Roll Sound, Camera Ready, Therapy:

Using Filmmaking in a Therapeutic Practice

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2021 WHEAT Institute Research & Final Project

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April 27, 2021

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Abstract

The medium of video has captured the imagination of the world, and the technology for making a video is accessible to anyone with a mobile device or personal computer. However, a literature review reveals that filmmaking as creative therapy is in its infancy. Case studies by innovators demonstrate filmmaking as a powerful multi-dimensional, multi-modal and embodied approach to clinical treatment. However, no comprehensive source exists to introduce and support early adopters using video in a therapeutic context. This thesis explores filmmaking from a therapeutic perspective for the purpose of developing theory for practitioners to use in a creative process.

The primary data for this paper's research comes from clinical work with a client on parole from a correctional institution creating a documentary film in weekly art therapy sessions. Secondary data includes general reflections from my experience with other practicum clients in educational and health care settings engaging filmmaking interventions. By understanding therapy research and experiencing this creative process in my educational practicum, I have found the efficacy of this therapeutic process to include safe identity experimentation, reduced resistance to therapy and increased personal agency, self-reflection and self-regulation. The Expressive Therapies Continuum (ETC) provide a means to understand how art mediums within the filmmaking process facilitate a therapeutic experience. The Filmmaking Therapy Definition Model (FTDM) is an original framework to assist in the customization of a filmmaking process for a client. Ethics are critical for evolving a therapeutic process using video and this thesis addresses a number of issues including in-person and online screenings and when to not use filmmaking as therapy.

Keywords: Expressive Therapy Continuum, Filmmaking therapy, Video therapy, Narrative therapy, Therapy, Video editing, Art therapy, Documentary, Animation, Transitional object, Third hand

Introduction

Moving pictures have captured the imagination of the world like no other art form. Thirty images in one second create an illusion of reality frozen in a mobile phone that rests in the palm of your hand (Dixon & Foster, 2018). Technology has extended creativity beyond what Eadweard Muybridge could have imagined in 1872 when he used forty still cameras to capture less than two seconds of motion. From this time on, storytelling has shifted in venue from sacred circles, temples and churches to movie theatres, living rooms and anywhere there is an Internet connection. Motion pictures propel storytelling to a new level of engagement by immersing the storyteller and audience in an embodied, multimodal experience where we imagine ourselves as a hero adventuring toward wholeness.

Izod (2000) reminds us that emotion is the secret ingredient that lights up the film experience and makes it immersive. YouTube demonstrates this storytelling power in that 94% of 18 to 24-year-olds use this form of social media, which is more than any other Internet platform (Smith & Anderson, 2018). Video is an important medium through which people experience the world. Anyone with a mobile device or computer has the means to create a motion picture. Why then is using video technology new and relatively unchartered in creative therapy (Cohen, Johnson & Orr, 2015)? If adolescents and young adults are inclined to digital storytelling, does the art therapy profession have a responsibility to offer filmmaking as a clinical intervention (Austin, 2009)?

The purpose of this thesis is to provide early adopters with a survey of theory and therapeutic interventions for the purpose of implementing a therapeutic filmmaking process into their practices. Using a grounded theory approach, I will analyze the data from a practicum case study while integrating practitioner experience from the literature to provide a foundation from which to grow filmmaking therapy as an area of study (Kapitan, 2017). My case study centers on a curious and creative middle-aged man named Brian who was on parole release from a federal correctional institution. We used the making of a documentary about a reunion with his biological mother as the basis for a therapeutic

process to support him in his life outside of a correctional institution. This paper explores how and when commercial filmmaking stages, tools, and activities are effective as clinical art interventions to treat mental health issues.

Literature Review

Defining Filmmaking Therapy

Filmmaking is a set of predefined digital and traditional art processes that contribute to the telling and creating of a story using the video medium. Motion picture production is clinically therapeutic when there is intent to make a film in a safe environment with a qualified therapist (Cohen and Johnson, 2015). Johnson explored filmmaking therapy as "an arts-based therapeutic approach that combines talk therapy techniques with the client's creative first-person, or autodocumentary, filmmaking" (Johnson, 2015, p. 57). As with any medium in creative therapy, filmmaking can be used with a variety of techniques using fictional or non-fictional approaches.

Understanding the Therapeutic Filmmaking Process

Moviemaking is a commercial endeavor and the creative activities within this domain are at the center of a therapeutic filmmaking practice. Johnson (2018) uses the five stages from the filmmaking process in her clinical practice which include:

1. Development – Storytelling interventions using the process of free association to explore the client's presenting issues. From this material, a film story with characters and context emerges and is contained within a screenplay outline. The written script is a production-ready document created from a verbal or written story in the Development Stage.
2. Pre-Production – Once a script is developed, a number of activities ready it for film production. The screenplay is broken down into units and then the filmmaker envisions images and sounds from what is evoked from the sentences. These visual and auditory artifacts are drawn and recorded into a storyboard. A storyboard can be compared to a comic book wherein a narrative emerges in separate blocks of a page to birth a new form of the story. Each individual will see and hear the script in a different way thereby

creating a personal version of the drawings. A storyboard contains subjects and objects in a scene including digital or physical actors, locations and props required for production. For organization purposes, a scene shot lists can be generated to support a schedule.

3. Production - For storyboard sketches to come to life, the filmmaker creates video at a geographical location, generates images on a computer or uses media produced by another creator with permission. Plans come together on a physical or virtual set when a camera or computer software generates video, photographs and audio. At this point, the limitations of time and schedule become a gift focusing the filmmaker to create intuitively and quickly, generating images and sounds which tune the storyboard and screenplay.
4. Post-Production – With the film artifacts created, they are imported into a computer video editing application to be joined together. The video images and sounds from the production stage are assembled over a number of drafts using editing software based on the production screenplay and storyboards.
5. Distribution - Finally, the film is complete and plans are made to screen the video for an audience. The identity status of making a motion picture can imbue the client with significant self-confidence and personal agency in their achievement and commitment. The experiences of the process and the power of the individual's choices live on after audience members witness their experience and share the power with their communities and beyond. As a result, the post-production stage holds the critical step of ensuring the creator is fully aware of what they have manifested to understand the impact of sharing in a physical or virtual venue. Video holds a unique place on social media for sharing in a way that extends the voice of an individual.

The artwork from each filmmaking stage are containers that hold the therapeutic experience. The intervention artifacts from writing, storyboarding, producing, editing and screening are transitional objects. Transitional objects are a Winnicott (1953) term indicating a special container that hold emotional energy and memories of a transformational experience for the client to support identity growth.

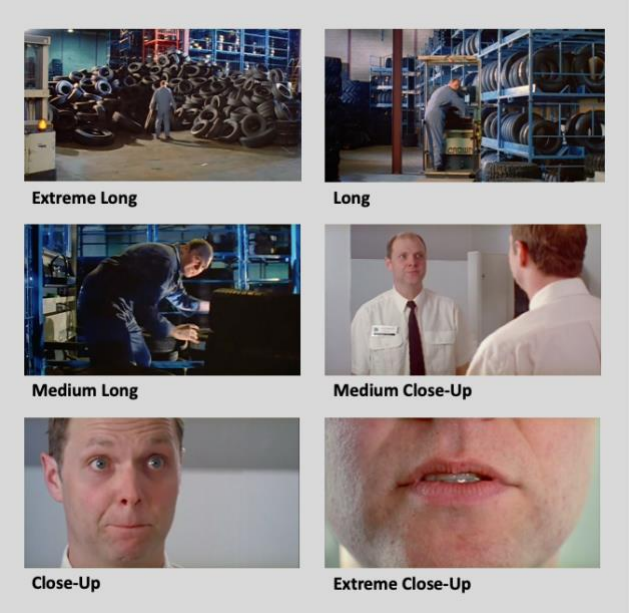
Each stage of the filmmaking process generates a different version from previous stages. Focusing on the film at each stage forces the filmmaker to let go of preconceived notions and focus on the essence of what they want to share. The filmmaking process is flexible and can vary based on the therapeutic needs of the client. The goal of filmmaking therapy is to meet the client's needs and goals, therefore interventions from any stage can be used independently within a session. For example, video editing using stock media is centered in the post-production stage and can be a standalone clinical activity. Another example would be drawing a storyboard in the pre-production stage, which can be an independent effort that is not a part of a larger video project.

A foundation of the art of filmmaking is realized in understanding the grammar of this visual language. This form of communication is understood worldwide across all cultures and ages which makes it global. We understand the syntax of video starting at childhood by consuming thousands of hours of TV shows and movies. The theory of filmmaking makes clear that there are three primary structural elements in filmmaking including: shot size, length of the video clip, and movement of the camera (Arijon, 1991; Brawner, 1993). These elements provide a perceptual and spatial framework for individual creativity. As a story is broken down into script scenes for a storyboard, the client director intuitively deliberates on the size of the shot and movement within the frame of subjects and camera (which holds the position of the audience). Each scene requires the client to use their imaginations considering what they might see, hear, feel and imagine along with any metaphorical images that may emerge.

A key creative element of a shot is the distance of the camera from the subject or object and what this communicates. Figure 2 illustrates the basic shot sizes in a video. A long shot provides information to the audience about the story environment and context. A medium shot moves in closer to disclose new details about the subjects and objects to reveal the action playing out. A close-up pushes in to the image even further to make clear the emotions of the subject or display sensory details of an object. In a phenomenological exploration of film, McHugh (2015) writes about the power of choice and communication a filmmaker holds in moving characters and objects further from and closer to the camera. These are artistic decisions incrementally build to create a powerful emotional audience connection.

Figure 2

Video Shot Size



Note. These are the basic shot sizes that assist in communicating a story visually to an audience. Reprinted from Bevan Klassen (director, co-producer) (2007). Retired [short film]. Canada: 40 Below Films, Inc.

Assessing How Filmmaking is Therapeutic

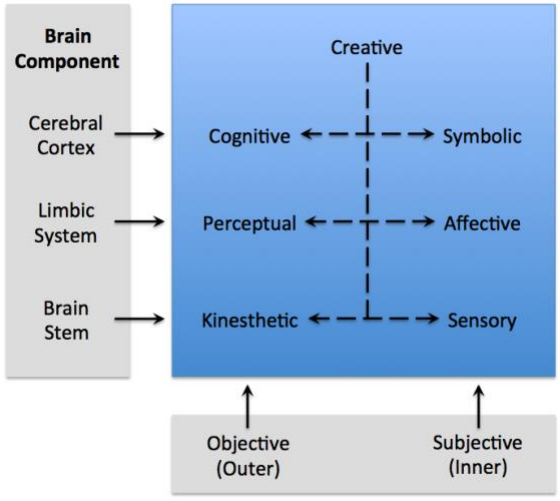
Art therapy pioneer Edith Kramer identified that technology involves interacting with an electronic device, which separates the individual from personal interactions and relationships. She speculated that physical art mediums like paint, clay and wood create a "new kind of reality" unlike digital "art [which] fails to generate such a flow between body and mind" (Kramer, 2001, p. 207). To better understand and evaluate Kramer's critique, it is important to consider what each filmmaking art mediums deliver and what it will not provide to a client in therapy.

This paper will use clinical research referred to as the Expressive Therapies Continuum (ETC) to explore the therapeutic power of filmmaking (Kagin & Lusebrink, 1978; Hinz, 2019; Hinz, Riccardi and Meter, 2019). The ETC was proposed and published by Kagin and Lusebrink (1978) as a "means to classify how clients interact with art media or other experiential activities in order to process information and form images" for therapeutic benefit (Hinz, 2019, p. 4). As you can see from the diagram in Figure 3, the ETC encompasses seven levels. On the left side, the Kinesthetic, Perceptual and Cognitive Levels focus on what is outer, objective and emotionally distanced. On the right, the Sensory, Affective and Symbolic Levels are inner, subjective and emotionally aware. The Creative Level is accessed any time there is flow of time and full engagement with the art process at any ETC Level.

The ETC references neuroscience research within a therapeutic context to understand how the brain and body work together and engage different levels of human cognitive development (Hinz, 2019). The brain stem engages automatic and instinctual impulses and relates to the kinesthetic and sensory levels. The affective and perceptual levels are interpreters of unconscious body experience through emotions and spatial recognition within the limbic system of the brain. The cerebral cortex involves conscious mental processing and involves the cognitive and symbolic levels. When a client experiences a sense of flow, time stopping or passing very quickly, the creative level is experienced.

Figure 3

Expressive Therapies Continuum (ETC)



Note. The Expressive Therapeutic Continuum (ETC) contains seven levels of human cognition and awareness that was developed to categorize how clients engage and process information and develop images. Adapted from Hinz, Riccardi and Meter, 2019.

Timeless, popular films are good examples of art that accesses all ETC Levels. In these movies, sound and color palettes are effectively used to emotionally connect with characters and themes (sensory and affective levels). The motion picture camera frames objects and subjects in a way that communicates spatial information about the relationship between subjects and objects (perceptual level). Camera movement and the pace of editing increase or decrease the energy within the audience's embodied experience (kinesthetic level). Audio and visual symbols hold meaning through metaphor (symbolic level). The story is the centerpiece of a film that drives it forward through incremental events (cognitive level). All of these elements create an immersive experience taking an audience on an adventure (creative level).

The ETC also includes a framework for the therapist to assess and adjust art interventions called media dimension variables (MDV). MDVs include:

- Media property - increases or decreases the level of control available;
- Task structure - guides the amount of choice in an activity;
- Complexity – provides adjustment to the number of intervention steps;
- Familiarity - identifies the degree of risk required to modify the therapeutic experience.

Table 1

Media Dimension Variables (MDV)

Media Dimension Variables	Description	Intuitive Variable Access	Rational Variable Access
Media Property	Level of Control	Fluid: Reduced cognitive control	Resistive: Increased cognitive control
Task Structure	Amount of Choice	Unstructured: Increased creativity and anxiety	Structured: Limits imagination and feelings of overwhelm
Complexity	Number of Steps	Low: Limited tasks requiring lower cognitive effort	High: Many tasks which support personal investment demanding increased cognitive processing
Familiarity	Level of Risk	Low: Creates feelings of anxiety	High: Supports feelings of safety

Note: Media Dimension Variables (MDV) are a component of the ETC that enable therapists to assess and adjust art interventions. Adapted from Hinz, Riccardi and Meter, 2019.

To illustrate MDVs, assume a client who is new to technology wants to use a video camera in therapy. The media property variable tells us that this technology is resistive, which means there is a high level of mental processing required by individuals to focus their minds in a process of learning. The results of investing this time includes strong feelings of self-mastery and self-confidence. A resistive experience strongly engages the cognitive, perceptual and kinesthetic levels. Video camera functionality must become internalized so that cognitive processing is freed up before clients can open to express feelings and self-reflect. If the therapist were comfortable operating the camera, he or she could become the cinematographer and third hand for the purpose of creating a fluid experience for the

client. The medium would then support an increased affective, sensory and symbolic level experiences. The familiarity variable is related to the media property variable and indicates fluency with camera mechanisms and increases or decreases the level of anxiety in the filmmaking experience.

The number of steps in an art intervention is referred to as the complexity variable in the MDV. If a video camera is unfamiliar and resistive, the filmmaking process needs to include a limited number of steps for an art intervention. For example, one session could involve only learning to focus the camera. As part of a therapeutic conversation, cognitive focus could be explored as a metaphor in a client's life. When an object is out-of-focus how does it feel? When life feels blurry what is that experience like?

