

Comments by Clinical Editor

This article discusses the ways play therapy and use of popular culture media (which includes more than video), specifically movies can be used collaboratively to promote healing, growth and change.



By Diane Frey PhD

Video Play Therapy

Have you ever viewed a movie which had an intense emotional effect on you? Have you found yourself discussing the video days later? Have you experienced the anticipation and joy of a child waiting for a new movie to be released? Have children enthusiastically recounted to you a movie they really enjoyed? If so, you have experienced reel life to real life. The transformation from reel life to real life can occur through discussion and/or play therapy.

Definition of Video Play Therapy

Video play therapy is the process in which clients and therapists discuss and play out themes and characters in films, which relate to the core issues of their therapy. This can be done through sand play, art, puppetry, dress up clothes, stuffed animals and/or other play therapy media.

Nothing conveys information or evokes emotion quite as lucidly as the visual sense. Filmmakers capture that visual sense and combine it with sound to create movies. Movies are the most engaging form of mass communication (Kernberg, 1994). Films have a greater influence on individuals than any

other art form. Movies are an integral part of our culture. The proliferation of VCRs, DVDs, iPods and iPhones has expanded the influence of this medium.

Unique Aspects of Video Play Therapy

Two viewers rarely have the same experience when viewing a film. Each has his/her own perceptual framework. This subjectivity selects, attends, and translates into the client's unique view of the film story.

Video play therapy is more readily accepted by clients than some other approaches because films are associated with a fun, entertaining experience. This approach is novel and experienced as fun by the client.

Films can weave fantasy and reality together. Processes such as thinking, imagining, recalling, and feeling are not visible, but through the language of the montage, the camera techniques suggest these psychodynamics. Flashbacks and parallel actions are identified with thoughts, feelings, and behaviors of the characters in films which cannot be expressed in other media.

Clients accept information through films more readily than being discussed directly. Children experience this form of play therapy as less threatening and as such develop rapport and a therapeutic alliance with the therapist more readily. When two people view an event and understand it from a similar perspective, empathy is increased. Children begin to feel that the therapist really does understand their problem in ways they cannot express.

In video play therapy, the client takes an active part in contrast to more traditional “talk therapy.” The therapeutic process is strengthened by the learning modalities of the visual, auditory, and kinesthetic channels.

When video replay is used, the client is given the unique opportunity to clarify events through repeated, detailed, and meaningful re-experiencing. Such repeated playbacks, done in a therapeutic environment, can also reduce and/or eliminate denial.

Video play therapy can be used in individual or group play therapy with children, adolescents, and adults of varying diversity (many films can be obtained in languages other than English).

The unpredictable and unknown aspects of therapy (at least from a child’s point of view) tend to make some children fearful and anxious. Since video play therapy has a certain structure and format, it offers a child more comfort.

In this author’s experience, video play therapy leads to shorter treatment and greater insight about client dynamics and the dynamics of significant others. In an age of managed care, this is a definite benefit to all concerned.

Dr. Phil McGraw, of the popular television show bearing his name, often states that the most important part of the show is after the program. When participants view the video of the show, it is then that they begin to develop insights and make commitments to change.

Uses of Video Play Therapy

Video play therapy is used to enhance self-perception, to foster attitude change, to help clients gain insight and increase motivation to change. It can also help clients with catharsis. Clients understand the universality of human suffering and conflict through video play therapy. Through viewing and playing out segments, for example of the Lion King, clients began to understand that all creatures experience loss and grief. This modality can also infuse clients with hope and optimism for their life situation. For example, in viewing Good Will Hunting clients can realize that “It is not your fault” and go on with their life in a productive, successful manner. Such clients often draw their reaction to the film and/or re-enact this in a sandtray. Finally, video play therapy enables clients to have a healing experience. Experiencing the artistic resolution of another’s problems can provide the viewer with a sense of relief.

Therapeutic Viewing

The process of video play therapy is not the same as viewing films, videos, or DVDs for entertainment. (Frey, 2006) The following chart illustrates some of the differences.

