

Cinema Therapy with Children and Adolescents

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Introduction

As clients of all ages respond to movies emotionally, these reactions reflect their inner world. Psychotherapists make use of this reflection by working with Cinema Therapy as an adjunct to traditional therapeutic methods.

The Lion King, for example, can be used when a young child has to cope with the loss of a family member and to help the child learn about taking responsibility. For treatment of depression resulting from grief, watching *Bridge to Terabithia* can complement the treatment plan effectively. When a child struggles with anxiety and self-esteem issues, *Bend it like Beckham* is recommended. Older children can learn how to cope with bullies with the help of *Ever After* or *The NeverEnding Story*. Adolescents benefit more from *Mean Girls* or *My Bodyguard* to reach this treatment goal. *Whale Rider* and *Free Willy* help them develop self-esteem. Movies like *Mrs. Doubtfire*, *Stepmom*, or *The Parent Trap* are often used for treatment of depression or anxiety resulting from family transitions because of divorce and step-family issues.

Many adults benefit from talking about problems, thoughts, dreams, or emotions in psychotherapy. They usually have learned to verbalize complex and contradictory feelings and reactions. However, most children and adolescents find it more difficult to eloquently express such feelings. By referencing film characters and familiar dramatic vignettes, a young client may reveal his own internal process while having the opportunity to keep a necessary emotional distance from stressful or frightening topics.

The young clients' responses to movies can help therapists understand their personalities, concerns, interests or their current problems. Therefore, Cinema Therapy becomes a tool for assessment. In addition to the standard biographical questioning, young clients may be asked to name films they like and explain what they like about these movies. "... in client's choice of movies, we find clues to their working role models ... ideal self-images, internal resources, potential goals, perceived obstacles, degrees of imagination and creativity, and overall philosophy in life. Furthermore ... by talking about films early in the therapeutic

relationship, we allow clients to express feelings that may be too threatening to express directly. ... It also helps determine if using movies in therapy will be productive and, if they do, which type will work best” (Hesley & Hesley, 2001, p. 41).

Films can also be used to get to the bottom of difficult issues. They provide a common ground for discussions about problems related to family, friendship, school, anxiety, self-esteem, love, and more. Issues can be addressed in relation to an outside element — the film. “Discussing the topic using the objective plot characters in the film may diffuse some tension created by discussing the sensitive topics on a directly personal level.” (Madison & Schmidt, 2001, p. 9)

Movies present us with best and worst case scenarios and show different characters getting in and out of various problems and circumstances. Seeing how an individual in a movie handles a situation gives viewers ideas of how to deal with a problem in their own lives. (Madison & Schmidt, 2001, pp. 9, 10)

In *The Prescriptive Way* in Cinema Therapy, specific films are prescribed to model specific problem-solving behavior. “Psychotherapists continually strive to find strategies to help their patients ‘see the obvious’. What tools we have in movies for our armamentarium! Precious images of sight and sound, imagined and acted truly, and now thanks to new technologies, readily accessible through rental from the local video store. ... Patients can be pointed to key scenes, which they can watch easily over and over as they practice their own new skills.” (Kalm, 2004, p. iii). In order to choose a movie for prescription, categorized film indices can be found in chapter 6 of this course, in the literature (Hesley & Hesley, 2001; Horenstein, et al., 1994; Solomon, 1995 and 2001; Sturdevant, 1998; Wolz, 2005), and on the Internet (www.cinematherapy.com).

Movie heroes and heroines can make mistakes or fall victim of unfortunate circumstance. Antagonists, enemies, and villains usually offer cautionary examples of how not to behave. They can help young clients to learn “by proxy” how not to do something, because they see the negative consequences of a character’s action. (Solomon, 2001) It is especially helpful to use films in this way,

when adolescents struggle with addictions or when families work on their communication.

Sometimes emotions are locked inside and the key to unlocking them may lie in watching a movie in the context of therapy. "Films sometimes evoke emotions that children and parents otherwise avoid or keep buried." (Madison & Schmidt, 2001, p. 10) By eliciting these emotions, movies can offer a necessary breakthrough.

The Cathartic Way in Cinema Therapy teaches that watching and empathizing with a movie character who experiences tragedy can stimulate a desired emotional release. Cathartic psychotherapy tells us that laughter too releases emotion. (Klein, 1988). It provides the physical process that releases tension, and stress, physically as well as emotionally.

Children, adolescents and their families often find comfort in seeing the same problems with which they are struggling played out on the screen. Almost like a support group, certain movies help them feel less alone and isolated with their experience, or they may be reassured that they are not alone when they see a character doing something they thought only they did.

When movies are used, resistance to therapy dissolves for the following reasons: Young clients become curious when the therapist suggests that they watch a movie, especially if they don't expect this kind of intervention. Rapport develops faster and is stronger because movies speak a language that is familiar and less intimidating than psychological jargon. Resistance often results from a feeling of helplessness. Many films enable children and adolescents to envision how their own problems might be solved when characters demonstrate behavior change.

Part I – Theory

1. How the Effect of the Movie Experience in the Context of Psychotherapy Can Be Explained

“Movies affect us powerfully because the synergistic impact of music, dialogue, lighting, camera angles, and sound effects enables a film to bypass ordinary defensive censors in us.” (Fischhoff, Stuart, 2006) As one measure of just how powerful motion pictures have become, we should consider how some sociologists, psychologists, politicians, and clerics complain that movies are changing the way society, especially children, view themselves and their world (Mitry, 2000).

It is true that many films play to the lowest common denominators — the base human instincts and desires. At the same time it is practically impossible to number the movies that seek the opposite pole, that strive to inspire the highest human values. Like no other medium before it, the popular movie presents the potential of a new power for therapeutic success.

Theories of Learning and Creativity

Cinema Therapy embraces the cognitive and emotional needs for a healthy development of children and adolescents by engaging *multiple intelligences*. Research about accelerated learning indicates that acquisition and retention are enhanced when multiple intelligences are activated when meaningful metaphorical content is employed during the learning process.

Howard Gardner suggests that the more intelligences we access, the faster we learn and the better we retain information, because by doing so we engage multiple senses and employ different methods of information processing on multiple levels. (Gardner, 1993) Sturdevant hypothesizes that watching movies can engage at least seven unique ways of experiencing our intelligence. (Sturdevant, 1998)

The following brief introduction to these intelligences shows what aspect of a movie is likely to engage certain children and adolescents. Although all children and adolescents have all seven intelligences, many young clients can be especially gifted with some of these types of intelligences.

- **Linguistic Intelligence**

Script and dialogue in a movie engage the *linguistic intelligence*. Children and adolescents who delight in reading, writing poetry, visiting the library, creating private languages, or memorizing dialogues from books are especially gifted with this intelligence.

- **Visual-Spatial Intelligence**

Pictures, colors, and symbols on the screen engage the *visual-spatial intelligence*. This aspect of a film speaks especially to children and adolescents who have a talent for catching balls, drawing in precise perspective, reading charts, maps and diagrams, or taking things apart and putting them back together again.

- **Logical Intelligence**

The film's plot engages the *logical intelligence*. Children and adolescents who are especially skilled in recognizing patterns, organizing blocks, playing chess or checkers, building abstract or imaginary worlds, collecting and categorizing things, or conducting experiments are especially gifted with this type of intelligence.