The amount of choice in an art process is referred to as the task structure variable. As the client increases or decreases choice, creativity and anxiety can be adjusted. For example, if camera focus and zoom functionality were added to the process of focusing, the potential for creativity would be increased along with the technical pressures. If the therapist ignores zoom and focus, the reduced number of technical options creates more freedom but reduces creative impact. As mentioned before, the degree of therapist participation allows MDVs to be adjusted in filmmaking therapy.

In ETC terms, Kramer believed that technology does not effectively access the kinesthetic or sensory levels. This is demonstrated when a client interacts with a digital screen using touch or mouse movements, expending limited energy and receiving a narrow range of body sensation. However, because the filmmaking process encompasses many mediums, I propose the kinesthetic and sensory levels can be accessed as an internal embodied visual and auditory experience using a computer device and through a variety of non-digital art mediums in the filmmaking process. For example, to touch sand in a sand tray is more powerful sensory experience than to see a close-up of sand in a video. However, they both engage the sensory level and are embodied experiences. As another example, a client could build physical animation characters with clay or paper and then animate using stop motion techniques

accessing body movement and physical touch. In addition, once the usage of the video camera becomes fluid, the client can choreograph characters in front of the camera requiring physical movement.

What can emerge from the movement at the kinesthetic level is the perceptual level experienced through visual boundaries and the recognition of line and shape. For example, randomly moving around a room with a camera recording whatever appears in the frame would be a pure kinesthetic experience. However, to consider the objects and subjects entering the camera frame would engage the spatial perceptual level. Replaying the footage and having the client witness their aesthetic preferences for objects, colors and sounds could generate insights from the sensory, affective and symbol levels.

One of my preferred warm-up activities in a client session is a photo therapy exercise where a client chooses a single image from a variety of photographs (Weiser, 2018). As they look through the perceptual frame of a photo, what emerges are memories, a sensory experience and emotion. When I use landscape photographs, the client can choose between a variety of evocative images like lush green rolling hills or a barren sandy desert. To ground experiences at the sensory and affective levels, I engage the cognitive level by asking clients to imagine characters that they live in that environment and to tell an improvised story. Often a metaphorical journey emerges which activates the symbolic level.

All art mediums activate all levels of the ETC to different degrees. As you can see, the ETC assists the therapist in assessing the strengths and difficulties of the client. A treatment plan considering a variety of filmmaking art mediums opens up clinical possibilities for the client.

Exploring Obstacles to using Technology and Filmmaking in Therapy

Asawa (2009) identifies fear and anger as the two main blockages that keep art therapists from using technology in their practices. Coming to art therapy as a filmmaker and information technologist, I understand the anxiety and the time exhausted solving digital problems. It can be less frustrating and more immediate to use physical mediums like paper, pencils, paint or clay. One difficulty is the

persistent need to acquire new software and hardware and discern how to integrate new interventions into clinical practice (Edmunds, 2012; Kuleba, 2008). The complexity of making a short movie can create anxiety considering all the steps and moving parts. Hinz (2019) identifies film as powerful because it is multifaceted. Videomaking is best simplified by breaking down the process into manageable pieces for the client. Johnson (2007) demonstrated that filmmaking knowledge could be quickly learned by clients without a filmmaking background to create a short film.

The lack of research and training using digital therapeutic interventions is another reason why therapists struggle to engage technology. When I discovered the ground-breaking compilation of case studies exploring filmmaking as psychotherapy from Cohen, Johnson, & Orr (2015), I was surprised to learn that videomaking as therapy was in its infancy compared to drama, music, and photography. I found the innovators of filmmaking therapy were psychologists, art therapists, educators, health practitioners and social activists bringing backgrounds of compassionate filmmaking to the therapy. However, I discovered their case studies and research did not provide enough information for early adopters to implement their video interventions. At the time of writing this paper, I could find no training programs or classes in filmmaking as therapy searching the Internet.

Other art mediums have decades of experience grounding them. Drama therapy has strong parallels with filmmaking therapy with its dramatic roots in a professional industry (Landy, 1991; Landy 1986). In the early twentieth century, the work of psychiatrist J. L. Moreno greatly influenced the future of drama therapy by adapting commercial theatrical processes into what he termed Psychodrama. Many decades later in 1979, the first drama therapy conference manifested.

The ethical landscape of technology in creative therapy is evolving and engaging ethics requires diligence to understand what is best for the client. To protect the client from vulnerabilities related to technology, Alders et al. (2011) and Cohen & Johnson (2015) identify informed choice, confidentiality and a secure clinical environment to be key components for technology to be used in art therapy and

specifically videomaking as therapy. Choe & Carlton (2019) discuss the responsibilities of the therapist and acknowledgement of the client to use technology in an ethical manner. It should be recalled that not only are there risks in using technology but opportunities and these should be weighed in ethical decisions. A detailed discuss of the ethics can be found in the Discussion section under the Ethics in Filmmaking Therapy subsection.

Introducing the Forms of Filmmaking as Therapy

Introduction

To illustrate the power of filmmaking as therapy, I will illustrate filmmaking interventions of innovators revealing the efficacy in their practices. These women and men all had a filmmaking background before discovering moviemaking as therapy. Populations they have documented in their research include adolescents in a group home, adults from low-income households who have HIV/AIDS and individuals in a mental health facility with various mental illnesses. Their filmmaking interventions include dramatic narrative, personal documentary, experimental non-narrative, fantasy and animation.

Dramatic Narrative

Brawner (1993) is a pioneer of group dramatic filmmaking in his therapeutic work with vulnerable adolescents in a group home in the U.S. His background as an independent filmmaker along with his training as a drama therapist provided him with skills and the imagination to create innovative interventions combining improvised role-playing with traditional filmmaking. The high cultural status of filmmaking provided a strong context for the adolescents in his research who committed to two-hour sessions, twice a week over a five-month period.

Brawner used the Hero's Journey in his therapeutic screenplay development process, which is used as a Hollywood storytelling template. Joseph Campbell introduced the term and has researched the Hero's Journey across culture and time noting:

> The usual hero adventure begins with someone from whom something has been taken, or who feels there is something lacking in the normal experience available or permitted to the members of society. The person then takes off on a series of adventures beyond the ordinary, either to recover what has been lost or to discover some life-giving elixir. It's usually a cycle, a coming and a returning (Campbell & Moyers, 2011, p. 277).

Film propels storytelling to a new level of engagement by immersing the filmmaker and audience in an embodied, multimodal experience where we imagine ourselves as the hero or heroine adventuring toward wholeness. For Brawner, the first of three acts introduced the audience to the film characters and their contexts. The second act began with an inciting incident that propelled the protagonist into a chaotic experience where an antagonist created obstacles blocking the character's goal. In the third act, a climactic conflict between the protagonist and the antagonist, light and darkness, returns the protagonist home transformed (happy ending) or defeated (sad ending).

In Brawner's therapeutic film, the development and pre-production stages occurred in the first week. Community is nurtured through drama group warm-ups and skits. Through times of sharing personal experiences, a single fictional story with scenes was developed creating characters and events. Each participant entered into a role of one of the story characters and developed backstory with particular motivations. A group optimally had six to eight members who worked in both cast and crew roles, therefore planning involved technical elements like lighting and sound and also non-technical services like wardrobe, props and set design. The film location of the production was the adolescent group home.

In week two, production began with scenes being pulled from the written story and improvised through recorded video rehearsals. When the therapist director called 'action' the camera recorded the improvised dramatic performances of the clients. To support emotional distancing, many short 'takes' of

the same film shot moved the client beyond self-consciousness and into finding an authentic connection with the character. When 'cut' was called, the camera stopped and the group reflected on feelings in the enactment. Through an iterative, deepening process, the clients embodied complicated characters expressing difficult emotions in a demanding production context.

Brawner (1993) experienced the power of the filmmaking process through the commitment his adolescent clients gave to the project. He saw them experiment with identify, behaviour and consequences through their short film. Life outside the sessions and the characters in the film overlapped to the point that Brawner observed for one participant, "a third person [had emerged], a [new] Karin who is able to see and feel her past without having to push it away or hide from it" (Brawner, 1993, pp. 59-60).

Personal Documentary

Arthur (2007) coined the term "therapy documentaries" to indicate films made in a non-therapeutic context by a filmmaker who goes on a journey of self-discovery. In this film subgenre, the documentarian reveals personal and family trauma in interviews, photographs and home movies. Caouette (2003), in the documentary *Tarnation,* travels back in time processing his mother's mental illness reflecting on old home movies, abstract images and self-interviews.

Digital storytelling is a social movement that fits into the "therapy documentaries" subgenre. The StoryCenter (n.d.) is an organization that supports and trains facilitators to assist others in telling their stories using photos, videos and music. Individuals or groups with no video making experience create personal documentaries as a personal expression often without the guidance of a therapist. Mosinski (2015) is an example of a therapist that uses digital video storytelling in a clinical context.

As an art therapist with a fine arts background, Mosinski is a passionate advocate of those without a voice in the U.S. Her research focused on adults from low-income households who have HIV/AIDS. Most of these clients had limited exposure or experience with technology. However, through

two weekly 90-minute sessions over sixteen weeks, individuals created personal projects of up to 20 minutes in length exploring past experiences and current feelings using the filmmaking process.

In Mosinski's research, each session began with 'feeling drawings' to assist participants in moving from the external world into a creative space and providing the therapist access to what is unfolding in the client's life. After this check-in process, she facilitated the development of a schedule, considering group needs and individual projects. Every session started with members discussing what they wanted to accomplish that day. This structured, safe environment assisted clients in developing their voices through self-expression and choice. Mosinski encouraged technical self-sufficiency through onsite instruction with clients working in pairs. This independence created personal ownership and motivation in projects.

The first eight of the sixteen weeks involved development, pre-production and production filmmaking activities. Group discussion of personal experiences facilitated content and brainstorming that generated autobiographical or personal interest narratives by the participants. Project plans were made which broke down stories into lists of required video footage or still photographs. Pairs were encouraged to shoot video during the session inside or outside the location. Each participant had the opportunity to view his or her raw footage with the group and talk about the experience of shooting and screening it. Group members were encouraged to share their experiences of watching each other's footage. In a second screening, aesthetic and technical details were discussed to support skill development, acknowledge success and create a refined product. This module of work was self-contained and if the client did not want to continue, he or she received a digital copy of the unedited video footage on leaving.

For those who continued, the final eight sessions involved the post-production and distribution stage tasks. To organize all the video footage, each participant was encouraged with the support of team members to write down all the recorded scenes in a document. This provided a bird's eye view of

what was available or missing so the client could begin to imagine a first draft of the film. Mosinski worked closely with each client. Some participants needed her assistance in implementing video editing decisions and others were more self-sufficient. Cohen (2013) reported that Mosinski created a spacious and relaxed context for clients to make artistic and narrative decisions and receive therapeutic insights.

Mosinski (2015) observed how the group witnessed and encouraged each other. For example, one woman was assisted in the grieving process in a film entitled 'The Early Warning Signs of Domestic Abuse'. For a man, the telling and seeing his trauma video story allowed him to accept the past and find hope in the future.

Experimental Non-Narrative

As an art therapist in Israel, Kerem (2015) innovated a filmmaking technique using a somatic therapeutic approach called focusing to inspire the creation of feeling-driven, experimental short films. The completed videos are a few minutes in length without a traditional narrative structure. Symbolic images and sounds are gathered and edited together to capture emotional states for the purpose of self-discovery.

In a focusing session, the development stage begins with the client paying attention to both comfortable and uncomfortable feelings in his or her body. This mindfulness process creates the context for the client to experience what is happening in the moment including the emergence of unconscious material into awareness. Memories, desires and other information enter in the form of body sensations. These felt senses intuitively reveal themselves in symbols, images and sounds. The content of these therapeutic experiences becomes the foundation for a non-narrative story, which supports a process of meaning making. In the pre-production stage, the client scouts out physical locations for these production elements. The client then creates a plan of where and when the sound and video images will be captured. As part of the production stage, the client follows their plan and creates the filmmaking artifacts either with the therapist outside of the session room or independently during the week. Editing

of the video and audio in the post-production stage is completed with therapeutic guidance from the therapist. Video editing becomes an art medium similar to a pencil, paint or clay. Therapeutic conversation occurs during the editing process as the client shares feelings and issues as they manipulate the images and add sound.

Green Screen Fantasy

Kavitski (2015) experienced the healing power of creative expression as a documentary filmmaker. It was by chance he discovered art therapy in New York City where he practiced filmmaking. One therapeutic process Kavitski has innovated with clients uses a software video effect called green screen. Green screen involves digitally replacing the green material, positioned behind the subject, with a still or moving image created or chosen by the client. With this special effect, the individual sees his or her form surrounded by the chosen image on the computer screen. This is the technology used at TV studios for weather forecasts where a digital weather map is positioned behind the meteorologist. In a therapeutic setting, the green screen becomes a transitional space where a client can interact with symbols (Winnicott, 1953). Kavitski uses this immersive reality to encourage self-expression, new awareness and personal growth.

Kavitski (2015) guided a small group of clients through a green screen experience over multiple 45-minute sessions which resulted in an improvised short film. His clients were diagnosed with various mental illnesses including bipolar disorder, schizophrenia and schizo-affective disorder. In the first session, Kavitski introduced the film experience placing a still city skyline on the green screen behind the client for the purpose of building rapport and observing how the client interacted with the image and technology. One client suggested the skyline be replaced with a scene from a popular soap opera TV program she grew up with. In the second session, a clip from the TV show was placed behind the client, and she began to share memories and immersed herself with the TV characters she recognized. As a result of the experience, Kavintski observed her emotional states and interactions with the video

characters to understand her progress and how she was responding to her medication and treatment plan. The experience opened up other questions for future sessions. At the end of the therapy sessions, the videos were edited on the computer, screened for the clients and given to them as transitional objects (Winnicott, 1953).

Animation Narrative

Brian Austin trained as a professional artist and animator for twenty years before coming to art therapy and founding The Animation Program (TAP) (n.d.) in the United States. TAP works with vulnerable adolescents to create an animation video with the participation of an art therapist and a professional animator. Austin is a leader in using animation as therapy.

Austin (2015) was inspired to create a therapeutic animation filmmaking program as a result of his clinical interaction with a fifteen-year-old adolescent named Robert who lived in foster care and had a passion for video games. In his therapeutic sessions, Austin suggested Robert create a video game scenario using computer animation. In their first session together and as a part of the development stage, Robert created characters, an environment and simple rules for the game. This included drawing the character with colored pencils. As part of the pre-production stage, Austin determined that he would perform the computer animation tasks because of Robert's cognitive and self-regulation issues. In a first draft, Austin demonstrated to Robert a 3D image he had created of Robert's hand-drawn image which fascinated Robert. In the remaining two sessions, Robert continued to draw images on paper and Austin translated the images to digital representations as they developed a video game narrative together. Austin held therapeutic space for Robert during this process to support new awareness that presented themselves through the filmmaking process. This included the expression and grounding of emotions and translating Robert's intelligence and creativity into other life endeavors.

In TAP (Kavitski, 2018), the development stage begins with the group gathering themes and ideas. One form of brainstorming occurs when clients answer questions predetermined by the therapist

or created a story from an image made in a warm-up exercise. This process facilitates life reflection and sparks group discussion. Movie clip footage from favorite movies has also been used to free associate. A story doesn't need to be complete before production begins but can deepen the participant experience as he or she becomes comfortable with the process and the technology. Austin found that stories emerged about various topics including ethnicity, personal acceptance and inner truth. Subject matter is not censored in order to encourage dialogue, honor emotional states and understand cause and effect in life. The clients then transferred their stories into a written script form. Once developed, scripts are read aloud to the group for the purpose of editing and improving the narrative. In this process, the participants felt the emotional states of the characters to better express themselves.

