

Effectiveness of Group Movie Therapy (GMT) on Reduction of Grief Experience Intensity in Bereaved Adolescent Girls

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Objective: One of non-confrontative methods for treatment of difficult issues such as grief is movie therapy which is an advanced form of bibliotherapy. The present study aimed at evaluating the effectiveness of Group movie therapy (GMT) on reduction of intensity of grief experience in bereaved adolescent girls.

Methods: This was a quasi-experimental design with pretest-posttest and a follow up test along with a control group. 24 female university students in the city of Tehran aged 17-19 years who had lost a close family member in 2008-2009 were selected as the participants in the study through convenient sampling. They were then randomly assigned into a control and an experimental group of 12 persons each. The experimental group as an intervention received 90-minute weekly group movie therapy sessions for eight weeks. The intervention was comprised of watching the movie "Elina", in one session followed by group discussions. Four subscales of GEQ indicating the intensity of grief experience was administered on both groups as pretest-posttest and as follow up.

Results: Mixed ANOVA showed that group movie therapy significantly decreased ($p < 0.001$) the intensity of grief experience.

Conclusion: GMT is an efficacious and enduring technique on the adolescents; this is afforded through providing insight, modeling loss coping skills, making emotional catharsis possible, and facilitating cognitive processing and accelerated learning in the participations.

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Introduction

Grief process is an inevitable and time consuming procedure for everyone in all human cultures. The death of close relatives particularly parents can have long lasting effects (1). The rate of decreasing distress is slow in the grieving person and symptoms of distress and anxiety caused by grief may continue for one to three years (2). The occurrence of grief during adolescence period presents numerous challenges as it interferes with developmental tasks related to formation of "ego" (3). Although the mourning adolescents are more

vulnerable to physical and mental injuries than adults, there are few interventional researches conducted on them compared to other age groups (4). Bereaved girls show even more susceptibility than boys manifested in a number of areas such as intensity of grief expression, feeling of guilt, somatic reactions, struggling to find meaning in the loss (5), depression, anxiety, sleep disorders, and physical illnesses like hyperthyroidism (4). Intensification and persistence of mourning may lead to pathological and complicated grief (6).

The wrong cognitive processing and failure in attainment of meaning and explanation of loss might play a significant role in generating emotional difficulties such as feelings of anger, guilt, frustration, and depression (7-9). On the other hand, if emotional processing of grief is avoided, the reaction to grief may be exacerbated and have negative impact on the

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individual's previous normal behaviors and social relationships (10). Some biological changes including stress hormonal secretions and neurotransmitters are effective in intensifying the emotional and physical dimensions of the bereavement (11,12). Hence dealing with grief requires an emotional catharsis which necessitates remembering and speaking about the loss with less pain and more enjoyment (13). In other words, what needs to occur is a cognitive and emotional processing of loss (14) and indeed implementation of a multidimensional treatment for the bereaved (5).

In recent years, more indirect and non confrontational approaches such as art (15) and bibliotherapy (16) have proven more effective to facilitate processing of anxiety stemming from emotional catharsis related to difficult issues like loss and separation for the children and adolescents. Bibliotherapy has proven effective in reduction of somatic problems in the grieving (16). Marrs (17) conducted a meta-analysis of 70 bibliotherapy studies covered viewing of videotapes in his definition of bibliotherapy. He acknowledged the superior impact of an audiovisual medium compared to bibliotherapy involving only reading a book. With advancement of technology and less opportunity for reading, nowadays Movie therapy (MT) is known as an extended and more contemporary form of bibliotherapy (15,17,18). Allowing for a number of potential uses in the therapeutic process, MT can be used as a stand-alone intervention, regardless of the therapist's theoretical orientation (19). Movies are a combination of imaginations, symbols, metaphors, music, special effects, and dialogues; hence they have a more powerful effect on us than any other art form (20). It can be used as a stimulus for discussion in therapy or as a metaphorical intervention (21).

The novelty of MT thwarts widespread support and recognition of its effectiveness (18). Although in an empirical study, the efficacy of MT in comparison with Supportive group therapy (SGT) was not different in the immediate posttest, a significant difference was indicated at the two month follow up (22). In another study on youth's substance abuse, compared with Cognitive behavioral treatment (CBT), MT once again did not show more

significant efficacy in posttest on situational self efficacy and abstinence from drugs, but at the one month follow up, the durability of MT's impact was more significant (23). Abedin and Molaie (24) showed MT's significant effect on reduction of parental stress, depression, and anxiety of mothers with mentally retarded children.

