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Cinematherapy possibilities: How to use films to solve psychological or social problems and enhance quality of life in the elderly?

DOI 10.24917/24500232.131.3

Keywords: cinematherapy, movietherapy, film, psychotherapeutic technique, psychological intervention in elderly

Abstract

Cinematherapy is a relatively new tool of the psychological change, having the potential to gain therapeutic, educational and developmental goals during individual or group meetings. This technique might be offered to persons on different stages of life, including the elderly. In the first part of the paper several definitions of cinematherapy, its purposes and explanatory mechanisms are presented and analyzed. The rules of the film selection and the methods of work based on films, with particular reference to the needs and typical problems of seniors are explained. The second part of the article provides some examples of films that might be effectively used in psychotherapy or sociotherapy of the elderly dealing with different issues. A ready-to-use scenario of group therapy session based on the one of recommended films is also proposed.

Introduction

Cinematherapy or movietherapy is a therapeutic technique recognized as a form of art therapy (Korbut, 2016) and used within a broader psychological intervention framework that aims at bringing in a change into the lives of people suffering from mental disorders or problems that lower the quality of their lives (see: Gregerson, 2010). Although therapeutic use of films was first reported in 1946 by Elias Katz, the technique is quite new; its first definition was formulated in 1990 by Linda Berg-

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Cross, Pamela Jennings and Rhoda Baruch (p. 135). According to them, cinematherapy “involves having the therapist select commercial films for the client to view alone or with specified others”. Conforming to Abby Calish (2001, p. 22), who prefers the term “videowork”, it is “a therapeutic process in which clients and therapists discuss themes and characters in popular films that relate to core issues of ongoing therapy”. Some definitions of cinematherapy underlie metaphorical aspects of films, which can give clients a new perspective of seeing their lives and problems (see: Hesley & Hesley, 2001; Heston & Kottman, 1997; Powell, Newgent & Lee, 2006; Wedding & Niemiec, 2003). Others emphasize the necessity of “follow-up processing” of client’s experiences resulting from watching a movie (Sharp, Smith & Cole, 2002, p. 270; see: Heston & Kottman, 1997; Marsick, 2010). Almost three decades of forming a theoretical framework of using films in therapy allow to shape its following general definition: it is “a technique of initiating, processing or reinforcing a therapeutic change, based on intentional psychological work on client’s experiences of watching film recommended by psychotherapist” (Tylikowska, 2016, p. 130).

A survey conducted by Georgios K. Lampropoulos, Nikolas Kazantzis, and Frank P. Deane (2004) demonstrated that sixty seven per cent of eight hundred twenty seven licensed practicing psychologists – members of American Psychological Association – were using films in different forms of therapy. Eighty eight per cent of them regarded the use of motion pictures as potentially beneficial in reaching therapeutic ends, and only one per cent considered it as possibly harmful. The survey showed that many psychotherapists, at least in America, include films in their practice to enhance its effectiveness. Films are used in the processes of raising awareness, moulding behavior and inspiring clients (Gregerson, 2010; Lampropoulos et al., 2004). Delivering comprehensive metaphors, they can serve “as a springboard to insight, and aid in therapeutic alliance building” (Powell, Newgent & Lee, 2006, p. 247). Films can provide clients with hope, encouraging them to take effort that could lead to positive change. They can modify clients’ view of their problems, making it easier to come up with solutions (Hesley & Hesley, 2001). Therapeutic use of films may result in changes of clients’ cognitive schemata, and thus – in forming more adaptive emotional and behavioral reactions (Tylikowska, 2016). Danny Wedding and Ryan M. Niemiec (2003, p. 207) claim that motion pictures can “enrich and expand psychotherapy”. They also may be a handy and universally available autotherapeutical tool, and a catalyst for personal growth (Raczek, 2014; Wolz, 2005).

