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Royal Road or Lost Highway? – Preliminaries for a Theoretical Conception of Filmtherapy

Henriette Heidbrink

Abstract

Die so genannte »Filmtherapie« wird bereits vielfach praktiziert – und das, obwohl eine entsprechende Rahmentheorie, die medienwissenschaftliches sowie psychologisches und therapeutisches Wissen vereint, noch gänzlich fehlt. Im folgenden Artikel sollen daher einige basale Probleme und hilfreiche Ideen der aktuellen Debatte um filmtherapeutische Konzepte skizziert werden, welche die komplizierten Feinheiten filmtherapeutischer Interventionen betreffen. Auf dieser Basis wird eine »Metatheorie der Beobachtung« vorgeschlagen, die in der Lage wäre, verschiedene traditionelle Formen der Materialbeobachtung – u.a. Hermeneutik, Phänomenologie, Semiotik – zu integrieren.

The so called phenomenon of »filmtherapy« is already taking place although an integrated framework that combines media scientific as well as psychological and therapeutic knowledge is still missing. The following article outlines some basic problems in the current reflection of filmtherapeutic concepts. It aims at collecting helpful ideas, which might be able to cover the intricacies of the complex filmtherapeutic endeavors. The main idea consists in a theoretical design based on a metatheory of observation that is capable of integrating different traditional observation-modes of the humanities like hermeneutics, phenomenology, semiotics, and their numerous offshoots.

1. Introduction

So far »filmtherapy« has been a phenomenon of practical application that has not gained the theoretical advertence yet, that is needed to evoke further systematic research. Hence, in the following, I shall examine a number of existing basic approaches (Berg-Cross, Jennings & Baruch 1990; Heston & Kottman 1997; Dermer & Hutchings 2000; Sharp, Smith & Cole 2002; Schulenberg 2003) regarding their theoretical implications. Most of the following might also be applied to other types of systematic interventions that take place in educational, academic, and consultative settings. The authors agree that films can serve as outstanding supporting devices for some therapeutic processes. What is mainly irritating, though, when looking at the state of the debate is the fact that the level of theoretical penetration as well as the awareness of already established knowledge is comparatively low: so far there is no convincing proposal for a satisfying theoretical concept of »filmtherapy«.

In their article “Utilizing movies in family therapy”, published in 2000, Dermer & Hutchings write: “Few authors write about utilizing cinematherapy as an overarching concept. Instead, most authors have written about implementing specific movies as interventions [...], employing segments of movies as examples of therapeutic concepts/processes [...], or comparing their cases to characters or plotlines in movies [...]” (Dermer & Hutchings 2000, p. 164).

Schulenberg finally comes to a conclusion that seems quite simple but to the point: “The idea of using films in psychotherapy is more complicated than it initially sounds” (Schulenberg 2003, p.36).

I hold the view that »filmtherapy«, understood as using a filmic narration in a therapeutic process, is a demanding undertaking for therapists. They have to know how to choose the right film, how to integrate the film into the therapeutic process, and the filmic narration must be discussed with their clients in an adequate manner. The choice of an appropriate film already calls for the ability to analyze and compare movies in order to find a promising stimulus. Moreover, the appropriate stimulus cannot be chosen without having a precise idea of the purpose it shall serve.

Consequently, the questions that center around »filmtherapy« roughly speaking involve two fields of scientific research: on the one hand the psychological and therapeutic knowledge that describes and explains the functioning of the healing processes and on the other hand the cultural-, media- and film-specific knowledge that applies to the filmic narration as well as its aesthetic features.

In the following I will start from a basis of classical paradigms in order to dwell on some still minacious problems and outline some promising directions. What interests me and serves as the main motivation for my research is first and foremost the pragmatic dimension, that is to say: If a therapist asked me what she needed to know about films in order to integrate them in her therapeutic endeavors, what could I tell her?

