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Film therapy as a tool for environmental therapy and other applications in child welfare work

Bacheloroppgave i Bachelor i barnevern

Veileder: Joachim Vogt Isaksen

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Norges teknisk-naturvitenskapelige universitet
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SAMMENDRAG

Filmterapi er en form for intervensjon som har vist lovende resultater i sin anvendelse hos barn med forskjellige utfordringer. Til tross for disse lovende resultatene fra tidligere studier, finnes det begrenset forskning på temaet. Denne oppgaven utforsker noen av de mest fremtredende studiene som hittil er gjort på bruk av filmterapi med barn. Formålet med denne oppgaven er å argumentere for at filmterapi kan være et effektivt verktøy for miljøterapeuter som jobber i barneverns- og familie sentre og institusjoner.

Denne oppgaven undersøker studier utført i USA, Iran og Italia om bruk av filmterapi eller kinoterapi på barn som sliter med forskjellige vansker og har forskjellige funksjonsnivåer. Etter å ha evaluert resultatene av disse studiene ble flere felles trekk tydelige. Trekk som en kan ta ut, sammenligne og applisere på barnevernsarbeid, spesielt miljøterapi. Disse studiene viste at filmterapi kan være en svært effektiv behandlingsform for barn som er beboere i en barneverns- og familie senter eller institusjon. F.eks. barn som sliter med rusmisbruk, opplever sosial dysfunksjon på grunn av dårlig psykisk helse, eller diagnostiseres med autistisk spektrumforstyrrelse.

Denne oppgaven utforsker også en studie utført i Norge som intervjuet miljøterapeuter som jobber med barn for å finne ut hvordan de bruker systemisk teori i hverdagspraksisen. Denne studien viste betydningsfulle sammenhenger mellom filmterapi og miljøterapi, og hvordan de relaterer til hverandre gjennom narrativ terapi og bruk av metafor. Konklusjonen i denne oppgaven hevder at filmterapi og miljøterapi er kompatible behandlingsformer som kan brukes sammen: filmterapi kan være et viktig verktøy for å oppnå målene satt i miljøterapien.

ABSTRACT

Film therapy as a form of intervention has shown promise in its application toward children dealing with different issues. Despite the promising results of previous studies, limited research exists on the subject. This thesis paper explores some of the most prominent studies done to date on the use of film therapy with children. The purpose of this paper is then to argue that film therapy can be an effective tool for environmental therapists working in child welfare and family centers.

This paper examines studies performed in the US, Iran, and Italy regarding the use of film therapy or cinematherapy on children dealing with different issues and who have different levels of functioning. After evaluating the results of these studies, common traits were made apparent that could be extrapolated and compared to child welfare work, specifically environmental therapy. These studies showed that film therapy can be a highly effective treatment form for children who could potentially find themselves as residents of a child welfare or family center, such as children struggling with drug use, experiencing social dysfunction due to poor mental health, or diagnosed with autistic spectrum disorder.

This paper also explores a study conducted in Norway which interviewed environmental therapists working with children to find out how they use systemic theory in their everyday practice. This study was instrumental in connecting certain dots between the origins of film therapy and environmental therapy and how they are in many ways related through narrative therapy and the use of metaphor. The conclusion of this paper asserts that film therapy and environmental therapy are compatible treatment forms that can be used in tandem: film therapy as a tool to achieve the goals set out by environmental therapy.

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INTRODUCTION

The thesis of this paper is to show how film therapy can be applied to child welfare work, particularly environmental therapists working with children in family centers and child welfare institutions. Film therapy has long been touted as a novel idea in the field of psychotherapy. Perhaps it is because of this “novelty” that researchers have only recently begun to take it seriously and produce more studies on the subject (Molaie, 2010, 1182). While its roots may be grounded in psychotherapy, film therapy is a tool particularly well suited for child welfare workers, specifically environmental therapists who work with children in family and child welfare centers. The purpose of this paper is to present film therapy as an intervention form, illustrate its effectiveness through previous studies, present its applications and benefits, and propose film therapy as a tool to achieve the goals set out by environmental therapists.

Films have been used as a tool in different therapy forms for decades. Some psychoanalytic critics suggest that this is because films through their surreal, dream-like quality transmit ideas not through intellect but rather through emotion (Mangin, 1999). A common challenge faced by therapists is a client’s resistance to the therapeutic process, whether conscious or unconscious. By appealing to emotion, a therapist can effectively bypass this built-in resistance yielding more effective and longer lasting results. Films have been noted for their ability to even elicit emotional responses from people who otherwise do not display emotional reactions to events in real life, even under duress.

Many psychoanalysts and psychotherapists have attempted to explain why films are so effective in behavior modification. Foster Cline once described watching films as an “immersive experience involving sound, sight and a positive outcome,” which proves to be a major factor in its usefulness (Mangin, 1999). Because films can be grounded in realities and situations that mirror our own, they can aid the viewer in problem solving.

Film therapy has been proven to be a versatile approach that can be used in conjunction with other forms of therapy or as a stand-alone intervention (Sharp et al., 2002, 270). Psychotherapist Gary Solomon suggests that facilities like institutions can use films to change the way that the

inhabitants think and feel and offer a better path for them moving forward (Mangin, 1999).

Cathie Glenn Sturdevant has long promoted the use of cinematherapy for institutions, saying that emulating the settings of a movie theater, complete with the smell, touch, and taste of popcorn, would yield even more positive results. Activating all of the senses in the experience enhances its effect. Film- and cinematherapy could then be highly effective in promoting change and problem solving in residents of child welfare and family centers struggling with a myriad of issues, such as loss or drug use.

