The Clinical Use of Films in Psychotherapy

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This article discusses the ways in which client attitudes about mental illness, psychotherapy, and therapists are shaped by contemporary films. Five common myths about mental illness that are promulgated by films are discussed, and the potential applications of films in psychotherapy are reviewed. Numerous examples of films relevant to psychotherapy are presented, and a clinical vignette is used to demonstrate how films can enrich and expand psychotherapy. © 2003 Wiley Periodicals, Inc. J Clin Psychol/In Session 59: 207–215, 2003.

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Movies shape the public’s perception of mental illness, people with mental illness, and those professionals who treat these disorders. Likewise, public attitudes about alcoholism, drug addiction, and developmental disabilities are all profoundly influenced by the portrayal of these conditions on television and in contemporary cinema. It is likely that many of the preconceptions and misconceptions patients bring to psychotherapy result from the images of mental illness, therapists, and therapy routinely portrayed on television and in films (Gabbard & Gabbard, 1999).

The educational influence of films can be positive or negative. For example, Dustin Hoffman’s portrayal of a man with autism in the film Rain Man had the positive effect of educating millions of Americans about this condition. By contrast, Gus van Sant’s recent remake of Psycho had the negative effect of perpetuating the myth that mental illness is closely linked with violence. The ways in which mental illness, addictions, and develop-

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mental disabilities are presented in films are detailed in the book *Movies and Mental Illness* (Wedding & Boyd, 1999). In general, the portrayal of mental illness is misleading and uninformed, and the cinematic portrayal of procedures such as electroconvulsive therapy (ECT) is often antiquated and inaccurate.

The term “cinematherapy” was coined by Berg-Cross, Jennings, and Baruch (1990), who defined it as a therapeutic technique involving the selection of films for the client to view that will have a direct therapeutic effect or be used as a stimulus for discussion and examination in future therapy sessions. Their development of this concept grew out of the success of previous interventions involving bibliotherapy. The specific use of films in psychotherapy will be discussed in greater depth later in this article after we consider the myths perpetuated by films and the benefits of using films.

**Myths Perpetuated by Films**

A ubiquitous and particularly pernicious myth about mental illness promulgated by movies is that of the psychiatric patient as a homicidal maniac (Hyler, Gabbard, & Schneider, 1991). Films such as *Nightmare on Elm Street, Friday the 13th* (and all of their sequels), and almost all “slasher” films link mental illness with dangerousness. The extent of misinformation present in many of these films would be comical if it were not so stigmatizing. For example, Freddy Krueger, the protagonist of *Nightmare on Elm Street*, was allegedly conceived when a young nun was locked in a room with a group of criminally insane men who proceeded to repeatedly rape her. One anonymous author, commenting on the film on a popular Web site, wrote: “[Krueger’s] soul was a culmination of all the evil from every one of those evil men.” Comments such as this suggest that the writer knows little about mental illness, and even less about reproductive biology.

Otto Wahl (1995) commented on the biased presentation of mental illness in films, noting that the actual data support five basic facts: (a) Some people with mental illness are dangerous; however, (b) the vast majority are neither violent nor dangerous; (c) violence, when it does occur, is seldom directed at strangers; (d) the insanity defense has not resulted in the release of large numbers of dangerous individuals into the community; and (e) the portrayal of mental illness in the media is highly inaccurate.

Steven Hyler (1988) wrote eloquently about three core myths of mental illnesses that are perpetuated by movies. The first of these is the belief that harmless eccentricity is frequently labeled as mental illness and inappropriately treated. This belief relates to the zeitgeist of the 1960s and the writings of authors such as Thomas Szasz and R.D. Lang (who defined insanity as a rational adjustment to an insane world); the myth is reflected in movies such as *King of Hearts* and *One Flew Over the Cuckoo’s Nest*.

The second myth is the myth of the schizophrenogenic parent. This concept, largely discredited and actively disputed by advocacy groups such as the National Alliance for the Mentally Ill (NAMI), is reflected in movies such as *Clean, Shaven* and the more recent film *Shine*. Both films present parental figures who are cold, distant, and aloof, and demonstrate classic examples of double binds (i.e., situations in which there are two conflicting levels of communication along with an injunction against commenting on the conflict).

The third myth discussed by Hyler is the ubiquitous presumption of traumatic etiology. The presumed link between trauma (usually experienced in childhood) and subsequent development of mental illness is present in many films such as *The Three Faces of Eve*, in which Joanne Woodward’s dissociative identity disorder is traced to the childhood trauma associated with being forced to kiss the corpse of her deceased grandmother. In another movie, *The Fisher King*, Robin Williams’ presumed schizophrenia is shown to
result directly from the experience of seeing his fiancée blown away by a deranged man in a restaurant.

