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Psychotherapy and Movies: On Using Films in Clinical Practice

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The purpose of this paper is to discuss the practice of recommending movies for clients to watch to assist them with their presenting complaints. Movies may be an efficient means of working with some clients who are difficult to reach emotionally through other methods. They also provide a powerful means of observational learning with opportunities to choose among different attitudes and behaviors. The pros and cons of this intervention are discussed, as well as initial suggestions on incorporating films into clinical practice. A cautious approach is recommended, as a systematic series of empirical investigations should be undertaken to more effectively inform clinical practice. Examples of areas to target for future research are provided.

KEY WORDS: therapy; movies; films; clinical practice; cinema.

The significance of movies has not escaped the awareness of personality theorists. Psychoanalysis has frequently been used to analyze movies. For instance, Terr (1989) briefly analyzed *Stand By Me* (1986), Cocks (1991) determined the essential features of characters, scenes, dialogue, music, color, and numbers from *The Shining* (1980), and Greenberg (1993) examined numerous horror movies.

Analyses of movies have also appeared in the humanistic/existential literature. Finck (1992) analyzed *Citizen Kane* (1941) from a logotherapy perspective, highlighting the feelings of meaninglessness that the film portrays in the main character, Charles Foster Kane. Paden-Levy (2000) used logotherapy to examine *Life is Beautiful* (1997), noting that the movie portrays the salvation of a child (from extermination) and father (from meaninglessness). Mounteer (1992) evaluated a number of science fiction films through a religious/spiritual perspective. Mounteer indicated that such films depict unending life after death, therefore, "they obviate

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people's greatest horror: the inevitability of their own death and nothingness" (p. 63).

References to movies also appear in works on psychotherapy. Glasser (1998, 2000) and Bertolino (1999) refer to movies to illustrate points and to enhance discussion. The implication of these contemporary analyses of, and references to, films is that the importance of movies extends beyond their entertainment value. This author noted throughout his formative years the positive influence that some films had on his mood. He learned that some movies had the power to encourage and educate, as well as to portray role models who persevered, solved problems, and overcame obstacles. Years later, as a therapist, he has become interested in the therapeutic value of movies.

There is a growing literature suggesting that movies have therapeutic value for clients/patients (hereafter referred to as clients). Using movies as a technique in clinical practice is similar to bibliotherapy, with its appeal being universal themes and its function as a means for clients to view their problems from a comfortable distance (Dermer & Hutchings, 2000; Hesley & Hesley, 1998). Movies are cost-effective and can generally be used with groups from diverse backgrounds, and through a variety of therapy modalities. The benefits of using films with clients include compliance, accessibility and availability of the modality, curiosity, familiarity with movies, and enhancement of rapport between client and therapist (Hesley & Hesley, 1998). Despite these reported advantages, therapists should be cautioned that there is currently only limited descriptive information published in this area, but what is available provides some support for the efficacy of the technique (Dermer & Hutchings, 2000; Heston & Kottman, 1997; Solomon, 1995).

The purpose of this paper is to discuss the use of films as a therapeutic intervention, addressing a number of questions along the way. What do we know about films and how they communicate their messages? How and when should films be used in clinical practice? What are the pros and cons of this technique? What research needs to be done and how should these studies be conducted?

USING FILMS IN PSYCHOTHERAPY: MODE VERSUS PROCESS

The idea of using films in psychotherapy is more complicated than it initially sounds. It involves a variety of modalities, such as suggesting films to watch in-between sessions or using movies as exercises in therapy as a means of facilitating narrative from the client. Film use in psychotherapy is theoretically contingent on a variety of processes, such as interpretation of metaphors/symbols and observational learning.

Movies as Metaphors/Symbols

Films have the ability to entertain and to communicate to the viewer through imagery, symbol, and metaphor (Boggs, 1991; Dermer & Hutchings, 2000;

Hesley & Hesley, 1998; Heston & Kottman, 1997; Moore, 1998). Metaphors can be an important part of therapy, whether from the perspective of the client or the therapist. Kottler (1993) noted how much of what therapists communicate to clients is impacted by the things that therapists have read, observed, encountered, or experienced. Metaphors are a frequent and important part of some therapies, a technique used by clinicians as a unique and memorable method to expose clients to topics of therapeutic significance (Bertolino, 1999; Dryden, 1999; Frankl, 1988; Moore, 1998; Welter, 1995).

