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Filmmaking As Therapy: Between Art Therapy And Resilience Theory²

An interdisciplinary project entitled Dimensions of the body: between bioethics and film studies (*Wymiary cielesności: między bioetyką i filmoznawstwem*) carried out by a team of specialists in the fields of bioethics, philosophy, film studies and visual arts has been devoted to the concepts of the body as well as to the ways of portraying it in audiovisual culture. We focus mostly on the strategies of film presentation and bioethical explications of disability, illness and non-normative bodies. There are three main areas of our studies of the conceptualisations of the body and its parts: assisted reproduction, terminal medicine and health-disease issues. Since the portrayal and stereotypical views on the mind and body of a sick child are the issues we are studying, we have decided to have a closer look at various aspects of the treatment of pediatric cancer patients as well as at a relatively new idea of using film as an element of their therapy.

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Photo 1. The filmmaking workshops (organised during a rehabilitation camp by Foundation for Children with Cancer Diseases – Blood Cell, August 2015, Jędrzejce). Screen from the documentary film Get out of my bar, 2015 by Robert Gliński (original title: Sio z mojego baru).

It goes without saying that any cancer experience may result in a psychological trauma and become an emotional challenge for both the patient and her/his family. It may be argued that it is even more traumatic when it affects children. One of the well-known activities that may accompany cancer treatment is art therapy, that is drawing, painting, photography, a diary or poetry writing etc. Recently, professional caregivers have pointed out a new artistic activity that seems to be equally effective in providing psychological care in pediatric oncology, namely filmmaking. Although filmmaking arose from cinema therapy³ (Kozubek, 2016, p. 42), which uses film projections during psychotherapy sessions, it has evolved into a form requiring the active involvement of patients in filmmaking. It comprises all the elements and stages of a feature film production, beginning with writing the script, “casting” actors and a director as well as cinematographer through the whole process of filming and ending with a film premiere. As a form of artistic expression it creates an opportunity for the patient to vent their fears and stress in a creative way. Moreover, it allows people to share their personal experiences with others.

In our view, filmmaking, sometimes also called active film therapy, can constitute an important element of any cancer treatment and should be founded on the close cooperation of filmmakers with psychotherapists. Given the fact that the goals of cancer treatment may differ, the goals of film therapy should also be individualised depending on a patient, family, cancer type and the chosen treatment.

³ In the subject studies we can find various terms used to describe this kind of therapy, such as cinema therapy, movie therapy, reel therapy or video work.

Generally, in the case of active film therapy we can use either individual or group therapy. Although both forms focus on personal development and self-realisation, they vary slightly as to other goals. Individual therapy concentrates additionally on telling and writing a self-story as well as on an externalisation of patient's emotions and thoughts. By contrast, group therapy is mostly aimed at building or rebuilding relationships, person to person bonds, cooperation and creativity. In both cases the goals are achieved through either direct communication and talks or story creation and making a film.

The filmmaking workshops for pediatric cancer patients of the Foundation for Children with Cancer Diseases – Blood Cell (Fundacja dla Dzieci z Chorobami Nowotworowymi – Krwinka)⁴ organised in 2016⁵ and in 2017⁶ (in cooperation with Paweł Majak – a psychotherapist working with children and their families) became an opportunity to implement our theoretical research, confronting theory with practice as well as for our further studies in this field.