- **Kinesthetic Intelligence**

Movement viewed in films engages the *kinesthetic intelligence*. Children and adolescents who show an aptitude for sports, dance, gymnastics, running, jumping, climbing, performing in plays, imitating other people's movements and gestures have a high level of kinesthetic intelligence.

- **Musical Intelligence**

Sounds and music engage the *musical intelligence*. This aspect of a movie speaks especially to children and adolescents who can carry a tune, sing and whistle often, and remember the tunes of songs. Music is often present in their mind.

- **Interpersonal Intelligence**

Storytelling engages the *interpersonal or social intelligence* as the viewer relates to and identifies with characters. Children and adolescents who form friendships easily, solve quarrels between

others, show empathy, and are natural leaders are especially gifted with social intelligence.

- **Intrapsychic Intelligence**

Self-reflection or inner guidance, as demonstrated especially in inspirational films, engages the *intrapsychic intelligence*.

Independent children and adolescents enjoy solitary past-times, such as creating a secret hideout or working alone on a hobby. They may have a unique style, be self-confident, and in touch with their own feelings.

The Power of Metaphors and Symbols

Many films, like dreams, are full of metaphors and symbols.

Metaphors and symbols can affect us on a deep level. (Gordon, 1978) Carl Gustav Jung said: “As the mind explores the symbol, it is led to ideas that lie beyond the grasp of reason.” (Jung, 1964, p. 35)

Metaphors and symbols, in therapeutic context, are especially useful to:

- stimulate bi-lateral thinking and creativity, since both parts of the brain get engaged,
- carry multiple levels of information,
- pass suggestions to the subconscious mind, since metaphors and symbols can create a bridge to the subconscious,
- bypass normal ego defenses with therapeutic messages, and to
- facilitate retrieval of resource experiences.

Through metaphors and symbols movies therefore support the therapeutic process in a similar way as the above-mentioned *theory of learning and creativity* describes, though both are coming from a different theoretical background.

The Power of Myths and Stories

Carl Gustav Jung placed the psyche within the evolutionary process. According to his theory, we inherit as part of our humanity, a collective unconscious, the part of our mind that is prefigured by evolution, just as is the body. Jung also said that mythic stories

make up a collective “dream.” The whole of mythology can be taken as a sort of projection of the collective unconscious. (Jung, 1927) Movies are a significant part of our evolving mythology. The individual is linked to the past of the whole species and the long stretch of evolution of the organism.

“Myths and stories can help people place their own personal story and the stories of others into the proper context. All myths and stories have a villain. Adolescents too, face an enemy in their lives, albeit one that is more subtle, less obvious, but no less insidious. Further, these great tales tell of a journey upon which a hero must embark. Likewise, young people are on a journey of the heart and soul. Myth and story reveals the heroine to be something greater and more resplendent than first believed.” (D’Ambrosio, 2006)

The patterns of myth are used in many fairy tales, novels, theater plays, and screenplays for movies. “ ... moviemaking can be considered the contemporary form of mythmaking, reflecting our response to ourselves and the mysteries and wonders of our existence”. (Voytilla, 1999, p. 1) “Cinema Therapy is linked to the practices of story telling which has been appreciated by many human cultures to have transformative and healing power.” (Byrd, et al., 2006). “One advantage that is afforded by the use of stories is their ability to fit into multiple theoretical perspectives. As stories are a type of metaphor, this is not surprising, given that metaphors are so pervasive in everyday language and interactions.” (AAMFT, 2006, p. 165)

The viewers’ responses to certain movies demonstrate recognition of these deep layers of their unconscious. Films, like myths, also tap into patterns of the collective unconscious. (Campbell, 1988) Their stories can have a powerful effect on viewers, including children and adolescents, because they speak directly to their heart and spirit, avoiding the resistance of the conscious mind. In doing so, films can help young clients in the therapeutic context.

The Mythic Structure of Movies

Christopher Vogler points out that the ideas embedded in mythology and identified by Joseph Campbell in *The Hero With a Thousand Faces* (Campbell, 1973) can be applied to understanding almost any human problem. The stages of the *Hero's Journey* can be traced in all kinds of stories, not just those that feature heroic physical action and adventure, but also in romance, comedy, and thrillers, etc. "The protagonist of every story is the hero of a journey, even if the path leads only in his own mind or into the realm of relationships." (Volger, 1998, p. 13)

The plots of the *Star Wars* (1977 – 2005) movies follow this pattern closely and therefore establish a connection to the collective unconscious. This might be the reason why they are the most popular film series in history.

Dorothy's voyage in *The Wizard of Oz* shows also how film characters' stories are often similar to the Hero's Journey. On her quest she goes through phases of hesitation, fear, meeting mentors, becoming aware that she cannot go back, facing tests, obstacles, and crises, confronting fear, gaining new perspective, and undergoing inner change. She brings back a new idea of home, a new concept of Self.

The stages of the Hero's Journey can be described as follows (Volger, 1998, pp. 81-235):

1. The Ordinary World – The audience meets the hero, discovers ambitions and limitations and forms a bond of identification and recognition.

Most film stories take the hero out of the ordinary comfortable, mundane world and into a *Special World*, new and challenging. ... It may be an outward journey to an actual place, a strange city or a country, or a new location that becomes an arena for conflict with an antagonist or an inner conflict.

In the movie *The Wizard of Oz*, Dorothy's "ordinary world" is shown as her normal life in Kansas before she is blown to the wonder world of Oz.

2. The Call to Adventure – The hero is challenged to solve some problem.

Once presented with the call to adventure, the hero can no longer remain in the comfort of the ordinary world.

Miss Gulch arrives and spitefully takes Dorothy's dog Toto away. A conflict is set up between two sides struggling for control of Dorothy's soul. But the instinctive Toto escapes. Dorothy follows her instincts, which are issuing her Call to Adventure, and runs away from home.

3. Refusal to the Call – The hero hesitates or expresses fear.

The hero is not yet fully committed to the journey and may still be thinking of turning back.

Dorothy runs away from home and later turns back for the time being. Her loved ones are out of reach. She is alone with Toto, symbolizing her intuition. She understands that she can never go back to the way things were.

4. Meeting with the Mentor – The hero contacts a source of reassurance, experience, or wisdom.

The relationship between hero and mentor is one of the most common themes in mythology, and one of the richest in symbolic value. It stands for the bond between parent and child, teacher and student, doctor and patient, god and man.

Glinda the Good Witch gives Dorothy guidance and the ruby slippers that will eventually get her home again.

5. Crossing the Threshold – The hero commits to adventure, enters Special World.

The hero finally commits to the adventure and enters the Special World.

This is the moment when Dorothy sets out on the Yellow Brick Road.

6. Tests, Allies and Enemies - situations and people help hero discover what's special about the Special World

At this stage on the Yellow Brick Road, Dorothy acquires her companions, the Scarecrow, Tin Woodsman and Cowardly Lion, and makes enemies such as an orchard full of grumpy trees. She passes a number of tests such as getting Scarecrow off the nail, oiling the Tin Woodsman, and helping the Cowardly Lion deal with Fear.

7. The Approach to the Inmost Cave – The hero prepares for central battle of confrontation with failure, defeat, or death.

This is the most dangerous place in the Special World. Modern heroes might enter into it by venturing into space, into the depth of a modern city, or into their own hearts.

