Utilization of films as Wellsprings of Succour, Edification and Repose for Psychologically Lacerated Persons: An Exploratory Study

Eliud Situma

Department of Film and Theatre Studies
Kenyatta University

John Mugubi

Department of Film and Theatre Studies
Kenyatta University

Abstract

This paper presents an appraisal on Film, principally docudrama as a tool in the psychotherapeutic process among distressed people. The major findings resulting from reviewing several studies illustrate that cinematic techniques and enactment greatly play a role in decreasing psychological distress levels as well as depression. Subsequently, the study concludes that presentation and manipulation of characters effectively may engender positive results on persons healing from psychosomatic anguish and despondency. This study avers that cinematographic techniques carry healing and therapeutic value if utilized in psychosocial supportive environment. Film therapy enables clients to tell their life stories to their therapists. Film is therefore a potentially valuable means for clients to vent out their emotional stress and inculcate optimism. The entertainment aspect may make the client to forget/suspend negative feelings associated with trauma hence reducing negative defence mechanism that could encumber a therapeutic process.

Introduction

Docudrama film is a movie that documents reality (Rosenthal, 1999). According to Formenti (2014), docudrama combines the fields of documentary and drama and focuses on real events and real people presented in a dramatized way. Formenti asserts that several characteristics define a docudrama: the first is a tendency to stick to the facts as they are known, without offering commentary, secondly it gives people basic information, allowing them to draw their own conclusions. Rosenthal summarises that docudramas bring the events discussed to life; rather than saying that person X and person Y had a conversation, for example, a docudrama will stage a recreation of the conversation.

Psychotherapy is a process of discovery that has as its goal to eliminate or control troubling and painful symptoms so that the patient can return to normal functioning (Fromm-Reichmann 2015). Psychotherapy requires the concentration, energy, and commitment of both the victim and the therapist. Both patient and therapist are full partners in the process and both participate in making treatment decisions.

Tonic Use of Art / Film

According to Delbuno et al. (2010), therapeutic use of memoirs and films served as sources of support, education and comfort for traumatised persons. Many family members noted that hearing other families' stories made them feel less alone and helped them develop empathy for their traumatized persons (Galanter & Kleber, 2011). Galanter and Kleber (2011) further note that victims of trauma were moved by and derived hope and optimism from hearing stories of people who had successfully learned to overcome trauma.

The second instance through which docudrama was used in the process of psychotherapy is documented in the edited version of *Cinemaducation: A comprehensive guide to using film in medical education* (Bogic, Njoku & Priebe, 2015). In this book, the writers illustrate how movies allow us to briefly inhabit a conscious dream state, one that is populated by larger-than life figures engaged in human comedy and drama. They also indicate that films provide viewers with profound insight.

According to a 2015 report from the United Nations High Commissioner for Refugees (UNHCR), as by the end of 2014, 65.3 million people around the world were driven from their homes by armed conflict, persecution, natural disasters or other causes. Refugees experience multiple forms of disadvantages, including long term physical and psychological problems (Casey, Duell, Maloney & Pienning, 2013). Review of prevalence studies (Bogic *et al*, 2015; Danesh, Fazel &Wheeler, 2005), showed that a huge range of reported mental health disorders prevalence rates were among people of refugee background. Bogic et al. concluded that mental disorders tend to be highly prevalent in war refugees many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post migration social economic factors. Fazel et al. (2005) suggests that about one in ten refugees had post traumatic stress disorder, about one in 20 had major depression and about one in 25 had a generalized anxiety disorder. Feyera, Gedle, Kumera and Mihretie, (2015) confirmed that women were twice as likely to exhibit symptoms of depression as men.

Yazici, Ulus, Selvitop, Yazici, and Aydin, (2014) conducted a study that focused on use of movies for group therapy of psychiatric patients. Yazici et al. initially listed films of potential use. They excluded those that contained aggressive sexual

and stigmatizing scenes. They started therapy sessions with short introduction. Yacizi et al. reported that using movies for group therapy sessions encouraged the patients to talk about their beliefs, thoughts and feelings while discussing characters and stories. Similarly, Dumtrache (2014) assessed the effect of cinema therapy on participant anxiety level. The result indicated a significant drop in anxiety among participants in the cinema therapy program as opposed those in control group. The two studies however fail to mention the exact genres of films that were selected and what aspects of film specifically contributed to therapy.

