hutchings (2000) article also includes a survey of the clinical use of cinema, providing a list for those therapists who may be unsure of what films to assign clients. As part of their research, the authors mailed letters and surveys to an unspecified number of “members of the Kansas Association of Marriage and Family Therapy, directors of accredited marriage and family therapy programs, and other family therapists who expressed interest in cinematic interventions” (p. 166). Participants were asked to provide demographic information and movie titles that they would suggest using in marriage and family counseling. Thirty-seven individuals responded. The list includes the presenting problem(s) of the client, a suggested film title, a rationale for the use of that particular film, and the recommended participants. For example, if a client’s presenting problem is sexual abuse, the authors suggest that the therapist could assign the film *Prince of Tides*. The rationale behind this assignment is that the film “shows some of the processes around sexual abuse” (p. 167).

Dermer and Hutchings (2000) conclude by stating that although “cinematherapy is an adjunct to good therapy” it should not replace “joining, assessment, and conceptualization skills” (p. 166). The guidelines for using film put forth by the authors are “suggestions for systematically integrating cinematic interventions into therapy” (p. 166).
From Reel to Reel: use of Video as a Therapeutic Tool -- Afterimage

Abby Calisch opens her article “From Reel to Reel: Use of Video as a Therapeutic Tool” (2001) with a definition of what she calls videowork: “Videowork is a therapeutic process in which clients and therapists discuss themes and characters in popular films that relate to core issues of ongoing therapy” (p. 1). Calisch proposes this activity as one component of the entire therapeutic process.

Calisch’s goal (2001) is to provide guidelines to clinicians for using film in therapy. First, however, she gives a brief history of the practice, which includes bibliotherapy. The author writes that watching films for therapy “is an extension of bibliotherapy, sharing its aims, advantages, and limitations” (p. 2). She comments on some of the differences between the two, including the use of fiction versus nonfiction, the strategy, and the client’s willingness to do the assignment.

Calisch (2001) states that “a close relationship exists between videowork and clinical use of therapeutically constructed metaphors” (p. 2) and highlights the idea that metaphors allow clients to see their experiences from a safe distance. And she supports this statement by offering the idea that because “films galvanize feelings, they increase probability that clients will carry out new and desired behaviors” (p. 3).

Calisch (2001) spends time discussing the concept of assigning homework to clients, pointing out that such a practice helps to extend and enhance therapy. She discusses the benefits of assigning homework, including practice for the client, a continuity of care, relevance, and the advancement of progress for the client. In this section, Calisch writes generally about homework assignments, eventually leading into the assignment of films.
Calisch (2001) then gives a partial list of client profiles that may benefit from film homework assignments, including the emotionally distraught, those with limited language skills, and adolescents. Calisch then runs through the major benefits of using film as a homework assignment. She believes that rapport is established between the therapist and client whereas it may not have been prior to the use of film. She writes that “a film can by itself reverse a negative worldview” and that they are “ideal vehicles for reframing the problems of clients” and that they allow clients to have “productive doubts” about their own crises (p. 4). Additionally, clients can find appropriate role models, recall resources, identify with characters, transmit values, and communicate with others.

Calisch (2001) points out that “videowork is not the same as entertainment” and that there are some skills needed in order to be successful with a client. She suggests that clinicians should pay attention to characters and relationships instead of plot, should provide the client with “conscious identification with a particular character” and should articulate “ideas for change” (p. 6).

Calisch (2001) also recommends assembling a list of useful films for therapy or suggests consulting other resources and urges clinicians to keep in mind that “films should mirror the client in as many ways as possible” (p. 7).

Calisch (2001) refers to the use of film in therapy as “videowork” rather than the customary “cinematherapy”, which appears to suggest that the terminology is expanding faster than the data. Her definition of “videowork” matches the working definition of psychotherapy as stated in this study in that it describes a formal process of interaction.
between a therapist and a client for a therapeutic purpose. The definition does not suggest any type of training in using this technique.

*Rent Two Films and Let’s Talk in the Morning*

Chapter 1 of Hesley and Hesley’s book “Rent Two Films and Let’s Talk in the Morning” (2001) begins with an engaging vignette about how the use of film in therapy can be a powerful tool for a therapist and an agent of change for the client. The authors call it “video work” and say that it “is a therapeutic process in which clients and therapists discuss themes and characters in popular films that relate to core issues of ongoing therapy” (p. 4-5). The authors state that their goal in writing this book is to “provide the information that clinicians need to use films safely and successfully” (p.5).

Hesley and Hesley (2001) give the readers a brief background into the use of film in psychotherapy, linking it to bibliotherapy and other visual and performing arts. The book also delves into the self-help genre that became popular in the 1980s and relates this type of bibliotherapy to video work, stating that it is “an extension of bibliotherapy” (p. 7).

Hesley and Hesley (2001) state that “a close relationship exists between video work and a clinical use of therapeutically constructed metaphors” (p. 9). Another point they make is that video work allows clients to broach topics that may have previously been too uncomfortable to discuss. Because films evoke feelings, they “increase the probability that clients will carry out new and desired behaviors” (p. 10).

The book by Hesley and Hesley (2001) offers several benefits of assigning homework to clients, including the fact that “therapeutic material may be more easily mastered” by the client (p. 11). Likewise, a film homework assignment can facilitate
more in-depth insight. The book then lists specifically the advantages of film as homework, such as “compliance, accessibility, availability, curiosity, familiarity, and rapport” (p. 14). It claims that films also aid in treatment planning, citing seven specific ways: 1) offering hope and encouragement, 2) reframing problems, 3) providing role models, 4) identifying and reinforcing internal strengths, 5) potentiating emotion, 6) improving communication, and finally, 7) prioritizing values (p. 17).

Chapter 2 of Hesley and Hesley’s (2001) book, entitled, “Integrating Films into Therapy” deals primarily with the theory and application of using films with a client. Due to the increasing popularity of film in today’s culture, the authors point out that initially, they must “consider the relationship that therapists have to films and delineate the specific skills therapists need to link film viewing to therapy” (p. 28).

Hesley and Hesley (2001) have very specific ideas about what skills therapists need to use in order to be successful using films. These include: listening to what clients say about films, working with client-preferred films, asking direct questions about the film, learning to watch films therapeutically, and assembling a list of films to use. The authors also distinguish between therapeutic viewing and regular viewing. In regular viewing, clients look for things like plot, action, outcome, and focus on the “stars” of the film. In therapeutic viewing, clients focus on characters, relationships, insights, and on oneself. The authors do not define “therapeutic”.

Hesley and Hesley (2001) suggest that in constructing a list of films to use therapeutically, it is important that clinicians are open to all movies, even if they are not preferred by the clinician. They state that certain films that may be useful with one client may not work with another. However, in selecting a film, the authors note that films
serve as an “internalized co-therapist who would be with [the client] long after therapy had come to an end” (p. 33).

Hesley and Hesley (2001) also say that expertise in film is not necessary to use film in therapy successfully. Therapeutic objectives and insights certainly trump the analysis or interpretations of films. However, the authors note emphatically that therapists “should generally enjoy movies” (p. 34).

Hesley and Hesley (2001) list client profiles that would benefit from the use of film in therapy. It includes clients “who are functioning moderately well” (p. 35). They suggest it can be used with individuals, couples, families, adults, adolescents, and pre-adolescents. The authors personally have used this technique to address many issues, including communication problems, eating disorders, and issues surrounding death and dying. Hesley and Hesley (2001) do not believe that video work should be used with small children, clients with serious psychoses, couples dealing with violence, or clients with recent traumas, but they do not give specific reasons for these statements.

Risks of video work are also mentioned, warning that clinicians should take “reasonable precautions” and that clients should be “psychologically strong enough to handle dramatic material” (p. 39).

Hesley and Hesley (2001) initiate the use of film in the first meeting, after questions about family history and the presenting problem(s). Often a client’s favorite films prove to be insightful to the clinician because of the metaphors or characters in the films.

Chapter 3 of Hesley and Hesley’s (2001) book, entitled “Selecting Films for Therapy” deals with matching clients to films. It lists six specific tips, including: 1)
selecting effective role models, 2) matching content to therapeutic issues, 3) picking enjoyable films, 4) taking advantage of powerful indirect effects, 5) showing characters solving problems, and 6) choosing films that evoke inspirational moods (p. 45). Each tip has more specific guidelines and explanations for use.

Chapter 4 of the book, “Putting Video Work into Action” deals with specific guidelines for assigning films – a combination of both structured and unstructured approaches. A sample dialogue is included and viewing suggestions for clients is listed. At times, the authors note, clients fail to see the connections that clinicians intend. They suggest discussing the differences in interpretation in order to gain insight. The authors also give a list of specific remedies for when video work fails.

Chapter 4 also offers suggestions and guidelines for subsequent film assignments, building upon the initial assignment. Hesley and Hesley (2001) state that once clients “learn that films speak to therapy issues, they make more connections” (p. 66). The book again offers sample dialogues and case studies to illustrate their point.

Part 2 of Hesley and Hesley’s book (2001) is a large anthology of therapeutic films. It highlights appropriate films to use, organized by therapeutic applications. For example, if the therapeutic issues are blended families/step parenting, the anthology lists films such as *Fly Away Home, Stepmom, Tender Mercies*, and *Unstrung Heroes*. The following is listed under each film: the rating, number of minutes, year, a brief summary, key characters, precautions, and suggested viewers. In greater depth, the main lessons of the film are listed, along with details to set the scene for the client and a script to use during therapy.
REEL THERAPY: How Movies Inspire You to Overcome Life's Problems

In 2001, Gary Solomon wrote a second book entitled “REEL THERAPY: How Movies Inspire You to Overcome Life’s Problems”. This is a follow up to his 1995 book “The Motion Picture Prescription – Watch This Movie and Call Me in the Morning” and it is structured in the same manner. Solomon has updated the lengthy list of movies, adding movies, such as As Good As It Gets and In & Out, released since 1995. He describes using movies for clients to watch in order to help them deal with emotional problems and to understand themselves. He uses movies as a therapeutic tool, assigning them for homework and then discussing them in the next session with his clients. Like the previous book, Solomon does not define his terms and he does not specifically explain how viewing movies will help clients “deal with their own problems and issues” (p. 10), other than saying that the viewing of movies will help.

Movies and Psychotherapy: Using Films to Facilitate Rapport and Enhance Personal Growth – APA Convention Presentation

According to Danny Wedding’s speech, “Movies and Psychotherapy: Using Films to Facilitate Rapport and Enhance Personal Growth” (2001), movies “can be used directly in therapy” (p. 1) and can be a meaningful component of a psychotherapist’s treatment plan for a patient.