This preliminary characteristic of cinematherapy outlines a wide range of its possible uses in various kinds of psychological interventions aimed at solving psychological and social problems of the elderly or enhancing the quality of their life. Movies may be used in the frames of individual, couple, family or group psychological work, conducted by psychotherapists, sociotherapists, social or medical workers, either in private or institutional environment (see: Gregerson, 2010; Tylikowska, 2016). After basic training the professionals can show the elderly how to use films not only as a

means of relaxation or entertainment, but also as instruments of disentangling everyday limitations and difficulties (e.g., personal or interpersonal conflicts), and thus provide them with a powerful self-help tool.

The article presents essential knowledge allowing of effective use of films in psychological work with seniors. It demonstrates a process of cinematherapy and psychological mechanisms engaged in the development of psychological change that may be stimulated by processing experiences that resulted from watching a film. The article offers guidelines for using movies in psychological or social work with the aged, sketching the possibilities and limitations of such work. Furthermore, it suggests utility areas of applying motion pictures in psychotherapy or sociotherapy of the elderly, recommends a list of movies that might be exceptionally suitable at work with them, and proposes a scenario of a group therapy session using one of the recommended films.

The process of cinematherapy

Cinematherapy is considered to be a technique or a supplemental therapy – i.e., not as a self-contained therapeutic procedure – for important reasons. A valid therapeutic use of films must be preceded by determining the needs and aims of a client or a group of clients, and followed by psychological processing of their watching experiences (see: Dermer & Hutchings, 2000; Sharp, Smith & Cole, 2002). The essence of cinematherapy lies in the appropriate selection of films and intentional working on thoughts and emotions activated by watching. The appropriate use of the technique demands applying many other therapeutic tools. In both institutional and self-help contexts, a plain plan of an expected outcome of potentially therapeutic film watching should be first established, and specific psychological interventions ought to be exercised after the screening (Tylikowska, 2015).

Shannon B. Dermer and Jennifer B. Hutchings (2000) distinguish three stages in the process of cinematherapy: assessment, implementation and debriefing.

1. Assessment is the first step of any effective psychological intervention. A therapist, along with a client or a group of clients, identifies her, his or their problems and objectives of the therapy. The therapist assesses client's strengths (i.e., functional cognitive schemata, interests, preferred activities), limitations (i.e., dysfunctional cognitive schemata, narrowed ability to understand content of films) and cultural context (i.e., socioeconomic status, gender). Assigning a movie to a specific client or clients demands recognition of the type of films which they typically enjoy (see: Hesley & Hesley, 1998; Tylikowska, 2016).

2. In group therapy or sociotherapy, a therapist usually watches a movie with clients (Powell, Newgent & Lee, 2006; Tylikowska, 2015). In individual, couple or family therapy, implementation typically means that the therapist recommends a movie to be seen after a session (Sharp, Smith & Cole, 2002; Wedding & Niemiec, 2003). In all cases, the therapist must know the film well and provide the client or clients with

reasons and goals for watching it. The therapist also gives the client or clients specific hints regarding movie characters or events that need be paid special attention to, or require taking notes, etc. (Tylikowska, 2016).

3. Debriefing is the processing of clients' thoughts and emotional reactions that arose during the screening of the movie. It usually includes a discussion about clients' global impression of the film and their thoughts about how it relates to their problems and how its content may be used to change their way of thinking, feeling or behaving (Dermer & Hutchings, 2000; Egeci & Gençöz, 2017; Powell, Newgent & Lee, 2006; Tylikowska, 2015, 2016).

Processing clients' movie watching experiences will vary, depending on therapist's approach, which can be cognitive-behavioral, psychodynamic, existential, humanistic, interpersonal, integrative, etc. These various approaches are based on very different conceptions of human mind and work on different psychological mechanisms.

How does cinematherapy work?

Although motion pictures are utilized in many psychotherapeutic approaches (Lampropoulos, Kazantzis & Deane, 2004), there are two main explanations of potential efficacy of its use: psychodynamic and socio-cognitive (Tylikowska, 2016).

