Technologies

Doc Hollywood North: Part II.
The Clinical Applications of Movies in Psychiatry

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Abstract: Some therapists are now using Hollywood movies as therapeutic tools. The most common approach appears to be a movie “prescription” in the context of ongoing therapy. Before a relevant movie is assigned, the therapist provides the rationale and viewing instructions; patient impressions and reactions are then processed in subsequent sessions. Although appealing as a creative intervention, the therapeutic efficacy and safety of movies requires appropriate research.


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Movies can and do have profound clinical implications. Of interest, an increasing number of mental health professionals appear to be actively assigning or “prescribing” movies for therapeutic purposes. Conceptually, Hesley and Hesley consider this use of movies to be a form of therapeutic homework (1)—structured assignments introduced by therapists during sessions and completed at home by patients (2). With this perspective in mind, therapy with movies can also be seen as a logical extension of “bibliotherapy”—the prescription of therapeutic readings to patients. Bibliotherapists such as Menninger believed that selected literature could provide information and lead to insight (3). In a similar way, those who use movies argue that they introduce patients to ideas that might be too threatening to suggest directly (4). Further, by addressing the affective realm, movies add to the impact of cognitive insights. Although books and other types of homework can be extremely appropriate, Hesley and Hesley believe that the general advantages of film assignments over other modalities include factors such as compliance, accessibility, availability and familiarity with the medium (1).

In his book The Motion Picture Prescription (5), Solomons offers one method for using movies: he suggests that they be viewed as “healing stories” that can lead to self-enrichment, self-awareness and a path to recovery. Solomons provides a list of over 200 movies categorized by identifying themes or life problems. As an example, the healing themes within the film When Harry Met Sally include helping your friends through relationship break-ups and recognizing that life and love have their ups and downs. Solomons’ book is written for the general population and has a self-help orientation; however, he also provides a few brief and practical tips for therapists. Solomons even provides two easily used prescription forms: a motion picture prescription pad (Figure 1) and a motion picture prescription list. Although he suggests that “both of these tools will make prescribing movies a professional way to treat your clients,” these forms may strike at least some therapists and patients as more infantile than helpful.

A more sophisticated approach to using films as therapeutic tools is outlined by Hesley and Hesley (Rent Two Films and Let’s Talk in the Morning [1]). These authors use the term “video work” to describe the “therapeutic process in which clients and therapists discuss themes and characters in popular films that relate to core issues of ongoing therapy.” (Other terms used in the literature to describe what seems to be a similar therapeutic intervention include motion picture therapy, cinema therapy, reel therapy and movie therapy.) Their goal is to use films to facilitate self-understanding, to introduce options for action plans and to seed future therapeutic interventions. In general, the subject matter of the selected film corresponds to...
These authors cite a patient who described a profound short-lived nature of dramatic, film-induced cures (6). Gabbard and Gabbard have also discussed the potential film’s ability to effect change will likely be temporary (1). If homework is combined with conventional therapy, the video work. Hesley and Hesley suggest that, unless film selection and specific viewing instructions. The patient then generally views films before the next session, at which time the patient’s impressions are discussed.

There are a several important caveats associated with video work. Hesley and Hesley suggest involves the following stepwise approach: therapists first provide the rationale for the selection and specific viewing instructions. The mock exercise these authors recommend involves the following stepwise approach: therapists first provide the rationale for the selection and specific viewing instructions. The patient then generally views films before the next session, at which time the patient’s impressions are discussed.

Another cautionary note expressed by Hesley and Hesley relates to the potential risks of assigning films (1). In brief, these authors admonish therapists not to assign films that might distress a patient, particularly because it is difficult to deal immediately with issues that arise during or right after unmonitored viewings. Patients who are not candidates for video work include small children, those who have trouble distinguishing reality from fantasy, couples with a background of violence, patients who have recently had traumatic experiences similar to those affecting the film characters, patients who might assume the “cure” lasted only a month and proved to be simply a brief resistance to the painful exploration of traumatic childhood memories.

In particular, one promising and intriguing application appears to be the use of movies in group therapy (see http://www.movietx.yourmd.com and http://www.region5rcc.org/Movies/reel%20index%202.htm for more details).

Clinicians wishing to use films in therapy must have two key additional skills beyond those normally required of conventional therapists: first, the ability to watch films therapeutically and second, access to a working list of suitable films.

