The Use of Cinematherapy In Recreation Therapy Practice

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Abstract The main purpose of this article is to explore the use of movies (i.e., cinematherapy) as a recreation therapy intervention tool. This paper begins with literature review regarding the concepts and origin of cinematherapy and introduces cinematherapy as a viable intervention option as in recreation therapy or other clinical settings. The authors provide detailed guidelines for the process of cinematherapy sessions and other practical recommendations and considerations for incorporating cinematherapy into recreation therapy practice. Guided sample questions for the debriefing stages are illustrated and lastly, examples of movies that can be used in cinematherapy suggested by recreation therapists.

Key Words: Cinematherapy, Cinematherapy Process, Recreation Therapy, Recreation Therapy Intervention, Recreation Therapy Practice, Use of Movies in Treatment

1. INTRODUCTION

The use of movies in recreation therapy settings appears to be an increasingly popular intervention approach and has been anecdotally advocated by a number of recreation therapists in recent years. There is a growing number of literature that suggest that movies have therapeutic value for clients [1] and movies can function as a catalyst between clients and issues with which the clients struggle [2].

The use of movies and films within clinical settings with the purpose of treatment of psychological and mental issues is often referred to as cinematherapy. Although there is no standardized process of or protocol in cinematherapy, when designed in a structured and organized way, films can become an
effective tool that may provide varied sources of therapeutic metaphors and stimulate conversations on targeted issues, thereby allowing the clients to identify areas of their concerns and challenges in a supportive and therapeutic environment [3].

For the facilitation of cinematherapy, many different theoretical approaches have been adopted. For instance, such theoretical approaches to cinematherapy include but not limited to the following list: the principles of psychotherapy, cognitive-behavioral theories, the humanistic/existential theories, and logotherapy. In particular, cognitive-behavioral therapy has been one of the most popular approaches to the practice of cinematherapy and it focuses on helping clients to examine thinking processes and the effects of those processes on behaviors and emotions [4]. That is, cognitive-behavioral therapy assists clients to identify thoughts and beliefs they hold about themselves and the world, and it helps clients to examine the validity of these cognitions. Finally, if necessary, clients change the way they think about themselves and their environments.

In this article, the authors attempt to illustrate how films can facilitate treatment and healing within the context of positive psychology, which can be regarded as one of the humanistic/existential approaches. Kauffman [5] argues that The mission of positive psychology is to develop sound theories of optimal functioning and to find empirically supported ways to improve the lives of ordinary and extraordinary people.

Positive psychology posits that human goodness and excellence are critical to understanding the human experience and promoting well-being [6]. Further, positive psychology promotes the inclusion of all human experiences, both good and bad. In particular, it advocates for a fundamental shift away from the medical model, which is pathology-focused, toward a psychology that is inclusive of human strengths. The growing body of research generated within the field of positive psychology examines human strengths and capabilities, such as courage, justice, humanity, and gratitude [6].

This paper will examine cinematherapy as a viable recreation therapy intervention technique and discuss positive psychology as an underlying theoretical foundation to incorporate the concepts of cinematherapy into it. In addition, the authors will provide specific guidelines on how to prepare, facilitate, and evaluate recreation therapy sessions that will use cinematherapy as a treatment technique. Lastly, the authors will provide a sample list of movies that are related to positive psychology that can be utilized in recreation therapy practice.

2. USE OF MOVIES IN RECREATION THERAPY

2.1 The Use of Movies: Cinematherapy

Cinematherapy is an outgrowth of bibliotherapy, which is often used with clients who have difficulties understanding and coping with themselves, their actions, or what is going on in life around them. Bibliotherapy, according to Austin [4], is a therapeutic facilitation technique that employs reading materials to help clients become aware that others share problems similar to theirs and provide clients with insights into positive effects of this technique.

Bibliotherapy, according to Marawski [7], has three stages of self-development: identification, catharsis, and insight. The first stage, identification, is where the reader feels some connection and can identify similarities between themselves and a character in a book. This helps the client to begin a process of self-exploration, which initiates the surface of conflicts and emotions that are deep inside. That is the second stage of self-development, known as catharsis. In the final stage, the client is able to develop an understanding of the situations and actions of the characters, and begins to relate them to his or her life. This helps the client to identify motives of their behaviors and lifestyle, and begin to facilitate change in both [8].
Cinematherapy is used for the same reasons bibliotherapy is used, but it is a different therapeutic technique that involves careful selection and assignment of movies, instead of reading materials, for clients to watch with follow-up processing of their experiences during therapy sessions [9]. The same stages of self-development that occur in bibliotherapy may occur in cinematherapy.