Psychodynamic approach to cinematherapy

Psychodynamic explanations of working mechanisms behind possibly positive effects of cinematherapy refer to the idea of the unconscious. Films are seen as metaphors that may serve as "bridges, which indirectly foster open dialogue about subject matter that client tends to avoid when uncomfortable (Wedding & Niemiec, 2003), and improve exploration into the unconscious" (Powell, Newgent & Lee, 2006, p. 247). Motion pictures, like stories, myths, anecdotes and other narratives, captivate imagination by using metaphors to induce emotional and cognitive reactions, which allow them to entertain people. These reactions, if properly psychologically processed, may be utilized in therapy. Films "indirectly suggest new possibilities toward healing" and "encourage clients to journey into their emotional experience and personal narratives as indirect observers from a higher, meta-analytic plane" (Powell, Newgent & Lee, 2006, p. 247; see: Sharp, Smith & Cole, 2002; Wedding & Niemiec, 2003).

In psychodynamic approach, cinematherapy is usually conceptualized as an offshoot of bibliotherapy. Both techniques are based on "meaningful processing" (Sharp, Smith & Cole, 2002, p. 270) of a narrative material, representing characters coping with problems similar to clients' ones (see: Newton, 1995). Such processing involves three or four stages: identification, catharsis, insight and, optionally, universalization.

1. Identification stems from client's observations or feelings of her or his similarity to a fictional character. Such observations or feelings may encourage the client to explore the character's and his or her own emotions, motives and behaviors.

2. Involvement with character's emotions, life issues and their resolutions, or surfacing client's deep feelings and internal conflicts, may lead him or her to catharsis, that is to purification from negative emotions.

3. Through understanding a fictional character's emotions, motives or actions, the client may gain an insight, i.e., develop a new perspective of seeing her or his own problems or life situation (Morawski, 1997; Sharp, Smith & Cole, 2002).

4. Additionally, by observing and empathizing with fictional characters, the client may remark that others experience similar issues or situations, which can lower her or his sense of oneness, strangeness or isolation (Jeon, 1992; Sharp, Smith & Cole, 2002).

Psychodynamic approach, although quite popular, has at least one considerable flaw: its fundamental idea – the concept of deep unconsciousness, that is qualitatively different from consciousness – which has never been scientifically admitted (Bargh & Morsella, 2008). It seems that a skillful use of films as metaphors may give positive outcomes, as evidenced by some studies (Marsick, 2010; Powell, Newgent & Lee, 2006; Sharp, Smith & Cole, 2002), but actual working mechanisms of these outcomes stay vague. These mechanisms may differ from the ones that the psychodynamic psychologists postulate, e.g., they could be based on stimulating clients to self-distancing, that is to view their experiences from a distanced, third-person perspective, which has been recently discovered as a powerful therapeutic tool (Ayduk & Kross, 2010; Kross & Ayduk, 2011). They could also be based on experimentally well-grounded rules of socio-cognitive learning, which is based on using and processing the information from the observed role models.

Socio-cognitive approach to cinematherapy

According to John W. Hesley and Jan G. Hesley (2001), motion pictures can raise clients' hope for change, therefore promoting motivation necessary for therapeutic work. Films may help to reframe clients' problems, provide them with role models and improve their communication. Lampropoulos et al. (2004) claim that movies can enhance the ability to gather information and prepare clients for constructive actions, for many of them deal with important issues such as failed relationships, loss of work or health, physical or mental illness, dying and death, etc. Describing effectiveness of cinematherapy, Ha Gang Kim (2014) refers to modeling and vicarious learning, that is – to the mechanisms of social learning.

Albert Bandura's (1986, 2001) socio-cognitive theory is about people's ability to learn through observing others, who may be real life models as well as fictional characters presented in books, films or on the Internet. Social or observational learning, also named modeling, is the process of knowledge acquisition. It can be utilized in dealing with different situations, also problematic ones. Effective modeling engages a set of cognitive and behavioral processes, usually conceptualized as four phases: attention, retention, reproduction, and motivation. Their presentation below refers to general rules of social learning and, at the same time, to specificity of cinematherapy.

