THE EFFECT OF CINEMATHERAPY ON SELF-PERCEPTION AMONG ADOLESCENTS: APPLICATIONS IN CLINICAL AND NON-CLINICAL SAMPLES

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ABSTRACT

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The aim of the present study was to investigate the effect of cinematherapy and its interaction with subjective well-being levels on self-perception and its dimensions. Additionally, the study aimed to select cinematherapy movies in accordance with self-perception dimensions, and their therapeutic functions. Moreover, the role of cognitive-emotional identification beside similarity identification was investigated. Three conditions were constructed by clinical and non-clinical samples consisted of 34 participants aged between 15 and 18. Clinical cinematherapy condition was composed of 10 out-patient psychiatric participants, and 24 high school students were assigned to non-clinical cinematherapy and control conditions. Cinematherapy conditions received 3-session cinematherapy intervention in which viewing and elaboration of cinematherapy movies took place. Control condition watched episodes of a documentary with no elaboration part. According to results, in pre-treatment measures, clinical sample had more negative self-perception and self-concept scores in scholastic competence, physical appearance, and global self-worth than non-clinical sample. Additionally, clinical sample had lower levels of subjective well-being than non-clinical sample. As a result of cinematherapy application, athletic competence positively changed in non-clinical sample. Besides, cinematherapy positively affected self-perceptions of participants with low levels of subjective well-being in clinical sample. For participants with low subjective well-being levels in

non-clinical cinematherapy condition, athletic competence increased while global self-worth decreased. According to identification results, cinematherapy conditions had higher similarity identification scores than control condition and non-clinical cinematherapy condition had higher fictional involvement scores than clinical cinematherapy condition. The applications and findings were discussed in terms of sample characteristics and cinematherapy procedures.

Keywords: Adolescent Self-Perception, Subjective Well-Being, Cinematherapy, Movie Selection, Identification

ÖZ

SİNEMATERAPİNİN ERGENLERİN KENDİLİK-ALGISI ÜZERİNDEKİ ETKİSİ: KLİNİK VE KLİNİK-OLMAYAN ÖRNEKLEM UYGULAMALARI

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Bu çalışmanın amacı sinematerapi ve sinematerapi-öznel iyi oluş düzeyi etkileşiminin kendilik-algısı ve boyutları üzerindeki etkisini araştırmaktır. Bununla birlikte, kendilik-algısı boyutlarına uygun ve terapötik işlevleri olan sinematerapi filmlerinin seçilmesi amaçlanmıştır. Ayrıca, benzerlik özdeşleşmesinin yanısıra, bilişsel-duygusal özdeşleşmenin rolü araştırılmıştır. Klinik ve klinik-olmayan 15 ve 18 yaş aralığındaki 34 katılımcıdan üç uygulama koşulu oluşturulmuştur. Klinik sinematerapi koşulu ayakta tedavi gören 10 psikiyatri hastasından oluşmuş, 24 lise öğrencisi ise ikiye bölünerek klinik-olmayan sinematerapi ve kontrol koşullarına yerleştirilmiştir. Sinematerapi koşullarında, katılımcılar sinematerapi filmlerinin izlenmesi ve tartışılmasından oluşan 3 seanslık bir sinematerapi uygulaması almış, kontrol koşulunda ise 3 seans boyunca bir belgeselin bölümleri izlenmiş ancak tartışma yapılmamıştır. Sonuçlara göre, çalışmadan önce klinik örneklemdeki katılımcıların kendilik-algısı, ve okul yeterliliği, fiziksel görünüm ve genel kendilik-değeri gibi kendilik-kavramı boyutlarında klinik-olmayan katılımcılara göre daha olumsuz oldukları görülmüştür. Bununla beraber, klinik örneklemdeki katılımcıların klinik-olmayan katılımcılara göre daha düşük öznel iyi oluş düzeyine sahip olduğu belirlenmiştir. Sinematerapinin etkisi ile ilgili olarak, klinik-olmayan katılımcıların atletik yeterlilik konusunda olumlu olarak değiştikleri görülmüştür. Ayrıca,

sinematerapi, klinik örneklemdeki düşük öznel iyi oluş düzeyine sahip katılımcıların kendilik-algısını olumlu yönde etkilemiştir. Sinematerapi, klinik-olmayan katılımcılardan düşük öznel iyi oluş düzeyine sahip olanların atletik yeterlilik boyutunu olumlu bir şekilde etkilerken, genel kendilik-değerini olumsuz etkilemiştir. Özdeşleşme sonuçlarına bakıldığında, sinematerapi koşulundaki katılımcıların kontrol koşuluna göre daha fazla benzerlik özdeşleşmesi kurduğu ve kurgusal katılımın klinik örnekleme göre klinik-olmayan örneklemde daha yüksek olduğu bulunmuştur. Uygulamalar ve bulgular örneklem özellikleri ve sinematerapi yöntemleri doğrultusunda tartışılmıştır.

Anahtar Kelimeler: Ergen Kendilik-Algısı, Öznel İyi Oluş, Sinematerapi, Film Seçimi, Özdeşleşme

To my father

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CHAPTER 1

INTRODUCTION

1.1 Self-Perception

Many theorists and researchers from development and personality area have given great importance to self related constructs such as self-concept, self-perception, self-esteem, self-image, and self-evaluation as foundations of their studies (Cauce, 1987; Harter, 1999). In 1880s, William James generated an important focus of interest through differentiating the term, *Self,* in *I-Self* as the subject, agent and knower and *Me-Self* as the object, known (cited in Harter, 1999). Since that time, self terminology has been conceptualized on "the ability to take oneself as the object of one's own attention and thought" (Leary & Buttermore, 2003, p.366). Leary and Buttermore (2003) state that expressions like introspection, self-evaluation, and construction of self-concept are significant because of this ability. The capacity of consciously thinking about themselves enables human beings to structure thoughts and images about their existence. Additionally, they are capable of comparing themselves to their own standards and to other people.

In explaining how information regarding self can be possible to individuals, some conceptualizations are significant. According to Bem's Self-Perception Theory (1972), self-knowledge is supplied by the fact that people know themselves by the same way they know others (cited in Robak et al., 2005). The origins of this notion were proposed by Bem and McConnel (1970) stating that:

> Individuals come to "know" their own attitudes and other internal states partially by inferring them from observations of their own overt behavior and the circumstances in which it occurs. Thus, to the extent that information from internal cues is weak, ambiguous, or uninterpretable, the individual is functionally in the same position as an outside observer of his behavior, an observer who, necessarily,

> must rely upon those same external cues to infer the individual's inner states (p.23)

In this definition, self-knowledge is founded on the notion that one can just make inferences about one's own behavior or inner state by observing how one responds across conditions. According to this approach, people come to know themselves, by observing own behaviors in a variety of situations rather than by introspecting about *Who am I?* (Robak, 2001). Robak (2001), on the other hand, argued that even when inferring causes of behaviors of other people, individuals tend to consider personality traits or internal states rather than external variables. This approach saliently focuses on an understanding or modification of self, primarily dependent on external cues.

In another explanation about nature of self-knowledge, Markus (1983) first proposed a different definition of self, *The Dynamic Self,* which was considered as including knowledge related to one's preferences, values, goals, motives, rules, and strategies for adjusting and managing behavior. According to this view, the question of *Who are you?* extents to the inquiry of *What do you want to be?* Next, Markus (1983) offered an approach in which higher order cognitive processes were in charge for investigating these internal states. Additionally, he argued that the articulation and manifestation of internal states are significant for governing future orientations of behavior and also social conditions. As the background concept of these assumptions, Markus (1977) previously introduced role of self-schemata in explaining availability of self-knowledge. He defined self-schemata as "cognitive generalizations about the self, derived from past experience, that organize and guide the process of the self-related information contained in an individual's social experience" (p.547). Self-schemas are also formed by individuals as a result of generalizations and hypothesis of self obtained from current experiences. According to Markus (1983), individuals' achievements and presentations of self-knowledge are equally affected by these cognitive cues and social experiences.

Among self psychology terminology, Harter (1999) separated self-perception, self-description, and self-representation and describe them as "attributes or characteristics of the self that are consciously acknowledged by the individual through language -

that how one describes oneself" (p.3). Harter also used self-evaluation for referring positive or negative value given to these representations. Self-esteem or self-worth is conceptualized as a product of global evaluation of the self (Harter, 1999).