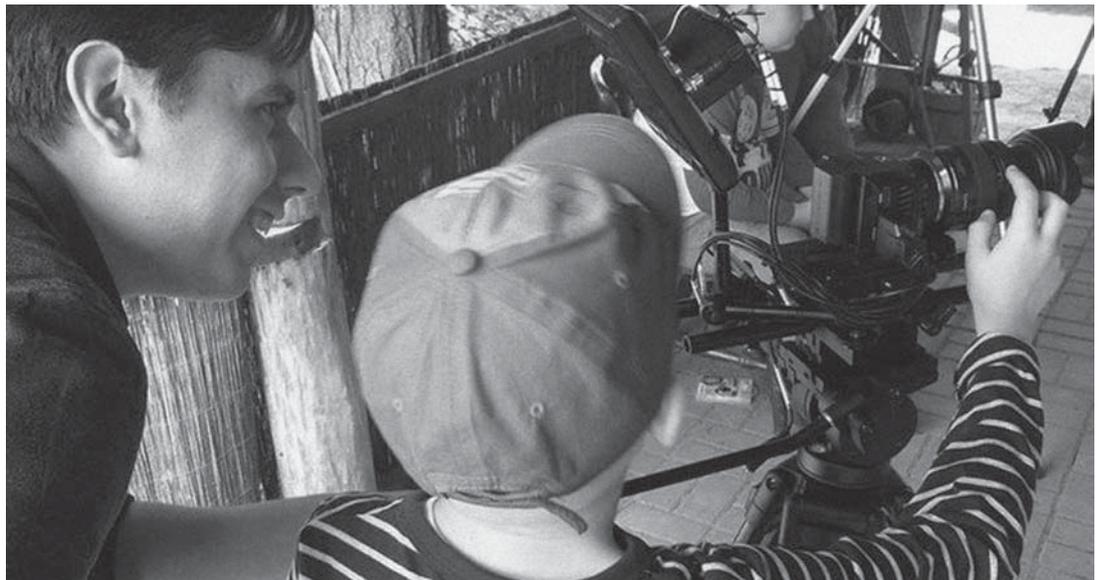


Photo 2. The filmmaking workshops (organized during a rehabilitation camp by the Foundation for Children with Cancer Diseases – Blood Cell, July 2016, Jedlicze). Photo by Paweł Majak.

⁴ The organisation of the workshops was possible thanks to the help and support of Elżbieta Budny – the director of the Foundation for Children with Cancer Diseases – Blood Cell (Fundacja dla Dzieci z Chorobami Nowotworowymi – Krwinka).

⁵ The workshops were organised during a rehabilitation camp, 17–22 July 2016, Jedlicze (organisers of the film workshops: Małgorzata Jakubowska, Kacper Juszczyk). It should be mentioned that it was the second edition of filmmaking workshops and the first one took place in Jedlicze in 2015. (2–7 August 2015, Jedlicze, organisers: Robert Gliński, Małgorzata Jakubowska).

⁶ The workshop 1–7 July 2017, Rogów: organisers: Robert Gliński, Małgorzata Jakubowska, Kacper Juszczyk.

In our opinion filmmaking workshops are not just art therapy, but they also constitute a key element of achieving resilience. Let us have a closer look now at the basic meaning, conceptualisation as well as the goals of resilience theory. By emphasising the importance of positive factors and mechanisms, resilience theory explains the phenomenon of children's, adolescents' or adults' positive adaptation despite adverse life conditions, traumatic events and hostile environments. In her lecture given in 2015 at Sam & Rose Stein Institute for Research on Aging (University of California, USA) Darlene Mininni defined it as a "post-traumatic growth", which differs greatly from "post-traumatic shock" that could be expected after a personal, family or social tragedy. It should be acknowledged that there is no universal definition of resilience (Aburn, Gott, Hoare, 2016, p. 985) and scholars provide different notions underlying various goals of the theory. They can include: 1) the development of primary prevention and mental health promotion programmes among children and adults (**Glasgow Centre for Population Health**); 2) solving particular problems, for example in divorced families, poverty conditions, sexual abuse and depression (Wolchik, Schenck, Sandler, 2013); 3) seeking "positive contextual, social, and individual variables that interfere or disrupt developmental trajectories from risk to problem behaviours, mental distress, and poor health outcomes" (Zimmerman, 2013, p. 381). Also, three main models of resilience have been conceptualised (Fergus, Zimmerman, 2005, pp. 401–404). Despite terminological and conceptual differences most scholars agree that resilience theory helps us "understand why some youth exposed to risks are able to overcome them and avoid negative outcomes" (Fergus et al., 2005, p. 413), pointing out several key themes of resilience theory, such as "rising above to overcome adversity, adaptation and adjustment, 'ordinary magic', good mental health as a proxy for resilience and the ability to bounce back" (Aburn et al., 2016, p. 991).



Photo 3. Filmmaking workshops (organised during a rehabilitation camp by the Foundation for Children with Cancer Diseases – Blood Cell, July 2017, Rogów). Photo by Grażyna Jakubowska.

Taking the main goals of resilience theory into account, we decided to investigate whether it can become a conceptual framework for theoretical studies (and their practical implementation) on how pediatric cancer patients can overcome the negative effects of and flourish despite traumatic events and experiences. Directing our attention to the aspects of resilience listed below, we considered them especially significant for our research.

1. The ability of an individual to function well despite adverse events, hostile conditions, and unfavourable circumstances as well as/or traumatic experiences.
2. The process of flourishing, which helps children to gain skills of using internal resources, also called assets (Fergus et al., 2005, p. 399), as well as external resources to achieve a positive adaptation and good adjustment despite past or present adverse events. There is a variety of both external and internal resources given by researchers that are related to resilience theory. Internal resources may include self-evaluation, flexibility and self-efficacy in overcoming impediments, whereas external ones may comprise parental support, youth programmes and relationships with peers, parents, teachers and therapists.
3. The ability of an individual to rebound and regain mental health, including functioning well during a permanently stressful situation or after a devastating incident.

