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Brief report

Group cinematherapy: Using metaphor to enhance adolescent self-esteem

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Abstract

This study examines the effectiveness of a cinematherapy intervention at enhancing the perceived self-esteem of 16 youth with a serious emotional disturbance. Participants completed the Rosenberg Self-Esteem Scale (RSE) at pre-, post-, and 1-week follow-up within a 6-week coping skills group in which a brief cinematherapy intervention is introduced to a treatment and delayed treatment group. A control group was used, which only received the coping skills training. Results of a split-plot analysis of variance (ANOVA) with one between-groups factor and one repeated-measures factor revealed no significant differences within or between groups, however, meaningful differences between the three groups were found. Implications for counselors and therapists are discussed. © 2006 Elsevier Inc. All rights reserved.

Keywords: Cinematherapy; Metaphors; Self-esteem; Films; SED youth

The use of metaphor as a persuasive apparatus in therapeutic counseling aims to evoke greater client insight and solace, ultimately supporting positive change. Gafner and Benson (2003) portray metaphors—metaphorically—as bridges, which indirectly foster open dialogue about subject matter that clients tend to avoid when uncomfortable (Wedding & Niemiec, 2003), and improve exploration into the unconscious, since “it is often easier to respond to a metaphor . . . than to the harsh reality” (Oaklander, 1997, p. 12).

Commercial film is a familiar medium in which metaphors are widely used to entertain and induce strong affective/cognitive exploration. Similar to storytelling, films captivate the imagination, and indirectly suggest new possibilities toward healing (Marvasti, 1997). Hesley and Hesley (2001) maintain, “Films are metaphors that can be utilized in therapy in a manner similar to stories, myths, jokes, fables, and therapeutically constructed narratives” (p. 10), which encourage clients to journey into their emotional experience and personal narratives as indirect observers from a higher, meta-analytic plane (Powell, 2005). Films use metaphor as a springboard to insight, and aid in therapeutic alliance building (Berg-Cross, Jennings, & Baruch, 1990; Dermer & Hutchings, 2000).

Cinematherapy

Cinematherapy is the process of using films in therapy as metaphors to enhance client insight and optimal growth (Suarez, 2003). By prescribing an individual or family the task of viewing a film, clinicians anticipate that clients will connect their own life experiences with those demonstrated on the screen, and ultimately obtain new solutions to old problems (Hesley, 2000). By suggesting films that depict issues similar to that of the client’s, the overall goal for

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cinematherapy is to stimulate uncommon exploration into the identified problem and to generate new ideas for growth (Hesley, 2001). Sharp, Smith, and Cole (2002) assert, however, that cinematherapy is more than simply watching a movie. They attest that cinematherapy involves therapeutic discussion of the prescribed film, including client/character similarities via strategic questioning and metaphorical language, which helps prevent client resistance when processing difficult material.

If utilized appropriately, cinematherapy is an extremely effective tool with powerful therapeutic properties (Watson & Van Etten, 1977). Hesley and Hesley (2001) utilize the approach as homework assignments for time-effective therapy, which will “reinforce key therapeutic points,” lead to client mastery of the desired behaviors in his or her own natural environment, serve as a measure of compliance and progress throughout treatment, and further connect the knowledge gained in outpatient therapy to real life experience (p. 11). Hebert and Neumeister (2001) apply cinematherapy by showing films within therapeutic sessions. Dubbed *guided viewing*, they detail how live screenings enhance the potential for insight, because a counselor facilitates a client’s direct self-exploration in vivo. Powell (2005) documents guided viewing as being inherently powerful as a group counseling intervention, evoking immediate insight and opportunity for processing and feedback.

Cinematherapy with youth

Clinicians have found cinematherapy to be particularly effective with youth, because movies are a “powerful medium in contemporary society and are an especially significant part of the teenage culture” (Hebert & Neumeister, 2001, p. 225). Films assist youth in making connections between inner-life fantasy and current reality (Chethik, 2000), and have a highly persuasive effect on their preconceptions about life (Wedding & Niemiec, 2003). At a time when they developmentally battle with self-appreciation and identity formation (Brinthaup & Lipka, 2002), youth connect with the power of cinematherapy.

Jurich and Collins (1996) were successful at applying cinematherapy with adolescents by incorporating guided viewings for self-esteem enhancement, which is vital in young people who struggle with self-concept issues, because the amount of self-admiration is crucial in determining an adolescent’s degree of emotional development and mental health (Greenspan, 2004). Klein (1995) found that high self-esteem in youth correlates with positive mental health. Youth with low self-esteem, however, are far more likely to develop a mental illness and a serious emotional disturbance (Koenig, 1988), including conduct disorders and mood disturbances (DuBois & Silverthorn, 2004). The participants in Jurich and Collins (1996) study, however, were adolescents enrolled in a 4-H program; not emotionally disturbed youth, whom would seemingly struggle with self-concept issues and such problematic behaviors as eating disorders, conduct disorders, anxiety, and depression (Rice, 1999).