2. State of the Art & Obvious Obstacles

I will start with the state of the art, as it appears to me: a media-scholar observing the scene of »filmtherapy«. First of all it has to be stated that »filmtherapy« happens! – However apparently it is mainly practiced in the US, Canada and Australia. According to studies by the US-psychologists Norcross, Santrock et al. (2003) as well as Deane, Kazantzis & Lampropoulos (2004), 88 % of 827 asked psychotherapists in the US consider the therapeutic work with films as helpful and 67 % already possess experiences with the use of films. Besides this statistical information that does not reveal what exactly happens when »filmtherapy« takes place, the articles that will be discussed in the following go somewhat further into detail and give an overview about the central points that are stated and debated. They are mainly written by practicing therapists or psychologists themselves and have been published from the 1990s up to today.

Mainly two very general points are repeatedly mentioned: First, movies can be comforting to clients because they elicit the feeling that they are not alone with their problems (cf. Solomon 1997, 2001; Heston & Kottman 1997; Schulenberg 2003, p. 37). And second, movies help to create and strengthen the therapeutic alliance (cf. Berg-Cross, Jennings & Baruch 1990, p. 138) especially through the shared experience of watching the same story (cf. Dermer & Hutchings 2000, p. 165). When it comes to further intricacies, however, we face three problems in the first instance that are not yet solved.

2.1 Problem no. 1: Lack of Differentiation

The main problem consists in the fact that important differences regarding the film as a therapeutic stimulus are simply blurred: First of all, the traditional client-narration differs from a filmic or literary narration. Watching a film and discussing it afterwards is not the same as speaking about a directly told self-narration or about a spontaneously recounted episode of the client's everyday life.

Secondly, bibliotherapy might appear similar to »filmtherapy« but it also differs from it in many ways. Nonetheless in almost every article »filmtherapy« is considered to be an outgrowth of bibliotherapy, what is historically speaking true, but totally leaves aside important distinctions: Films and novels share indeed the narrative organization but they vary concerning their medial qualities in various aspects. Due to the abstract signs of written language a text does not elicit the same effects as audiovisual stimuli do. Certain qualia, sensations, emotions, and affects like shock, disgust, fear, fright, or horror are bound to their semiotic basis that, in the case of a film, consists of a well-composed combination made of images, texts, and sounds. Thus from different media-products stem various perceptual tasks that have an impact on the further processing of the given information.

Thirdly, social observation must not be confused with the reception of film – even though they seem to be quite similar: Films present professionally trimmed plots, intentionally created images, selected actors, constructed characters and thereby are made to appear sometimes “larger” and at other times “smaller than life”. The audience knows about the complicated differences between fiction and what we call reality up to a certain point. But this point differs interindividually so that every single person relates to both constructions in her very own way, finding a detail more or less authentic, plausible, possible, or probable.

Fourthly, films – and here the same applies to novels and audio books – cannot be reduced to their narrative aspects. There are amongst others aesthetic, ludic, experimental, simulative qualities that also shape the media-product and – not to forget – the probable receptional effects to a high degree (cf. Sorg 2007, Suckfüll 2004, p. 141 et sqq.).

Fifthly, almost the same holds true for the different concepts of reception that are nearly exclusively described as a form of ‘character-bonding’ called ‘identification’. Murray Smith has shown in his book *Engaging Characters* (1995) that the concept of ‘identification’ needs to be differentiated: hence he distinguishes ‘alignment’, ‘allegiance’, and ‘recognition’. And there are various types of general character-conceptions (cf. Eder 2008, p 373 et sqq.) as well as specific forms of ‘character-bonding’ that depart from the subject-centered view on characters: Jochen Venus, for instance, refers to the example of heist movies, as *Ocean's Eleven* (2001) and argues from a morphological perspective that the ‘group-character’ does not reveal an individual subject any more, that lends itself to the spectator as a projective alter ego. The ‘group-character’ rather keeps together certain motives, acts, and agencies. Therefore it primarily serves a ludic function within the narrative setting (cf. Venus 2007).