The characters on the screen can help people to realize that they are not the only ones who are experiencing a particular problem such as low self-esteem, loneliness, or any traumatic incident. Movies may help us to see what we wish we could do, what we are glad we are not doing, and most importantly, what we are doing that we wish we could change. Cinematherapy involves these therapeutic potentials addressed above and requires structured processing and further applications. That is, movies are carefully selected with a specific therapeutic purpose by a therapist and time for discussion of meaning is critical. Finally, clients are assisted to understand and cope with their own difficulties [10].

2.2 Benefits of Cinematherapy

There are many benefits in using cinematherapy as a therapeutic tool. One benefit is that film provides an alternative means to create change in a non-threatening manner and affords clients the opportunity to safely access alternative ideas and behaviors [11]. Nicholas an Schwarts [12] continued to argue that if the proper aesthetic distance is maintained, people can become emotionally involved with a movie so that it has an impact, but at the same time, they remain sufficiently removed to be objective. By using movies in therapy, the client is able to connect emotionally, cognitively, and behaviorally with a character who demonstrates problems that are similar to the client's own. Cinematherapy gives the client a chance to understand that they are not alone, see that others have overcome the same difficulties, and finally start to overcome their own issues.

There are some other benefits of cinematherapy. First, it is inexpensive to administer. It costs only a few dollars to rent a video. Second, movies are also easily accessible. They can be rented from numerous video rental stores or purchased from any nearby store. Third, they can be used with a diverse clientele and many issues can be explored. Finally, clients are very likely to comply with this type of therapy and it may easily enhance rapport between client and therapist [13].

3. RECOMMENDED PROCESS OF CINEMATHERAPY

The process of using films as an intervention requires a structured and guided process. Special attention to the process is crucial to the success of cinematherapy. The authors of this article suggest four stages for the process of cinematherapy: the preparation stage, the briefing stage, the implementation stage, and the debriefing stage Fig. 1.

![Diagram](image)

Fig. 1. Recommended process of cinematherapy

3.1 Preparation Stage

This stage is the assessment of the client and films that would aid in the therapy of that particular client. According to Demer and Hutchings [14], there are five steps in assessing the client in order to utilize a movie as intervention. The first step is to identify presenting problems and the goals that the client and the therapist...
have for therapy. The second step is to assess the interests, hobbies, activities, and types of employment of the client and their family, so that the movies chosen can be more effective in reflecting the client's life situation. The third step is to determine if the client has the ability to understand the content of the film and recognize similarities and differences between themselves and the characters. The fourth step is to make sure that issues of diversity, such as culture, race, socioeconomic status, sexual orientation, and gender are taken into account when selecting a film. Finally, based on the previous assessment, the client is matched with a movie to achieve the therapy goals.

Hesley and Hesley [15] suggest asking clients to name movies they identified with and what kinds of movies they typically enjoy. It should be also considered that recreation therapists be familiar with the movies used, having seen and fully understood them before providing intervention for the client.

One very important consideration in selecting a movie is that it may be preferable to select a movie that is relevant on a metaphorical level rather than in terms of literal content. It is reported that there is increased likelihood for defense mechanisms to interfere with the process of cinematherapy. That is, clients may become very defensive rather than be able to focus on the potential therapeutic benefits of the content [8].

3.2 Briefing Stage

At this stage, clients are introduced to the movie, explained the specific objectives of the movie, and explained why that particular movie was selected. It seems that clear communication regarding objectives with the client sets the stage for a therapeutic environment and maximizes the potential for treatment outcomes. The recreation therapists should make sure that the client understands that there will be a discussion about the movie, as well as their reactions, after it is viewed.

3.3 Implementation

During this stage, the authors also suggest that the client watches the movie with the therapist in a safe environment. During the movie, the therapist should be observing the reactions of the client to certain parts of the film. Any noticeable emotional and behavioral reactions should be documented to discuss in the debriefing stage. It is very important that the therapist controls and eliminates and distractions (e.g., noises or interruptions) so that the client can be totally focused on the movie.

