

Reel Therapy

Using Movie in Counselling and Psychotherapeutic Practice

Abstract

The purpose of this paper is to discuss the recommendation of movies in counselling and psychotherapy, as a modern trend. In Reel Therapy (Cinema Therapy), therapists choose and assign specific films to clients, on the basis of their interpretations of films having specific therapeutic value. Reel Therapy can be a powerful catalyst for healing and personal growth for anybody who is open to learning how movies affect us by watching them with conscious awareness. Watching movies with conscious awareness can be similar to a guided visualization. The therapeutic effect and the theoretical basis for both approaches are therefore closely related.

This paper explains how Reel Therapy (cinema-therapy) is a powerful means of observational learning with opportunities to choose among different attitudes and behaviours. The pros and cons of using this mode of therapy are being discussed. The Feedbacks from the counsellors and clinicians who are from different schools of psychotherapy have been processed. Clinical applications and issues pertaining to the use of reel therapy have been summarized. The target area for further research and study on Reel Therapy has also been suggested.

Key Words: reel therapy, cinema-therapy, counselling, psychotherapy, clinical, consciousness, awareness, cognition,

Introduction

The revolution of mass media has captured the world. Through the media the social connections, awareness and even socio political revolutions are made. The visual media has the highest impact on people. Using such a powerful weapon in to the system of counselling and psychotherapy will be a modern breakthrough in the field. This is such a fascinating area to make a research. In this paper I have presented an introduction on Reel Therapy and the usefulness of it with the available data. I have also brought in the ways of conducting these therapies and the guidelines to be followed. This paper depicts the shape of reel therapy and the way it has to grow within the field of counselling and psychotherapy with further research and systematization.

Reel Therapy in therapeutic use

The first use of reel therapy (cinematherapy) was by Linda Berg-Cross, Pamela Jennings and Rhoda Baruch in 1990 (Hass, 1995). The use of film in therapeutic settings was as early as in 1920s in the United States (Portadin, 2006; Powell, 2008). But the Reel Therapy gained its momentum very recently (Vallarelli, DelBuono &Ortman2010). The Reel Therapy is defined as a specific therapeutic technique that involves selecting commercial films for the client, to view alone or with specified others (Berg- Cross, 1990). Some authors even further clarified that these techniques were used to bring healing to the client (Solomon, 1997). Reel Therapy is a mutual process where the client and the therapist discuss the themes and the characters in

popular films that relate to the core issues of the ongoing therapy (Calisch, 2001). The use of motion pictures in psychotherapeutic process (Lampropoulos, 2004) in a systemic way may bring personal growth and healing (Brigit Wolz, 2005).

Throughout the literature, various terms were used to describe the intervention: “Cinema Therapy” (Berg- Cross et al., 1990; Wolz, 2010), “Video Works” (Hesely & Hesely, 2001), “Reel Therapy” (Grace, 2005; Wolz, 2010), “Movie Therapy” (Solomon, 2005). In this paper I have used Reel Therapy and Cinema Therapy interchangeably.

Counselling Vs Psychotherapy

In the exploration of the therapeutic use of films it is also relevant to highlight the difference between counselling and psychotherapy (Donald Arbuckle, 1967). Most of the literature on Reel Therapy discussed is in the context of counselling and psychotherapy (e.g., Schulenberg, 2003; Dermer, S. B., & Hutchings, J. B., 2000; Wedding & Niemiec, 2003; Christie & McGrath, 1987). Some researchers have referred Reel Therapy to a counselling modality (Henston & Kottman, 1997; Tyson, Foster, & Jones, 2000). Though it's difficult to separate counselling from psychotherapy in functionality in real terms they both are different (Hutt, 2000). Psychotherapy has stronger roots in the medical- psychological model, whereas counselling has its roots in the social- psychological model.