It was youth with a serious emotional disturbance (SED) that Duncan, Beck, and Granum (1986) successfully treated with cinematherapy, by documenting how the film *Ordinary People* (Schwary & Redford, 1980) could prepare inpatient adolescents for re-entry into their homes and communities. The participants viewed the film in three parts, and later specific scenes within 8 weekly, 1-h group sessions, which Duncan et al. (1986) used to portray “the subtle emotions of apprehension, anxiety, and being on stage,” to help clients “project into the future and prepare for what lies ahead” (p. 50). Self-concept or esteem issues were not discussed.

Enhancing self-esteem

Although Jurich and Collins (1996) were able to confirm the effectiveness of cinematherapy at enhancing self-esteem and Duncan et al. (1986) were able to document the power of cinematherapy with SED youth, neither study compared the effectiveness of cinematherapy at enhancing self-esteem in SED youth. Enhancing self-esteem, however, is crucial to their development, because these youth are found to have fewer positive experiences than the well-adjusted individual and tend to present with lower levels of perceived self-worth (Barlow & Durand, 2005). Since Berk (2005, p. 360) defines self-esteem as “the judgments we make about our own worth and the feelings associated with those judgments,” which begin to emerge in early childhood and are shaped by life-experiences, then it is essential that SED youth receive self-esteem enhancement as part of their overall treatment to elevate their presented “state” of perceived self-worth.

According to the Morris Rosenberg Foundation (2005), “Self-esteem is a positive or negative orientation toward oneself; an overall evaluation of one’s worth or value” (Self-Esteem: What is It, para 1). Self-esteem can be viewed as both a trait and as a state. Trait self-esteem would consist of a person’s general feelings about themselves, whereas

state self-esteem would consist of a person's feelings about themselves right at this moment. This study will determine whether the use of cinematherapy as a brief intervention is helpful in enhancing the perceived state self-esteem of youths who experience a serious emotional disturbance.

Method

Participants

Seventeen ($N=17$) children participating in a 6-week coping skills group at a community mental health agency in the mid-south participated in this study. Participants had the following primary DSM-IV-TR diagnoses: 296.90 Mood Disorder ($n=7$); 300.23 Social Phobia ($n=1$); 313.81 Oppositional Defiant Disorder ($n=3$); and 314.9 Attention Deficit Hyperactivity Disorder ($n=6$). One of the original participants was excluded as they did not complete the coping skills group, reducing the participant number to 16. The remaining participants were 8 girls and 8 boys with an average age of 11.29 years ($S.D.=1.85$). Twelve reported their race as Caucasian, and four as Non-Caucasian.

Instrument

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1989) is a unidimensional measure of global self-esteem, chosen for this study due to its administration ease, brief properties, readability, and documented use as the most widely used measure of perceived self-esteem and worthlessness (Silverstone & Salsali, 2003). The RSE measures "state" self-esteem (The Morris Rosenberg Foundation, 2005), and is a 10-item measure with a 4-point forced-choice likert scale ranging from strongly agree ($SA=1$) to strongly disagree ($SD=4$). Five of the items were reverse scored to decrease the likelihood of a response set (see Appendix A).

Originally developed for the adolescent population, the RSE presents with a Guttman scale reliability coefficient of 0.92 among youth. It has, however, been useful at assessing self-esteem in a variety of other groups (Mental Health Statistics Improvement Program, 2005), with test-retest correlations in the range of 0.82 to 0.88, and Cronbach's alpha for various samples in the range of 0.77 to 0.88 (Rosenberg, 1989).

Procedure

There were three groups in the quasi-experimental study. All participants were involved in a 6-week coping skills group designed to enlighten them about mental health issues, to educate them about how to formulate new problem-solving skills and utilize techniques for better coping, and to encourage positive self-worth. During week 1, trust building and getting to know one another via similarities/dissimilarities was covered. During week 2, identifying problem areas and defeating behaviors was covered. During week 3, understanding how these problems affect daily functioning was covered. Next, during week 4, learning to accept the self and correcting misconceptions and negative schemas was covered. During week 5, problem-solving and learning coping skills to increase self-appreciation were covered. Finally, during week 6, reviewing problem areas, coping skills, and encouragement for the future was covered.

Two groups received a cinematherapy intervention, consisting of guided viewings of the film *Fat Albert* (Cosby & Zwick, 2004), which is about a young lady named Doris, whose lack of self-worth prevents her from making friends, doing well in sports, and enjoying social functions; that is, until Fat Albert and his friends come to her aid and guide her through several positive experiences. Used as a visual companion to aid in esteem enhancement and education, Doris' experience was referred to often during treatment as a case study example for greater psychoeducation.