3.4 Debriefing Stage

The final stage of cinematherapy is the debriefing stage. During this stage the therapist helps the client process their reactions. According to Dermer and Hutchings [14] the process of debriefing will vary based on the client and the specialist's therapeutic style. The therapist must be flexible and understand that every debriefing session will take on its own form. The suggested sequence of debriefing stages is illustrated in Fig. 2.

![Fig. 2. Sequential Steps of the Debriefing Stage](image)

The first step to debriefing a cinematherapy session is to reflect on the movie. The client's overall impressions and feelings towards the movie should be described, discussed, and recorded. During this time, the therapist should also share his or her feelings about the movie and characters with their client. The authors
suggest recreation therapists prepare some questions that could be asked during the reflection step. Some examples of these questions are: (a) Can you describe an image in the movie that stood out for you?; (b) Can you tell me about a particular image you have of a character?; and (c) What scene or part of the movie impressed you the most?

The second step in the debriefing stage is to identify similarities between the client's life and the life of the characters in the movie. The authors suggest that during this step, the client may realize that they are not the only person who experiences certain difficulties, thus understanding that they are not going through their problems alone.

After discussing the similarities of the client's life situations and those of the characters, as the third step, the therapist should then ask the client to discuss how the characters coped with their problems and how they were able to solve them. Through this, the client, with the help of the therapist, should be able to discover new ways of coping with their difficulties and new ways to solve their problems. The final step in debriefing is to transfer what they have learned through the movie and the therapy session to real life situations. Questions that could be asked to initiate thought are: (a) Can you tell me what you have learned from the movie?; (b) How will you apply today's learning to your situation?; and (c) Can you tell me possible barriers in applying what you have learned?

The authors, lastly, suggest other considerations that a therapist should take during the debriefing stage. They suggest providing every client with a chance to summarize and share the lesson. The therapist should encourage the clients to share all of their feelings and make sure that the clients leave the session with a feeling of accomplishment and satisfaction.

The authors summarize the debriefing steps and provide sample debriefing questions that might be asked to participants (see Table 1). These questions were developed by the authors based on a scenario in which participants watched "A Bug's Life (1998, Pixar Animation Studies)" and the therapist plans to focus on aggressive behavioral tendencies such as physical aggression, verbal aggression, and impulsiveness of the participants.

Table 1. Sample Debriefing Questions after Watching "A Bug's Life"

<table>
<thead>
<tr>
<th>Debriefing Steps</th>
<th>Sample Debriefing Questions</th>
</tr>
</thead>
</table>
| Reflection on the Movie | ▶ Did you enjoy watching the movie?  
▶ What scene or part of the movie impressed you the most?  
▶ How did you feel about Flick, the main character?  
▶ How did you feel about the grass hoppers? |
| Identification of Similarities (or Problems) | ▶ What kinds of problems do the grass hoppers have?  
▶ Is it a good idea to physically fight with people when you have a problem (Physical Aggression)?  
▶ How about insulting, cursing, or putting down others verbally? (Verbal Aggression)?  
▶ When you have a problem with others, do you try to have time to think how you will act or do you just react immediately? Which way is more desirable? (Impulsiveness)?  
▶ Have you experienced any similar problems that the character had? |
| Discovery of New Ways of Problem-Solving or Coping Skills | ▶ Can you tell us any good methods to solve a difficult situation such as arguing, fighting, acting without thinking, etc.?  
▶ At the end of the movie, the ants beat the grass hoppers up. Can you think about any other methods to solve the situation if you were ants? How would you deal with the situation differently? |
| Transfer of Their Learning to Real Life Situations | ▶ Can you please tell us what you have learned from the movie?  
▶ How will you apply today's learning to your situation? |

4. SAMPLE MOVIES AND SUBJECTIVE AREAS OF TREATMENT SUGGESTED BY THE RECREATION THERAPISTS

The idea of utilizing cinema in therapy may be appealing, but it seemed a relatively new idea in recreation therapy settings. Therefore, the authors conducted a survey to examine the current status of cinematherapy in recreation therapy settings and attempted to collect a compiled list of therapeutic movies that may be useful to TR practitioners.
Table 2. Therapeutic Films Suggested by Recreation Therapists