In the pre-production stage, a creative storyboard process was used to demonstrate how the client imagined the visual sequence. This allowed the client to consider the story order, character backstory and alternate endings before going into the production stage. Next, the animation world and characters are modeled using software with an animator, which gives the client a sense of choice and self-expression. In addition, film education workshops provided the basics of cinematography which developed group cohesion.

In the production stage, participants chose someone in the group to read each of the character roles in their scripts. These were recorded as character dialog for the animation. Each group member provided feedback to the others, which inspired subsequent takes of the readings.

As a part of the post-production stage, the recorded audio was given to animators along with the storyboards, which they used to manifest the animated world environments and characters using a software application. After receiving instruction, the clients edited the animated scenes on a computer. If the client is not comfortable with this task, professional animators assist in implementing choices. To expand the participant's artistic perspective and growth, the animator made suggestions that may improve the aesthetic quality of film.

TAP utilized 3D modeling software that automates the animation process by choosing a starting and ending point and letting the technology determine how the character would move from between these points. This makes the technology fluid for the client and allows interested novices to undertake the animation in the project themselves.

The screening of the short film brings closure for the therapeutic experience. Participants are acknowledged for their work and given a TAP certificate along with a copy of the animation as a transitional object. Often there is a post-screening question and answer session where the client filmmaker discusses challenges and how they overcame them emphasizing "resiliency, compromise, and teamwork" (Kavitski, 2018, p. 190).

Exploring the Efficacy of Filmmaking as Therapy

Introduction

In comparing still photography to motion pictures in therapy, Kerem (2015) noted that we are only beginning to comprehend the importance of the medium of video. Despite our early understandings of the power of filmmaking as therapy, the positive results documented by creative therapists reveal the strength of this art form. As with any new art process in therapy, it will take time to collect data to confirm these encouraging outcomes. From the literature review, I have documented eight benefits of filmmaking as therapy including: supports storytelling as therapy, facilitates safe identity experimentation, increases self-confidence and personal agency, nurtures self-reflection, supports self-regulation, counters resistance to therapy, builds relationship and community, and encourages adult therapeutic play.

Supports Storytelling as Therapy

When an individual shares a story in a therapeutic context, research has demonstrated that recovery is supported (Anderson & Hiersteiner, 2008; Docherty & McColl, 2003). An increase in

motivation is observed for inner engagement in a reflective process where thoughts and events are reorganized and reframed to support the creation of positive personal meaning. Revealing what was hidden gives voice to the silence of trauma. Taking back power from abusive authorities or catastrophic events generates inner strength. For children, personal narratives can lead to greater personal awareness and the acceptance of death (Cohen & Mannarino, 2004; Scaletti & Hocking, 2010). In a filmmaking context, Anderson and Wallace (2015) observed in digital storytelling there was a "reduction in post-trauma symptoms and an improved quality of life" (p. 102). Pereira, Muench, and Lawton (2017) performed research on the effect of illness narratives on patients and found the creation of videos supported improved health outcomes. To better understand the story content that engages an audience, Chou, Hunt, Folkers, and Augustson (2011) analyzed YouTube videos of cancer survivors and determined that authenticity and emotional engagement were important elements in a therapeutic narrative.

Facilitates Safe Identity Experimentation

Filmmakers have a high cultural status because of the power of the film medium in our culture. When a client considers that they could make a film, they inherit some of the prestige that comes with this art form. This is especially powerful for individuals who have had their voices silenced.

Mosinski (as cited in Cohen, 2012) observed that society and family viewed individuals affected by trauma in a negative light, but filmmaking created a window for her clients to express their humanity, joy and pride. Brawner (1993) identified that filmmaking provided a safe space for individuals to experiment with new identities. For those individuals from disruptive family environments, filmmaking opened an imaginative space to express disruptive emotions and integrate new awareness into life experience. Austin (as cited in Cohen, 2012) observed that the imagination of clients was often poor because they lacked an environment to dream and see the resources available to them. To succeed or

fail in a supportive context brings skills, determination and motivation to explore personal life experience through film characters and roles.

Increases Self-Confidence and Personal Agency

In making short films with children diagnosed with Attention Deficit Hyperactivity Disorder, Alders (as cited in Cohen, 2012) reveals that video empowers young people to accomplish goals and create hope for the future. The technology and storytelling skills developed and the experience of personal agency increased self-confidence for life outside of the therapeutic session (Johnson & Alderson, 2008; Brawner, 1993). When young people learned filmmaking skills within a group, they developed social skills, group bonding and executive functioning skills (Kavitski, 2018). This climaxed with a celebratory screening completing the therapy experience and continuing to develop self-esteem and ego strength.

Nurtures Self-Reflection

Brawner (1993) observed that the video camera records reality without judgment and is like a mirror. Reviewing video footage and editing a film provided a safe place for clients to see and hear themselves and became a safe space for self-discovery. As a group gets to know each other, emotional distance decreases, which opened up opportunities for the therapist to create space for member sharing.

Mosinski (2015) noted that a recorded story became an externalized part of the client, which created the potential for a new perspective. Repeated viewings provided time to reframe and reintegrate a new perspective into an individual's life. Film editing was an active means to reauthor a narrative by making visual changes through cuts in the video. This supported emotional distancing for a client from a trauma narrative through the perceptual level of the technology (Mosinski as cited in Cohen, 2012). Visual changes to the narrative had the client observing new ways to reframe the story by

adding or taking away elements. These changes triggered a new story with questions and conversations that emerge from new client awareness (Karem, 2015; Johnson, 2008). Out of a story that the client once avoided came a new narrative of resilience which was "the foundation of numerous treatment processes and goals that target trauma recovery, ego control, behavioral changes, and mastery for clients in art therapy" (Carlton, 2014, p. 121). Austin (as cited in Cohen, 2012) found clients learned about cause and effect by taking responsibility for the story content and their narrative selections.

Supports Self-Regulation

Austin (2015) identified that video gaming and media consumption provided a way to temporarily manage feelings of being out of control. He determined that his client Robert used video games as a defense mechanism to control reality and avoid overwhelming emotions. By Austin using video game animation as a bridge, Robert was able to gradually approach his feelings. Austin observed that talk therapy can be more challenging with certain populations without a mediator like art. The symbolic sublimation of emotion through filmmaking helped the client avoid working out emotions in destructive ways.

Mosinski (2015) discovered that the video production process inherently supported titration as a means to work with emotional distance and activation. Practically, asking the client if the camera can be turned on and off disrupted strong emotions and brought the filmmaker back to present reality where he or she could not be harmed from past trauma. Brawner (1993) found using the film language of 'action' for the camera to record and 'cut' to stop the camera as an effective way to consciously interrupt difficult emotions as well. When footage was reviewed, reflective distance increased for the client to see the situation in a new way and develop a new perception of self.

Kerem (2015) observed that the video editing process organized and reframed problematic story elements. The moving picture and sound moved confusion outside of the individual. New choices brought forth a coherent narrative and order to the client's inner world.

Once a project is complete, the film as a transitional object was reflected upon to support the individual into the future. Kavitski (2015) documented that his client found that the film was a defense that brought back awareness of personal strength and inner growth when she felt she was regressing. As a filmmaker, I have experienced the power of my films where positive memories are triggered which bring positive feelings of connectedness and personal voice.

Counters Resistance to Therapy

Alders (as cited in Cohen, 2012) observed that resistance to therapy decreased for clients because the video product was culturally relevant, engaging and fun. In addition, the filmmaking experience focused, motivated and reduced stigma about therapy. Brawner (1993) experienced how interventions turned into long-term, motivational projects with the therapist as film director guiding the client actors. Johnson (2008) observed that personal content naturally emerged when clients made short films, which became an incentive for conversation. Kavitski (2015) noted that the filmmaking process was unique, creative and resulted in clients opening up discussion about mental health concerns. He found that the images projected on a green screen brought a breath of originality and became enjoyable and fun. Austin (2015) found in his work with Robert that the connection with video games became critical to Robert's engagement in treatment.

Builds Relationship and Community

Filmmaking is a naturally collaborative and relational art process because complexity demands coordination and sharing of creative tasks. Team effort is inspiring for group membership and belonging. A therapeutic film set becomes like a family with participants looking out for each other (Brawner, 1993). Film as a transitional object holds experience and meaning for the client and provides a therapeutic collaboration that would take a longer time to develop with other approaches (Alders et al., 2011).

Encourages Adult Therapeutic Play

Filmmaking is acceptable and motivational play for adults. Self-structured, creative activity is the foundation of the filmmaking context created by the client, which becomes a safe and strong container to find spaciousness, enjoyment and receive personal discoveries.

Kerem (2015) observed video editing was like a Winnicott play space. The timeline in the editing software became like adult building blocks that were aesthetically pleasing to arrange in a thought-provoking manner. In the process of filmmaking as play, Johnson (2008) noted that humor and laughter is a natural outcome. Kavitski (2015) found that using a green screen video effect provided the client interaction within a digital playground, which was a transitional space to engage personal symbols and character roles. Austin (2015) discovered that the computer screen became a transitional space for Robert. As Robert's animation developed, curiosity replaced anxiety, which facilitated a safe place to cognitively explore feelings.

Method

Research Design Overview

Filmmaking is relatively new to creative therapies, therefore, as with any new discipline, theory emerges from practitioner work in the form of books and academic research (Cohen, Johnson & Orr, 2015). Reviewing the literature, I found case studies about the efficacy of filmmaking as therapy, but no conceptual framework. As a result, techniques, approaches and terminology have not yet been well established. In this context, grounded theory is an effective approach to researching filmmaking therapy.

Kapitan (2017) identifies grounded theory as a structure to organize practitioner experience into models that provide a foundation from which to grow a subject area of study. This approach is most useful in a space where high-level perspectives are not fully formed. Each participant in my literature review is an innovator who has applied a background of compassionate filmmaking to their therapeutic practices. New entrants into this field begin from the ground up integrating their own experiences innovating filmmaking interventions. As a result, each brings originality and a new perspective which allows the comparison of similarities and differences through independent experience and research.

In my practicum, I have reflected on my work as a filmmaker along with my videomaking interventions in my educational practicum. I wanted to understand the mechanisms at play that produce personal awareness and growth within the therapeutic experience. Kapitan (2017) refers to this approach as hermeneutic research which “is primarily concerned with the subjective experience of individuals and groups as unveiled and interpreted through the ‘texts’ of that experience” (p. 197). The ‘text’ in this context is the experience of clients interacting with the filmmaking process as therapy. As a student art therapist, I have reflected on the art mediums in the filmmaking process and have documented my subjective observations and interpretations of this novel therapy. The data has allowed me to iteratively interpret and grow my understanding of what the film process brings to the client.

Hermeneutic research can be seen as a spiral where new understandings and knowledge builds on previous understandings creating an upward, incremental momentum.

In my client practicum sessions, I used a number of therapeutic approaches including person-centered therapy, trauma-informed therapy, narrative therapy and a somatic experience therapy called focusing. I will describe each to provide a context for my data collection.

A person-centered approach uses a nondirective, empathetic presence for the client to feel safe and find motivation to create and reflect on presenting emotional issues. A person-centered approach facilitated a therapeutic experience that was guided by client needs and awareness.

My education and practicum sessions have been trauma-informed to support client healing. Richardson (2016) indicates that the first two of the four phases of healing from trauma revolves around understanding the client's world and creating the safety and resources required to manage emotions. Many of my clients had experienced complex trauma, therefore resourcing and identifying art interventions that could hold client emotions was important to ensure the client was not retraumatized.

I have applied narrative therapy in my sessions because it is a natural fit with filmmaking through the focus on story (Johnson, 2007). Narrative therapy is a psychotherapeutic approach developed in the 1970s and 1980s by Michael White and David Epston (White, 2007). They discovered that when a client externalized a problem, he or she could achieve greater objective distance, which created a healthier relationship with the issue. A narrative therapy approach was used to explore client stories of personal capacity and resilience from the past in order to reauthor a story of hope.

Focusing is a body-centered, mindful experience that develops a healthy self-identification and release of emotions (Wallace, 2019). This method of somatic experiencing was an important component of sessions for the client to observe body experience, which opened up the sensory level of the ETC. Most clients enter the filmmaking art process at a cognitive level, therefore focusing provided an

alternate entry point to the participant experience. A mindfulness approach also provides ritual to enter the therapeutic space and ground experiences from the week brought into the session.

Having been an independent filmmaker for over twenty years, I have used group collaboration as a natural method of working with others. As a result, where it would benefit the client, I participated as a third hand (Kramer, 1986) to support the completion of technical tasks to reduce task complexity and increase personal expression.

Study Participants

Primary data comes from clinical observations of an intelligent and sensitive client named Brian, which is a fictional name. He was a middle-aged man of a visible ethnic minority who was adopted as an infant to a nurturing mother and father. As a shield for his strong and tender feelings, Brian became increasingly aggressive and violent defending himself throughout his school years. His love of music and talent led him to becoming involved in musical groups after high school along with a greater exposure to illegal drugs. Involving himself in criminal activities, Brian was eventually prosecuted for his crimes and went to prison for over a decade. While incarcerated, he had a transformative spiritual experience that led him to identify as a Christian. As a result of past trauma, Brian has been diagnosed with Post Traumatic Stress Disorder (PTSD) manifesting in violent behaviours, mood problems and suicidal ideation. He is energetic, curious and creative and this supported his commitment to express and understand his strong feelings using art therapy. I received consent from Brian to use information from our sessions in this thesis after the completion of our work together.

Secondary data is based on observations of my experience with clients in my practicum in educational and health care contexts. Clients in educational environments included in-person, individual and group sessions with a total of twelve students between the ages of 12 and 19 at three different public-school programs. Students included both male, female and transgender students who were of Canadian-European descent, Indigenous origin, and recent immigrants of a variety of ethnicities. Data

from clients in health care included four on-line groups and one set of individual sessions with adult patients. Participants were both male and female and of Canadian-European ethnicity. Because I do not have consent from these clients, I will focus on observations of my experience using filmmaking therapy with them.

Participant Recruitment

A leader of an organization, who supported the integration of people from prisons back into the community, recommended I work with Brian on his first parole release from a Canadian federal correctional institution. I began making a therapeutic fictional short film with Brian at a residential treatment center before he went back to prison. Two years later on his second parole release, Brian approached me to create a documentary centering on a reunion with his biological mother. Brian had never met his biological mother, but he had an investigator seeking contact with her. As I began my art therapy practicum, I suggested guiding Brian to create his own therapeutic documentary. Looking for a supportive therapeutic connection in this new stage of his life outside of prison, he agreed.

Clients from secondary data were found through canvasing public school and health care organizations who were interested providing their students and patients with an art therapy experience.

Data Collection

Within a hermeneutic perspective, my primary data are detailed notes from client sessions observing the filmmaking artifacts and efficacy of the filmmaking process for Brian. He and I worked together from March 2019 to February 2020 with a break in the summer of 2019. Our two-hour art therapy sessions occurred weekly. Each meeting followed a consistent agenda of an art-based check-in process, a guided mindfulness experience, traditional or film artmaking, reflection on the art created and closure. Documentary filmmaking interventions included storytelling, stop-motion animation and

video editing. Physical art therapy interventions included drawings or paintings on various sizes of paper.