Films possess multidimensional therapeutic values (25); they provide biological effects by stimulating emotions via stress hormones and endorphins (18). Utilizing audiovisual metaphors, movies present suitable opportunities for indirect confrontation with one's problems; it facilitates having access to the unconscious segments of personality and reduces resistance and censoring of thoughts and feelings (26). It has been suggested that the characters in the movie are turned into an internalized co-therapist for the movie observer. Acting like an auxiliary ego, hence, its effect in time, even after much time beyond the termination of treatment, remains with the patient (18,27).

Bandura (1956) believes that one of the factors in achievement of success in various arenas is having a feeling of "self efficiency". One of the ways of generating such a feeling is to provide opportunities for the experience of vicarious modeling. Bandura recognized movies as an inexpensive tool for observational learning (28).

MT is more than simply watching a movie. MT is a therapeutic technique that involves careful selection and assignment of movies for clients to watch, followed by processing of their experiences during therapy sessions in parallel with those of main character in the movie. Among other benefits, this process can suggest solutions to problems, encourage growth, reframe problems and build rapport and common language between the therapist and patient (21).

Therefore, it is recommended that characters in the movie be the focal point of the discussion in the following therapy session. Typical questions might include (29): Tell me about the characters in the movie; what was the character thinking/feeling; what did the character see as his or her main problem; how did the character resolve his or her issues;

what other solutions might the character have used; what was his or her relationship to other characters; who did you like/not like in the film?

Movie characters can be models for problem-solving behaviors. By watching the movie, clients gain awareness of alternative coping strategies without having to worry about negative consequences of various options directly impacting their lives (21).

There are four process stages in self-development often identified in the process of MT which are identification, emotional catharsis, universalization, and insight (21).

Internalizing mechanisms of films takes place through learning via transference and collective processes of projections, identifications, and introjections (18,19). Convergently then, movie therapy when conducted in an attentive and “guided watching” followed by a discussion about the movie provides an opportunity for emotional catharsis, processing and receiving feedbacks, and finally a new learning. This in turn expedites accessing insight in broader dimensions and modeling of adjusting skills (15).

In researches conducted on grieving youths, talking with cohorts and sympathetic listening are construed as most helpful (30). Isolation is one of the symptoms of grieving youths; consequently group therapy with cohorts who have the same sort of problems is one of the best therapeutic modalities (31). Group provides a safe and accommodating environment in which the adolescents are encouraged to express their thoughts and emotions regarding grief, sorrow, and the experience of loss (32).

Group therapy with grieving peers, for the teens is very effective (4,31). Its effectiveness is due to a series of potential factors such as emotional catharsis, inter-intra personal learning, providing information, self-awareness, existential and altruistic factors, cohesiveness, universality, enhancement of hope, and corrective reconstruction of family origin's experiences (33).

It can then be said that through group movie therapy, one may be able to achieve new coping strategies by modeling after the characters in the movie as well as emotionally processing the past painful experiences with

the support and feedbacks of other group members. Moreover, watching movies in a group setting with cohort's turns into a common enjoyable experience which is more rapid, less expensive, and more attractive than reading of the same story in a book (15). On the other hand, obvious lack of studies in treatment of youth's bereavement and more recently popularized movie therapy in both Iranian as well as international literatures, manifest the necessity of conducting the present study. Thus, the purpose of present project is to evaluate the effectiveness of GMT on reduction of grief experience intensity and its subscales including Search to Find Explanation and a Meaning for the Loss, Guilt Feeling, Rejection, and Somatic Reaction in bereaved adolescent girls.

Materials and Methods

Design and sampling: This project was a quasi-experimental study with pretest-posttest and a follow-up test along with a control group. The participants included 24 girls aged between 17 to 19 years old (Mean=18 year) who were selected through convenient sampling from university students in Tehran. They all had experienced the loss of one of their immediate family members such as parents, siblings, and grandparents due to death in the prior 18 months (2008-2009) (length of time since the loss, Mean=10 month, SD= 0.3). Criteria for participation in the study were having experienced only one loss in the last 18 months, no experience of therapy since the loss or during implementation of the present study, and not having watched the movie “Elina” which was the instrument used as an intervention in the project. The participants were randomly placed in two groups of control and experimental (12 in each). In the experimental group (GMT), there were four who had suffered from the loss of their fathers, three with the loss of a grandparent, two with the loss of a brother, two with the loss of a sister, and one who had lost her mother. In the control group, three had lost their fathers, five had lost their grandparents, and there were two with the loss of a brother, two with the loss of a mother.