1. In order to learn, a person must first pay attention to a model (Bandura, 1977, 1986, 2001). Cinematherapy should be preceded by verifying if a client is interested in watching motion pictures. Then a therapist ought to choose a film accordingly to the client's preferences, which are determined, *inter alia*, by his or her generational belonging, gender, socioeconomic status and personal value system. The movie and its characters need to be in some way attractive to the client, otherwise learning would not occur. Modeled behaviors, emotional reactions, beliefs or skills should be exposed in the film in a way that is understandable to the client (so that he or she can cognitively process and remember them), and they should also meet positive outcomes. Before the screening, the therapist needs to activate client's attention by explaining the goals of cinematherapy. The therapist should also direct client's attention to specific movie characters, events or plots, that are related to therapeutic issues, and provide the client with necessary instructions, like replaying important excerpts or taking notes (Tylikowska, 2016).

2. Further use of observed behaviors or skills, revealing specific beliefs or emotional reactions, depends on a person's ability to remember them (Bandura, 1977, 1986, 2001). The therapist can reinforce client's memory of important information by discussing his or her movie watching experiences and pointing out the ones that are particularly significant or useful. The aim of reviewing of selected aspects of the movie during a therapeutic session (one or more, if necessary) is to make the client's cognitive schemata more flexible, to modify them, or to create new ones – so that she or he could think, feel, and behave in a more adaptive way (Tylikowska, 2016). Cognitive schemata include outcome and self-efficacy expectancies, which have well-proven impact on mental and physical health (Bandura, 1995).

3. Reproduction of observed and remembered information relies on individual ability to implement it (Bandura, 1977, 1986, 2001). If the person does not have required cognitive skills or sensorimotor capabilities, she or he would not be able to use the learned information. If information gathered by the client during watching and discussing the film is discordant with her or his cognitive schemata, then she or he will be reluctant to use them in everyday life. If the client does not verify acquired behaviors during therapeutic sessions, she or he may have difficulties with practicing them in real life situations. Thus, an important component of cinematherapy is the part when the therapist is testing the client's ability to use what she or he has learned, reinforcing new cognitive schemata or emotional reactions, and exercising new behaviors and skills. This may involve debating potential obstacles in using those behaviors and skills outside therapeutic sessions, as well as rehearsing or role playing them (Tylikowska, 2015, 2016).

4. Last but not least, the use of the information, including new behaviors or skills, depends on individual motivation, which is shaped not only by client's expectations, internal standards, and other cognitive schemata, but also by environmental factors, such as positive and negative reinforcements (Bandura, 1977, 1986, 2001). Therefore,

the therapist should monitor client's everyday practice of new attitudes, emotional reactions, and actions during sessions following proper cinematherapy, giving her or him constructive feedback, helping to overcome potential social hindrances, and strengthening positive change.

Socio-cognitive approach to cinematherapy brings forth the importance of diligent selection of motion pictures, which should take into account not only clients' intelligence and emotionality, but also her or his criteria of attractiveness of films and characters depicted in them (Tylikowska, 2016). The approach justifies the necessity of detailed discussion on clients' film watching experience and encourages extensive testing of learned knowledge, behaviors and skills, during and after therapeutic sessions. It underlines the requirement of adjusting clients' cinematherapy acquisitions to clients' previous cognitive schemata and to environmental factors. Although socio-cognitive approach reveals cinematherapy as a demanding technique (for therapists), it also discloses the technique's potential contribution to the process of clients' positive change as hard to overrate, for "movie characters can essentially act as cotherapists for clients" (Lampropoulos, Kazantzis & Deane, 2004, p. 535; see: Wedding, 2010).