Movies as visual metaphor can serve as an agent of therapeutic change (Hesley & Hesley, 1998; Heston & Kottman, 1997). Visual metaphor is similar to literary metaphor except that it involves things that can be seen (Moore, 1998). "The use of visible metaphor offers one process through which the person can move to a spiritual level, discover meaning, and experience life as worthwhile and meaningful" (Moore, 1998, p. 85). Although Moore was writing from a humanistic/existential perspective, she noted that visual metaphors are suitable for use across therapist styles and with clients with a variety of presenting problems.

Movies as visual metaphor provide an entertaining means of educating the viewer and fostering new attitudes. Moore (1998) noted that metaphors present people with different ways of looking at situations and experiences and that they provide avenues for change in that people are afforded opportunities to choose among different attitudes. Such a method may empower clients by increasing their confidence as they learn on their own, utilizing therapeutic guidance as necessary. Visual metaphor may be of particular assistance when working with clients who are difficult to reach emotionally (Moore, 1998).

Observational Learning

Another way to look at how movies communicate their messages is through observational learning. Watching how people behave and express themselves affects the behavior of the viewer (Rosenthal & Steffek, 1991). Movies offer the people who watch them overt and/or symbolic models of behavior and attitudinal expression. In this fashion people learn new ways to express themselves. People tend to imitate those who are similar to themselves and those who possess higher levels of prestige or expertise (Craighead, Craighead, Kazdin, & Mahoney, 1994). Such portrayals are frequently found in movies.

Solomon (1995, 2001) argues that movies can entertain the viewer while challenging feelings of denial and fostering connections to thoughts, feelings, and behavior (also noted by Heston & Kottman, 1997). Solomon (1995, 2001) and Heston and Kottman (1997) noted that movies have the ability to teach clients that they are not alone, which may aid them by providing a sense of comfort. Clients experience others going through problems similar to theirs in a manner that may adaptively validate and/or challenge their perceptions (Heston & Kottman, 1997; Solomon, 1995, 2001). Movies solicit feelings that can lead to new ideas and the

amelioration of negative thinking styles (Bertolino, 2001; Hesley & Hesley, 1998; Solomon, 1995). Movie viewers may learn what to become and what not to become based on the actions of film characters (Hesley & Hesley, 1998; Solomon, 1995, 2001). In other words, people can make judgments based on the decisions and actions of character depictions. However, the underlying mechanism that facilitates positive therapeutic change is unclear. In some cases it may be insight from observations that leads to change, as in the case of a client who recognizes that he or she abuses alcohol after viewing a movie portrayal. In other cases it may be that the realism of observing and experiencing an alternate version of oneself through film facilitates positive change, as when a client learns that a goal could be reached if they work harder.

DESCRIPTIVE SUPPORT FOR THE USE OF MOVIES IN CLINICAL PRACTICE

The idea that movies may have therapeutic benefits for those who watch them is not new. Solomon (2001) reported that he found a sense of purpose watching movies as a child, using them to keep him "centered and alive" (p. 6). Movies have since become an integral part of his career in mental health.

Frueh (1995) reported an instance of a Vietnam veteran successfully self-administering exposure therapy through a variety of means (reading and talking about the war, reflecting on traumatic war experiences, sitting near a helicopter pad). This exposure therapy also involved watching Vietnam war movies. Frueh concluded that in vivo exposure therapy (coupled with therapeutic assistance) may be of help to some clients and should be empirically investigated.

Heston and Kottman (1997) reported two case examples of films assisting clients with facilitating insight and behavioral change. In the first case example, it was recommended that a client with depression and a conflicting relationship with her mother watch a film about the relationships between grandparents, their adult children, and their grandchildren. The movie was noted to assist the client with a more objective perspective on her relationship with her mother. The client eventually reported improvements in her depression and in her ability to have contact with her mother. The second case example involved a woman who had come to therapy due to depression related to the deaths of several family members. The authors noted how two movies dealing with universal issues such as death, abandonment, and grief affected her. For example, in relation to the death of her father, the client came to realize feelings of abandonment that began prior to her father's actual death. The authors credit the films with improving the client's insight into her grief-related issues, clarity necessary for her to deal with her losses with greater effectiveness.