Dorothy is kidnapped to the Wicked Witch's baleful castle, and her companions are slipping in to save her.

8. The Ordeal - The central crisis occurs, in which the hero faces greatest fears or tastes death.

The audience is held in suspense and tension, sometimes not knowing whether the hero will live or die. Identified with the hero, we, as the audience, experience aliveness looking death in the face, and become even more alive by the hero's return from death. In romantic comedies, the death faced by the hero may simply be the temporary death of the relationship.

The Wicked Witch traps Dorothy and her friends, and it looks like there is no way out.

9. The Reward – The hero is reborn and enjoys benefits of having confronted fear.

Having survived death or fear, the hero now takes possession of the treasure he has searched for.

Dorothy escapes from the Wicked Witch's castle with the Witch's burnt broomstick. With help of Toto's animal intuition, they discover a meek little old man behind a curtain controlling the monstrous illusion of Oz, the great and powerful. Metaphorically speaking, the hero sees, through the eyes of the intuitive curious Toto that behind the illusion of the mightiest organization is a human being with emotions that can be reached. The reward is the achievement of inner change, heart, brain and courage for Dorothy's friends.

10. The Road back – The hero commits to finishing adventure and leaves the Special World.

The hero is not out of the woods yet, because now he has to deal with the consequences of confronting the dark forces of the ordeal. Some movies have chase scenes at this point – for example, the moonlight bicycle flight of Elliot and E.T. in the movie *E.T.*

The Wizard is not able to help Dorothy get back home to Kansas because his balloon wobbles off. Like many heroes, having used familiar means, Dorothy is in danger to be stuck in the Special World. Guided by her instincts (the dog) she knows deep down how to find the proper branching of the path to get home.

11. The Resurrection - A climactic test happens that purifies, redeems and transforms the hero on threshold of home.

This is a kind of final exam for the hero, who must be tested once more to see if he has really learned the lessons of the Ordeal.

The resurrection for Dorothy is recovering from the apparent death of her hopes when the wizard accidentally floated off in the balloon. At this point the Good Witch, representing the positive anima (in Jungian terms) that connects us to home and family, tells Dorothy that she has had the power to return home all along.

12. Return with the Elixir – The hero comes home and shares what has been gained on the quest, which benefits others.

The elixir, treasure or lesson from the Special World is a magic potion with the power to heal. E.T. returns home with the experience of friendship with humans.

Dorothy returns to Kansas with the knowledge that she is loved, and “There’s no place like home.” She recognizes the people around her as characters from Oz. But her perception has changed as a result of her experience in the Special World. The elixir she brings back is this new idea of home and a new concept of Self.

The Structure of a Typical Screenplay

Similar to the Hero’s Journey, the main character in a typical movie plot commits to a quest after a surprising loss of innocence, goes through a phase of inner conflict about taking on a challenge, and reaches a point of no return. Then the film hero acts despite fear, releases old ideas, renews his or her commitment, acts without fear, sometimes revises plans into realistic goals, and concludes the original quest by resolving it from a new perspective. (Sturdevant, 1998)

These similarities justify the assumption that the patterns of many movie plots are born out of the aspect of the collective unconscious that is reflected in our mythology. The viewer is hooked into the same pool of consciousness as the screenwriter. Both tap into the following wisdom: The antidote for the ache lies in ceasing the resistance to our calling, finding the courage to face our worst fears, and consequently expanding our possibilities.

Sturdevant describes the typical plot development according to modern rules of screenplay writing in the following way. (Sturdevant, 1998, pp. 33-44)

Act One - Preparing Quest

- Preparing – establishing the mood, time, place; defining the quest and committing to it; surprise; releasing innocence

The focus here is establishing the mood, time and place of the quest of the main character, who is optimistic about his or her ability to achieve dreams and fulfill needs. This hero or heroine commits to a goal with a certain innocence. Toward the end of the first act, the main character is usually surprised by an event that requires him or her to release some of their idealism. At the end of act one there is an event that challenges the main character and requires a clarification of plans. He or she prepares for the challenge of overcoming the obstacles placed in the way of achieving the goal.

Act Two - Overcoming Obstacles

- Reacting - accepting challenge; feeling conflicted; reacting in old ways to new events; sudden understanding

The main character starts off in the second act feeling conflicted about his or her ability to take on the challenge and overcome obstacles. This derives from a reluctance to release old ways of behaving which have worked in the past but may no longer be appropriate for achieving new goals. This stubbornness clouds their ability to see exactly what is happening in the current moment. The way out of this reacting stage is to break old behavior patterns that do not serve the new purpose, stop looking back to the past, and start responding to events as they occur.

This part of a movie might correspond to a challenging and confusing aspect of the child's or adolescent's development.

The first stage of Act One ends with the character's sudden understanding about their new direction and prepares the way for the new stage. He or she makes a turn and opens up to the possibility of taking on the challenge.

- Acting - can't go back; acting despite fear; initial success, new commitment; releasing old ideas; acting without fear

The first part of this stage is clouded with hesitancy to act due to an overriding sense of fear despite the initial success. Again, the character longs to go back to the way things were before. After the first half of the movie, there will be something that renews the sense of commitment to the quest, despite the mixed results occurring thus far.

At this point a logic-defying turn happens. The viewer understands this pivotal transition point on a deep level as all intelligences are engaged. Any attachment to preconceived ideas about the quest's specific outcomes must be released. This creates a flustered, frustrated and fatalistic sense about our ability to achieve anything.

The message of the movie at this point for the client is that the only thing he or she can do is to feel the anxiety and move forward. Like the character, the client learns to stop reacting in old ways, starts acting despite fears, and lets go of specific idealistic outcomes. The previous naïveté and innocence gets shed.

- Creating - revising plans into realistic goals

Now the character has a sense of understanding about what actions to take and renewed confidence about what to expect. The fruits of all the learning are now preparing to bloom.

Act Three – Resolving Quest

- Resolving Quest - new openness to life's opportunities; a surprise that is better than could be imagined at outset

It concludes the original quest initiated in the first act by resolving it from a new perspective. This act often mirrors the first act. This is accomplished in three steps. First the original desires are realized – perhaps in a form not envisioned at the beginning of the quest. Next, there is an emotional commitment to a new way of life, with an emphasis on the flow of events and a new openness to life's opportunities. Finally, there is a surprise that is usually much better than could be imagined at the outset. Renewed trust develops that

everything that is needed will be provided, possibly even a new sense of adventure.

Through this process, movies can help children and adolescents access their courage to release fear and angst projected into the future. Imagery that is stimulated through the symbolism seen in these films increases feelings that previously have not been experienced. This process can engage insight and creative problem solving. After a child or adolescent has seen the movie with, guiding questions in therapy help them to become aware of the connections between the film and their own situation.

Movies, Myths and Healthy Development

If we make the following assumptions:

- That striving toward healthy development or healing by taking on life's challenges is part of human nature;
- That sometimes this impulse, and a young clients capacity to respond to it in a healthy way, is compromised;
- That myths, as products of the collective unconscious, can help the client re-access this capacity through modeling;
- That movies express our evolving mythology;
- That many typical screenplays which mirror real-life transitions are structured in a way that is similar to myths;

this conclusion makes sense:

- Watching certain movies in the context of therapy can support a young client's healthy development and healing.