Guidelines for using cinematherapy

The above presented information allows to formulate a set of basic instructions for using cinematherapy in different therapeutic modes. In individual, couple, family or group psychotherapy, and in socioterapy, a therapist aiming to use motion pictures effectively should:

1. Decide if cinematherapy is an appropriate technique to work with particular client or clients. The use of it is advised against not only in the case of clients' unwillingness to watch movies, but also in the case of her or his inability to differentiate between fiction and reality, as in the case of some brain dysfunctions (that might be associated with age; Korsakova, 1997; see: Lampropoulos, Kazantzis & Deane, 2004).
2. Select a film carefully, taking into account many factors, such as clients' ability to understand motion pictures, their personal preferences and sociocultural background, as well as the overall goals of the therapy (Berg-Cross, Jennings & Baruch, 1990; Dermer & Hutchings, 2000).
3. Watch a film at least twice before assigning it to a client or clients and clearly define the purpose of watching it (Dermer & Hutchings, 2000; Hesley & Hesley, 2001).
4. Provide the client or clients with an explanation regarding the reason for watching the film and give them specific directions, i.e., to be mindful, pay attention to a certain character or a solution of a problem, etc. If a movie includes scenes or plots that might be disturbing (such as bursts of aggression, aching loss or dying), they ought to be discussed with the client or group of clients before the screening (Hesley & Hesley, 2001; Heston & Kottman, 1997; Tylikowska, 2015, 2016).

5. Arrange a skillful follow-up to process the film. Psychological elaboration of clients' movie watching experiences and acquired information are crucial elements of cinematherapy (Eğeci & Gençöz, 2017; Hesley & Hesley, 2001; Heston & Kottman, 1997; Marsick, 2010; Powell, Newgent & Lee, 2006; Sharp, Smith & Cole, 2002). It is important to keep in mind that integrating clients' newly gained knowledge with their cognitive schemata and everyday life conditions may be the most important part of the whole task (Tylikowska, 2016).

6. Remember that cinematherapy is one of potentially useful instruments of change, and not a therapy itself. It is a part of a broader therapeutic framework, and should be assisted with other techniques, such as Socratic dialogue and reality testing (in cognitive-behavioral approach), therapeutic circle or group discussion (in group mode), or other art therapy tools, i.e., drawing pictures, playing roles and creating alternative scenarios (in sociotherapy; Tylikowska, 2015).

7. Work with one film at the time of therapy to avoid excess of information and emotions (Hesley & Hesley, 2001; Lampropoulos, Kazantzis & Deane, 2004).

Applied cinematherapy with the elderly

There are hundreds of aging related films with the power to help older adults, families, communities and professionals deal with aging³. Table 1. shows the list of some documentaries that have been chosen on the account of their capacity to increase awareness, provide education, training, support, and inspiration to seniors. All of the documentaries mentioned here are available in open Internet access and might constitute the base of cinematherapy interventions. Their topics are quite varied – they show different aspects of the ageing process and the old age, and creative manners of adapting to this stage of life. They also concern challenges and typical problems of seniors, including physiological issues (eg., the declining physical fitness, age-related diseases), psychological issues (eg., symptoms of cognitive decline, loneliness, dependence), social issues (eg., isolation, ageism, abuse, neglect) and financial issues (lower income, health care costs) (see: Fuchs, 2001; Rehman & Mohyuddin, 2015; Streiner, Cairney & Veldhuizen, 2006; Steuden, 2011).

3 There are several web pages presenting documentaries on aging, elderly individuals and groups, for example: <http://www.programsforelderly.com>, <http://www.lib.berkeley.edu/MRC/aging.html>, <http://www.legacyfilmfestivalonaging.org/>, <http://www.grayingofaids.org/documentary-films-on-aging/>.