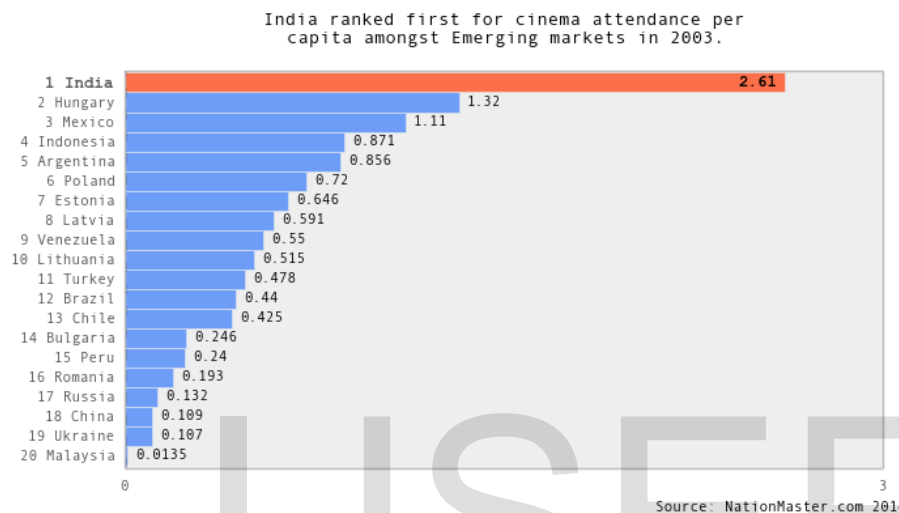
The term counselling is commonly used in conjunction with other professions, such as legal counsellor, spiritual counsellor and so on. Psychotherapy on the other hand is a term that refers to the “treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insights into problems, with the goal being personality growth and behaviour modification” (American Heritage Dictionary). The Psychotherapy Counselling Federation of Australia has published in their official website the difference between counselling and psychotherapy as follows;

Although counselling and psychotherapy overlap considerably, there are also recognized differences. While the work of counsellors and psychotherapists with clients may be of considerable depth, the focus of counselling is more likely to be on specific problems, changes in life adjustments and fostering client's well-being. Psychotherapy is more concerned with the restructuring of the personality or the self and the development of insight. At advance levels of training, counselling has a greater overlap with psychotherapy than at foundation levels (PACFA, 2010).

At advance levels of skilfulness counselling has a greater overlap with psychotherapy than at functional levels. The Reel Therapy is being used both in the form of counselling and also in psychotherapy.

The importance of Reel Therapy

The world today is ruled by technology and people have greater access to modern gadgets. The world is becoming smart (techno) world. There are thousands of movies getting released every week around the globe. This gives the counsellors and psychotherapists more possibilities to assign the appropriate film as a part of the treatment. The use of movies in counselling and psychotherapy brings in a new perspective for looking at the characters in relation to their own lives and give them added clarity into the fundamental complexity of close interpersonal relationships (Henston & Kottman, 1995).



India tops the table of movie attendance. There are around three million Indians watching movies every year. Throughout the world people who prefer watching movies is on an increase. Now that they have smart gadgets in their palms, they can watch it whenever they want. The influence of movies in thinking and attitude and the life style of the people are tremendous (Berg- Cross, 1990; Rosenthal & Steffek, 1991). It influences either positively or negatively according to each one's disposition of their mind. The Reel Therapy helps the clients to process the movie with awareness to transform their attitude and narrate their life stories (Stefan E. Schulenberg, 2003). Norcross sent a lengthy questionnaire to the members of APA clinical and counselling psychology divisions. The response rate was 28 percent of doctoral level psychologists of various ethnicities, genders and theoretical orientations, and work settings.

It was reported that nearly half of those questioned have recommended movies to their clients and that 68 percent of the clinicians reported finding films were helpful to the therapeutic process as compared to 2 percent perceiving them as harmful (Norcross, 2000). The use of movies in the therapy helps the clients by the means of its images, which can touch the unconscious and bring feelings to conscious level of awareness (Tyson, Linda H. Foster, & Cynthia M. Jones, 2000). (Tyson, et.al.2000), suggests that specific film clips or entire the movie can be suggested to clients as homework assignments to recognize and accept treatment for their symptoms. It is also very helpful for a resistant client to talk about some characters of the movie and then compare it to their own lives.

The Reel Therapy can be used for individuals, couples, families, and also in group therapy to address a variety of presenting issues. These issues include death, drugs and alcohol problems, life –span issues, adoption /custody/, adornment, abuse, inspiration, interpersonal relationship, divorce, mental health, physical health, sexuality, emotional maturity, spirituality (Hesley and Hesley, 1998; Soloman, 1995, 2001).