With regard to access to a list of films, it will be readily apparent that the therapeutic use of movies requires assigning the appropriate movie. Regrettably, Solomons is probably accurate when he describes the casual practice of many therapists who assign viewing as if they “simply pulled the movies off the top of their head.” The therapeutic film anthologies provided by Solomons (5) and Hesley and Hesley (1) are therefore valuable reference tools, particularly because they categorize movies by therapeutic issue (for example, recognizing self-worth, choosing a life partner, and conflict with family of origin). These lists can be supplemented by other filmographies and Web-based approaches to identifying appropriate movies (see reference 6 for details).

Hesley and Hesley also advise that, prior to assigning films and using the approach with patients, therapists first experience the process of video work themselves (1). This seems eminently sensible. The mock exercise these authors suggest involves the following stepwise approach:

- choosing and therapeutically viewing a film relevant to a personal problem
after viewing, reflecting (or discussing with one’s partner) on one’s explicit identification with characters and any unique messages for personal change

- imagining that a particular patient had been assigned the film and reviewing how to orchestrate questions within the post-viewing session

One final and absolute caveat from Hesley and Hesley also resonates. It is that “there is one basic and absolute requirement for using Video Work with clients: Therapists should genuinely enjoy movies” (1).

However, despite the above contraindication, even therapists who do not enjoy movies cannot completely avoid their ubiquitous presence. Patients in therapy will inevitably compare themselves with characters or situations they see in films, including those that involve psychiatrists and psychiatric interventions. This being the case, Gabbard and Gabbard argue that therapists ought to be relatively familiar with their screen images, so that they are in tune with the meanings these images have for patients (6). These authors also cite examples of how movies have influenced treatment decisions or expectations. For example, they observe how (not surprisingly) One Flew Over the Cuckoo’s Nest led to the revocation and refusal of consent for electroconvulsive (ECT) therapy.

These anecdotal observations are consistent with Donino’s formal study of the extent to which One Flew Over the Cuckoo’s Nest had an impact on college student attitudes toward mental illness (8). In brief, students who viewed this movie subsequently exhibited less positive attitudes toward mental health professionals, mental hospitals and facilities, patients with mental illness and mental illness as a psychosocial entity. Of interest, when students subsequently viewed a televised documentary, designed in part to “balance” the negative depiction of life in a mental institution in Cuckoo’s Nest, there was no change in attitudes. This suggests that the impact of original cinematic experiences may be difficult to offset.

Interestingly, both negative and positive portrayals of psychiatrists can lead to adverse therapeutic consequences. Predictably, a film such as Lovesick (which involves a relationship between a psychiatrist and his patient) has led patients to question the boundaries of the psychoanalytic situation. However, more positive portrayals (such as those seen in Ordinary People and Good Will Hunting) may lead a patient to develop unrealistic and idealized expectations. As cited earlier in this article, films that depict dramatic cures, such as recovery from an uncovered traumatic memory, may also lead to unrealistic expectations.

Gabbard and Gabbard have also examined the extent to which films influence potential patients’ inclinations to seek and receive psychiatric help (6). Unfortunately, although some films offer sympathetic portrayals of people with mental illness, many are less kind. Individuals with mental illness—particularly those who leave psychiatric hospitals—are often portrayed as aggressive, dangerous and unpredictable (9). Psychiatrists and other health professionals hardly fare better and are often depicted as bumbling and inept (10). To make matters worse, Hyler has observed that the dominant themes in films concerning the etiology of mental disorders include the schizophrenogenic parent and harmless eccentricity labelled as mental illness and inappropriately treated (11). One can logically conclude that negative stereotypes in films at least partly account for the continuing stigma attached to mental illness, which in turn is one important reason why so few individuals with mental problems actually seek and receive help. Some authors have even suggested a call to arms to fight movie stereotypes that contribute to stigmatizing individuals with mental illness (9). Perhaps the most frequent sin is the cinematic portrayal of schizophrenia as a split personality (for example, the recent film Me, Myself and Irene).

In summary, the use of films appears to be a reasonable addition to the therapeutic armamentarium, although empirical evidence of efficacy should now replace the enthusiasts’ exhortations and testimonials. Finally, although the therapeutic use of film appears to be relatively innocuous, therapists must ultimately still decide whether film assignments pose unacceptable risks for individual patients.

References