Video and Filmmaking as Psychotherapy

While film and video have long been used within psychological practice, researchers and practitioners have only just begun to explore the benefits of film and video production as therapy. This volume describes a burgeoning area of psychotherapy that employs the art of filmmaking and digital storytelling as a means of healing victims of trauma and abuse. It explores the ethical considerations behind this process, as well as its cultural and developmental implications within clinical psychology. Grounded in clinical theory and methodology, this multidisciplinary volume draws on perspectives from anthropology, psychiatry, psychology, and art therapy, which support the use and integration of film/video-based therapy in practice.

Joshua L. Cohen has worked in film/video production for over 30 years, received a PhD in clinical psychology from Pacifica Graduate Institute, a master’s in general psychology from Walden University, and a bachelor’s degree in film and anthropology from Colorado College. He lives and works in Southern California, USA.

J. Lauren Johnson is a licensed psychologist and a filmmaker. She is also the founder of the Therapeutic Filmmaking Institute in Alberta, CA.

Penelope P. Orr is a board certified, registered art therapist in Edinboro, PA, USA. She is currently the director of the Edinboro University Masters in Art Therapy/Counseling Program.
Advances in Mental Health Research series

Books in this series:

The Clinical Effectiveness of Neurolinguistic Programming
A Critical Appraisal
Edited by Lisa Wake, Richard M. Gray and Frank S. Bourke

Group Therapy for Adults with Severe Mental Illness
Adapting the Tavistock Method
Diana Semmelhack, Larry Ende and Clive Hazell

Narratives of Art Practice and Mental Wellbeing
Reparation and connection
Olivia Sagan

Video and Filmmaking as Psychotherapy
Research and Practice
Edited by Joshua L. Cohen and J. Lauren Johnson with Penelope P. Orr
Contents

List of Figures ix
List of Tables xi
Foreword by Cathy Malchiodi xiii
Acknowledgments xvii

PART I
Introduction

1 Introduction: Film and Video as a Therapeutic Tool 3
   JOSHUA L. COHEN AND J. LAUREN JOHNSON

2 A Challenge to Readers: Ethical Considerations in Film- and Video-Based Therapies 13
   J. LAUREN JOHNSON AND JOSHUA L. COHEN

PART II
A Human Approach to Technology

3 Film/Video-Based Therapy and Editing as Process From a Depth Psychological Perspective 29
   JOSHUA L. COHEN AND PENEOLE P. ORR

4 Filming the Fantasy: Green Screen Technology From Novelty to Psychotherapy 43
   JON EHINGER

5 Vision, Story, Medicine: Therapeutic Filmmaking and First Nations Communities 55
   J. LAUREN JOHNSON
### PART III
#### Research and Validity

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Expansive Palettes: A Client Video Media Experience</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td><strong>Natalie R. Carlton</strong></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>The Benefits of a Grief and Loss Program With a Unique Technological Intervention</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td><strong>Carolyn McGurl, Winston Seegobin, Elizabeth Hamilton, and Mark McMinn</strong></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Digital Storytelling as a Trauma Narrative Intervention for Children Exposed to Domestic Violence</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td><strong>Kim Anderson and Beatriz Wallace</strong></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Special Education Students and Documentary Production: A Case Study</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td><strong>Penelope P. Orr</strong></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Digital Storytelling: Using Videos to Increase Social Wellness</td>
<td>119</td>
</tr>
<tr>
<td></td>
<td><strong>Marty Otañez and Wanda Lakota</strong></td>
<td></td>
</tr>
</tbody>
</table>

### PART IV
#### Tools for Practice Through Didactic Instruction

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Video Art and Activism: Applications in Art Therapy</td>
<td>133</td>
</tr>
<tr>
<td></td>
<td><strong>Basia Mosinski</strong></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Digital Storytelling: Healing for the YouTube Generation of Veterans</td>
<td>146</td>
</tr>
<tr>
<td></td>
<td><strong>Rivka Tuval-Mashiach and Benjamin Patton</strong></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Felt Sensing Video Art Therapy</td>
<td>163</td>
</tr>
<tr>
<td></td>
<td><strong>Yarden Kerem</strong></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Expanding the Scope of Traditional Art Therapy With Green Screen Technology</td>
<td>184</td>
</tr>
<tr>
<td></td>
<td><strong>Joe Kavitski</strong></td>
<td></td>
</tr>
</tbody>
</table>
Contents    vii

