Therapeutic filmmaking: An exploratory pilot study

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Abstract

Filmmakers and theorists have explored the relationship between film and psychology for over a century, yet this connection has only recently been investigated from a psychological perspective. The present study bridges that disconnect with the development and pilot study of a new form of therapy: therapeutic filmmaking. Combining elements of talk, art, and narrative therapies with the process of personal filmmaking, therapeutic filmmaking represents a novel contribution to the field of psychology. Three students seeking therapy at a post-secondary counseling center participated in a 3-week phenomenological study exploring this experimental therapy. Several themes that emerged from the interviews were grouped into two categories: (a) the mechanisms through which participants achieved therapeutic change and (b) their experiences of this form of therapy. The results are discussed and implications for future research and practice are reviewed. The study introduces therapeutic filmmaking to researchers and practitioners and lays the foundation for its further exploration.

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In some ways, the field of film theory has advanced at a faster pace than that of psychotherapy. Despite being nearly half a century younger than psychology, film theory has enjoyed the sovereignty afforded the liberal arts but not the sciences: the freedom of critical thought without the responsibility of empiricism. Unbound by psychology’s restrictive methodology, film theory has evolved from the study of the relationship between audience and spectacle to the elaborate and highly diversified topics of feminist film theory, semiotics, postcolonial film studies, and even the psychology of film. Using psychological terminology, notably that of Freudian psychoanalytic theory, feminist film theorists built a case against the oppressive forces of dominant narrative cinema and incited revolution (Mulvey, 1999). Other film theorists explored the cultural implications of various cinematic representations, using such terms as ego identification, projection, castration anxiety, and penis envy (Eng & Han, 2000; Madison, 2000). Indeed, the vast expanse of space between psychology and film was linked by unconscious forces and ego satisfaction many years ago (Kaplan, 1990). It only seems appropriate that now, nearly half a century later, psychology explore that gap as well.

The present study intends to explore that gap with the creation and pilot study of therapeutic filmmaking. This experimental form of therapy combines, on the one hand, traditional psychotherapy sessions with, on the other hand, the client’s first-person or autodocumentary filmmaking. As such, therapeutic filmmaking resembles an arts-based therapy involving clients making short films or videos related to their personal experiences. This novel form of therapy was subjected to a pilot study in the present research to understand participants’ experiences of it in prac-
The research asks of the participants, “What was your experience of undergoing therapeutic filmmaking?” In asking this question, the authors intended to determine (a) how therapeutic filmmaking works and how it is experienced, (b) how participants experience it subjectively, and (c) how it may be improved for future use with other clients.

To the authors’ knowledge, filmmaking has never been attempted in the context of individual therapy. This new therapeutic approach potentially provides an alternative form of therapy for those who may not be inclined to seek more traditional forms of therapy, or an adjunctive role with traditional therapy. It may also call attention to the therapeutic benefits of the arts, which may in turn lead to increased arts funding and greater use of the arts in broader domains of life (e.g., schools and communities).

This research idea was influenced by historical developments in filmmaking and film theory, including the first-person diarist cinema of Philip Hoffman (2001) and postmodern feminist film theory and practice (Mulvey, 1999; Stacey, 1994). From psychology, this research was influenced by the humanist, feminist, and person-centered approaches to therapy, as well as art and narrative therapies. Mostly, however, this research was influenced by the senior author’s own profound experiences with exploring herself through this creative, expressive, self-reflexive process of filmmaking. As such, these experiences guide the research and play a large role in its design and implementation.

Despite the novelty of therapeutic filmmaking, the use of film and video in a therapeutic context is not new. Numerous researchers and practitioners have used moving visual media in multifarious environments and applications. One such application is the use of video as a medium for client feedback. By taping sessions and playing the tapes back to clients for comment and discussion, many psychologists have discovered a useful way for clients to receive objective feedback about their behaviors and communication patterns and thus gain therapeutic insight. Furman (1990) noted in his videotaped group therapy work with adolescents that “the familiarity of adolescents with television makes therapeutic approaches that utilized video techniques an attractive alternative to traditional methods” (p. 165).

Other therapists have utilized film and video for client feedback in other contexts, including group art therapy sessions in a hospital setting (McNiff & Cook, 1975), and with “educationally unserved” (Chin et al., 1980, p. 281) special education students. These researchers concluded that the use of video in therapy aided in supporting the basic principles of operant learning, increased self-esteem, and interpersonal skills, aided clients in focusing on their behaviors, and even increased enthusiasm and participation in therapy.