Wedding (2001) lists four specific ways a therapist might use film: 1) as a catalyst for discussion, “potentially getting clients to more openly discuss topics that they would otherwise feel very uncomfortable discussing”, 2) to encourage empathy for others’ viewpoints or lifestyles, 3) as models of “successful psychotherapy” and “appropriate doctor-patient interaction” and finally, 4) as potential problems that may occur in the
therapeutic relationship. Wedding also lists corresponding films for each of the four examples, such as *Boys Don't Cry* for a client who may be uncomfortable broaching sexual identity issues with a therapist.

Wedding (2001) continues by listing other authors and their books and/or websites that promote the use of film in therapy, but ends his speech with the caveat that despite interest, formal research on the practice has not been done and therefore, the use of film in therapy “remains untested and unproven” (p. 2)

*Advanced Cinematherapy: A Girls’ Guide to Finding Happiness One Movie at a Time*


Peske and West (2002) mention that in a previous book, *Cinematherapy: The Girl’s Guide to Movies for Every Mood*, the selected movies addressed a wide range of emotional situations. In the 2002 edition, the films are more categorized into “specific issues and dysfunctional dynamics” (p. xi). For example, there are movies for codependents, for people going through mid-life crises, and for people who are in need of role models.

Each chapter of Peske and West (2002) has a specific issue to address, complete with a playful title. For example, Chapter 11 is entitled, “Pay Attention to the Man Behind the Curtain: Control Issues Movies”. Before listing specific movies for this particular issue, the authors attempt a conversation with their readers, writing, “no matter
how carefully we plan, the normal twists and turns of fortune can leave us feeling a little powerless, stalling out mid-air” (p. 164). Movies, approximately five to six per issue, are listed in a seemingly random order.

In the Control Issues chapter of Peske and West’s book (2002), the movies that are listed include *Ordinary People, Cast Away, Love on the Run, Theodora Goes Wild*, and *The Out-of-Towners*. Under each movie, the following information is provided: the year released, the stars of the movie, director, writer, and a brief summary with author-infused commentary. The authors briefly try to convince the reader why a particular movie will help them with their current issue.

Peske and West (2002) reinforce that this book is for a female audience and scattered throughout the book are quotes from movies under various headings, such as “Stupid Guy Quotes”.

*Cinematherapy: Metaphorically Promoting Therapeutic Change – Counseling Psychology Quarterly*

“Cinematherapy: Metaphorically Promoting Therapeutic Change” (2002) by Conni Sharp, Janet V. Smith, and Amykay Cole, asserts that movies “have the potential to heal” (p. 1). The authors discuss bibliotherapy and propose that the use of film is a modern-day and more convenient outgrowth of bibliotherapy.

Sharp et. al. (2002), are clearly proponents of the use of popular films in therapy, touting the many potential uses: films can “provide a vehicle for self-exploration” and “may assist in the resolution of difficulties faced by a client” (p. 2). Additionally, they say clients may find it “acceptable to talk about a particular situation” after watching a film.
Sharp et. al. suggest that a specific movie or character can be beneficial to clients as well by modeling appropriate behavior or offering options for behavior. The authors state that one of the main advantages of using film is that “it allows processing of difficult material in an indirect manner” (p. 2). In addition, they state that watching a film for therapeutic reasons gives the client more time in the therapeutic process.

Sharp, et. al. (2002), acknowledge that the research on the effectiveness of using film in psychotherapy is slim. The article notes several studies on bibliotherapy and its modest effectiveness, and also cites one researcher, Marrs (1995), who found that viewing films may be more powerful than reading books in therapy.

The process of using film is explored in the Sharp, et. al. (2002), article. The basic initial steps include selecting, previewing, and viewing a film for an appropriate client. The authors note that the theme of the movie is more relevant than the actual details, and that it is “preferable that the movie be relevant on a metaphorical level” (p. 3). Other considerations in assigning films should be made as well, including inappropriate content, the film as an assignment rather than a suggestion, and the “importance of delivery style in giving homework assignments” (p. 3).

Sharp, et. al. (2002), suggest that some clients may be inappropriate candidates for the use of film, according to the authors, but most can find some benefits. The article notes that patients with active psychosis would not be good candidates and that sad movies should not be assigned to people who are depressed. All in all, great care should be used when selecting and assigning films to clients.

Sharp, et. al. (2002), states that “simply viewing a movie does not constitute cinematherapy” (p. 4) and that a character-driven discussion is necessary following the
viewing. The authors offer a list of possible questions, including “‘How did the character resolve his or her issues?’” (p. 4).

After the process of the use of film, the article discusses the theoretical basis for it. It begins by stating that metaphors in movies function “in much the same way that metaphors function in more traditional forms of psychotherapy” (p. 4). The authors then cite the work of Barker (1996), Groth-Marnot (1992), and Erickson (1976). Specifically, it cites their work with metaphors, “which speak to more receptive parts of our personality” (p. 4).

The article ends with the case study of Abby, a 15-year-old girl in treatment with her parents because her parents are concerned about her emerging sexuality. By viewing a film that dealt with teenage sexuality, Abby and her parents were able to openly discuss issues that had previously been too uncomfortable to broach.

*A Princess in God’s Eyes: Cinematherapy as an Adjunctive Tool* – *Journal of Psychology and Christianity*

In her case study at the Denver Seminary, entitled “A Princess in God’s Eyes: Cinematherapy as an Adjunctive Tool” (2003), Elizabeth C. Suarez highlights the story of Ingrid, a 53 year-old woman “seeking help with her relationships” (p. 259). Ingrid was struggling with work, romantic, and familial difficulties related to her sense of worthlessness, according to Suarez. In this particular case, it was the patient who brought a movie into the therapy session, not the therapist. Ingrid had viewed a film whereby she connected with the main character. Ingrid explained the movie and characters to the Suarez, and Suarez helped Ingrid analyze her sense of connection to the movie. Suarez felt that the “movie had been the catalyst…to transform Ingrid’s life” (p. 260).
Suarez (2003) then purports her effective use of bibliotherapy in the past and its current contemporary – “cinematherapy”. She states that “clients vicariously react to and identify with the characters in movies and … [therapists] can process their cognitive, affective, and behavioral responses” (p. 260-1). She believes movies can allow clients to “gain insight into problem resolution … explore unconscious issues and adjust problem-solving techniques” (p. 261).

Suarez (2003) then goes on to list specific problems, such as death and dying, and possible films, like Steel Magnolias, to use with such clients. Suarez, due to her experience with Ingrid, is an active user and proponent of the use of film in therapy.

*Real Life and Reel Life – Perspectives in Psychiatric Care*

In her editorial, “Real Life and Reel Life” (2003), Mary Paquette, Ph.D., a nurse psychotherapist, presents film as one technique among many that therapists can use in patient treatment. She suggests that the expression of universal themes in movies is powerful for patients; she writes that people “can develop insight into human problems by seeing how problems are addressed in films” (p. 47).

Paquette (2003) draws heavily on Steven Simon’s book, *The Force is With You: Mystical Movie Messages that Inspire Our Lives*, to further her point. She lists specific movies that Simon has highlighted in his book, movies that can be described as “spiritually-oriented” (p. 47) and, she believes, can help a patient self-realize.

Paquette (2003) also warns against referring clients to watch wrong movies, although she does not list specifics. She states that such a practice can “backfire when the person does not relate” (p. 48).
Paquette (2003) ends her editorial with the general sentiment that “under the wise guidance of a therapist” (p. 48) the use of film in therapy can be beneficial.

*Group Cinematherapy as a Treatment Modality for Adolescent Girls – Residential Treatment for Children and Youth*

In “Group Cinematherapy as a Treatment Modality for Adolescent Girls” (2003), Joseph S. Bierman, Alyssa R. Kreiger, and Mindy Leifer tout the use of film as an adjunct to group therapy in an adolescent girls’ residential treatment center. The authors state at the beginning of their literature review that “not much has been written on the topic of cinematherapy” (p. 2) but go on to review the available literature they considered.

Bierman et. al. (2003) introduce the specific patient population – “girls [who] were referred to the treatment center through various …departments of social service, juvenile justice agencies and boards of education” (p. 5). The patients presented with various diagnoses, but none were experiencing psychotic symptoms at the time. “The various therapies at [the center] are geared primarily to supporting and strengthening the ego and its controls” (p. 6). In the weekly group therapy sessions, therapists “focused on selecting films that would impart some therapeutic value” (p. 6).

The article lists fourteen films that were shown during a six-month time frame as well as corresponding themes for each film. The specific details of the use of film procedure are listed. According to Bierman et. al., their “findings were consistent with the literature in that the movies…enabled girls to access therapeutic material with less difficulty” (p. 11).
Bierman et. al. make clear that the use of film in psychotherapy cannot stand alone with its population of adolescent girls in a residential treatment center. Rather, it is an adjunct to the therapeutic regime.

Bierman et. al. ’s 2003 study is small and therefore with a limited number of participants. Generalization of efficacy to other adolescent groups, other populations, and other settings is not possible. Although the authors claim that the viewing and discussing of the film was the factor that proved to be effective, other factors, such as group interaction and support, may also speak to any effectiveness that was noted.

*The Clinical Use of Films in Psychotherapy – JCLP/In Session: Psychotherapy in Practice*

Much of Danny Wedding and Ryan M. Niemiec’s article, “The Clinical Use of Films in Psychotherapy” (2003) discusses how films shape clients’ attitudes about mental illness and therapy. It discusses the myths about mental illness that films perpetrate and points to specific films and their fallacies. It also delves into the portrayal of therapists in contemporary films.

The second part of the Wedding and Niemiec (2003) article discusses the ways that films can be a benefit to clients in psychotherapy. According to the authors, films “serve pedagogical purposes” (p. 210). Although they point to other therapists’ use of film, they boldly state that they “have experienced the power of film metaphors in therapy” (p. 210). The article lists specific ways that films can be useful in therapy, such as 1) a catalyst for a discussion about an otherwise uncomfortable topic for the client, 2) a way to foster an understanding of someone else’s lifestyle or point of view, 3) a model for “effective doctor-patient interaction” and 4) a model for other issues that may occur in
a therapeutic relationship. Although they suggest the interest is high and the practice has been referenced widely in various settings, the authors inform the reader that the research is lacking, and therefore, the practice is unproven to date.