15  Technology, Art Therapy, and Psychodynamic Theory: Computer Animation With an Adolescent in Foster Care  195
    BRIAN AUSTIN

Contributors  211
Index  215
This page intentionally left blank
Figures

4.1 Storyboard created during green screen thesis research, 2009
4.2 Green screen therapy studio
4.3 Client witnessing the effects of a green shirt sensed by green screen computer software
4.4 Green screen mandala presented at 2012 Expressive Therapies Summit
4.5 Selected screen shots from client green screen video narrative
7.1 Average responses to questions on the Confessional Questionnaire
13.1 Face
13.2 Hands
13.3 Long shot of face
13.4 Medium shot of face
13.5 Computer
13.6 Child
13.7 Fish
13.8 Fish with knives
15.1 Robert, untitled, colored pencil on paper
15.2 Robert, untitled, 3-D computer rendering, screen capture
15.3 Robert, untitled, pencil on paper
15.4 Robert, untitled, colored pencil on paper
This page intentionally left blank
Tables

7.1 Variables used in this study 87
7.2 Means and standard deviations for pre- and post-measures 88
7.3 Means and standard deviations for questions on the Confessional Questionnaire 88
In work with clients of all ages, I have witnessed a tremendous growth in the use of films and filmmaking as a form of reparation and recovery from emotional challenges and psychological distress. While reading *Video and Filmmaking as Psychotherapy: Research and Practice*, I was reminded of the growing demand for relevant and creative forms of therapy with military personnel who are often challenged by multiple deployments, the impact of active combat, and readjustment to life state-side. One way soldiers are taking charge of their psychological distress is through filmmaking as a means of telling their stories and confronting experiences that often include post-traumatic reactions, loss, depression, and traumatic brain injury. As one soldier told me, “You can put your story into a film, everything that you went through in combat and in a way that goes beyond words. It’s your story. It’s a way for me to tell my story without having to talk about it over and over. If people watch it, they can learn what happened to me. If other soldiers watch it, they will see that they are not alone and that we all have had the same experiences. Making my film helped me to move on from what happened. It has just made life a lot easier.”

My core value as an expressive arts therapist and psychotherapist is the use of sensory-based approaches in work with individuals of all ages to make meaning of life’s experiences; provide emotional relief; enhance resilience, self-efficacy, and self-regulation; and make desired behavioral changes. I have always found that engaging the senses in psychotherapy goes beyond what typical verbal transactions can stimulate; in other words, by appealing to clients’ visual, auditory, and other senses, therapists can provide their clients with opportunities for self-discovery that are not found through words alone. As an expressive arts therapist I regularly use art-based approaches as key interventions with clients of all ages. In brief, individuals are encouraged to engage or experience some form of visual media as self-expression; traditionally, this involves constructing, arranging, mixing, molding, drawing, and painting (Malchiodi, 2012). Now, with the rapid increase in digital technology, like many other expressive arts therapists, I now have integrated newer forms of visual expression that depend on keyboards or a mouse, desktop computers, tablets, smartphones, and

---

**Foreword**

In work with clients of all ages, I have witnessed a tremendous growth in the use of films and filmmaking as a form of reparation and recovery from emotional challenges and psychological distress. While reading *Video and Filmmaking as Psychotherapy: Research and Practice*, I was reminded of the growing demand for relevant and creative forms of therapy with military personnel who are often challenged by multiple deployments, the impact of active combat, and readjustment to life state-side. One way soldiers are taking charge of their psychological distress is through filmmaking as a means of telling their stories and confronting experiences that often include post-traumatic reactions, loss, depression, and traumatic brain injury. As one soldier told me, “You can put your story into a film, everything that you went through in combat and in a way that goes beyond words. It’s your story. It’s a way for me to tell my story without having to talk about it over and over. If people watch it, they can learn what happened to me. If other soldiers watch it, they will see that they are not alone and that we all have had the same experiences. Making my film helped me to move on from what happened. It has just made life a lot easier.”

