

“REEL THERAPY”

THE USE OF MOVIES IN ADOPTION-FOCUSED WORK

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When we hear a piece of music it often evokes feelings that move us on a profound level. Sometimes we are cognizant of its effect while at other times we are not. Similarly, we may be moved by an image, such as a picture, or a painting. We may also be moved by a powerful oration. We are all of us touched by “art” in its numerous forms, in some significant way, whether it be negative or positive, conscious or unconscious. Because art is subjective, each of us brings our own ideas, fears and hopes, our own projections and history to how we view and are therefore affected by art. Dreams impact us in a similar fashion. Dreams speak to us in metaphors and images. This is the language of the unconscious. Movies, much like dreams, present us with images which are strung together in a certain sequence that leave an impression on us on an emotional, intellectual, spiritual and/or visceral level, and most certainly on a level that seems to transcend that of which we are aware.

BACKGROUND:

Some learning theorists believe that we process information in one or a combination of, three different ways. There is *auditory* processing, which speaks to those whose strong suit is to learn by simply hearing new information and readily applying it. There are those who are more *visual* and learn new skills or take in information through that which they see. Then there are those who learn as a result of actually *performing* a new skill or utilizing new knowledge until it is mastered. These people are known as *kinesthetic* learners. Some more recent theories of learning subscribe to the idea that there are seven “intelligences” or ways of processing information. There is the visual-spatial, the linguistic, the kinesthetic, the musical, the logical, the interpersonal, and the intra-psychic.

What is commonly recognized by most learning theorists is that the more levels of understanding one accesses, the faster and more profoundly an individual will learn and retain information. These ideas have been applied for years by those in the teaching profession, as it became apparent that one methodology or technique alone did not help individuals learn. What appears to be most effective in the acquisition of new information or the development of new skills is accomplished by stimulating numerous aspects of the brain at the same time. Thus the development of “visual and auditory aids” and the utilization of both didactic and experiential opportunities for learning have been applied to many educational and work-related fields.

For many years now I have been advocating what has come to be known as “Cinematherapy.” As a cognitive-behavioral therapist I have found using movies as a “visual aid” to be a valuable and powerful resource. Personally as well as professionally, I have seen and felt the profound impact movies have had on myself and others. We have been moved on many conscious and unconscious levels. Whether the feelings aroused were negative or positive ones, movies have stimulated many intense discussions, in and out of the therapeutic setting. They have often times resurrected long buried or forgotten memories and/or created a new or different awareness of a person or situation that may remain unresolved in our lives. In his book *The Motion Picture Prescription*, Dr. Gary Solomon shares the following observations about movies and their therapeutic value:

“We each hear and see things differently... Each movie offers a different message and brings that message to you in a way that will be eye opening and enlightening” (pp. 10 - 11).

He also finds that watching movies with others in a safe setting, such as someone’s home can be a positive healing experience.

“The emotions portrayed in a movie open up feelings as you both watch, and you have a shared experience that can move you towards resolution” (p. 16).

Movies can make us laugh or cry. They can inspire or teach. They can give hope or admonish. Researchers and other professionals have come to recognize the curative properties of both laughter and tears. They have now found scientific proof of the inherent value of emoting, and movies can serve as a vehicle to this cathartic destination.

We are often drawn to characters in a movie that sometimes possess either negative or positive qualities that we have denied in ourselves or qualities that we seek to develop. They can help us recognize self-destructive patterns that can only be seen when projected onto a screen upon someone other than ourselves. They can also allow us to see options that were for some reason not previously or readily available or acceptable to our conscious mind. As a character on the screen faces and overcomes life’s challenges, so too can we see the possibility of a similar outcome in our own lives. Even when a character is not able to successfully overcome a challenge, we can also learn from their mistakes. In essence we learn “what not to do.” Dr. Solomon calls this “paradoxical healing.” When these opportunities are presented to us we are then faced with the choice of integrating, “reel life into real life,” (www.cinematherapy.com/guidelines) and changing our lives in a meaningful way.

There are many levels of consciousness, from the awake to the asleep, from the conscious to the unconscious. Within those levels of consciousness there are three trance states an individual can experience. There is the “light trance,” such as when we are daydreaming, the “moderate trance,” such as when we are watching a movie or intently listening to a story or a mesmerizing speaker, and the “deep trance” state, such as is accessed through hypnosis. Most of us experience these states of consciousness as a natural human response to some known or unknown stimuli. It is in these trance states when we are most relaxed and receptive to suggestion.

We can intentionally access these states of receptivity through different avenues, one of which, as noted above, are the numerous aspects of hypnosis. Hypnosis incorporates many of the ideas proposed by learning theorists. That is, in order to effectively induce or deepen a trance state the facilitator must stimulate the participant on *all* sensory levels. Participants are encouraged to become aware of what they see, hear, smell, touch, taste, and “emotionally” experience. As the listener’s resistance is lessened their receptivity is enhanced facilitating change, resolution or “healing.”