Group 1 (treatment) received the cinematherapy intervention during the first 3 weeks of the coping skills group, utilizing the case study example throughout the entire 6-week treatment. Group 2 (control) did not receive any intervention aside from the coping skills group. Group 3 (delayed treatment) received the same cinematherapy intervention as Group 1, but during the second 3 weeks of the group, thus, giving this group less time to utilize the visual aid and case study example. Three observations from the RSE were recorded for the participants at pre-, post-, and 1-week follow-up.

Table 1
Comparison of treatment groups for overall self-esteem inventory

	Pretest		Posttest		1-Week follow-up	
	<i>M</i>	S.D.	<i>M</i>	S.D.	<i>M</i>	S.D.
Group 1 (<i>n</i> = 6)	23.17	5.17	21.17	2.48	18.67	3.56
Group 2 (<i>n</i> = 5)	20.60	7.50	21.60	8.76	21.40	6.07
Group 3 (<i>n</i> = 5)	19.80	4.27	22.60	10.64	19.40	4.72

Note. *N* = 16. Scores based on a likert scale from 1 = strongly agree to 4 = strongly disagree. Scores reported are total means and range from 10 to 40. Lower means indicate higher levels of self-esteem. Group 1 = treatment; Group 2 = control; Group 3 = delayed treatment.

Each participant's parent/guardian consented and each participant assented to his or her results being used for research purposes. Consent/assent forms were collected and kept separate to ensure confidentiality of the information.

Results

Internal-consistency reliability was run on the scores of the instrument for each of the three trials. Results indicated that the standardized Cronbach Coefficient Alpha for the pretest was 0.82, for the posttest was 0.87, and for the 1-week follow-up was 0.88. Mean and standard deviation scores across the three trials (pretest, posttest, and 1-week follow-up) for each group are displayed in the Table 1. Results were initially analyzed using split-plot analysis of variance (ANOVA) with one between-groups factor and one repeated-measures factor to look for differences within subjects and between groups. Overall differences were analyzed first using split-plot analysis of variance.

Because the assumptions of sphericity (Box' M statistic, $p = .065$) and equality of covariances (Mauchly's test, $p = .655$) are not violated, no adjustment is made to the degrees of freedom (Keppel, 1991). The results of split-plot ANOVA indicated that there was no statistically significant main effect for the treatment group (between groups), $F(2,13) = 0.14$, $p = .986$, $\eta^2 = .002$, nor was there a statistically significant main effect of time (within subjects), $F(2,13) = 1.517$, $p = .238$, $\eta^2 = .105$. In addition, there was no significant interaction between treatment group and time, $F(4,26) = 1.38$, $p = .267$, $\eta^2 = .175$.

Additional analysis for each group was discussed in turn for the entire measure and then for individual items. While the ANOVA on Group 1 (treatment) revealed no significant effect for the trial on the entire measure, $F(2,10) = 3.17$, $p = .086$, $\eta^2 = .388$, contrasts showed that the pretest mean on item 1 was significantly different to the 1-week follow-up, $F(1,5) = 7.50$, $p = .041$, $\eta^2 = .600$. In addition, the ANOVA for item 2 revealed a significant effect for the trial, $F(2,10) = 6.43$, $p = .016$, $\eta^2 = .563$. Contrasts showed that the pretest mean on item 2 was significantly different to the 1-week follow-up, $F(1,5) = 15.00$, $p = .012$, $\eta^2 = .750$. No other significant contrasts were found at the item level. The ANOVA on Group 2 (control) revealed no significant effect for the trial, $F(2,8) = 0.32$, $p = .736$, $\eta^2 = .074$ nor were there significant contrasts found at the item level. The ANOVA on Group 3 (delayed treatment) revealed no significant effect for the trial, $F(2,8) = 0.84$, $p = .467$, $\eta^2 = .173$. Also, no significant contrasts were found at the item level.

The ANOVA procedure was also used to look for significant differences between each group for the pretest, posttest, and the 1-week follow-up for the individual items. The ANOVA for the pretest, posttest, and 1-week follow-up comparing all three groups was not significant ($p > .05$). Further, Scheffe's test of pairwise comparisons revealed no significant differences between the means of each group for the pretest, posttest, or the 1-week follow-up ($p > .05$).

Discussion

This study examined perceived self-esteem of three groups of participants over three observations (pretest, posttest, and 1-week follow-up) to determine if the use of cinematography as a therapeutic intervention enhanced the self-esteem of youth with a serious emotional disturbance. For the purposes of this study, lower mean scores indicate higher levels of perceived self-esteem.