The first attempts to measure self-esteem were carried out through one-dimensional views to self-evaluation. Questionnaires developed by Coopersmith (1967) and Piers and Harris (1969) employed statements designed to tap individuals' evaluations of themselves in various contexts such as sports, creativity and so on (cited in Vasta et al., 1995). The combination of these evaluations was considered as indication of overall self-esteem (Vasta et al., 1995). Theory and research, on the other hand, have a consensus on the multi-dimensional structure of self-evaluation in terms of distinguishing global self-evaluations from domain-specific ones (Alves-Martins et al., 2002; Eccles et al., 1989). Additionally, Harter et al (1998) indicated that many factor analytic studies conducted on measurements of self-worth or self-esteem revealed different representations for several distinct life experiences. Harter (1999) termed these representations domain-specific self-concepts. Thus, assessment of these evaluative general constructs has been conceptualized over different domain-specific self-concepts rather than a particular measure (Vasta, et al., 1995; Cauce, 1987).

The former scientist who discovered the complexity of measurement of self-esteem and possible effects of domain-specific perceptions on overall self-evaluations was Rosenberg (1976), yet, he did not attempt to establish a multi-dimensional assessment of self-worth (Marsh, 1993). Rosenberg preferred to assess self-esteem by self-evaluations such as self-efficacy, self-acceptance and self-competency and these evaluations were not measured over domain-specific perceptions (Marsh, 1993). Originating from this point of view that domain-specific perceptions are significant parts to be assessed, Harter conceptualized a multi-dimensional approach to assess individuals' attributions of adequacy and competence in several domains (Marsh, 1993; Vasta et al., 1995).

In development of Self Perception Profiles for children, adolescents and college students (Harter, 1985; Harter 1988; Neemann & Harter, 1986), items were formed to measure domain-specific self-concepts and self-worth separately. From the developmental perspective, domain-specific self-concepts were thought to be increased and ranged by age (Harter & Monsour, 1992). While the children version of profile measurement was composed of five domains, the college version was consisted of twelve domains. Self-Perception Profile for Adolescents contains eight domains which are S*cholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Job Competence, Romantic Appeal, Behavioral Conduct and Close Friendship*. The profile includes items measuring *Global Self-Worth* as well.

The adoption of multi-dimensional approach to assessment creates many advantages to handle complex nature of self-evaluation. Harter (1999) states that applicators of this measurement can obtain a profile composed of dimensions of interest. Additionally, a separate assessment of Global Self-Worth makes researchers to predict its relation to any domain-specific self-concept. For instance, Varni and Setoguchi (1996) stated that in predicting self-esteem, perception of physical appearance, followed in sequence by social acceptance, scholastic competence, and athletic competence was the most associated variable.

Further more, emphasizing that self-esteem or self-worth is not only a sum of evaluation of specific domains -self concepts- has enabled researchers to examine individuals' self-representations related to each domain in terms of their effect on self-worth. For instance, negative evaluation of the self does not lead to low self-esteem if the domain is not important for that person (Harter & Whitesell, 2001). Park and Maner (2009) add that negativity associated with one aspect of the self probably will not be considered as threatening, if self-worth is not contingent on that domain. Accordingly, Markus (1983) indicated that in formation of self-concept, individuals differ in regard to investments they make on specific domains, as well as, do not feel bad about any failure in other domains that are not self-relevant. In the literature, researchers have generally preferred to employ a multi-dimensional approach to investigated self-evaluation of individuals.

1.1.1 Adolescence and Self-Perception

Adolescence period starts with puberty and ends up when full adult status is developed. On the part of the adolescent, this period means to achieve the liberated life of adulthood, yet, with a lost of very secure life of childhood (Sylwester, 2007). Hall (1916) stated that in this era, one can observe both remains of uninhibited childhood selfishness and increasing moral idealism and altruism (cited in Muuss, 1996).

Adolescence is a long journey, in which the mature self can be possible as long as cognitive abilities allow. Anatomically, in this period, frontal lobe that is responsible for higher-order thinking of the brain starts to mature. But this maturation is not as rapid as the pubertal development (Sylwester, 2007).

Puberty is characterized by the rapidity of body growth, genital maturity and sexual awareness (Muuss, 1996). Hall (1904) proposed that adolescence is a period of *storm and stress* in which frequent responses such as mood disruptions, conflicts with parents, and risk behaviors are mostly governed by pubertal progress (cited in Moneta et al ., 2001)

Harter and Whitesell (2001) state that apart from a struggle with drawbacks of pubertal challenges, adolescence is a stage of life that pre-occupation with the self and its formation are very important achievements. Adolescence is also a period in which process of diversion self-concepts is enlarged (Harter et al., 1998; Harter & Monsour, 1992).

Construction of self-theory in adolescence is influenced by newly emerged cognitive abilities, such as hypothetic-deductive reasoning, introspection and heightened self-consciousness (Harter & Whitesell, 2001). Acquisition of these new abilities both gives strength and constitutes a threat to the current self-system (Harter, 1999). At first, these higher-order cognitive abilities lead the adolescent to see himself/herself as having multiple identities and roles. From start to end of the adolescence period,

the main task of the adolescent is to form an integrated theory of these multiple identities to become a functional adult.

In the early years of adolescence, as cognitive maturation has not yet achieved to integrate these multiple roles, the adolescent may behave indifferently to these variations. Being an aggressive child, a good friend, an unpopular peer or being brilliant at math are free-floating features. As the adolescent develops, he/she starts to compare these dimensions of the self which results in a realization of the inconsistencies and a powerful psychic conflict, confusion and distress. The very typical questions *Which am I* ? or *Which one is the real me?* become the main considerations. Additionally, an urge to have all of the identities, cohesion for the self, is irresistible. The adolescent, on the other hand, is not mature enough in terms of cognitive abilities to solve this problem once again (Harter, 1999).

External factors also contribute to this confusion. Comparisons with peers, competitions, increased expectancies from parents and teachers also cause reevaluations of the self (Harter & Whitesell, 2001).

In the later phase of the adolescence, because a higher-order abstractive thinking emerges, an acceptance of these discrepancies can be possible. For instance, being both extrovert and introvert means being adaptive; being both depressed and cheerful from time to time means being moody; one can be ambivalent because both independency and connectedness to parents are natural needs. The self-theory now becomes in the service of the person for developing expectancies, predictive structures and guidelines to give meanings to life experiences. Self-theory provides self-regulations in social environment and motivational experiences for self improvement, by means of plans and ideals (Harter, 1999).

A decline in overall self-worth can be observable at early and middle adolescence since many physical changes and environmental challenges such as school shifts occur in this period (Harter, 1999). By age, the higher-order cognitive abilities provide the adolescent with an increased personal autonomy; an idea about the areas

in which he/she can focus on in terms of his/her capabilities; an initiative to select groups in which his/her self-esteem is supported; an increased role-taking ability making him /her socially acceptable. He/she also becomes strong in terms of getting rid of undesirable cognitive, emotional and personality characteristics (Harter, 1999*)*.

1.1.2 Self-Perception and Psychopathology

The relationship between self-concept, together with its evaluation and perception, and psychological problems has been one of the controversial topics of psychological research. Most of the studies in this area have been founded on correlational analysis indicating a non-directional relationship (Baumesiter et al., 2003). In the literature, psychopathology and self-concept have been conceptualized as either cause or outcome of each other. Additionally, depending on the concentration of research area these correlations have been explored to see the connection of these two from interpersonal or intrapersonal perspectives. The relationship has been also tried to establish on their implication for that research area.

Many researchers agree that positive self-concept and complimentary evaluations of self are essential for better psychological functioning in both personal and social areas (Trzesniewski et al., 2006; Groot, 2009; Goñi & Goñi, 2008; Varni & Setoguchi, 1996). Varni and Setoguchi (1996) found that higher perceived physical appearance was significantly correlated with lower depressive symptoms and lower trait anxiety. Park and Maner (2009) stated that there is a difference between social attitudes of people with high self-esteem and low self-esteem.

On the other hand, the connection between negativity in self-evaluation processes and psychological problems has been also indicated. Burwell and Shirk (2006) stated that self-evaluative processes producing low level of self-worth may create risk for depressed affect. In a study it was found that depressed patients scored significantly lower on physical self-perceptions and global self-esteem than non-patients (Vliet et al., 2005). In another study (Özbay et al., 2002) conducted in Turkey, the adolescent group who had admitted to the psychiatry clinics was found to be significantly lower

than non-clinical adolescent group in terms of their global self-worth and close relationship scores. A study conducted by Groot (2009) among severely emotionally disturbed youth admitted to psychiatric residential treatment, revealed a significant correlation between behavioral problems of adolescents and low social competence.

In another study which is more conclusive in exploring longitudinal implications of negative self-concept of adolescents, Trzesniewski et al (2006) analyzed 11-year prospective data. The researchers found that adolescents with low self-esteem had poorer mental and physical health and higher levels of criminal behavior during adulthood, compared with adolescents with high self-esteem.