BACKGROUND

Definitions

When looking through the existing research on film therapy, other terms such as “cinematherapy” and “movie therapy” also show up in the titles and contents of articles. These terms have traditionally been used interchangeably to mean the same thing, but distinctions do exist. Saladino et al. provide clear and useful definitions based on the patient’s role and position in the viewing of the film (2020, 2). Cinematherapy aims to recreate the experience of being in a movie theater. It focuses on the settings and the viewing experience. Film therapy focuses on the film’s contents, such as its narrative, characters, and themes, to give the client something they can identify with and project onto. The term movie therapy appears to be used most often in the context of a group viewing experience that does not necessarily try to recreate the setting of a cinema but does focus on the film’s contents for therapeutic effect in the same way as film therapy. For the sake of simplicity and consistency, when referring to these terms this paper will adhere to the above definitions while also opting to use the term “film therapy” in the place of “movie therapy”. These definitions will provide the context for exploring how film therapy and cinematherapy have been used as a treatment form for children and how they can be applied by environmental therapists working in child welfare and family centers.

History of Film Therapy

Film therapy can be viewed as a modern adaptation of psychodramas that can be traced all the way back to the earliest recordings of history (Marsick, 312). In Ancient Greece, Aristotle postulated that audience members watching a drama vicariously experience the feelings of the hero as they make their journey through the story. Through this experience, as the hero struggles with strong emotions such as pity or fear, audience members who have been struggling themselves with such emotions may exploit this opportunity to process and purge themselves of these feelings along with the hero. Though the situations that elicit these feelings are simulated in nature, the sense of relief one gains from the experience is very real. Aristotle's proposal is perhaps the first proposal of the concept of catharsis.

Film therapy stems from the principles of biblio-/poetry therapy and is an effective method of facilitating communication with children in therapy, specifically on the topic of family transitions, such as divorce (Marsick, 2010, 311). It is particularly useful for preadolescents who find themselves in a more nebulous developmental stage, where play therapy may seem too childish and talk therapy too intimidating. Film therapy has become more preferred over traditional literature due to the latter's greater amount of time investment and the increased preference of technology and movies among modern children.

Film therapy, as well as biblio-/poetry therapy, is also closely related to narrative therapy. Therapists began to understand the connections between change in behavior and alternative stories in the early 1800s (Torsteinsen, 2016, 22). This new understanding formed the basis for narrative therapy. A client tells their story to their therapist and through dialogue and discussion, the therapist helps them to find new meanings to their stories that produce therapeutic effects (23). According to narrative therapy, people are active and social creatures whose realities are defined by their personal identities and sense of cultural belonging. We understand our experiences through our social context. In many ways we construct our realities through stories, which help us to understand how we find meaning in ourselves and the world around us. Social context is important in understanding these meanings, but it is our own self perceptions that decide how these stories are expressed.

J.L. Moreno (1944, 236) was one of the first to mention films being used in therapy. He referred to such films as “therapeutic motion pictures”. Moreno understood that psychodramas have the power to offer their viewers catharsis as well as a greater understanding of the self. He suggested that the production of therapeutic motion pictures would be advantageous in that they have similar content to psychodramas, are easier and more convenient to display, and can be viewed repeatedly. While making these films in itself can be therapeutic, the emphasis should not be on the filmmaking process but on the treatment of the audience (Moreno, 1944, 243). This form of psychodrama creates more space for engagement and interaction between the therapist and the patient in that the film can be stopped for explanation and discussion of the content.

THEORY

This portion of the paper will focus on explaining what film therapy is through its form and its function. It will then present previous studies that have used film therapy as an intervention form and the findings those studies have yielded. Different theories and concepts that film therapy stems from will then be presented. The final part of this portion will focus on theories and suggestions associated with film selection in film therapy. Throughout, the author will attempt to relate these studies and theories to environmental therapy and its application to work in family and child welfare centers.

What is Film Therapy?

Therapists have long employed the use of films in tandem with therapeutic techniques to increase the effectiveness of the therapy (Molaie et al., 2010, 1181). Film therapy though is an independent technique separate from other techniques that is used in a therapeutic setting and promotes interaction between the client and the therapist. The therapist offers the client direction as they observe a film together and discuss the meaningful metaphors and implications the film has and how they relate to the client’s life. Film therapy gives the observer a venue to reevaluate their problems through other perspectives and explore alternative solutions, which can fundamentally alter their behavior and cognition. Watching a movie increases hormonal and

neurotransmitter activity which creates excitement in the brain. For these reasons, film therapy can be an effective tool well suited for behavior modification.

According to the National Association of Poetry Therapy, film therapy is included under the umbrella of biblio-/poetry therapy due to its use of therapeutic storytelling (Marsick, 2010, 311). In this therapeutic approach, clients watch films that relate to their issues either during or in between sessions and then discuss them with a psychotherapist. This form of therapy serves several purposes, such as providing clients catharsis, reducing resistance in discussing difficult emotions, providing a role model that can give alternative perspectives and solutions, and engaging the imagination, among others.

Psychotherapist John Hesley explains that merely watching films is not enough to elicit significant change within the viewer (Mangin, 1999). It is the act of discussing the films with another that draws out emotions and allows the viewer to connect certain dots between the film and their own life. Whether the viewer is discussing the film with a therapist, a friend, or a family member, simply engaging with another about the film's content can bring about positive change.

The Effectiveness of Film Therapy on Children and Adolescents in Previous Studies

Though film therapy has been a concept floating around nearly as long as film itself, studies on its effectiveness have really only begun to be conducted within the past decade or so. Despite promising results from these studies, the amount of literature and empirical data on the topic is rather limited. The studies presented below are of the most prominent studies pertaining to the use of film therapy or cinematherapy on children. The findings of these studies exhibit incredible promise and illustrate why film therapy could be a useful tool for environmental therapists working with children dealing with a multitude of issues.

Emily Marsick's case study on her use of film therapy as an intervention for children of divorce gives great anecdotal evidence to its effectiveness (2010). She was also able to identify common traits that the children shared in their experiences with the treatment and compare them with

existing theories from bibliotherapy, specifically Caroline Shrodes's theory of the original process of change (1950). She published an article in the same year that refers to the same case study but focuses primarily on film selection, presenting previous theories and research, as well as proposing guidelines and tools that could be useful in selecting a film to be used in therapy.