“Young people must first set sail upon the seas of life and face the foes that lie in wait for them. They must wrestle with the forces that would strive to define and form them. That is the only way to become what they were born to be. They are shaped by the trials that come their way. By making a stand for what is good and right, in the midst of great evil, they become noble, they become greater, and they become the heroes and heroines of this life.” (D'Ambrosio, 2006)

By watching the films and then discussing the stories, character struggles, and moral dilemmas presented in specific movies, clients and therapists can access meaningful metaphorical content for

clients (Solomon, 2001). Viewing specific films can help validate a client's experience as he observes conditions and circumstances that resonate with his own. A particular film may also symbolically suggest heretofore-unimaginable solutions to dilemmas similar to those inherent in his/her own presenting problems (Solomon, 1995)

2. Developmental Theories

Which movie should be used, how it needs to be introduced into therapy, and what kind of therapeutic questions for the young clients about their responses to the films are appropriate and effective to reach a therapeutic goal depends on the following factors:

1. The presenting problem,
2. the family environment, and
3. the child's developmental stage.

Understanding child and adolescent development is essential for successful Cinema Therapy with these clients. It provides a measuring tool for assessment and monitoring growth and change as well as a foundation for a treatment formulation.

Erik Erikson's and Jean Piaget's developmental theories as well as other theories which are similar to or build on Erikson's and Piaget's theories offer useful insights into children's and adolescent's psychosocial and cognitive development. To understand child development, one must integrate the interactional processes of maturation and interpersonal experience. (Sameroff and Chandler 1975)

“... development is defined as the biological unfolding of the organism, and the environment, particularly the family system. Each child possesses a number of biological, genetic, and temperamental givens, and then engages in interpersonal relationships, which are influenced by these biologic givens. Further, the child's perception and experience of the interaction with others are colored his or her ability to modulate affect, integrate and synthesize experiences, cognitively understand cause and effect, and other such variables ...” (Lewis and Blotcky, 1997, p. 7)

Erikson's Theory of Psychosocial Development

Erik Erikson's theory of psychosocial development is one of the best-known theories in psychology. Erikson can be compared to Sigmund Freud in that he believed that personality develops in a series of stages. (Corey, Gerald, 2001). Erikson recognized the basic notions of Freudian theory, but believed that Freud misjudged some important dimensions of human development. Unlike Freud's theory of psychosexual stages, Erikson's theory describes the impact of social experience on human development. Erikson said that humans develop throughout their life span, while Freud believed that our personality is shaped by the age of five. (Coles, 1970)

One of the main elements of Erikson's psychosocial stage theory is the development of the *ego identity*. The ego identity is the conscious sense of self that we develop through social interaction. It is constantly changing due to new experience and information we acquire in our daily interactions with others. In addition to the ego identity, Erikson also believed that a sense of competence motivates behaviors and actions. (Cole, & Cole, 1989)

Erikson developed eight psychosocial stages that humans encounter throughout their life:

Stage 1: trust versus mistrust (Infant - birth to 18)

Stage 2: autonomy versus shame and doubt (Toddler - 2 to 3 years)

Stage 3: initiative versus guilt (Preschooler - 3 to 5 years)

Stage 4: industry versus inferiority (School-Age Child - 6 to 11 years)

Stage 5: identity versus role confusion (Adolescent - 12 to 18 years)

Stage 6: intimacy versus isolation (Young Adult - 19 to 40 years)

Stage 7: generativity versus stagnation (Middle-Age Adult - 40 to 65 years)

Stage 8: ego integrity versus despair (Older Adult - 65 to death).

Each stage is concerned with becoming competent in an area of life. If the stage is handled well, the person will feel a sense of mastery. If the stage is managed poorly, the person will emerge with a sense of inadequacy. (Erikson, 1950)

In order to use movies with children in therapy successfully, the

therapist has to be aware of their psychosocial capacities. The therapist's appropriate choice of films and interventions, including the choice of therapeutic questions about children's responses to these movies, depends on the correct evaluation of their psychosocial development.

This course focuses on the treatment of young clients who move through the psychosocial stages 3, 4, and 5. The use of movies in therapy with clients between the ages 3 and 18 is designed to support the young person's successful mastery of each stage. Before age 3, children don't benefit from the use of movies for therapeutic purposes because they have not reached sufficient cognitive and psychological development yet.

Stage three is the *genital-locomotor* stage or play age. The child starts to find out what kind of person he/she is going to be. During this stage, *initiative* and *guilt* need to find a balance. During their preschool years, children begin to assert their power and control over their environment by directing play and other social interaction. They also start to initiate, instead of imitate, activities and develop conscience as well as sexual identity. During this phase, the most significant relationship is with the basic family. (Wallerstein, 1996)

Initiative means a positive response to the world's challenges, taking on responsibilities, learning new skills, and feeling purposeful. Therapists can encourage initiative by encouraging children to try out their ideas. Parents and teachers need to learn to accept and encourage fantasy and curiosity and imagination. This is a time for play, not for formal education. The child is now capable, as never before, of imagining a future situation. Initiative is the attempt to make that non-reality a reality. If children can imagine the future, if they can plan, then they can be responsible as well, and guilty. The capacity for moral judgment has arrived. (Erikson, 1975)

Success in this stage leads to the psychosocial strength of purpose. Children feel capable and able to lead others. (Coles, 1970)

When parents teach a children responsibility too harshly and too abruptly, they starts to feel guilty about his or her feelings. If the

child tries to exert too much power and experiences disapproval in response, it is also left with a sense of guilt, self-doubt, and lack of initiative.

Too much initiative and too little guilt leads to a maladaptive tendency Erikson calls *ruthlessness*. (Erikson, 1964) Ruthless children can develop into adults who don't care who they step on to achieve their goals. The goals are everything, and guilty feelings are for the weak. The extreme form of ruthlessness is sociopathy.

Harder on children is too much guilt, which Erikson calls *inhibition*. These children fail to acquire the necessary psychosocial skills, because they are made to feel anxious. The inhibited person will not try things because "nothing ventured, nothing lost" and, particularly, nothing to feel guilty about. Erikson believed that most guilt can be compensated for by developing a sense of accomplishment. (Erikson, 1975)

Stage four is the *latency stage* of the child from about six to puberty. One of the great events of this time is the entry into school. This is where children are exposed to the technology of their society. They enter the larger world of knowledge and work. (Cole and Cole, 1989)

Their task is to develop a capacity for *industry* while avoiding an excessive sense of *inferiority*. Children try to develop a sense of self-worth by refining their skills. During this process they need to cope with new social and academic demands. They must "tame the imagination" and dedicate themselves to education and to learning the social skills their society requires of them. (Coles, 1970)

Consequently the child's world expands. The most significant relationships are with the school and neighborhood. Parents are no longer the complete authorities they once were, although they are still important. Parents are joined by teachers and peers and other members of the community at large. They all contribute: Parents must encourage, teachers must care, peers must accept. (Shapiro, Friedberg, and Bardenstein, 2005).

Children learn that there is pleasure not only in conceiving a plan,

but in carrying it out. This learning process does not only occur in the classroom, but also at home, friend's houses, and on the street. Children must develop a feeling of success, whether it is in school or on the playground, academic or social. Through social interactions, children begin to develop a sense of pride in their accomplishments and abilities. (Erikson, 1964)

Successful experiences give a child a sense of competence. The right balance of industry and inferiority is mostly industry, with just a touch of inferiority to keep the child sensibly humble. (Coles, 1970)

Too much industry leads to the maladaptive tendency called *narrow virtuosity*. These children are not allowed to "be children". Parents or teachers push them into one area of competence, without allowing the development of broader interests. These are the kids without a balanced life: child actors, child athletes, child musicians, or other child prodigies.