However, Wedding and Niemiec (2003) present the case study of Sern, “a 53 year-old divorced, Swedish-born man who immigrated to the United States when he was 32” (p. 211). Sern presented with many issues, including depression, fatigue, alcoholism, drug use, suicide, and relationship issues. Initially, Sern’s progress was lackluster and the therapist considered using film as an option. “As the discussion of films in psychotherapy progressed, Sern became more energetic, manifested clearer speech, and became more patient with the process of therapy” (p. 213).

According to Wedding and Niemiec (2003), this particular case “illustrates the successful use of cinematherapy as one component of a multifaceted intervention” (p. 214). The authors then conclude the article with various lists and websites that suggest specific titles of films for specific client bases.

Wedding and Niemiec (2003) base their definition of “cinematherapy” or the use of film in psychotherapy on Berg-Cross et al’s (1990) definition, “who defined it as a therapeutic technique involving the selection of films for the client to view that will have a direct therapeutic effect or be used as a stimulus for discussion and examination in future therapy sessions” (p. 208). Their definition matches the working definition of psychotherapy as stated in this study in that it describes a formal process of interaction between a therapist and a client for a therapeutic purpose. The definition does not suggest any type of training in using this technique.
Wedding and Niemiec’s (2003) definition matches the working definition of “cinematherapy” or the use of film as stated for the purposes of this study in that it stresses the selection, assignment, and discussion of film(s) between the therapist and the client.

*Psychotherapy and Movies: On Using Films in Clinical Practice – Journal of Contemporary Psychotherapy*

Stefan E. Schulenberg defines the use of film in psychotherapy in his article “Psychotherapy and Movies: On Using Films in Clinical Practice” (2003). He says that the use of film is “the practice of recommending movies for clients to watch to assist them with their presenting complaints” (p. 35). Suggesting films for the client to watch between sessions and suggests using films as an exercise in therapy as a means of eliciting a narrative from the client is also advocated. The author initially describes how films have been analyzed from various perspectives, such as using psychoanalysis to analyze *Stand By Me* or logotherapy to analyze *Citizen Kane*. He then notes that films are often referred to by clinicians in order to further discussion or make a point.

Schulenberg (2003) also asserts that literature regarding the use of film as a valuable therapeutic technique is growing, although he does not define what he means when he writes “technique”. He suggests using films is associated with bibliotherapy, both of which deal with universal themes and as a techniques that allow clients to witness their issues from a safe and comfortable distance. He states that films can be used with a variety of clientele and maybe used with various therapeutic modalities, although these modalities are not defined. The author then provides a list of the benefits of using film, such as “compliance, accessibility, and availability of the modality, curiosity, familiarity
with movies, and enhancement of rapport between the client and therapist” (p. 36). The author also cautions therapists about using this technique, despite some of the literature demonstrating efficacy (Dermer & Hutchings, 2000; Heston & Kottman, 1997; Solomon, 1995), since the literature is limited to “descriptive information” (p. 36).

Schulenberg (2003) notes that using films in psychotherapy involves either recommending a film to be viewed in between sessions or using a film in the actual therapy in order to facilitate a story or stories from the client. He also says that the practice “is theoretically contingent on a variety of processes, such as interpretation of metaphors and symbols and observational learning” (p. 36).

Schulenberg (2003), like Dermer and Hutchings (2000), and Hesley and Hesley (2001), believes that films “have the ability to entertain and to communicate to the viewer through imagery, symbol, and metaphor” (p. 36). He suggests that metaphors are an important method that therapists use to uncover important therapeutic topics. He goes on to say that the visual metaphors inherent in film can help foster therapeutic change, although this is not supported by any empirical evidence. Schulenberg then quotes Moore (1998), who writes from a humanistic/existential perspective, suggesting that “the use of visible metaphor one process through which the person can move to a spiritual level, discover meaning, and experience life as worthwhile and meaningful” (p. 37). Schulenberg suggests using films as visual metaphors can do many things for a client, such as: encourage new attitudes, provide options for change, provide alternate ways of looking at situations, and assist the therapist in reaching emotionally difficult clients.

With regards to observational learning, Schulenberg refers to Rosenthal and Steffek (1991), who believe that the behavior of the viewer is affected by seeing how
others behave and express themselves. They state that the viewer is offered models of how to behave and express emotions. They also suggest films: help to challenge feelings of denial, foster the connection(s) between thoughts, feelings, and behaviors, let the viewer know that they are not alone, help to generate new ideas and lessen negative thinking, and help the client to emulate or shun certain behaviors. None of the therapeutic aspects of film are supported by evidence in this article. The author makes it a point to note that although viewing films may advance various types of positive therapeutic change, the exact mechanism that causes or fosters that change is unknown or unclear.

Schulenberg (2003) posits that the benefit could be any insight that is gained through the use of movie-viewing (such as the person who realizes he is an alcoholic after seeing one in a film) or “the realism of observing and experiencing an alternative version of oneself...[such] as when a client learns that a goal could be reached if they work harder” (p. 38).

Schulenberg (2003) states that the idea of movies providing therapeutic support is not a new concept. Specific case studies are given in his article, detailing the presenting problems and afterwards, “insight and behavioral change” (p. 38).

Specifically, Schulenberg details a client in his article with obsessive-compulsive disorder who is assigned film during the course of therapy. “A blended cognitive-behavioral/logotherapy case formulation was being used to facilitate positive change” (p. 39). The client complained that (s)he felt a sense of hopelessness in between sessions. The film Cast Away was prescribed by Schulenberg in between therapy sessions, since it is a film that portrays hope in the face of hopelessness. The client was subsequently able
to use this universal theme and apply it to other aspects of life. According to the author, "two reasons the movie was effective in this circumstance was because it was suggested after careful consideration of the client's needs and advance preparation and discussion with the client" (p. 39).

Schulenberg (2003) gives a specific list of recommendations for using movies in clinical therapy. They include: 1) identifying clients that are inappropriate for the technique, 2) being cognizant of the timing and number of the assignments within therapy, 3) understanding why you are assigning a particular film, 4) being prepared in regards to the content of the films recommended, 5) giving clear reasons and expectations of a film homework assignment, and 6) providing a forum to discuss the film after viewing.

Schulenberg (2003) provides cautions to therapists who employ this technique, including 1) how to address a negative response to a film assignment, 2) being cognizant of a client's socio-economic or cultural perception of movie-watching, and 3) understanding that there is a lack of empirical support for this technique.

Schulenberg (2003) also provides suggestions for future research using this therapeutic process. He says that "the 'true' experimental design is the ideal for conducting serious scientific research" because this method uses two random groups that are pre-tested, one group is given intervention and the other group is the control group. "Such a design should only be implemented by those trained in research" (p. 45) he says.

Schulenberg (2003) also suggests studying the "cognitive and affective changes that occur as a result of watching movies" (p. 45), noticing any physiological changes
that may occur. Additionally, “cognitive implications of how people watch films” (p. 46) should also be explored.

The suggestions for further research are also given in this article and include more survey research about those who already employ the technique. Research based on questionnaires is also recommended.

Schulenber (2003) does not support his beliefs or assertions with any empirical data or research on the uses of film in therapy or the benefits derived from using film in therapy. The only support appears to be opinion-based or anecdotal in nature, generally in the form of references to other authors or case studies. This type of support is not generalizable to larger populations or to other specific populations. It must be noted that Schulenberg stresses that with regards to the use of film in psychotherapy, “A cautious approach is recommended, as a systematic series of empirical investigations should be undertaken to more effectively inform clinical practice” (p. 35).

*Psychologists’ Use of Motion Pictures in Clinical Practice – Professional Psychology: Research and Practice*

In “Psychologists’ Use of Motion Pictures in Clinical Practice” (2004), Georgios Lampropoulos, Nikolaos Kazantzis, and Frank Deane attempt to provide some data on the practice of using films in clinical therapy. They were interested in determining if professional psychologists used films in clinical practice and if the surveyed psychologists considered films to have therapeutic value. The authors put the use of film in the self-help category, along with books and the Internet. They suggest that “[t]he characters can essentially act as co-therapists for clients” by “offering hope and
encouragement, deepening emotion, providing role models, enhancing client strengths, reframing problems, improving communication, and reprioritizing values” (p. 2).

Lampropoulos, et. al. (2004), suggest that according to experimental research, self-help materials can be effective. However, little research has been done on the effectiveness of self-help techniques when they are prescribed within clinical therapy, although surveys show that such techniques are being used by therapists.

The study highlighted in the Lampropoulos, et. al., article “obtained information on demographics, theoretical orientation, attitudes, evaluation, patterns of clinical use of motion pictures, and ratings of specific motion pictures” (p. 3). They discuss how in 2000, “a cover letter, [a] survey, and a postage-paid return envelope were mailed to 3,000 random members of the APA” (p. 537). Reminder cards were mailed two weeks later and a month later 1,200 randomly selected participants from the original 3,000 were mailed a second survey. Eight hundred forty surveys were returned, yielding a response rate of 28 percent. Because the response rate was 28 percent, the findings should be considered preliminary. The participants came from differing backgrounds and clinical practices, but overall, 67 percent of respondents agreed or strongly agreed “that ‘quality entertainment motion pictures that deal with psychological issues can be beneficial and could be used for therapeutic purposes (e.g., awareness raising, modeling behavior, and client inspiration)’” (p. 538). Eight percent of those who responded “indicated that they either disagreed or strongly disagreed with the above statement” (p. 538).

Lampropoulos et. al (2004), also examined whether theoretical orientation played a part in the “perceived therapeutic value of motion pictures” (p. 538). Theoretical orientation was divided into five categories: cognitive-behavioral, humanistic-existential,
psychodynamic-analytic, interpersonal-family systems, and eclectic-integrative. The authors ultimately discovered that cognitive-behavioral and eclectic-integrative therapists were more inclined to consider films as therapeutic tools as compared to psychodynamic-analytic therapists.

Lampropoulos et. al. (2004), also discuss how statistics were conducted based on the following: the therapists’ gender, clinical experience, employment setting, academic degree, and area of academic degree. Overall, they found that male therapists were more likely to recommend a film, as were therapists who worked in a private practice and those with more clinical experience. They found there was no significant difference in academic degrees (Ph.D. versus Psy.D.) or type of therapist (clinical versus counseling). Eighty-eight percent rated the use of film as some degree of helpfulness whereas eleven percent did not notice effects and one percent indicated that the practice was harmful.

Lampropoulos et. al. (2004), provide recommendations and cautions for therapists who want to employ the use of film with their clients. First, they suggest therapists should identify suitable and unsuitable clients for the technique. They suggest therapists should also be cognizant of the timing of the film assignment as well as the appropriateness of a movie. The authors list desirable movie characteristics in the article. They state that clinicians should also prepare for the assignment of a specific film and finally, prepare for a debriefing session with the client.