The use of film and video in therapy is not limited to documentation. Another application of film and/or video in therapy is the advent of cinema therapy. Related to bibliotherapy, cinema therapy is a therapeutic approach that prescribes the viewing of popular films for clients as homework in order to establish therapeutic metaphor, positive behavioral modeling, and action ritual (Christie & McGrath, 1987, 1989; Sharp, Smith, & Cole, 2002). As such, cinema therapy encourages clients to watch popular films that they connect with (i.e., The Neverending Story for children dealing with loss, Interview with the Vampire for adults confronting drug and alcohol addictions, etc.) and use these to form a language and context to speak about and process their therapeutic problem(s). Indeed, a recent study found that this cinema therapy approach was used by 67% of 827 therapists polled, with 88% of these reporting positive therapeutic benefits as a result (Lampropoulos, Kazantzis, & Deane, 2004).

Even the simple passive act of watching films without the intervention of therapeutic metaphor has some therapeutic merit, as demonstrated in a fascinating study using visually impressionistic films with psychotic patients in an army hospital (Rubin & Katz, 1946). Over time, these authors described the patients as more accessible to sadness, calmer and more relaxed, and more able to ventilate tension, and found that the films led the patients to emotional catharsis, which increased their susceptibility to suggestive therapy. Clearly, moving images affect us in ways that until quite recently only film theorists have anticipated.

Even more relevant to the development of therapeutic filmmaking for use with clients is the use of film- and videomaking in therapy. While therapeutic filmmaking’s cycling between psychotherapy and filmmaking is a new contribution to the field, using film- and videomaking as a therapeutic tool is not. Two studies published in the 1970s used filmmaking as a therapeutic tool with quite disparate populations: one with psychotic patients in a mental hospital (Muller & Bader, 1972) and the other with preadolescent boys in a residential school for children with emotional, behavioral, and learning difficulties (Arnott & Gushin, 1976).

Muller and Bader’s (1972) patients created fictional films in groups with little therapeutic intervention from supervising hospital workers. The authors concluded that the social, cooperative task of collective filmmaking was a therapeutic process for the patients and it allowed audiences to gain “a new respect for the mental patient” (Muller and Bader, 1972, p. 188).
Noting the success of that study, Arnott and Gushin (1976) designed their own study as a 7-week workshop for preadolescent boys with behavioral problems. The authors had participants collectively create narrative fiction films while the authors remained unobtrusive, choosing to observe the boys at work. They concluded that the filmmaking process allowed the boys to externalize their emotions and reflect on the meaning their stories had for them, improve their social skills, increase self-esteem, and use self-imposed checks on impulsive behaviors.

More recently, an American psychologist initiated a model of psychotherapy she termed Creative Video Therapy, which used video making as a therapeutic tool in an art/narrative therapy context with groups (Gardano, 1994). Working with adolescent girls, Gardano suggested that “the creation of a video provides a structure that seems especially appropriate due to its popularity with this age group” (p. 101), echoing the sentiments of Furman (1990). In this study, participants individually wrote and then collectively created and acted out stories that were then taped. These videos were viewed by the group and discussed, including discussion of alternative endings to the conflicts presented in the stories. Two months after the end of the 16-week study, Gardano reported that participants improved in behavior, relationships with peers, and self-esteem.

In summary, the authors of all these film- and videomaking studies concluded that using this creative outlet as a therapeutic technique had great potential and should be studied further. However, few further studies have been conducted on its usefulness in therapy.

Furthermore, though the medium of film- and videomaking has been briefly discussed and rationalized in the various studies noted above, to the authors’ knowledge there has been no discussion of the difference between the use of film versus the use of video in these studies. There are some significant differences between these two audiovisual media, however. For example, (a) film is more expensive, (b) the equipment is more cumbersome, (c) the process is more physical, and (d) production requires a greater level of skill and specialized knowledge than video. As such, while video is more accessible and easier to use, the relationship between video and the artist is much less intimate than with film, and with video the product tends to be more generic. Further discussion of these differences, as well as important similarities, is both warranted and necessary, but is beyond the scope of the present article. As such, a successive paper on the theoretical considerations of therapeutic filmmaking is planned to address these and other issues.