There are two additional myths associated with films that are not directly discussed by Hyler. The first is the notion that love alone is sufficient to conquer mental illness. This myth is especially pernicious because of its natural corollary—i.e., when someone with a mental illness does not improve, it is necessarily the fault of these key individuals in the patient’s life who failed to provide adequate love and nurturing. Films such as *Benny and Joon* promulgate this myth—it is a movie that implies a profoundly disturbed woman will be able to put all her problems behind her because of the love and support of the character played by Johnny Depp. The second misconception is the belief that schizophrenia results in a split personality and that this disorder is equivalent to dissociative disorder. This is one of the most widespread misconceptions about mental illness, and it is a misconception reinforced by films such as *Me, Myself and Irene* in which Jim Carrey displays multiple personalities, switching almost instantaneously from “gentle to mental.”

We believe that films have a profound influence on the attitudes patients bring to therapy, and awareness of these myths leaves the therapist prepared to address these issues in a therapeutic context.

The Portrayal of Psychologists and Psychotherapy in Film

Psychologists, psychiatrists, and the process of psychotherapy have been portrayed in films for nearly a century, and it is obvious the film industry has been profoundly influenced by stereotypes of psychotherapy as classical psychoanalysis. Actors and actresses shown performing psychotherapy are most often referred to as psychiatrists in films (e.g., *Analyze This, Instinct*) despite the fact that most psychotherapists are not psychiatrists. This stereotype is embellished when patients are shown lying on a couch, having their dreams analyzed, or relating their problems to parental mistakes and their early psychosexual development. This stereotype is particularly evident in many of Woody Allen’s films (e.g., *Annie Hall, Alice*).

Therapists are sometimes portrayed in movies as humane, authoritative, and kindly (*Don Juan Demarco*); more often, they are presented as inane and ineffectual buffoons (*High Anxiety*). Schneider (1985) noted psychiatrists in movies tend to fall into one of three categories: Dr. Wonderful, Dr. Evil, or Dr. Dippy (*Dr. Dippy’s Sanitarium*, a 1906 silent film, was the first American movie to portray a psychiatrist.) We have expanded this typology and identified eight core themes that regularly recur when mental health professionals are presented in films. These motifs, along with cinematic examples, follow: Learned and Authoritative (*Equus, Psycho, Three Faces of Eve*), Arrogant and Ineffectual (*The Exorcist, What About Bob?*), Seductive and Unethical (Mr. Jones, *Final Analysis*), Cold-Hearted and Authoritarian (*One Flew Over the Cuckoo’s Nest, Titicut Follies*); Passive and Apathetic (*Patch Adams, There’s Something About Mary*); Shrewd and Manipulative (*Spellbound, Basic Instinct*); Dangerous and Omniscient (*Silence of the Lambs, Dressed to Kill*); and Motivating and Well-Intentioned (*The Sixth Sense, Good Will Hunting, K-Pax*). Though many of these stereotypes may be humorous, they are deeply embedded cultural icons, and they shape the behavior and expectations of those individuals contemplating or receiving psychotherapy.

Gordon (1994) pointed out that the problem of cinematic stereotyping is exacerbated when the psychotherapy process is misrepresented in films. At one extreme, therapists are depicted as shouting at clients and engaging in inappropriate or unethical behavior; at the other extreme, they are capable of quickly effecting dramatic cures by uncovering a
repressed memory early in treatment that typically involves a single traumatic incident or a history of childhood sexual abuse.

Another frequent misrepresentation involves the client populations represented in films. This may appear in the form of nonsensical diagnoses (e.g., *Me, Myself & Irene*), incorrect diagnosis and treatment (e.g., in *What About Bob?* Dr. Leo Marvin, the character portrayed by Richard Dreyfuss, is diagnosed as having a “manic episode,” Prozac is considered, and Librium is prescribed), or a depiction of a narrow group within a diagnostic category that is used to represent all the people of that category (e.g., Dustin Hoffman portrayed a man with autism in *Rain Man* who had exceptional computational abilities—but less than 10% of persons with individuals with autism are savants). In addition, there are a disproportionate number of films representing obscure conditions such as Dissociative Identity Disorder and Gender Identity Disorder; this results in the public perception that these are common disorders when in fact they are quite rare in the population at large.