More common is the malignancy called *inertia*. If the child is allowed too little success, because of harsh teachers or rejecting peers, for example, then he or she will develop instead a sense of inadequacy or incompetence, a feeling that one is good-for-nothing. An additional source of inferiority Erikson mentions is racism, sexism, and other forms of discrimination: If a child believes that success is related to who you are rather than to how hard you try, then why try? (Erikson, 1950)

Components of Erikson's prior four stages contribute to the **fifth stage, *identity versus role confusion***. It occurs during adolescence. During this stage the identity concern reaches a climax. Teens explore their independence and try to develop a personal identity. In this process they try to integrate many roles (child, sibling, student, athlete, worker) into a self-image under role model and peer pressure. The adolescents' task is to discover who they are as individuals separate from their family of origin and as members of society. Their most significant relationships are with peers and peer groups. (Shapiro, Friedberg, and Bardenstein, 2005).

Those who receive proper encouragement and reinforcement through personal exploration will emerge from this stage with a

strong sense of self and a feeling of independence and control. (Coles, 1970) These adolescents successfully develop *ego identity* and avoid *role confusion*. They find their ego identity by seeking their true selves while learning how they fit in to the rest of society. This requires that they take all they have learned about life and themselves and mold it into a unified self-image, one that their community finds meaningful. Erikson called this virtue *fidelity*. (Erikson, 1974). Fidelity means loyalty, the ability to live by society's standards despite their imperfections, incompleteness, and inconsistencies. The person has found a place in that community, a place that will allow them to contribute. (Erikson, 1975)

Failure leads to upheaval, role confusion, and a weak sense of self - an identity crisis. (Erikson, 1968). These adolescents often remain unsure of their beliefs and desires as well as insecure about themselves, their place in society, and the future. They might go into a period of withdrawing from responsibilities, which Erikson called a *moratorium*. (Waterman, 1985)

Some teens develop too much ego identity, when they are so involved in a particular role in a particular society or subculture that there is no room left for tolerance. Erikson calls this maladaptive tendency *fanaticism*. A fanatic believes that his way is the only way. Adolescents are known for their idealism, and for their tendency to see things in black-and-white. They sometimes gather others around them and promote their beliefs and life-styles without regard to others' rights to disagree. (Marcia, 1980).

The lack of identity is *repudiation*. These adolescents repudiate their membership in the world of adults and, even more, they repudiate their need for an identity. Some teens allow themselves to fuse with a group, especially the kind of group that is particularly eager to provide the details of your identity: religious cults, militaristic organizations, groups founded on hatred, or groups that have divorced themselves from the painful demands of mainstream society. They may become involved in destructive activities, drugs, or alcohol, or they may withdraw into their own (sometimes psychotic) fantasies. (Waterman, 1985)

Piaget's Theory of Cognitive Development

The Swiss biologist and psychologist Jean Piaget helped to pioneer the field of developmental psychology in general, and cognitive development in particular. The primary objective for this field of study was to explore the ways in which children grow and learn about the world around them, and then learn to interact with others within it. (Piaget, 1995).

Piaget constructed a model of child development and learning based on the idea that the developing child builds cognitive structures which are mental "maps," schemes, or networked concepts for understanding and responding to physical experiences within his or her environment. A child's cognitive structure increases in sophistication with development, moving from a few innate reflexes such as crying and sucking to highly complex mental activities. (Piaget, 1955).

Piaget's theory of cognitive development identifies four developmental stages and the processes by which children progress through them:

1. Sensorimotor stage, ages 0-2
2. preoperational stage, ages 2-7
3. concrete operational stage, ages 7-11
4. formal operational stage, ages 11 to adulthood. (Piaget, 1928)

These four stages are believed to be universal rather than cultural, and follow the same sequence of development despite the variance of timing. (Inhelder and Piaget, 1964)

Each stage represents a key aspect of a child's mental or cognitive developmental processes.

Parts of stage 2 (ages 4-7), as well as stages 3 and 4, are relevant for this Cinema Therapy course. Before age 4 children have not reached sufficient cognitive development yet. In order to use movies with children in therapy successfully, the therapist has to be aware of their cognitive capacities. The therapist's appropriate choice of films and interventions, including the choice of therapeutic questions

about the child's responses to these movies, depends on the correct evaluation of cognitive mastery.

In **stage two**, the *preoperational stage*, the child is not yet able to conceptualize abstractly and needs concrete physical situations. Piaget calls *symbolic functioning* the ability to understand the meaning of something that is not physically there. (Piaget, 1932) Since children can pretend and remember in this stage of development, they can now begin to understand symbols that are more complex than simple words. They pick up these symbols and use them to communicate and to play. (Piaget, 1955)

Piaget also talks about *egocentrism*. At this stage the children tend to be extremely self-centered. They may not understand, for example, that they can be seen when they have their eyes closed. They think because he is in the dark, that everyone else must be too. (Piaget, 1932)

Piaget mentions that *animism* is demonstrated when children attribute living qualities to inanimate objects, like toys. *Centration* involves a child's response to one aspect of a situation or object, such as the height versus the height and diameter of an object. *Classification* allows a child to combine similar objects in basic clusters according to shared criteria like size and color. *Intuitive thought* is demonstrated when children believe in something without understanding why they believe in it. *Serialisation* is the ability to organize things by progression, such as by size, numerical values, or color shadings, etc. (Piaget, 1952)

The **third stage**, the *concrete operational stage*, occurs between the ages of seven and eleven. As physical experiences accumulate, the children start to conceptualize, creating logical structures that explain their physical experiences. They retain the understanding of quantity, length, or numbers associated with an object or process. They are able to comprehend multiple aspects of a problem while solving it. Abstract problem solving is also possible at this stage. For example, arithmetic equations can be solved with numbers, not just with objects. The child advances in his or her ability to use symbols, especially in a logical way. (Piaget, 2001)

Getting away from a self-centered view leads to what Piaget calls *decentering*. *Elimination* of egocentrism lets a child understand another person's perspective, whether or not they are in agreement. *Reversibility* is the understanding that an object or number can change but then reverse into its original state. (Inhelder and Piaget, 1958)

Piaget's **fourth and last stage** of cognitive development begins at age 11 and continues into adulthood. This is the phase where children entering puberty begin to think abstractly, create meaning from available data, and apply that thinking to the real world. (Piaget, 1952) This means experimentation and understanding that experiments can have broad applications. By this point, most children's cognitive structures are like those of an adult, and include conceptual reasoning. (Piaget, 1953)

Anthropologists have discovered that not all cultures educate their children in a way that brings them to this stage. Not all people in our Western culture reach this stage of development. Some fail to successfully complete this stage to varying degrees for different reasons. (Cole and Cole, 1989).