Secondary data is based on observations and notes from my personal experience with practicum clients. My sessions with students in educational environments occurred between November 2018 and December 2020. Data from patients in health care settings was gathered between July and December 2020.

Analysis

Data analysis was performed through the interpretation of notes I had taken following each client session. I observed the filmmaking intervention and client experience in each session using an inductive approach where I reviewed my data looking for patterns and relationships to create categories. Within these groupings, I developed explanations and conclusions that contributed to filmmaking therapy theory. I referenced the related literature comparing and contrasting what I discovered in my findings. Writing was an iterative process beginning with the literature review, moving into the case study and then creating theory over many drafts. Primary data is documented at a detailed level in the form of a case study focusing on Brian with his permission. Secondary data focuses on my other practicum clients and is summarized from the perspective of my experience in order to ethically use the information. Grounded theory was generated from both primary and secondary data.

Results

Case Study

In my first practicum art therapy session with Brian, I showed him examples of personal documentaries that filmmakers had made without a therapist for the purpose of self-discovery and healing. In these visual stories, a traumatic incident, family secret, or unresolved emotional injury from youth is explored through interviews, images, animation and reflective narrated footage (Arthur, 2007). Brian left our meeting inspired to create his own non-fictional film.

In our second session, I used a technique from Johnson (2018) that would become the basis of Brian's film story. He brainstormed ideas and themes and I wrote them on sticky notes to create a script outline. He listed daily routines like practicing guitar, exercising, learning, working and attending church to visually reveal his everyday life. He wanted to interview influential people in his film including his adopted mother, an old girlfriend, his psychiatrist and a roommate friend. This would climax in the meeting of his birth mother and a conversation with her. One theme he wanted to explore in the film was understanding difficult emotions for the purpose of better controlling his feelings. Another purpose of the film was to illustrate to vulnerable young people "my mistakes and make a roadmap" of hope for them.

In speaking to my clinical supervisor, we discussed the ethics of going outside the therapy room to interview others and it was decided it would be best for Brian and myself if we kept the documentary between the two of us and in a consistent location. This would provide a safe place to support our growth, Brian transitioning into the community and myself developing as an art therapist. Being a practicum student, this approach would reduce potential ethical conflicts and the many unknowns in working with a client with complex trauma. In response to this, I began researching the ethics and opportunities of filmmaking therapy outside the therapy room, which appears in the section titled Discovering Therapy Beyond the Therapy Room. One outcome of this experience is that it helped me to

better understand that the primary purpose of a therapeutic documentary, which is to use the process to benefit the client in a healing process with or without a final video product.

In our next session, we started the production stage deciding that an interview would be a good place to begin. This would create a foundation to understand influential events that Brian understood to define his life. He decided to start his first interview with the following account:

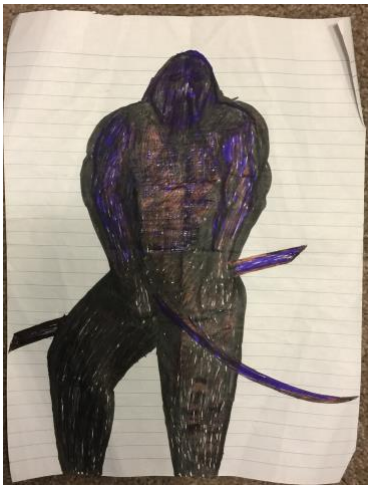
> *When I was a kid, I didn't even know I was adopted or I was different than anybody else until I went to kindergarten and then this young kid in my class started calling me a [racially derogatory word], and I had no idea what that word meant, but I knew I didn't like it and the way it made me feel and the look on his face, so [in the sandbox] I proceeded to stuff sand into his mouth and got into trouble*

Two archetypal characters emerged in reflecting on these interviews: the protector and the enforcer. Brian realized that the enforcer emerged for the first time in the sandbox when he used force to protect sensitive feelings. Using a narrative therapy approach, we examined how these two roles operated, emphasizing positive stories of resilience throughout his interviews. Many incidents emerged where the protector cared for self or another vulnerable individual.

Brian went home from the video interview and on his own initiative drew how he imagined the enforcer to look. As displayed in Figure 4, the enforcer is a cloaked ninja character with a sword. When overwhelmed by sensitive feelings, the enforcer emerged to fight with lethal force to resolve problems. The protector is the empathetic peacekeeper who brought justice and moderation. I asked Brian to improvise what the protector might say to the enforcer. He said, "You're not in control of me. You lead to destruction." The enforcer had been strengthened through years of self-protection. Brian was afraid that the enforcer risked sending him back to prison, but the enforcer was not worried or mindful. Brian indicated that the awareness he was having in our sessions were new and helpful in seeing himself.

Figure 4

The Enforcer



Note: An archetypal image of a cloaked ninja character with a sword called the enforcer that emerges when Brian was overwhelmed by sensitive feeling. He would then fight with lethal force to resolve problems. Medium: Pen marker on loose leaf paper.

Before the next session, I identified interview video clips that we would edit together as part of the post-production stage. I reviewed and prepared the footage before the session to ensure the experience was focused. In our working together, Brian directed as I implemented his editing decisions, culling the interview down to the core story that expressed the essence of what Brian wanted to say. He recalled that his adopted parents often asked him, “Why do you feel things so much?” We explored how his “super-sensitive” part developed the protector and how this attribute supported Brian being a loyal friend. Because of trauma experiences, the enforcer came to rescue him when life became overwhelming and ceased to matter in the face of inner pain. We discussed trauma triggers and how “punching out”, “destroy[ing his] opponent” and creating a “pre-emptive strike” temporarily submerged his unconscious, emotional suffering.

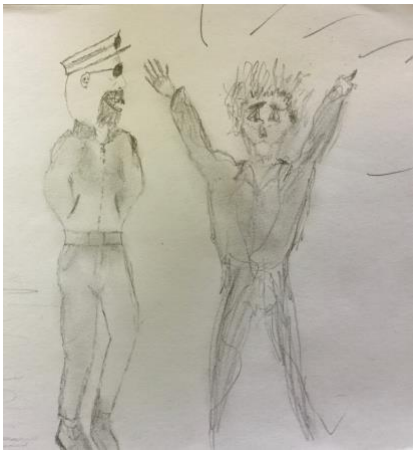
Brian experienced isolation as a youth when his parents and teachers did not believe him or when he became a scapegoat for others’ problems. Viewing the edited interview further, I asked him to consider metaphors for his feelings. What emerged for him was the image of a chicken being pecked at

by other chickens who were physically different. We looked for footage of this metaphor on the Internet to repurpose and edit into his interview. Watching Brian's interview juxtaposed with video footage of two white farmers discussing bullied chickens brought us to laughter.

Brian would often come to sessions angry and ruminating about a rooming house resident who created an unhealthy environment. Both the enforcer and the protector were activated, so our sessions often began with Brian sharing his frustrations about this individual. I quickly discovered that filmmaking interventions could not contain the strong experiences he was feeling from his week. Seeing the pattern, I began using physical art-based therapy interventions that could more immediately express Brian's feelings. Pencil on paper became Brian's preferred traditional medium to quickly externalize emotions. Figure 5 shows the protector who is portrayed as a police officer confronting Brian's out of control housemate. The image of the officer was based on Brian's father whom Brian respected and loved. The officer was the image of the archetypal father and protector.

Figure 5

The Protector



Note: An archetypal image of the father and protector in the form of a police officer confronting Brian's out of control rooming house resident. Medium: Pencil on 9" x 12" paper white paper.

With other practicum clients, who had experienced the effects of complex trauma in the form of strong emotional disruptions, I discerned that filmmaking was too distanced to hold their immediate feelings. I observed that verbal storytelling or drawing using a pencil and paper directly supported the clients using symbols, images and words to express inner turmoil. This led them to share information used to support immediate well-being. The benefits of using a variety of creative mediums were evidenced though observations in my session notes and speaking with client supervisors.

To help Brian engage his body and physical senses, I introduced him to focusing to ground his feelings in the present moment using felt senses his body. In our first session with this technique, he colored a body map illustrated in Figure 6. One element that stood out to Brian was his black heart, which he called an empty hole related to years of repressing his feelings in prison and the attachment loss in not knowing his birth mother. He was amazed by the power of this simple art experience to externalize his feelings.

Figure 6

Body Map

Note: Created by Brian as part of a focusing session demonstrating feelings in his body from his personal experiences. Medium: Pencil crayon on 9” x 12” paper white paper.

As our sessions continued, Brian became fearful and stressed as a result of the turmoil in his living situation. As a result, we focused more on traditional art and less on documentary filmmaking. Brian broke a parole condition and was sent back to a correctional institution after our eight Spring sessions.

When Brian was released in Fall 2019, he returned for a new set of art therapy sessions. I observed a positive change in his life choices and perspective. This change manifested in greater boundaries in relationships and a greater desire to find a life partner. A significant alteration in the film story was that the investigative lead in finding his birth mom had disappeared. Brian was disappointed, but quickly recovered which he reflected in a new theme for the documentary: “to find balance and to feel safe”. These changes indicated that the documentary and the art therapy process were an important container that were supporting new awareness.

To restart the development stage, we brainstormed a new set of scenes he would create. Based on my knowledge of his interview footage, we reviewed historical highlights from Brian’s interviews. I followed the arc of the classic three act structure of the Hero’s Journey in structuring the scenes (Brawner, 1993). Act 1 focused on his early life with his parents. Act 2 had him leave home and becoming involved in crime. Act 3 focused on his spiritual conversion experience in prison and the changes in his life to this day. We brainstormed art mediums he could use to realize his vision: music, photos, interviews, animation, drama, personal video footage, journaling and poetry. He selected his sandbox story from his first interview to begin this new set of sessions. He decided he would use a stop-motion animation video to express this.

Stop-motion animation engages the body through movement. Creating a film set and moving the characters and objects within the animation set activates sensory and kinesthetic levels of the ETC. My therapy objective for Brian was to create a physical play space as respite from the anxiety he continued to face and to move him out of fear and into his body. He designed, created and cut out

characters and objects placing them on a blue background. Next, he found a way to attach the limbs using wire so they were moveable. When production day arrived, he moved the character arms and the sand beads and I operated the camera to create a short animation. Figure 7 are photographs from the process.

Figure 7

Stop Motion Animation Set

Note: The elements of a stop-motion animation for Brian's documentary. Medium: Pencil crayon on paper with wire, beads and glue.

When not working on his animation, Brian moved from using pencils on small sheets of paper to painting on larger surfaces to express his big feelings. Childhood and his adopted father were reoccurring subjects in his art using the natural surroundings of his home in the form of water, trees and an island that is illustrated in Figure 8. He verbalized that this image represented his desire for safety and containment in his current living condition.

Figure 8

Safe Place

Note: A painting Brian created to hold his big feelings in a safe way. Medium: Acrylic paint on 36” x 48” white paper.

Strong identities for Brian were contained in his spirituality and music making. He credits his religious faith as rescuing him during his lowest point in prison and music as an important outlet for his thoughts and feelings. I was aware of these two components and supported him in the inclusion of these identity elements in his art, the documentary and our conversations.

With short notice, Brian paused therapy sessions due to new work opportunities. This was before the outbreak of the COVID-19 virus in the Spring of 2020. We have not met since and he did not complete his video. It stays in progress like his life. Filmmaking therapy is about a process.

Discussion

Filmmaking as a Transformational Art Container

Filmmaking provided clients with an inspiring experience in which they found high levels of self-motivation. During parole, Brian consistently attended his sessions over the sixteen sessions we met. With adolescent clients, I found that while they would not regularly attend school classes, they would make filmmaking therapy sessions a priority even when they felt overwhelmed in their lives.

One reason clients consistently attended sessions was related to the inspiring and self-regulating nature of the filmmaking process. Because of the complexity and time required to complete a video, a structure was needed so clients were not overwhelmed. Instead of finding a short film intimidating and onerous to create, I found clients quickly regulated themselves and invested in this repository of self-expression. To introduce the process, I developed an outline of how to make a video to assist them in understanding what was involved and to maintain perspective and vision. While at a health care practicum using a digital storytelling process, I developed the filmmaking map found in Figure 9. I modified commercial filmmaking terminology into words that described the action involved with ordinary terms. ‘Development’ became ‘Writing’. ‘Pre-Production’ changed to the main action of ‘Storyboarding’. ‘Production’ was adapted to the verb ‘Producing’. ‘Post-Production’ was altered to the main task of ‘Editing’. ‘Distribution’ was modified to the event of ‘Screening’.

Figure 9

Map of the Filmmaking Process

Note: Filmmaking process adapted to a digital storytelling intervention for a health care client. Created by Bevan Klassen.

Despite the importance of a staged structure to manage the complexity of film projects, I found it important to be flexible to a story telling approach that uniquely motivated each client. Some clients were verbal and gravitated toward writing their story or speaking an improvised narrative in the writing stage. Others were visual or auditory and needed images or sounds that they discovered in the storyboarding, producing or editing stages. Kinesthetic or tactile oriented individuals needed a physical somatic experience so acting and movement were important expressive elements. I noticed that the development of a story was a process that iteratively developed throughout filmmaking.

Note that the five expressive art therapy categories of word, image, sound, movement and acting documented by Knill, Barba, & Knill (2004) all exist in the creation of a video. This illustrates the breadth of filmmaking as a multimodal art process.

Because a completed film is not the main objective of filmmaking therapy, I had the freedom to jump with a client into any stage of the filmmaking process and find an intervention within it. For example, some clients enjoyed entering their imagination through storytelling which is found in the writing stage. Other clients connected with choosing or creating visual images as a part of self-

expression. This activity existed in the storyboarding and producing stages. Others wanted to explore and play roles through acting which is contained in the producing stage. One intervention related to the editing stage is experimenting with photos, videos and sounds in a video editing application using a stock media library. Again, whether or not a client created a finished video is not important. What I learned is that the filmmaking process is a framework that holds creative interventions to inspire both the client and therapist.

The container of the video artmaking process provided a safe space for adult play and transformation. In this liminal space, the inner critic, the harsh voice of personal judgement, was quieted which provided a context to reauthor self-perception. Many clients experienced feelings of low self-worth in their lives, but when they saw their creativity and intelligence displayed in a video, they became curious and patient which developed a strengthened self-identity.

Filmmaking as Therapy using the ETC

Therapeutic filmmaking draws from a series of commercial art processes that includes storytelling, drama, movement, photography and music. This medley of physical and digital art mediums presents a unique clinical art process for a media friendly generation. Filmmaking is a resistive, highly structured, multi-step, technology-driven process that provides a collection of art interventions that naturally support client ownership, self-regulation and identity experimentation. Each filmmaking activity builds on the previous one generating anticipation and achievement. In this process, symbols emerge and visceral sensations reveal the emotions through remembering the past and holding memories within the digital story. As a result, the filmmaking process within the context of a clinical treatment plan creates a powerful transitional object (Johnson, 2018; Ehinger, 2015; Kavitski, 2015). The ETC is a clinical approach to identifying filmmaking interventions required to meet the client's needs and goals.