Since the studies in the literature are not established on cause-effect relationship, some argues that the findings are not convincing. For instance Burwell and Shirk (2006) illustrate that "In fact, DSM-IV criteria for depressive disorders incorporate low self-worth as a key symptom. Therefore, it is unclear whether self-worth represents a component of, or a risk factor for, depression" (p.480).

1.1.3 Intervention Strategies for Enhancing Self-Perception

While personality, cognitive and development theories have preferred to explore formation and meaning of self-concept for inferring its functions, more applied approaches have been concentrated on managing issues resulted from these formations. The fact that intra/interpersonal problems and negative self-perceptions can be the cause or the product of another has lead to scientists to investigate antecedents of self-concept for preventing or treating psychopathology. Additionally, intervention strategies have been developed to eliminate psychopathology have aimed to change adolescents' self-concepts at the same time.

In general, self-perception interventions have been widely focused on enhancement of self-worth or self-esteem. In this line of practice, clinicians mostly concentrated on changing negative self-evaluations. According to Harter (1999), most of the negative self-evaluations are resulted from personal theories about the causes of low

self-esteem so called internalized attributes of failure. Strategies for reframing these attributions are accepted as productive. Cognitive approaches are considered as effective treatment modalities for focusing on identifying dysfunctional beliefs and changing them into more realistic ones (Bos et al., 2006). In a study, Rigby and Waite (2006) conducted a group cognitive-behavioral therapy to enhance self-esteem in which creative approaches and metaphors were used as clinical tools. In this study, participants were "encouraged to actively search for counter-evidence, question and reinterpret experiences, gather information through behavioral experiments, question the validity of previous standards and formulate alternatives" (p. 362).

The other intervention strategies have been focus on enhancing domain-specific self-concepts. The reasons behind these interventions can be divided on two parts. First, it has been accepted that there is a strong correlation between domain-specific self-concepts and global self-worth. Second, intervening into specific domain has been considered as more effective strategy.

The main idea in this strategy is to enhance the competence of the individual if he/she lacks competence in certain domains (Harter, 1999). Harter (1999) proposed that since low self-esteem is mostly caused by discrepancies between aspirations and perceived competence, improving skills in areas in which there are large discrepancies, lead to enhanced perceptions of competence. Thus, interventions founded on skills training regarding certain domains have considerable power on enhancement of self-concepts (Kelsch, 1998). However, since perceived competence in areas of importance is fundamental for self-worth, thus, to lower the importance of these areas can be another strategy (Harter, 1999). Moreover, adolescents are not always competent to achieve success, so that they can protect, maintain or enhance their self-esteem levels (Crocker & Park, 2003). Therefore, Cognitive-Behavioral Therapy, for focusing to change dysfunctional thought patterns as well as behaviors maintaining low self-esteem is found to be most effective treatment modality for self-concept enhancement (Kelsch, 1998). Furthermore, in the literature some researches have argued that building self-esteem on competency beliefs might not be a plausible approach (Cnocker & Knight, 2005; Cnocker & Park, 2004). These

researchers believed that when self-worth is contingent upon competency beliefs, individuals become unhealthier by showing attitudes of disengagement into task domains. Cnocker & Knight (2005) argue that "contingent self-worth is an ineffective source of motivation; although boosts to self-esteem feel good, *individuals* can become addictive, requiring ever greater success to avoid feelings of worthlessness" (p. 202).

Consequently, interventions for enhancing self-worth and related self-concepts seem to be in a debate. Overall, Baumesiter et al (2003) claimed that positive self-evaluations are not as important as they are supposed to be, since it has been no causal relationship for assuming that low self-esteem causing problems in individuals' lives. Thus, before intervention strategies are to be developed, this empirical condition should be formed (Baumesiter et al., 2003).

1.2 Subjective Well-Being

Subjective well-being is related to individuals' evaluations of their life in regard to wide range of dimensions (Flouri, 2004; Kim-Prieto et al., 2005). It was originated from scientists' urge to investigate nature, conditions, and outcomes of another concept, happiness (Diener, 1984; Diener et al., 1999). Suldo and Shaffer (2008) proposed that subjective well-being is "the scientific term for happiness" (p.53). Diener and Ryan (2009) defined subjective well-being as "an umbrella term used to describe the level of well-being people experience according to their subjective evaluations of their lives" (p.319)

Research on subjective well-being examines people's evaluations of life experiences in the frame of affective reactions and cognitive judgments (Diener, 1984; Diener et al., 1999). The affective component is composed of negative or positive emotional responses individuals' attach to their life experiences (Diener, 2000; Diener et al., 2000). Emotional responses are accepted as ranging from moods to stable emotional states (Suldo & Shaffer, 2008). The cognitive component constitutes people judgments about their life satisfaction (Diener et al., 1997 cited in Lee & Browne,

2008). Life satisfaction, on the other hand, changes according to whether it is about global life conditions or specific situations such as work or family (Suldo & Shaffer, 2008).

Diener et al (1999) state that subjective well-being is considered as a general scientific study of separate constructs which are "people's emotional responses, domain satisfactions, and global judgments of life satisfaction" (p.277). Kim-Prieto et al (2005) argued that research in subjective well-being concentrates on a very wide range of concepts including temporary mood states to general life satisfaction. Accordingly, although these concepts have a close association on determining individuals' well-being, in the literature each construct is considered as having its own research area and assessment methods (Stones & Kozma, 1985 cited in Diener et al., 1999). There are also some attempts to integrate these components (Kim-Prieto et al., 2005)

In the literature, there are many studies investigating role of factors on formation and maintenance of subjective well-being. Demographic variables such as age, sex, employment, living conditions, physical health have been found to be significant factors (Diener et al., 1999; Lee & Browne, 2008). Additionally, psychological factors such personality traits (e.g., attachment and temperament), cognitions, goals, adaptation, and coping skills are also important in individuals' positive evaluations of their life (Diener et al., 1999). For instance, in their study, Schmidt and Welsh (2010) worked with individuals facing with chronic and terminal illness of a family member and found that secure attachment and positive coping style are connected to subjective well-being. Another study showed that coping styles such as problem-focused or avoidance coping have strong relationships with positive and negative affect (Ben-Zur, 2009). Lent et al (2005) indicated that social cognitive factors such as self-efficacy, perceived goal progress, environmental resources are influential in individuals' satisfaction in that particular life domains as well as general life satisfaction. Additionally, commitment to goals, attainability of goals, and progress in goal achievement were found to have important roles in changing subjective well-being (Brunstein, 1993).

Other researches have concentrated on the relationship between subjective well-being and psychological health. A study conducted by van Hemert et al (2002) revealed that Beck Depression Inventory scores are associated with subjective well-being in a negative manner. Lee and Browne (2008) found that psychological distress and mental health influence levels of subjective well-being in a way that individuals with low level of mental health or high level of psychological distress tend to view their life as unsatisfactory. They argued that this result makes sense since subjective well-being consists of individuals' judgment of their life quality and positive or negative affects they adopt. Karlsen et al (2006), on the other hand, disputed that when stress is accepted by a growth based orientation or handled by a problem-focused coping style is more likely to cause high subjective well-being. Headey and Wearing (1989) support this idea by indicating that each person has a "normal" equilibrium level of life events and subjective well-being, so that, events that depart from individual's equilibrium level may change level of well-being. They add that while extremely unfavorable events lower subjective well-being, unusually positive events increase it. Furthermore, according to Keyes (2005) any conclusion made that all individuals' free-off mental disorders have more productive and healthier lives than the mentally ill, is wrong. This emphasis is mostly resulted from an approach considering absence of mental illness as presence of mental health (Keyes, 2005).

Overall, according to Ed Diener, the scientific study of subjective well-being has developed as a result of excessive investment on negative states and ignorance of positive well-being in understanding mental health (Diener et al., 1999; Diener, 1984). Subjective well-being is accepted as the positive indicator of wellness as oppose to the negative indicator of illness, psychopathology (Suldo & Shaffer, 2008). Keyes (2005) suggested that individuals' evaluation of quality of their life can be used for assessing symptoms of mental health. As Diener et al (1999) indicated, the recognition that any individual both tends to demand positive events and avoid bad ones in life is the main notion, and subjective well-being research gives attention to the entire range of well-being from unhappiness to happiness.

1.3 Cinematherapy and Its Practice

This section will cover cinema and psychology association at first, which will be followed by a part presenting the use of movies in psychotherapy. Next, literature related to theoretical background of cinematherapy will be presented and certain fundamental processes indicated in its theory and practice will be covered. Thus, there will be extensive parts covering identification, elaboration, and certain considerations before cinematherapy application. This will be followed by the section on effectiveness of cinematherapy applications and some examples from cinematherapy research conducted abroad and in Turkey.