2.2 Problem no. 2: Change through Film? – Social Observation, Identification & Therapeutic Metaphors

When it comes to the question how movies are supposed to elicit therapeutic changes, the argumentations are not very convincing due to the fact that they do not refer to detailed therapeutic concepts but rather cling to acquainted ideas. In fact it seems amazing what is said to be accomplishable by using films in therapy. While Sigmund Freud's "royal road" led through the preconscious to the unconscious and its supposedly 'logical structures' that had to be elaborately reconstructed by the psychoanalyst, films (and novels) are often very enthusiastically pictured as useful tools that seem to be able to directly create all kinds of quick insights and changes:

Dermer & Hutchings state that "[B]oth literature and cinema can be used to educate, normalize, reframe, and expand ideas" (2000, p. 164). And according to Berg-Cross, Jennings & Baruch »filmtherapy« "[...] is an optimum technique to use when the therapist is seeking to deepen and broaden the emotional and intellectual experience of the problem" (1990, p. 141). Furthermore they hold the view that "videos can give clients deeper insights into the dilemmas that they are facing in their own lives and a deeper understanding of their personalities, their strengths, and their weaknesses" (Berg-Cross, Jennings & Baruch, 1990, p.139). At large, films – especially because of their ability to elicit emotional reactions – are pictured as *expressways* that supposedly "directly provide the client with a healing emotional experience" (Berg-Cross, Jennings & Baruch 1990, p. 140).

There are three major concepts of therapeutic change that seem to be used in »filmtherapy«: Change through learning due to social observation, change through 'identification', and change through the use of 'therapeutic metaphors'. In the first case movies are taken as a basis for 'observational learning'. The viewers observe "attitudinal expression" and "learn new ways to express themselves" (Schulenberg 2003, p. 37). In the second case – carried out by Berg-Cross, Jennings & Baruch – movies "[...] that have characters who model efficacy and instrumental behaviors and can be used to establish growth promoting identifications" (1990, p. 140) are recommended.

Both concepts are based on analogies that assume a direct media-impact that has not been proved valid with the results of the research on reception-processes. Consequently they cannot grant a satisfying basis for »filmtherapy« because they are not able to explain which behavior will exactly be adopted by a client and which will not. Moreover it remains unclear with which character a recipient will identify and what will be learned. The intricacies of changing someone's believe, behavior, or even personality towards a certain direction are the core topic of all presently hardly discussed therapeutic concepts and will not be solved by recommending a movie in the hope for beneficial 'identification'.

A first step might be to model different forms of film- and character-bonding that cover a large variety of expectable correspondences, while being aware of the fact that the impact of a medial stimulus cannot be predicted for individual cases. Schulenberg concludes: "[...] people can make judgments based on the decisions and actions of character depictions. However, the

underlying mechanism that facilitates positive therapeutic change is unclear” (Schulenberg 2003, p. 38).

In other cases the authors refer to the concept of the ‘therapeutic metaphor’, that is known from the works of Lakoff (1980, 1987) and Mills & Crowley (1989). Heston and Kottman state: “For a therapeutic metaphor to work, the counselor must find a balance between the obscure and the obvious. The parallels between the client’s situation, relationships, self-perception, and those of the protagonist of the metaphor must be clear enough so that the client can make the ‘bridge of connection’. However, the parallels need to be indirect enough so that the client is less likely to be resistant to the perspective presented by the metaphor than he or she should be if the counselor had directly conveyed information, suggestions, or interpretations about the client’s life” (Heston & Kottman 1997, p. 93).

Again an analogy between recipient and protagonist is assumed, but in contrast to the concepts mentioned first, this time the distance that is achieved by talking about the medial narration instead of directly referring to the client’s problem is the clue to achieve new and helpful insights. The advantage therefore lies in the option to talk about someone, namely a fictive agent, who is faced with a similar problem as the client and deals with the situation in a manner that appears worthwhile to be discussed in the eyes of the therapist. In this case the filmic story line serves as an inspiring suggestion for the client to think about her own situation and alternative actions.