Zur and Wolz (2015) state that combination of cinematic elements can often evoke deep feelings in viewers, both allowing for personal reflection and providing new perspective on external events. On the other hand Nyaole (2012) asserts that viewing experience entails more than simply looking at a visual display, but rather provokes a response that is dramatically meaningful to the viewer. Suler (2013) alludes to the fact that a picture is worth a thousand words, many ideas can be condensed into a single image, making it a powerful way to represent your identity. He further states that a motion picture provides an identifiable representation of your inner life which can help you master the problematic aspects of your personality. The above three scholars demonstrate the importance of cinematic elements and how the elements help the viewer make meaning of the content of the film. They also point out the role of film in self reflection, an aspect that is core to a therapeutic journey of any traumatized individual. However, the studies failed to point out how self reflection is beneficial to an individual.

Pujam, Joseph, Lahiri and Pattojoshi (2016) state that cinema as a therapeutic tool makes processing of the unconscious material accessible and reduces resistance because it is indirect. It gives greater insight to patients about their dilemmas and creates useful metaphors. Pujam *et al* add that by prescribing to the participants to view a film, it is anticipated that they will connect their own life experiences with those demonstrated on the screen in order to obtain solutions to their previous experiences. Pujam *et al* has common elements with the findings of this study, for instance the fact that film reduces resistance among the viewers concurs with the finding that the participants in this study were able to open to dialogue about their past after watching docudrama films. However, the scholars are biased to conclude that films generally create useful metaphors. Some metaphors in films may have negative connotation thus not useful to the audience.

According to Bassil-Morozow (2015), cinematic narratives hold therapeutic values. He argues film watching offers a special place where psyche can come alive, be experienced and be commented upon. Bassil however ignores the fact that we have different genres of cinema and not all films hold therapeutic value. This study fills this gap by focusing on docudrama as a specific genre which combines drama and reality hence has a therapeutic value. Singh (2014) focuses on the affective nature of film viewing and particularly on the power it has on individuals and personality development. Sing argues that cinema is an ideal candidate 'for thinking through the expressive potential of cultural production and from a psychological perspective, it reflects the relationship human beings have with the outside world' (Singh 2014, p.11). Floriano (2016) concludes that the overall objective of psychological film knowledge is to describe the narrative strategies that lie with viewer emotions by acting as the therapist that links people to their challenges in the past. Floriano further describes three key differences between viewing for entertainment and viewing for therapeutic

benefit: 1) focusing on characters and their relationships (as opposed to focusing on plot), 2) explicitly identifying with characters and analyzing their relationship to one's personal identity, and 3) articulating ideas for change in one's personal life derived from the movie.

Hyde (2015) further adds that the visual image in film helps the viewer see what they might in their mind be refusing to see and hence gives a chance to map out means of correcting worries or blunders that could have contributed to the current psychological stress. It is the relationship that viewers attach with the film that is of utmost importance to the therapist. The audience is able to see familiar challenges applied to others and in the end; there is a solution in the cinematic environment thus resonating well with the viewers who see it as second chance in life to make corrections.

The use of considerable talents of actors, directors, cinematographers and screen writers also offer visual portrayals of life that are memorable and proactive. As such, they easily trigger discussions and provide a useful counter-weight to move traditional didactic ways of teaching (Peacock, 2016). In his study, Peacock elaborates on the therapeutic nature of film explaining that films transmit ideas through emotion rather than intellect; they can neutralize the instinct to suppress feelings and trigger emotional release

Benezer and Zetter (2014), give a specific list of recommendations for using movies in clinical therapy. They include: identifying clients that are inappropriate for the technique; being cognizant of the timing and number of the assignments within therapy; understanding why you are assigning a particular film; being prepared in regards to the content of the films recommended; giving clear reasons and expectations of a film homework assignment and; providing a forum to discuss the film after viewing. Benezer and Zetter's recommendations positively contribute to successful therapy sessions.