1.3.1 Cinema and Psychology

The relationship between cinema and psychology is a well-known fact for the theorists and practitioners of these areas. According to Gabbard and Gabbard (1999), these two disciplines have always had unfriendly but compensatory connection to each other.

Psychology side of the dyad have continually struggled with narrations of mental health providers created by cinema industry. Additionally, misleading cinematic depictions of mental illnesses and psychotherapy have demanded practitioners to invalidate these false impressions (Gabard & Gabard, 1999). At the same time, film makers have also been disturbed by this relationship. Especially, by the domination of psychoanalytic approach; characters, stories, even directors and writers of the films have been analyzed by psychologists and psychiatrists. The majority of film makers, nevertheless, have not seemed to approve of their art to be torn apart into its parts.

Cinema and psychology, in fact, share the main endeavor to investigate and explore human behavior (Haas, 1995; Gabbard & Gabbard, 1999). They also adopt the same urge to study routine-seemed context of the daily life (Gabbard & Gabbard, 1999). Schneider (1999) states that cinema and psychology have many common

considerations related to emotions, thoughts, motivations and experiences of human beings (cited in Orchowski et al., 2006). In his book examining psychological aspects of cinema, Münsterberg (1916) made an immense depiction that "The photoplay tells us the human story by overcoming the forms of the outer world, namely, space, time, and causality, and by adjusting the events to the forms of the inner world, namely, attention, memory, imagination, and emotion" (p.47).

Most of the time, movie industry depends on the knowledge provided by psychology for successful portrayal of characters to create viewer identification (Orchowski et al., 2006). Moreover, a movie's box office success is mostly related to its degree of correspondence to basic human motives (Lehman & Withy, 1927). Suber (2006) describes this fact as "When the feelings of the filmmakers, the feelings of the characters, and the feelings of the audience come together, there is the opportunity for greatness" (cited in Manchel, 2010).

Since cinema mostly takes its inspiration from psychology, its products, movies, have great influence on individuals' life. As a form of art, motion pictures focus on many common themes of human beings' life such as hope, courage, love, loyalty, loss, fear and relationships (Paquette, 2003). Additionally, Shapiro and Rucker (2004) indicate that movies allow people to express feelings of joy, sadness or anger which are often suppressed in real life, through 2-hour safe time spent for emotional experience. Motion pictures are also kind of instruments enabling people to explore and vicariously experience many novel themes beyond the routine life (Dal Cin et al., 2009; Hass, 1995). Movies, on the other hand, are considered as having negative effects on persons (Orchowski et al., 2006). Most of the time, films have been found to be responsible for increment in violent act in society (Parquet, 2003; Sharp, et al., 2002). Parquet (2003) adds that many people have a tendency to overemphasize movies with violence, nakedness, and strong sexual language as having negative effect on people.

The argument about relationship of cinema and psychology in terms of their positive and negative effects on each other and the influence of this interaction on people may

be elaborated in many ways. For almost three decades, nevertheless, movies have been considered as useful additions to psychotherapy practice and started to be evaluated by psychologists in terms of their therapeutic value.

1.3.2 Use of Movies in Psychotherapy

Psychology has started to focus on films as a research area and shown a tendency to integrate it into its practice (Fleming & Bohnel, 2009). Haas (1995) argued that since it extends people's emotional and behavioral repertoire, cinema seems to be a suitable material for psychotherapy that actually pursues to create this effect for patients' improvement. Hesley (2001) posits that there are many therapists realizing influence of movies so that they integrate movies into their intervention plans. In a survey study conducted by Lampropoulos et al (2004), it was concluded that 67 % of 827 clinicians evaluate motion pictures as usable and effective in supplying therapeutic gain. According to Solomon (1995), any mental health practitioner can use movies as an adjunct to their treatment process. The familiarity of films as an entertainment medium makes them a cost-effective therapeutic medium as well. Hesley (2001) posits that in current mental health practices, critical issues needs to be handled quickly and effectively; movies as being easily available and emotionally rich medium with their various types of themes can be utilized for this purpose. Hesley and Hesley (2001) add that "Films are fun to watch, require only small investment of time and are already part of many clients' usual routines" (p.9). Since it constitutes a familiar place in clients' lives, watching movies is very easy practice to adhere (Calisch, 2001).

Motion pictures help clinicians achieve many therapeutic gains. One of the most dominant rationales in using movies is to enhance self-exploration and self-awareness. Solomon (1995) says that movies help people observe things that they are reluctant or incapable to acknowledge on their own. Calisch (2001) stated that through motion pictures, patients may acquire very important information about self, their resources and limitations that were not revealed in therapy sessions. According to Paquette (2003), motion pictures can be a powerful addition to ongoing

psychotherapy because their relation to unconscious concepts. Discussing and analyzing thoughts, actions and motives of the characters in movies can supply patients to discover various unconscious thoughts (Haas, 1995).

In utilization of movies during psychotherapy, self-awareness is mostly enforced by connections between movie material and patients. According to Solomon (2001), many clients gain a great deal from seeing themselves in the characters and the story depicted. Because films concentrate on real problems rather than theoretical terms of human behavior, clients easily identify with the characters that have similar conditions to struggle and resources to manage these conditions (Hesley & Hesley, 2001). Haas (1995) adds that discussing an attribute related to a character experiencing comparable dilemma can lead patients to evaluate their strengths and limitations.

Movies not only facilitate awareness but also will to act (Lampropoulos et al., 2004). While cognitive insights derived from movies direct clients to take action, affective insights encourage them to implement their plans (Hesley & Hesley, 2001). Films can also provide alternatives to actions and plans (Calisch, 2001).

In psychotherapy, enabling patients to reevaluate their situations is one of the important mechanisms to create change. Often, movies create insights about problems by forcing clients to change their way of thinking, or reframe the situation (Hesley, 2001). Since they often portray life crises in a caricaturized fashion, films are ideal vehicles for reframing overwhelming conditions (Hesley & Hesley, 2001). Haas (1995) adds that by means of movies, therapist and client can compare different perspectives they generate to the very same situation displayed in films.

According to Sharp et al (2002), addition to their usefulness in enhancing insight, movies may lead to resolution of difficulties that clients experiencing. Patients who have already developed self-understanding and achieved insights about their problems may not exactly know how to employ these acquisitions. Hesley and Hesley (2001) posit that films are ideal metaphors for problem solving processes

since characters in movies are usually depicted as persons experiencing crisis, trying many unsuccessful behaviors to cope with and ultimately finding a solution. Sometimes, clients need a role model who is not already present in their lives, thus, identified movie characters can be good substitutes from whom clients can learn and be inspired. Films containing role models struggling with and managing issues that clients share, are more preferable. Ideally, role models should display better management skills than clients currently have. Yet, there is no need to see all identified characters reaching happy endings; a sadder and wiser role model is also valuable (Hesley & Hesley, 2001). Once the film and characters are internalized by clients, they begin to help patients both during and after therapy. Movies act as cues of insights; resolutions and useful emotions emerged; and characters become co-therapists whose wisdom can be applied to new situations clients may face (Hesley & Hesley, 2001).

Another function of movies in therapeutic applications is related to their emotion-provoking effect. Movies can generate spontaneity in discussing feelings of patients in an affluent context, since they are highly accessible and rich in terms of emotions (Hesley, 2001). Solomon (1995) states that movies can help more or less everyone allow emotions and feelings to be experienced in a safety environment. According to Lampropoulos et al (2004), movies also empower emotional relief. Manchel (2010) claims that films can create an emotional healing experience for the client through observing a character is dealing with his/her conflicts and traumas on the screen.

Additionally, the variety of themes observed in the motion pictures make many topics discussable during therapy sessions (Aka & Gençöz, 2010). Movies can be utilized to carry an idea into the therapy that seems hard to detect or discuss (Haas, 1995). When discussing certain matters in therapy sessions seems to frighten clients, movies can introduce same ideas by generating more comfort (Hesley & Hesley, 2001). As Shapiro and Rucker (2004) indicated, since the viewer creates it in his/her imagination during viewing, the most emotionally disturbing subjects become tolerable. According to Haas (1995), discussing a character may appear less intimidating and provide patient with a buffer zone to detach from self-involvement,

while talking about his/her problems over character's experiences. Solomon (2001) also points out usability of movies to overcome problems related to introduce a tough idea to patients. He states that movies can be tools for clients to understand difficult concepts like denial, co-dependency and addiction, which many therapists struggle to narrate in their practices. He also continues to exemplify that people can clearly recognize denial when it is acted out in a movie. Then, once one can understand what denial looks like by observing a character depicted on the screen, there is a possibility to get in touch with one's own denial.