“Using metaphors and stories via movies allows therapists to communicate to a more receptive, less defensive part of our clients. This shared communication can bypass resistance and send a powerful message that can, among other benefits, suggest solutions to problems, plant seeds for growth, reframe problems and build rapport by providing a shared experience between client and therapist” (Sharp, Smith & Cole 2002, p. 274). Regarding this statement, it will be necessary to start asking further questions, that is to say: How do we have to mold the circumstance of a therapist who extrapolates from *her personal* experience of a movie to the client’s reception And how do the well-known concepts of ‘identification’, ‘transference’, and ‘counter transference’ contribute to the multifaceted exchange processes of therapist, client, film and its characters?

2.3 Problem no. 3: Lacking Inter- and Transdisciplinary Exchange

What is mainly irritating is the fact that the authors of articles on filmtherapy do not address, and sometimes even seem to ignore the current state of research both on the side of the film and on the side of therapy. In the domain of psychological and therapeutic research a large variety of highly differentiated concepts exist. Therefore the filmtherapeutic endeavors should at first clarify to what concepts or healing interventions they cling to. On the other side, in the domain of cultural- and media studies, the relationship between recipient and medial, namely filmic, material is a classic to all epistemological and therefore also hermeneutical, phenomenological as well as formalist, structuralist, and post-structuralist theories. Therefore within »filmtherapy« we have to deal with a narrative constellation in which at least two persons – one of them being an expert on therapeutic issues – deal with an audiovisual story that is

made by a third party, formerly known as the instance of the ‘author’: a film-production team. Consequently, the simple choice of a movie has to be based on a complex web of assumptions about a) the client and her problem, b) the adequate movie, and c) the relation between ‘a’ and ‘b’.

A closer look at a few statements shows that the mentioned articles are soaked with mainly hermeneutical but also phenomenological allusions while none of these approaches is discussed explicitly or in detail. Berg-Cross, Jennings & Baruch state: “When chosen with care, the possible beneficial effects of cinematherapy would, in most cases, far outweigh the risk of misinterpretation or overinterpretation” (1990, p. 138). There are no further explanations about what the expression “chosen with care” means. Also the three authors do not suggest how the beneficial effects of such a hyper-complex affair as »cinematherapy« could possibly be estimated or what is meant by the risk of mis- or overinterpretation. Schulenberg writes: “It is likely that not all clients will be equally receptive to films and will not react equally well to the intervention” (2003, p. 44). Based on the triadic relationship of client, counselor, and story – respectively film – Heston & Kottman for example distinguish three levels: The first level is called the ‘surface structure of meaning’ and consists of the literal words and images of the film. Through associations, this level activates the second level that is “indirectly meaningful” to the client, and consists of rather universal ideas. The third level is again activated by the second one and the “recovered deep structure of meaning” of the former is supposed to be “directly meaningful” to the client (1997, p. 93).

Remarkably all of the proposals seem to remain unaware of the traditional debate that is centered on hermeneutical approaches – see amongst others Albert (1994), Bühler (2003), Leschke (1986, 2005). Hermeneutics and phenomenology apply to the experience, perception, understanding, and interpretation of phenomena and despite a long tradition of research the theoretical and methodological status of both is highly controversial. What can be seen within the last decades, though, is their confrontation with theoretical imports from sociology, biology, namely constructivism, and systems theory. On the side of the media-sciences the theoretical arch of Schmidt – from *Kognitive Autonomie und soziale Orientierung* (1994) [Cognitive autonomy and social orientation; HH] to *Geschichten & Diskurse* (2003) [Narrations & Discourses; HH] – and the work of Oliver Jahraus (1999, 2000 with Ort, 2001 with Ort, 2003) show the fruitful frictions of two theoretical perspectives that are strictly speaking not combinable, but the final paradoxes or infinite regressions of either one refer to the other in each case.