Piaget outlined several principles for building cognitive structures. During all development stages, the child experiences his or her environment using whatever mental maps he or she has constructed so far. Each of the four stages comprises new learning that builds upon prior skills and abilities. If the experience is a repeated one, it is assimilated into the child's cognitive structure so that he or she maintains mental *equilibrium*. If the experience is different or new, the children lose their equilibrium, and alter their cognitive structure to accommodate the new conditions. This way, they erect more and more adequate cognitive structures. (Piaget, 1971)

Related Theories of Development

Other psychologists have constructed theories that are similar to or build on Erikson's and Piaget's theories. These include James W. Fowler's stages of faith development (Fowler, 1981), Lawrence Kohlberg's stages of moral development (Blatt and Kohlberg, 1973),

and Michael Barnes' stages of religious and scientific thinking (Barnes, 2000). Each of these offers insight to the way in which the human brain develops.

All the above-mentioned theories are taken into consideration in the selection of movies for certain age groups, and in the choice of therapeutic questions about the young clients' responses to the films, or other therapeutic interventions.

3. Using Movies as an Adjunct to Traditional Therapeutic Approaches

"Talk therapy" tends not to be as effective for children and adolescents as therapy that involves activity or experience such as experiential therapy, play therapy, art therapy, Cinema Therapy, or a combination of these methods. (Ilg, Ames, Baker, 1981) These forms of therapy allow symbolic expression of internal conflicts.

Similar to Cinema Therapy with adults, movies can be used in therapy with children and adolescents as an adjunct to traditional methods. The therapeutic value and efficiency of Cinema Therapy therefore depends on the therapeutic efficiency of these other modalities. The following examples demonstrate how the movie experience can become a catalyst for the therapeutic process within a therapeutic modality. The therapist needs to evaluate whether the child is developmentally ready for a certain approach.

Small Children

Some warning against using Cinema Therapy with young children can be found in the literature (Greenberg, 2000; Haas, 1995; Solomon, 2001) "except in family therapy as a means of encouraging the family to do something positive together" (Hesley and Hesley, 2001, p. 36).

"Younger children do watch films and, like his or her older counterparts, there is the potential that a child can make use of his

own film watching as part of the healing process. Sometimes a child wants to repeatedly watch the same movie, with or without adults close by. This desire for repetition and current focus of attention on a particular film can prompt a younger child to come to therapy ready to play out or to describe the movie she has been watching. Indeed, the clinical experience of the present investigators have taught us that if we are open, informed (about popular children's movies), and responsive, younger child clients will often independently initiate a client-directed play therapy style of Cinetherapy. ... A child may be choosing to repeatedly watch a film or become focused on a character because she is playing out a significant developmental task, such as figuring out how to overcome her fear of an anxious situation." (Byrd et al., 2006, pp. 4, 5).

Geared toward children between about 4 and 7 years of age, *Play Therapy* uses a variety of activities — such as play with puppets, sand tray figures, and dioramas — to establish communication with the therapist and resolve problems. (Millman & Schaefer, 1977) Play allows children to express emotions and problems that would be too difficult to discuss with another person. In *Art Therapy*, drawing or painting pictures reflect the child's feelings, hopes, fears, and goals.

Puppets, figures, and drawings can be used to recreate scenes in movies that are relevant for the young child. The characters in these scenes can represent family members, care takers, teachers or friends. If children are not able or willing to talk about conflicts or other problems directly, using film characters gives them an opportunity to work through unresolved psychological material.

Family therapy, in general, can also be useful with young children because family members learn to improve their understanding of one another. The use of movies as an adjunct to family therapy is described below.

Older Children and Adolescents

Pre-adolescents and adolescents are often overwhelmed and confused by the onslaught of complex emotions as they move toward adulthood. (Dumont, 1991) For these young clients and for children in the industrial stage, the therapeutic approach of the

therapist needs to reflect their current life experience. Movies are part of most kids' life.

Goals of therapy with adolescents are to help both the teen and the parents understand why the adolescent is depressed (McCoy, 1994) or why the young person acts out with rebellious, willful behavior (Canter & Canter, 1988 and Katherine, 1991). They need to learn to express their needs and wants in a more productive way. (Kaye, K., 1991) When parents allow the process of re-forging the lines of communication, they dramatically improve their relationship with their teenager and create an environment where positive behavioral change is possible. (Bayard & Bayard, 1983)

To reach these goals, Cinema Therapy that is used in conjunction with traditional therapeutic methods can be a useful tool for effective therapeutic work with older children and adolescents.

Depth Psychotherapy and the Movie Experience

Psychodynamic Therapy recognizes the significant influence that emotions and unconscious motivation can have on human behavior. Our young clients' unconscious is often in conflict with their conscious ideas, intentions and goals. Inquiring into the symbolism and the effect of a movie can break down the barriers between these two levels of the psyche and set up a genuine flow of communication between them; unconscious material can start to become more conscious. This helps to resolve some of their neurotic conflicts with the unconscious, and thus learn more about who they really are as authentic human beings. (Kerns, 1993)

Emotional responses to viewing films offer *doorways to the unconscious*. The unconscious communicates its content in symbols. Clients can become aware of this "communication" through dreams and active imagination, which are "windows" to the unconscious: both convert the invisible forms of the unconscious into images that are perceptible to the conscious mind. Another "window" can be the emotional response to a movie scene or character. Such a response often indicates that a pathway to the unconscious is activated.

Therefore depth psychologists can use responses to movies, as they use responses to dreams or active imagination.

Cognitive Therapy and the Movie Experience

This method aims to identify and correct distorted thinking patterns that can lead to feelings and behaviors that may be troublesome, self-defeating, or even self-destructive. The goal is to replace such thinking with a more balanced view that, in turn, leads to more fulfilling and productive behavior.

Support in understanding the cognitive model:

The cognitive model says: A situation is a situation. It's how a person thinks about or interprets the situation that determines how he or she feels. Therapists teach the cognitive model to give young clients a framework and give them some sense of control over their emotional reactions. Movies can be a very useful aid in this teaching process. For example, if a character seems depressed, therapists can ask the client what negative beliefs this character might hold about him or herself. Clients often come up with an answer right away, even if it was hard for them to make the same connections for themselves.

Identifying cognitive distortions and schema:

The therapist can give clients the list of negative distortions (David Burns, 1999) and ask them which ones possibly apply for the film character. They usually enjoy this process because they experience it like a game. After that, when the therapist asks clients to turn their attention to their own process and asks about their cognitive distortions, they feel less alone with their experience and less judgmental about themselves. Since depressed clients usually have cognitive distortions and tend to be self-loathing, it helps that the work with movies often introduces some lightness because they are designed to entertain.

Behavior Modification Therapy and the Movie Experience

This approach focuses on behavior — changing unwanted behaviors through rewards, reinforcements, and desensitization. Behavior Modification Therapy with children and adolescents often involves the cooperation of family and close friends, to reinforce a desired behavior.

- **Overt Modeling**

First, young clients are shown examples of appropriate behavior. Then they are asked to imitate the behavior, called behavioral rehearsal. Characters who demonstrate such behavior in movies or certain movie scenes can very well serve as examples.

- **Covert Modeling**

Covert modeling requires the client to imagine the desired responses. The therapist provides suggestions about what to include in the imagined scene. This imagination can draw from characters in films the client has seen.

Cognitive-Behavioral Therapy and the Movie Experience

A combination of cognitive and behavioral therapies, this approach helps young clients change negative thought patterns, beliefs, and behaviors so they can manage symptoms and enjoy more productive, less stressful lives.