My core value as an expressive arts therapist and psychotherapist is the use of sensory-based approaches in work with individuals of all ages to make meaning of life’s experiences; provide emotional relief; enhance resilience, self-efficacy, and self-regulation; and make desired behavioral changes. I have always found that engaging the senses in psychotherapy goes beyond what typical verbal transactions can stimulate; in other words, by appealing to clients’ visual, auditory, and other senses, therapists can provide their clients with opportunities for self-discovery that are not found through words alone. As an expressive arts therapist I regularly use art-based approaches as key interventions with clients of all ages. In brief, individuals are encouraged to engage or experience some form of visual media as self-expression; traditionally, this involves constructing, arranging, mixing, molding, drawing, and painting (Malchiodi, 2012). Now, with the rapid increase in digital technology, like many other expressive arts therapists, I now have integrated newer forms of visual expression that depend on keyboards or a mouse, desktop computers, tablets, smartphones, and
numerous “apps” [applications] that can be used as ways to draw, paint, and even sculpt in virtual space, as well as to make films and animations (Malchiodi & Johnson, 2013).

Why is the use of film and video particularly relevant to psychotherapy in general? In brief, they are forms of communication familiar to most individuals and are ubiquitous in contemporary culture. For example, as of this writing, more than a billion users visit the video-sharing platform known as YouTube each month and hundreds of hours of video are uploaded every minute. Almost everyone who owns a cell or smartphone now has the ability to create films at any time and edit and share them via social media within minutes. For the average person, smartphones have replaced traditional cameras because of their ease of use and high-quality lenses and image resolution. Webcams, camcorders, and other portable film cameras have also generated possibilities unimaginable only a decade earlier. Online apps make it easy for those with little to no filmmaking experience to integrate photo-images, sound, music, and text into professional footage through user-friendly commands and directions. Finally, almost everyone is influenced by and/or involved on a daily basis with digital media, including films, via social networking. In brief, digital technology is not only omnipresent and easy to use, clients generally already know how to access and use it.

In contrast, while film and video are ubiquitous forms of self-expression, relatively little has been written about the application of this type of media in psychotherapy, despite more than four decades of use. Historically, the term videotherapy has been used to describe the use of film in art therapy and psychotherapy and is sometimes used interchangeably with the term cinematherapy. Cinematherapy is generally defined as an intervention used by a variety of helping professionals that directs clients to watch specific movies for psychotherapeutic reasons and/or to report their impressions to their therapist for further discussion. It is similar to bibliotherapy (the use of books and stories to enhance understanding of emotional challenges and psychological difficulties) in that films can be used in similar and possibly even more potent, far-reaching ways. For example, when compared to books, movies not only contain the universal storylines found in books, they also are multisensorial. Along with their common themes, the sensory nature of movies can help clients achieve insights if the movies are strategically selected for relevance to the client’s interests and needs in treatment. Films also evoke powerful projections—in other words, mental and sensory associations to one’s life that may trigger a recall of emotion, memories, and experiences.

Film and video as forms of therapy also encompass the actual experience of client-created movies as part of treatment. Because of the accessibility of digital filmmaking, therapists can now capitalize on the idea that clients can become their own directors of films that express their life stories. For example, it is now possible for clients to film or record digital narratives, more commonly known as digital storytelling. These short, first-person
Autobiographical films are created by combining recorded voice, and still and video footage along with music and other sounds. With the involvement of a therapist, this type of film is essentially a contemporary interpretation of narrative therapy. Digital storytelling allows clients to communicate, create, and respond to personal stories through digital technology platforms as simple as webcams, smartphones, or tablets with video capabilities. As demonstrated throughout this book, clients can also engage in other types of filmmaking, including animation and “green screen” techniques. These experiences can be reparative within the context of psychotherapy because they constitute active, meaningful, and dynamic interventions involving self-discovery, self-awareness, and self-expression.