Scholars generally agree (Borucka, Ostaszewski, 2008) that resilience is an ability that we all possess and can enhance during our lifetime. Since each of us is capable of both directing oneself to certain actions and of striving towards certain goals, an awareness of what to pursue and how to achieve it becomes a key element of a person's identity and autonomy. If that is the case and resilience can indeed be enhanced, it can be reasonably supposed that certain methods, training or support can be designed to facilitate its development. Taking into account our research on resilience as well as the outcomes of the organised workshops, we think that filmmaking workshops could be a practical tool contributing greatly to achieving resilience. We are of the opinion that an active participation in such workshops can be especially beneficial to pediatric oncology patients while they discover and bolster resilient values. To illustrate the importance of filmmaking workshops in achieving resilience we approached the issue by using the theory of three C's: control, change, commitment (José Luis Medina Amor and Rafaela Santos 2013).⁷ We decided to take the three C's concept as our starting point for further theoretical studies and practical applications for several reasons. First, against the background of numerous conceptualisations of this complex and multifaceted theory, we found this concept to be one of very few theories that take a comprehensive approach. Secondly, the

⁷ We would like to thank Otto Roberto Yela Fernández for attracting our attention to this theory during his seminar organised on May 27th, 2016 in the Department of Theory and History of Film, University of Lodz when he presented his research on cinema and resilience.

theory of three C's implies taking into account various aspects of wrestling with risk factors and many possible ways of flourishing. Finally, this theory provides us with the conditions for becoming resilient, which are control, change and commitment, that can have a direct practical implementation. Let us have a look at the ways we have employed them in our research.

Control

Acquiring a skill of controlling emotions and thoughts has been identified as a key factor in achieving resilience. An individual must be able to make her/his own decisions independently and take responsibility for her/his actions. Control also means not relying on others since, according to this concept in the common models of care, we sometimes speak of passive patients that in a resigned way are dependent on others. They depend on institutions, aid given to them, the family, and end up being subjects that are absolutely dependent and passive (*Resiliencia: Conceptos de psicología positiva*, 2013). The skill of control involves a change, which can eventually contribute to a person becoming the author of her/his own life. It can be argued that such a requirement of being totally independent is quite demanding and in the case of children, and sick ones in particular, it could appear to be impossible to meet. Children suffering from cancer are not only dependent on adults (their parents, relatives, teachers) simply because of the fact that they are minors, but they are additionally under the control of medical professionals because of their health condition. The body of a sick minor is under the strict control of doctors, nurses and other medical personnel who decide on treatment, diet, hospital stays, etc. The authority of parents becomes connected with the authority of doctors. The fact that control over a sick child becomes of the greatest significance for parents, who start to govern and regulate all aspects of their child's life, including what the child can and cannot eat, when she/he eats, what clothes she/he can wear, what games she/he can play or who she/he can meet, seems to be quite symptomatic. Simply put, their considerate care frequently turns into overprotectiveness. The life of a child becomes the domain of bans, regulations, permission, approval and disapproval remaining completely under parental control. What is noteworthy is the fact that they are all legitimised in the name of a child's recovery. The illness becomes a justification for any parental rule and it can lead to a child's imprisonment, understood both literally and metaphorically. It is not only the body of a sick minor that is imprisoned, but also her/his mind. Instead of gaining more control over time, children lose control and become more dependent on both parents and doctors. In our view, this is the first problem to deal with.

Filmmaking workshops can facilitate children's regaining control and freedom. Simultaneously they allow the parents to share responsibility and control over their children with others. What is more, organisation of the workshops during a camp creates a perfect, one might even argue the only, chance for the parents to spend holidays with their children, since the camp organisers provide professional medical care, including the presence of an oncologist, on site.

As to the workshops organised as part of rehabilitation camps, the achievement of defined objectives was possible thanks to a careful plan of certain stages and components of the workshops: script, casting, set designing, setting, director, cameraman etc. During the workshops the children were allowed to decide about each step and element of filmmaking. They were encouraged to improvise, to come up with their own ideas as well as to share them with other participants. Moreover, each child was given a task and encouraged to take responsibility for its fulfilment. In this way, they could be in control. It was also quite essential to allow them to spend as much time as possible outdoors so they could leave the “prison cells” of the hospital, of their room, of their house.

Change

The second principle of becoming resilient says that a person must not only adapt to changes that happen in her/his life, but also truly accept and embrace them. A change is understood rather broadly here and can deal with many aspects of a person’s life, such as adolescence, ageing, illness, death of a loved one.

The workshops in Jedlicze in 2016 and in Rogów in 2017 were designed so that they could fulfil the requirement of the change principle. The abovementioned active participation in all aspects of filmmaking gave the children a chance to change from being passive to active: from being passive viewers of their life to becoming active actors and directors of their life-story.