The methodology of using Reel Therapy

Formulating a structure for the Reel Therapy is always advisable in order to implement it in an effective way. Reel Therapy as an intervention requires preparation (Dermer, S. B., & Hutchings, J. B., 2000). The therapist who had been practicing the therapy and a few authors offer guidelines in three stages: **assessment, implementation, and debriefing**. Assessment as part of counselling and psychotherapy is essential even in reel therapy and for any type of successful intervention (Christie & McGrath, 1989). Assigning a movie should be based upon therapeutic judgment regarding presenting the problem, family hobbies / interests, and ultimately the goal of the intervention. Hesley and Hesley (1998) suggest asking clients to name movies they have identified for the therapy and what kinds of movies they typically enjoy (Wolz, 2012).¹

Assessment: The following outlines the process of assessing a client or group or family in order to utilize a movie as an intervention:

1. Identify presenting problems and goals for the therapy and also identify clients who are not appropriate for the technique. Some therapist claim that they do not use movies with very young children (unless part of a family activity), people with severe mental illness and with clients who have gone through recent traumatic experiences (Hesly & Hesly, 1998).
2. Assess strengths (i.e., interests, hobbies, activities, type of employment). Allan Ivey in his book entitled “Intentional Interviewing and Counselling” mentions the importance of positive asset search in the client and if it is not done in counselling will then degenerate (Allen E. Ivey and Mary Bradford Ivey, 2003).
3. Determine client’s ability to understand the content of the film and recognize similarities and difference between themselves and the characters. There are also clients who are excessively addicted to movies of which the therapists have to be careful. The reel therapists also indicated that they do not use films when there is a negative character portrayal (i.e., suicidal, murder) as the client may assume that the therapist feels there is connection between them and the character. It is not useful to suggest movies to people those who do not enjoy it (Hesly & Hesly, 1998).
4. Take into account issues of diversity (i.e., culture, race, ethnicity, socioeconomic status, sexual orientation, and gender) when choosing a film.

¹In an international conference on Reel Therapy which was organized by cadabam.org, conducted by Dr. Brigit Wolz, she suggested the above said points. She also conducted a practical session on Reel Therapy in Bangalore, India.

5. Based on the assessment, match the clients with the chosen movie.

Implementation: Once a therapist chooses an appropriate movie with the client, the therapist prepares to assign the movie. It is advisable to offer clients a rationale for viewing the movie, and make decisions about which of the subsystems should watch the movie (i.e., parents, children, and the whole family, if it is family therapy). The following are the basic steps of Reel Therapy: 1. The therapist is recommended to watch the movie before assigning it (Dermer and Hutchings, 2000). It is also suggestible that each therapist prepares his or her own list of movies to be suggested to clients on various issues (e.g., Bertolino - 2001).

2. Provide clients with a rationale for assigning a film. 3. Decide where, when, and with whom the movie should be viewed. 4. Debriefing after the client/ group/family views the movie, the therapist needs to process the client's reactions (Dermer, S. B., & Hutchings, J. B., 2000). Debriefing will vary based on the therapist's personal and therapeutic style (integrative, eclectic or of a different school of psychology)

Debriefing: Debriefing sessions serve as a forum for discussing thoughts and feelings solicited by the movie, which includes processing how this information may be used to benefit the clients in the future (Dermer, S. B., & Hutchings, J. B., 2000)

Below are general guidelines for following up on movie assignments:

1. Schedule a session soon after clients view the film in order to debrief.
2. Discuss client's overall impression of the movie.
3. Process perceptions and thoughts about how the movie may or may not relate to the client's issues.
4. Explore the possibility of creating a metaphor based on the movie.
5. Generate ideas with clients about how information gained from the movie may help them think, feel, or behave differently. The above steps were suggested by many authors (Dermer, S. B., & Hutchings, J. B., 2000; Bertolino, 2001; Hesley & Hesley, 1998; Heston & Kottman, 1997; Soloman, 1995).

Guidelines for the reel therapists

Some of the dos and don'ts for the reel therapists would be that the therapist needs to wait for few sessions before introducing movies. The therapeutic relationship be properly made and the clients need to be well educated on Reel Therapy as a part of informed consent. The therapist himself or herself has to be certain on why they are recommending the movie to the client. The importance of matching clients with films that have relevance to their issues appears to be important for a successful therapeutic experience (Bertolino, 2001; Hesley & Hesley, 1998; Heston & Kottman, 1997; Soloman, 1995).