One of the most appealing sides of movies is that they provide a chance to experience the word through the eyes of others (Dermer & Hutching, 2000). Knowing that others also have similar conflicts, can create an effect for reducing feeling of isolation (Sharp et al., 2002), and provides patient with support and acceptance of his/her condition (Lampropoulos et al., 2004). Haas (1995) suggests that some films with resolution- of- conflict parts can supply a feeling of universality of human effort and may create a direct therapeutic outcome. Hesley and Hesley (2001) stated that movies create both positive and negative associations. While some movies illustrate solutions, others' finals remain unsolved with dysfunctional patterns insisting to occur. The authors claim that, it is not the movie itself inducing hope to viewer. When clients identify with characters trapped into their issues, share characters' pain and understand unstable steps for liberation, this processes create a feeling of universality and sense of optimism in their own situations. Solomon (2001) points out the fact that for most of the patients, their feelings are validated for first time by means of a movie, which in turn breaks the sense of isolation that is very important awareness in healing process.

Wedding & Niemiec (2003) stated that films can increase patients' compliance to the therapy and they are useful for building rapport. In a study by Duncan et al (1986), cinematherapy was applied in the group therapy sessions and it was found that the participants' satisfaction and involvement increased. Sharp et al (2003) state that using movies "offers a shared story between therapist and client" (p.273). The alliance between therapist and client gets stronger, when they share their thoughts

related to viewing experiences (Haas, 1995). Fleming and Bohnel (2009) state that a movie may create equally shared focus to discuss for clinician and patient and may be less threatening on the part of the patient.

Orchowski et al (2006) propose that apart from direct application as a therapeutic technique, cinema can be utilized as an educational tool for discussing pre-conceptions and expectations of clients related to having psychotherapy, as well as introducing the tasks, goal and structure of the process. This idea seems to be a reasonable practice, for there are cinematic stereotypes about how therapy process comes about and how the therapist works (Haas, 1995). Bowen (2006) supports this view by indicating that the myths created about clinicians may lead to negative attitudes and feelings toward these professionals and may damage the client and clinician relationships.

Lampropoulos et al (2004) stated that utilization of movies by clinicians may depend on clinical experience, theoretical orientation, and work settings. Suhlenberg (2003) adds that movies can be used in the range of therapy approaches. According to Salomon (1995) films can be utilized in any mental health practice displayed in hospitals, treatment centers, recovery groups, and resilient centers.

The literature related to utilization of movies in psychotherapy basically focuses on either movies' direct influence such as providing alternative explanations to patient concerns, problems solving skills, and role models, or more indirect forms of source, such as, gaining self-awareness and insight, experiencing emotional relief, and sense of wholeness or hope.

1.3.3. Theoretical Background of Cinematherapy

Cinematherapy is a technical term for practice of utilizing movies in psychotherapy. The term was first articulated by Berg-Cross et al (1990) in their paper on theory and practice of using movies in clinical applications. The authors also made the earliest definition of cinematherapy as "a therapeutic technique involving the selection of

films for the client to view that will have a direct effect or be used as a stimulus for discussion in the therapy sessions" (p.135).

Cinematherapy is a very new practice. Therefore, researchers in this area have been continuing to define it in different ways. Most of the time, definitions have relayed on the nature of practitioners' implementation of cinematherapy as a technique. Hesley and Hesley (2001) use term *Videowork* for process of prescription of movies as homework assignments and discussion of gained insights in follow-up sessions. Calisch (2001), also, prefers to use *Videowork* and defines it as "a therapeutic process in which clients and therapists discuss themes and characters in popular films that relate to core issues of ongoing therapy" (p.22). Dermer & Hutching (2000) in their definition of cinematherapy emphasize selection of movies for patients to watch individually or with other people to empower therapeutic gains. Sharp et al (2002) define cinematherapy as "a therapeutic technique that involves careful selection and assignment of movies for clients to watch with follow-up processing of their experiences during therapy sessions" (p.270). The term *Movie Therapy* indicates a technique in which film clips are used for creating dialogues in group settings (Ulus, 2003).

In some of these definitions, procedures related to movie selection, prescription and discussion with patients are implied. In others, gains that movies provide such as insight are underlined. Other descriptions, on the other hand, highlight movies' role as being instruments for discussing patients' problems. Implementation conditions are also differed in regard to whether movies are watched and discussed in sessions or assigned and discussed in follow-up sessions. Among definitions, some stress that movies can be watched by more than one person at the same time, or overall practice comes about in a group setting. Consequently, each definition seems to focus on both essential aspects of cinematherapy, and specific approaches depending on the use of movies by that practitioner as a therapeutic technique.

Most of the researches accept cinematherapy as a good adjunct, rather than a separate therapy modality (Dermer & Hutching, 2000; Ulus, 2010a; Portadin, 2006; Sharp et

al., 2002). According to Portadin (2006), a critical analysis of the literature strongly reveals that cinematherapy can not be defined as a formal psychotherapy, yet.

Although cinematherapy is a new technique in psychotherapy, it originated from a previous practice known as bibliotherapy. In 1930, a doctor named Menninger was the first professional, who assigned fictions to his patients (Hesley, 2000). Calisch (2001) stated that, although bibliotherapy was a good adjunct to classical therapy process with prescription of fictional and non-fictional readings, book prescription lost its spirit by emergence of self-help books. For the last 20 years, since clinicians have also been creating self-help literature, prescribed readings changed from fictional to non-fictional material, containing more direct messages. Calisch (2001) says that video work is an extension of bibliotherapy, and has its original spirit of using fictional material. According to Hesley (2000), movies are the most recent and time-saving addition to bibliotherapy.

Bibliotherapy as a therapeutic technique aims to provide patients with some achievements: self-awareness; insight and solutions about their problems; encouragement for discussion about their concerns; and feelings of universality. By means of book prescriptions, clinicians also empower their patients to adapt new attitudes and values (Pardeck, 1994). In order to create therapeutic change, cinematherapy focuses on the very same methods. Processes leading to therapeutic change in bibliotherapy, such as, identification, catharsis, insight, and universalization are also present in cinematherapy (Aka & Gençöz, 2010). Among them, identification is seen as the initial mechanism in cinematherapy applications (Hesley & Hesley, 2001; Sharp et al., 2002). The next section will cover this concept in terms of its theory and assessment, in order to understand this mechanism of change in cinematherapy.

1.3.3.1 Identification

Hesley (2001) states that, asking patients to focus on how characters change in the course of the story, constitute the core of cinematherapy practice. This process

requires patients to identify with characters and ask themselves how they would behave if they experience the events depicted.

In the literature, various levels of watching experiences were distinguished by the researchers to clarify higher order processes of spectatorship. Smith (1994), not directly referring to identification, argues that "in comprehending, interpreting, and otherwise appreciating fictional narratives, we make inferences, formulate hypotheses, categorize representations, and utilize many other cognitive skills and strategies which go well beyond a mere registration or mirroring of the narrative material" (p.35). According to Sharp et al (2002), modeling behavior can not be the only practice explaining viewers' relations to characters. Cohen (2001) adds that identification is a different process than a simple reception experience.

In literacy area, Altenbernd and Lewis (1969) stated that the term *Character Identification* corresponds to the position of readers putting themselves in the place of characters and experiencing the way characters feel (cited in Jose and Brewer, 1984 p. 912). In terms of cinematic experience, Cohen (2001) describes identification as "an imaginative process through which an audience member assumes the identity, goals, and perspective of a character" (p.261). Furthermore, in Cohen's definition, identification process is accepted as a loss of self-awareness in which audience temporarily but repeatedly adopts the perspective of the identified character.

Although definitions exactly indicate a shift of viewers' attention to characters' world, another aspect of identification constituting similarity between viewers and characters has also been well documented. Jose and Brewer (1984) stated that in literacy area, researchers agree that the degree of similarity between readers and characters empowers the degree of identification. Additionally, in cinematic experience, although identification is supposed to be possible by viewers' imagining as if they were in characters' place, similarity between viewers and characters also increases the possibility of identification (Cohen, 2001). Feilitzen and Linne (1975) stated that similarity identification is formed by involvement of viewers for they

think that they share certain similarities with characters. Furthermore, in this kind of identification, viewers' pursuit to recognize characters through whom their identity would be reinforced and expanded (cited in Chory-Assad & Cicchirillo, 2005). Tannenhaum and Gaer (1965) claimed that in the assessment of identification, the opinion of viewers about their similarities with characters should be taken as the basis. Similarity factor in identification has been evaluated by researchers through different aspects, as well. Cohen (2001) claims that the feeling of similarity between viewers and characters may not only be produced by common features such as age, gender, or race, but also by shared attributes or experiences. According to van Beneden (1998) identification is a more complex process than a simple resembling of genders of viewers with characters' in the movies.