In Iran, A. Molaie published two studies, also in 2010, that documents empirical proof not only film therapy's effectiveness, but how much more effective it can be than other more prominent forms of therapy. In one study, Molaie documents the effectiveness of film therapy in treating teenage boys struggling with drug use and how it fares against cognitive behavioral therapy in that approach. In the other study, Molaie conducts a similar study to show how well film therapy can be utilized in treating teenage girls dealing with grief over the death of an immediate family member, and how it compares to supportive group therapy in its effectiveness.

In Molaie et al.'s study on teenage boys struggling with drug use, the goal was to compare the effects that film therapy (FT) and cognitive behavioral therapy (CBT) have on abstinence self-efficacy (2010, 1181). Molaie used questionnaires to measure general, emotional, social, and grief self-efficacy (Molaie et al., 2010, 1182). The members of both the CBT and FT groups scored significantly higher on all four factors by the end of the study, both in the posttest and the follow up test. Cognitive behavioral therapy and film therapy seemed to be equally effective in increasing both general and situational (emotional, social, grief) self-efficacy. The posttest scores showed little to no difference in self-reporting of self-efficacy between the CBT and FT groups, with the exception that the FT group yielded higher scores in general self-efficacy (1183). After the follow up test, however, the CBT group's scores remained fairly static while the FT group's scores increased dramatically in situational self-efficacy with only a minor increase in general self-efficacy.

In Molaie et al.'s other study, the goal is to see how group film therapy compares to standard support group therapy in its effectiveness in helping teens cope with the negative effects of grief (2010, 834). Participants were asked to complete the GHQ-28 (General Health Questionnaire) directly before treatment began, directly after the duration of the treatment, and two months after the last session (835). The GHQ-28 gives an overall score as well as scores for four subscales

that include somatic reaction, depression, anxiety, and social dysfunction. The pretest showed that there was no significant difference between the group's scores before treatment started. The posttest showed that both the SGT and GFT groups scored significantly lower than the control group on all subscales. This suggests that both SGT and GFT were effective treatments in helping teen girls with grief. In reviewing the scores of the follow-up tests, however, it was revealed that the scores of the GFT group were significantly lower than those of the SGT group, which had stayed fairly consistent with the posttest scores (836). This suggests that group film therapy may be a more effective form of intervention than supportive group therapy in helping teenage girls experiencing grief.

Valeria Saladino et al. published a case study in 2020 regarding the use of cinematherapy on children diagnosed with autism spectrum disorder (ASD). She discusses how combining the use of Video Modeling (VM) and Self Video-Modeling (SVM) with cinematherapy has achieved great results in helping children with ASD develop better communication and social skills (Saladino et. al., 2020, 2). All four children in her study showed an increase in social and relational deficits measured through mutual interaction, social-emotional reciprocity, play, and behavior (12). The children progressed throughout the phases of the study exhibiting increased capacity for collaboration, sharing opinions, using gestures, and physical contact.

Inhabitants of child welfare and family centers can be affected by a wide assortment of hindrances in their lives. Many can be children who have grown up with intense conflict. They might be adolescent drug users who struggle with self-image and self-efficacy. They could be teenagers who experience social dysfunction, mental illness, or a physical malady. Children with ASD can also populate centers either with others diagnosed with ASD or with other children in need outside intervention. No matter the reason, children who find themselves in such a facility usually do so because they lack the resources to receive proper care from their families. Environmental therapists come in contact with these children every day, and film therapy is proven to be an effective tool they could apply to their practice in helping these children.

Process of Change through Film Therapy

The themes of film therapy when compared to other theories seem to support the original process of change first described by Caroline Shrodes in her 1950 dissertation on bibliotherapy (Marsick, 2010, 314). These themes are identification, projection, catharsis, and insight.

Identification is the process in which we recognize similarities between ourselves and the situations that a character in a story is facing (Marsick, 2010, 314). This makes us identify and connect with the character and allows us to share our own feelings through the character's story. This is especially true with children who often have more difficulty sharing their feelings when speaking about loss. Marsick found that the children in her study were in fact more open to talking about their feelings when discussing them through the perspective of the character. Marsick speculates that watching similarly aged characters show their feelings on the screen may normalize the behavior for children and make it easier for them to open up about their feelings and experiences.

Projection is when we attribute our own thoughts and perceptions of the world, people, and ourselves onto others (Marsick, 2010, 314). Children undergoing film therapy identify with the characters of the story and can talk about what the character might be feeling and thinking within the context of the film. Usually, their answers are consistent with the information given in the film, but sometimes they can give responses that are not consistent with the film. This is an indication that the child is no longer speaking from the character's perspective or situation, but rather from their own. The child's projections better inform the therapist of what the child's fears and concerns are and helps the therapist to discuss them with the child through the metaphor of the character and the story. New understandings of the child's situation develop more easily by bypassing conscious resistance to the process.

Catharsis is another stage of film therapy that allows the viewer to experience emotional responses to their problems and situations vicariously through the character (Marsick, 2010, 316). Interactive viewing and expressive activities are two elements of film therapy that can help the viewer gain catharsis and insight. In Marsick's study, catharsis was achieved by the children

through expressive activities in response to the films. Being that catharsis is such an important stage of film therapy, expressive activities are made even more significant to the process. Not all children will want to engage with expressive activities, so it is important that they be given the choice between expressive responses or talking.

Film therapy helps the viewer to gain insight into their own problems by viewing a character or group of characters dealing with similar problems (Marsick, 2010, 317). This helps the viewer to better understand their own problems and provides them with new perspectives and alternative solutions. Insight also helps the viewer to develop coping skills. The children in the study were able to internalize scenes from films that resonated with them, which gave them important coping resources. They can relate these scenes to their own problems and situations in a way that offers them comfort or better understanding.

Another element that can be appended to the original process of change is the concept of universalization (Sharp et al., 2002, 270). By viewing a character in a situation similar to that of the viewer, the viewer understands that they are not the only person experiencing the problem. Others have gone through similar difficulties, which can make the viewer feel less alone and isolated.