This author has also suggested film in psychotherapy when circumstances warrant, as in the case of recommending a film to a client diagnosed with

obsessive-compulsive disorder. A blended cognitive-behavioral/logotherapy case formulation approach was being used to facilitate positive change. The client was also receiving medication management. During the course of therapy it became clear via self-reports that the client was struggling with maintaining positive and hopeful attitudes outside the context of therapy. The client indicated that assistance was needed in this regard. After some discussion it was suggested that the client watch *Cast Away* (2000). The film is not directly relevant to dealing with obsessive-compulsive disorder, in fact, a film dealing with the disorder may have proven to be counterproductive in this circumstance because of the potential to take away from the client's ability to initiate and maintain a hopeful attitude. The movie was selected because it depicts a character who finds hope amidst terrible and strenuous circumstances (he is stranded for four years on a deserted island). The character finds motivation to persevere despite his circumstances. This is a universal theme that may be of assistance to persons experiencing a range of difficulties. The rationale for the film and cautions were discussed (the film is uplifting but there are dramatic experiences of the main character in an initial plane crash and his subsequent trials encountered while living on the island), and the client was interested and open to giving the film a try. Upon subsequent debriefing the client reportedly picked up on the positive messages and did not report negative reactions to watching the film. The movie's universal theme also became a common language in subsequent therapeutic dialogues. The client reportedly was able to find a growing sense of hope outside the context of therapy. This therapist found that in such cases films could assist clients in deriving therapeutic benefits; however, two reasons the movie was effective in this circumstance were because it was suggested after careful consideration of the client's needs and advance preparation and discussion with the client.

THERAPEUTIC MOVIE EXERCISES

Another method of using movies in clinical practice is through movie exercises employed during sessions. The fact that there are movie exercises available for clinicians to use with their clients is further evidence that movies have relevance and utility in the lives of people in general and in therapy specifically. Eisenberg (1985) posed the question, "If they were making a movie about your life, what would the title be?" (p. 45)[1] This idea has since been expanded into a two-movie exercise by Dr. Paul Welter and designed to include movie marquees by Dr. Robert Hutzell (Welter, 1995). Drs. Welter and Hutzell are trained in logotherapy. These exercises were initially developed as a humanistic/existential exercise, but are applicable regardless of theoretical orientation in instances where clients are struggling with issues of purpose or identity. It is also a means for

[1]The author would like to thank Paul Welter, Ed.D. for pointing out this reference.

the clinician to learn past experiences and future goals that are important to clients.

Welter (1995) noted that the goal of the first exercise is to highlight areas of life purpose up to the present time. The second movie exercise assists clients in planning to live meaningful lives from the point of the exercise forward. The instructions that follow were described by Welter. The initial exercise presents clients with the opportunity to develop a movie about their lives. Clients choose the budget for the film (low, medium, high) based on how much money the clients have had up until the present, or how much they value money in their lives. Clients then determine the genre of film based on their life experiences (Western, comedy, romance, horror, science fiction, action/adventure). They then select the actor to play the lead role (the role of the client), which is generally done by asking the client who their friends or family would choose to play them. Next the client is to imagine the film crew going out to shoot the picture of his or her life, with the film coming back for editing prior to being sent to theaters. Clients choose the title of the film to be shown on the marquee.

The second movie exercise takes place approximately 6 months later (Welter, 1995). Welter notes that this is a sequel to the first film, which the client is instructed to imagine was a substantial box-office success. The sequel is to take place in the client's life from the present time forward. It is up to the client to "write" the script and "direct" it, based on events and relationships that are thought to be important to the client in the future. What goals would the client like to accomplish? What obstacles must be overcome? The client has to make additional decisions as to the budget, the genre of movie, and the actor to play the lead role. As with the first exercise, the client has the opportunity to name the movie.

This author found utility for use of the movie exercises in clinical practice while working as a therapist in a high-management group home with male adolescents diagnosed with mental retardation/developmental disabilities (mild mental retardation or borderline intellectual functioning, learning disabilities) and sexual behavior problems (sexual aggression, paraphilias). Many of these adolescents had histories of being abused physically and/or sexually themselves. This therapist conducted a group with this population that was geared toward relapse prevention of sexual offending behaviors. This therapist found both movie exercises to be effective with this population, facilitating discussion of such issues as identity formation, stigma resulting from societal views on cognitive deficits and sexual aggression, effectiveness of treatment, interpersonal relationships, and avoidance of future sexually aggressive behaviors. These movie exercises afforded these clients an alternative means to tell the stories of their lives, recognize their values, find meaning in the past, and establish priorities for the future. Given the popularity of movies with these adolescents, it was an exercise that built rapport and enhanced their ability to focus on their treatment.