Another application of hypnosis is the art of story-telling during which the listener may experience a moderate or deep trance state. What is occurring is that the speaker is accessing the listener’s right brain activity. It is in the right-brain where intuition, creativity, flexibility, abstract thinking and symbolism reside. Story-telling, like traditional hypnosis, reduces resistance or barriers to healing by enhancing the listener’s receptivity towards a positive resolution. In this state the listener is able to integrate therapeutic information on a deeper or more profound level. The use of stories in general does much of its healing work in the realm of the unconscious, much in the same manner as dreams operate because both stories and dreams speak to us in symbols and metaphors. Much of the initial curative work that is being performed by dreams and stories is not always readily detected but is most certainly being deeply experienced and processed by the individual and will in time yield observable and beneficial results. The use of visualizations in therapy performs a similar function especially when paired with relaxation techniques, such as breathing exercises and systematic desensitization, which you might note are also applications of hypnotic techniques.

The transformative power that movies possess in the inner workings of the right side of the brain. It has been said that “a picture is worth a thousand words,” and in a movie there are thousands upon thousands of pictures we see in a split second. These images are registered in our brain and we respond to them based on our perception of, or our connections to, the material presented to both our conscious and unconscious mind.

It is also important to recognize that the experience of watching a movie is significantly different from simply reading a book because it accesses more of our senses at one given time. In that regard, Dr. Solomon shares the following observations:

“When you watch a movie one of the benefits over reading is that you experience the entire healing story in one sitting... Two hours later you have experienced what might have taken weeks or months—with many interruptions—to understand... The bottom line is that movies offer all of us the path of least resistance” (pp. 13-14).

APPLICATIONS:

There are many “gems” I have discovered in the movie world that address a myriad of issues. I have found that clients are affected on a deeper level than can be accessed by traditional psychotherapy (even those modalities that might be more experiential in nature). Movies seem to be less threatening for many clients because they are able to “remove” themselves from the images that they are seeing, to “depersonalize” the experience and the “players” and albeit vicariously gain invaluable insight on a conscious or unconscious level. That is, movies, their characters, plots, and locations serve as a “safe” vehicle to assist the viewer in “processing” their own life experiences, their own thoughts, feelings and behaviors, and ultimately to acquire a broader perspective or a more profound understanding about themselves or their life circumstance. Material that was previously repressed or unacceptable becomes accessible and the viewer is provided with an opportunity for positive resolution.

In my experience, this also appears to provide similar benefits to those gained by clients participating in group therapy; wherein the client is exposed to the experience, support, or confrontation of others in similar circumstances in a therapeutic setting. This is something that simply cannot be provided by individual psychotherapy and therefore can serve as a sort of “adjunct” to the therapeutic process.

In adoption work I have found a common issue to be that of “splitting.” In some cases the adoptee splits themselves between the birth and adoptive families or between what they perceive to be the “good” or “bad” parts of themselves—that all too common “all or nothing” “black or white” thinking. Adoptive parents can also unconsciously encourage that “split” because of their internal struggles about their adequacy as parents, i.e. their need to project onto their child all that which is “unacceptable” as being a legacy of their birth family. One “gem” has been a children’s animated film called *The Dark Crystal*. This film is about becoming “whole,” healing ourselves through the acceptance of our “shadow.” The “shadow” which resides in all of us, is cumulatively speaking, the aspects of ourselves that we find unacceptable and “hero’s journey” is to learn unconditional love and acceptance of the self. The “hero” having accomplished this monumental task is now able to experience balance and harmony through integration—essentially, to become “complete,” to be “healed.”

There are many children’s movies that speak directly to the issue of adoption as a whole, as well as to specific adoption-related issues, such as *Tarzan*, *Dumbo*, *Stuart Little*, *Lilo & Stitch*, *The Jungle Book*, *Superman*, and more. Personally, I recommend these to adults as well, as adults seem to be less threatened by children’s stories and consequently are able to tap into a wealth of information by means of this powerful resource.

There are still other movies that approach the seven core issues in adoption from a more “adult” perspective. Those core issues namely being loss, guilt/shame, rejection, grief, intimacy, identity, and control. Some of these movies are *Secrets and Lies*, *The Other Mother*, *Losing Isaiah*, *Strange Relations*, *Catfish & Black Bean Sauce*, *Star Wars*, *The Color Purple*, *Baby Boom*, *Our Very Own*, *Immediate Family*, *Flirting With Disaster*, *Artificial Intelligence (A.I.)*, *Harry Potter*, *A Family of Strangers*, *Rabbit Proof Fence*, *I Am Sam*, and *Antwone Fisher*. (For a more complete list look to www.adoptionfilms.com.)

Because of the nature of some of these films, you may want to create some parameters to assist clients in their viewing. If you choose to prescribe a movie to a client, I would suggest that you encourage them to be consciously aware of the themes or ideas being portrayed in the movie and that they notice which of the characters they seem to resonate with or are negatively affected by. I also ask them to be aware of their reactions on an intellectual, physical, emotional and spiritual level. These kinds of parameters would be important all with clients, but especially with those whose ego strength is a bit fragile or under-developed (it may even be contra indicated for some, especially those whose ego strength is non-existent). You might even consider watching the movie *together* as part of your session (of course it would have to be an “extended” session).