The Metaphor

Metaphors help us to find double meanings and possibilities that were not previously accessible to us (Torsteinsen 2016, 24). By using metaphors, we can recreate stories by adding new elements. This allows us to find new understandings and provides us with new tools and skills. Experiencing stories with similar elements can create a reverb that challenges and changes a problematic narrative we already believe. The idea is that if one sees double meanings and alternative solutions in others' stories, they can apply those meanings and solutions to their own lives. Metaphors do not necessarily represent a new or different truth, but simply add new knowledge and elements to an existing story. This is a method referred to as "cognitive reconstruction," where the therapist and client work together to rewrite the client's stories and the life they have lived. The more metaphors a person has that they can use to relate to the world,

the more possibilities and flexibility they have to make good choices. Utilizing alternative narratives more space for creative choices. Metaphor helps us to view our problems objectively, effectively separating us from our problems. This separation is often referred to as externalization. Having externalized our problems, it becomes easier to talk about them and to explore alternative truths.

Film therapy can be used as a catalyst for therapeutic discussion or as an intervention through the use of metaphor (Sharp et al., 2002, 270). It provides a shared story that the therapist and client can use as a metaphor for the client's issues (273). Through this metaphor the client achieves greater self-understanding, functioning, and insight. This is the general principle of psychotherapy. For decades psychotherapists have utilized metaphors to bypass or outmaneuver the logical and analytical side of the brain to appeal to its more creative side which tends to be more receptive. By skipping through our brain's defenses, the metaphor can engage the parts of our brain that control and induce change. It is believed then that metaphors activate association patterns in our unconscious mind that impact our conscious minds through changed behaviors or ways of thinking. Clients can resist messages and interpretations by intellectualizing them or refusing their relevancy. Metaphors help the client to be more receptive to new ideas and concepts.

Identifying with a film's characters allows the viewer an opportunity for self-exploration by comparing the behaviors and motives of the characters to their own (Sharp et al., 2002, 271). Films also help the viewer to view their problems objectively, which lends to greater efficacy in solving said problems. The viewer can learn that talking about their issues is not shameful but normal and necessary in order to start the healing process. Film therapy can also teach them coping strategies. Film therapy offers the viewer an indirect approach to process difficult material that pertains to their own situations. The objective and indirect approach to problem-solving that film therapy provides enables the viewer to explore their own problems in a more detached, almost simulated way. The viewer can then explore alternative resolutions in a much less stressful setting.

It seems obvious that films should be selected that are relevant to the issues faced by the client. However, metaphorical relevance trumps literal relevance when measuring the effectiveness of the therapy (Sharp et al., 2002, 272). If a film mirrors the situation of the client too closely, the client becomes more conscious of the therapy, triggering their defense mechanisms that can make them more resistant to the process. Sharp, et. al., gives the example selecting a film when working with a client that struggles with substance abuse. A film such as *28 Days* that directly tells the story of a woman dealing with drug addiction may seem like a fine choice but could be too on the nose. A film like *Interview with the Vampire* might be a better choice because it deals with themes such as uncontrollable urges, withdrawal, predatory behavior, and victimhood that could be relevant to the client's situation without ever actually referencing substance abuse.

The metaphor is also an important concept in environmental therapy. Metaphors are an important component of narrative therapy (Torsteinsen, 2016, 24). Environmental therapists use narrative therapy in their conversations with children to understand how the child perceives their life and how the child perceives his or herself. They can help the child to find alternative meanings in their stories and new solutions that the child had not been able to find on their own. Film therapy is then a method that could be useful to an environmental therapist in helping children explore different perspectives to characters dealing with similar problems.

Systemic Theory

Systemic theory seeks to observe patterns and connections in all things living and how they relate to each other (Torsteinsen, 2016, 26). Systemic theory utilizes relations and circular causation in order to identify these patterns and understand how they are connected (27).

Systemic theory views the individual as a part of holistic systems, such as a family, a clique, or a network, that interact with and mutually affect each other. Systemic theory also implies that there is no such thing as non-communication. We are constantly interpreting and deciphering each other's gestures and body language, trying to find all possible meanings under both verbal and non-verbal communication. Communication occurs on multiple levels at all times, whether we intend for it or not. All interactions must therefore be understood circularly.

Circularity refers to the circular nature of communication (Torsteinsen, 2016, 28). It views communication as an interactive process, not a linear series of events. All living things can also be viewed in a circular context. Problems experienced in individuals or families are observed in patterns that have rooted themselves in a system. The problem persists when we observe it linearly, futilely trying to find the cause. Using a circular understanding shifts the focus to how participants interact and how problems are connected and affect each other. Communication must also be observed through context (29). Context is both a physical and social construct that helps us to interpret communication and provides a framework from which we can derive meaning. It also helps participants of a system achieve a common understanding of reality. This common reality allows for better cooperation by providing well-defined roles and expectations.

Systemic theory relates strongly to both film therapy and environmental therapy. Both film therapy and environmental therapy set out to help their clients to find alternative meanings in verbal and non-verbal communication. They seek to promote the identification and discussion of emotions. They also help to view communication as circular. We have already discussed how film therapy allows children to observe their problems and situations objectively. Environmental therapists use externalization to achieve the same thing (Torsteinsen, 2016, 25). Externalization is the process used to separate the problem from the child. By maintaining an externalized attitude, the environmental therapist helps the child to view their problem objectively rather than internalizing it as a part of their identity.

Film Selection

In a separate article regarding her case study on children of divorce, Emily Marsick delves deeper into the process of film selection. When selecting a film for the purpose of film therapy, certain criteria must be considered. Among these criteria are the client's problems, strengths, goals, comprehension skills, similarities of characters, and diversity issues (Marsick, 2010, 375). The film should have effective role models, content conducive to therapy, content that the client finds interesting and enjoyable, characters who solve problems, indirect messages, and uplifting themes. The more a client can relate to the film, the more effective it can be used in therapy. It benefits the client and the therapeutic process if the issues presented in the film match the

client's and if the characters bear similarities to the client in age, socioeconomic status, and personal values.