Although Lampropoulos, Kazantzis, and Deane (2004) have conducted research on the use of film in psychotherapy, their research only focuses on the attitudes and the use of film in clinical practice. Their research findings are based on the opinions of those clinicians who were surveyed and not on any empirical data, a point emphasized by the
authors when they note that “there remains a need for research to quantify the effects on psychotherapy processes and subsequent outcomes” (p. 540.) Therefore, simply because clinicians are using motion pictures in clinical practice does not mean that they should be used.

*Helping and Change Without Traditional Therapy: Commonalities and Opportunities – Counseling Psychology Quarterly*

Georgios K. Lampropoulos and Paul M. Spengler, in their article, “Helping and Change Without Traditional Therapy: Commonalities and Opportunities” (2005) describe the use of film in psychotherapy as a practitioner’s use of selected motion pictures with healing effects as components of their treatment. The authors believe that viewing a motion picture can beget various changes in an individual, such as “realizations, increases in critical information, emotional reactions, event interpretations, solution revelations, and other change events” (p. 47). These terms are not defined by the authors.

Lampropoulos and Spengler (2005) present the use of film as something an individual can do on their own as a self-help technique, or the individual can use film in conjunction with a therapist at the therapist’s directive. The article focuses on four types of “helping interactions” (p. 47) defined as individuals looking for “help, support, and advice from their immediate environment...[and] their social resources” (p. 47).

Lampropoulos and Spengler (2005) view the use of film as a self-help or self-change process that counselors are using as part of “non-traditional counseling” (p. 48). The authors do not provide examples of traditional or non-traditional therapy.

Lampropoulos and Spengler (2005) cite surveys which indicate that numerous practitioners believe selected films are effective in treating clients and are therefore using
them as an aspect of their treatment plans. The article does not define “effective”, nor do they provide any details regarding the surveys.

Lampropoulos and Spengler (2005) suggest that watching a film can help clients identify with a character or characters, particularly those facing similar issues or problems and clients can discover support and acceptance regarding their issues, enrich their awareness of the issues, attain catharsis, obtain information, discover possible solutions indirectly thorough the characters, and/or get ready to take action. Film viewing can also “…remoralize and motivate people, and may also provide a corrective emotional experience” (p. 50). The authors do not define “corrective emotional experience”. They also do not provide data or evidence to support what films can help with regarding a client’s issues.

Lampropoulos and Spengler (2005) suggest that there are numerous psychosocial issues or areas in which movies can be applied or can be used, including “abandonment, abuse, adoption, addictions, death and dying, divorce, adolescence, family relationships, friendship, eating problems, mental illness and sexuality…” (p. 50). Otherwise, the unsupported ways film can help clients noted above, the authors do not provide a rationale for how and why movies can help with the psychological issues just noted. There is no data or evidence, other than the opinions, limited case studies, or anecdotes of the previously reviewed authors.

The authors believe that “outcome research methodology offers a plurality of methods that could be applied to the evaluation…” (p. 52) of the use of film as a component of therapy treatment.
Lampropoulos and Spengler (2005) note that the use of film in therapy is occurring and that such use is increasing, but they do not cite or discuss any specific research or empirical data that indicates that the use of film is efficacious. The research they cite only focuses on attitudes and use of film in clinical practice and these research findings are based on the opinions of those clinicians who were surveyed and not on any empirical data. For the authors to say that the use of film works or is efficacious is premature and needs to be researched further.

*E-Motion Picture Magic: A Movie Lover’s Guide to Healing and Transformation*


In the introduction, Wolz relies on historical methods to support her thesis. She writes that “philosophers, psychotherapists, and spiritual teachers have pointed to a shift in viewpoint as the key to...growth” and that many “psychotherapeutic methods share a similar goal” (p. 1). This shift, she claims, can come from the movie-watching experience.

Wolz (2005) boldly claims that the film medium, above all other storytelling mediums, can enable people to experience the feelings and lives of others through characters. Additionally, she believes that movies are emotionally-safe vehicles for client growth.

Wolz (2005) draws support for her practices by highlighting the ways that films have affected society over the years. She writes that films are “enormously popular and immensely powerful as a tool for telling stories, communicating information, and influencing culture” (p. 3). She also discusses previous forms of the practice, such as bibliotherapy.

Wolz (2005) goes on to claim that her “E-Motion Picture Magic” is a specific approach to film use, defining it “as a way to use the act of consciously watching movies in combination with therapeutic or consciousness-raising exercises for personal healing and transformation” (p. 5). She also claims that the existing literature about films fall into two categories: professional therapy and self-help guides.

Wolz (2005) does not believe that it is clinically necessary for a therapist to be involved in order for a person to gain healing when watching movies. However, individuals should follow “certain guidelines and … watch films with conscious awareness” (p. 5). The term “conscious awareness” is central to the practice of E-Motion Picture Magic, “both as a principal means and one of the end results” (p. 5).

Wolz (2005) clarifies what “E-Motion Picture Magic” is not as well. She writes that movies are not just an escape or the absorption of life lessons. The movies she employs are primarily fiction, but she believes both fiction and nonfiction can be used.

The exercises of “E-Motion Picture Magic” are varied. Some ask the viewer to write a letter or draw a picture. Most, however, ask the viewer to remember or recall incidents from the past, after the viewing of a film. For instance, the movie Courage Under Fire is prescribed for someone who has feelings of guilt. After viewing the movie, the following exercise is recommended: “Remember a time in your life when you were
able to let go of feelings of guilt. Imagine how you would feel, if you were free of this guilt now” (p. 85). Most chapters follow a similar pattern, with the last chapter offering suggestions of how to create a group where film is utilized.

In the following two sections, a critical summary of the articles will be provided. This summary will include the general weaknesses and strength(s) of the articles and books critically reviewed. A summary review of the definitions of “cinematherapy” or the use of film in psychotherapy from each article or book will also be provided. In this summary review, the definitions will be compared and contrasted to the working definitions of psychotherapy and “cinematherapy” or the use of film in psychotherapy as defined for the purposes of the present study.

Critical Summary of the Articles and Books Critically Analyzed

In this section I will address the weaknesses and the strength(s) of the critically analyzed literature. The weaknesses will be summarized first.

The first weakness apparent in thirteen of the articles or books is that the author or authors do not define many of the terms that are used (Katz, 1946; Christie & McGrath, 1987; Haas, 1995; Solomon, 1995, 2001; Sunderland, 1997; Heston & Kottman, 1997; Hesley, 2000; Tyson et. al., 2000; Calisch, 2001; Hesley & Hesley, 2001; Schulenberg, 2003; Lampropoulos & Spengler, 2005).

The second weakness noted during the course of the critical analysis concerns the case studies offered by many of the authors. Thirteen of the articles or books provided a case study or studies as support for the use of film in psychotherapy (Duncan et. al., 1986; Christie & McGrath, 1987; Berg-Cross et. al., 1990; Turley & Derdeyn, 1990; Haas, 1995; Sunderland, 1997; Heston & Kottman, 1997; Hesley, 2000; Sharp, 2002;
Suarez, 2003; Bierman, 2003; Wedding & Niemiec, 2003; Wolz, 2005). The weakness lies in the use of these case studies as ample enough evidence for the author or authors to express their opinion, claiming that the use of film in psychotherapy is an effective form of therapy to use with clients. The fact that 13 authors offer a case study or studies could also be viewed as a strength and will be addressed later in this section.

The third weakness concerns the fact that not a single article or book critically analyzed for this study contained outcome research data in order to support the opinion(s) and claim(s) of the authors. Of the twenty-six articles or books analyzed, only two caution therapists that more research is needed with regards to the use of film in psychotherapy (Schulenberg, 2003; Lampropoulos et. al., 2004) and four other articles merely note that there is a lack of outcome research regarding the use of film in psychotherapy (Haas, 1995; Sunderland, 1997; Wedding, 2001; Sharp et. al., 2002).

A fourth weakness involves the author or authors not taking into account other factors, such as the attention and relationship with the therapist, that may have contributed to the success of the treatment (Duncan et. al., 1986; Christie & McGrath, 1987; Berg-Cross et. al., 1990; Turley & Derdeyn, 1990; Haas, 1995; Sunderland, 1997; Heston & Kottman, 1997; Hesley, 2000; Sharp, 2002; Suarez, 2003; Bierman, 2003; Wedding & Niemiec, 2003; Wolz, 2005).

Because of the weaknesses, generalization of the benefits and the importance of using film cannot be made, particularly since the assertions in the articles and books are based on opinion, limited case studies, and an absence of outcome research data. Therefore, generalization of efficacy to all clients, various populations, and various settings is not possible at this time.
The strength of the critically analyzed literature concerns the case studies and anecdotal information offered by the authors of the articles and books. It is clear from the literature that something therapeutic is happening when films are used as part of psychotherapy. Perhaps it is the various emotions that are inherent in each film, the conveying of these inherent emotions, and the emotions experienced by the viewers of film. Regardless of exactly what it is, the authors noted in this chapter have made observations that are worthy of hypotheses and worthy of systematic outcome research.

**Summary Review of the Definitions of “Cinematherapy” or the Use of Film in Psychotherapy as Presented in the Critically Analyzed Literature**

A summary review of the definitions of “cinematherapy” or the use of film in psychotherapy from each article or book will now be presented. In this summary review, the definitions will be compared and contrasted to the working definitions of psychotherapy and “cinematherapy” or the use of film in psychotherapy as defined for the purposes of the present study. The definitions will first be compared and contrasted to the working definition of psychotherapy - a formal process of interaction between a professionally trained psychotherapist and client for the purpose of the relief of distress in the client, related to any or all of the following areas of malfunction: cognitive, affective (suffering or emotional discomforts), or behavioral, with the therapist having sound training and professional and legal approval to act as a therapist.

Thirteen of the articles or books define “cinematherapy” or the use of film in psychotherapy without including a formal process of interaction between a professionally trained psychotherapist and client (Katz, 1946; Duncan et. al., 1986; Christie & McGrath, 1987; Turley & Derdeyn, 1990; Tyson et. al., 2000; Wedding, 2001; Peske & West,
2002; Suarez, 2003; Paquette, 2003; Bierman, 2003; Lampropoulos et. al., 2004; Lampropoulos & Spengler, 2005; Wolz, 2005). The same amount of articles and books define “cinematherapy” or the use of film in psychotherapy including a formal process of interaction between a professionally trained psychotherapist and client (Berg-Cross et. al., 1990; Haas, 1995; Solomon, 1995, 2001; Sunderland, 1997; Heston & Kottman, 1997; Hesley, 2000; Dermer & Hutchings, 2000; Calisch, 2001; Hesley & Hesley, 2001; Sharp et. al., 2002; Wedding & Niemiec, 2003; Schulenberg, 2003). Out of the twenty-six articles and books critically analyzed for the purposes of this study, none included in their definition of “cinematherapy” or the use of film in psychotherapy a component regarding the therapist having sound training in the use of film.