A movie at a time will always help the client to deepen the thinking and feeling process. The therapist needs to be patient if the client cannot follow through, while watching the movie and ask few questions about the movie to follow through the sessions. Ask the clients to keep the journal of their thoughts and feelings about the movie. In some cases the therapist can recommend to the client to watch the movie along with their friends or family members and ask them their feelings and the feelings of the people with whom they watched the movie. The most important of all the steps would be that the therapists too need to enjoy the healing process along with their clients (Soloman, G., 1995)

Stages of cognitive and emotional development in Reel Therapy

The Cinema Therapy provides emotional and cognitional developments to the clients. During first stage “**disassociation**”, the client sees and hears the characters and actions “as if they are moved from the client’s internal frame of reference...(causing) the client to experience a dissociative state in which his or her ordinary existence is temporarily suspended”. The second stage, “**identification**”, the client connects with the action and identifies with the film’s similarities to his or her own experiences.

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”. During the final stage, “**transference**”, a “transference between what is viewed outside (film) to what the client feels (affect) and thinks (cognition) occurs” (Tyson,et.al, 2000). This occurrence allows thoughts and feelings to come into the awareness of the client. By going through these four stages that the authors suggest to the client the therapists are able to examine issues that were too difficult for the client to explore earlier.

Cultural, Socio-economic Concerns and Experimental support

Though there are therapists who found therapeutic benefits happening in the lives of the clients however we need to admit that there are no strong experimental evidences to support the use of this technique. It is likely that not all clients will be equally receptive to films and will react equally well to the intervention (Stefan E. Schulenberg, 2003). A few authors critically evaluate that this form of technique cannot replace therapy (Solomon, 1995). It is likely that the movies cannot be suggested to the clients who are not yet ready to deal with the issues portrayed in the movie (Hesley & Hesly, 1998; Soloman, 1995). Despite the increasing importance and availability of movies in surplus in popular culture, some persons may simply not value movies as part of their cultural background. Persons with visual disability and limitations may not appreciate it as therapeutic intervention. There are also some people who cannot afford to have facility to watch movies due to their socio-economic conditions. There are therapists working towards making this therapeutic intervention more of a science than an art. There is a need for more empirical data to validate the film therapy as a therapeutic intervention.

Further Research

There is not enough information available about the cognitive and affective changes that occur as a result of watching movies. The data and the information available even on the psychological changes would not suffice as a scientific approach. Those trained in biofeedback therapy may add potential contribution to the experimental research on physiological changes that occur while watching movies. Even if someone gets inspired through movies what are all the biological (breathing, heart beat) and biochemical changes happening at that time? A Biofeedback research would offer valuable data in terms of quantifying physiological changes that occur in response to certain movies (Stefan E. Schulenberg, 2003).

There can also be research on how it creates impact on the client. What happens by watching the same movie before the session and after coming to the session? The pros and cons of suggesting movie during the session and after the sessions can also be explored into. The effect of watching the movie individually and in group therapy, a comparative study can help to know the difference between these two modes of therapeutic process. More information as to how people process film is critical for therapists who wish to use movies with their clients. The experiment can also be helpful to find how the Reel Therapy brings in cognitional and affective changes. Does it serve as a psychoeducational tool or does it only remain as another source of entertainment to the clients? These are the aspects yet to be explored.

Conclusion:

We cannot deny the influence of what movies have in today's industrialized and postindustrialized society. Over all movies provide an entertaining and creative way to engage and challenge clients. They can be used to educate, reframe, create metaphors, and to develop alternative solutions. Films supply a springboard for metaphorical and literal communication. Both powerful therapy and films hand in hand have the potential to touch people on cognitive, emotional, and behavioural levels. If further research and systemic approach is drawn then Reel Therapy can capture the attention of the world as a postmodern intervention to create change around the globe.

REFERENCES

- Berg-Cross, L., Jennings, P., & Baruch, R. (1990). Cinematherapy: Theory and application. *Psychotherapy in Private Practice* 8(1), 135-156.
- Dermer, S. B., & Hutchings, J. B. (2000). Utilizing movies in family therapy: Applications for individuals, couples, and families. *The American Journal of Family Therapy*, 28(2), 163-181.
- Christie, M., & McGrath, M. (1987). Taking up the challenge: Film as a therapeutic metaphor and action ritual. *Australian and New Zealand Journal of Family Therapy*, 8(4), 193-199.