In their study, Arav and Gurevitz (2014) provide cautions to therapists who employ film technique, including how to address a negative response to a film assignment, being cognizant of a client's socio-economic or cultural perception of movie-watching, and understanding that there is a lack of empirical support for this technique. The above stated cautions provided an important platform in assessing negative responses from the participants during therapy sessions. Film as a tool of sending reconstruction and recovery messages to victims of past sufferings has been used through many generations especially in the third world countries ravaged by war and natural calamities (Ratcliffe, 2013). However, not every film or every viewing can bring out the correct feeling as planned by the film maker leading to adoption of specific cinematic techniques that are used to enhance the feeling of connection with the film audience for therapeutic effect (Kimmerle & Cress, 2013).

According to Austen (2011), the basic unit of meaning in film is the shot, the frames produced by one continuous take of the camera, without cuts. The size of the shot determines how much or how little of an image the director allows the audience to see. It can enhance or distance our identification with a character – the further the subject, the more abstract they are (Irving & Rea, 2010). When describing different cinematic shots, different terms are used to indicate the amount of subject matter contained within a frame, how far away the camera is from the subject, and the perspective of the viewer. Each different shot has a different purpose and effect (Mediaknowall, 2013).

According to Brown (2012), an establishing shot is the opening shot of a scene. It establishes the geography by giving the audience some idea of where they are, what kind of place it is, and where objects and people are in relation to each other (Thompson & Bordwell, 2008). Establishing shot are often wide exterior shots. They open a scene to let the audience know where they are at (Artis, 2008). Freer (2013) argues that the clue for an establishing shot is in the name. It is shot, at the head of the scene, which clearly shows the locale the action is set in.

The wide shot is any frame that encompasses the entire scene, all relative to the subject (Brown, 2012). According to Artis (2008), no matter who is speaking or what happens, it is all covered in the wide shot. It is the one shot that covers all the action. A long shot is one taken from a sufficient distance to show a landscape, a building, or a large crowd (Austen, 2011). Bordwell (2008) argues that in the long shot, figures are more prominent, but the background still dominates. Dianga (2014, p. 162) comments that "a long shot creates an uncomfortable distance between the viewer and the events, limiting his interaction with them. It also minimizes editing, a moment when the spectator highly influences the filmmaking process. A spectator wants the different shot types to speak to him differently". It depicts an entire character or object from head to foot. Not as long as an establishing shot (Freer, 2013).

According to Austen (2011), a medium shot lies between a long shot and a close-up. It might show two people in full figure or several people from the waist up. Framed from the waist up, medium shots bring the audience closer to further inform them of what people are wearing or doing (Artis, 2008). According to Bordwell (2008) the medium shot frames the human body from the waist up. In this shot, gesture and expression become visible. The medium shot focuses on the action and character interaction (Mediaknowall, 2013).

Austen (2011) argues that a close-up is a shot of one face or object that fills the screen completely. The close-up is traditionally a shot that just show the head, hands, feet or a small object. It emphasizes facial expression and the details of a gesture or a significant object (Thompson & Bordwell, 2008). A tight shot of a portion of a frame, an object or an actor's face and shoulders is a close-up. It places the audience in a closer relationship with the subject in frame (Irving & Rea, 2010). The most important building block in cinematic storytelling that keeps only the face full in the frame (Freer, 2013).

An extreme shot is an extreme version of the close up, generally magnifying beyond what the human eye would experience in reality (Mediaknowall, 2013). It is a shot of a small object or part of a face that fills the screen (Austen, 2011). When a single portion of the face is singled out, it becomes an extreme close-up. It isolates and magnifies an object (Thompson & Bordwell, 2008). Extreme close-ups make the audience might feel that they are merging with, losing themselves in, or becoming engulfed by the subject, sometimes in a spiritual or mystical manner (Suler, 2013).

Camera placement is determined by narrative significance. They are the angles at which cameras are positioned during filming. Various angles are used in order to develop the narrative and push the story forward (Smeriglio, 2014). For any single shot, you need to decide what particular camera angle works best to express the intended concept and feeling of the shot (Suler, 2013).

When using high angle the camera looks down at what is being photographed (Klevan & Clayton, 2011). When the camera is above eye height, we seem to dominate the subject. The subject is reduced in stature and perhaps in importance (Brown,

2012). According to Freer (2013) a high angle shot looks down on a character or subject often isolating them in the frame. The camera is elevated above the action to give a general overview. High angles make the object photographed seem smaller, and less significant or scary. The object or character often gets swallowed up by their setting - they become part of a wider picture (Mediaknowall, 2013). The high angle is often used to demonstrate to the audience a perspective of a particular character (Skwirk, 2015).