Data from the scores on the Rosenberg Self-Esteem Scale suggest that there were no significant differences in participants' levels of self-esteem over time (see Table 1). Further analysis reveals no significant difference between the pretest and the posttest or between the pretest and the 1-week follow-up. This suggests that the additional intervention of cinematherapy did not significantly impact the participants' levels of self-esteem. Even though statistical significance is not achieved, it may have been statistically significant if sample size had been increased to $n = 15$ (per group). The effect size ($\eta^2 = .388$) in ANOVA also indicated strong degree of association between the treatment effect and the self-esteem, the dependent variable. In addition, there were significant differences between the pretest and the 1-week follow-up on item 1 (I feel that I'm a person of worth, at least on an equal plane with others) and item 2 (I feel that I have a number of good qualities). This suggests that the cinematherapy intervention may significantly impact some specific issues related to self-esteem versus overall self-esteem. Further, the mean scores for Group 1 reduced overtime. While not significant, this suggests that the cinematherapy intervention did have a positive impact on overall self-esteem.

Further analysis reveals no significant difference between the pretest and the posttest or between the pretest and the 1-week follow-up for Group 2. The table reveals that the mean scores did not reduce over time, suggesting that the coping skills group, without the addition of the cinematherapy intervention, did not have a positive impact on overall self-esteem.

There was no significant difference for Group 3 between the pretest and the posttest or between the pretest and the 1-week follow-up. While the mean scores for Group 3 did reduce between the pretest and the 1-week follow-up, it was negligible. This result suggests that delaying the intervention and extending the coping skills intervention had little or no impact on self-esteem.

Results of comparing the impact of the treatment model indicate no significant difference between the groups. The groups that did receive the additional cinematherapy intervention, however, did have lower mean scores, as well as a reduction of mean scores over time on the self-esteem inventory, than the control group. This indicates, while not significant, that the additional intervention of cinematherapy in the coping skills group may help increase participants' self-esteem.

Summary, conclusions, and implications

The purpose of this study was to determine if the use of cinematherapy as a therapeutic intervention enhanced the self-esteem of youth with a serious emotionally disturbance. Findings suggest that there were no significant differences over time within groups or between groups in relation to self-esteem. The additional intervention of cinematherapy within the coping skills group did have, however, a positive impact on self-esteem. Group 1, who received the cinematherapy intervention during the first 3 weeks of the coping skills group, received the highest mean score on the measure at the pretest and the lowest mean score on the measure at the 1-week follow-up. This finding seems to indicate that there was a positive impact on self-esteem with the addition of the cinematherapy intervention. Further, the group that did not receive the additional intervention of cinematherapy showed decreased levels of self-esteem. Although not significant, it appears that the general coping skills group may lack a component related to helping participants with issues of self-esteem.

One is encouraged, however, to use caution when interpreting the representativeness of these findings and they should be considered tentative. There are a number of limitations to the study. The sample size ($N = 16$) was much smaller than would be desirable and the reliance on self-report measures means the study should be viewed as a pilot study. It is recommended that further research be conducted in this area using larger samples, additional assessment measures to confirm findings, and additional cinematherapy interventions.

Despite the shortcomings of the study, the findings suggest several implications for self-esteem intervention. When working with youth, counselors and therapists should consider utilizing creative techniques and metaphorical language to increase insight, reduce resistance, and facilitate esteem enhancement. Cinematherapy is a powerful approach that utilizes metaphor via film to create a safe and entertaining environment for self-exploration and discovery, evoking self-amendment. Although results of this study were not significant, the results were meaningful, as the participants' self-esteem scores improved over the course of time when provided with the cinematherapy intervention. Self-esteem scores from the control group actually worsened, suggesting refinement of the coping skills program. Clinicians should consider including an esteem enhancement intervention when treating youth to protect against a decreased level of emotional development.

Appendix A

Below is a list of statements dealing with your general feelings about yourself. If you Strongly Agree, circle SA. If you Agree with the statement, circle A. If you Disagree, circle D. If you Strongly Disagree, circle SD

	1. Strongly agree	2 Agree	3. Disagree	4. Strongly disagree
1. I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
2. I feel that I have a number of good qualities.	SA	A	D	SD
3. All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
4. I am able to do things as well as most other people.	SA	A	D	SD
5. I feel I do not have much to be proud of.	SA	A	D	SD
6. I take a positive attitude toward myself.	SA	A	D	SD
7. On the whole, I am satisfied with myself.	SA	A	D	SD
8. I wish I could have more respect for myself.	SA	A	D	SD
9. I certainly feel useless at times.	SA	A	D	SD
10. At times I think I am no good at all.	SA	A	D	SD

Note. From *Society and the Adolescent Self-Image* (Rev. Ed.), by M. Rosenberg (1989), Middletown, CT: Wesleyan University Press. Copyright 1989 by Florence Rosenberg. Reprinted with permission.

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