As Cohen and Johnson state in their introduction, “While there are different opinions on what film/video-based therapy is or even what to call it, this book is an attempt to build toward a consensus on both a theory and practice for developing this intervention. This book is not an endorsement of a single theory but rather a challenge to readers to think critically about a subject and the complexities of how this new intervention might be executed if it were peer reviewed” (p. 7). The consensus that the editors cite can be generalized into two possibilities for therapists who want to apply the power of film to their work with clients. First, the evocative nature of film has the potential to stimulate dialogue between client and helping professional as well as numerous applications for psycho-education, behavioral change, and personal insight. Second, there are multiple possibilities for actual filmmaking as a catalyst not only for clients to gain insight, but also for them to engage in a self-empowering, creative process for meaning-making and personal narrative.

Finally, films and videos, whether viewed, discussed, or created, capture the truth of many experiences and the day-to-day aspects of the human condition. They also touch on a wide range of sensory experiences through dialogue, lighting, special effects, cinematography, and music. Films reflect not only life’s joyful, celebratory, or momentous events, they also mirror the array of experiences that bring clients to treatment—drug addiction and alcoholism, trauma and posttraumatic stress, grief and loss, violence, natural and man-made disaster, divorce and infidelity, phobias, and depression, among others. Ultimately, our clients may find it easier to address their own challenges if we give them the opportunity to literally see how others handle (or mishandle) similar situations via film. Or, like the soldier’s experience with filmmaking that opened this foreword, clients can show us their experiences in a way that words alone cannot convey. These aspects compel all helping professionals to incorporate the insights and expertise of these authors’ contributions into treatment and to appreciate the valuable role that film and video can have in a successful psychotherapeutic relationship between client and therapist.

Cathy A. Malchiodi, PhD, LPCC, LPAT, ATR-BC, REAT
REFERENCES


I want to thank my wife for her emotional and financial support. Without her, this book may not have been possible. Although Lauren Johnson and I are credited as the main editors of this collection, we also received a great deal of help in this task from Penny Orr, who spent many hours poring over our manuscript through several stages of revision and whose expertise and advice were so deeply appreciated throughout the entire editing process.

This book was a collaborative process from the beginning. In 1997, when I raised the money and flew Dr. Gary Solomon out to Colorado College in Colorado Springs to put on one of his seminars about the growing field of Cinematherapy, I introduced a panel of film theorists and filmmakers as well as an art therapist and discussed the idea of using films as a part of therapy.

In my master’s and doctoral studies, I continued to pursue this goal of integrating films and healing, but in order for me to pursue this idea, I needed to continue to reach out to others for help. Many authors and practitioners who had been practicing in this field, somewhat independently, agreed to be interviewed for my dissertation. Brandon Brawner, who had been doing this work for several years before I started, gave me much needed advice and guidance and participated in the research in my dissertation, as did Amanda Alders/Pike, J. Lauren Johnson, Basia Mosinski, Jon Ehinger, and Brian Austin.

In addition to our recent work, Lauren and I both wish to thank the countless contributors over the past century and pay tribute to the pioneers in film and psychology who have tried to integrate psychology and film. This book is a collective vision stemming from the American spirit of the need to pioneer and has expanded to the rest of the world. Lauren and I both believe that this book is about asking questions and not answering them.

This book is intended to initiate the building of a community to support the growth of the theory and practice of film- and video-based therapies. The authors who contributed chapters to this book are the most visible part of this community, and as editors we cannot thank them enough for their ongoing efforts to support this growth. Without my dissertation chair, Michael Sipiora, and his continued support on writing my chapter, I may
never have thought of the research design and the specific ways of collaborating and reaching out to others as he suggested.

In addition to the contributors whose names grace the pages of this book, we must acknowledge the great efforts and countless hours given to this project by the less visible members of our community. This book would not have gotten off the ground without the support of those who voluntarily took time out of their busy and professional schedules to review our proposals and their feedback and advice on how to improve this book in its earliest stages. We extend our thanks to Dr. Matthew Bennett from Pacifica Graduate Institute, Dr. Lynda Ross from Athabasca University, and Dr. Oksana Yakushko from Pacifica Graduate Institute for their generosity in helping us with our proposal.