High camera angles can make the subject appear to be in an inferior position relative to your dominant and more powerful point of view. The subject is smaller, less significant, and diminished, while you are the giant. You are literally and figuratively "looking down on them." High camera angles work well to enhance the idea that the subject is submissive, humiliated, vulnerable, powerless, fallen, being beaten down, or injured (Suler, 2013).

At eye level angle a shot that approximates human vision; a camera presents an object so that the line between camera and object is parallel to the ground (Austen, 2011). A fairly neutral shot such that the camera is positioned as though it is a human actually observing a scene (Mediaknowall, 2013). The eye level puts the audience on an equal footing with the characters. It is the most commonly used angle in most films as it allows the viewers to feel comfortable with the characters (Skwirk, 2015). It shows people the way we would expect to see them in real life. Psychologically, we're seeing eye-to-eye with the person, feeling equal status and power with them, like a peer (Pujam *et al*, 2016).

The eye level angle is one type of subjective camera angle because the shot encourages the viewer to identify with the subject. If the subject is a tall or short person, that aspect of their appearance is eliminated as we see eye-to-eye with them. If the subject is a child or animal, we get down to capture them at their level of experience rather than shoot from the higher adult or human point of view. In the case of objects and scenes that exist above our usual position, like a kite caught in a tree, or objects and scenes typically below us, like toys lying on the floor, the level camera angle brings us up or down to experience that scene as if we're part of it (Suler, 2013).

At low angle, the camera looks up at what is being photographed (Austen, 2011). A low-angle shot can make a character seem ominous and foreboding (Brown, 2012). Freer (2013) argues that a low angle shot looks up at a character or subject often making them look bigger in the frame. It can make everyone look heroic or dominant. Low angles help give a sense of confusion to a viewer, of powerlessness within the action of a scene and an illusion of increased height. The added height of the object may make it inspire fear and insecurity in the viewer, who is psychologically dominated by the figure on the screen (Mediaknowall, 2013). The low angle can make the audience feel vulnerable and small by looking up at the character. This can help them feel empathy if they are viewing the frame from another character's point of view (Skwirk, 2015).

Low angles create the feeling that the subject is big, high, powerful, dominant, imposing, authoritative, or menacing. By contrast, the viewer might feel weak, powerless, insecure, helpless, or overwhelmed in relation to the subject. They are in the position of a child standing in the land of the giants (Suler, 2013).

At a dutch angle the frame is slightly diagonal, can be used to create tension in the frame or impose a flashy artsy look (Artis, 2008). For the Dutch angle, the camera is tilted on its side to create a kooky angle. It is often used to suggest disorientation

(Freer, 2013). The camera is tilted to suggest imbalance, transition and instability (Mediaknowall, 2013). According to Skwirk (2015), the dutch angle communicates the confusion of a character resulting in a disorientation of the audience. Because we don't normally perceive the horizontal plane of our environment as slanted even when we pitch our heads sideways, a tilted camera angle tends to create unique sensations of energy, disorientation, imbalance, transition, danger, unsettledness, instability, tension, nervousness, alienation, confusion, drunkenness, madness, or violence (Suler, 2013).

Camera movement is also an important aspect of cinema. Pan is one of the types of movement. The camera moves horizontally on a fixed base (Austen, 2011). Freer (2013) argues that the pan is an abbreviation for panning. It gives a shot in which the camera moves continuously right to left or left to right. The camera moves on a horizontal axis. A pan gives the viewer a panoramic view of the set (Skwirk, 2015). It is a movement which scans a scene horizontally. The camera is placed on a tripod, which operates as a stationary axis point as the camera is turned, often to follow a moving object which is kept in the middle of the frame (Mediaknowall, 2013).

When you tilt the camera points up or down from a fixed base (Austen, 2011). It occurs when the camera pivots horizontally, mimicking the way we turn our heads to scan horizontal subjects (Rabiger, 2008). A vertical panning shot, the camera moves continuously up to down or down up (Freer, 2013). The tilt is similar to a pan, only that it scans the scene in a vertical motion (Mediaknowall, 2013).