The definitions will now be compared and contrasted to the working definitions of “cinematherapy” or the use of film in psychotherapy as defined for the purposes of the present study - a psychotherapist selecting a commercial entertainment film and instructing the client to view this film and to discuss the content and/or their reactions during a subsequent psychotherapy session.

Twelve of the articles and books define “cinematherapy” or the use of film in psychotherapy without including a psychotherapist selecting a commercial entertainment film and instructing the client to view this film (Duncan et. al., 1986; Christie & McGrath, 1987; Tyson et. al., 2000; Calisch, 2001; Hesley & Hesley, 2001; Wedding, 2001; Peske & West, 2002; Suarez, 2003; Paquette, 2003; Bierman, 2003; Lampropoulos et. al., 2004; Wolz, 2005). Of these twelve, only two (Calisch, 2001; Hesley & Hesley, 2001) include in their definitions discussion of the content and/or reactions during a subsequent psychotherapy session. Fourteen of the articles or books include in the
definition a psychotherapist selecting a commercial entertainment film (Katz, 1946; Berg-Cross et. al., 1990; Turley & Derdeyn, 1990; Haas, 1995; Solomon, 1995, 2001; Sunderland, 1997; Heston & Kottman, 1997; Hesley, 2000; Dermer & Hutchings, 2000; Sharp et. al., 2002; Wedding & Niemiec, 2003; Schuelsen, 2003; Lampropoulos & Spengler, 2005). With one exception (Lampropoulos & Spengler, 2005), the 13 remaining definitions that included the psychotherapist selecting the film or films also included the psychotherapist instructing the client to view the film or films. Seven of the definitions that included the psychotherapist selecting the film(s) did not include in the definitions discussion of the content and/or reactions during a subsequent psychotherapy session (Katz, 1946; Berg-Cross et. al., 1990; Turley & Derdeyn, 1990; Haas, 1995; Dermer & Hutchings, 2000; Schuelsen, 2003; Lampropoulos & Spengler, 2005). The other seven that included the psychotherapist selecting the film(s) also included in the definitions discussion of the content and/or reactions during a subsequent psychotherapy session (Solomon, 1995, 2001; Sunderland, 1997; Heston & Kottman, 1997; Hesley, 2000; Sharp et. al., 2002; Wedding & Niemiec, 2003).

Two tables (Appendices A & B) will now be provided – the first table (Appendix A) will organize each article or book according to the type of study – theory, data, opinion/editorial. The second table (Appendix B) will organize each article or book according to its theoretical perspective.

**Type of Study**

Table 1 (Appendix A) organizes each article or book according to the type of study, meaning theory, data, opinion/editorial. The following definitions are used to classify each publication:
Theory – A theoretical study includes one or more theoretical perspectives to create meaning of the film or use of film. Publications that are limited to this type of analysis were classified under one of the following schools of thought: psychodynamic/analytic, behavioral, social learning, humanistic, group, and family. (See definitions provided earlier in this chapter)

Data – By data, this study includes case study, survey, experiment, and anecdotal data. (See definitions provided earlier in this chapter)

Opinion/Editorial – An opinion/editorial is referring to the opinion of the author or authors of the particular article or book that is analyzed as part of this critical analysis. (Refer to Appendix A)

Theoretical Perspective

Table 2 (Appendix B) organizes each article or book according to its theoretical perspective. The theoretical perspective is based upon and determined by an explicit or implicit theoretical model, such as psychodynamic/analytic, behavioral, social learning, humanistic, group, and family. (Definitions can be found at the beginning of this chapter) (Refer to Appendix B)

Summary

The critical analysis of the literature was approached in three ways. This study first summarized each article in chronological order, from the earliest to the most recent. A critical summary of the articles was then provided, a summary that included the general weaknesses and strength(s) of the articles and books critically analyzed. A summary review of the definitions of “cinematherapy” or the use of film in psychotherapy from each article or book followed this critical summary. In this summary
review, the definitions were compared and contrasted to the working definitions of psychotherapy and “cinematherapy” or the use of film in psychotherapy as defined for the purposes of this study.

The noted weaknesses included authors not defining their terms, authors solely basing their favorable opinion of “cinematherapy” or the use of film in psychotherapy on small case studies and anecdotal evidence, authors not conducting or citing outcome research data because none appears to exist at the present time (this author did not encounter any while researching this study), and the authors did not take into account other factors other than the use of film that could have been responsible for a positive therapeutic outcome.

The major strength of the critically analyzed literature concerns the favorable case study and anecdotal evidence reported by thirteen authors. This type of data, although not sufficient in and of itself to draw the conclusions drawn by all of the authors reviewed for this study, is crucial for leading the field of psychology and psychotherapy in new directions as hypotheses can be formed and systematic outcome research can be conducted.

With regards to the comparison and contrasting of definitions, none of the author’s definitions of “cinematherapy” or the use of film in psychotherapy matched the working definition of psychotherapy as put forth for the purposes of this study. Only half (13) contained as part of the definition a component that could be considered a formal process of interaction between a therapist and a client. None of the 26 articles or books critically analyzed included in the definition anything about sound training.
When the comparison was made between the author’s definitions of “cinematherapy” or the use of film in psychotherapy and this author’s working definition of “cinematherapy” or the use of film in psychotherapy, only seven of the twenty-six critically analyzed articles or books included the three components of a therapist selecting a film or films, a therapist assigning the film or films to a client, and the therapist and the client discussing the client’s thoughts, feelings, and reactions to the film or films.

The study then provided two tables (Appendices A & B) – the first table organized each article or book according to the type of study, meaning theory, data, opinion/editorial. By theory, this study included various theoretical schools of thought, such as psychodynamic/analytic, behavioral, social learning, humanistic, group, and family. By data, this author included case study, survey, experiment, and anecdotal data. By opinion/editorial, this author referred to the personal opinion of the author or authors of the particular article or book that was reviewed as part of this critical analysis. The second table organized each article or book according to its theoretical perspective. The theoretical perspective was based upon and determined by an explicit or implicit theoretical model, such as psychodynamic/analytic, behavioral, social learning, humanistic, group, and family.

According to Table 1 (Appendix A), each article or book that was critically analyzed, except for the Lampropoulos, Kazantzis, and Deane (2004) and the Lampropoulos and Spengler (2005) articles, expressed the personal opinion of the author(s). The second finding based on Table 1 is that these personal opinions are based on data that were case study data, survey data, and/or anecdotal data. There were also seven personal opinions that were based partially or entirely on a proposed theoretical
perspective or model that the author(s) found to be applicable to “cinematherapy” or the use of film in psychotherapy.

According to Table 2 (Appendix B), the four major theoretical perspectives implicitly or explicitly expressed or noted in the various articles and books critically analyzed for this study were psychodynamic/analytic theory (because of such words as “denial”, “defenses”, “unconscious”, and “resistance”), behavioral theory (because of the viewer observing what behaviors work and do not work and the viewer learning to modify faulty behaviors by observing the protagonist(s)), social-learning theory (because of the viewer learning “acceptable social behaviors by watching and imitating others” (Corsini, p. 915, 1999) and the viewer learning new and better ways to address particular issues or life circumstances), and humanistic theory (because of validating experiences and emotions and feelings of connection with others and understood by others because of identifying with the protagonist(s). Film appears to cut across the different theoretical schools of thought, with proponents of each school believing that film is accessible and applicable to their particular clients. What this shows is that the use of film in psychotherapy is not an entity in and of itself.

Another important finding garnered from the critical analysis of the “cinematherapy” or the use of film in psychotherapy literature concerns the concept of therapeutic metaphors. Fourteen of the articles or books analyzed for this current study connect or consider the use of film in psychotherapy to be making use of therapeutic metaphor(s). Therapeutic metaphor “is a specialized use of metaphor. It often involves not a simple sentence, rather it involves a story or other parallel to an entire aspect of a situation” (medical-dictionary.thefreedictionary.com/therapeutic+index, p. 2). “[A]
metaphor is defined as a way of speaking in which one thing is expressed in terms of another, whereby this bringing together throws new light on the character of what is being described" (medical-dictionary.thefreedictionary.com/therapeutic+index, p. 2). The use of metaphors is common, with metaphors being “a frequent and important part of some therapies, a technique used by clinicians as a unique and memorable method to expose clients to topics of therapeutic significance” (Schulenberg, p. 37, 2003). “Movies as a visual metaphor can serve as an agent of therapeutic change … [v]isual metaphor [being] similar to literary metaphor except that it involves things that can be seen” (Schulenberg, p. 37, 2003).

It is not the intent of this current study to confirm or refute whether the use of film in psychotherapy is making use of therapeutic metaphors. The purpose of discussing therapeutic metaphors is to note that they are generally discussed as part of the theoretical explanation justifying the use of film in psychotherapy. However, therapeutic metaphor is not a theory in and of itself, with ownership of metaphor belonging to no one particular theoretical model or school of thought. In addition, the authors do not provide any data indicating that a specific metaphor can be introduced or used for a specific issue that a client is experiencing.

In Chapter V, this study will further discuss the findings from the critical analysis of the “cinematherapy” or the use of film in psychotherapy literature. Conclusions based upon this further discussion will be reached. These conclusions include that there is little rationale for the use of film in psychotherapy, that there is relatively little specific theory that supports the use of film in psychotherapy, that research to date is limited to case studies, that there are no generally accepted procedures or protocols, and that the vast
majority of the publications regarding “cinematherapy” or the use of film in psychotherapy promote the practice based on anecdotal experience.

The primary questions of this study, ‘Does a formal psychotherapy as “cinematherapy” exist?’ and ‘Is the term “cinematherapy” a valid term for the use of film in psychotherapy?’, will once again be addressed and a conclusion will be reached.