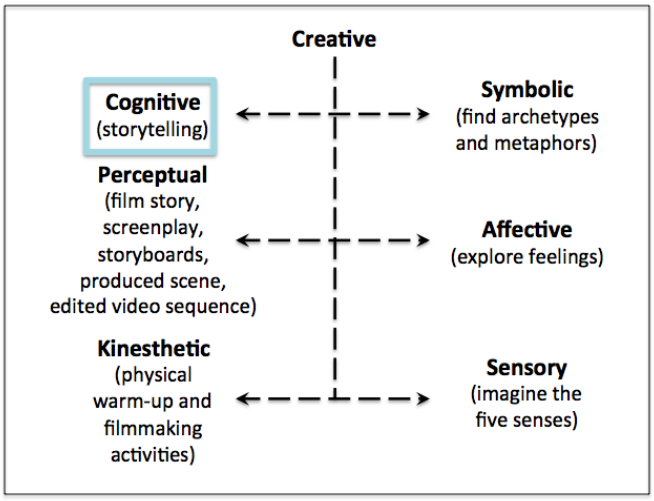
Each client will have their own distinct entry point into the creative process and discover a digital story in their own way. The power of the ETC is that different filmmaking interventions in each of the five stages of the filmmaking process can be tuned to focus on different ETC Levels for a client to realize their story.

Cognitive

Storytelling is the foundation of filmmaking and corresponds with the ETC cognitive level as illustrated in Figure 11. This was Brian's preferred level of artistic engagement which I also found to be a common, safe entry point for my other practicum clients. It is often favored because it is a natural means of communication people use to express personal identity and voice. Stories are shaped by the awareness of the storyteller and he or she can control emotional distance with the narrative based on what is shared. Entering a session, I could see the energy released in stories Brian recalled from his week. He carried heavy emotional loads compounded by repetitive trauma. Moving into art interventions, Brian told film stories about his homes, relationships and search for belonging and meaning in thoughtful and expressive ways.

Figure 11

Cognitive Level of the Expressive Therapies Continuum (ETC) Applied to Filmmaking



Note. Storytelling at the cognitive level of the ETC was Brian's preferred level of artistic engagement and is favored by many people because of its natural expression of personal identity and choice. Adapted from Hinz, Riccardi and Meter, 2019.

Story in the context of Narrative Therapy was a powerful container in its ability to naturally engage the client's life past, present and future. A personal story externalized an improvised and distinct expression for Brian and other practicum client videos. Their choices in consciously selecting words, images and sounds built personal agency and the foundation for reorganizing life perspectives. Stories were reframed breaking old unconscious patterns. For Brian, narrative was a device to become aware of the roles he played in the form of the protector and enforcer and this provided support in increasing his conscious choices. Resilience and awareness became important elements in the storytelling process.

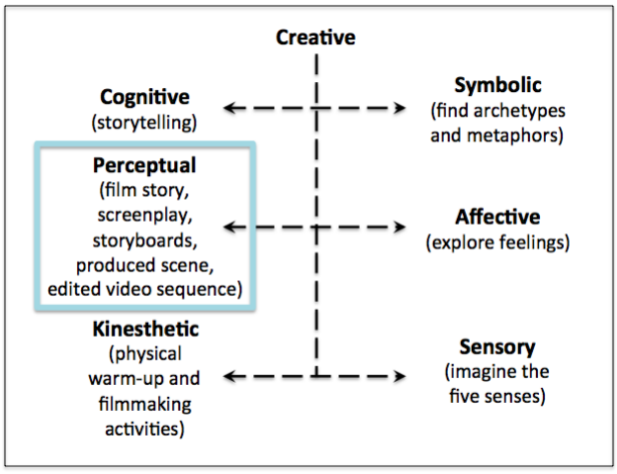
Perceptual

The filmmaking mediums became perceptual containers holding the contents of a client's therapeutic journey. Mosinski (2015) observed that filmmaking projects "served as an organizing factor that helped clients shift from emotional content into structural elements of the videos" (p. 140). Filmmaking containers include short stories, screenplays, storyboards/comics, produced scenes and

edited video sequences. Figure 12 illustrates the position of the Perceptual Level where structures externalize and honour a client's narrative. Each film artifact builds on its predecessor developing layers of meaning for the creator. A short story or an improvised interview holds descriptions of characters, settings, motivations, obstacles and actions for a motion picture. The screenplay or a scene outline organizes the story by highlighting symbolic objects and sensory descriptions to further focus the client as film director. Creating pictures in a storyboard manifests the words and ideas as carefully chosen images and sounds. In preparing for the creation of a scene from a storyboard, the creator finds characters, objects and sounds that fit his or her vision. All of these elements are held together through a process which culminates in the creation of the scene, which is an empowering experience.

Figure 12

Perceptual Level of the Expressive Therapies Continuum (ETC) Applied to Filmmaking



Note. The perceptual level of the ETC are the filmmaking containers that hold the content of the client's journey. Adapted from Hinz, Riccardi and Meter, 2019.

In groups where individuals were struggling to find their story, I found the perceptual container of the filmmaking process could hold the uncertainty of not knowing what to create. The therapy space held this anxiety and restlessness and created an opportunity to discuss concerns. The client could then

experiment in relaxing control as I encouraged participants to be curious and compassionate with themselves. Therapy translated into patience and being present with what was transpiring in life. When the story emerged, the dam broke and inspiration and motivation flowed into the reservoir of the video.

There is a natural inclination for some clients to over-distance from their experiences and "live in their head" using old ideas or worn-out stories, which separates them from what is currently happening in their life. Initially, unoriginal or cliché material can be a good place for a client to test and ensure the therapist and the art medium can hold his or her vulnerability and emotions. Improvisation, free association and experimentation are important perceptual tools in this process because they contain permission and encouragement for the client to move into dynamic discovery of what they need.

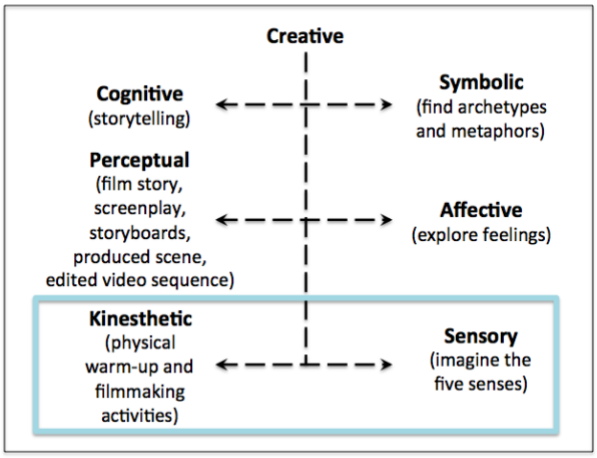
Kinesthetic and Sensory Levels

Kinesthetic and sensory levels create movement and activate the senses in the bodies of clients to move awareness into the current moment within the therapy room. These levels are illustrated in Figure 13. Kinesthetic and sensory experiences in filmmaking depend on the specific stage of the process. In production, the experience of the client choreographing movement with the video camera or physically creating the elements on a film set is a physical kinesthetic and sensory experience. In post-production, a film editor intuitively senses movement within his or her body which is interpreted by a cognitive process and results in the altering the length of one or more video clips or tempo of the audio.

The sensory level of video is directly activated as an interior sensory experience through sight and sound and indirectly accessing touch, taste and smell through the imagination. Processing the kinesthetic information in a video through the senses creates an internal perception of an embodied movement in the images and sounds.

Figure 13

Kinesthetic and Sensory Levels of the Expressive Therapies Continuum (ETC) Applied to Filmmaking



Note. Because the creation of digital artifacts exist virtually in the client's mind, awareness and creativity are required to embody the kinesthetic and sensory levels of the ETC. Adapted from Hinz, Riccardi and Meter, 2019.

As the client filmmaker creates each media component, they draw from their physical sensory recollections and intuitively choose images and sounds with the appropriate colour, texture and shade values. Because video is multisensory, layers of physical experience of seeing and hearing are created. Because video consists of a sequential stream of images and sounds, the creator and audience process a changing flow of sensory information which is processed by the other ETC Levels. In video editing software, the client film editor chooses different clips and juxtaposes one with another. If there is a sensory resonance, the creator continues to the next clip. Otherwise, discerning any dissonance as a felt sense, adjustments are made by replacing the clip with one that is more appropriate or adjusting brightness, contrast, saturation, hue, temperature or tint levels of the image or sound.

Video editing software contains a number of tools to adjust the kinesthetic experience for the audience. The first tool is video speed. The pace of a physical body moving forward on the ground has a consistent appearance which can be modified in video by reducing or increasing the speed. Watching a motion picture speed up or slow down changes our internal experience of an observed phenomena.

Slow motion creates a sense of time standing still and often stylistically heightens audience experience. For example, a hero walking away from an explosion or a fight in slow motion generates a feeling of timelessness in the body and an associated emotion. Fast motion creates unusual frantic energy and the feeling is that our body is accelerating in time. Increased film speed can be interpreted as comedic or thrilling depending on the context. The second tool in video to modify kinesthetic experience is the length of a single video clip or a series of clips in a sequence. This visual and auditory rhythm is translated from sensory information into the perception of body change, time slowing down or speeding up in the body. The client film editor can modify their kinesthetic experience by shortening or lengthening video clips to decrease or increase momentum. Sound effects and music mood assist this. For example, in a film montage, a quick series of related video or image clips with a theme, can be used to quickly reveal information over time about video subjects. The amount of time an audience member has to process each clip is limited. As a result, a fast pace of movement in this embodied experience is perceived by the viewer.

Warm-up and check-in exercises at the beginning of a session are good opportunities to include body movement and to engage the senses. Check-in exercises can include a variety of art therapy activities. In one photo therapy check-in, I would guide an individual client to select an image from a group of photographs to imagine and engage their physical senses to experience phenomenologically and then to tell a story. I asked them, what do you see, hear, smell, taste and feel? The photograph supports clients to experience symbols that hold sensory information that leads to an emotion which is externalized by the photo therapy experience. Using a drama therapy group warm-up, I asked the first participant to use a physical gesture along with a verbal sound to express how he or she is feeling today. For example, if a client was feeling excited coming into a session, the participant may wave arms and voice, 'Weeee!' The movement and vocalization are imitated by the other group members, which affirms the participant. The next person in the group creates their own expression and the game

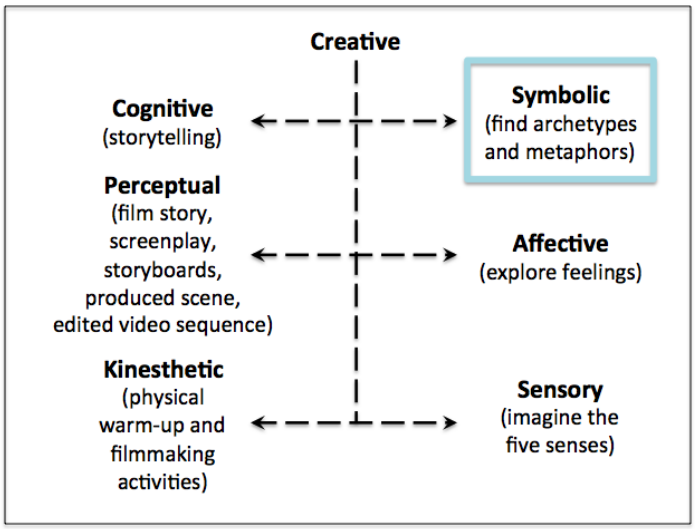
continues until all participants have had an opportunity to act. The spontaneity with the body and voice helps clients embody their experience moving out of self-consciousness states.

Symbolic

The ETC Symbolic Layer is illustrated in Figure 14 where archetypes and metaphors offer gateways to a multi-layered art experience. By discriminating between the inner archetypal roles of the protector and the enforcer using drawn images, Brian externalized the parts of himself that wanted justice or vengeance. The Protector felt the need to bring equality that joined with others in solidarity. The Enforcer's uncontrolled retribution created momentary exhilaration followed by waves of regret and fear. In addition, the metaphor image of the chicken being picked on by the others provided a visual to a feeling Brian has known all his life. For other clients, video games delivered a pre-imagined virtual world that could be used as a backdrop to access symbols and an ethnic connection. Story symbols held great power to bring awareness to what was previously unconscious and unspoken. Austin (2015) demonstrated that archetypal video game characters could provide a therapeutic foundation for moving into a film story. Another creative precedent in popular culture is called a "fan film" where amateur filmmakers, inspired by a Hollywood movie or TV show, use inexpensive video equipment and self-made costumes to tell their own stories (Graham, 2010).

Figure 14

Symbolic Level of the Expressive Therapies Continuum (ETC) Applied to Filmmaking



Note. The symbolic component of the ETC include archetypes and metaphors which open deeper gateways to a multi-layered art experience and move toward the affective level. Adapted from Hinz, Riccardi and Meter, 2019.

To use high status elements from the client's culture provides a healthy way to encourage identity experimentation. Movies and music are central in defining individuality today. Brian had friends in the film industry who, when he shared that he was creating a personal documentary, commented that Brian's life was a natural fit for this medium. Filmmaking is a high-status medium that endows the filmmaker with immediate identity elevation regardless of how professional their product might be. The role of filmmaker is an honoured title that facilitates and encourages adult play while developing social skills in the context of relationship and identity building.

The hero's journey is a powerful symbolic pattern in human culture that provides a dramatic, positive and transcendent reference point for the client's story (Campbell & Moyers, 2011). This story framework starts in the ordinary world within a status quo. A story moment or inciting incident thrusts

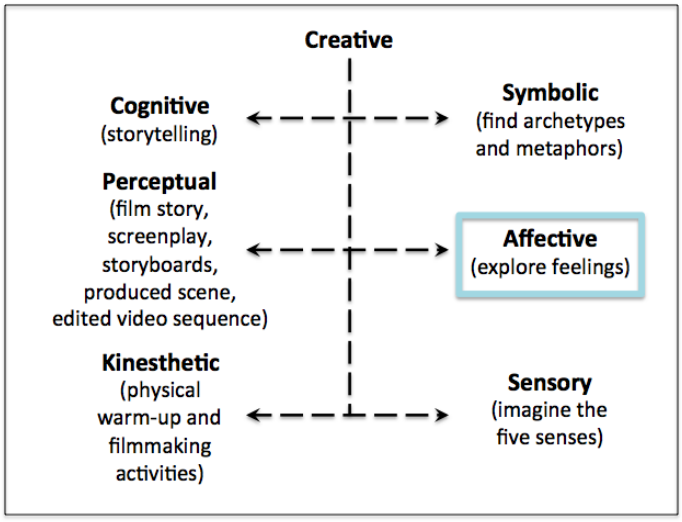
the protagonist into an initiation experience that exists to have the hero confront an interior or exterior dragon. Through a struggle against increasing obstacles setup by the antagonist, the hero prevails and finds a wisdom that creates a new sense of order and stability. The stage is set for a new journey to continue. With Brian, I used the arc of Hero's Journey to help him see how his story moved from order to chaos to reorder. What emerged was an understanding that his story is part of a process of growth.

Affective

When we watch a movie, the carefully planned elements unconsciously evoke memories held in the mind and body. Emotions like joy, surprise, fear, sadness, disgust and anger emerge revealing a psychological interaction. I found that practicum clients blocked emotions as a result of difficult experiences and were fearful of being retraumatized or out of control. One power of filmmaking in trauma work is its ability titrate, move in and out of emotionally activating states to safely explore feelings. My research has shown that the filmmaking process is naturally resistive and oriented to the external world accessing the cognitive, perceptual and kinesthetic components before the inner symbolic, sensory and affective realms enrich the experience. The immersive and planned combination of sound and image gradually accumulate feelings that evoke emotional experiences.

Figure 15

Affective component of the Expressive Therapies Continuum (ETC) Applied to Filmmaking



Note. The filmmaking process is naturally resistive and oriented to the external world accessing the cognitive, perceptual and kinesthetic components then the inner realms of the symbolic, sensory and affective levels to enrich the creative experience. Adapted from Hinz, Riccardi and Meter, 2019.