Narrative Therapy and the Movie Experience

Narrative Therapy is based on the assumption that, as people make sense of their day-to-day lives, they construct their lives into narrative form—stories. They arrange their experiences into patterns and sequences that make sense of themselves and their lives, called dominant narrative. This perception can be distorted and dysfunctional, as much of the client's strength remains unrecognized. Through narrative therapy, young clients reshape their perception of self, their relationships and their life by re-constructing their narratives. One main intervention in this work is

to help clients find an experience or capacity that they dismissed before, because it didn't fit into their dominant view of themselves: a "unique outcome". This exceptional experience reconnects young clients to their resources.

Guided by the therapist, certain film scenes and the strength or courage of characters remind young clients of their own forgotten resources, in narrative terms their "unique outcome". This is especially relevant when clients keep dismissing their own inner resources without the "bridge" of a movie intervention.

Parts Work and the Movie Experience

Movie characters with their distinct personalities and behaviors can become placeholders for parts in therapies such as Empty Chair, Gestalt, Ego States work, Psychosynthesis, Voice Dialog, etc.

Attributing film characters to inner parts helps

- identify and distinguish these parts
- understand their relationship to each other
- adopt an attitude of respectful attention to parts
- accept disowned parts
- reassign new roles to parts
- mediate between parts and resolve conflicts.

Hypnotherapy, Guided Imagery, or Visualization and the Movie Experience

This process involves going into a state of deep relaxation and creating a mental image of recovery and wellness.

Film Re-entry:

In trance, young clients enter the story of a movie as a specific character, or in relation to a character who is important to them. With the guidance of the therapist, they subsequently let their own story unfold in their "inner movie". Frequently, unconscious material gets revealed and resolved.

Skill Mastery:

In trance, clients are guided to “become” the movie character who modeled desired behaviors and skills, and take on these attributes. This is another way to help them acquire the film character’s capacities.

Calming film scene to create a *Safe Place*:

As a tool of deepening trance, hypnotherapists often guide clients to a *Safe Place* of their choice. Many peaceful movie scenes can serve well in this process. Clients “step” into their *Safe Place* by “stepping” into the movie screen, on which the calming and safe place appears.

Characters as inner parts like Inner Guide or Inner Critic:

This method is basically parts work applied in a trance state.

EMDR and the Movie Experience

EMDR creates eye movements that mimic those of REM sleep to create the same brain waves present during REM sleep while the individual is awake. During this period, traumatic and other issues are processed more efficiently than at normal levels of brain functioning. EMDR has shown effective results with individuals with ADD/ADHD.

Resource development and installation:

What was said about the use of movie scenes and characters in hypnotherapy applies in a very similar way for the resource installation during the preparation phase in EMDR. The only difference is that EMDR therapists don’t use formal trance induction. With EMDR, clients go through an abreaction in their trauma work, which often is emotionally very demanding. Using movie scenes and characters, strengthening resources, such as a *Safe Place*, *Inner Guide*, etc., are first installed. Young clients feel safer this way because they know that these resources are available if they start feeling overwhelmed during the EMDR process.

Positive Psychology EMDR:

During Positive Psychology EMDR, such as Peak Performance EMDR, the installation of the following resources, drawn from movie scenes and characters, have proven useful:

- Calming film scenes serve to create a *Safe Place*.
- Healthy or inspirational film characters are used as *Inner Coaches or Inner Advisors*.
- Favorite movie characters are used as an *Inner Team* of support people.
- Identification with film characters' success helps to reach an aspired goal.

Art and Music Therapy and the Movie Experience

The young client does not need to be an artist or a musician to benefit from these forms of therapy. The goal with each is to provide a comfortable and effective avenue of expression for your adolescent. Perhaps he just can't talk openly. Instead, drawing or painting pictures that reflect his feelings, hopes, fears, and goals can heighten his self-awareness. The artwork becomes a tool for him to explore issues with a therapist.

These therapeutic approaches can be used to recreate scenes in movies that are relevant for a child or adolescent because the characters in these scenes represent family members or friends. This gives the child an opportunity to work through unresolved psychological material in a non-threatening way.

Family Therapy and the Movie Experience

Family therapy, in general, can also be useful for older children and adolescents because family members learn to improve their understanding of, and the way they respond to, one another. Children and adolescents may feel safer sharing with their parents in a therapeutic setting since the therapist becomes a neutral third party.

When children and adolescents struggle with serious behavioral or

emotional problems, family therapy is essential. Improving communication between family members and helping both the parents and the young client understand how conflicts can be resolved through improved communication often result in significant improvements in the family relationship and improves the child's chances for success in school and life. (Shapiro et al., 2005)

In family therapy, family members sometimes struggle to accurately express the complexity of family issues. A film can serve as a metaphor, and therefore represents feelings and ideas that they had trouble putting into words. Messages can be communicated more successfully.

Films sometimes introduce subjects that young clients may have avoided in therapy, which can be very productive under many circumstances. Talking about these movies often allows children and adolescents to express feelings that may be too threatening to express directly. (Hesley & Hesley, 2001) "A child may not want to admit that he is angry, sad, or sick. He may be completely unable and unwilling to even address an issue that a parent finds important. Sometimes distance helps make things clear by providing needed perspective; it is easy for children to get caught up in their own experience so that they lose objectivity." (Madison & Schmidt, 2001, p. 11)

Systems-oriented family therapy and communication training in combination with watching films that show family dynamics helps clients

- understand their problem as a function of being part of a larger system,
- identify by comparison with movie characters how they had or had not satisfactorily adjusted in their system,
- retrieve or learn necessary attitudes, perceptions, behaviors, etc., and
- meaningfully connect or reconnect through improved communication by learning from watching good communication between characters or by understanding how not to communicate from watching characters who demonstrate a lack of communication skills.

When one family member resists therapy, encouraging them to watch a movie where a characters struggles with similar issues often allows the resisting client to open up because they are less intimidated by the therapeutic process and less afraid of getting blamed than before. This form of therapy can bring parents and children closer together. It offers a supportive environment to foster better communication.

Cinema Therapy Groups

Group therapy focuses on learning from the experiences of others by listening and offering advice based on personal experience. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly modify their behavior. Group members often experience healing and transformation because others witness their process of sharing with presence and empathy.

The impact of films as catalysts for psychological processes dovetails well with the therapeutic effects of group dynamics. As they extract scenes and issues from the movie that are interesting to them, they reveal something about themselves. Young group members' reflections about their emotional response to a movie are an added component that enriches group therapy. By understanding and sharing what moved them about certain movie scenes or characters, participants acquire an effective tool to get to know themselves and others.

Sociable adolescents tend to respond well to cinema therapy group therapy. This is a good choice for teens who are more comfortable sharing their thoughts and feelings with peers than with adults.

4. Guidelines and Limitations

First the use of film scenes versus using a whole movie needs to be clarified. The length of the therapeutic hour usually does not allow

showing a whole film. Either movie clips are viewed in session or clients watch a whole film at home.

Showing a movie clip during a session has the advantage of providing an immediate experience, and therapists have more control over the message they want to convey. This approach is especially recommended for small children because a discussion can follow immediately after a clip is shown in session.