In Chapter V, this author will also attempt to articulate what should to be done in order to perhaps begin establishing the use of film in psychotherapy as a therapeutic modality. This establishment should include increasing education in the field, looking at other literature that the author may not have included in this study, and conducting outcome research on the use of film in psychotherapy. This author will suggest three studies that could further the legitimate use of film as psychotherapy. Finally, this author will discuss the clinical significance and relevance of this study and the ethical implications raised by this study. The chapter will close with a summary of this study’s research question and conclusion.
CHAPTER V

Discussion

In this chapter, I will further discuss the findings from the critical analysis of the use of film in psychotherapy literature, which have led me to conclude that, based on the professional literature, that there is little rationale for the use of the term "cinematherapy" and for the use of film in psychotherapy, and that there is currently little independent theory that supports the use of film in psychotherapy. My conclusions will also focus on the fact that research to date is limited to case studies. There are no generally accepted procedures or protocols, and the vast majority of the publications using the term "cinematherapy" or the use of film in psychotherapy promote the practice based on anecdotal experience and personal opinion.

The primary questions of this study, 'Does a formal psychotherapy as "cinematherapy" exist?' and 'Is the term "cinematherapy" a valid term for the use of film in psychotherapy?', will once again be addressed and a conclusion will be reached.

Also in this chapter, this author will attempt to articulate what needed to be done in order to perhaps begin investigating the potential efficacy and effectiveness of the use of film in psychotherapy, therefore helping to establish the use of film as a therapeutic modality. This establishment should include increasing education in the field, looking at other literature that the author may not have included in this study, and conducting outcome research on the use of film in psychotherapy. This author will suggest three studies that could help determine the usefulness of film in psychotherapy. Finally, this author will discuss the clinical significance and relevance of this study and the ethical
implications raised by this study. The chapter will close with a summary of this study’s research question and conclusion.

Insufficient Rationale for the Term “Cinematherapy”

A greater number of articles and books are now being published regarding the use of film in psychotherapy than ever before (see Figures 1-5). Despite this increase in publication rate, there is little research that would support of the use of the term “cinematherapy” (or any term that suggests an independent, coherent form of therapy) to describe the use of film in psychotherapy. The primary rationale that authors and clinicians use to support the practice is based in comparison to the use of film to bibliotherapy (Berg-Cross et. al., 1990; Heston & Kottman, 1997; Hesley, 2000; Dermer & Hutchings, 2000; Calisch, 2001; Hesley & Hesley, 2001; Sharp et. al., 2002; Suarez, 2003; Schulenberg, 2003; Lampropoulos & Spengler, 2005; Wolz, 2005), which is a widely regarded and researched form or technique of therapy. There may be a connection between bibliotherapy and the use of film. For example, the use of film may be viewed by some clinicians as an extension of bibliotherapy. However, none of the published literature regarding the use of film in psychotherapy demonstrated this connection or extension of bibliotherapy with any data or research evidence. The authors that noted a connection or extension merely expressed their opinions and indicated that films, like works of fiction literature, tell a story. And like literature, film tells a story in the form of a narrative. This narrative involves metaphors and characters who experience situations that clients may be able to identify with. At this point, research needs to be conducted in order to truly establish if the use of film in psychotherapy is connected to, or is an extension of, bibliotherapy.
As part of the discussion on the lack of rationale for the use of the term "cinematherapy" to describe the use of film in psychotherapy, the following four sections take up the lack of any independent theory to support the use of film, the lack of outcome research to support the use of film, the abundance of personal opinion that in and of itself is not enough to support the use of film, and the fact that some of the literature mainly consists of recommended films to use in psychotherapy.

The Lack of Independent Theory to Support the Use of Film in Psychotherapy

The use of film in psychotherapy does not appear to be supported by theory that is distinguishable from existing ones. Referring to Appendix B, it is apparent that psychotherapists representing various theoretical schools of thought, such as psychodynamic/analytic, behavioral, social-learning, and humanistic theories, implicitly or explicitly referred to theory when the use of film in psychotherapy is being discussed. Psychodynamic/analytic theoretical constructs, which include the processes of defenses, unconscious drives, and resistance, are referred to the most frequently in the literature and can be found in 18 references. However, these references do not elaborate on these principles or delve into specific psychodynamic/analytic schools of thought, such as object relations, interpersonal psychoanalysis, and psychologies of identity and self, are not discussed in the reviewed literature.

From a different theoretical base, social-learning theoretical constructs are referred to in 17 articles or books in the analyzed literature. Despite the frequency with which these social learning theoretical constructs are referred to, they are not comprehensively explained or expanded upon in order to support the use of film. Rather, only a cursory explanation is often given, such as, "Watching how people behave and
express themselves affects the behavior of the viewer … [m]ovies offer the people who watch them overt and/or symbolic models of behavior and attitudinal expression. In this fashion people learn new ways to express themselves” (Schulenberg, 2003, p. 37).

Behavioral theoretical constructs are referred in 12 articles or books in the analyzed literature. Like psychodynamic/analytic theory and social-learning theory, these behavioral constructs are not used to comprehensively support the use of film in psychotherapy. Brief, but inadequate references, such as, “Clients … can … adjust problem solving techniques” (Suarez, 2003, p. 261) and “Because films galvanize feelings, they increase the probability that clients will carry out new and desired behaviors” (Calisch, 2001, p. 3) are used as theoretical support for the use of film.

Humanistic theoretical constructs are referred to in 10 articles or books in the analyzed literature. Like the previous three theoretical constructs, humanistic theoretical constructs are not comprehensively explained or expanded upon in this literature to adequately support the use of film in psychotherapy. Brief references give examples of clients being comforted by seeing others experience similar issues to those that they are struggling with. These authors suggest that this is helpful because the clients understanding of their own experiences can be validated through this process (Heston and Kottman, 1997).

I suggest, however, that brief uses of, or references to, various theoretical constructs are insufficient to support the use of a term such as “cinematherapy” which suggests an entity independent of existing theory and practice. No published author has provided or incorporated a reasonable independent theoretical model that can support the
use of film in psychotherapy. Until that occurs, the use of film in psychotherapy as a
therapy in its own right lacks adequate theoretical support.

The Absence of Outcome Research Regarding the Use of Film in Psychotherapy

In my review of the literature, I did not encounter a single study that contained
outcome research on the effects of the use of film in psychotherapy. Although such
studies may exist, I was unable to locate them despite an exhaustive search of the
literature. Outcome research is defined as, “A systematic investigation of the efficacy of a
therapeutic technique” (Corsini, 1999, p. 680). Research is a “[s]ystematic effort to
discover or confirm facts by scientific methods of observation and experiment” (Corsini,

Lampropoulos et. al. (2004) conducted a survey where 67 percent of respondents
agreed or strongly agreed “that quality entertainment motion pictures that deal with
psychological issues can be beneficial and could be used for therapeutic purposes” (p.
538). (Refer to this particular survey that is part of the critical literature analysis in
Chapter IV for more information) Of the literature I encountered, this is the most specific
data to support of the use of film in psychotherapy. Such survey data that conveys the
personal opinions of the respondents is not adequate enough to support the use of film in
psychotherapy. Katz (1946) and Dermer & Hutchings (2000) also conducted small
surveys regarding the use of film in psychotherapy, however, the Lampropoulos et. al.
(2004) survey was much larger in scope and the most important to specifically note.

Other than the Lampropoulos et. al. (2004), study, the majority of the literature
used for the current study provided brief case study examples or anecdotes intended to
lend support for the use of film in psychotherapy (Duncan et. al., 1986; Christie &
McGrath, 1987; Berg-Cross et. al., 1990; Haas, 1995; Sunderland, 1997; Hesley, 2000; Solomon, 2001; Sharp et. al., 2002; Suarez, 2003; Schulenberg, 2003; Wolz, 2005). Such data is not adequate enough to support the use of film in psychotherapy since the profession of psychology prefers systematic outcome research studies when determining the appropriateness and efficacy of a therapeutic approach.

However, as noted in Chapter IV, various authors presented a case study or studies that they believe demonstrated the efficacy of using film in psychotherapy. These case study examples and the observations made by the authors are important because they suggest where the field of psychology might direct its investigations.

An Absence of Generally Accepted Procedures or Protocols

Currently there is an absence of generally accepted procedures and protocols with regards to “cinematherapy” or the use of film in psychotherapy. This is evident in the fact that films are being assigned to view outside of the therapy session (Solomon, 1995, 2001), but are also being viewed during the therapy session (Turley, 1990; Sunderland, 1997). It is evident in the fact that some authors (Berg-Cross et. al., 1990) recommend films that they themselves have never viewed or how other authors (Christie & McGrath, 1987) recommend a film be viewed in the movie theatre after one of the authors just happened to see the film by chance. It is also evident that some authors (Solomon, 1995, 2001; Hesley & Hesley, 2001) publish books that consist primarily of recommended films for clients to view, films that have not been part of any systematic efficacy outcome research. Finally, the absence of generally accepted procedures and protocols is evident in the fact that “cinematherapy” or the use of film in psychotherapy is defined in various ways by various ways. (Refer to summary of definitions in Chapter IV). A uniform
definition is a necessary component for establishing accepted procedures and protocols with regards to “cinematherapy” or the use of film in psychotherapy.

**Personal Opinion in Support of the Use of Film in Psychotherapy**

When referring to Appendix A, except for the Lampropoulos, Kazantzis, and Deane (2004) and the Lampropoulos and Spengler (2005) articles, the other 24 articles or books critically analyzed for the purposes of this study contained the personal opinion of the author or authors in support of the use of film in psychotherapy. These personal opinions are based upon a brief case studies and/or the authors’ reports of positive results within their individual practice and experience. This anecdotal evidence, “[a] kind of evidence based on uncontrolled personal observations, as opposed to scientific observations” (Corsini, 1999, p. 48) is not sufficient enough to fully support and advocate for the use of film in psychotherapy. This is the case because “[a]lthough even single cases are sufficient evidence of the validity of the phenomenon for most persons, psychologists are generally suspicious of such evidence and prefer many cases from different observers, if not from controlled studies” (Corsini, 1999, p. 48). Since this appears to be the only type of evidence that exists at this time, this author suggests that, as psychologists, we must be suspicious of the support that the use of film in psychotherapy is receiving, but at the same time also allow this type of evidence to be a catalyst for conducting systematic outcome research.

**Lists of Films to Use in Psychotherapy**

Some of the literature reviewed in this study comprises mainly lists of films to use in psychotherapy (Berg-Cross et. al., 1990; Solomon, 1995, 2001; Dermer & Hutchings, 2000; Hesley, 2000; Hesley & Hesley, 2001; Peske & West, 2002; Wolz, 2005). (Please
refer to Appendix C for an example). What is troublesome about these lists is the fact that there is no known outcome research to support the use of any of the listed films. Prior to providing their list of films, Berg-Cross et. al. (1990), state, “Please note that many of these [films] have not been seen by the authors but were recommended by colleagues or by respondents to [an] electronic bulletin board for film buffs” (p. 145). I suggest that it seems unprofessional and unethical to recommend a film that has not been viewed by the author or authors and for which there is no outcome research. Such practice does not lend itself to support the use of film in psychotherapy.