One of Brian's goals was to control his emotions. The filmmaking experience assisted him in experiencing this regulation in a measured way. He was surprised how emotionally balanced he was in telling his story. As he became aware of the technology recording him, I could see him performing and holding himself back. Slowly he let go of the camera and began to open and immerse himself in the deeper feelings of his experience. If Brian felt the memories were too strong, I could ask a new question, and this would distance him from what he was not ready to confront. Brawner (1996) observed this in fictional filmmaking with vulnerable youth where the directive of 'cut' during filming naturally distanced clients from their roles. The film medium allows the therapist to move in and out of affect to create a safe yet self-reflective space.

This process of titration to support a client to move in and out of emotionally activated states supports self-regulation and self-reflection that continues throughout the filmmaking process. After

Brian improvised his interview, the editing of the video allowed him to objectively witness himself while moving unneeded footage of his experience into the editing trash bin. Stop-motion animation as a re-enactment was powerful for Brian to reframe an inciting trauma incident that plagued him. This emotionally distanced experience allowed him to reframed this as the "origin story of the enforcer". This kind of language takes back power to know that the enforcer is created and under Brian's control. The stop-motion animation intervention further distanced Brian accessing the kinesthetic level through cutting, gluing and moving characters within a physically created set. This provided emotional rest from the weekly turmoil, which he related at the beginning of sessions as he ruminated on negative stories of his living situation and strong emotions of anxiety and fear. By creating a physical animation, which is a perceptual level activity by design, Brian entered a safe space to play, engaging his body through dynamic, tactile activities. Through Brian's reconciliation with his sensitive past experiences, he learned to experience resiliency that he could apply to his post-incarceration situation.

Creative

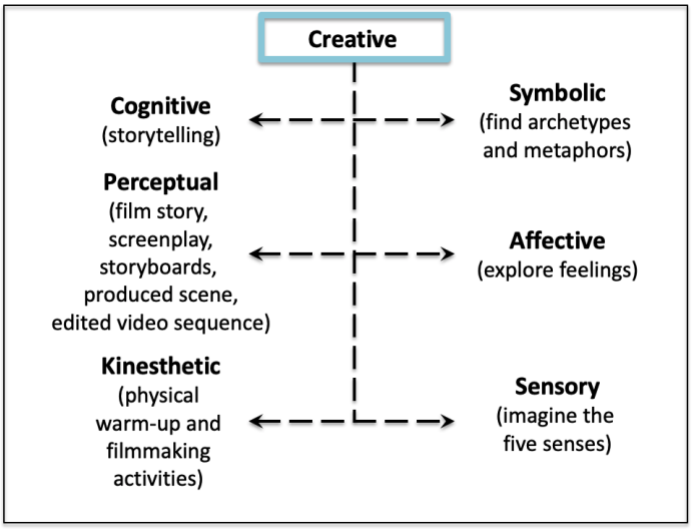
The creative level of the ETC occurs when there is flow of inspiration and energy and can occur within any ETC level. See the illustration in Figure 16 for its central position in the ETC. One sign that the creative level is active is when the client experiences a sense of flow and time quickly passes. Brian mentioned this many times at the end of his sessions.

Video editing as a medium is a particularly powerful creative level activity because it is a layered, multi-sensory, embodied experience of seeing and hearing culminating from the previous stages of the filmmaking process. Numerous small editing choices build to create an immersive experience for both the creator and audience. The film director and editor respond to a required change to a video from a felt sense in the body. This unconscious somatic experience triggers a feeling or memory based on past creative and technical experiences. By bringing his or her awareness to a body sensation generated by

watching and listening to the video, the editor generates and chooses from a set of alternatives to implement.

Figure 16

Creative Level of the Expressive Therapies Continuum (ETC) Applied to Filmmaking



Note. The creative level exists in every level of the ETC and can be witnessed as time flowing without notice and pride expressed in the creator's expression. Adapted from Hinz, Riccardi and Meter, 2019.

Figure 18 is an image from Brian's documentary as displayed in Final Cut Pro video editing software. It consists of three grouping of images: two clips at the bottom of the image and one primary image resized from one of the clips at the bottom. The left most bottom clip is an interview where Brian shares his isolation as a youth becoming a scapegoat for other students. The bottom right and top large images is a metaphor for his feelings. In this clip, farmers discuss the situation of a chicken who looks different and is being pecked by the others. When we watched this edited video sequence for the first time, we laughed. How did these two contrasting clips create this response in us? First, Brian reflected on the pain of being an outsider in an interview. Second, he discovered a symbol that held the betrayal he felt. To externalize Brian's experience, we looked for a video of chickens pecking on others on the Internet. We came upon two white farmers talking about an experience that perfectly described the

situation Brian experienced in figurative terms. Juxtaposing the two images, triggered strong feelings of rightness in our bodies. Typically, at this point in the editing process, we would have continued to the next clip to discern dissonant body sensations indicating that an alteration was needed to the video components. However, what occurred was a harmonious feeling that was full of humour and an emotional release. The absurdity of these two clips played sequentially expressed a deep disconcerting reality for Brian. Brian had expressed the treachery he felt being marginalized and treated unjustly from others in a strong multi-dimensional way.

Figure 17

Video Editing and the Creative Level

Note. Two clips from Brian's documentary within Final Cut Pro video editing software illustrating the somatic experience of editing at the creative level of the ETC.

All the choices over hours and days made by a film editor accumulate and increase personal agency through an embodied creative level experience. Kerem describes this process when he says, "Every change in editing results in a change in the way the person observes himself/ herself because the

change requires a different kind of observation" (2015, p. 175). Modifications create inner feelings of satisfaction, similar to a 'like' by an external viewer in social media. Based extensive media consumption, the filmmaker intuitively senses aesthetically pleasing changes. These include visual and auditory patterns, contrasts, emphasis, balance, scale, harmony, and rhythm, which are at the ETC perceptual, kinesthetic, sensory and symbolic levels. The body responds to these different levels in the form of emotions like joy, surprise, anticipation, anger, disgust and sadness. Through this inner process of witnessing in the present moment, the creative level is experienced.

Filmmaking Collaboration and Media Dimension Variables (MDVs)

In filmmaking, collaboration is a natural and powerful component of the experience because of the many artifacts required to make a film. In addition, the result of the creative interaction between the therapist and the client is a strong guiding inspiration in the process. I have found film industry roles helpful as metaphors in the art therapist/client relationship.

When I went on a film location in one of my independent productions as a director, I knew my producer had set up everything to flow smoothly for maximum creative expression. He would have setup a schedule for the day, had sent those schedules to the cast and crew, and had ordered food for meals. My job as a director was to work creatively with the actors and crew choregraphing how the actors and crew will move in the scene and giving feedback to improve performances. These professional filmmaking roles in filmmaking therapy provide a cultural reference point and creative status to the client. During a session, I share that I as the therapist am the film producer setting up the schedule and environment for the production so the client as the film director can be creative in writing, storyboarding, producing, editing and screening their work.

As the director on my independent film projects, I have needed creative support from other roles including a cinematographer and editor. In therapy films, the art therapist can attune to the client film director to assist as a third hand (Kramer, 1986). The level of participation as a cinematographer or

film editor allows the therapist to assess and adjust art interventions using Media Dimension Variables (MDV) to meet client needs. For example, Brian was not interested in learning the technical skills to become a cameraperson or video editor for his documentary, but was inspired to be creative and make a film. As the third hand, I could buffer him from the high complexity, low familiarity, high task structure, high complexity, and creative risk to create a fluid and self-reflective experience of personal choices. Once a familiar pattern of producing a scene from end-to-end is understood, the client could take on more resistive roles like film editor to increase creativity, personal agency and ownership in the video.

Brian needed fluidity and what was familiar in an art medium to quickly engage the symbolic and affective levels of processing to reflect on his troubled feelings using his creativity. This contrasts with restrictive, high structure stop-motion animation tasks Brian performed, which engaged the cognitive and perceptual levels and distanced him from his life outside of session allowing him to relax and immerse himself in his creativity. Adjusting MDVs for filmmaking interventions at each stage of the process is important in treating the issue identified by the client.

Brian naturally accessed the cognitive and symbolic levels to witness the protector and let the enforcer role play out as an escalating inner drama, which manifested externally at the affective level as personal insights. The controlled structure of the documentary through interviews, video editing, and reflecting on the filmmaking process contained perceptual experiences. These structural containers created a place to hold the anger and inequality Brian felt to support the required emotional distance. The filmmaking experience achieved his objectives of understanding his emotions and feeling safe.

Alders et al. (2011) found that using personal images and video from the client's life brought closure through the creation of a coherent narrative integrating positive and negative experiences. By expressing deep feelings never expressed, Brian found an opening to engage a process of healing.

Filmmaking Therapy Definition Model (FTDM)

From my literature research and case study data, I have developed five categories to customize a therapeutic filmmaking experience for a client, which I've called the Filmmaking Therapy Definition Model (FTDM). The following five components allow the therapist to consider client personality and preferences when creating a treatment plan:

1. Artistic Context
2. Therapist Involvement
3. Therapeutic Approach
4. Film Mode, Genre, and Format
5. Filmmaking Interventions

Artistic Context: Creative Expression or Creative Therapy

The potential of emotional healing exists in any art form, with or without a therapist. I will refer to filmmaking without a therapist as creative expression and filmmaking with a therapist as creative therapy. It is helpful to consider the level of therapeutic experience a client requires and to explore what is available in a filmmaking context.

Creative expression is a product-driven activity led by an artist or creative facilitator where the completion of a final film is central and the therapeutic experience is a natural by-product of the creative process. Examples of this category include filmmaking under the guidance of community activists (Otañez and Lakota, 2015), educators (Orr, 2015), military personnel (Tuval-Mashiach and Patton, 2015) and independent filmmakers (Arthur, 2007).

Creative therapy is a process-driven experience where a qualified therapist designs interventions based on the clinical needs of the client in a confidential and safe environment. Whether a final product is created or not depends on what is best for the client. Using clinical assessments, the art therapist creates a transformative play space where non-directive, reflective presence assists a client to

hear and understand him or herself. The therapist can also identify the client learning style (e.g., writing, visual, auditory, kinesthetic) to customize a treatment plan. The ETC provides a clinical framework to guide the making of a film.

Therapist Involvement: Non-Participatory or Participatory

Traditionally, in creative therapy, art is made in a session by a client and witnessed by a therapist as a central part of a session. During the creation process, the therapist holds a safe and supportive context for the client to imagine. Participation with the client depends on the therapist and what kind interaction would benefit the client. What emotionally emerges during this process is used as an opportunity for the creative therapist to reflect with the client and to share insights that may be helpful. If art is created by the client outside of the therapy session, the therapist will not have the personal insights that come from the observing the art creation process, and therefore another entry point into the therapy experience will need to be used.

Johnson (2007), Anderson & Wallace (2015), and Karem (2015) had their clients make films outside of therapy appointments. Face-to-face sessions are then used to support a process of reflection on the filmmaking experience and products. I will call this a non-participatory approach, where the therapist begins with a cognitive-focused and language-oriented process because art is done before a session. This approach increases clinical objectivity in order to see the film product in a more objective way. It reduces role diffusion to ensure the therapist role is dominant and the filmmaking role subordinate. As the name implies, non-participatory requires less filmmaking process and technology experience by the therapist. The client may come with or seek out knowledge independently of how to make a video (e.g. Internet instructional videos). Because the film creation process is limited to creative expression, the art therapist will not be able to witness or guide the creation process directly with the client, which reduces the clinical information available to the therapist.

Ehinger (2015), McGurl et al. (2015), Pereira (2017) and Brawner (1993) used a participatory method where they became film producers supporting clients as script editors, cinematographers, and video editors. Direct engagement in the filmmaking process increases awareness of how to customize the filmmaking experience using MDVs to adjust the process to the abilities and therapeutic needs of the client. Creating a safe and contained environment during the art making process increases therapeutic potential in creating the video. The therapist using filmmaking should have a personal experience using the intervention regardless of their involvement, but the participatory approach requires an increased need for the therapist to understand the filmmaking process and technology. In addition, the power of the video medium requires the therapist maintain objectivity. My experience, as both filmmaker and therapist, is that filmmaking is absorbing and there is an increased risk of role diffusion where product and aesthetics in the filmmaking role becomes primary instead of supportive.

Therapeutic Approach

There are a variety of clinical approaches to psychotherapy that have been used in filmmaking which provide different lenses for the client experience. I will provide two examples of contrasting approaches in the creation of a video that require different ETC starting points based on diverse client preferences and needs.

Narrative Therapy (White, 2007) is a natural clinical approach because of its focus on story. This method externalizes the problem to separate it from the client in order to access a more objective perspective. In this context, the therapist can guide the client to reauthor their story using narratives of historical resilience. This story approach centers on the cognitive level of the ETC. Symbolic level content naturally emerges in storytelling through metaphors. The perceptual level is activated in the structural artifacts that hold the film story like a script or storyboard. Cognitive, perceptual and symbolic levels provide an entry point to encourage the expression of emotions at the affective level. Johnson (2007, 2015) and Anderson & Wallace (2015), Kavitski (2018) and Brawner (1993) use this approach.

Focusing is a form of somatic therapy where the client becomes aware of sensations in their body called a felt sense (Karem, 2015). With the sensory level as the starting point, the symbolic level is engaged as the therapist guides the client to free associate colors, shapes, words and images that express emotional states. Using this unconscious material, subjects or objects at physical locations where video and audio are captured. Video camera framing, focus, distance and movement activate the perceptual and kinesthetic levels of experience. Emotions emerge at the affective level and personal meaning is generated through self-reflection at the cognitive level.

The clinical approaches of narrative therapy and therapeutic focusing support different beginning points for the filmmaking process. The initial reference for narrative therapy is the cognitive Level, while focusing begins at the sensory level. Each opens up a path to integrate other ETC Levels. Client preference is a factor in these approaches. Focusing leans toward expressive, non-narrative filmmaking while Narrative Therapy moves into a linear and story-driven approach. Brian gravitated toward telling his own story which fit with a dramatic documentary film using live-action video and stop motion animation.

Film Mode, Genre and Format

Film mode, film genre and film form describe the type of film being made and are a part of our media culture vocabulary. Film modes include fiction, documentary and experimental. Film Genres are similar to literary genres and examples include action, adventure, comedy, crime, drama, fantasy, historical, horror, mystery, romance, science fiction, surreal, thriller, and western. Film form includes live action, animation, collage, and virtual reality (VR). The combination of these three components is a creative opportunity that engages client imagination based on preference.

Note that each of the film formats has a variety of sub-formats from which to choose. Using animation as an example, Brian chose hand-drawn stop-motion animation. For younger clients, I would first understand what media to which they culturally gravitated and then incorporate these characters

and worlds into their story to affirm personal choice and identity. One student practicum client chose characters from a video game he used to imagine his own unique story. For the digital animation, we searched the Internet for images that could stand-in for these video game characters with a Creative Commons copyright license. Because of the affinity for the existing video game world, a story was quickly improvised that mirrored the experience of the client but in a fictional manner.

Additional detail about film mode, genre and format can be found in Appendix A.

Filmmaking Interventions

Filmmaking interventions are the heart of filmmaking therapy, therefore understanding what art activities are available at each stage is important. Peterson (2010) suggests that introducing technology into creative therapy requires an active process of selection, experimentation, and evaluation to determine suitability of the art medium for a client. For a therapist, making their own personal film is an important experience to understand the process and build empathy for the client's videomaking work.