Although similarity is the most accounted factor for mechanism of identification, Cohen (2001) states a different point of view stating that the degree of identification is assessed by how much a viewer forgets his/her social presentation and absorbs a character's perspective. The notion clearly contradicts with the idea of viewers' intention to find similarities between characters and themselves. This approach to identification implies predisposition of viewers to understand the perspective of characters. In this respect, what is taken into account is not the attributes or emotions of viewers towards characters but their tendency to capture what characters experience and feel (Cohen, 2001). In contrast to similarity identification, this type of identification is called cognitive-emotional identification, in which viewers share feelings and responses of characters and perceive events in films as if they are happening to them (Chory-Assad & Cicchirillo, 2005). Thus, according to Cohen (2001), "identification is defined not as an attitude, an emotion, or perception but, rather, as a process that consists of increasing loss of self-awareness and its temporary replacement with heightened emotional and cognitive connections with a character" (p.251).

Salway and Graham (2003) supports this idea stating that thinking about characters' beliefs and emotions what allow people to make sense of the story. Müsterberg (1916) also depicts this situation as follows:

> To picture emotions must be the central aim of the photoplay. In the drama words of wisdom may be spoken and we may listen to the conversations with interest even if they have only intellectual and not emotional character. But the actor whom we see on the screen can hold our attention only by what he is doing and his actions gain meaning and unity for us through the feelings and emotions which control them. More than in the drama the persons in the photoplay are to us first of all subjects of emotional experiences. Their joy and pain, their hope and fear, their love and hate, their gratitude and envy, their sympathy and malice, give meaning and value to the play (p.31)

At this point, if one considers identification process as viewers' position to understand characters' experiences that free of intentions to find similarities, then empathic understanding appears as a way to discover the essence of this mechanism. According to Chory-Assad and Cicchirillo (2005), empathic tendencies enable viewers to see things from characters' point of view, or feel with them only through which cognitive-emotional identification comes about. Tamboroni et al (1993) add that empathy is a significant concept, when emotional behavior of people is taken into account.

Empathy theories concentrate on either cognitive or emotional aspect of this concept. Cognitive explanations of empathy focus on abilities such as perspective taking, while emotional or affective aspects of empathy are identified by processes like empathic concern and emotional contagion (Chory-Assad & Cicchirillo, 2005). In identification with film characters, fictional involvement -as another cognitive component- is mostly investigated one (Tamboroni et al., 1993). Cognitive components of emphatic behavior are simply related to the person's ability to put one self into another's place, while affective or emotional component includes person's strong emotional reactions adopted as a result of another's experiences (Chory-Assad & Cicchirillo, 2005).

In their study, Chory-Assad and Cicchirillo (2005) investigated identification in terms of this respect and found that perspective taking positively predicted cognitive-emotional identification. Komeda et al (2009), furthermore, consider both readers' empathic understanding of protagonist' emotions and similarity factor between the

readers and the protagonists. They found that, similarity of personalities of readers and protagonists enforced the participants' estimation of protagonists' emotions. Overall, in his attempt to make an operational definition and assessment of identification, Cohen (2001) clarifies four important indicators of identification process which can be measured by empathic tendencies: sharing the feelings of the character; sharing the perspective of the character; internalization of the objective of the character; high degrees of loss of awareness of the viewer for understanding the character. The present study investigated these proposed approaches, by utilizing fictional involvement and emotional contagion dimensions of empathy for exploring cognitive-emotional aspect of identification process. Additionally, similarity identification was also investigated as being a traditional and valid aspect.

1.3.3.2 Elaboration

Elaboration part of cinematherapy constitutes a therapist's and a patient's discussion about the movie in a manner to create therapeutic gain. Sharp et al (2002) indicate that cinematherapy does not consist of simply viewing a movie, but requires character-driven elaboration after watching. In her study, Eğeci (2010) found that among four-stages in mechanism of change in cinematherapy, only identification on its surface level could be attainable by viewing process. Further three stages that are catharsis, insight and universalization, could be reached by the discussion of the watched movie.

Elaboration is mostly governed by therapists' primary rationale to assign that specific movie to be discussed. For this purpose, therapists usually ask open-ended questions to allow patients to convey their ideas.

In some instances, elaboration phase can not be conducted. It is observable that patients do not share the same idea with therapists preferring certain movie. They do watch it, yet, they do not show any enthusiasm to elaborate in the follow-up session. On the contrary, sometimes patients may experience very strong emotions after watching a movie, so much that they do not prefer to verbalize their experience.

Movies having a natural healing effect, such as inducing hope and sense of well-being, generally do not require to be discussed in detail (Hesley & Hesley, 2001).

Although most of the patients need a rigorous elaboration with a therapist to convey their viewing experiences into real actions, others may not. When a story line or a character fits perfectly into the needs of clients, they may want to take action immediately. In these cases, any additional elaboration of film will be counterproductive. However, as a rule, careful evaluation of ready-for-action patients is important because some dramatic solutions (quitting job, leaving home, etc.) recommended by movies may look like very realistic to the patients, while they are really not. Unconditionally accepted movie solutions are likely to cause harms when they are implemented in real life situations. In this case, clients must be encouraged to analyze this ideal solution with its pros and cons for their life, and modify it (Hesley & Hesley, 2001).

While discussing a movie, the therapist may hear unusual ideas from clients (Hesley, 2001). Therapists generally have certain ideas about what clients may conclude related to prescribed movie, yet, clients may derive unique notions out of therapists' scope (Hesley & Hesley, 2001). Additionally, it is important for the therapist to get ready to handle possible emotion provoking scenes, characters and plots (Bowen, 2006).

While assessing client's achievements and benefits from the assigned movie, therapists should also be ready to cover and resolve any failure in forming connections, or unpleasant results (Lampropoulos et al., 2004). Paquette (2003) claimed that prescribing a movie to a client may create unexpected or undesired effects when the client can not make a connection with the themes of the film, or develop resistance to that issues covered. Occasionally, misconnections may be announced by clients, claiming that there were not any similarities between arguments of the movie and their matters, or characters and themselves. Rather than thinking prescribed movie was a mistaken choice, denial of connections should be considered as one of the most dominant possibility (Hesley & Hesley, 2001).

According to Hesley and Hesley (2001) in case of misconnections, conversations about analyzing these differences may lead to fruitful insights. Therapist's persistence on explaining the rationale behind recommending that certain movie, and his/her expression of curiosity about how the client got these conclusions differently than usually observed, may put movie's true benefits on its path again. Therapist's assertion may eliminate probable defenses and resistance of client, and enable the client to face similarities, while requiring watching the film again with a refreshed mind.

1.3.4 Considerations Before Cinematherapy Application

An effective cinematherapy application may require many considerations to be justified before implementation. Selection of movies, suitability of patients for cinematherapy, and preparation of patients for this technique are required for a healthy and successful practice.

1.3.4.1 Selection of Appropriate Movies

Solomon (1995) argues that most of the therapists, who utilize movies in their practice, already have a list of favorable films helping them dealing with various client problems. Hesley and Hesley (2001) posit that therapists should have a working list of therapeutically beneficial movies. Identifying several movies addressing each clinical issue is necessary, because only one movie may not relate needs of every client, and therapists work well with some movies than others. While a single movie can help patients with several concerns, movies with various different themes may capture patients with only one part of them (Hesley & Hesley, 2001).

Hesley (2001) states that therapists may require patients to watch movies when they feel that there is a link between a film and clients' conditions. Yet, like any decision made about using any intervention technique in psychotherapy, the clinician should evaluate his/her purpose of assigning a specific film, and benefits and harms the client may get (Orchowski et al., 2006). Compatibility of movies to the goal of the

current intervention is also an important aspect (Dermer & Hutching, 2000). When movies are accepted as therapeutic tools for utilizing for specific purposes in clinical applications, they should properly fit into case formulation and treatment plan (Lampropoulos et al., 2004). Solomon (1995) posits that clinicians must be patient with prescribing movies to clients and wait a few sessions to use them as an intervention method. Even when prescribed movies relate to their issues, immature rapport prevents clients to share their insights with therapists (Solomon, 1995)

When clinicians come to select movies according to cinematherapy application, a rationale should be adopted. According to Sharp et al (2002), careful movie selection is the basic principle of effective cinematherapy. Lampropoulos et al (2004) suggest that choosing films that patients may take pleasure in and are familiar with should be an initial criterion. Movies which inspire and evoke emotions, portray characters solving problems, and include good role models are usually favorable (Lampropoulos et al., 2004). Films recommended by other therapists and derived from an anthology are also validated (Hesley & Hesley, 2001). Films that are meaningful in terms of therapeutic processes, such as, reducing denial, eliminating isolation, discussing problem with others, understanding self, understanding problem, reframing situation, identifying role model, obtaining ideas, increasing hope, increasing resourcefulness, and processing feelings should be preferred (Knickerbocker, Jr., 2009).