Instruments: The instruments used were as follows: 1-Grief Experience Questionnaire (GEQ-34) was used to assess the intensity of the grief experience. GEQ was first presented by Bart and Scott (34) and has been widely used for various forms of losses. The reliability rate for this questionnaire was confirmed in a study (34); its Cronbach's Alpha was at 0.90. Mahdipour (5) translated GEQ into Persian and appraised its reliability and validity against GHQ-28 and SCL-25 in undergraduate college students (N=348) with grief experience. As a result of her study, 34 questions and seven subscales were obtained; Alpha Chronbach for the whole questionnaire was achieved at 0.88. GEQ' subscales include Rejection, Stigmatization, Search to Find Explanation, Guilt, Somatic Reaction, Personal Appraisal or other people's judgment in relation to the reason of death, and Shame. In her appraisal of the convergent validity, Mahdipour reported a significant positive correlation between GEQ and two subscales of Depression and Somatization of SCL-25 ($p>0.005$) and GHQ-28 ($p>0.004$). Responses are given on a five point Likert scale ranging from Never (1) to Always (2). Internal-consistency reliability was run on scores of this instrument. Results indicated that the standardized Cronbach's Coefficient Alpha was 0.70.

In the present study, the subscales related to Personal Appraisal or other people's judgment in relation to the reason of death, and Shame which are specific to the loss due to suicide were eliminated since there were no such cases amongst the subjects.

2- Demographic Questionnaire was a researcher made form comprising information such as age, gender, length of time since the loss, the nature of relation and the degree of intimacy with the deceased, and whether the loss was sudden or expected.

3- Movie "Elina" (2002) was used as the major instrument of intervention. This is a story about Elina, a nine year old girl who lives with her mother and two younger siblings in a village in northern Sweden in the 1950s. She misses her deceased father and during the movie she goes through a grief process from denial to acceptance of loss.

Procedure: The experimental group participated in eight 90 minute weekly group sessions conducted by an experienced group therapist. In the second session, the movie "Elina" was played for 60 minutes. This movie's usefulness in grief treatment had first been approved by four clinical psychologists. Structured and practical questions were then asked by the trained therapist to facilitate group discussions. These questions included items like what did you watch? What was the story of the movie? What is your opinion of the main character of the movie and her feelings and thoughts? What do you think was her major problem? How did she resolve her problem? To which one of the movie's characters do you see yourself most similar? How similar or different were your thoughts and feelings at the time of facing the loss as compared to those of the movies characters?(29) The group discussions regarding thoughts, feelings, and personal experiences over the participants' loss continued till the eighth session in parallel with the observed experiences collected from the movie and the story's character. GEQ-34 was administered at pretest, posttest, as well as one month later as a follow up on both groups. Upon termination of the project, to fulfill the researchers' ethical responsibility, the same intervention was conducted on the control group too.

Results

Table 1 displays means and standard deviations for the two groups across the three trials (pretest, posttest, and one-month follow-up) for Grief experience and its subscales.

Table 1 reveals that the mean scores on overall GEQ and its subscales significantly reduced in the experimental group (GMT) than control group over the course of time.

Using the SPSS, version 15 package, significant differences between the means in the two study groups were tested by one-way ANOVA and Mixed ANOVA. First, a test of one-way ANOVA indicated that there was no statistically significant difference between two study groups at pretest, $F=0.176$, $df= 1$, $p= 0.80$.

Table 1. Means and (Standard deviations) of GEQ and its subscales at three trial

Variable	MT (n=12) Pretest	GMT Posttest	GMT Follow up	Control (n=12) Pretest	Control Posttest	Control Follow up
GEQ	84 (5.1)	33 (0.08)	25 (1.6)	81.5 (4.7)	66 (3.9)	55 (2.7)
Search for explanation	23.9 (1.4)	9.7 (1.5)	7 (0.9)	23.8 (1.8)	18.8 (1.8)	14.3 (1)
Guilt feeling	31 (4.4)	11 (1.7)	12 (2.1)	29 (3.7)	25 (3)	22 (2.4)
Rejection	15.1 (1.6)	6.5 (1.3)	4.5 (1.6)	16 (1.6)	13 (0.9)	10.5 (1.1)
Somatic Reaction	12.5 (2.1)	6.2 (0.9)	7.6 (1.3)	12 (1.2)	9.5 (2.2)	10 (1.2)

Table 2. Results of Mixed ANOVA analysis

Variables	Source	SS	df	MS	F	Sig.
GEQ	Group	12127.5	1	12127.5	498	0.001
	Time	18389.4	1.4	5573.01	1275	0.001
	Time* Group	3373.4	1.4	2955.07	234	0.001
	Error (group)	24.3	22	20.568		

* p<.01

Results was also analyzed using Mixed ANOVA with one between-groups factor and one repeated-measures factor to look for differences within subjects and between groups (see table 2). Because the assumption of sphericity and equality of co variances (Mauchly's test, $p=0.568$) are not violated, no adjustment is made to the degrees of freedom. Results of Mixed ANOVA on overall GEQ indicated that there was statistically significant main effect for the treatment group (between groups), $F(1, 22) = 498$, $p=0.001$; there was statistically significant main effect of time (within subjects), $F(1.4, 22) = 1275$, $p=0.001$; there was significant interaction treatment group and time, $F=234$, $p=0.001$.