Table 1. Documentary films which may be used during cinematherapy sessions with seniors⁴

Inspirational Seniors
<i>The Art of Aging</i> (dir. Leaping Media) <i>Lives Well Lived</i> (dir. Sky Bergman) <i>Greedy for Life</i> (dir. Laurie Schur) <i>My 93 Year Old Flat Mate</i> (dir. Meggie Palmer and Bernadine Lim) <i>The Elders</i> (dir. Nathaniel Hansen) <i>Hip Hop-eration</i> (dir. Bryn Evans) <i>The Lady In Number 6: Music Saved My Life</i> (dir. Malcolm Clarke)
Love and Sexuality of the Elderly
<i>The Age of Love</i> (dir. Steven Loring) <i>Still Doing It – The Intimate Lives of Women Over 65</i> (dir. Deirdre Fishel) <i>Liberty 3 Stories about Life and Death</i> (dir. Pam Walton) <i>Silent Pioneers: Gay and Lesbian Elders</i> (dir. Pat Snyder, Lucy Winter, Harvey Marks, and Paula de Koenigsberg)
Activities & Hobby in the Old Age
<i>The 82 Year Old Sky Diver</i> (dir. James Callum and Alex Knowles) <i>The 77 Year Old Kite Surfer</i> (dir. James Callum and Alex Knowles) <i>Fabulous Fashionistas</i> (dir. Sue Bourne) <i>Age of Champions</i> (dir. Christopher Rufo)
The Elderly's Abuse
<i>Fleeced: Speaking Out Against Senior Financial Abuse</i> (produced by: National Community Reinvestment Coalition (NCRC) and WFYI Public Media, Atlantic Philanthropies) <i>Saving Our Parents</i> (produced by: Jeff MacIntyre, Debby Bitticks, Ken Bitticks, Lynn Benson, Dorothy Breininger)
Economic Issues
<i>All of Our Lives</i> (dir. Laura Sky) <i>Can't Afford to Grow Old</i> (dir. Roger Weisberg)
Ageism
<i>Ageless</i> (dir. Heater Gwaltney) <i>Cut Back: Facing Ageism</i> (dir. Patricia Sahertian) <i>Advanced Style</i> (dir. Lina Plioplyte)
Varia: Challenges of Aging
<i>The Invisible Years</i> (dir. Gideon Boaz) <i>In Search of Memory</i> (dir. Petra Seeger) <i>I Remember Better When I Paint</i> (dir. Eric Ellena and Berna Huebner) <i>Getting Around – Alternatives for Seniors Who No Longer Drive</i> (produced by: The AAA Foundation for Traffic Safety. Wiland-Bell Productions) <i>Aging Without Children - Who Provides Care?</i> (produced by: Trading Places, NBC News)

⁴ The titles of the films specified in this article are followed by the names of their directors or producers (provided in parentheses).

A positive movie experience can leave an older person in a better mood and more apt to engage in social contact with others. It can stir positive memories, inspire good feelings and induce to think over some matters. Watching a feature film as a part of therapeutic work can give the therapist an extra edge, increasing the therapy's benefits and their long-lasting (Kim, 2014; Yazici et.al., 2014; Danina & Kiselnikova, 2015). Table 2. provides examples of some movies that might be suitable for therapeutic work especially with the aged. To introduce some order we propose several categories. Although possibly disputable, the selection was not random. They combine two extensive realms: that of cinematic productions and that of knowledge from the field of social sciences, related to main psychological problems that seniors face. Most films mentioned here fit into more than one category they were arbitrarily classified as belonging to; that is, they may be classified differently.