On the psychological-therapeutic side Simon (1993, 1994) and Fuchs (1998, 2003, 2005) have shown the corollaries that the consequent appliance of a theory of observation has for traditional concepts of psychodynamic observation: What happens is nothing less than the deflation of the unconscious, and concepts like ‘transference’ or ‘counter transference’ are resolved into the distinction of internal and external observation. Psychic, somatic, and social processes are separated from each other into operatively closed, autopoietic systems that are composed of thoughts [Gedanken; HH], biological processes, or communications that cannot be translated into each other but are structurally coupled (cf. Luhmann 1984). Without going into further details here, my point shall be that a theory of »filmtherapy« needs to relate theo-

retical assumptions about the filmic stimulus to theoretical assumptions about communicative processes. While the symbolic share at least has available the materialistic basis of the film that can be treated as a composition of fixed signs, the second share, the so-called social dimension, lacks this form of manifestation.

Additional difficulties arise from the fact that the therapeutic field is extremely manifold. On this account the aim should be to develop a filmtherapeutic concept that is able to integrate at the best a high variety of diverse approaches that are centered around the main therapeutic paradigms: cognitive-behavioral, psychoanalytical, psychodynamic, existential-humanistic, systemic, and integrative approaches. All of these are based on different assumptions; moreover they apply different methods and focus on different types of phenomena. Consequently the film as therapeutic stimulus will serve variable functions. What will be fairly constant though, is the narrative setting: It is very likely that at some point at least two people will communicate about what they saw on the screen, what effects it had on them and what these things mean to each of them. How therapeutic change can be generated will be a question that has to be left to the therapists; but to highlight different ways of describing, interpreting, analyzing, and discussing a filmic narrative is an issue that seems to me clearly addressed towards media-, culture- and film studies – where a number of answers already exists.

3. New Narrative Constellations

Psychotherapy has been a home for narratives from its very beginning, and the film – even though some new digital finesses might astonish the audience – is a culturally well established medium. I will argue though, that the filmic narration changes the sensible therapeutic arrangement in an enduring manner. I will substantiate this thesis by means of three points.

3.1 Film as a Powerful Third-Party-Narrative

The most striking difference is marked by the fact that in traditional therapies by Freud, Jung, Adler and the following generations of I-, object relations- and self psychologists, up to diverse current streams of alternative approaches, the clients were the ones who narrated and later acted, played, painted, or sculptured. But film as an externally generated narration is not a self-made medial product like a painted picture in Art Therapy. While for instance in Gestalt Therapy the therapist construes the creative work of a patient, who is the direct author and therefore responsible for each taken decision, in »filmtherapy« we have to deal with a narration that is designed by a stranger. One problem consists in the not answerable question to what degree the client agrees and accepts the filmic view and at what point she develops an aberrant position. Therefore »favorite films« qualify for the assumption of a high degree of 'identificational saturation', although it remains unclear up to what point this assumption is covered.

According to Dermer & Hutchings movies unfold a lot of potential to enrich a therapeutic process, "[...] because they can connect to clients on an emotional, cognitive, and/or behavioral level" (2000, p. 165). Due to this ability Schulenberg considers movies as "[...] an

efficient means of working with some clients who are difficult to reach emotionally through other methods” (2003, p. 35). However client and analyst see themselves confronted with a *highly attractive narrative proposal* that can be characterized as professionally and intentionally created media-product that combines images, texts and sounds in an aesthetically very ambitious manner.

First and foremost the filmic narration irritates the traditional status of the client-narration because films are intentionally trimmed to elicit certain receptional effects. The professional production teams put the themes through a strong deformation: Consequently the situations of the client’s everyday life are quite different from the ones that the characters on the screen experience. Whereas the aberration depends on the genre: The fictional world and its plot can be nicer, easier, lighter, and brighter than everyday life, as for instance in some romantic comedies; or they can be darker, stranger, faster, and incredibly more horrifying than in everyday life, as it is the case of action, war, or horror movies. What remains crucial is the fact that all elicited emotional and cognitive effects might be helpful on the one hand but on the other hand they also need to be reevaluated and deconstructed since life is not comparable to movies. In comparison a client *herself* tells the things as they appeared to *her* and as they affected *her* – what brings us to following point, that focuses the integration of film in therapeutic processes as a detour.