It is worth noting that therapeutic filmmaking as proposed here differs from the above studies regarding the context in which filmmaking is used. In the above studies, filmmaking was done in groups, the subjects of the films were narrative and non-intimate in nature, and there was less therapeutic intervention (and in some cases, none at all) by the supervising psychologists conducting the studies. In contrast, therapeutic filmmaking involves individual filmmaking, using personal and intimate subjects for content material, and a great deal of therapeutic intervention by a psychologist. In this way, therapeutic filmmaking more closely resembles a Gestalt approach to art therapy than that in the above studies (Rhyne, 2001). Regardless, there is support in the existing literature to suggest that therapeutic filmmaking may indeed be a useful and novel approach to psychotherapy.

Method

Participants

Participants were recruited through a post-secondary counseling center in Calgary, Alberta. Few limits were put on who might participate in the study, though for ethical reasons, the participants’ age was limited to 18 years or greater and people in crisis were not considered. Five participants volunteered for participation in the study, though two eventually withdrew due to health concerns in one case and, for the other, moving to another city prior to completion. The three participants who completed the study were as follows:

1. Adam, age 29: Adam sought counseling for relationship concerns, issues related to being a member of a sexual minority group, and to enhance his personal growth.
2. Nora, age 27: Nora, who immigrated to Canada from Eastern Europe and spoke English as a second language, sought counseling to address her clinical depression.
3. Madonna, age 27: Madonna sought counseling to address her clinical depression in combination with pharma- cotherapy, which was provided by an unaffiliated third-party doctor.
Purpose and procedure

The purpose of this study is to explore the phenomenon of undertaking therapeutic filmmaking from the client’s perspective. In so doing, it lays the foundation for the further use and study of therapeutic filmmaking in other contexts. This study is designed to be exploratory, to determine what it is like for participants to use this form of therapy as an adjunct to more traditional talk therapy. It is not presented here as a “cure” or a specific treatment for a given therapeutic issue, but rather as an idea worth testing to determine if it warrants further pursuit.

During the study, the participants attended weekly 1-h therapy sessions over 3 weeks with counselors at the clinic who remained unaffiliated with the study. These third-party counselors provided counseling services to the participants as part of their mandate at the counseling center, and they did not participate in the study in any other way from its inception through its completion. The counseling sessions remained private and confidential between the participants and their counselors and were not shared with the researchers of the study.

Outside of their hour per week of therapy, participants were given a free digital videotape and time-limited access to cost-free video recording equipment, such as cameras and tripods, through the post-secondary institution’s media center. The recording equipment was available for periods of 24 h (during the week) or 72 h (over the weekend) at a time. The participants also had a total of 12 h of access to cost-free editing suites through the institution that they were free to use at their discretion during the media center’s hours of operation. The participants were instructed to create video projects about a topic related to their reason for seeking therapy and to spend as much or as little time on their projects as they wanted to. If they had any technical questions, they had various resources they could consult, including the technical staff administering the equipment and the senior author.

Upon completion of the 3 weeks of therapy, the participants scheduled an interview with the researcher to discuss their experiences of therapeutic filmmaking. The interviews lasted approximately 1 h each and were semi-structured so that certain information could be gathered without compromising the conversational aspect of the interview. The interviews were tape-recorded and transcribed; then the transcripts were thematically analyzed, summarized, and returned to the participants for feedback. The participants’ feedback was then incorporated into the data analysis.

Upon recruitment, participants met with the principal investigator individually to discuss the details about the study, understand and sign the informed consent form, receive their mini digital video tape, and address any questions or concerns they may have had. After this initial meeting, the participants each scheduled three sessions with one of the third-party counselors at the counseling center. During this time, the senior author did not contact the participants, allowing them to complete their therapy without interference. However, the principal investigator remained available for guidance if anyone initiated a query regarding the study or the filmmaking process.

Upon completion of the three sessions of therapy, participants were expected to contact the senior author to inform her of their completion and to schedule an interview. Interviews were held in private rooms at the post-secondary institution and followed a semi-structured phenomenological design. In this approach to interviewing, participants were asked a common question to begin the discussion, after which the conversation flowed naturally. In this way, the lead researcher was able to question further into certain areas and gain clarification or elaboration in others, while the participants felt free to tell their stories in their own ways.

Upon completion of the data analysis, the senior author wrote summaries of these themes and categories and returned them to the participants for feedback. The participants largely supported the themes and categories discovered by the lead researcher, though some changes were suggested. Further, a research assistant subjected the analysis to a peer audit, whereby the analysis process was reviewed and feedback was provided on its rigor and conclusions. These various forms of feedback were incorporated into the final thematic analysis as presented in the following section.