There is support for the notion that these distortions can and do lead to public misperceptions about therapy and therapists. Schill, Harsch, and Ritter (1990), for example, found that people’s beliefs about psychiatry could be affected by watching a movie of an unethical therapist. These researchers had subjects watch a film, *Lovesick*, in which Dudley Moore plays a psychoanalyst who acts upon his feelings for a female patient. Watching the film resulted in significant changes in subjects’ beliefs about therapist ethics as well as issues associated with sexual feelings and intimacy between therapists and patients.

These misrepresentations of psychotherapists, distortions of the psychotherapy process, incorrect portrayals of client populations, and frequently perpetrated myths have pervaded the movie industry. As psychotherapists, it is important that we understand these shortcomings, keep them in mind when discussing films with clients, and attempt to educate the public.

The Benefits of Using Movies in Psychotherapy

Films can serve pedagogical purposes and may be a useful way to introduce clients and family members to mental disorders. Richard Gere’s character in *Mr. Jones* presented an accurate portrayal of the behavior of a patient with bipolar disorder. *Shine* demonstrated that people with profound psychological problems can still make important societal contributions, and Jack Nicholson’s character in *As Good As It Gets* educated the public about the realities of obsessive-compulsive disorder.

Films also can be used directly in therapy, and a number of recent books (e.g., Hesley & Hesley, 1998; Solomon, 1995, 2000) have proposed that movies are a meaningful tool in the armamentarium of the psychotherapist. Hesley and Hesley (1998), for example, argued that films can aid treatment planning by (a) offering hope and encouragement, (b) reframing problems, (c) providing role models, (d) identifying and reinforcing internal strengths, (e) potentiating emotion, (f) improving communication, and (g) helping client’s prioritize values.

Berg-Cross et al. (1990, p. 138) maintained that cinematherapy helps create a therapeutic alliance “by creating a common bridge of understanding between the client’s angst and the therapist’s empathy.” They reported that films give clients deeper insights into their life dilemmas, a deeper understanding of their personality, and create meaningful therapeutic metaphors capturing the essence of the presenting problem.

We have experienced the power of film metaphors in therapy. The metaphor may be a specific, critical object in the film, such as the mask in *Eyes Wide Shut* or the symbolic briefcase in *Pulp Fiction*. The metaphor may be the abstract motivational phrase “Carpe
Diem” (Seize the Day) from *Dead Poets’ Society* or the multilayered, individualistic concept of “the force” in the *Star Wars* trilogy. Metaphors repeated often, used creatively, and applied to the client’s life can alter behavior, foster insight, and deepen personal understanding.

We believe films can act as a catalyst and a springboard in therapy, potentially getting clients to openly talk about topics they would otherwise feel uncomfortable discussing. For example, *Once Were Warriors* could serve as a stimulus for a discussion of domestic violence, and viewing *Boys Don’t Cry* could be a prelude to a meaningful discussion of gender identity issues. Films also can promote empathic understanding of the viewpoints of others (e.g., *Philadelphia* or *Kramer vs. Kramer*). Finally, some films demonstrate effective doctor–patient interaction and can be used as models of successful psychotherapy (e.g., *Ordinary People*) or the dilemmas associated with transference and countertransference problems in the therapy relationship (e.g., *What About Bob?*).

Despite the dramatic interest in the utility of films in therapy, to date there has been almost no systematic research documenting the value of including films as “homework assignments” for patients. The methodology is interesting and provocative, but at this point remains untested and unproved.

**Movies as Adjunctive Therapy**

Using films as a helpful adjunct in therapy has been referenced in the literature in many therapeutic modalities (individual, group, couple, family, child/adolescent psychotherapy) and across numerous theoretical orientations (psychoanalytic, psychodynamic, cognitive-behavioral, humanistic, and family systems). Specifically, films have been shown to be helpful in illustrating and explaining defenses (*Sex, Lies, and Videotape*), counseling disaster survivors (*Wizard of Oz*), facilitating the use of biofeedback (*Star Wars*), discussing aggression with adolescents (*Terminator* & *Terminator 2*), introducing poetry to troubled adolescents (*Dead Poets’ Society*), transitioning adolescents back to the community (*Ordinary People*), treating PTSD via exposure therapy (*The Deer Hunter*), and aiding personal transformation through death awareness (*Ikiru*).

**Case Illustration**

**Presenting Problem/Client Description**

Sern was a 53-year-old divorced, Swedish-born man who immigrated to the United States when he was 32. He suffered from serious episodes of recurrent depression, chronic fatigue, and a conflicted intimate relationship. He reported a dwindling social life due to a significant lack of assertiveness. He experienced a history of alcohol dependence and marijuana abuse; however, Sern had maintained sobriety over the past seven years. He had attempted suicide on three occasions.