One intervention in filmmaking therapy is video editing, which requires computer software. I had a practicum experience where a health care provider wanted to implement a digital storytelling group with participants who had either PC or Apple computers. A web-based editing application fit this requirement and had the advantages of no software installation and secure, reliable and accessible art storage. Investigating the best application, I consulted an individual using digital storytelling in healthcare and decided to use a computer application the StoryCenter (n.d.) used for their workshops called WeVideo. For an animation intervention at a public school, I used Apple's Final Cut Pro X that supported the creation of more advanced animation not available in online video editors. To prepare for these editing interventions, I investigated computer application options and used YouTube training videos to create a sample film before bringing these digital tools to clients. I found prototyping the next step of animation for a session was helpful to validate the potential for what was possible and minimize

technical problems during a session. I would then put my test version aside to support the client creating their own instance of the scene.

The commercial filmmaking process has a variety of art medium interventions that are used in therapy. There are too many variations to include, but the core activities include storytelling, scriptwriting, storyboarding, scene creation, video editing, color correcting and music scoring, which are utilized to create expressive art products that become part of the final film.

FTDM Examples

I have included three FTDM examples from my practicum clients that I used to help customize a filmmaking therapy experience to fit their interests and needs. Brian chose the attributes in expressive filmmaking found in Table 2.

Table 2

Brian's FTDM Choices

Filmmaking Attribute	Client Choice
Therapy Category	Creative Therapy
Therapist Involvement	Participatory
Therapeutic Approach	Narrative Therapy
Film	
Mode	Documentary
Genre	Autobiographical Drama
Format	Live-Action, Digital Animation
Filmmaking Interventions	Interviewed storytelling, video editing, stop-motion animation

A number of adolescent public-school students decided on the following seven attributes of expressive filmmaking in individual therapy, which are displayed in Table 3.

Table 3

FTDM Choices for Adolescent Public School Student Practicum Clients in Individual Therapy

Filmmaking Attribute	Client Choice
Therapy Category	Creative Therapy
Therapist Involvement	Participatory
Therapeutic Approach	Narrative Therapy
Film	
Mode	Fictional Narrative
Genre	Fantasy, Drama
Format	Digital Animation
Filmmaking Interventions	Storytelling, scriptwriting, storyboarding, video editing

Adults in a health care environment decided on the seven attributes of filmmaking as group therapy, which are found in Table 4.

Table 4

FTDM Choices for Adult Practicum Clients in Group Health Care Environment Therapy

Filmmaking Attribute	Client Choice
Therapy Category	Creative Therapy
Therapist Involvement	Non-Participatory
Therapeutic Approach	Focusing
Film	
Mode	Documentary
Genre	Experimental
Format	Live-Action Video; Stock Footage Video and Sound
Filmmaking Interventions	Video editing

Ethics in Filmmaking Therapy

Introduction

Technology is rapidly changing and new therapeutic situations arise in this context, therefore ethical concerns surrounding the use of digital media in an art therapy practice need special attention. Cohen & Johnson (2015) have documented a number of ethical categories required in using video as therapy including informed consent, confidentiality, privacy, informed choice and ownership. I have chosen five ethical topics that were primary in my practicum experience that encompass Cohen & Johnson's ethical categories:

1. Knowing When to Avoid Filmmaking for Therapy
2. Screening Videos In-Person or Online
3. Organizing and Securing Filmmaking Artifacts
4. Avoiding Dual Relationships in Filmmaking
5. Experiencing Therapy Beyond the Therapy Room

For additional ethical guidelines for digital art in general refer to Choe & Carlton (2019) and Alders et al. (2011).

Knowing When to Avoid Filmmaking for Therapy

Cohen (2012) provides important guidance regarding when to use filmmaking projects in therapy stating, "[videomaking] may not necessarily be used in a crisis situation regarding these [many] clinical issues, but it can be a valuable tool for dealing with trauma when clients are ready to express themselves and process their experience with the therapist" (p. 136). Restating Cohen's statement as questions:

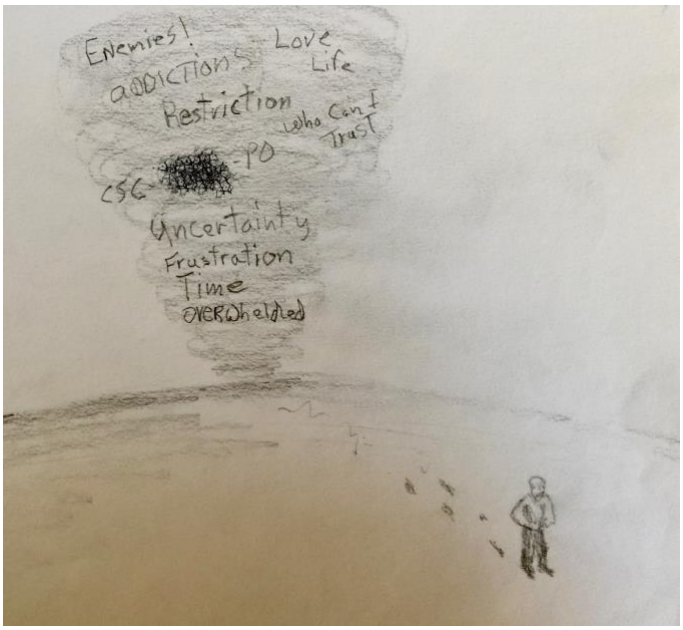
- What level of crisis is the client experiencing?
- Is the client ready to tell the story?

With its well-defined, sequential workflow, filmmaking supports a strong process of self-reflection and identity exploration, but an art project does not address crisis contexts well because of its focus on themes that may not be pertinent to an immediate issue a client is experiencing. For example, when Brian and other practicum clients were in the midst of personal crises, I found the video project needed to be put aside to allow more fluid mediums to support strong expressions. Drawing or painting provided a more instantaneous container for spontaneous images, symbols and words to emerge for immediate resourcing. An experience with another practicum client demonstrated that the selection of video clips in an editing studio held strong feelings during a crisis well. The question of using the medium of video in therapy is not the issue, but acknowledging that making a film has its own product-oriented agenda that may not best meet the needs of the client.

Brian drew the image in Figure 17 before he broke a parole condition that sent him back to prison. This significant image may not have emerged from the session if I had focused on his documentary project. However, at a later date, Brian could have used the picture as a component of his video. My conclusion from this and other situations is that to use filmmaking during a crisis time would have been insensitive for me because the intervention would not have fit his needs.

Figure 18

Tornado



Note: This significant image would not have emerged had I focused on Brian's documentary project, therefore this physical art medium was suggested. Medium: Pencil on white 9" x 12" paper.

In assessing individuals for group filmmaking, I met potential participants who were beginning a difficult emotional journey. In considering the filmmaking process, they determined they were not ready to tell a personal digital story. However, I learned that if the filmmaking intervention focused on fictional stories or feeling-based, non-narrative story using symbolic images and sounds, videomaking effectively allowed clients to effectively explore challenging feelings in a more distanced manner.

Screening In-Person and Online

Drama therapy has a strong history in client performance and provides valuable precedents for filmmaking therapy. Sharing personal truth in a public theatre space is powerful for the client (Snow, 2017). To be witnessed and validated by a theatrical audience is transformative (Pendzik, 2017). However, this experience makes the client vulnerable and therefore he or she needs support in bridging the therapeutic environment with the world outside the session (Volkas, 2017). A live or virtual public

presentation often includes a question-and-answer session following the performance. This opportunity allows audience members to speak of what they have witnessed and for the client to respond as part of a continuing therapeutic process (Dunne, 2017). Because of the vulnerability experienced by a client with an audience, emotions can be fragile.

With the proliferation of social media, videos have become instantly shareable commodities and function differently than public screenings. Online distribution has the potential to reach a much larger audience than physical screenings, which increases opportunities and risks. The positive impact of social media is that it creates new relationships and enables those with less visibility to speak their truth, which may relate to injustices and racial awareness (Roth et al., 2019). This social capital is important for individuals and provides a culturally relevant platform for having a voice. It has been shown that posting digital material can be a positive tool for grieving individuals (Gilbert & Horsley, 2011). In addition, it is important to understand that there are levels of sharing that can be controlled by the client. For example, YouTube has unlisted links that can be created and sent directly to trusted individuals for screening opportunities. The risk in this is that the recipient of the link could forward it to another person without permission.

Because public online screenings are anonymous there is less accountability between the artist and audience than in a private screening. Alders et al. (2011) highlighted that one online screening risk is cyberbullying where anxiety, fear, depression can result if left unchecked. Another risk of publicly posting a video online is that digital material can be copied by anyone and therefore is available for an indefinite period of time. The art therapist must assist the client to consider the details of the information being revealed that may be limiting or harmful for the client in their future. One question to ask is, how will the client's social image be affected by others seeing him or her in this context?

McGurl et al. (2015) directed that clients be made aware of the implications of screening their films in-person or online as a part of informed consent. The responsibility of the therapist is to ensure

clients understand how different forms of sharing support their goals (Austin as cited in Cohen, 2012). An immediate question is, if family and friends respond critically or not at all, how will the client react? Because the making of a film occurs in isolation, an image and perspective of the video created has developed in the filmmaker's mind and may be different from what spectators might perceive. In addition, because clients will be proud of their work, they may not be aware of the how the video reveals underlying psychological issues (Alders et al., 2011). The revealing and candid nature of the film medium requires enhanced safeguards be put into place to ensure the continued benefits of therapy into the screening stage (Alders as cited in Cohen, 2012).

As part of informed consent, identify the network of individuals who can support the client in evaluating the risks of sharing. The filmmaking therapist should communicate with clinical supervisors to discuss the benefits and disadvantages of a potential screening or posting of a video (Alders et al., 2011). If the client is under the age of consent, input from the parent or guardian, social worker or resource teacher is critical. Even if the client is an adult, trusted authority figures should be suggested to test screen the film to affirm the client's new identity and support a healthy plan for the distribution of the film. In addition to a consent form, release forms are a legal means by which all people who appear in a public video must sign. These are the same types of documents used in commercial filmmaking. For group filmmaking, Kavitski (2018) indicated the need for all members to agree or disagree about how the video should be used after its creation at the start of therapy.

Digital Copyright in Video Content

Having a client create their own media is a strong way to engage his or her imagination and ownership in the creation of a video. However, there are times when it is more expedient and as effective for the client to use media from another creator. In this case, it is imperative to understand and adhere to the rights of the owner of the media before using it in filmmaking therapy.

How the media will be used is a key component to understanding copyright ownership. If the video created is only screened privately in a session, the client does not need permission to use the media. If the film will be screened publicly or openly placed on the Internet, the client needs to ensure he or she has permission to use the visual and audio components.

There are four copyright categories into which creative work falls: legal copyright, creative commons license, public domain or fair use (Copyright and fair use, 2021). When using media from another source, the client should assume they need permission until copyright details are investigated. Legal copyright is law that protects intellectual property and the creator who may financially profit from the work. To use copyrighted material, the client needs to either get permission from the owner or determine if usage falls under one of the other copyright categories.

Fair use is a legal term that allows individuals and organizations to use media without permission. The logic is that public conversation in a democracy should be encouraged through the open display of copyrighted material in new contexts. Situations where this is supported includes media used for non-commercial or educational purposes or if the media is repurposed for the intent of commentary or illustration. In these cases, only a short clip or image can be used.

In regards to legal copyright permission, the larger the entity or organization who owns the rights, the more complex and difficult it is to obtain consent. However, this is not always the case. For example, I had a client who wanted to repurpose parts of a short video on YouTube in her film that did not indicate copyright details. The client sent an e-mail to the owner who was a private individual and he granted her permission.

Creative Commons (CC) is a licensing organization setup to mediate copyright ownership where creators are open to their media to be used without fee and protected from misuse. There are different CC licenses a creator can assign to their work depending if money will be made and how the media will be modified. Regardless of the license, the author of the media must be acknowledged. All media with a

CC license is identified on the web page where the media is located. While gathering media, it is helpful for the client to record attribution information about the work so it can be included in the closing credits of his or her video. There are some copyright owners who explicitly indicate that credit is not required to use their work and this will be clear on the page where it is downloaded.

Copyright law protects a creative work for a limited amount of time. When it becomes available for public use, it is referred to as public domain. Public domain law requires that you give credit to the media creator.

Organization and Security for Filmmaking Artifacts

As with physical art, the digital outputs of the filmmaking process in art therapy must be be accessible, recoverable and secure (Choe & Carlton, 2019; Alders et al., 2011). Communication with the client concerning informed consent should cover responsible use of technology.

Security is a significant issue related to ensuring internet connections are secure, password authentication is in place and software security updates are implemented. Hardware should be physically secured when not in use and software applications should be validated to ensure they are trusted. When working with computer professionals, all identifying client information should be restricted. Computer art should always be accessible and recoverable through backups if files are damaged, lost or stolen. If there is a security breach, clients must be informed.

With physical art there is a single version of each piece, but with digital media there can be many copies. In addition, the location of the audio and video files on computer storage can be unclear. Videos can be stored locally on a computer hard drive or on the Internet using cloud technology. Cloud services situates the application software and client videos on a remote third-party storage device for an on-going regular subscription fee. The fee covers use of the software, disk space, account security, and video file backups. This option is attractive because the therapist and creator are ensured the art is

accessible, recoverable and secure. However, once the service is no longer used, the video will be deleted, therefore all completed videos should be downloaded by the client and locally stored.

Local physical storage of videos on computer hard drives is more complicated than cloud storage, therefore additional efforts need to be taken (Alders et al., 2011; Swanepoel, 2013). Physical storage is a one-time expense for purchase and then the costs for any repairs or upgrades. Account security is up to the therapist including password protection. Regular backups must be maintained so that videos can be restored.

Client hardware including storage space can be used, which adds another layer of vulnerability. Confidentiality should be discussed with the client including the risk of loss and theft. As well, if art is created locally on the client computer, the art therapist could keep copies of art to ensure the media is recoverable and the therapeutic process is not interrupted.

Regardless of whether a cloud service or local storage is used, video file access can become disorganized, therefore a storage plan is required. Folders should be clearly labelled and organized. Versions should be created to ensure previous instances of a film are recoverable without going to the backup. Unless you explicitly define where the video should be located, it is out-of-sight and can be forgotten.

Understanding Dual Relationships in Filmmaking

The goal of a professional filmmaker is to create the best possible film product, which requires many hours of effort with a talented cast and crew. This experience naturally creates close relationships. For a filmmaking therapist, this level of intimacy is inappropriate and would distort the healing relationship. Canadian Art Therapy Standards of Practice (2003-2004) advise that dual relationships "could impair professional judgment or increase the risk of exploitation." In filmmaking therapy, the therapy role and the filmmaking role must be consciously separated and the former must guide the later. For example, in the filmmaker role, inspiration and joy creates the best product in terms artistic

aesthetics including audio and visual quality. However, if this inclination is not kept in check by the therapist role, the impact of the therapeutic experience may be compromised.

Because filmmaking therapy does not require a complete film be finished, traditional time and aesthetic demands of making a movie are reduced. As a result, the client becomes the focus guided by the process with the film. The filmmaking process and the final video are the container which hold the client experience. There are times when the product is the focus and the therapist can best support the client by directly focusing on the aesthetics of filmmaking. As the therapist, if I perceive changes would improve the artistic quality of the client video in a time-sensitive manner and the change will benefit therapeutic outcomes for the client, I will suggest them. I make suggestions from my experience and as an audience member to support client awareness. Drama therapy provides a precedent in this scenario when a drama therapist is an active participant in forming a final script and bringing a theatre performance to life with the client (Pendzik, 2017).