In the next sections, the primary questions of this study, ‘Does a formal psychotherapy as “cinematherapy” exist?’ and ‘Is the term “cinematherapy” a valid term for the use of film in psychotherapy?’, will once again be addressed and a conclusion will be reached.

Is There a Practice of “Cinematherapy”?

The purpose for undertaking this study was to determine if the use of film in psychotherapy had been investigated and standardized in such a way that the term “cinematherapy” accurately described a new therapeutic practice. The critical analysis of the literature led me to conclude that there is a lack of a rationale to support the use of film, a lack of a reasonable independent theory to support the use of film, a absence of outcome research to support the use of film, and an abundance of personal opinion that in and of itself is not enough to support the use of film as a new therapeutic practice. In addition, this author discovered that some of the literature is comprised mainly of lists of films to use in psychotherapy that have not been adequately researched. Therefore it is the determination of this author that such a psychotherapy as “cinematherapy” does not
yet exist and that the term “cinematherapy” is not a valid term for the use of film in psychotherapy. There is the promise of such a therapy and such a term, but is developmentally in its infancy.

Since this author has concluded that “cinematherapy” as its own form of psychotherapy does not exist and that the term “cinematherapy” is not a valid term to describe the use of film in psychotherapy, the question to ask now is, what is the use of film in psychotherapy? In the following section possible answers to this new question will be discussed.

**What is the Use of Film in Psychotherapy?**

The use of film is not a therapy in its own right. It appears to be similar to the use of books in its use of narrative, character, and metaphor, but since there has not been any outcome research to prove that the use of film is an extension of the use of books as far as this author can determine, all that can be noted is their similarity.

The use of film in psychotherapy is also a new arena for psychotherapists that needs to be explored and researched further.

I will now attempt to articulate what needs to be done in order to perhaps begin investigating the potential efficacy and effectiveness of the use of film in psychotherapy, therefore helping to establish the use of film as a therapeutic modality. This will include increasing education in the field, looking at other literature that the author may not have included in this study, and conducting outcome research on the use of film in psychotherapy – three studies that this author will suggest. Finally, the clinical significance and relevance of this study and the ethical implications raised by this study
will be discussed. The chapter will close with a summary of this study’s research question and conclusion.

**Future of the Use of Film in Psychotherapy: What Needs to be Done**

In order to perhaps begin investigating the potential efficacy and effectiveness of the use of film in psychotherapy, therefore helping to establish the use of film as a therapeutic modality, three steps should be undertaken. The first would include increasing education in the field. The second would include looking at other literature that the author may not have included in this study. And the third would include conducting outcome research on the use of film in psychotherapy.

**Education in the Field**

At this point in time, psychologists, as well as licensed social workers and family and marriage therapists, would benefit from learning more about the practice of using films in psychotherapy. The clients that psychologists treat lead busy lives. Oftentimes both parents have full-time jobs, all the while trying to raise a child or children who also are busy with school and extracurricular activities. If the use of film in psychotherapy can be shown to be an effective form of therapy, then the use of a medium that individuals are familiar with, comfortable with, and usually partake in on a regular basis, may be worth utilizing.

There are numerous ways that psychologists can begin to educate themselves about the use of film. The first way would be to access the numerous websites, such as [www.cinematherapy.com](http://www.cinematherapy.com), [http://members.tripod.com/cinematherapy/innerindex.html](http://members.tripod.com/cinematherapy/innerindex.html), and [www.movietx.yourmd.com](http://www.movietx.yourmd.com). The second way for psychologists to educate themselves would be to locate the literature concerning “cinematherapy” or the use of film in
psychotherapy that was used for the purposes of this study. The majority were found through www.amazon.com or the research database Ebsco Host (http://search.epnet.com). The third way for psychologists to educate themselves would be by attending a continuing education program or symposium, such as those held by the Cape Cod Institute or the New England Educational Institute. One such symposium sponsored by the New England Educational Institute was “Movies and the Mind: Film Clips To Teach and To Heal” by Fritz Engstrom, M.D.

*Looking at and for Additional Literature*

Psychologists would benefit from looking at other literature that the author may not have included in this study, particularly any recent studies that this author may not have encountered while doing research. There may also be studies that have been published since the research for this study was conducted. These additional studies may include outcome research that would better support the use of film and help to determine if the use of film is a therapy.

*Conducting Outcome Research Studies*

Psychologists, and the practice of using film in psychotherapy, would benefit tremendously if several outcome research studies were conducted, for at the moment, “there are no systematic psychotherapy outcome studies available to support the use of … the therapeutic recommendation of movies to clients … empirical data is needed …” (Schulenberg, 2003, p. 44). It is crucial that such research be conducted, because:

Like nursing, medicine, and other health-care disciplines, psychology is grappling with and helping to shape the evidence-based practice (EBP) movement, a public health agenda that calls on practitioners to use the best available scientific evidence as a basis for formulating treatments for individual clients (DeAngelis, 2005, p. 26).
Until such research is conducted and efficacy is demonstrated, then the term “cinematherapy” should not be used in the professional literature and the practice of using film in psychotherapy should be done cautiously and with the knowledge that efficacy has not yet been shown. In the following section, this author will propose three outcome studies that could further the legitimate use of film in and as psychotherapy.

**Outcome Studies That Could Legitimate the Use of Film Psychotherapy**

This author will propose a theoretical study, an efficacy study (laboratory setting), and an effectiveness study (real world setting) in order to possibly help legitimate use of film in and as psychotherapy.

*Study 1: Theoretical Study*

A possible theoretical study would be able to measure the constructs in a theory and see if those constructs change along with the behavior in question. For example, a study could be conducted to see if watching a film reduces anxiety due to insecure attachment when someone is witnessed going out on their own and separating from a parent or parents. The behavior in question would be measured with a pre-test and post-test. Also, the construct of attachment would be measured using a scale in order to see if changes in one correlate with changes in the other.

*Study 2: Efficacy Study*

A possible study that could measure if the use of film in psychotherapy is efficacious would consist of a two-group model that utilizes random assignment. The individuals who participate in this study would be pre-tested and then randomly assigned to two groups, one group would receive talk psychotherapy and psychotherapy that used
film viewing and discussion as part of the treatment and the other group would receive only talk psychotherapy.

For example, each participant could be experiencing depression. The pre-test could measure the level of depression each individual is experiencing. The Beck Depression Inventory (BDI) could be used. The films viewed by the experimental group would be the independent variable. Each participant’s depression would be the dependent variable. After the course of the two treatments, talk therapy with films and talk therapy without films, the individual participants would be post-tested in order to measure the level of depression each participant was experiencing. Again, the Beck Depression Inventory (BDI) could be used. The researcher(s) could then determine which group, the control group or the experimental group, experienced the greatest degree of alleviation of depression.

*Study 3: Effectiveness Study*

A possible effectiveness study would consist of a trained researcher or researchers studying a minimum of 50 individuals who are all experiencing the same issue, for example Obsessive-Compulsive Disorder. These individuals would be gathered together to watch a film at a location comfortable enough and large enough to accommodate the size of the group. The purpose of gathering the group together would be to have them watch a film that pertains to their issue, for example the film *As Good As It Gets*. Prior to the viewing of the film, the group would be asked to complete a pre-test questionnaire that would ask them about their experience with Obsessive-Compulsive Disorder. The group would then view the film. Upon completion, the group would be asked to complete a post-test questionnaire that would ask questions assessing if they are experiencing their
Obsessive-Compulsive Disorder differently, for example, do they have a better understanding of how their symptoms affect the people in their lives.

When the researcher(s) review the pre-tests and the post-tests, the effectiveness of the film regarding these individuals and their experience with Obsessive-Compulsive Disorder can possibly be discerned.

Psychologists need to become more educated about the use of film in psychotherapy and systematic outcome research must be conducted before the use of film is deemed “cinematherapy”. Until this takes place, the use of film in psychotherapy should be approached cautiously and the term “cinematherapy” should be considered invalid with regards to the use of film in psychotherapy.

In the next two sections, this author will discuss the clinical significance and relevance of this study and the ethical implications raised by this study.

Clinical Significance and Relevance of this Study

The clinical significance and relevance of this study concerns it calling into question a purported form of therapy called “cinematherapy”. More specifically, it questions those who advocate the use of film in psychotherapy since systematic outcome research in this area appears to be nonexistent. Using film in clinical practice may be worth doing, but psychologists need to be aware that they are utilizing something that has not been tested. Hopefully this study will bring the omission of outcome research data to the foreground and prompt other psychologists to conduct the research that will help legitimate or discredit the use of film in psychotherapy. Only when this research is conducted can it be determined if there is a “cinematherapy”.
Ethical Implications of this Study

The major ethical implication of this study concerns the use and promotion of untested approaches by psychologists. Psychologists are obliged to follow professional standards which are mandatory and which are regulated by various regulatory bodies, such as the American Psychological Association (APA). There are ethical standards that were created to regulate member’s behaviors. These standards exist in the APA’s Ethical Principles of Psychologists and Code of Conduct, which applies to “all activities, all persons, all settings, and all communication contexts that are conducted, encountered, or used in one’s role as a psychologist” (Fisher, 2003, p. 12). The use of film in psychotherapy is an activity and could be considered a form of communication since the client is usually asked to view the film(s) at home for some therapeutic purpose.

More specifically, Ethical Standard 2, which pertains to Competence, must be taken into account when examining psychologist’s use of film in psychotherapy. In particular, Ethical Standard 2.04, Bases for Scientific and Professional Judgments, has ethical implications for this study. Standard 2.04 states, “Psychologists’ work is based upon established scientific and professional knowledge of the discipline” (Ethical Principles of Psychologists and Code of Conduct, 2002, p. 5). Based upon this author’s critical analysis of the majority of the professional “cinematherapy” or the use of film in psychotherapy literature, psychologists’ use of film in psychotherapy is not “based upon established scientific knowledge” since systematic outcome research data appears to be nonexistent. As far as “professional knowledge of the discipline” is concerned, there appears to be a minimal amount of anecdotal or small case study examples that can be used from the professional literature to support the use of film in psychotherapy. Such
limited support is not enough to demonstrate the efficacy, and therefore the professional justification, of using film in psychotherapy.

Principle A: Beneficence and Nonmaleficence of the Ethical Principles of Psychologists and Code of Conduct states: “Psychologists strive to benefit those with whom they work and take care to do no harm” (Ethical Principles of Psychologists and Code of Conduct, 2002, p. 3). The limited support and professional justification of using film in psychotherapy raises serious issues with this important concept of “do no harm”.