In general, these movie exercises afford clients opportunities to tell their life stories to their therapists. This is a potentially valuable means for clients to

arrive at insights, organize emotional experiences, and recognize their values. If the therapist were to become familiar with the story of the individual client through such an activity, then the therapist may learn much about the individual culture of that person. Since movie exercises encourage clients to tell their stories, they are related to the narrative therapy movement as outlined by such authors as Payne (2000) and McLeod (1997).

RECOMMENDATIONS FOR INCORPORATING MOVIES INTO CLINICAL PRACTICE

Identify Clients Who Are Not Appropriate for the Technique

Hesley and Hesley (1998) indicated that they do not use movies with young children (unless as part of a family activity), people with severe mental illness, domestic violence situations, and people who have had recent traumatic experience comparable to characters depicted in the film. They also indicated that they do not use films when there is a negative character portrayal where the client may assume the therapist feels there is a connection between them. They also do not use films with people who do not enjoy movies.

The aforementioned exclusion criteria sound logical, however, given that this is an area with limited published data available there may be other criteria for exclusion that need to be established. There may also be individuals within each of the categories mentioned by Hesley and Hesley (1998) that may benefit from the intervention. More research is needed to understand the underlying processes of therapeutic movie watching. Such research may better inform how and when movies are incorporated into therapy.

Timing of the Intervention/Number of Movies Suggested

In general, introducing movies into therapy will depend on the therapeutic situation and the style practiced by the therapist. With regard to the number of movies suggested, it may be most beneficial to suggest no more than a single movie at a time so that client and therapist may fully evaluate the film's effectiveness.

Therapists Need to Be Certain of Why They Are Recommending a Particular Movie

Why would a clinician suggest for a client to watch a film? Is it to provide a means of education (teaching clients about opportunities), a means of facilitating cognitive or affective change, or perhaps to instill a general sense of hope? Films need to be appropriate to the needs and interests of the client. Dermer and

Hutchings (2000) noted the importance of considering relevant variables such as presenting problems of clients, client strengths/interests, issues of diversity, and ability to comprehend the film when working to match clients with films. The importance of matching clients with films that have relevance to their issues appears to be important for a successful therapeutic experience, and has been noted by others (Bertolino, 2001; Hesley & Hesley, 1998; Heston & Kottman, 1997; Solomon, 1995).

Movies have potential for use in individual, couples, family, and group therapy to address a variety of presenting issues. These issues include death, drug and alcohol problems, life-span issues, adoption/custody, abandonment, abuse, inspiration, interpersonal relationships, divorce/family issues, mental health, physical health, denial, sexuality, values, work-related issues, parent and child relationships, and men's and women's issues (Hesley & Hesley, 1998; Solomon, 1995, 2001).

Clinicians Need to Do Their Homework

With regard to recommending films, Dermer and Hutchings (2000) noted that therapists should view a movie before suggesting it to clients. Some authors have encouraged therapists to develop their own list of movies that they are comfortable with recommending (e.g., Bertolino, 2001).

Provide Informed Consent and Clearly Explain Expectations

The reason why a film is assigned should be provided, and the time, place, and participants to be involved in the assignment determined (Dermer & Hutchings, 2000; Hesley & Hesley, 1998; Solomon, 1995). Client concerns should be discussed and addressed by the therapist (Hesley & Hesley, 1998).

Some have suggested that clients watch films while focused, undisturbed, and from start to finish (Bertolino, 2001; Solomon, 1995, 2001). However, in this therapist's view clients should be instructed to pause the movie if they arrive at an insight during the course of the film. Such insights could be recorded for future discussion in therapy.

Provide a Debriefing Session(s)

An important part of recommending movies is to follow-up with the thoughts and feelings that they solicit. Debriefing sessions have been suggested by numerous others (Bertolino, 2001; Dermer & Hutchings, 2000; Hesley & Hesley, 1998; Heston & Kottman, 1997; Solomon, 1995). Debriefing sessions serve as a forum for discussing thoughts and feelings solicited by the movie, which includes processing how this information may be used to benefit clients in the future (Dermer & Hutchings).