3.2 The Filmic Detour and Its Advantages

Films differ from what is called ‘reality’ and ‘everyday life’. And like novels and other narrative media they do not have the same status as the client-narration where each word, each actant, and each perspective is chosen and constructed by the client. Therefore they can – staying within already used metaphors – be called a ‘detour’.

But why should a therapist decide to go this supposedly longer way around? One of the advantages of such a detour has already been mentioned and consists in the attempt to ‘bypass resistance’, because films can serve as an explicit *model* of social interaction that reveals a certain behavior that might be problematic for the client by belonging to someone else, that is to say: a character. Since one goal in therapy at many times is the increase and differentiation of self-observance and self-reflection, the right choice of movies can help the client to realize *that* she feels closer to some characters than to others. Thereby, with the reflective help of the therapist, she might be able to recognize her own crucial features from a ‘safe distance’: “If the proper aesthetic distance is maintained, people can become emotionally involved with a movie so that it has an impact but at the same time they remain sufficiently removed to be objective” (Nichols & Schwartz 1998, p. 162).

What has to be kept in mind, though, is the fact that self-reflection must not be confused with profound changes in personality. The filmic detour thus serves a specific purpose but this fact on its own cannot hold for any long-term alteration. Additionally it must be mentioned that the client’s awareness of certain traits or a certain behavior might be a helpful insight but is incommensurable to the Freudian concept of ‘resistance’, not to speak of the great variety of changes the concept has gone through (cf. Wheeler 1998).

4. A Brief 5-Point-Sketch

In the following I will dwell on five points that seem fairly important to me in order to grasp the issue of »filmtherapy« theoretically in a satisfactory manner on which further – e.g. empirical – research can be based on: The overall theoretical design, the levels of subjectivity, materiality, intersubjectivity, and the so called »initiation of change«.

4.1 Theoretical Design

In one sentence: Filmtherapy involves two observers that observed their own receptional effects during the reception and now observe each other while communicating about the formerly observed narration and its effects (cf. Simon 1994, p. 53). Since therapists work with a wide range of methods and diverse approaches, an integrative framework is needed. This will contain different types of film-observation, while each one must be bound to the condition of displaying all drawn inferences explicitly. The drawn inferences could for instance be assigned to the following categories: 'Description', 'Interpretation' and 'Analysis'. 'Description' aims at observations that are directly linked to the material, while all 'interpretive' inferences have to denominate the coherences they refer to, and 'analytical' inferences have to denominate the functional relations they allude to.

In this way even incommensurable methodological processes – for instance hermeneutical, phenomenological, structuralist, poststructuralist as well as formalist and neoformalist (cf. Thompson 1988) – can be thought of as running parallel to another. Via meta-observation structural homologies can be shown and traced back by naming crucial points in the filmic material. In his book *Der Sinn der Beobachtung* (2005) [The sense of observation, HH] Peter Fuchs has – referring to the works of Niklas Luhmann – outlined] a theoretical meta-design of this type that could serve a theory of observation that distinguishes between 1st and 2nd order observations.

4.2 Level of Subjectivity: Therapist & Client

On the level of subjectivity the theory of observation calls for a strict distinction between internal observations – also known as introspection – and external observations of others, namely objects, persons, and characters. In terms of introspection, a recipient might focus somatic, sensuous, and psychic processes of the self in relation to the presented material. The therapeutic skills include a specific knowledge about patterns of behavior that provides the basis for the monitoring of others.

Professional observers, as well as professional producers are characterized by the fact that they are able to relate to an object in different modes of reception or production by building up a certain distance to their very own first, direct, and unreflected intentions, reactions and impressions. It is exactly this small head start of knowledge and reflection that describes the therapeutic margin that is – if used productively – able to elicit a higher awareness or deeper reflection on the side of the client.