Results

Having outlined the methods used to collect and analyze the data, the results of the study are provided here. Eighty comments were organized into 11 themes, which were then broken into two categories. The first category, Mechanisms of Change, encompassed themes that expressed the participants’ subjective experience of undergoing therapeutic transformation through the use of therapeutic filmmaking. This category includes the themes Positive Experiences,
Feelings of Mastery, Observations on Perception, Changed Perspective of Self, Changed Perspective of Interactions, and Humour as Healing.

The second category to emerge from the data, Experience of Therapy, included themes that related directly to the participants’ experience of the therapeutic aspect of therapeutic filmmaking. This category includes the themes The Personal as the Subject of Filmmaking, Film as a Focusing Agent, Film as a Catalyst for Discussion, Comparison to Other Experiences of Therapy, and Suggestions for Improvement. These themes are subsequently described.

The first category: mechanisms of change

While engaging in analysis of the data, the initial impression that emerged was that participants learned something about themselves and that they had changed through the course of therapy. The changes they experienced varied greatly, from making a decision about what they want and expect from their intimate relationships to coming to terms with the sometimes-frustrating dynamics of their family. Further, the mechanisms through which this change occurred varied. The following six themes emerged that tapped into the mechanisms of change that participants experienced in therapeutic filmmaking, including a heightened sense of mastery and a loop of feedback/observation afforded through the introduction of video footage. Each of these themes is explored in turn.

Positive experiences

This theme encompasses the participants’ global observations about their experience in therapeutic filmmaking. This theme was categorized under Mechanisms of Change because the nature of the fragments included topics that related to the participants’ experiences of what worked for them about therapeutic filmmaking. For example, Adam, age 29, noted that, “I’m going to continue using [therapeutic filmmaking] with my regular therapist, so I like it, and I think that for me it will be really good.” This statement reflected the overall nature of the comments made by participants that framed their experience as a catalyst for therapeutic change.

Feelings of mastery

This theme related to participants’ perception that this form of therapy helped them gain a sense of accomplishment and mastery of a new skill through the task of learning how to make films. The participants in this study reported feeling a heightened sense of mastery through a number of comments made during the interviews. For example, Nora (age 27) stated that “it gives you some sense of accomplishment, too, that you can do something like [make a movie]” which represented a common sentiment among the participants regarding their use of filmmaking.

None of the participants had a background in film or audio-video work, so in participating in this form of therapy they learned a new skill that was described as “fun,” “interesting,” and “exciting” by the three participants. This sense of mastery then contributed to the overall efficacy of the therapy, as Nora noted: “I think maybe because when you’re depressed and you’re sad and you’re waiting at home – and when you have that camera, then you have something to do, and it distracts you from sitting down and thinking about things. And it puts you to an activity that’s different, so that’s good.”

Observations on perception

This theme encompassed fragments that addressed observations about the shift in perception afforded through the addition of an objective camera’s lens to participants’ own subjective perspectives. Adam noted. “I found it good to go and record things and then talk about differences that I saw from what I recorded as to what I was thinking or feeling about it.” In this case, the act of filmmaking followed by an opportunity to discuss the footage and progress made with a therapist along the way allowed him to explore what was recorded, why it was recorded, and what it means to the filmmaker in the context of his personal therapy. As a result, Adam stated that such a process “gave me some insight into some areas that I might want to look at more closely. Why do I think that way? And challenging sort of cognitively some of what I was thinking.” It appears that for all the participants in this study, a valuable shift in perspective occurred that shed new light on themselves, their situations, and encouraged them to view things differently than before.

Changed perspective of self

According to the participants in this study, viewing themselves and their situations in different perspectives allowed them to learn about themselves in meaningful ways and embark on therapeutic change. Such statements as “It’s not
me against them, I’m right in there with them” (Madonna, age 27) suggest that her shift in perspective allowed her to relate to her family on a different level. While previously she described her household as “aggravating,” she gained a different interpretation of it – and particularly her place within in – through her exercise in filmmaking. “Maybe if I hadn’t been in the nuthouse, I don’t know, maybe I wouldn’t have learned certain things like, maybe I’d be more uptight. There’s probably all sorts of things I acquired growing up in the nuthouse that I might not have otherwise.” On her place within the context of her family, she stated, “my thought at the end was that it would all be happy in the end [of the film], and I perhaps discovered that I’m not so perfect.” This realization, in turn, led her to reframe her feelings around her family, so that, “It made it seem that I had one space in my life that was really good. Crazy, but good.”