Table 2. Feature movies that can be adapted for cinematherapy of seniors dealing with diverse psychological issues

Family Issues
<i>The Straight Story</i> (dir. David Lynch) <i>Little Miss Sunshine</i> (dir. Jonathan Dayton, Valerie Faris) <i>Marvin's Room</i> (dir. Jerry Zaks) <i>Olive Kitteridge</i> (dir. Lisa Cholodenko) <i>Terms of Endearment</i> (dir. James L. Brooks) <i>August: Osage County</i> (dir. John Wells)
Relationships & Love
<i>Harold and Maude</i> (dir. Hal Ashby) <i>Hope Springs</i> (dir. David Frankel) <i>Something's Gotta Give</i> (dir. Nancy Meyers) <i>The Bridges of Madison County</i> (dir. Clint Eastwood)
Grief, Loss, Death & Transformation
<i>A Single Man</i> (dir. Tom Ford) <i>Frida</i> (dir. Julie Taymor) <i>Steel Magnolias</i> (dir. Herbert Ross) <i>Up</i> (dir. Pete Docter, Bob Peterson)
Transition to Retirement
<i>Gran Torino</i> (dir. Clint Eastwood) <i>Harry and Tonto</i> (dir. Paul Mazursky) <i>On Golden Pond</i> (dir. Mark Rydell) <i>Quartet</i> (dir. Dustin Hoffman) <i>About Schmidt</i> (dir. Alexander Payne)
Health Issues
<i>The Hours</i> (dir. Stephen Daldry) <i>Intouchables</i> (dir. Olivier Nakache, Eric Toledano) <i>The Notebook</i> (dir. Nick Cassavetes)

Inspiration and Hope
<i>Gandhi</i> (dir. Richard Attenborough) <i>Lord of the Rings</i> (dir. Peter Jackson) <i>Bagdad Cafe</i> (dir. Percy Adlon) <i>Fried Green Tomatoes</i> (dir. Jon Avnet) <i>The Old Man and the Sea</i> (dir. Jud Taylor)
Anger and Forgiveness
<i>The Straight Story</i> (dir. David Lynch) <i>An Unfinished Life</i> (dir. Lasse Hallstrom) <i>Gandhi</i> (dir. Richard Attenborough) <i>Magnolia</i> (dir. Paul Tomas Anderson)
Spirituality and Religion
<i>The Apostle</i> (dir. Robert Duvall) <i>Brother Sun, Sister Moon</i> (dir. Franco Zeffirelli) <i>Contact</i> (dir. Robert Zemeckis) <i>City of Angels</i> (dir. Brad Silberling) <i>It's a Wonderful Life</i> (dir. Frank Capra) <i>Jonathan Livingston Seagull</i> (dir. Hall Bartlett)
Aging & End of Life
<i>Away From Her</i> (dir. Sarah Polley) <i>The Best Exotic Marigold Hotel</i> (dir. John Madden) <i>The Bucket List</i> (dir. Rob Reiner) <i>Cocoon</i> (dir. Ron Howard) <i>Curious Case of Benjamin Button</i> (dir. David Fincher) <i>Driving Miss Daisy</i> (dir. Bruce Beresford) <i>Time to Die</i> (dir. Dorota Kędzierawska)

The presented below scenario of a group session (prepared by the authors) proposes some activities related to one of the above listed American comedy-dramas *The Bucket List* (dir. Rob Reiner). It shows in detail how a film can be used to facilitate therapeutic group work. This scenario might be also easily adapted for an individual session.

Scenario 1. Group session work schedule related to the feature film *The Bucket List*

Theme: THE BUCKET LIST

Objectives:

- Induce the reflection on life purpose and joy.
- Bring into attention what may be done in order to achieve or maintain a sense of fulfillment.
- Focus on the link between present and future time perspectives.
- Enhance hope and well-being.

Keywords: list of wishes, purpose of life, joy in life, running time

Materials:

- Paper and pen, board.
- Film: *The Bucket List* (dir. Rob Reiner). Synopsis: Corporate billionaire Edward Cole and working class mechanic Carter Chambers have nothing in common except for their terminal illnesses. While sharing a hospital room together, they decide to leave it and do all the things

they have ever wanted to do before they die according to their bucket list. In the process, both of them heal each other, become unlikely friends, and ultimately find joy in life (source: <http://www.imdb.com>).