It is also necessary for the therapist to be prepared and to problem-solve with clients who do not follow through with watching the movie (Hesley & Hesley, 1998; Solomon 1995). Learning about the thoughts/feelings of the client will assist the clinician in understanding a client's readiness to process certain issues. A funnel-approach to questioning is recommended, beginning with open-ended queries, also suggested by Bertolino (2001) and Hesley and Hesley (1998), and asking more specific questions based on the feedback of the client. Such a style of questioning allows clients to derive their own meaning from the film under the therapist's guidance.

CAUTIONS RELATED TO RECOMMENDING MOVIES

Addressing a Negative Client Response to Viewing a Film

Despite the evidence that movies may benefit those who watch them, the approach is an adjunct to therapy, a technique that does not take the place of therapy (Solomon, 1995). Given that films can communicate a powerful sense of reality (Boggs, 1991), it is all the more imperative that clients are not recommended a film to view unless the therapist is certain that they are ready to deal with the issues portrayed (Hesley & Hesley, 1998; Solomon, 1995). Therapists should not suggest films without forewarning the client as to the nature and content of the film. Recommending movies to clients with certain presenting problems may be contraindicated. For instance, given the nature of posttraumatic stress disorder (PTSD), suggesting a movie such as *Saving Private Ryan* (1998) may be ill-advised and could potentially result in soliciting serious PTSD symptoms in certain persons. If films challenge the denial of clients who view them, and denial is a defense mechanism apparent in certain clients, then therapists should not recommend movies to clients without proper assessment and discussion. Films that present issues germane to clients may be difficult to watch even if clients feel that they are prepared. It could be difficult for clients to reach therapists if they have an aversive reaction to a film. Therapists should have a plan with clients in case of an emergency (e.g., access to on-call services).

An alternative idea might be for mental health facilities such as community mental health centers or private practices to designate a room for client movie-watching. A client could arrive a few hours in advance of their therapy time to view a movie, and then subsequently process the experience with their therapist when they are finished. In this fashion trained staff would also be readily available to assist clients with any problems that might be encountered during the experience.

A related point to discussing portions of a movie that may potentially be distressing to clients is one of the film's rating. Bertolino (2001) noted the importance of obtaining parental/guardian consent if a movie recommended to an adolescent has an "R" rating.

Cultural/Disability/Socioeconomic Status Concerns

Despite the increasing importance and prevalence of movies in popular culture, some persons may simply not value movies as a part of their cultural background. Racial/ethnic groups are not equally represented in positive roles in films. There may be therapeutic instances where it is important to match clients with films with characters of similar backgrounds. This could be a problem with Native American clients, for instance, whose portrayals in film are often either negative, lacking, or based on inaccurate information. There are also fewer films available that address issues related to acculturation, racial/cultural identity development, immigration, and refugees.

Persons with significant visual limitations or blindness may not appreciate movies as a therapeutic intervention. Finally, although movies are generally thought to be a cost-effective therapeutic intervention, some people may not be able to afford cable, DVD players, etc., or they may not value them enough to own them. The bottom line for therapists to remember is that although movies are a prevalent entertainment form that is increasing in availability, they are not an intervention for everyone.

Empirical Support

Therapists who suggest movies to clients may indeed find that they derive therapeutic benefits from viewing them, however, the support for this technique thus far is anecdotal. At this time there are no systematic psychotherapy outcome studies available to support the use of this technique. It is likely that not all clients will be equally receptive to films and will not react equally well to the intervention. Certain movies may work better with certain populations/presenting complaints than others. At this time the therapeutic recommendation of movies to clients is more an art than a science, and should be done with caution and at the ultimate discretion of the client. Initial reports appear to be promising, but more stringent empirical data is needed to better inform the art.

DIRECTIONS FOR FUTURE RESEARCH

Systematic outcome research and additional case studies need to be reported in the literature to facilitate a more detailed understanding of the benefits and disadvantages of using movies with clients, as well as the processes underlying how movies are perceived and experienced. The question then becomes, what types of studies need to be conducted?