The main goal in film selection is to find a film that matches the client's problem and personality (Marsick, 2010, 376). Picking a film that matches the client's needs impeccably helps convey the therapist's empathy for the client's situation. Films that portray traumatic events similar to those that the client has recently experienced should not be used. This could be potentially harmful for the client and distract from the progress of the therapy. The language and content of the film should be appropriate in regard to the community's values. It is important that the therapist summarize the film before viewing with the client, paying close attention to language and content that could trigger the client.

Several psychologists, organizations, and institutes have compiled lists of films that can be used in film therapy, giving detailed breakdowns of the movie's contents, themes, age appropriateness, and morals, as well as what issues they address (Marsick, 2010, 377). The development of a database for films with therapeutic value complete with overviews including the film's themes, appropriate age ranges, and socioeconomic and cultural characteristics. Ideally, a database could exist for films of all languages and cultural origins (385). Due to the importance of a film being selected on an individual basis, perhaps more important than a database would be the development of an evaluation tool that could systematically evaluate the appropriateness of a film library (386). This could guide therapists through finding the benefits and drawbacks of using a specific film for a client based on their specific issue and development level.

While several attempts have been made at assembling databases for films that could be used in film therapy, the pace at which films are released these days makes it difficult to keep such a database up to date, and even a complete database would only be helpful for a finite region based on language and culture. Film therapy then requires that the therapist has a wide array of films prepared in their own repertoire (Sharp et al., 2002, 272). It is paramount that the therapist has seen and is familiar with the contents of the films used in the therapy sessions. Though it is considered helpful for the therapist to choose films that have impacted them personally, it is

important that the films be viewed through the lens of film therapy so as to be used for its therapeutic value rather than for its entertainment value. Therapists should learn to watch films in a “metaposition,” or from a more objective point of view that allows them to lift the therapeutic benefits and themes that the film provides.

Self-selection also proved to be an important element of film therapy (Marsick, 2010, 317). The children in her case study were given the opportunity to watch clips of films or television shows with the therapist that were significant to them. By doing this the therapist can identify themes from the content that helps them to better understand the child and makes them better equipped to help the child. The children also showed more interest in the films that were made specifically for children rather than films geared more towards families or adults (Marsick, 2010, 381). The children tended to respond more positively toward more recent releases than they did earlier releases (382). They had greater difficulty relating to characters from older movies which could lead to poorer results in treatment.

One must consider the appropriateness of the film’s content during the selection process. A film may have therapeutic benefits, but these benefits could be offset by other inappropriate or upsetting themes in the film (Sharp et al., 2002, 272). The child’s maturity level must be considered in film selection (Marsick, 2010, 381). Films that contain more mature content such as violence or swearing can distract from the therapeutic purposes of the film and derail the experience if the child is not old enough or mature enough to handle it. The film is also much more helpful if it is deliberately selected for the child’s issue and the stage in which they are dealing with it (382). It is therefore important that the therapist have a strong base of knowledge of both the client and the client’s history in order to identify potential triggers that could show up in viewing the film (Sharp et al., 2002, 272). Knowing the client’s condition is also essential in film selection (273). Selecting a sad film would not be particularly helpful for a client experiencing a depressive state unless the film has an adequate resolution to the story (Marsick, 2010, 382). Inappropriate content does not necessarily disqualify a film from being used in film therapy, but the therapist must be aware of any content that can disrupt the therapeutic process and give the client sufficient warning if parts of the film could be particularly offensive to them (Sharp et al., 2002, 273).

DISCUSSION

In this section of the paper, the implications that arise from previous research on film therapy and its applications toward working with children will be explored in depth. The significance of the child's developmental stage and family transitions in relation with film therapy will be discussed. The significance of expressive activities done in film therapy will also be discussed. The drawbacks of film therapy as used with children will be briefly touched upon. Finally, this portion will conclude by explaining why film therapy would be a powerful tool for environmental therapists working with children in child welfare and family centers.

Applications from Previous Research for Film Therapy on Children

The research presented earlier by Marsick, Molaei, and Saladino respectively illustrate tremendous uses for film therapy when working with children. Film therapy has been shown to be effective in helping children to cope with many different situations that can arise in a child's life. Interactive viewing promotes dialogue and builds trust between the child and the therapist. Film therapy can help motivate children to share and discuss their feelings. It can help the therapist to bypass resistance from children in the therapeutic process by objectifying and externalizing their problems. It promotes self-efficacy as well as mental health, making it easier for a child to experience progressive growth even after treatment. Cinematherapy also helps children with ASD to interact more positively with others.

A new and significant concept that emerged from Marsick's study was that of interactive viewing (2010, 315). Film therapy allows the child to engage and dialogue with the film without disrupting the narrative. The therapist can observe the child's reactions and emotions and take note of the child's comments while viewing the film. It may be that the child finds it easier and emotionally safer to talk with the therapist in this context. When both the child and the therapist are facing the screen, it creates a degree of distance that allows the child to be more open. The act of engaging in a shared activity also increases the child's feelings of safety which encourages dialogue.

The dialogue that the child experiences with the film is closely related to the concept of audience flow. Audience flow is when the viewer mentally and actively engages the media they are consuming in a way that fosters the development of new insights and perspectives (Pritzker, 2007, 110). Pritzker describes this engagement as a conversation between the viewer and the media that transpires within the viewer's head. Marsick suggests that interactive viewing externalizes that conversation, and that the inclusion of a therapist brings forth a third voice in the conversation that can help the child make sense of and process information the film's contents while also providing psychoeducation to teach the child new coping skills and ways of thinking of their own problems (2010, 315).

Marsick found that film therapy helps children to better identify emotions (2010, 314). This skill was then transferrable to help the children identify emotions of others in their own lives based on facial expressions and body language. For example, one of the children had said that their father has a hard time talking about the divorce, but through film therapy they were able to identify that their father was sad through facial cues, specifically his eyes. Marsick claims that this was not a skill that the child had exhibited before the film therapy began.

Film therapy may be an exercise in itself to help children speak more candidly and directly about their feelings (Marsick, 2010, 315). Marsick found that the children in her study had an easier time in later sessions digging deeper into their feelings and problems during the therapy. One of the children directly expressed a greater appreciation for the value of sharing feelings through the process. The general experience was that all of the children toward the end of the study were able to talk about more difficult themes and share their feelings more articulately.