**Changed perspective on interactions**

With the video camera as feedback, participants were able to gain a different perspective on how they saw and were seen by others in their lives. Madonna illustrated this when she noted, “I got to see what kind of an instigator I am.” This shift in perspective – learning about herself as well as learning about the way she interacted with those around her – then led her to change the way she interacted with them: “Maybe [it] made me think of them a little different. As sources of entertainment instead of sources of aggravation... I don’t see them as so big and scary, and maybe they’re not so aggravating anymore.” In the end, Madonna, a woman who sought counseling for depression, noted that the experience of undergoing therapeutic filmmaking “made me think what kind of good, positive things there are to make me get out of bed for.”

**Humour as healing**

The final theme to emerge under this category is the sense that humour was noted as one way in which therapeutic filmmaking impacted on participants’ experience of change. Related to the previous themes in that it involved a shift in perspective, the videos represented a different way to view behaviors and situations than how they were viewed during the living of it. Madonna noted that, “[filmmaking] kind of made me look on things a little more light-hearted and, yeah, that was good.”

Through this perspective, participants were able to determine that things that had once upset them were, when interpreted in a different context, rather humorous. In making light of the heavy moments that were captured, they determined that looking at themselves through a humorous lens made their concerns less troublesome.

**The second category: experience of therapy**

The remaining themes shared a common element of relating to the therapeutic aspect of the participants’ experience. The second category, Experience of Therapy, encompassed themes that addressed the content of the films and what was discussed in session with the counselors, as well as the participants’ subjective experiences of how the filmmaking and talk therapy sessions affected each other. Finally, during the interviews, the senior author specifically questioned the participants about what they might change about this form of therapy; their suggestions for future versions of therapeutic filmmaking constitute the final theme in this analysis.

**The personal as the subject in filmmaking**

This theme suggested that what was filmed often became therapeutic fodder due to the personal nature of the content. Adam stated: “Like I was doin – I picked relationships – so I did a lot of filming of different people holding hands or whatever and then how that translated into my experiences.” This particular content was personally relevant due to his interest in relationships and, particularly, exploring his own relationships in therapy. Through filming content that appealed to him as relevant for later discussion with his therapist, he allowed himself – his visual and cognitive perspectives – to become the subject of his film.

Aside from collusion with the content of the therapy, sometimes the content of the films differed from that discussed in session. As Nora noted: “I didn’t do much, I just taped a little bit, like my cat and some things around the house.” While these were not the topics brought up in session, they represented details of her life that became useful for exploration in filmmaking. Adam commented on the form the film took, described as collage that “represents where I was, which was all over the place!” While this was not necessarily something that became a topic of focus in session, it still provided ample information to reflect upon between sessions.
Film as a focusing agent
This theme consists of fragments relating to how participants’ filmmaking processes impacted on their ability to focus on particular aspects of their lives during the course of therapy. Some of these comments related to the use of the film project as a starting point in the therapy session, a spring-board from which to jump into deeper discussion and processing: “[My therapist] would ask me what did I tape and I would tell her . . . I would tell her what I taped and we would talk about it more” (Nora). Similarly, Adam said, “I was able to sort of be a little more focused and knew what I wanted to talk about, and . . . think about things and know what I’m going to tape.” He later went on to say: “It was more directive when I came in [for therapy], that I was directing what we’re going to talk about.”

Film as a catalyst for discussion
Film was described as a form of expression from which therapeutic conversation freely flowed. According to Adam, his film was a catalyst to talk about more difficult issues with his therapist:

Because I really found it a good place to sort of go into some things that I can’t necessarily talk about, and so there’s some stuff stuck in my head that I – about how I can bring up some issues that I have been working on with my therapist using this as a way to do it without having to say it . . . Because I found [using film] sort of an easy way to express myself.

Another way that filmmaking impacted on therapeutic discussion was through engaging the participants in self-reflection during the spaces in between sessions. Adam stated:

And I was also thinking about it more throughout the week. That, okay, what am I going to do, and why am I going to tape that. And so I wasn’t just thinking about it on the day I went to go see the therapist, so . . . And not in a way that exhausted me, because it was fun, so it wasn’t work or taxing or anything.

Comparison to other experiences of therapy
This theme incorporated the participants’ observations on the differences between therapeutic filmmaking and other forms of therapy they had experienced. This was not a question that was explicitly asked during the interview, yet it was expressed repeatedly by all three participants in the course of their interviews. For example, Adam stated, “I’ve been in other forms of therapy where they say I want you to go home and do this exercise and I kind of went away and did whatever it is I wanted to do with the film, and the recording, and [I liked] that it was non-directive.” He continued on to make a distinction between therapeutic filmmaking and art therapy: “I really like the idea of creatively expressing things, sort of using pictures. It’s kind of like a form of art therapy, right, but I can’t draw worth crap but I can film something . . . [it’s also] more active, rather than the static painting.” Such differences between this form of therapy and others allowed the participants a unique perspective on their therapeutic concerns and allowed them to express themselves in ways they were unaware were possible.