We would also like to thank Stacy Noto and Lauren Verity from Routledge for their countless hours of assistance and answering questions. We would like to thank Ruth Cardinal de Ubiera for giving Lauren excellent advice and contributing to her work.

Additional credit goes to Catherine Highland Moon for allowing the inclusion of two chapters from her book, *Media and Materials in Art Therapy*, in this book and for her advice and guidance. Thanks also to Andrea Polard for her advice on positive psychology and happiness, Richard Himmer for his advice on leadership, and to Justine Frankel for her support and guidance over the years. Thanks to Doug Pray and Joel Kurahawa for permission to use the excerpt of dialogue from the video of the Dalai Lama I edited for them in 2001. Finally, thanks to Linda Buzzell, who came up with the idea to publish an edited book, and to John Izod, who referred me to Routledge. I personally thank Lauren Johnson for agreeing to participate in my dissertation project as well as in the difficult and often frustrating process of collaboration. Lauren volunteered to help with the book after I finished my PhD and without her support, this book may not have been possible.

Our hope is that this text will serve to inform, inspire, and advance the field of film-and video-based therapy and the growing community of researchers and practitioners. We hope for ongoing collaboration between art therapists, psychologists, and professionals from other disciplines as we continue to pioneer this field collectively.

Finally, this couldn’t have been done without the help of the editors who constantly tended to grammar, APA style, and statistics.

We are deeply grateful for the dedication of others in this project, and sincerely look forward to witnessing the inevitable growth of this field in the future.

Josh Cohen, PhD
Lauren Johnson, PhD
Part I

Introduction
1 Introduction
Film and Video as a Therapeutic Tool
Joshua L. Cohen and J. Lauren Johnson

INTRODUCTION

Academy Award–winning actor and comedian Robin Williams’s untimely death in August 2014 shocked the world. It appears that being in popular and profitable films was not enough to save him from depression and bipolar disorder. Jamison (2014) asserted, “The suicide death of Robin Williams has generated interest in the relationship between creativity and depression. No one knows the nature of Mr. Williams’s problems” (para. 1). Jamison also stated that “he was suffering with early stage Parkinson’s disease, but the possibility of a link between ‘madness’ and creativity is ancient and persistent” (para. 1). Indeed, Williams was a storyteller and a filmmaker, both of which are ancient art forms of healing. Films can be healing, but film- and video-based therapy is about much more than storytelling. It involves an ethical responsibility to clients.

Film has been used since its genesis as a therapeutic tool, because creating and watching a film often can speak directly to the human soul. Although we have felt a connection that tells us that film is therapeutic, we are just beginning to understand and use film intentionally as a therapeutic tool. Making films has evolved over time into an accessible activity, so films can range from professional blockbusters to private amateur films that people make in their backyards. Film is now being used intentionally as a therapeutic tool by social workers, therapists, psychologists, artists, and directors. As a result, film has become a therapeutic tool created and used by people from different disciplines and backgrounds. This book is a compilation of the experiences of therapists who are using film intentionally in practice to better understand the benefits of using film as a therapeutic tool.

As you read through this book, we invite you to reflect upon the various ways that the chapters relate to and are different from each other. If you are a practitioner, how might your approach fit into the work that is represented in these chapters? If you are a theoretician, what perspective(s) most closely align with yours? How might you make sense of film and video as therapeutic tools? How would you make them your own?
WHAT MAKES FILM THERAPEUTIC?

Film is a mass medium that reaches global audiences. Films can be created by large film studio companies for the masses or for smaller audiences or even for personal use through handheld devices. A film that combines elements of photography, theatre, music, literature, and other disciplines into a unified whole can be considered an aspect of art therapy. What makes any artistic medium therapeutic is that it is undertaken with therapeutic intent within the safe environment of therapy with credentialed and trained therapists. However, this use of film as a therapeutic tool should not detract from its use as entertainment, which is one reason it occupies a special place in our personal, artistic, and cultural experiences. Each culture has its own view of what art can be used for and what constitutes entertainment. Perhaps future researchers will engage other perspectives from more global sources.