Photo 4. The filmmaking workshops “The railway engine in Wonderland” July 2017, Rogów. Photo by Grażyna Jakubowska.

With time the change became noticeable. Distant and unwilling to participate at the very beginning, the children gradually became more and more engaged in all the activities. Not only did they cooperate more willingly, but they also fostered their creativity. Soon, they began inventing tasks for one another and improvised enthusiastically. What seems important is the fact that the children also continued playing their roles after they had finished filmmaking tasks planned for the day, for instance the operators did not give up their jobs and kept on filming and interviewing the actors in their free time. They occasionally turned into paparazzi. It could also be observed that some of them wanted to experiment with other roles, take other responsibilities, try themselves out in fulfilling other tasks, so they encouraged one another to change roles saying “Now, I’ll take the microphone, and you have the camera, and later it will be the other way round, OK?”. The children were also engrossed by filmmaking over dinner when they discussed what they had done that day, what could be changed, who could act better, how to improve a certain scene, what setting should be planned for the next scenes, etc.

Their eagerness to change roles was not limited to filmmaking. After some time the children transferred it to real life. They actively assisted and advised one another as well as their mothers and fathers who were responsible for making decorations and costumes needed for the film. From being helped and taken care of, they became the ones who helped and took care of others.

The blood checks and regular medical examinations done each morning that were the topics of their conversations throughout the day at the beginning of the camp became less important with time. The children’s attention was directed towards their new roles – the roles of actors, operators, directors, etc. Obviously, the health related issues did not disappear completely, but they started to be just one of the topics of conversations instead of being the only topic. Filmmaking diverted children’s attention to something beyond their illness, which contributed to a change of self-perception and self-definition. The thought “illness is my life, illness decides about my life” was replaced by the thought “illness is still a part of my life, however, it neither defines me nor my life”. In this way, the children were able to rebuild personal identity, to develop into something more than just an ill child. They could thrive despite being exposed to illness.

Commitment

Creating a community that regards commitment to its vulnerable members as especially significant is an indispensable element of the resilience theory. Individuals exposed to risk may be excluded from the community or stigmatised for various reasons. Risk exposure may also shatter interpersonal trust and evoke the feelings of blame, shame or rejection. Loneliness and isolation can be the cause of frustration and low self-esteem. A community founded on respect for others and their values, on mutual acceptance, tolerance as well as on care of the vulnerable can contribute to fostering self-confidence in individuals.

To fulfil the commitment principle we focused on two aspects of children's relationships: 1) building relationships with other children suffering from cancer; 2) developing and strengthening relationships with the healthy participants (their parents, the parents of other children, volunteers) as well as with the staff of the workshops. The camp and the film production created an opportunity for the patients and other participants to bond and share experiences, both traumatic and positive ones. It was a realm of connecting parents and children in a constructive way. We could also observe that the parents gave one another advice and practical tips on how to deal with their children's illness. Finding themselves in situations of mutual interdependence, they learned to listen to others, to rely on one another as well as to benefit from the relationships they had just initiated. For both the children and the parents it was also a way of gaining mutual respect despite the inequality of the relationship.

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The workshops provided empirical evidence that filmmaking can become an effective form of group art therapy due to its unique effects, that is the process of a film production that is experienced together as well as a real product – a film that testifies to children's openness, cooperation, creativity and individuality. What is also important is the fact that it can successfully fulfil all the goals of resilience theory and help pediatric oncology patients gain or regain control over their lives, teach them commitment to others and acceptance of the changes resulting from their illness. In this way, it can compensate for the risk factor pediatric oncology patients are exposed to.

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Summary

An interdisciplinary project "Dimensions of the body: between bioethics and film studies" is focused on the concepts of the body and on the ways of portraying it in audiovisual culture. One of the issues we investigate is the body of a paediatric patient. In this paper we concentrate on the new idea of using film as an element of psychiatric therapy of paediatric cancer patients. By referring to the concept of resilience theory, which studies the phenomenon of children's, adolescents' or adults' positive adaptation despite adverse life conditions, traumatic events and hostile environments, we show how filmmaking workshops can constitute a key element of achieving resilience. In our research we employ the concept of José Luis Medina Amor's theory of three C's, that is: control, change, commitment. This paper presents the way filmmaking workshops for paediatric cancer patients could become a practical tool contributing greatly to achieving resilience. We show how all the elements of the three C's theory can have a practical use in filmmaking workshops and that an active participation in such workshops can be especially beneficial to paediatric oncology patients while they discover and bolster resilient values.

Keywords: filmmaking as therapy