It is essential that children be offered the opportunity to grieve the losses experienced through divorce as well as gain a better understanding of the concept and learn coping skills (Marsick, 2010, 311). Children can often be resistant to expressing and discussing their feelings during individual therapy, so creative approaches are a necessity. On the matter of discussing the film material with the client, there are generally two schools of thought. The therapist can either discuss the film on a direct level as it relates to the client's life, or they can keep the discussion at

the metaphorical level (Sharp et al., 2002, 273). Asking indirect questions that relate the stimulus material to the client's life situation may trigger less resistance in the client, but not taking a direct approach decreases the certainty that the client sees and understands the connections themselves. It is therefore suggested that the focal point of the discussion be through the perspective of the characters.

Children can be resistant to change when they have ingrained their problem or difficult situation as a part of their identity. Some stories can dominate our minds and self-perception to the point that we believe them as absolute truth. Dominant stories can reinforce ideas so strongly in our minds that we readily believe other stories that support the same message even if their content contradict the original story. They also hide other important elements and ideas of the original story from our consciousness, making them difficult to access. Thus enters the significance of the metaphor (Torsteinsen, 2016, 23).

The ways in which film therapy helps to convey metaphors have been compared to hypnotism. In psychotherapy hypnotism has been defined as a form of communication between two people with the goal of changing one's behavior and consciousness through the use of a trance (Sharp et al., 2002, 273). The act of watching a movie has been compared to a trance in that one can lose track of time and their surroundings, essentially isolating their consciousness from time and space. The lack of personal awareness this creates can limit the client's resistance, making them more susceptible to receiving new and different information.

It has been postulated that movies aid in facilitating both positive and negative emotions and can lead to a cathartic response, as well as reducing stress hormones and increasing endorphin levels (Molaei et al., 2010, 836). This along with reducing resistance in the viewer through the use of metaphor makes film therapy a highly effective form of intervention. Watching the film in a group setting and being able to discuss the film and its characters as well as their own experiences was reported as a positive experience for the teenagers, and effectively reduced feelings of isolation and improved their social skills.

Studies have shown that one's level of self-efficacy is essential for determining whether a drug abuser will relapse or not (Molaie et al., 2010, 1180). High levels of self-efficacy contribute to increased coping skills that in turn increase the effects of intervention programs. There are a multitude of intervention programs that effectively increase self-efficacy. Self-efficacy refers to one's feelings of how efficiently they can control events in their everyday lives (1181).

Observation and modeling are two processes that can increase self-efficacy. By observing the behavior of a highly efficient role model and the consequences of that behavior, the individual learns to emulate the role model and replaces their own behavior with those they have observed. Films lend themselves very well to observational learning and can have therapeutic value.

Molaie's study on teen drug users shows that film therapy is just as effective as cognitive behavioral therapy during the ending stages of treatment but is much more effective in the aftermath of treatment (Molaie et al., 2010, 1183). It is theorized that this is due to film therapy's capability of increasing situational self-efficacy and its focus on the individual's role in problem solving in the context of different situations. Learning new coping skills and replacing harmful behaviors with more appropriate ones increases the feelings of control that drug users have over their lives and makes them better equipped to deal with internal and external triggers that encourage drug use. Film therapy takes a multi-dimensional approach to treatment encompassing both conscious and unconscious parts of the brain including cognition, attitudes, emotion, motivation, behavior, and physiology. This in combination with film's ability to engage the observer's spatial, musical, and interpersonal intelligences makes film therapy a highly effective technique for adolescent drug users (1184).

Molaie et al.'s study comparing the effectiveness of group film therapy to supportive group therapy illustrates how film therapy can promote improvements in mental health. This study dealt with the treatment of teenage girls who had recently lost a close family member. Emotional and cognitive processes are needed to come to terms with bereavement (Molaie et al., 2010, 832). This resolution also necessitates a cathartic experience to the point that speaking of loss becomes more pleasurable and painful over time. Some people due to individual and social factors have less opportunity and/or reduced ability to experience catharsis. Bereavement can have a long-lasting effect on the mental health of teenagers, yet studies on the subject tend to

focus much more on adult subjects rather than adolescents (833). Teenage girls are especially vulnerable due to heightened intensity of physical and emotional symptoms compared to that of teenage boys. Negative feelings caused by grief such as depression and anxiety tend to last from one to three years, but therapeutic intervention can be helpful in processing and resolving these negative emotions.

Teenagers self-reported that talking to peers about loss and having a sympathetic listener was the best way to find resolution to grief (Molaei et al., 2010, 833). Group therapy is therefore highly effective in helping teens deal with loss. Potential factors that contribute to its effectiveness include inter-/intrapersonal learning, emotional catharsis, self-awareness, psychoeducation, cohesiveness, and universality. Supportive group therapy implements the emotional process through the sharing and discussing of painful experiences in an accommodating environment. Clients who engage in the process gain awareness of their repressed feelings and new coping skills to deal with negative or unexpressed emotions. Supportive group therapy helps reduce stress, improve mental health, relieve somatic symptoms, encourage interpersonal exchange, increase life satisfaction, enhance self-esteem, and coping with loss. It is therefore a highly effective intervention for teenagers experiencing grief.

Cinematherapy has been used to great success in helping children with autism spectrum disorder (ASD). ASD is characterized by limited interests, repetitive behaviors, and difficulties in social interactions (Saladino et al., 2020, 1). These traits make it difficult for children with ASD to develop and maintain peer relationships and share their feelings. Children with ASD commonly display anomalies in eye contact and mutual attention as well as less interest in others. They tend to have rigid routines and have low tolerance for change. While the vast majority of those with ASD show reduced symptoms and higher social skills later in life, these changes can be greatly boosted through interventions based on peer relationships (2). Both peer tutoring and the “peer buddy” approach have proven to be effective in decreasing feelings of isolation and increasing social skills through mutual learning and teaching.