Therapy Beyond the Therapy Room

Traditionally, confidentiality and privacy are reasons therapy sessions occur within a private space. However, the nature of filmmaking is that ordinary locations outside of a session support authenticity and imagination in a short film scene or documentary interview. Action-oriented therapy provides a precedent for addressing the ethics of the therapy beyond the therapy room. This approach to healing has a focus of ‘doing’ over verbal interaction (American Psychological Association, 2020). Within this domain, a number of studies have opened up visibility into the efficacy of engaging therapeutic work outside of a clinical office space. One group of studies involves encounters with animals or nature settings that incorporate therapeutic interventions. Another involves in-home therapy services.

In-home therapy services operate within the environment of the client household. One study explored the effectiveness of therapy situated in a home where therapy was legally required to keep the

parents with their children (McWey et al., 2011). The research discovered that home-based therapy provided insights about clients from their natural context, reduced stigma associated with therapy in an office, and assisted clients who struggled with authority. Disadvantages to home-based therapy services were that clients sometimes felt judged by therapists observing family interactions. In addition, some therapists experienced countertransference toward clients. In addition, it was observed that in some cases therapy moved at a slower pace when the client was not in a physical therapy room.

Active therapies based on animals and nature has also been studied to show how self-mastery and a positive therapy experience is bolstered by therapy beyond the therapy room. For example, Bouldering Psychotherapy (BPT) involves rock climbing for individuals with depression (Dorscht et al., 2019). BPT involves therapists who have qualifications in "therapeutic climbing" assisting clients in mastering climbing obstacles to support self-esteem and working through depression. Sessions occur in both enclosed session rooms and public climbing locations. Equine Assisted Therapy is another form of action-oriented therapy where horse riding and horse care support a healing experience (Rydzkowski, 2017). Client issues are processed along with skill building that creates a sense of confidence and personal agency. In both the climbing and horse therapy contexts, therapists work with client emotions and coping patterns within the context of new experiences. Motivations for using these approaches include difficulty in engaging and retaining vulnerable clients and less stigmatized care.

These modes and benefits of therapy are closely related to filmmaking therapy. Goals for the client are important to consider when moving outside of a therapy context. What is the benefit of filming on a location over a session room? How is stigma reduced and client motivation increased by moving to a natural location for producing a scene? What type of physical and personal boundaries of a consistent office space are important to support the client healing process? When is it an advantage for the clients to do his or her own film work independent of the therapist? What would the impact be if

others come to know that the client is in therapy in the filming process? What countertransference might be invoked observing the client in his natural relational context?

Considering the Limitations of the Study

The new discipline of filmmaking therapy is growing in research and visibility, but it is in its infancy. As with any new area of understanding, much study is required. This qualitative study is limited to a case study for the purpose of introducing context, practice and theory for early adopters. However, filmmaking therapy requires increased quantitative research to understand the impact of the many variables involved in filmmaking therapy.

The case study data in this thesis focused on one individual, therefore the results are not generalizable to larger populations. I will continue to work with clients and practitioners to confirm or unconfirm my results so I continue to grow in and share my own understanding of this new field. My hope is that filmmaking continues to be researched by passionate therapists and students who see the potential in this high-status art process for improved mental health and healing from traumatic experience.

Recommending New Areas of Research

For a new discipline to emerge, there needs to be a concerted effort by innovators to facilitate communication and learning. The compilation of case studies edited by Cohen, Johnson & Orr (2015) is a critical piece to understanding filmmaking therapy. In this compilation, practitioners documented and demonstrated the potential and positive results of video storytelling as an authentic art therapy practice using a range of art mediums. Research and clinical experience need to continue and grow. From this foundation, educational courses and programs need to emerge.

There are many research variables in working with filmmaking as therapy that need to be studied and understood. The efficacy of the filmmaking process should be studied independent of the

therapist. Research also needs to be undertaken to identify quantitatively when are other art mediums or psychotherapy methods are more or less effective for a client.

Carlton (2014b) has researched digital art therapy education and found that art therapy educational institutions are not providing learning opportunities that keep up with technological innovations and the ethical implications of using digital technology. In addition to a therapeutic education, basic filmmaking learning programs can be accessed through a variety of online and in-person training modes.

For this therapeutic process to flourish, those who use filmmaking need to communicate and share information on a regular basis. This sharing can be done at conferences and in other settings. The development of a formal distinct group should be a goal in order to develop filmmaking therapy as an independent therapeutic discipline like drama and music therapy. This group could provide guidance to the general art therapy community to keep updated on changes in technology and ethics related to digital mediums.

There needs to be a critical mass of awareness by therapists to facilitate a tipping point for filmmaking to come unto its own as therapy. The new generation of art therapists who 'live and breathe' technology is critical to encourage this movement. What supports this effort is that public schools have been aware of the efficacy of video production for over three decades (Gutenko, 1992). Today, most senior and middle schools are equipping their young people to make their own films as creative expression. Post-Secondary video skill development is available and popular in non-therapeutic environments in the form of tutorials, online courses, film cooperatives, colleges and universities. Art therapy can leverage this knowledge in partnering with schools and building out filmmaking therapy and creative expression programs in partnership with these institutions. Business, education and government are also important allies to bringing filmmaking therapy into the mainstream. These groups understand the power of filmmaking in terms of financial outcomes and now we know that this can

translate into therapeutic results. Austin (Kavitski, 2018) has explored this avenue with TAP. As a result of the high-profile nature of film in industry, he has developed a significant business collaboration in this domain. In my practicum, I have experienced partnerships with at-risk youth in public schools to be a therapeutically successful endeavor.

The efficacy and interventions with filmmaking therapy needs to be researched and experienced with a greater variety of populations. Johnson (2015) found filmmaking therapy to be effective with Canadian Indigenous young people. She observed that collaborating with indigenous elders using traditional storytelling practices was a significant and natural fit with this the cultural needs this group. Kavitski (2015) guided clients with various mental illnesses including bipolar disorder, schizophrenia, and schizo-affective disorder through a green screen filmmaking experience.

New technologies need to be regularly assessed and connected to the potential of filmmaking therapy. Virtual reality (VR) is one of those areas. It is being assessed for use in traditional areas such as painting, drawing, and sculpturing (Hacmun et al., 2018). However, storytelling should be another art medium to be experimented within a VR therapeutic context.

Integrating knowledge from other disciplines like photography, drama, music and cinema therapy has great potential. These areas are more developed than filmmaking and the innovators in them could be consulted to further integrate best practices into filmmaking therapy.

Conclusion

This paper set out to understand filmmaking as a therapeutically effective set of art mediums to be utilized in a clinical practice. Because video is a popular form of communication in culture, it holds significant potential as an art therapy medium and yet it is underrepresented in creative therapy literature and community. Young people gravitate toward communicating with digital technologies and therefore it is important for clinicians to fully embrace and invest in this domain. Asawa (2009) identifies fear and frustration with technology as the two main blockages that keep art therapists from using technology in their practices. The lack of available clinical education and the ethical implications of technology are other obstacles to therapists using technology in their practices (Carlton, 2014b).

Filmmaking interventions for a clinical practice come from commercial industry where the focus is the film product. The therapeutic opportunity emerges when the client is the focus of the power of these processes to create a film as a means to support the client experience.

The Expressive Therapies Continuum (ETC) provide a means to understand how the art mediums involved in the filmmaking process facilitate the therapeutic process. Filmmaking is a visual and auditory language with grammar rules that are intuitively understood by our media savvy culture but require an education to creatively access. Assessing the film artifacts that are created to make a film using the ETC supports evaluation for therapeutic use.

The innovators in filmmaking therapy have created a foundation of approaches and techniques to inspire and guide early adopters. These pioneers have created dramatic and experimental live-action narratives, personal documentaries, green screen fantasy films and animations. They have shown that therapeutic filmmaking supports storytelling as therapy, facilitates safe identity experimentation, increases self-confidence and personal agency, nurtures self-reflection, supports self-regulation, counters resistance to therapy, builds relationships and communities and encourages adult therapeutic play.

Film has a high cultural status, therefore the client is by default ascribed this identity position. For vulnerable individuals, who have lost their voices and need to be heard, the medium is especially valuable. I found each step in the filmmaking process was a strong trauma-informed therapeutic experience for my practicum clients like Brian. The filmmaking process includes art activities from commercially made films that guide the therapist and create motivation and ownership for the client to experience all levels of the ETC. Telling a story is an art intervention that corresponds to the cognitive level which can be held in a variety of filmmaking art mediums like writing, storyboarding, producing, editing and screening. These experiences move the client into the symbolic, sensory and affective levels. The filmmaking process provides a structure that effectively supports a client in a short, medium or long-term engagement. Filmmaking therapy brings to art therapy a strong ability transitional object container that holds the story in a multi-modal and embodied way. Through a resistive complex process, clients generate self-confidence and personal agency, nurture self-reflection and are naturally self-regulated. This spacious adult play space counters resistance to therapy and supports the building of relationships.

My research revealed that filmmaking interventions could not always hold the immediate release of strong emotions for vulnerable individuals in crisis. Physical art therapy mediums were more fluid and provided better support for certain situations.

Compiling the research by filmmaking therapy innovators revealed what I have titled the Filmmaking Therapy Definition Model (FTDM). The FTDM facilitates the customization of the filmmaking process for a client considering the type of therapy experience, the level of therapist involvement, the therapeutic approach, film mode, genre and format options along with filmmaking interventions.

Ethics are critical for this evolving and complex therapeutic mode, and there are a number of issues this thesis has addressed. Filmmaking as therapy needs to focus on the client with the product supporting a therapeutic experience. Because of the potential for the therapist to become a third hand

in the process and the creative energy generated, understanding the risk of dual relationships in filmmaking is important. In-person and online screenings open up the film to a greater circle of witnesses and therefore the client sharing his or her work requires discretion. However, the potential to affirm the voice of the client with their art as a part of the therapy closure process is important. Copyrights need to be considered for all media used when the artifacts are not created or owned by the client. Technical Organization and Security is critical to arrange client projects and protect the filmmaking art from device failure or theft. This ensures films are accessible, recoverable and secure so the therapeutic process is not disrupted.

Therapy beyond the therapy room supports action-oriented therapy as demonstrated through in-home therapy services, bouldering psychotherapy and equine assisted therapy. Confidentiality and privacy are reasons therapy sessions occur within a private space, but if these aspects can be maintained in another location there are advantages beyond traditional therapy locations for Filmmaking Therapy including immediate access to clients, reduction in the stigma associated with therapy in an office and the building of confidence through self-mastery.

Filmmaking therapy is a new discipline in its infancy with much research yet to be done. The efficacy of filmmaking therapy needs continued research in a variety of populations. New areas of research to be explored include filmmaking therapy education which Carlton (2014b) has identified as important in art therapy programs. A critical mass of awareness by therapists is required to create a tipping point for filmmaking to come into its own as a distinct discipline. The new generation of art therapists who 'live and breathe' technology is critical to encourage this movement. Business, education and government are important partners to bring filmmaking therapy into the mainstream as realized by Austin (Kavitski, 2018) with TAP.

Pushing deeper into the 21st Century and the digital realities and opportunities our world faces, we need an active vision for how creative expression and therapy can engage our clients. The

restrictions of COVID-19 in 2020 and 2021 forced us to embrace digital connections and experience which would have been unlikely before this. The client home became the therapy room. The computer screen and audio speaker were the only means to attune to a group participant. With these therapeutic limitations, we have adapted and creatively responded. This same resilience and imagination can move us deeper into crafting filmmaking interventions to support what our clients need.

I recall making my own first film with the pride and confidence knowing I had found a life changing path of awareness. It was a challenging journey of learning the language of film and launching into the obstacles of self-doubt, personal vulnerability and technical difficulty. To see my vision on a screen being witnessed by many, including my son at a festival under the stars, confirmed the strength of my voice and the distance it could reach. We have the knowledge that this culturally relevant path of creativity is accessible to many and the technology is literally in our client's hands as they message their friends.

I gratefully acknowledge my practicum clients and supervisors whom I have learned from and who have supported me in bringing light and voice to filmmaking as a new and exciting creative therapy process. I give special thanks to the Winnipeg Holistic Expressive Art Therapy (WHEAT) Institute; to Darci, the instructors and students who have guided and have been examples and support to me in this great adventure. Finally, my deepest gratitude goes to Carolyn, my children, my parents and my spiritual community for your support and love.

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Appendix A: Notes on Film Mode, Genre and Format in Therapy

Film Mode

Film Mode is a limited set of categories that quickly focus the client video project. These include:

- Fiction - Fiction traditionally refers to a narrative that is not historical or factual, but may contain semi-autobiographical material (Johnson, 2015; Anderson & Wallace, 2015; Kavitski, 2018; Brawner, 1993).
- *Documentary* - Documentary denotes non-fiction story where the client explores trauma through interviews, supported with photographs or home-movie footage (Arthur, 2007). Otañez and Lakota (2015) and Mosinski (2015) and Orr (2015) make *Educational* Documentaries, and McGurl et al. (2015) and Pereira (2017) *Testimonial* Documentaries. Often digital stories are documentaries.
- *Experimental* - Experimental is a feeling-driven, non-narrative communication that engages the senses through symbols that can contain surreal or dreamlike content (Karem, 2015). Meaning is subjective and up to the filmmaker and the audience to bring their own experience the video.
- *Hybrid* - Hybrid is when one or more film mode is combined. For example, a creative expression documentary like *Tarnation* (Caouette, 2003) has a traditional non-fiction narrative with experimental visuals to reveal the psychological experience of the characters.

Film Genre

Film genre further delineates film mode. Common genres include: action, adventure, comedy, crime, drama, fantasy, historical, horror, mystery, romance, science fiction, surreal, thriller, and western. Each genre comes with its own set of conventions and defined emotional responses. For example, the

fantasy genre uses magic or the supernatural as means to explore an alternate view of reality. The science fiction genre is similar to fantasy but science instead of the mystical is used as a narrative device. The surreal genre includes dreamlike realities where real-world cause and effect is suspended. Comedy and drama genres are opposite approaches to a story and are often used in combination with other genres.

In filmmaking therapy, Ehinger (2015) uses the fantasy genre while Johnson (2015) and Anderson & Wallace (2015), Kavitski (2018), Brawner (1993) and Tuval-Mashiach and Patton (2015) use the drama genre. Film genre is a treasure trove of imaginative potential that is relatively unexplored in filmmaking therapy.

Film Format

Film Format determines the physical or digital forms used to tell a story and includes live-action, animation, collage and virtual reality (VR). Digital technologies are at the centre of these formats using video cameras or computer-generated video. Live action uses a camera to record on a physical location. Animation can be created using physical stop-motion techniques using a video camera or with digitally manipulated images in a computer. Collage is a variation of animation where physical, cut-out or digital images are physically animated or sequentially displayed. VR can access live-action or animation video with the use of a headset that immerses the client in a 360-degree experience with the illusion of physical presence (Hacmun et al., 2018).

Psychotherapy research has revealed the efficacy of using VR for a variety of mental health issues. VR is relatively new to creative therapy, but holds potential as an experiential storytelling tool for clients. One powerful example is for combat veterans who experience PTSD using a VR animated application called Bravemind, which recreates a Middle East combat experience using exposure therapy (Wall, 2018).