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Movies in Medicine: Cinema Therapy for Children Suffering From Chronic Health Conditions

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In the United States, over 15 percent of children suffer from a chronic health condition (Boyse, Boujaoude, & Laundy, 2012). Some chronic health conditions include: cancer, which is diagnosed in over 13,000 children in the United States each year; asthma, which impacts the lives of over nine million American children; and diabetes, which impacts over 200,000 children nationwide (Compas, Jaser, Dunn, & Rodriguez, 2012). Children suffering from chronic health conditions often endure traumatic experiences, which can result in negative psychological effects that may threaten progress in treatment or care. These traumatic experiences frequently require therapeutic intervention to promote physical healing, psychological well-being, and lifelong coping skills to overcome the trauma. Cinema therapy, which is also known as "movie therapy," utilizes narrative-based audiovisual stimuli to facilitate therapeutic healing and enrich the quality of life for those suffering from childhood illnesses.

Children with chronic health conditions often require some form of therapeutic intervention to assist in reducing their physical pain and psychological turmoil. Tracy Councill, an art therapist from the Columbian College of Arts & Science reports, "Relieving, describing, and coping with pain are woven into the fabric of care for many people with serious illness" (Councill, 2012). In addition to dealing with the physical pain, the process of accepting a childhood chronic illness is also psychologically taxing. The expectation that children will grow, not regress, for example, can cause an immense amount of guilt or self-blame in children, as they naturally seek an explanation behind their condition. Children with chronic health conditions also typically withstand long periods away from home and/or school, which can result in isolation from family and friends. Addressing the psychological turmoil of children who suffer from chronic medical conditions, Councill writes, "Children who experience traumatic injury, a chronic medical condition, or the onset of a life-threatening illness share a need to understand the treatment they receive, tell their stories, and rebuild their sense of self" (2012). This intrinsic need for comfort, expression, and self-identification can be healthy and nurtured with the help of therapy.

Therapies involving storytelling, including cinema therapy, have proven effective in combatting post traumatic stress disorder, anxiety disorders, and other psychological responses commonly found in those suffering from chronic health conditions. For example, the story of *Madeline*, a 1998 live-action, family film helped my sister, Janna, cope with some of the psychological anguish that came along with having a brain tumor at age nine. She often watched the movie back-to-back, unknowingly using the narrative to manage her stress and anxiety surrounding the diagnosis of cancer. Storytelling, regardless of the medium, can greatly reduce distress in children and cause them to feel more understood and valued as they navigate a likely fearful series of events related to their diagnosis. James Klosky and his colleagues at St. Jude Children's Research Hospital write, "Incorporation of empirically tested strategies to improve child procedural coping...are needed to maximize successful outcomes as evidenced by reductions in distress and rates of sedation" (2007). The most empirically supported treatment for children who have experienced any form of trauma that affects their day-to-day functioning is a conjoint child and parent psychotherapy approach known as Trauma Focused Cognitive

Behavioral Therapy (TF-CBT).

TF-CBT consists of several components, including psychoeducation, relaxation, affection regulation, cognitive coping, and the creation of a trauma narrative (Cavett, 2009). According to Angela Cavett, a child and adolescent psychologist from the University of North Dakota, "The component that has been described as the most important by children and their parents when assessing the effectiveness of TF-CBT is the creation of the trauma narrative and the processing thereof" (2009). Creating a trauma narrative is a common technique used in psychotherapy, where clients construct their own narrative, with guidance from their therapist, to work through their perceived trauma (Cavett, 2009). Children construct their narratives using different media, such as writings, drawings, paintings, crafts, sculptures, and even videos. My sister, for example, informally constructed a variation of her own trauma narrative using a particular scene from the beginning of *Madeline*. The scene features a young girl, Madeline, crying out in pain, while being transported in the middle of the night to the hospital to have her appendix surgically removed (Mayer, 1998). In my sister's case, surgery was required to remove her brain tumor, not her appendix, but the general narrative undoubtedly coincides with Janna's real-life painful and frightening experience. By re-viewing the scene multiple times, Janna gradually exposed herself to feelings associated with Madeline's traumatic incident in order to help her cope with her own.