Video Modeling (VM) is an evidence-based treatment that teaches children with ASD a multitude of skills (Saladino et al., 2020, 2). In VM, children with ASD learn positive behaviors

by watching them exhibited in social interactions between peers and adults in videos. They can also learn from watching videos of themselves in social interactions, which is referred to Video Self-Modeling (VSM). Both of these approaches are effective interventions that increase behavioral functioning and communication skills in children with ADS. By viewing these videos in a cinematherapy setting, children with ADS are better able to ignore outside stimuli which increases the effectivity of Video Modeling.

The Significance of Developmental Stage and Family Transitions

Where a child finds themselves in relation to their developmental stage and in relation to their family and network is crucial in film therapy. Biblio-/poetry therapy and by extension film therapy has been an effective method of facilitating communication with children in therapy, specifically on the topic of family transitions, such as divorce (Marsick, 2010, 311). Family transitions and the child's maturity level must be taken into account when selecting a film to be used in therapy (Marsick, 2010, 385). Children of similar ages may differ significantly in what films they enjoy and what they can understand and get out of a film. Though film therapy can be useful to people of all ages, Marsick suggests that it is particularly useful for preadolescents who find themselves in a more nebulous developmental stage, where play therapy may seem too childish and talk therapy too intimidating (2010, 311).

Stories are open to interpretation and serve many functions. Based on the relationship between a client and a therapist and the client's sensitivities, some parts of the narrative may have to be altered or cut from the story (Torsteinsen, 2016, 23). Especially in the case of children, it is best to avoid triggering past traumas that can be harmful to the child and disruptive to the therapeutic process. Therefore, it is important that the therapist have a good grasp of the child's history and maturity level to know what type of material they could handle viewing that would be conducive to a therapeutic setting. It is also important that the therapist knows the child's comprehension skills in case a metaphorical intervention is necessary.

The Significance of Expressive Activities in Film Therapy

Expressive activities are an important function of film therapy because they enable children to process their own reactions to the films they have watched as well as support and empathize with each other in group therapy settings (Marsick, 2010, 313). Expressive activities include but are not limited to art, storytelling, photography, journal writing, and role playing. Hoorwitz used filmmaking itself as an expressive activity in his study of late-latency aged children going through parental divorce (1984, 48). These children would role play scenes from films they watched about divorce, and then would make their own videos about situations other children could face in similar circumstances.

Expressive responses, or engaging in expressive activities after viewing the films, help the children to share their emotional reactions through action rather than talking (Marsick, 2010, 316). It also gives them an opportunity to have their say in the narrative in the film as well. Expressive responses also allow the children to explore the film as a metaphor for their own problems. Expressive activities allowed them to alter aspects of the narrative to be more relevant to their own situation and work through their concerns on a more symbolic level.

Participation in arts-based therapies, particularly expressive activities, have also shown to be effective in helping children with ASD by increasing emotional skills (Saladino et al., 2020, 2). Theater therapy is one such activity that helps children with ASD through interactions and observation, allowing the child to learn to interpret expressions, gestures and social situations while also learning to express their own feelings both verbally and non-verbally. Acting and role-playing promote self-awareness and social mutuality by developing skills such as empathy and considering the points of view of others.

Drawbacks to Film Therapy

There exist very few contraindications for the use of film therapy as a treatment (Sharp et al., 2002, 273). Film therapy is a viable form of treatment for clients affected by a multitude of issues and with varying degrees of functionality. Film therapy would not be useful for a client

who is actively psychotic, but few if any other contraindications are known. It even has varying degrees of success and effectiveness for low-functioning clients.

One downside to film therapy can be that too much time is spent discussing the film in sessions and not enough time discussing issues presented by the client (Masick, 2010, 384). Sufficient time should be given in earlier sessions for the client and therapist to get to know each other and for the therapist to be thoroughly informed of the client's issues so that the therapist may select a film that more adequately reflects the client's concerns and situation.

The level of a child's trauma and comprehension skills could also present an issue to film therapy. If a child has specific traumas that make it difficult to view a film that tackles them directly, then a metaphorical approach is needed. If the child does not have sufficient comprehensive skills though and is unable to connect the dots between the narrative and their own situation, then film therapy can prove to be of little use in that scenario.

Film Therapy as a Tool for Environmental Therapists

Film therapy could be a powerful tool for environmental therapists working with children in child welfare and family centers. Environmental therapy is a versatile form of treatment that requires interdisciplinary and interdepartmental cooperation and offers unique possibilities through its use either independently or as an additional offer to other forms of treatment (Utne, 2005, 441). It focuses on relationship building and using the child's family and network, when possible, to provide stability and structure to daily life while also reinforcing positive change. Though environmental therapists for the most part are not clinical psychologists, they are professionals who have an academic background and competence in interdisciplinary cooperation and can understand and help a child to talk about and process their feelings (442).

Environmental therapy is noted for its flexibility. It uses the client's current standpoint and resources as a starting point to utilize interaction between the client and the therapist, the therapist's own competence and resources, and the surrounding environment around them in the execution of their practice (Utne, 2005, 442). Environmental therapy therefore has a flexibility

that can strike a balance between therapeutic conversation and therapeutic contact. It can be flexible in both arena and role. The therapy is happening no matter where the client and therapist find themselves. It could be in an institution, at home, in the car, at the store, or any other feasible place that the client and therapist would be together. The therapist also gets to meet the client in many different contexts, whether it be as an individual, in a group, or in their network. This flexibility allows the therapist to invest in their client and build a relationship with them. Research shows that a strong relationship is one of the most important factors in achieving therapeutic effect.

Environmental therapists who work in child welfare and family centers or at home with children have time, opportunity, and the understanding that our daily situations are an important starting point for providing help (Utne, 2005, 441). This makes them well suited for working with children who have difficult life situations. Children tend to be the most open to discussing their issues when they experience active contact with the person they are with. This is why activities are so important in creating a bond between the therapist and the child. An active and sympathetic ear with professional and theoretical knowledge makes an environmental therapist a great companion and facilitator for understanding the child's feelings and situation.