The therapeutic dialogue in »filmtherapy« is led by a therapist who first watches a movie and then extrapolates how others might relate to the film. This form of slightly altered 'transference' is well known from psychoanalysis and Fritz B. Simon has shown that even from a cybernetic position it is a usable concept as long as the strict separation of in- and external observations takes place (1994, p. 70) – or put in terms of Gebhard Rusch: the distinction of comprehension and explanation (Rusch 2001, pp. 70–90).

A reception-theory that aims at a subject-centered dialogue would firstly have to explain how exactly these therapeutic extrapolations work and secondly it would have to identify the observations that probably denote circumstances that are likely to unfold therapeutic values within a guided dialogue. Therapists therefore would have to learn to build up hierarchies of assumptions and classified patterns of controlled speculations that they bring into the therapeutic dialogue about a certain filmic sequence that is at stake. The main aim consequently lies in developing a variety of hypotheses about probable types of film-bondings, primary pleasures and aversions, as well as personal issues that they think the client might not be fully aware of and metaphors that cover these issues in a preferably concise manner.

4.3 Level of Materiality: Object Film

First and foremost films aim at complex but standardized chains of cognitive, sensuous and emotional reception-effects, so that some of the basic knowledge for therapists should start with a genre theory that focuses on these cognitive, emotional, and sensuous patterns as for instance outlined by Torben Grodal in his book *Moving Pictures* (1997). In order to capture all films and genres the observation should be focused firstly on the »Narration« with its dramaturgy and normativity, secondly on the »Aesthetics« with its direct and indirect effects, and thirdly on the »Referentiality« focusing the degree of alienation of the fictional world that is evoked by the specific diegesis. Based on these three dimensions the film can be pictured as narrative process that consists of »tensioning« and »coping« devices. These devices are rather responsible for the film-bonding that a spectator might cultivate than basic forms of 'identification'.

4.4 Level of Intersubjectivity: Therapeutic Dialogue

Coming from the level of subjectivity and therewith starting from a differentiated form of observance of oneself and others, a terminology is needed that is able to capture the interactional processes that include the involved subjects. The task here is to deal with the high unlikelihood of successful communication that has been described and discussed by diverse approaches of systems theory or constructivism.

Simon states: "Each observer who makes a statement about an object always states something about herself" (1994, p. 53; transl. by HH). Consequently, anyone who wants to make concise assumptions about the personal involvement of someone else has – besides her very own response – to develop and train a great variety of hypothetical modes of reception that apply to certain narrational and aesthetically composed genre-patterns. But these assumptions can never be anything else but guesses about more or less probable reactions, because due to the

self-referentiality of psychic systems, no one can ever certainly know if she is speaking about a receptional reaction someone else actually experienced. Luhmann's concept of 'autopoiesis' as well as his skepticism towards intersubjectivity (cf. Schmid 2000) make the integration of film-observations under the roof of systems theory a quite complex endeavor that cannot be revealed here in detail (for further explanations see Heidbrink 2008).

On the whole the main task for therapists will consist in learning to differentiate the large variety of effects that can be elicited by films in order to avoid unreflected transference. Trained observers can also shift from the mere perception of topics, meanings, and 'identifications' to the observation of different kinds of concise 'shapes' in the material that are often bound to intermedial exchange. The task then changes from 'making meaning' to 'finding the shape that matters' the most to the client. And the criteria for the importance of a certain 'shape', 'form', or 'figure' are firstly – well known to all Gestalt Therapists – its *conciseness* and secondly – well known to all therapists – its *redundancy*.

4.5 »Initiation of change«

Last but not least it should be made clear that it is not the film itself that intentionally initiates change in a subject although people might sometimes state that a certain narration has changed their life – as well as any other occurrence might have done the same. To change someone – in terms of her (self-)observations, her beliefs, reflections, or behavior – is a complex and long-lasting process with a lot of redundancies that need close guidance in order to provide the necessary cognitive and emotional stability. A film will not be able to do that but to talk about filmic events might be a helpful addition within the progress – the decision to take this detour and the estimation of its benefit has to be left in the hands of the responsible therapist.

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