Post-hoc Scheff's tests were conducted to determine the source of the differences. It was apparent that immediately at the post test and follow up, there were differences in reports of all GEQ's subscales between the GMT and the control group ($p=0.001$). This means that GMT has been significantly effective and enduring as far as GEQ and all its subscales go at post test and follow up.

Discussion

The results of the present study indicated the effectiveness of GMT in reduction of intensity of grief experience. These results are congruent with those of other studies particularly the ones significantly indicating the durable effectiveness of group movie therapy in comparison with SGT on mental and physical health of the grieving youths (22). Compared to CBT, GMT's desirable

results endured longer in enhancing general self efficacy and in avoiding drugs in addicted adolescents (23), and in decreasing parental stress and depression and also in reduction of physical complaints in mothers with developmentally delayed children (24). In regards to significant lowering of Search for Explanation and Meaning of Loss (cognitive dimension of grief), it can be said that grief destabilizes cognition via making specific changes in thinking, cognition, and beliefs of the bereaved (4,8). Thus an attempt is made to stabilize cognition by searching for reasons and meaning for the loss (5). The effecting mechanism of bibliotherapy and MT is implemented by making changes in cognition and behaviors through the individual's projection, introjections, identification, and ultimately transference (18,27). Considering the above notion, it is quite possible that the individual attains the necessary cognitive equilibrium from the received data stemming from watching the movie; hence after this intervention, the individual's struggle to find an explanation for the loss is diminished.

In elucidation of the decrease in the subscale Guilt Feeling (emotional dimension of grief), it can be said that guilt may be experienced as a result of decrease in the sense of control over prevention of death (5). Bandura (1956) believes that one of the success factors in various arenas is the sense of self efficiency that is having a sense of control and planning of the events in one's life. One of the ways of generating such a sense is to provide an opportunity for considering alternative experiences and

models (28). Convergently then, most probably modeling after the movie's character, Elina who was able to successfully grieve over the loss of her father, might have enhanced self efficiency and subsequently decreased Guilt Feeling in the movie observer. To explicate significant lowering of feeling of Rejection, another emotional dimension of grief, it may be said as mentioned before, observing and modeling after Elina led to changes in the meaning of loss from self rejection and low self esteem to more adjusted and normal meanings and perceptions. This process is effective by impacting the cognitive dimensions and changing the negative assumptions and ultimately helping the bereaved in discovering cognitive equilibrium. In the movie, Elina too was experiencing rejection and feeling of being "left out", but finally was successful in accepting the loss of her father and at last returned to her community and cohorts.

On other hand, Cognitive and emotional problems are processed by verbalizing related experiences, expression of repressed emotions and gaining awareness over them. New and functional strategies are obtained through modeling and receiving feedbacks from other members. Group like a protective social network can function as a safe, understanding, and caring environment (33). Group's effectiveness is due to its potential therapeutic factors particularly in corrective reconstruction of family of origin's experiences (33). The feeling of being cared for and understood through communication and receiving feedbacks from others in such shielding surroundings might have led to reduction of feeling of rejection in the youths of the present study.

As a result of hormonal changes, many somatic complaints by the bereaved might be due to the rise in the stress hormones and reduction of endorphins and ultimately the body's immune system (11,12). By exciting emotions, movies lead to modulation of emotions, reduction of stress hormones, and increasing of neuro-endorphins (18); this is how movie therapy could have been effective in reduction of Somatic Reactions (biological dimension of grief). In a similar study (16), confirmatory data was obtained indicating the

effectiveness of bibliotherapy, as an older form of MT, in reduction of somatic complaints in the grieving adults.

Movie characters and the story's message can be internalized as a co-therapist accompanying the patient like an auxiliary ego for a long time after termination of therapy (18,27). This could explain the reason as why GMT showed enduring effects at the one-month follow up. The lasting effectiveness of GMT could have provided more opportunity for insight, modeling for coping skills with loss, facilitating further emotional catharsis and cognitive process, and accelerating the process of learning.

In summary, results of the present study accentuated the effectiveness of GMT in grieving young girls. Considering the demographical characteristics of this research, caution should be used in generalizing the results to other populations. Future studies may evaluate the efficacy of GMT in comparison with other therapeutic approaches.

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