Suggestions for improvement
The participants reflected upon the positive aspects of their experiences, though the senior author felt it was also important to understand what did not work for them. As such, during the interview each participant was asked to express any suggestions for improvement they may have had for future uses of therapeutic filmmaking. The participants’ concerns were primarily related to issues of resources, such as the amount of time they had the cameras for and feeling that the therapists’ offices were not set up properly for in-session playback. Aside from issues of resources, the only other category of suggestion related to scheduling and having less time to participate in therapeutic filmmaking than they would have liked. According to Nora:

I think if anything was ineffective [about therapeutic filmmaking] it was related to my schedule, or maybe if I had a camera that I could keep it would have been more effective, maybe if I had a car it would have been more effective, or maybe if I had more time and it wasn’t in the summer and I wasn’t traveling and working . . . I definitely would have done something better.

Based on these suggestions, it would appear that lengthening the period of the study as well as providing the participants with more open access to video equipment would have improved their experiences.
Discussion

Beyond corroboration with past research in expressive therapies, the present study presents some novel findings. Therapeutic filmmaking is itself a new approach to therapy, contributing to the literature an innovation in how film and therapy can interact. Allowing the participants to express in their own words what it was like for them to engage in this form of therapy, valuable information was gained about (a) how the process of therapeutic filmmaking was experienced, (b) what therapeutic gains were experienced according to the participants who benefited from them, and (c) what factors may have improved their experience and deepened further their feelings of self-growth.

New information emerged in this study that was unexpected based on past literature. For example, while past research showed that using film and video in therapy provided feedback for the participants and allowed them to see themselves from an outsider’s perspective, the present study went further as participants revealed how this feedback then contributed to changes in their patterns of behavior and assisted them in decision-making processes. Further, while past research addressed how filmmaking contributed to heightened self-esteem and social skills among participants, in the present study the participants drew distinct links between their experience of therapeutic filmmaking and (a) feelings of mastery, (b) shifts in perspective that contributed to them altering negative attribution patterns, and (c) lowered feelings of depression. Further, filmmaking impacted on the course of therapy by providing focus to both the sessions and participants and promoting discussion of difficult topics. Such unexpected findings encourage the authors to delve deeper into our understanding of what may be achieved through this new approach to therapy and justify further use and exploration into the emerging efficacy of therapeutic filmmaking.

Given the nature of the present study, various limitations apply. Being a qualitative study more concerned with depth of understanding than breadth of applicability, only three participants were included in the analysis, thus the results are not generalizable to larger populations. Further, these participants were similar to each other in terms of age, ethnicity, and status as post-secondary students. As such, it is difficult to say whether the results noted in this study would occur for other people, as many participant variables were not considered here.

Another limitation relates to the nature of the present study as based on a trial run of therapeutic filmmaking. While many people collaborated to make this pilot study work, such as the various third-party counselors who agreed to act as therapists as well as the media services department that lent out their equipment for free, the therapy itself was not cohesively organized as a service-inclusive program. As such, difficulties arose around the limited access to equipment, working around therapists’ schedules, and requiring the participants to liaise between the counseling center and the media services department themselves. This lack of cohesion may have complicated the therapy experience for the participants and contributed to an overall lack of external validity. This form of therapy was designed around the purposes and resources of the present study; as such, it is difficult to say how similar such therapy would be in real-life practice in a non-research setting.

Another limitation was that participants were already clients of a post-secondary counseling service. Whether therapeutic filmmaking can stand alone as a therapeutic intervention is uncertain as this study was confounded with each client simultaneously receiving individual talk therapy. Future research may explore how therapeutic filmmaking compares to traditional talk therapy or other forms of art therapy without combining the approaches in the process.

The purpose of this study was to explore what is the experience of undergoing therapeutic filmmaking – in both theory and design, it was meant to be an exploratory look into a new form of therapy. This exploration was intended to determine whether this form of therapy was worth delving into further – beyond this initial exploration – and, if so, to lay the foundation for future research and practice. Considering the support given by the participants through their testimonials, it appears that a foundation exists upon which to build therapeutic filmmaking further.

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References