Environmental therapists are therefore excellent candidates for film therapy practitioners. Especially if one were to examine the common goals and traits of environmental therapist outlined by Kristina Hind Torsteinsen (2016). She suggested that environmental therapists' use of narrative practice and externalization require that they forget labels such as "ADHD", "OCD", and "anxiety" (25). Labels can suggest that a template exists when dealing with certain problems, but two people can experience similar problems very differently. Though people can have struggle with similar issues, each case must be evaluated on an individual basis. This illustrates that environmental therapists understand that each child should be treated by a case-by-case standard, which is an important element of film therapy.

Environmental therapists who work with children report sharing basic attitudes such as respect for the children they work with and a genuine curiosity for their lives (Torsteinsen, 2016, 48). They see it as their mission to bring forth the child's voice, experiences, and thoughts toward

their life and future. They are preoccupied with the child's own worldview and beliefs and want to find out what is important to the child and why. In communication, the goal is to listen to and explore the child's stories without prejudice. Film therapy requires that the therapist have a good understanding of what the child perceives as their issue and how they perceive themselves and the world. Environmental therapists are therefore well equipped to fulfill this prerequisite. They wish to bring forth the good stories and the stories that the children want to tell about their own lives (72). Which stories they choose to tell represents parts of the life and identity of the child. They are also sincerely interested in exploring and expanding upon the stories with the child. They can help the child to reframe their stories (73). For example, they can help the child to recognize and understand the strengths of their sad or difficult stories rather than just their defeats.

Environmental therapists wish to provide the child with positive relational experiences to give them hope, a sense of belonging, and a sense of worth (Torsteinsen, 2016, 49). A common fear among environmental therapists is that feelings of not fitting in will lead to feelings of failure and unhappiness in the children (50). One of the elements of film therapy discussed earlier was that of universalization. Film therapy helps children to understand that they are not alone, reducing feelings of isolation and loneliness. Film therapy would therefore be a good tool for environmental therapists.

Environmental therapists reported that they want to be good and safe adults for the children; role models that can see alternative solutions and reflect and wonder (Torsteinsen, 2016, 52). Film therapy uses observation of role models through narrative and characters to let them explore alternative perspectives and solutions to their situations. It would be a useful tool then for environmental therapists who could use film therapy to instigate the process of observing role models and frame the child's situation through different perspectives when searching for solutions to problems that occur.

Environmental therapists shared that they often talk about their own feelings in order to encourage the children to talk about and share their feelings (Torsteinsen, 2016, 54). Many children who come in contact with environmental therapists have problems sharing their feelings

and have had bad experiences doing so in the past (56). They can use film therapy to promote dialogue about the child's feelings. Identification and projection in the film viewing process can help children speak of their own feelings from a more objective standpoint, providing an increased sense of security.

Children can be resistant to therapy for a multitude of reasons. Dealing with rejection and resistance from the child is a natural part of environmental therapy (Torsteinsen, 2016, 59). Film therapy can help the environmental therapist to bypass this resistance by appealing to the emotions of the child rather than their intellect. The child then becomes more receptive to the therapy and can process things on an unconscious level.

Environmental therapists have a fundamental understanding that children are experts on their own lives (Torsteinsen, 2016, 67). Therefore, it is important for them to clearly define their role to the child and try to learn about the child's life and experiences. Expectations between the child and the therapist become clearly defined which becomes a foundation for strengthening their relationship. The relationship between the therapist and the child is fundamentally essential for film therapy to be at its most effective. Environmental therapists are an integral part of the child's daily life and relationship building is therefore one of the most important goals implicit in environmental therapy. This puts them at an advantageous position in relation to film therapy.

CONCLUSION

This paper has addressed how film therapy can be applied to child welfare work. Aspects of film therapy and cinematherapy can be used in several arenas within child welfare work. It has been mentioned that cinematherapy can be used in child welfare institutions to help residents think differently about their situations. It can also be used to promote social skills and positive interactions in children diagnosed with ASD who could be living in child welfare institutions or family centers as well. Child welfare consultants in child protective services could use film therapy as a type of skills training for both parents and children experiencing conflict to promote communication and help them to view things from the perspective of the other. However,

perhaps the most useful application of film therapy in child welfare work is in the arena of environmental therapy used in child welfare centers and institutions.

Film has been used in combination with other therapy techniques for decades. It has been shown that using film therapy on children can be highly effective. This may be due to the importance of film in youth culture (Molaie, 2010, 834). It is also believed that the audiovisual component of films makes it superior to traditional uses of bibliotherapy, which has previously been effective in treating adolescents. (Sharp et al., 2002, 271). Films combine dialogue, music, special effects, symbols, metaphors, and imagination, and hence has a more powerful effect than any other type of art therapy (Molaie, 2010, 833). Films can be used to facilitate therapeutic discussions or can be a metaphorical intervention in and of itself. Sharp suggests that the fact that film viewing can be viewed as an activity in itself enhances its effectiveness (2002, 271). By using direct and metaphorical communication in film therapy, the child is primed for future growth and becomes better capable at solving and reframing problems as well as building a trusting relationship with a therapist (273). Continued progress can also be attributed to internalization of the film's message and characters that can act as a co-therapist of sorts, staying with the child long after the therapy has terminated and strengthening their ego (Molaei, 2010, 834).

Although it has mostly been used by psychologists and psychotherapists, film therapy may prove to be incredibly useful for environmental therapists working in child welfare and family centers. Some may view it as a novel or niche approach not worth exploring, but its effectiveness has been well documented. Given the form and goals of environmental therapy, film therapy could be a powerful addition to its toolbox. Respondents to Torsteinsen's study shared that the staffs of the institutions they work at are open to exploring and evaluating new perspectives and methods (2016, 74). I propose that film therapy is a method worth exploring and evaluating for their purposes. Additional training and competence development through courses are common practices in child welfare work. Further research of film therapy's applications in the field of child welfare work is needed to verify its effectiveness. This could pave the way for the development of courses that could provide environmental therapists with the necessary skills and knowledge to practice film therapy in child welfare and family centers.

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