Sern presented each week for individual psychotherapy with dysphoric affect, tangential thought processes, and dysarthric speech. A feeling of hopelessness and a poor self-image pervaded his ruminations. His underlying character structure was depressive and negativistic. This structure was constructed early in his life with influences of a physically abusive father, a neglecting mother, and a chaotic social environment. He had been in individual and group treatment for 16 years, yet chart records and consultations revealed minimal treatment success and sporadic compliance. He was summed up by past therapists as “difficult and resistant to change.”
Case Formulation

Sern was a very proud, but blasé, man, highly influenced by his Swedish heritage. He had difficulty facing his emotions and was rigid in his thinking and approach to any therapeutic issue.

Sern had some clear strengths. He had average to above-average intelligence, possessed a good understanding of interpersonal and cultural problems, and worked at a solid job as a computer operations manager. These strengths were offset by the problem of poor insight into his own internal processes. This problem appeared to be at the core of his depression, isolation, and tendency towards self-deprecation.

Rapport was established, but the therapeutic relationship developed slowly. Over the first six months in therapy, Sern resisted treatment, displayed little motivation for change, and appeared to have no interest and trust in the therapist’s perspectives. He was disengaged and uninvolved, and his comments in therapy reminded the therapist of the void Edward Norton’s character expressed at the beginning of Fight Club when he droned, “everything’s a copy of a copy of a copy.” Nevertheless, therapy was continued as Sern reported enjoying therapy and as needing its “supportive” nature.

Course of Cinematherapy

For the first six months of weekly individual psychotherapy, treatment was largely unremarkable. The therapeutic relationship remained stagnant. Various approaches and interventions were implemented, ranging from cognitive restructuring to nutritional recommendations, all with little success.

The idea of using film in psychotherapy with Sern had occurred to the therapist, and he considered various films that could have been prescribed: Groundhog Day, Il Postino (repetition of daily life and intimate relationships), Born on the 4th of July, Leaving Las Vegas (with its grueling substance-abuse portrayals), Dead Poets’ Society, and It’s a Wonderful Life (themes of depression and attempted suicide followed by inspiration and hope). However, the therapist decided not to begin cinematherapy with a “prescriptive” approach, as Sern had consistently resisted previous advice, suggestions, and comments. The therapist opted to further individualize the treatment by planning an individualized, two-option approach: (a) Open with a discussion of a director (representing a group of films) whose genre appropriately fits the client’s world-view, or (b) connect the various difficulties and facets of the client’s life with various films. For example, the therapist and client could discuss the biological, psychological, social, and spiritual dimensions of films and the way these film characteristics related to the life of the client.

The therapist decided to turn to Sern’s native countryman, the renowned Swedish filmmaker, Ingmar Bergman. In addition to cultural ties, it was believed that the thematic concepts and depth present in Bergman’s films would appeal to Sern’s intelligence and might reflect the client’s mood disorder.

When questioned about Ingmar Bergman’s films, Sern responded incredulously: “You know Bergman?” Immediately, the therapist had the feeling the first option of the two-option plan was the right decision, and he watched with fascination as Sern became open and animated. It was as if a façade had been lifted from the therapy relationship, and with this simple question a higher level had suddenly been reached, a new dimension accessed, and another door unlocked.

The initial query about Bergman led to discussions of other Bergman films and their dark, disturbing, and intense themes. Sern’s life experiences and inner world were discussed in relation to the family life and complex, multilayered emotions of Fanny &
Alexander, the loss, gain, and struggle for individuality and self-identity of "Persona," interpersonal and intimate relations portrayed in "Smiles of a Summer Night," and eventually the fantasy, depression, achievement, and aging themes presented so vividly in "Wild Strawberries." The therapist and client discussed how Bergman films typically impact viewers deeply, and related this to changes in Sern’s affect before, during, and after watching a Bergman film. At one point, both Sern and the therapist agreed to independently watch a specific Bergman film ("Wild Strawberries"), and Sern agreed to record his reactions to the film. The following week’s therapy session was devoted to the feelings the film produced and the relations of these feelings to Sern’s self-concept.