Tracking is a shot that follows a subject be it from behind or alongside or in front of the subject (Freer, 2013). The camera is placed on a moving object and moves alongside the action, generally following a moving figure or object. It is a good way of portraying movement, the journey of a character, or for moving from a long shot to a close-up, gradually focusing the audience on a particular object or character (Mediaknowall, 2013).

A Review of Trauma, Psychological Distress and Depression

A traumatic event involves a single experience, or enduring, repeated or multiple experiences, that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved in that experience (Bolton *et al*, 2013). Bolton is cognizant of the fact that traumatizing events take a serious emotional toll on those involved, even if the event did not cause physical damage. This can have a profound impact on the individual's identity, resulting in negative effects in mind, body, soul and spirit. Simply put, traumatic events are beyond a person's control.

Although trauma may be central to many people's difficulties and awareness of it pivotal to their recovery, in public mental health and social service settings their trauma is seldom identified or addressed (Harris & Fallot, 2001).Similarly Harris and Fallot indicated that having an awareness of how trauma impacts people is essential to the healing process. Subsequently, working from a trauma-informed orientation has an impact on this healing and the quality of service provided.

Norris and Hamblen (2004) states that trauma is the immediate experience that an individual undergoes or experiences in case of a severe action on themselves or to another person. This is followed immediately by a distressful condition in which the witness or victim of the traumatic event feels helpless in playing any part that could have alleviated the occurrence of that traumatic event. It eventually results into a form of depression which if not treated could lead to severe suffering. In

other words, psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression including, lost interest; sadness; hopelessness. Psychological distress also concerns with anxiety including restlessness; and feeling tense (Hyde, 2015). These symptoms may be tied in with somatic symptoms like insomnia, headaches and lack of energy that are likely to vary across cultures (Peacock, 2016).

According to Bassil-Morozow (2015) the expression "psychological distress" is often applied to the undifferentiated combinations of symptoms ranging from depression and general anxiety symptoms to personality traits, functional disabilities and behavioural problems. He points out that immigrants deserve special attention since they are exposed to specific risk and protective factors that may modify the impact of more general factors. He further states that psychological distress is viewed as an emotional disturbance that may impact on the social functioning and day-to-day living of individuals.

The prevalence of psychological distress is difficult to pinpoint due to the variety of the scales assessing distress, of the time windows used in the documentation of symptoms and of the cut-points applied to dichotomize the score of distress and identify individuals with pathological distress. It roughly ranges between 5% and 27% in the general population (Chittleborough et al. 2011, Kuriyama *et al.* 2009, Phongsavan *et al.* 2006, but it can reach higher levels in some segments of the population exposed to specific risk factors such as workers facing stressful work conditions and immigrants who must adapt to the host country while holding family responsibilities in the homeland. The International Labour Office stated that psychological distress affected between 15% and 20% of workers in Europe and North America (International Labour Office 2000).

Discrimination has been shown to be a risk factor for psychological distress in several studies (Gonzalez-Castro and Ubillos 2011, Yip, Gee, and Takeuchi 2008). Findings from the study carried by Thapa and Hauff (2005) suggest that women and men may react differently to specific manifestations of discrimination: the mean level of distress was higher in men who were denied a job whereas it was higher in women who were denied housing.

Lower-class people might be highly exposed to the types of stressful experiences which can cause distress; and that they might be more likely to become distressed when exposed to these stresses. Lower income and socio-economic status have repeatedly been shown to be a risk factor for distress (Caron and Liu 2011, Myer *et al.* 2008, Phongsavan *et al.* 2006).The protective effect of higher income and education against psychological distress has been confirmed in most studies for women and for men, for all age groups and across countries (Caron and Liu 2011, Chittleborough *et al.* 2011).

Psychological distress is a non specific negative state that includes feelings associated with both depression and anxiety. Fromm-Reichmann (2015), states that psychological distress, psychosomatic complaints and clinical mental disorders such as depression and post-traumatic stress disorder are more prevalent among refugees than other populations.

According to Meier and Robinson (2006), depression is a ubiquitous experience, including physical pain, intensive negative feelings and moods. Fazel, Doll and Stein (2009) define depression as a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low

self worth, disturbed sleep or appetite and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its most severe depression can lead to suicide. Depression is the most common mental health outcome of exposure to war -related traumatic stressors.