Because of the absence of scientific knowledge and the limited amount of professional knowledge, the use of film in psychotherapy raises ethical implications.

Summary

The primary questions of this study, ‘Does a formal psychotherapy as “cinematherapy” exist?’ and ‘Is the term “cinematherapy” a valid term for the use of film in psychotherapy?’, were answered in this chapter. It was determined by this author that such a psychotherapy as “cinematherapy” does not yet exist and that the term “cinematherapy” is not a valid term for the use of film in psychotherapy. There is the promise of such a therapy and such a term, but is developmentally in its infancy.

This conclusion was reached for numerous reasons, including the appearance that there is little rationale for the use of film in psychotherapy, that there is relatively little independent theory that supports the use of film in psychotherapy, other than small components of various theoretical schools of thought, that research to date is limited to case studies, that there are no generally accepted procedures or protocols, and that the vast majority of the publications regarding “cinematherapy” or the use of film in psychotherapy promote the practice based on anecdotal experience.
This author also attempted to articulate what needed to be done in order to perhaps begin investigating the potential efficacy and effectiveness of the use of film in psychotherapy, therefore helping to establish the use of film as a therapeutic modality. This included increasing education in the field, looking at other literature that the author may not have included in this study, and conducting outcome research on the use of film in psychotherapy. This author suggested three studies that could further the legitimate use of film as psychotherapy, and therefore use of the term “cinematherapy” to describe the use of film in psychotherapy. Finally, this author discussed the clinical significance and relevance of this study and the ethical implications raised by this study.

**Conclusion**

The use of film as part of psychotherapy is often referred to as “cinematherapy”, whereby a therapist selects commercial entertainment films for the client to view by themselves or with designated others, which will then be discussed in the subsequent psychotherapy session. Since 1990 various authors have been writing about and utilizing films to a greater degree, but the evidence that is being used to support “cinematherapy” as psychotherapy is only case study and anecdotal observations. There is no uniform definition for “cinematherapy” or the use of film in psychotherapy, so this author provided a working definition. There is also no systematic outcome research data supporting the claim that the use of film is a form of therapy that should be deemed “cinematherapy”.

Since “cinematherapy” is being written about as if it is a form of psychotherapy, this author determined that it was important to examine what psychotherapy is and what criteria are used to classify something as psychotherapy. It was found that there are many
definitions and suggestions in the literature regarding what constitutes psychotherapy. Therefore, this author provided a working definition of psychotherapy. Likewise, there is a broad range of criteria that can be used in determining if professional mental health services should be classified as psychotherapy. It was determined that the use of film does not appear to be just another form of “Pop Psychology”. This paper’s operational definition of “cinematherapy” was compared and contrasted to the operational definition of psychotherapy. Overall, the working definition of “cinematherapy” appeared to be compatible with the working definition of psychotherapy. However, more than compatibility under the general umbrella of a definition is necessary.

It was discovered that proponents of using films in psychotherapy view it as an extension or continuation of an older, more proven, therapeutic technique called bibliotherapy, which involves assigning various forms of fiction and non-fiction literature. Commonalities were found to exist between fiction literature and popular entertainment films.

Given that “cinematherapy” or the use of film is not definitively defined, given that more psychotherapists are using it more frequently, and given that the evidence and data concerning its efficacy is absent, it seems that “cinematherapy” or the use of film in psychotherapy should be examined in a more systematic way.

This author decided that a critical analysis of the “cinematherapy” or the use of film in psychotherapy literature needed to be conducted in order to examine what was being written about “cinematherapy” or the use of film in psychotherapy. This critical analysis was conducted to further help determine if the use of popular film in
psychotherapeutic treatment was indeed a form of psychotherapy and if the use of the term “cinematherapy” was a valid term for the use of film in psychotherapy.

This critical analysis was approached in three ways. This study first summarized each article and book in chronological order, from the earliest to the most recent. Two tables (Appendices A & B) were part of the summary of each article and book. A critical summary of the articles was then provided, a summary that included the general weaknesses and strength(s) of the articles and books critically analyzed. A summary review of the definitions of “cinematherapy” or the use of film in psychotherapy from each article or book followed this critical summary. In this summary review, the definitions were compared and contrasted to the working definitions of psychotherapy and “cinematherapy” or the use of film in psychotherapy as defined for the purposes of the this study.

The noted weaknesses included authors not defining their terms, authors solely basing their favorable opinion of “cinematherapy” or the use of film in psychotherapy on small case studies and anecdotal evidence, authors not conducting or citing outcome research data because none appears to exist at the present time (this author did not encounter any while researching this study), and the authors did not take into account other factors other than the use of film that could have been responsible for a positive therapeutic outcome.

Because of the weaknesses, generalization of the benefits and the importance of using film cannot be made, particularly since the assertions in the articles and books are based on opinion, limited case studies, and an absence of outcome research data.
Therefore, generalization of efficacy to all clients, various populations, and various settings is not possible at this time.

The major strength of the critically analyzed literature concerned the favorable case study and anecdotal evidence reported by thirteen authors. This type of data, although not sufficient in and of itself to draw the conclusions drawn by all of the authors analyzed for this study, is crucial for leading the field of psychology and psychotherapy in new directions as hypotheses can be formed and systematic outcome research can be conducted.

Table 1 (Appendix A) demonstrated that each article or book that was critically analyzed, except for the Lampropoulos, Kazantzis, and Deane (2004) and the Lampropoulos and Spengler (2005) articles, expressed the personal opinion of the author(s). Table 1 also demonstrated that the personal opinions were based on data that was case study data, survey data, and/or anecdotal data. There were also seven personal opinions that were based partially or entirely on a proposed theoretical perspective or model that the author(s) found to be applicable to “cinematherapy” or the use of film in psychotherapy.

Table 2 (Appendix B) demonstrated that the four major theoretical perspectives implicitly or explicitly expressed or noted in the various articles and books critically analyzed for this study were psychodynamic/analytic theory, behavioral theory, social-learning theory, and humanistic theory. Film appeared to cut across the different theoretical schools of thought, with proponents of each school believing that film is accessible and applicable to their particular clients. What this showed was that the use of film in psychotherapy is not an entity in and of itself.
Another important finding garnered from the critical analysis of the “cinematherapy” or the use of film in psychotherapy literature concerns the concept of therapeutic metaphors.

The primary questions of this study, ‘Does a formal psychotherapy as “cinematherapy” exist?’ and ‘Is the term “cinematherapy” a valid term for the use of film in psychotherapy?’, were answered. It was determined by this author that such a psychotherapy as “cinematherapy” does not yet exist and that the term “cinematherapy” is not a valid term for the use of film in psychotherapy. There is the promise of such a therapy and such a term, but is developmentally in its infancy.

This conclusion was reached for numerous reasons, including the appearance that there is little rationale for the use of film in psychotherapy, that there is relatively little independent theory that supports the use of film in psychotherapy, other than small components of various theoretical schools of thought, that research to date is limited to case studies, that there are no generally accepted procedures or protocols, and that the vast majority of the publications regarding “cinematherapy” or the use of film in psychotherapy promote the practice based on anecdotal experience.

This author also attempted to articulate what needed to be done in order to perhaps begin investigating the potential efficacy and effectiveness of the use of film in psychotherapy, therefore helping to establish the use of film as a therapeutic modality. This included increasing education in the field, looking at other literature that the author may not have included in this study, and conducting outcome research on the use of film in psychotherapy. This author suggested three studies that could further the legitimate use of film as psychotherapy, and therefore use of the term “cinematherapy” to describe the
use of film in psychotherapy. Finally, this author discussed the clinical significance and relevance of this study and the ethical implications raised by this study.
## APPENDIX A

### Table 1

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APPENDIX C

Lists of Films to Use in Psychotherapy

Abandonment: Accused; An Affair to Remember; Baby Boom; Beaches; Big; Boy With Green Hair; Rape of Richard Beck; Call Me Anna; Closer; Color Purple; Cried From the Heart; Darkness Before Dawn; David’s Mother; Dead Poets Society; Doctor; Drop Dead Fred; Drugstore Cowboy; Eating; Falling Down; Family of Strangers; Field of Dreams; Fisher King; Flat Liners; Forrest Gump; Four Seasons; Gathering; Grand Canyon; Hot Spell; I Know My First Name is Steven; I Never Sang for My Father; In the Best Interest of the Child; It’s a Wonderful Life; Jason’s Lyric; Jungle Fever; Karen Carpenter Story; Kramer v. Kramer; Life of the Party: The Story of Beatrice; Long Way Home; Looking for Mr. Goodbar; Memories of Me; Mommie Dearest; Mr. Jones; My Breast; Nuts; Ordinary People; Our Very Own; Philadelphia; Postcards From the Edge; Pretty in Pink; Prince of Tides; Radio Flyer; Rain Man; Regarding Henry; Ryan White Story; She Said No; Shirley Valentine; Six Weeks; Sophie’s Choice; Stanley and Iris; Stella; Sybil; Tales of Manhattan; This Boy’s Life; To Kill a Mockingbird; Under the Influence; War of the Roses; Whore; Wildflower; Wizard of Oz; Women of Brewster Place; Women on the Verge of a Nervous Breakdown; Working Girl (from Solomon, 1995, p. 233)

Divorce: Accidental Tourist; An Affair to Remember; Call Me Anna; Carnal Knowledge; Damage; David’s Mother; Falling Down; Good Mother; Kramer v. Kramer; Prince of Tides; Shirley Valentine; Tales of Manhattan; War of the Roses; Way We Were (from Solomon, 1995, p. 236)

Abuse (Sexual and Physical)

Delores Claiborne

Nuts

Prince of Tides

Who’s Afraid of Virginia Woolfe

(from Dermer & Hutchings, 2000, p. 167-168)

Adolescence

Amacord

Don Juan Demarco

The Goofy Movie
My Own Private Idaho

Rebel Without a Cause

(from Dermer & Hutchings, 2000, p. 168-169)

Adoption

Free Willy

Gordy

(from Dermer & Hutchings, 2000, p.169)

Affairs

Scenes from a Mall

Something to Talk About

(from Dermer & Hutchings, 2000, p.169)

Aging and Ageism

Dad

Fiddler on the Roof

On Golden Pond

Trip to Bountiful

Used People

(from Dermer & Hutchings, 2000, p.170)

AIDS

The Cure

Philadelphia

(from Dermer & Hutchings, 2000, p.170-171)
REFERENCES