Similar to Janna's coping process, the formal process of creating and reading a self-written trauma narrative allows children to receive gradual exposure and slowly acquire resilience by telling their story of a traumatic experience (Geisler, 2016). Rivka Tuval-Mashiach and his colleagues from the Center for Traumatic Stress at Hadassah University Hospital write, "A traumatic event, by definition, confronts people with extremely unusual stress, and requires coping with a new, unexpected, and unfamiliar situation" (2004). Treating trauma and its symptoms requires building resilience by gradually exposing the child to the trauma he/she experienced. This phenomenon explains why my sister chose to watch and re-watch *Madeline* so routinely. G.S. Howard from the University of Notre Dame claims, "psychopathology can be seen as instances of life stories gone awry; and psychotherapy as exercises in story repair" (Howard, 1991). Through gradual exposure, trauma narratives allow children to repair pieces of their life stories that have "gone awry" by uncovering, normalizing, and ultimately desensitizing feelings surrounding the trauma caused by their chronic health condition (Howard, 1991).

In addition to developing a trauma narrative, cinema therapy offers a supplementary storytelling approach that serves as a therapeutic catalyst for children who have experienced medical trauma, especially those receiving TF-CBT. Cinema therapy is derived from bibliotherapy, which is defined as an expressive art therapy, involving assigning story material to clients, so as to compare personal struggles with characters' conflicts. This technique, as the renowned writer Daniel Mangin points out, can be traced back to Aristotle's time, when it was "theorized that tragic plays have the capacity to purify the spirit and aid us in coping with those aspects of life that cannot be reconciled by rational thought" (1999). Cinema therapy is a specific category of bibliotherapy involving the precise selection of personally assigned motion pictures for clients to watch, process, and discuss. Rick W. Marrs conducted a meta-analysis of 70 bibliotherapy studies and "found larger effect sizes with an audiovisual medium compared to

bibliotherapy involving reading a book" (1995). Furthermore, film possesses an advantage over other therapeutic mediums for children and adolescents, because movies naturally captivate young audiences. Conni Sharp, Janet Smith, and Amykay Cole from Pittsburg State University state, "Children are going to watch movies...we should try to ensure that at least some of them would be meaningful" (2002).

Cinema therapy branches into three separate categories: popcorn, cathartic, and evocative cinema therapy. Respectively, these three categories correspond with comfort, expression, and self- identification, the three needs Councill points out as imperative to children with chronic health conditions. Popcorn cinema therapy is used primarily for entertainment purposes and addresses the relaxation component of TF-CBT. Complete immersion into a cinematic experience can increase relaxation, reduce feelings of isolation, and help compartmentalization.

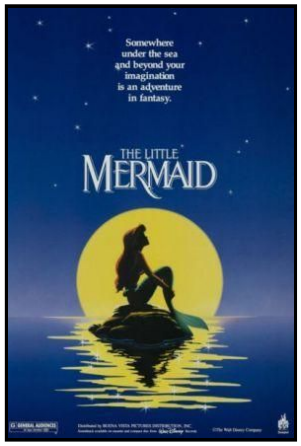
Popcorn cinema therapy offers a relaxing and even meditative addition to a child's holistic care regimen. In *Trauma: A Genealogy*, Ruth Leys writes, "[Trauma] refuses to be represented as past, but is perpetually re-experienced in a painful, dissociated traumatic present" (2000). For many children with chronic health conditions, this constant state of experiencing trauma is tenfold. They not only re-experience past traumatic events in the psychological present, but also encounter ongoing doctor visits, medical procedures, and hospital stays that can be re-traumatizing into the future. Simply watching a movie can preoccupy and relax a child, improving their quality of life by temporarily distracting him/her from their physical pain, as well as their psychological turmoil (Choo, 2015). Moreover, Councill states, "The hospitalized patient, surrounded by the sights, smells, sounds and rhythm of the medical environment, may feel transplanted into an alien culture" (2012). Movies, however, speak in a "universal language of visual expression," alleviating the stress of unfamiliarity and isolation (Councill, 2012).