Use of Docudrama in Healing

Mbayi (2016) carried out a study that explored psycho-dramatic role-playing in HIV/AIDS communication among the youth in Msambweni, Kwale County. The study examined use of psychodrama in improving insights, social awareness and therapy among the affected youth. The study collected data through participant observation and FGDs. The findings showed efficacy of psycho dramatic role –playing in HIV/AIDS communication and also proved to be a therapeutic instrument that positively changed the youth perception towards HIV testing. Similarly, Okoth (2014) investigated the utilization of drama therapy to unlock voices of survivors of female genital mutilation. In addition to Mbayi's role-play techniques, Okoth employed other drama techniques such as storytelling, song and dance. Findings from the study showed that drama therapy helped survivors to regain self confidence hence a therapy to their trauma. Both Mbayi and Okoth's studies confirm that drama techniques are therapeutic in nature.

Emunah (2010) also explores drama therapy concept. According to him, drama therapy is involvement in drama with a healing intention. He asserts that drama therapy facilitates change through drama process. He states that:

> Drama therapy is the intentional and systematic use of drama processes to achieve psychological growth and change. The tools are derived from theatre; the goals are rooted in psychotherapy. Although drama therapy can be practical within the theoretical framework of almost any existing school of psychotherapy, it also has its own unique heritage conceptual sources like psychodrama, role play etc. (Emunah, 2010, p.3)

The three scholars above (Emmunah, Mbayi and Okoth) concur that drama therapy uses the potential of drama to reflect and transform life experiences to enable client express and work through potential problems they are encountering.

Cinema therapy is a creative, therapeutic intervention in which a therapist uses a film as a metaphorical tool to promote self-exploration, personal healing and transformation. Though it is a relatively new counselling technique, its roots can be traced to ancient Greece (Jones, 2006). In his study, Jones acknowledges the role of film in healing process but fails to point out specific genres of film that can be recommended for therapy.

Pujam *et al* expounds on the specific ways through which cinema therapy can be achieved. They assert that viewing specific movies can help validate a client's experience as he/she observes conditions and circumstances that resonate with his/her own. By watching the films and then discussing the stories, character struggles, and moral dilemmas presented in specific movies, client and therapist can access meaningful metaphorical content for client (Pujam *et al*, 2016). These scholars' recommendation of watching and later discussing the content of the film is in line with the participatory action approach that was applied in this study where FGDs were conduct-

ed after watching the two selected films.

According to Wu (2008),

> When we are watching movies, we become absorbed in the story on the screen. We often lose track of time and our surroundings. We enter a trance state where our conscious reality is just a hypnotic phenomenon and we lose awareness of our everyday problems and details. While we suspend disbelief as an unconscious way to accept entertainment, the film builds a vicarious relationship between the protagonist and the viewer. This is the power of drama, how the human mind is able to suspend disbelief and experience the "story" of the protagonists as if it were their own. Suspension of disbelief leads to a suspension of personal awareness, which will limit defensiveness and allows aspects of the movie to speak to a person's creative mind without resistance (Wu, 2008, p. 26).

Wu's assertion that watching of film suspends personal awareness and limits defensiveness further explains therapeutic nature of film. It is only after a viewer identifies with protagonist of a film when they see their own issues unfold. The protagonist viewer relationship is affirmed in this study when most participants closely identified with Schlomo of <u>Live and Become</u> and Theo of <u>The Good Lie.</u> They believed the stories surrounding the two protagonists. Every time the protagonists overcame any challenge, it gave them hope to press on. This is further supported by Gass and Seiter (2015) who illustrate this concept by stating that 'Sometimes the story of the character overlaps with the viewers own experience causing the viewer to identify with the character in the film. In this way, movies establish a common bond with the viewers.' (Gass & Seiter, 2015, p.45)

Singh (2014) notes that effective cinema therapy begins with a careful selection of the movies the therapist is to assign. Unfortunately, there is no easy formula for movie selection, as each client's situation needs to be considered on an individual basis. In addition, there are so many new movies constantly being released that it is not really feasible to develop a standard list of suggested movies because it would so quickly become outdated.