Entertainment Viewing	Play Therapy Viewing
Attention placed mostly on the plot	Focus is on the character(s) and the relationships (most emphasis placed on how character(s) change)
Emphasis on outcome	Emphasis on process
Focus on excitement	Focus on Insight
Attention placed on “movie stars”	Attention placed on analysis of characters behaviors and application to clients’ situation

How to Select Films

There are several criteria for selecting films for video play therapy with children, adolescents, and adults.

The therapist needs to select videos, which portray effective role models. Sometimes the role model a client needs is not available in real life but is available in reel life. The primary issue for the therapist is whether clients can project themselves into the role model(s). The closer the role model resembles the client the better. The Lion King is ideal for a client who has loss issues related to death. The role model is Simba who has to struggle with and overcome the death of his father.

Clients can be influenced by the negative traits of a character, as well as the positive traits. The therapist can process the pros and cons of the film character through puppetry after viewing the film.

The play therapist should match the content of the video to the client’s therapeutic issue and try to match the client’s circumstances as much as possible (chronological age, socio-economic background, education, values.)





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Choose films which clients enjoy. Therapists can make suggestions, but often clients have favorite videos. Very likely these videos or DVDs are favorites because they are meaningful to the client's psychodynamics. Clients communicate symbolically through their choice of film and the focus on various events portrayed.

Play therapists need to choose films, which portray characters solving problems. Films are ideal metaphors for problem solving because they include thesis, antithesis, and synthesis. The characters experience a problem, try out many unsuccessful responses, and eventually find pro-social solutions. Ideally, clients do the same.

When selecting a film, therapists can choose films which use powerful indirect suggestions. Hollywood films are often more therapeutic than client educational or didactic films simply because the message is more indirect and meets less client resistance. For example, a four-year-old client once expressed that her favorite video was Scooby Doo. When asked what she liked about it, she said she liked how Scooby Doo always solved the mystery. This message is embedded in the video but is not the main content. The girl wanted to solve the “mysteries” in her own life, where there was a lot of confusion about whether she had been sexually abused at age two. Adversarial, divorced parents had argued about this for two years.

Usually film segments are used with child clients while adolescence and adults can be assigned a video for view outside the therapeutic session.

Family therapists should choose films which involve inspirational moods. Such films evoke a sense of healing, well-being, and hope. Jonathan Livingston Seagull, The Fall of Freddie the Leaf, and Rudy are a few examples of films which help clients gain a sense of hope. Mood evocation is a key element in video play therapy.

Utilizing these guidelines, play therapists need to develop a list of therapeutically useful video for play therapy. It is important to be aware of films currently playing in theaters,

which are an active part of children's lives. Flexibility of choice is important since some clients might not accept what therapists find useful. With client feedback therapists can vary their choices while still focusing on the dynamics of the client. Keeping client favorite films in mind will assist therapists in building a film database.

The Process of Video Play Therapy

After carefully selecting a video or segment of a video for viewing, the therapist and child play out different aspects of the segment, with the child taking the lead as to what he or she wants to focus on in the video segment.

Case Example

A four-year-old boy who was referred for therapy due to the sudden death of his 24-year-old father was shown the segment of the movie *The Lion King* in which Simba realizes that his father has been killed. Prior to seeing this movie, the child would not speak to anyone about the trauma (he did suffer from repeated nightmares). After he saw the movie, the child chose to use dress-up clothes to be Simba and instructed the therapist to be Simba's father. The play-acting continued until the child came to a natural stopping place. The therapist then processed the movie and play therapy by discussing in what ways Simba was similar to and different from the client. The therapist discussed with the child what attributes of Simba he would like to have. “What aspects of the character in the movie would you like to avoid?” The therapist and the child discussed how he could use Simba's strategies to meet the challenges from his trauma.