The "true" experimental design is the ideal for conducting serious scientific research (Bausell, 1994). As described by Bausell, the design traditionally employs a two-group model with random assignment. Participants are initially pretested,

followed by random assignment to groups where one group receives the intervention and one group serves as a control group. Participants are then measured on outcome variables. This design allows researchers to draw stronger inferences as to causality. With regard to designing experiments to assess the efficacy of films, a movie or movies would serve as the independent variable (received by the experimental group and not the control group) to examine their effects on outcome variables (dependent variables). Such a design should only be implemented by those trained in research, and could be a possibility for study with people undergoing rehabilitation for physical or medical problems, where the intervention group would be exposed on a consistent basis to movies that inspire people to overcome difficulties. Such a design could also potentially be implemented in residential settings as a part of the milieu environment, where the intervention group receives a consistent diet of movies that portray characters striving to succeed against obstacles. Studies in environments such as these would afford researchers greater opportunities to infer causality, enable clients to discuss issues in the films with available and trained staff members, and would not deny critical aspects of treatment to those who need services.

There is not enough information available about cognitive and affective changes that occur as a result of watching movies, and there is even less information available about physiological changes that may result from watching movies. Those trained in research and biofeedback therapy may add potentially useful contributions to the empirical literature by conducting biofeedback studies with people while they watch movies (or short segments of movies). What sorts of physiological changes occur? If someone is watching a movie that instills hope or demonstrates the ability to adapt and to overcome obstacles, how does their breathing and heart rate change? Would it benefit people to receive feedback and to better understand how physiological aspects change over the course of watching a particular type of movie? Conversely, what sort of breathing and heart rate changes occur when a person watches a movie with characters experiencing therapeutic issues that closely approximate their own? Biofeedback researchers may be able to add valuable data in terms of quantifying physiological changes that occur in response to certain types of movies. Such data may aid clinicians with regard to the types of movies that they recommend.

There are also different processes that may come into play depending on how movies are integrated into therapy (recommending clients to watch a movie in-between sessions versus having a client discuss the influence of a movie that they viewed previously). If a movie is discussed in therapy that a client viewed previously, then this may be related to their conscious recollection of facts (explicit/declarative memory). Clients who watch movies suggested to them by a therapist may arrive at realizations based on implicit or unconscious memory ("recognizing" themselves in the film on some level), perhaps what some would call insight. The cognitive implications of how people watch films needs to be explored further within the context of research. Along these lines, there may be

differences in the therapeutic processing of movies depending on when the debriefing session occurs. Would the therapeutic impact be different if a client processed a movie with his or her therapist after having viewed the movie on-site moments before, as opposed to having processed a movie viewed earlier in the week? More information as to how people process films is critical for therapists who wish to use movies with their clients.

Survey research would also better inform this area of clinical practice. Why do clinicians recommend movies? Is it to provide a means of education (teaching clients about opportunities), a means of facilitating cognitive or affective change, or to instill a general sense of hope? It would be useful for researchers to study the implications of each of these purposes of integrating movies into clinical practice. Some of these reasons may be more practical and more effective than others.

Survey research may also be conducted with people who have observed movies on their own that relate to their difficulties. In this fashion we may better learn how people react when observing films that directly relate to their issues. For example, trained researchers could survey World War II veterans who viewed the movie, *Saving Private Ryan*, to get an idea of how many had positive experiences while viewing the movie and how many had more aversive reactions (such as flashbacks).

Another method of investigating the perceptions of movie watchers would be to develop and validate a questionnaire based on sound psychometric theory (e.g., Nunnally & Bernstein, 1994) designed specifically for this purpose. Such a questionnaire could potentially use a Likert-like response format ranging from "strongly disagree" to "strongly agree" and could be scored accordingly (ranging from a 1 to 5, with intermediate responses falling in-between). Potential items could include: "After watching this movie I better understand my problems," "I feel better about myself after having watched this movie," "I learned new ways to feel better when I feel poorly"). Once reliability and validity has been determined using psychometric measurement theory, such a measure may begin to add valuable information about how movies influence the perceptions/behaviors/attitudes of movie watchers.

These recommendations for future research relate primarily to the watching of actual films. However, outcome studies should also be expanded to include the evaluation of the movie exercises and their potential for use with additional populations of people from a wider variety of backgrounds.

SUMMARY

This article has addressed the use of movies with clients as a psychotherapy technique. It has also presented movie exercises that some therapists use to enhance therapy sessions. There is merit in exploring the use of films as a psychotherapeutic intervention with clients, but this should be done cautiously and with careful

deliberation, for it currently relies on the artfulness of the clinician. There is support for this practice, but it is descriptive in nature, with an evident need for more stringent research. The art of this approach should be tempered with empiricism, so that the practice is less likely to become a trial and error approach to clinical practice.

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