In other instances, allowing for the process to be completely unconscious may be more beneficial. The latter method is similar to the work I do in play therapy with children, in which I often simply let the child’s unconscious motivations guide the work. I allow myself to “trust the process” and let the work unfold in it’s own way without being directive, serving as a facilitator or a source of support. I have also found this to be true of other therapeutic interventions such as sandtray work and dream analysis that utilize Jungian concepts, like that of the collective unconscious (“archetypes”), wherein the *unconscious* is allowed to do the healing, and the therapist serves as an important witness to that process.

In an article in *The Therapist* (May/June, 2003) entitled “Cinematherapy: Using the Power of Imagery in Film for the Therapeutic Process,” Dr. Birgit Wolz suggests the following:

“Start with a film that your client has already seen and that supports your treatment goal. If no appropriate movie comes to mind, use the literature that offers movie recommendations for specific psychological problems.

Clarify your intent when assigning a film in which a client might mistake the role identification.

Discuss positive and negative reactions to the film. Use material according to your theoretical orientation. Some evocative questions are: How did the movie touch you, positively or negatively? If the film had a unique message for you, what was it? What new ideas for new behaviors did the movie introduce? Did you experience something that connected you with health and wholeness, your inner wisdom or higher self as you watched the film? What other films can you identify that might take the discussion a step further?” (p. 57).

Dr. Wolz further directs the reader to the web site www.cinematherapy.com for more detailed guidelines as well as other valuable information regarding the use of cinematherapy. As I have noted above, my affinity for using this technique in clinical practice resonates with Dr. Wolz as well. She also recognizes the use of movies as a tool that can be easily applied to numerous psychotherapeutic orientations, including, but not limited to “depth psychotherapy, cognitive-behavioral therapy and systems oriented therapy.”

Dr. Solomon recommends that the client remains undisturbed when viewing a “prescribed” movie. It is also important to keep their mind clear and focused (no eating, drinking, smoking, or use of drugs or alcohol). He also encourages them keep paper and pen available in order to more accurately recall the thoughts and feelings they experienced during this “in the moment.” He recommends that they watch the movie from beginning to end, including the credits, and finally, to give themselves time after the movie to process the entirety of their experience. He further suggests the following guidelines for clinicians utilizing this “prescription:”

- If you are just getting started with a client, wait a few sessions before introducing movies as a form of therapeutic intervention.
- Try not to recommend too many movies at one time.

- Be sure the movie(s) you prescribe is appropriate for the client.
- Be patient if they (the client) don't or can't follow through with watching the movie.
- Be sure to follow up with some questions about the movies during the next few sessions.
- Ask them to keep a journal of their thoughts and feelings about the movie.
- In some cases, recommend that they see the movie with a spouse, friend, family member, or a group. Ask them to give you some feedback about their feelings and the feelings of the people with whom they see the movie.
- The most important thing of all is that you enjoy the healing process along with your client (pp. 225-226).

FURTHER APPLICATIONS:

In my work with people of numerous ethnic descents, such as Latinos, African-Americans, Asian-Americans and Native Americans, I have found that story-telling is a “way of life.” In these and other cultures, stories are seen as a traditional way of passing on their history, their legacies, for distilling information, for teaching valuable lessons, and even used by some as healing agents. It is no surprise to me that movies, which are stories on a three-dimensional level, resonate so powerfully with these cultures. As a Latina, and a bilingual therapist, I have found this to be a priceless resource, and highly recommend that if you use story-telling or movies with a client, that they be in the client's *primary* or *first* language, *even if the client is bilingual*. The unconscious mind learned to speak in the client's *first* language; it is the conscious mind that actually translates for them. This technique may be uncomfortable for some clients who have fully immersed themselves in the language of the “majority,” but it seems to access information and promote understanding on a more “heartfelt” level. Of course, this is not something that should be forced, but rather encouraged in order to be of the utmost benefit to the client.

CONCLUSION:

In this day and age of modern technology where innovations are occurring on a daily basis, it would be negligent of us as clinicians to fail to take advantage of as many resources as possible; resources that can be utilized in a therapeutic fashion to assist our clients through their life's journey and its many challenges.

See you at the movies!

REFERENCES

Soloman, G. (1995). *The Motion Picture Prescription*. Santa Rosa, CA: Aslan Publishing.

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

www.adoptionshop.com

www.cinematherapy.com

OTHER RESOURCES

Center for Story and Symbol
310 W. Quinto St.
Santa Barbara, CA 93105-4313
(805) 687-7171
www.folkstory.com

The Southern California Society for Ericksonian Psychotherapy & Hypnosis
P.O. Box 6718
Laguna Niguel, CA 92607-6718
(949) 495-0323
www.SCSEPH.org