During a subsequent session, the therapist handed Sern a piece of paper with a typed quotation from Ingmar Bergman discussing his own filmmaking (Bergman, 1960, p. 15):

> A film for me begins with something vague—a chance remark or a bit of conversation, a hazy but agreeable event unrelated to any particular situation. It can be a few bars of music, a shaft of light across the street. Sometimes in my work at the theater I have envisioned actors made up for yet unplayed roles.

> These are split-second impressions that disappear as quickly as they come, yet leave behind a mood—like pleasant dreams. It is a mental state, not an actual story, but one abounding in fertile associations and images. Most of all, it is a brightly colored thread sticking out of the dark sack of the unconscious.

The therapist and client frequently returned to this quote through the remaining sessions, applying its simple complexity to Sern’s experiences, the films he was relating to, and the therapeutic relationship and its progression.

Sern was so struck by the relevance of cinematherapy that he began to introduce discussion of films in almost every session. He even recommended that the therapist watch films that seemed to capture the client’s struggles with alcoholism. “Go rent Lost Weekend,” he suggested. “And if you really wanna see how I’ve lived,” Sern continued, “watch Days of Wine and Roses. Think of me as Jack Lemmon’s character.” “That was my life,” he added with rare emotion.

The next few sessions were characterized by detailed discussions of the characters in these films and Sern’s identification with them. This helped widen the therapist’s view of Sern’s experiences, and it allowed him to vicariously experience some of his client’s struggles with alcoholism.

**Outcome and Prognosis**

As the discussion of films in psychotherapy progressed, Sern became more energetic, manifested clearer speech, and became more patient with the process of therapy. His anhedonia lifted for the first time, and he began to display an interest and motivation for therapy. He had become invested in his own treatment.

Over the final six months that followed, Sern’s assertiveness increased to new levels as he began to participate more in 12-step groups (Alcoholics Anonymous) and became more involved in his community life. He was less resistant to exploring his feelings, and he began to develop genuine insights as a result of therapy.

Sern remained motivated through the final sessions of treatment and eventually termination. At the final session, he announced he was going to watch Bergman’s "Fanny and Alexander" that evening. The film, Bergman’s final Swedish-directed film, is regarded as a triumphant culmination of Bergman’s work and career.

Sern continues to evolve, change, and develop new perspectives on life. He still enthusiastically watches films, and he remains vigilant about the lessons to be learned from them.
Clinical Issues and Summary

The case vignette illustrates the successful use of cinematherapy as one component of a multifaceted intervention. This approach requires a certain level of film sophistication on the part of the therapist, and it will not be appropriate for all clients. However, many clients will respond enthusiastically to the introduction of films in therapy, and the discussion that ensues may provide rich grist for the therapeutic mill.

While there is no quantified or organized methodology for using films in psychotherapy, we believe it is important to allow the client a significant role in selecting films to be used in cinematherapy. In addition, our experience has suggested that films are most useful with patients with at least average intelligence.

Berg-Cross et al. (1990) offered four additional suggestions for using cinematherapy: (a) The client must be actively and consciously working on a specific issue, (b) the therapist must want to deepen the level or broaden the issues on which the client is working, (c) the therapist must be able to adequately prepare the client for the film, and (d) the therapist must process the video with the client soon after it has been viewed.

Even if films do not occupy much of a session, therapists should consider the numerous advantages of having clients view films as homework assignments, supplementing the traditional use of bibliotherapy. Our own experience has taught us that films can enhance compliance and boost rapport. At best, cinematherapy can be a major catalyst for change in psychotherapy; at the very least, it is a valuable tool and useful adjunct to treatment.

The Association of Directors of Medical Student Education in Psychiatry has published a list of films categorized by the Diagnostic and Statistical Manual of Mental Disorders, fourth ed. (DSM-IV; American Psychiatric Association, 1994), many of which are suitable for patient viewing (http://www.dartmouth.edu/~admsep/resources/cinema.html). A similar, but more extensive, list is included in the Appendix to Movies and Mental Illness (Wedding & Boyd, 1999). The widespread availability of video stores and pay-per-view television makes film viewing relatively convenient for patients and their family members.

Web sites also have begun to offer continuing education credit to psychologists and other mental health providers who are willing to watch and then discuss films relevant to psychotherapy and/or psychopathology. For example, one continuing education provider offers on-line continuing education credit for viewing and discussing films dealing with mental illness or psychotherapy. The films currently offered for study include The Talented Mr. Ripley (personality disorder); Boys Don’t Cry (transsexuality); Girl, Interrupted (“adolescent depression and family problems”); Language of Cranes (homosexuality and parental adjustment); and Bliss (marital psychotherapy and sexual treatment).

Select References/Recommended Readings