In integrating movies into psychotherapy, selecting films in which characters or story line have something familiar with patients' features or current conflicts is the main strategy (Sharp et al., 2002; Knickerbocker, Jr., 2009; Hesley, 2001). Selecting movies featuring similar life-styles and values for patients makes the possibility of disconnection eliminated (Hesley & Hesley, 2001). Additionally, issues like culture, ethnicity, socioeconomic status, sexual orientation, and gender should be also taken into account (Dermer & Hutching, 2000). Assigned movie, on the other hand, needs not to be identical to the patients' conditions, as long as it can contain patients' problems (Hesley & Hesley, 2001). Sharp et al (2002) posit that the story of the movie has not to correspond to clients' life per se, but provide a metaphor for key

concerns. Additionally, prescribing movies that cover issues clients are unready to face may not be suitable (Solomon, 1995; Sharp et al., 2002).

Sometimes, clients show tendency not to adhere to their prescription by fear of contemplating the feelings and matters the movie brings to surface (Solomon, 1995). They may develop resistance to issues covered in the movie (Paquette, 2003). According to Sharp et al (2002), "If the content is identical to the client's own difficulties then there is increased likelihood for defense mechanisms to interfere with the process of cinematherapy" (p.273). Therefore, it is better for the story not to point directly to the problem but be metaphoric (Sharp et al., 2002; Knickerbocker, Jr., 2009). Metaphors can provide a less threatening atmosphere, when the patient has difficulty confronting the issue or develops resistance (Powell, 2008).

When clients are prescribed by a certain film, they usually understand the rationale therapists have behind choosing that one, yet, do not know the exact reason (Hesley & Hesley, 2001). Recommending a movie to a client may create unexpected or undesired effects when the client can not make any connection with the themes of the film (Paquette, 2003). Hass (1995) claimed that when the patient does not relate any character, he/she may get upset about the therapist's thoughts about the enormity of his/her problems. Solomon (1995) adds that, when the therapist assigns a wrong movie, client's possible impression will be that the therapist is not in the same path with client's issues, which in turn distracts the therapeutic alliance.

Hesley and Hesley (2001) argued that practitioners who are flexible in movie selection, especially in considering preferences of clients, are the most successful ones. Hesley (2001) posits that in some occasions the best film to be discussed is the one client brings to the therapy. According to Fleming and Bohnel (2009), through considering a client's personally significant movies, films can be used as an adjunctive assessment technique. Hesley and Hesley (2001) state that considering clients' preferred movies give many valuable information about their working role models, ideal self-images, inner resources, potential goals, perceived barriers, level of creative thinking, and overall viewpoint of life. Manchel (2010) adds that "the

client's personally selected motion picture can be used not only as an empowering choice, but can be integrated formally as a part of an initial mental status exam, which offers insights about the client's mood, affect, perceptions and attitude" (p.31). Taking client's movie preferences seriously, may also enhance the therapeutic rapport, since the possibility to find a subject he/she has an authority. Patients' feelings of expertise on their favorite movie give a sense that therapy is a true relationship rather than a dependent one (Hesley & Hesley, 2001).

1.3.4.2 Candidate Patient for Cinematherapy

Determination of a patient's abilities to understand the content of the assigned film and recognize similarities and differences between him/her and the characters is important (Dermer & Hutching, 2000). The client to benefit from this application, he/she should have some features, such as at least fair level of functioning, an interest and contentment related to movie watching and ability to comprehend the movie (Lampropoulos et al., 2004; Ulus, 2010b).

In her study, Eğeci (2010), tried to determine candidates in terms of their appropriateness for cinematherapy application by assuming that "participants who watch movies for intellectual satisfaction could benefit from the movie discussions, as they could be more practiced to analyze characters, scenes, or relationships of the characters" (p.79). Accordingly, participants who were tending to self-exploration and achieving new understandings were conceptualized as suitable candidates. By this purpose, she used a methodology to assess participants' preferences for movie genre, their interest in movies as well as their tendency to watch and discuss about watched movies.

Moreover, in selection of patients for cinematherapy, literature generally highlighted a clear notion that patients with serious psychotic features and problems with reality testing are not good candidates for this practice, especially when movies are assigned between sessions (Hesley & Hesley, 2001; Sharp et al., 2002). Recently, Fleming and Bohnel (2009), on the other hand, strictly criticized this consideration and disagreed

with attempts of excluding patients with severe mental illnesses, especially, when there has been not any scientific evidence supporting this consideration. They stated:

> Use of feature films can potentially offer a meaningful method of assess in individuals who are acutely, or severely and persistently, mentally ill. This contention is based on clinical literature suggesting that the use of metaphors, including visual metaphors through the medium of feature films, can be useful in working with people who express cognitive difficulties (focused on processing and expression), as well as acute psychosis. In fact, the clinical use of metaphors has been hailed as a helpful agent for changing cognitive processing (p.642)

1.3.4.3 Preparing Patients for Cinematherapy

Therapist should have a clear rationale behind recommending particular movie and pass this intention on to the patient (Hesley & Hesley, 2001; Lampropoulos et al., 2004). According to Dermer and Hutching (2000), this rationale should be created by viewing the selected movie with considering its relevance to patient's problem and also to the goal of the intervention. It is important for therapists to be acquainted with the movie used in ongoing cinematherapy application (Bowen, 2006). According to Sharp et al (2002), therapists should watch potential movies at least two times before using them, because cinematherapy movies need to be evaluated in terms of their therapeutic value. This approach requires another way of watching experience that is different than watching for entertainment.

Before the movie is shown or assigned to patients, therapists should give information about the general story of the movie (Bowen, 2006; Hesley & Hesley, 2001). Evaluating clients' willingness to watch the chosen movie is necessary for successful application (Hesley & Hesley, 2001). Assurance should be given that prescribed movie will be elaborated in a follow-up process (Hesley & Hesley, 2001). To advise patients about which character is to focus is also important (Hesley & Hesley, 2001; Lampropoulos et al., 2004). When a movie is given as a homework assignment, clients should be acknowledged that it contains offensive language or scenes if there is any (Hesley & Hesley, 2001). When clients show tendency not to adhere to their prescription, by fear of contemplating the feelings and matters the movie bring to

surface, prescribing the same movie two or three times may be expectable (Solomon, 1995)

1.3.4.4 Controlling Viewing Conditions

Dermer and Hutching (2000) proposed that the potential therapeutic effect of movies can be accessed as long as patients can follow the process and characters. Focusing on characters or story, trying to find similarities between events in their lives and what they are seeing in the movie, and following their own feelings and emotions during the watching experience are suggested practices when a movie is watched for healing purposes rather than entertainment (Solomon, 2001). Clients, on the other hand, are advised to think few second about their current issues before starting to watch the movie (Hesley & Hesley, 2001). Therapists should give instructions to patients about how to watch films in terms of focusing, pausing and replaying, turning off the film if it is disturbing, and taking notes about evoked emotions and acquired insights (Lampropoulose et al., 2004). Solomon (2001) emphasizes that when a movie is prescribed as a homework assignment, patients should view it in particular ways, such as watching in the privacy and safety of their own home rather then a public theater. When movie is watched in-session, the clients may have the opportunity to ask therapists to stop the movie and discuss it, if they experience strong emotional distress at any point during the session (Bowen, 2006).

1.3.5 Effectiveness of Cinematherapy Applications

Literature has been increasingly expending with studies suggesting therapeutic benefits of movies (Portadin, 2006; Hesley, 2000; Suhlengberg, 2003). Nevertheless, the literature itself also claims that although there are many profits observed and accumulated concentration on the clinical use of films, scientific data supporting its effectiveness are not adequate (Fleming & Bohnel, 2009; Sharp et al., 2002; Lampropoulos et al., 2004). Moreover, according to Bowen (2006) empirical evidence for efficiency of cinematherapy on specific symptoms and different types of mental illnesses are necessary. Additionally, Fleming and Bohnel (2009) stated that

literature does not contain sufficient records related to use of movies for treatment of particular populations. Cinematherapy also lacks empirical evidence in terms of exact therapeutic gains it provides (Lampropoulos et al., 2004; Bowen, 2006; Portadin, 2006). Bowen (2006) states that by conducting empirical studies of cinematherapy clinicians and researches may obtain very rich therapeutic knowledge.