Refugee Environment and Women Psychosocial Status

Given the widespread phenomenon of refugees, it is difficult to make universal claims about what constitutes 'refugeeness'. According to Fazel et al. (2009), refugeeness forces the question between the cosmologies of the powerful and the cosmologies of the powerless.

Bogic *et al* (2015), assert that "refugees have an ambiguous agency to the extent that it threatens authorities". They use the analogy of domesticated animals which are non-threatening to their owners. Singh (2014), earlier stated that like domesticated animals; the refugee must be transformed from his/her apparent 'wild state' into a tamed animal.

In Australia, refugees were identified by the use of detention centres placed in deserts, electrified fences, dehumanizing language, and monitoring strategies were ways of breaking the agency of refugees. Smits (2009), cites examples of some refugees at the Woomera detention centre in South Australia who protested by sewing their lips. The symbolism of lip sewing was a stark political protest. The closure of

the lips was a metaphor of the trauma which they had experienced. To close the mouth meant the cessation of dialogue, the beginning of death. This immobilization of the body gives rise to "conceptual and bodily distor-tions" in the struggle for bodi-ly being (Smit, 2002, p. 218).

Peacock (2016) asserts that refugees are at risk for the development of a variety of psychological disturbances including depression, anxiety and post-traumatic stress disorder (PTSD). Bogic et al. (2015) in their research found out that intensity of expe-rience and duration of trauma exposure is related to increased levels of posttraumatic stress symptomatology.

Allden (2015, p.13) states that because all refugees have, by definition, left their country due to a "well founded fear of persecution due to race, political opinion, eth-nic origin, religion, or belonging to a particular social group, It must be assumed that they have experienced trauma, making psychosocial problems ubiquitous among ref-ugees."

Allden's observation on psychosocial status of refugees concurs with findings of this study. Most of the participants were distressed and depressed. This was evi-dent after subjecting them to Becky's depression inventory and Kessler's distress scale tests before therapy sessions commenced. In managing trauma psychologists follow an approach that involves an individual going through three stages during therapeutic process to enable them deal with their emotional disturbances these stages are: Schafer and Langeland (2015), summarize the therapeutic process as fol-lows: sstabilizing and managing responses; pprocessing and grieving traumatic memories and; reconnecting with the world.
The three stages stated above are key in monitoring healing process of traumatized groups.

Arav and Gurevitz (2014) point out that trauma can engrave and problems may arise later because the memory of the events that occurred under severe stress are not put into words and are not remembered in the normal way we remember other things. Instead, the memories remain 'frozen in time' in the form of images, body sensations like smells, touch, tastes and even pain, and strong emotions.

Conclusion
In film therapy, it is important to have a protagonist that the clients can easily identi-fy with. The director of a film needs to create a character that goes through challeng-es that are similar to those of the client. At the end of the film, the protagonist should overcome the challenges and lead a successful life. The protagonist should not be negatively portrayed. This is the only way to impart hope in your clients.

When deciding on the type of shots, close ups should be used when the film character is having moments of victory. Long shots need to be adopted in incidents where the action is so traumatizing. This is to minimize the probability of clients shutting out or getting retraumatized especially in death, loss, and grief scenes. Fur-thermore, film therapy provides emotional healing. Comic resolution of a character in the film provides similar relief to the client. It is therefore important to have a happy ending in the story.

Docudrama film is the best platform through which sensitive and emotional topics such as death, abandonment, rape can be discussed with the client because it allows the viewer to become emotionally involved in a situation but also allows one enough distance to maintain objectivity. The viewer can gain a deeper insight of self

that he or she learns from the film.

Film therapy enables clients to tell their life stories to their therapists. This is a potentially valuable means for clients to vent out their emotional stress and inculcate optimism. Also, the therapist has a fundamental role in helping the client establish similarities between both the film and his/her own life. Sometimes the therapists may seek for a specific result from the clients, hence direct the clients to process particular parts of a movie with the belief that those clips have the most powerful therapeutic properties for that particular client.

Film therapy creates a vicarious relationship between the protagonist and the viewer. Sometimes the client may get so engrossed with the story in the film to an extent of losing track of what is happening in his/her immediate surrounding when watching a certain docudrama. The entertainment aspect may make the client to forget/suspend negative feelings associated with trauma hence reducing negative defence mechanism that could hinder therapeutic process.

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