Asking a client to watch a whole movie at home has the following advantages:

1. Because of equipment limitations and time constraints during a session, this approach is usually more practical.
2. The experience of a whole movie allows the viewer to get “pulled” into the experience more and therefore identify with a character more easily.
3. Experiencing a movie character throughout an entire cycle of transition is often helpful. For many clients it is easier to understand how to resolve a movie character’s dilemma first before they apply it to their own situation. In most cases, only the whole movie can provide this experience.
4. Watching movies at home in this context serves as a bridge between therapy and life.
5. If a focus on specific scenes is required, the therapist can direct the client’s attention to it, before and after they watch the whole film.

Points 4 and 5 apply mostly to older children and adolescents.

When movies are assigned as homework the following limitations should be considered:

- Young children’s developmental limitations reduce the effectiveness of prescribing films to be viewed at home because of the time lapse between their viewing of the film and the discussion in session. This can be different when families watch movies together at home in the context of family therapy. (Hesley & Hesley, 2001)
- If children or adolescents watch films at home, it might be difficult for them to deal with issues that come up during or

immediately after viewing. This is especially true for clients that have some kind of psychotic disorder, because they might have trouble distinguishing reality from fantasy. (Ulus, 2003)

- When there is violence in the home, the risk of unmonitored film assignment and an unpredictable reaction is too great. (Hesley & Hesley, 2001)
- When a child or adolescent recently went through a traumatic experience similar to that of the character in a movie, the film experience can potentially be re-traumatizing. As clinicians we need to make decisions about a client's readiness for a film by using the same criteria as we use with any high-impact homework or other kind of intervention.

Child Cinematherapy Guidelines

By Michael Lee Powell, adapted from Dermer & Hutchings (2000)

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This article was originally posted, in part, on

www.cinematherapyresearch.com/guidelines_kids.html

Choosing an Appropriate Film

The goal of cinematherapy is to promote insight, not discouragement. Therefore, not all films are suitable interventions. Some films may actually have a negative effect on a client.

Due to this potential harm, it is imperative that you first understand the appropriate guidelines when choosing and prescribing a movie before attempting to conduct cinematherapy. The following guidelines were created to meet this need, while paying careful attention to the child client and subsequent ethical considerations established for this population.

Phase One: Assessment

1. What problem will this intervention address?

Things to Consider:

- ♦ Why would this child benefit from a cinematherapy intervention?
- ♦ What would this child get out of it?
- ♦ Can the intervention be tied back to the child's treatment plan?

2. Determine the child's abilities and curiosities (i.e., interests, activities, and attention span).

Things to Consider:

- ♦ What type of film would benefit this child: movie, documentary, or instructional?
- ♦ What type of genre would they prefer: comedy, drama, or science fiction?
- ♦ How attentive will they be, or how long of a film clip can they stand?

3. Consider developmental issues (i.e., mental capacity and emotional development).

Things to Consider:

- ♦ Will the child understand how to use the film as metaphor for their own life?
- ♦ Do they have the mental ability to participate in processing the content?
- ♦ Do they recognize the difference between fantasy and reality?

4. Determine cultural sensitivities (i.e. ethnicity, socioeconomic status, and gender).

Things to Consider:

- ♦ Will the film be offensive, or be distracting from the purpose of the assignment?

5. Based on this criterion, obtain a list of potentially beneficial films, and choose the best suited.

Phase Two: Preparation

1. Watch the chosen film alone.

Things to Consider:

- ♦ Always watch a film before assigning it. You want to know where the important parts are in order to processing them afterward.
- ♦ Most movies may have inappropriate scenes (i.e., language or sexual content). You can address these by fast-forwarding, or leaving such scenes out.

2. Obtain consent.

Things to Consider:

- ♦ Obtain consent (preferably written) from the guardian to use a film with the child.
- ♦ Each family has a different view on what is appropriate for their child to view, don't assume a teenager has consent for PG-13.
- ♦ Cover with the guardian the title of the movie, plot, benefits in therapy, and potential negative aspects (i.e., language or strong emotional issues)

3. Decide viewing format.

Things to Consider:

- ♦ Will the child, or family, follow through with the assignment?
- ♦ When, where, and with whom should the film be viewed?
- ♦ Would viewing the film with the client be more beneficial?
- ♦ Do you need the entire film, or specific scenes only?
- ♦ Would breaking the film up into parts and viewing it over time be better?
- ♦ Are there more children that could use this intervention?
Group cinematherapy best?

4. Provide clients with a solid rationale for this intervention.

Things to Consider:

- ♦ Children and families do better when they go into a cinematherapy experience knowing what to look for, especially those with poor insight or inattentive issues.
- ♦ Explaining the benefits of the intervention helps ensure that the child, or family, will actually participate or complete the assignment.

Phase Three: Implementation

1. Assign the film.

Things to Consider:

- ♦ Are the instructions clear, or do they know what to look for?
- ♦ Would a worksheet be useful, which helps keep the child on task?

2. Schedule a session at a later date in order to process the viewing (if used as homework).

Phase Four: Processing the Experience

1. Discuss clients' overall impression of the movie.

Things to Consider:

- ♦ Children enjoy talking about the content of a movie. This is helpful at the beginning of a debriefing, because it gets them talking about feelings and perceptions, which bridges the forthcoming therapeutic questions about their own feelings and perceptions. In fact, children will be less resistant, because they spent considerable time disclosing/processing in a less formal manner.

2. Explore perceptions and thoughts about how the movie may or may not relate to the child's own life.

Things to Consider:

- ♦ In group cinematherapy, worksheets with open-ended questions are useful during this debriefing, especially when they are paired up with one another.

3. Generate ideas about how this information can help the child think, feel, or behave differently.

5. Research

The effectiveness of Cinema Therapy has been researched with adolescents.

In 1986, Duncan, Beck, and Granum were able to research the power of Cinema Therapy after successfully treating serious emotional disturbed youth. They documented how the film *Ordinary People* prepared inpatient adolescents for re-entry into their homes and communities. The participants viewed the film in three parts, and later specific scenes within 8 weekly, 1-hour group sessions, which the researchers used to portray “the subtle emotions of apprehension, anxiety, and being on stage,” to help clients “project into the future and prepare for what lies ahead.” (Duncan et al., p. 50).

In 1996, Jurich and Collins were successful at applying Cinema Therapy with adolescents by incorporating guided viewings for self-esteem enhancement. The participants in this study were not emotionally disturbed adolescents. (Jurich et al., 1996)

Jurich and Collins confirmed the effectiveness of Cinema Therapy at enhancing self-esteem, and Duncan, Beck, and Granum were able to document the power of Cinema Therapy with seriously emotionally disturbed youth. Neither study compared the effectiveness of Cinema Therapy at enhancing self-esteem in seriously emotionally disturbed adolescents.

Powell, Newgent, and Lee (2006) believe that enhancing self-esteem is crucial to these adolescents’ development, because they are found

to have fewer positive experiences than the well-adjusted individual and tend to present lower levels of perceived self-worth (Barlow & Durand, 2005). Therefore they conducted another study in 2006. They examined the effectiveness of a Cinema Therapy intervention at enhancing the perceived self-esteem of 16 youths with a serious emotional disturbance.

Participants completed the Rosenberg Self-Esteem Scale within a 6-week coping skills group in which a brief Cinema Therapy intervention is introduced to a treatment and delayed treatment group. A control group was used, which only received the coping skills training. “Meaningful differences between the three groups were found.” (Powell, Newgent, and Lee, 2006, p. 1)