- Christie, M., & McGrath, M. (1989). Men who catch fly with chopstick accomplish anything: Film in Therapy: *The sequel. Australian and New Zealand Journal of Family Therapy*, 10(3), 145-150.
- Duncan, K., Beck, D., & Granum, R. (1986). Ordinary people: Using a popular film in group therapy. *Journal of Counselling and Development*, 65(1), 50-51.
- Fleming, M. Z., Piedmont, R. L., & Hiam, C. M. (1990). Images of madness: Feature films in teaching psychology. *Teaching of Psychology*, 17(3), 185-187.
- Gunzburg, J.C. (1989). Traversing the labyrinth: Cinema as a therapeutic medium. *Journal of Integrative and Eclectic Psychology*, 8(1), 3-6.
- Hering, C. (1994). The problem of the alien: Emotional mastery or emotional fascism. *Free Association*, 4(3) No. 31, 391-407.
- Hesley, J. W., Hesley, J. G. (1988). Rent two films and let's talk in the morning: Using popular movies in psychotherapy. *New York: John Wiley & Sons*.
- Allen E.Ivey & Mary Bradford. (2003). Facilitating Client Development in A Multicultural Environment (5thEd.). Belmont: USA
- Stefan E. Schulenberg. (2003). Psychotherapy and movies: On Using Films in Clinical practice. *Journal of Contemporary Psychotherapy*, spring 33,1: 35
- Adrian Sondheimer, M.D. (2000). The Life Stories of Children and Adolescents; Using Movies Films as Teaching Aids. *Academic psychiatry*, 24:4.
- Gerogios K. Iampropoulos & Nikolaos Kazantzis & Frank P. Deane. (2004). Psychologists' Use of Motion Pictures in Clinical Practice. *Professional Psychology: research and practice* 35, 5,535-541.
- Dermer, S. B., & Hutchings, J. B. (2000). Utilizing movies in family therapy: Applications for individuals, couples, and families. *The American Journal of Family Therapy*, 28(2), 163-180.
- Solomon, G. (1995). *The motion picture prescription: Watch this movie and call me in the morning*. Santa Rosa, CA: Aslan Publishing.
- Solomon, G. (2001). *Reel Therapy: How movies inspire you to overcome life's problems*. New York Lebhar-Friedman Books.
- Heston, M.L., & Kottman, T. (1997). Movies as metaphors: A counselling intervention. *Journal of Humanistic Education and Development*, 36, 92-99
- Kottler, J.A (1993). *On being a therapist (Rev.Ed.)* San Francisco, CA: Jossey-Bass Publishers
Oaks, CA: Sage.
- Bertoline, B. (1999). *Therapy with troubled teenagers: Rewriting young lives in progress*. New York: John Wiley & Sons, Inc.

Bertoline, B. (2001). Lights, camera, action!!! Making new meanings through movies. In H.G. Rosenthal (Ed.), *Favourite counselling and therapy homework assignments: Leading therapists share their most creative strategies* (pp.43-46). Philadelphia, PA: Taylor & Frances.

Wolz, B. (2003). Cinematherapy: using the power of imagery in film for the therapeutic process. *The Therapist*, 56-58.

Wolz, B. (2005). *E-motion picture magic: a movie lover's guide to healing and transformation*. Centennial, CO: Glenbridge Publishing, Ltd.

Wolz, B. (2002). *Welcome to cinematherapy.com*. Retrieved June 1, 2005 from, Website: www.cinematherapy.com

Tyson, L.E., Foster, L.H., & Jones, C. (2000). *Introduction to cinematherapy*. June 01, 2005, from University of Alabama, Alabama Counselling Association

Tyson, L.E., Foster, L.H., & Jones, C. (2000). The process of cinematherapy as a therapeutic intervention. *Alabama Counselling Association Journal* 26(1), 35-41

Schulenberg, S.E.(2003). Psychotherapy and movies: On using films in clinical practice. *Journal of Contemporary Psychotherapy*, 33(1), 35-48.

Norcross, J.C. Santrock, J.W., Campbell, L.F., Smith, T.P., Sommer, R. & Zuckerman, E.L. (2000). *Authoritative guide to self-help resources in mental health*. New York: Guilford.

Websites

www.cinematherapy.com
www.cadabams.org
www.counselorlink.com
<http://screenville.blogspot.ae>
www.pacfa.org.au
www.thecounsellorsguide.co.uk