<table>
<thead>
<tr>
<th>Main Areas of Treatment</th>
<th>Sub-Areas of Treatment</th>
<th>Title and Year of the Move</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversity</td>
<td>Sexual orientation</td>
<td>Milk (2008)</td>
</tr>
<tr>
<td></td>
<td>Cultural diversity</td>
<td>Remember the Titans (2000)</td>
</tr>
<tr>
<td></td>
<td>Tolerance of differences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Differences, stereotypes, and prejudice</td>
<td>Hunch back of Notre Dame (1996)</td>
</tr>
<tr>
<td></td>
<td>Spiritual diversity</td>
<td>At close range (1963)</td>
</tr>
<tr>
<td>Abuse/Addiction</td>
<td>Alcohol</td>
<td>Antoine Fisher (2002)</td>
</tr>
<tr>
<td></td>
<td>Emotional and physical abuse</td>
<td>Philomena (2013)</td>
</tr>
<tr>
<td></td>
<td>Sexual assault</td>
<td>The accused (1988)</td>
</tr>
<tr>
<td></td>
<td>Child abuse</td>
<td>Child abuse</td>
</tr>
<tr>
<td></td>
<td>Bullying issues, social skills, and assertiveness skills</td>
<td>A bug's life (1998)</td>
</tr>
<tr>
<td>Physical Disabilities/ Illnesses</td>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>Least among saints (2012)</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Labor day (2013)</td>
</tr>
<tr>
<td></td>
<td>Negative self-esteem</td>
<td>My big fat Greek wedding (2002)</td>
</tr>
<tr>
<td></td>
<td>Anxiety Disorder</td>
<td>Pride and prejudice (2005)</td>
</tr>
<tr>
<td></td>
<td>Obsessive-Compulsive disorder</td>
<td>As good as it gets (1997)</td>
</tr>
<tr>
<td></td>
<td>Intellectual Disabilities</td>
<td>The other sister (1998)</td>
</tr>
<tr>
<td></td>
<td>Sudden physical disabilities</td>
<td>Mask (1995)</td>
</tr>
<tr>
<td></td>
<td>Sudden physical disabilities</td>
<td>Rudy blue (1995)</td>
</tr>
<tr>
<td></td>
<td>Anger</td>
<td>Warner (2011)</td>
</tr>
<tr>
<td></td>
<td>Blindness/Visual impairments</td>
<td>Imagine (2012)</td>
</tr>
<tr>
<td></td>
<td>Brain Injuries</td>
<td>Regarding Henry (1991)</td>
</tr>
<tr>
<td></td>
<td>AIDS</td>
<td>Philadelphia (1993)</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>50/50 (2013)</td>
</tr>
<tr>
<td>Lifespan Development</td>
<td>Adolescent issues</td>
<td>Rebel without a cause (1959)</td>
</tr>
<tr>
<td></td>
<td>Adolescent issues</td>
<td>Trouble with the curve (2012)</td>
</tr>
<tr>
<td></td>
<td>Death and dying</td>
<td>When did you last see your father? (2007)</td>
</tr>
<tr>
<td></td>
<td>Aging and challenging issues</td>
<td>Trouble with the curve (2012)</td>
</tr>
</tbody>
</table>

Participants in this survey were 52 therapeutic recreation specialists who attended a recreation therapy conference. The sample consisted of 44 females and 8 males, and a majority of the participants (n=45,86.5%) identified themselves as certified therapeutic recreation specialists. Primary settings in which the participants were then working were: (a) physical rehabilitation (n=18,34.62%); (b) mental health or psychiatry (n=10,19.23%); gerontology (n=8,15.39%); and (c) other settings (n=16,30.77%).

Table 2 is a compilation of the movies suggested by the participants for particular presenting problems. In order to make the list more effective for recreation therapists or other professionals in treatment settings, the authors grouped suggested movies by main target treatment areas and sub-areas of treatment. Lastly, it should be noted that the movie list in the Table 1 does not include all the movies suggested by the participants.

5. CONCLUSION AND DISCUSSION

A well-guided use of movies has the potential to touch people on cognitive, emotional, and behavioral levels. As the survey results revealed, many therapeutic recreation specialists use movies as a therapeutic modality. As we all know that therapeutic recreation is widely used for not only physical aspect of clients’ wellbeing but also emotional and mental aspect of clients wellbeing[16]. However, in a future, more studies for the cinematherapy is needed to give more choices of guidelines for therapeutic recreation specialists.

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