Video play therapy could include viewing a video segment, then using drawing, puppetry, or sand play relevant to the video content. It is also possible to use doll play, trucks, pipe cleaners, play guns and other play media as means of bringing reel life to the real life of the child. The process involves transferring the movie plot to symbolize play therapy plot, to ultimately the client's real life.

Watching a movie segment in and of itself is not therapeutic. The movie segment or video needs to be processed. Several process questions can be beneficial to the therapeutic process: (Frey, 2006)

1. With which character did the client identify?
2. How is that character similar to or different from the client?
3. What aspects of the character would the client like to adopt and what aspects could be avoided?
4. Who was the antagonist and what barriers did s/he present?
5. How did the protagonist overcome the challenge?
6. How can the client use similar resolutions or problem solving for his challenges?

In addition to the process just described, therapist and client could make a video of their experience in video play therapy, then play it back. The therapist and client could make a video of the client in the role of the character in the film and through the playback confront cognitive errors of the character as the client's thinking about the event. In this way the client receives feedback about his/her thoughts and feelings in a less threatening process than direct feedback.

Client Process in Video Play Therapy (Frey, 2006)

While the therapist is focused on the aforementioned process content, the client usually experiences four stages in video play therapy:

1. **Identification:** clients see the similarities between the character(s) in the video and themselves.
2. **Catharsis:** viewers allow emotions and conflicts to come into consciousness.
3. **Insight:** clients identify the connection between the character(s) and themselves.
4. **Universalization:** viewers understand that their conflicts are not unique and that they are capable of adopting new coping strategies.

Case Example

An 11-year-old client was referred to therapy because she and her two older brothers had found both their parents dead in the family kitchen. The father had killed the mother and then shot himself. The girl had previously been in traditional "talk therapy," during which time she would not discuss anything about the trauma. Video play therapy was used with her. The suggestion was made that the therapist and child could view parts of *The Lion King* (The therapist had discovered that the movie was a favorite of the client.). The child chose to draw Simba and talk about Simba's feelings upon discovering that his father had been killed. She then drew a picture of how Simba might have felt if both his parents had died (identification stage). She later drew her feelings about the death and suggested doing some puppetry using lion puppets. During this time the lion puppets experienced their feelings about death (catharsis stage). In later sessions, the client asked to see the previously viewed segments. She played out her actual trauma scene in the sandtray (insight stage). Finally she staged a puppet show in which the main character (herself) evidenced new coping strategies (universalization stage).

This process flowed entirely from the video play therapy. The *Lion King* helped to give this client hope and encouragement and helped her to reframe her conflicts, while providing her with a role model for effective coping. This method helped her to identify and reinforce her internal strengths and to increase her communication about the trauma. The affective realm was



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addressed by this film in such a way as to potentate her emotions. Her feelings were galvanized, while at the same time she gained new insights. The cognitive insights helped her to understand what behavior she needed to change, and the affective insights gave her the motivation to effect these changes.

In the concluding stages of therapy, this client suggested that we make our own video, entitled "The Lion Queen." It was populated with people from her family and she did not use animals. The video was individualized by the child to fit her current life situation. She and her grandfather (who was parenting these children) and the therapist viewed it together. The therapist then guided the processing. When the client said, "You never get over it [death] you only get through it," the therapist realized that termination was near.

Termination

Two important criteria can be used in terminating video play therapy: psychological achievements of the client and maintenance of these achievements. This can also be assessed through repeating certain segments of the video, then utilizing play media again. The therapist searches for adaptive coping skills of the client.

Conclusion

One of the unique aspects of video play therapy is that viewers glean from the video that which is personally meaningful to them. Clients of all ages can experience the same film in many different ways and levels. While more empirical research needs to be conducted on the efficacy of the approach, the clinical findings are positive.

Through the arts, we transform not only our joys, but also our tears and anguish, paralysis and fears, and the unexplained and mysterious into images of strength, clarity and control (Steinhardt, 1994, p.217).

This is truly what the goal of video play therapy is for children, adolescents, and adults in trauma.

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