In *Movies and Mental Illness*, Wedding and Boyd describe a "dissociative state," where reality becomes temporarily suspended while watching movies (1997). Milton Erikson's concept of hypnotism would define this duration of abstraction as a "trance." In a trance state, viewers can experience a form of hypnosis, possibly changing their behavior, sensory response, and consciousness. In regard to cinema, this phenomenon is commonly referred to as "narrative transport." According to this theory, "narrative transport" occurs when movie audiences unconsciously adjust their personal thoughts and feelings to reflect that of the story. Sharp et al. writes, "When direct communication is too threatening and clients respond with resistance, therapists can speak to clients through indirect communication" (2002). In this way, watching a selected film proves beneficial as it allows uncomfortable or hesitant children to enter a hypnotic trance where therapists can communicate with them indirectly. Not only can popcorn cinema therapy provide a less direct, non-intimidating clinical dialogue, but can also provide a shared experience between the therapist and client.

Cathartic cinema therapy unsurprisingly relates to a client experiencing catharsis while watching a film. Catharsis occurs when clients release emotion as a response to observing a character endure conflict (Councill, 2012). The main objective behind cathartic cinema therapy is to release emotion in order to promote emotional self-regulation, which complements the goals of TF-CBT's affect regulation component. Cavett writes, "It is helpful to address identification of feelings in self and others, measurement and expression of the intensity of the feeling and

expression of the feelings" (2009). Cinema impacts individuals on an emotional level, reducing repression and other physiological defense mechanisms (1999). Liz Geisler, Clinical Director at Family Services and Children's Aid, says, "Film can help get to that emotive place, while still being removed enough to not be threatening" (2016). Motion pictures are able to speak to children's emotions on an extremely profound level. The metaphoric messages and sensory (audiovisual) experience reach and reside in mostly the receptive and creative parts of the brain without interfering with the parts responsible for logical functioning. Whether a client cries or laughs, an expressive response can release emotional tension, generating a source of relaxation and a fruitful environment for catharsis (Sharp et al. 2002). Alan Maryon-Davis, an established medical doctor and writer from the United Kingdom, reports, "Laughter is the best medicine and we intend to administer it through cinema..." (Hamer, 1998).

Evocative cinema therapy develops a profound psychological association between the lives of children with chronic health conditions and those of characters introduced in assigned films. By watching motion pictures, children witness character development, as well as conflict resolution, supporting the cognitive coping component of TF-CBT (Cavett, 2009). Clients are able to "rebuild their sense of self," as Councill suggests, by associating and empathizing with fictional characters (2012). My sister, watching *Madeline*, connected with the movie's protagonist, as a sensitive, curious, and outspoken little girl, who happened to fall ill. Moreover, through Madeline's character, Janna was able to watch a virtual agent navigate through scary situations with confidence and courage. Madeline's heroic positivity in difficult experiences is demonstrated when she calls attention to her post-surgical scarring and proudly announces, "Look what they gave me in exchange for my appendix!" (Mayer, 1998). Another example comes from Ron Suskind's 2014 best-selling memoir, *Life, Animated: A Story of Sidekicks, Heroes, and Autism*, where he writes of his youngest son, Owen Suskind, who was diagnosed with Regressive Autism at age three. When Owen lost his ability to speak, he was able to identify with the character Ariel from *The Little Mermaid*, who is coerced to give up her voice to transform from a mermaid to a human (Williams, 2016). Connecting to a movie character not only reduces isolation by exhibiting challenges shared by a child, but can also provide a virtual agent to tap into the child's past experiences. This can stimulate the child's memory processing and can ultimately bring forth previously unconscious traumatic memories.