This book was developed to explore the connection between the medium of film and the human experience from the points of view of people using film in the therapeutic setting. We used our own backgrounds in psychology and film to frame the content of this book to provide insight into how film and psychology influence each other. We discovered that film actually has a long association with psychology. Though psychology’s interest in art grew along with a coinciding fascination with Jungian and Freudian concepts of the unconscious at the beginning of the 20th century, it was not until the 1940s that art therapy proper was founded in the United States by Margaret Naumberg and Edith Kramer (J. A. Rubin, 1999). Art therapy has its roots in psychoanalysis and focuses on the transference between patients and therapists using the third hand of the process and product of art making (Hogan, 2001; Hull, 1998). Though both of the founders of art therapy approached their work from a psychoanalytic perspective, the two women placed different emphases on art and therapy.

Margaret Naumberg approached art therapy from a psychoanalytic perspective, interpreting the art product as a form of symbolic speech similar to dreams. She conceived of art as both a diagnostic tool and therapeutic intervention that involves artistic creation and discussion between clients and trained therapists, in which clients can offer their insights. On the other hand, Edith Kramer approached art therapy from more of an artistic perspective, viewing art as a process through which people integrate conflicting unconscious and conscious forces.

Although Naumberg’s art therapy reflected her emphasis on fostering insight into the unconscious for therapeutic gain, Kramer viewed art making itself as the therapeutic process through which psychological benefits naturally emerged (as cited in J. A. Rubin, 1999). From these roots, art therapy has grown to encompass many other theoretical perspectives and a myriad of artistic media. Art therapy can be used with couples, families, groups, and individuals to facilitate the safe release of uncensored and unconscious material to accelerate the therapeutic process (Cohen, 2007).
According to Malchiodi (2014),

Art has the potential to transform lives and often in profound ways; research is demonstrating that art improves not only our quality of life, but also is effective in reducing pain, fatigue and stress and increasing cognitive abilities and emotional well-being. (para. 1)

WHAT MAKES VIDEO THERAPEUTIC?

Despite the relative novelty of film and video as therapeutic tools, their use in a therapeutic context is not new. They have been used to provide client feedback through the recording of group sessions reviewed and discussed later in the context of subsequent group sessions (Furman, 1990; McNiff & Cook, 1975). Widely available commercial films have been used as a cinematic form of bibliotherapy. In this form, clients are asked to view therapeutically relevant films between sessions and later discuss them as therapeutic metaphors with their therapists (Christie & McGrath, 1987, 1989).

Watching films can be healing as well. Solomon (1995) utilized movies to help treat his patients. He trademarked the term Cinematherapy, although the term was used earlier by Linda Berg-Cross, Pamela Jennings, and Rhoda Baruch (1990), who described this process as a way of stimulating discussion. Watching movies can also have a “direct therapeutic effect” (Wedding & Niemiec, 2003, p. 208). The idea for Cinematherapy is related to bibliotherapy, which utilizes individuals’ reactions to the contents of books and other written material and employs exercises to help deal with symptoms of loneliness, guilt, hopelessness, and other symptoms of depression (Gregory, Canning, & Lee, 2004, as cited in Cohen, 2013, p. 15).

As a healing tool, creative video production in therapy might be efficacious in the treatment of many disorders (Cohen, 2013). According to artist and art therapist Rachel O’Rourke (2001), using video in art therapy can help people to heal from trauma through the creative process of video creation and environmental stimuli to encourage creative expression. Furman (1990) suggested that video therapy helps adolescents achieve therapeutic goals by providing greater feedback clarity, enhancing nonverbal responses, allowing adolescents to replay past group interactions, and generally desensitizing transference. Video techniques also can offer adolescents a more active part in their treatment by providing them with access to playback units, control of camera operations, and control over scripts. As reported by Chin et al. (1980), a group of 17- to 19-year-old high school dropouts who participated in a combination of art therapy and video therapy experienced elevated levels of self-worth and self-esteem. This result was supported by the findings of a pilot study on the use of therapeutic filmmaking, wherein the mechanisms of change that led to the achievement of therapeutic goals