Plan:

1. Write the theme of the meeting ("THE BUCKET LIST") on the board and ask the group how they define this expression. Give a simple explanation: A number of experiences or achievements that a person hopes to have or accomplish during his/her lifetime; a list of things (goals, dreams and wishes) that one has not done before but wants to do before the end of life.
2. Ask the following questions to facilitate discussion in the group: What is the difference between a bucket list and a to-do list? Can you see any differences between a wish and a goal? Why create a bucket list? Why not? Have you ever made your own bucket list?
3. Propose individual work: Create your own bucket list. Start writing down what comes to mind as you hear these questions:
 - What do you wish you could do before the end of your life?
 - What would you do if you had unlimited time, money and resources?
 - What have you always wanted to do but have not done yet?
 - What experiences do you want to have?
 - Are there any special moments you want to witness?
 - What activities or skills do you want to learn or try out?
 - What are the most important things you can ever do?
 - What would you like to say/do together with other people? People you love? Family? Friends?
 - Are there any specific people you want to meet in person?
 - What do you need to do to lead a life of the greatest meaning?
4. Ask the group about feelings and thoughts which occur during this work (therapeutic circle).
5. Arrange the discussion in pairs about their personal bucket lists.
6. Inform the participants that they are going to watch a film entitled *The Bucket List*. Remind them to be mindful and to pay attention to (1) what was on the bucket lists made by Edward and Carter, (2) how they reacted when they accomplished or couldn't accomplish their goals and wishes.
7. After watching the film ask some of the following questions to induce self-reflection, self-revealing in the comments about the film, and facilitate group discussion:
 - What are your associations with the 'picture' you have seen?
 - What are you experiencing right now?
 - Why are you experiencing this feeling? What kind of thoughts do you have?
 - What does this feeling tell you about what's really important to you in your life?
 - Do you remember whether your breathing changed throughout the film? Could this be an indication that something threw you off balance?
 - What did you like and what you didn't like or even hated about the film? Which characters or actions seemed especially attractive or unattractive to you?
 - Did you identify with one or several characters? Did they develop certain strengths or other abilities that you would like to develop as well? How would you use them in your life?
8. Refer to bucket lists that participants have made before watching the film. Ask if they would like to add something to their bucket lists right now.
9. Table the following question: what is the first thing from your bucket list you are going to plan? Encourage and help at least two persons (volunteers) to make – in front of the group – a detailed plan (What? For what? When? Where? With whom? *etc.*) of pursuing

one wish or goal from her/his bucket list. Make sure it is realistic and feasible, taking into account possible obstacles and the ways to manage them (promote creating alternative plans to achieve one goal).

10. **Write the following sentence on the blackboard: 'GOAL WITHOUT A PLAN IS JUST A WISH'. Assign homework: make a plan of pursuing at least one item from your own bucket list.**
11. At the end of the meeting, leave participants with the open question: in the reference to all the things on your lists of wishes – what is the best way for you to allocate your time today?

Conclusions

Recently cinematherapy, which uses documentary and feature films as therapeutic technique, has become a pervasive tool in the counseling field as its effectiveness has been demonstrated. Watching movies as a part of therapy significantly decreases clients' defensiveness and resistance toward therapy. It gives clients the opportunity to discuss their problems from the perspective of outsiders. It also makes them less guarded in discussions which helps in analyzing the situations and behaviors they experience (Danina & Kiselnikova, 2015; Yazici et.al., 2014). This approach seems to be especially helpful as a part of group therapy, seniors being no exception (Kim, 2014). Therefore, the authors have proposed to look at the problems of older adults through the lens of a film camera and to use documentary or feature films in the process of cinematherapy of the elderly. Several activities linked to conscious film watching, which can be effectively employed in psychotherapy or sociotherapy sessions to address and improve seniors' well-being, were also suggested. It is authors' hope that the scenario drafted in the second part of the article will inspire to adapt some cinematherapeutic techniques in psychological and educational interventions, make them more interesting to the beneficiaries, and, in the end – increase the therapy's efficacy.

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