After a child experiences trauma, despite the perceived comprehension of the event(s), the situation becomes fragmented. Some of those pieces may then become unconscious memories or can be stored as latent memories. Sigmund Freud defines the traumatic memory as an "acted memory" as opposed to a verbal memory. The suspended memory, although possibly impacting cognition and even behavior, hides in a repressed state (Dubai, 2014). As Rina Dubai, an Israeli psychoanalyst states, "The traumatic experience cannot be integrated into existing mental schemata and remains disconnected from them, abolishing any possibility to extract them under normal circumstances" (2014). It is not until the expression of what Freud calls "deferred action" or "afterwardness" (the retroactive recognition of the memory as a trauma) that children's traumatic memories can be brought to the forefront and confronted.

Movies create a space to translate what Wilfred Bion refers to as "thoughts without a thinker" into the visual and representational language of film, where fragments of traumatic

experiences are processed and removed from latency through "afterwardness" (Dubai, 2014). This explains why watching *Bambi* comforted a lonely Owen Suskind, when he was away from his mother. In the film, a hunter kills Bambi's mother, leaving the little fawn, Bambi, alone to fend for himself (Williams, 2016). Suspended memories can be accessed through trauma cues, which therapists can find by utilizing various intervention techniques, including components in TF-CBT. Lynn Grotsky, Carel Camerer, and Lynn Damiano, for instance, selected *101 Dalmatians* for clinical viewing and prompted children to identify people, places, or things in their own life that remind them of Cruella de Vil, the story's antagonist, in order to identify suspended memories surrounding their trauma (2000). Dubai's study concludes, "Film has the power to sustain the latent traumatic memory in a kind of buffer zone external to the subject, keeping an aesthetic distance that allows the subject to observe this memory from the outside and to process it" (2014).

Regardless of the cinema therapy method used, best practices recommended by experts remain relatively consistent. Children who have experienced trauma should watch assigned movies with a therapist and/or caregiver to reduce isolation and promote discussion. Discussion and processing are highly recommended after viewings to draw out key themes and encourage self-reflection. If a therapist or caregiver does not watch the movie with the child, the film still requires prescreening to ensure appropriateness (level of profanity, violent content, etc.) and prevent re-traumatization due to overstimulation or overexposure (LaMotte, 2015). This means therapists need to be "skilled at assessing each young patient's strengths, coping styles, and cognitive development" (Council, 2012). If a client watches an assigned movie without the presence of a therapist, his/her therapist should still hold a discussion regarding the film during their next session. Questions posed to children should focus on the character(s); for example "what was the character thinking/feeling?" to keep the discussion metaphorical. In fact, selected movies are preferred to be relevant on a figurative level, as opposed to a literal one. In regard to suggested films, animated movies present the most promising attributes. Not only are children naturally drawn to colorful "cartoons," but animation also promotes abstract thinking and metaphorical discussion by providing a fictitious and augmented reality (Sharp et al. 2002). HyeJin Choo from Korea National University of Art says, "Because animated images are distorted versions of reality it is easier for a child or young client to use symbolism to anonymously depict a real person or to explore particular roles and behaviors..." (2015).

As a supplement to traditional counseling methods, like TF-CBT, cinema therapy is effectively employed as a therapeutic treatment for children coping with chronic health conditions. Many children who suffer from these conditions also suffer from Post Traumatic Stress Disorder and/or other negative psychological responses. By constructing a trauma narrative, a therapeutic approach found in TF-CBT, clients are able to create, share, and discuss their traumatic stories while incorporating gradual exposure and, in turn, building resiliency. Cinema therapy, another therapeutic storytelling approach (with the categories popcorn, cathartic, and evocative cinema therapy), corresponds and complements the objectives and purpose of TF-CBT. Popcorn cinema therapy offers children with chronic health conditions entertainment, relaxation, familiarity, the ability to compartmentalize, and a channel for indirect communication. Cathartic cinema therapy promotes the release of emotional tension to improve

emotional self-regulation. Evocative cinema therapy allows children with chronic health conditions to find correlations between the real conflicts they are experiencing and the fictional conflicts of movie characters. If cinema therapy is practiced effectively, child medical patients' need for comfort, expression, and self-identification will be successfully fulfilled, ultimately shortening their road to recovery.

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