It seemed that most of the researchers in cinematherapy field, have been mostly motivated by the idea to show how cinematherapy works in specific times on an on-going therapeutic process. In the range of these reports, movies parallel to intervention aim have been given as assignments and discussed in preceding sessions. This body of research obviously appeared as scientifically inadequate, yet, full of implications for scientific research. Additionally, some clinicians have conducted more structured sessions with specific group of patients by focusing on specific therapeutic gains. Moreover, there have been many academic works which have investigated mechanisms and effectiveness of cinematherapy with experimental methods. Other academic studies, at the same time, have been trying to validate some theoretical notions for creating standard procedures. The next section will cover some illustrations of cinematherapy applications in clinical and academic fields presenting effectiveness of cinematherapy applications.

1.3.5.1 Illustrations of Cinematherapy Applications

According to Salomon (1995), movies can be effectively employed in individual, couple, family, and group therapy settings. Portadin (2006) adds that literature includes specific anecdotes for group cinematherapy with adolescent girls, using movies with in-patient schizophrenics, or practices with children. In their survey with 827 active clinicians, Lampropoulos et al (2004) found out that use of films in sessions varies from simply talking about a movie to prescribing a movie as a homework assignment, or, view parts of it with the patient. Movies are mostly used as homework by which therapists ask their patients to watch certain movies, to discuss what they get from them in preceding sessions (Solomon, 2001; Hesley & Hesley, 2001)

1.3.5.1.1 Movies as Homework Assignments

When therapists try to balance the cost-effectiveness of their practices, homework -a structured assignment that therapist introduce in sessions and ask patients to complete at home- appears to be the most productive one. Homework assignments with their cost-effective nature act as a bridge between sessions in which therapeutic gains are practiced and transmitted. Movies, therefore, when suggested as homework, possess all of these benefits (Hesley & Hesley, 2001). Similar to the fact that homework escalates clients' sense of control on their issues each time they are completed, movies assigned one after another add new insights to clients (Hesley & Hesley, 2001). Using movies can be a good vehicle for enhancing effectiveness of therapy by supplying clients with an activity between sessions (Sharp et al., 2003).

When movies are first assigned as homework, most of the patients are surprised by this suggestion. The compliance increases when they get positive results from this practice and recognize that it really works (Hesley & Hesley, 2001).Tyson et al (2000) state that specific film clips or entire movies can be assigned as homework to help clients recognize their problems and accept treatment (cited in Portadin, 2006).

The literature indicates that movies have been mostly assigned as homework rather than forming in-session viewing conditions (Hesley & Hesley, 2001; Salomon, 1995; Solomon, 2001; Sharp et al., 2003; Berg-Cross et al., 1990; Wedding & Niemiec, 2003; Heston & Kotman, 1997; Suhlengberg, 2003; Eğeci, 2010).

1.3.5.1.2 Individual Cinematherapy

Cinematherapy literature is full of reports with practitioners' use of motion pictures for specific times in individual therapy. Recently, more structured studies have also been conducted to gain scientific understanding of same mechanisms and empirical outcomes of cinematherapy applications. Some examples of these studies are as follows.

Berg-Cross et al (1990) gave brief anecdotes related to their case studies. Two individual cases were conducted by assigning movies related to clients' issues. In the first case, a 22-year-old woman was recommended to watch *Barfly* for dealing with her drinking problem. In the second individual study, a 28-year-old woman was asked to clear her issues associated with abandonment and intimate relationships. The researchers concluded a successful outcome related to compatibility of selected movies to clients problems and fruitfulness of discussion phase.

Heston and Kotman (1997) worked with a 39-year-old woman having mild depression as a result of problems in relationships with her mother. The researchers used the movie, *Lost in Yonkers*, for creating change in client's perspective that allowed her to adopt new ways for interacting with her mother. After viewing, client externalized her problem, thinking that her mother's behaviors should not be taken personally.

In her article, Suarez (2003) presented a case study with a 53-year-old woman complaining about relationship problems. In this instance, the therapist did not recommend any movies, since the client had already watched a film related to her concerns. The procedure continued as the therapist and the client made productive connections in preceding sessions.

Wedding and Niemiec (2003) represent a case with a 53-year-old difficult and resistant to change patient, with history of 16 years of individual and group treatments. As discussion of films progressed, the patient became involved.

Schulenberg (2003) illustrated an individual study with an obsessive-compulsive case. The client complained about sense of helplessness between sessions. The therapist assigned a movie, *Cast Away*, depicting a survivor on an island, following an airplane accident. The movie could transmit its message to the patient, related to hope.

In a study conducted in Turkey, Eğeci (2010) implemented cinematherapy technique to intervene on on-going relationship problems of 6 university students. The study was composed of five sessions. In the first session, called preparation stage, identification of problem areas was made and the intervention rationale was formed. Accordingly, 3 out of 5 movies that were compatible the problem areas of each participant were selected to be assigned. In the later three sessions, called discussion stage, follow-up discussions of assigned movies were made. In each of these sessions, one of the assigned movies was covered to elaborate participants' responses to movie watched and to characters and relationships between the characters in that movie. Additionally, identification of the participants and their view points for relationships depicted in the movie were discussed. In the last sessions, named evaluation sessions, a general evaluation of participants about gains they had through the intervention as well as the nature and level of change they experienced were assessed. Eğeci (2010) used a qualitative approach to present the findings of the study, which were derived from individual records of each participant. On the basis of the findings of her study, she concluded that by means of cinematherapy intervention, two participants were achieved all of the objectives at the end of the five sessions, while three participants had some of the objectives. One participant, on the other hand, did not show any change. In the same study, some procedures proposed by the literature such as selection of appropriate participants for cinematherapy application and importance of elaboration processes as well as clarification of four-stage mechanisms for change were also tried to be validated.

1.3.5.1.3 Group Cinematherapy

Bowen (2006) stated that use of cinematherapy in a group setting can be an additional tool for short-term counseling and can be useful for cost-effective treatments. Haas (1995) proposed that advantages of cinematherapy for the individual therapy setting are also valid for group works. According to Solomon (1995), practitioners conducting therapies with groups can use movies to bring the group into dialogue about any subject that needs to be disclosed.

In the literature, various records illustrating movies in group settings can be found. Duncan et al (1986), for instance, used the movie *Ordinary People* in a topic-oriented time-limited group work to empower adolescents in a resilient center, for their reentry into their families and community. They conclude that this treatment helped clients foresee and prepare for challenges associated with reentry.

Another study was conducted by Bierman et al (2003) with fifteen adolescent girls in a residential treatment center. The group was composed of girls aged between 13 and 18 with diagnoses included major depression, bipolar disorder, oppositional defiant disorder, posttraumatic stress disorder, conduct disorder and borderline personality disorder. In their social and family environment, they had many set backs ranging from poor peer relationship to abandonment by their parents. Before starting cinematherapy, the therapists selected films that were expected to have some therapeutic value, with themes such as the mother-daughter relationship, sibling competition, the missing father figure, and peer relations. Cinematherapy was conducted on monthly basis in a one year period. The authors stated that the selected films provided a way for the girls to distance themselves from their specific conflicts, and enabled them to observe how the characters dealt with similar situations.

In a recent study, Power and Newgent (2010) investigated effect of cinematherapy on the level of hopelessness experienced by an adult patient with major depression. The patient was followed in terms of improvement as a result of 5-session group therapy. The researches utilized a movie, *The Lord of the Rings: The Fellowship of the Ring,* by highlighting themes of positivism. It was concluded that structured, non-directive group cinematherapy intervention is statistically and clinically effective at decreasing hopelessness.

In Turkey, Aka (2007) studied the effect of cinematherapy on perfectionism and related early maladaptive schemas, and participants' identification with the film and recall of the film on this process. The movie, *The Remains of the Day*, was used for being connected to perfectionism theme. She conducted an experimental design with two groups composed of 34 university students to find differences in pre, post, and a

10 day follow-up measurements of the study interest. The control group only watched the movie while the experimental group watched the same movie with having a briefing about perfectionism after viewing episode. Results indicated that while cinematherapy application had an effect on participants' perfectionism, a temporary effect on emotional inhibition schema was found. She also concluded that identification with the film and recall of the film did not associate with the participants' perfectionism.

In another study conducted in Turkey, Pur (2009) investigated the effect of a two session cinematherapy application on the treatment of 118 alcohol dependent patients in terms of change, self-efficacy, decisional balance and motivation levels of participants. The procedure included use of two cinematherapy movies with alcohol dependence themes, followed by an elaboration session in experimental group. She had two control groups where those participants either watched one movie unrelated to alcohol dependence with a non-alcoholic theme elaboration in follow-up, or two movies unrelated to alcohol without elaboration sessions. As being related to alcoholism, *When a Man Loves a Woman* and *28 Days* were used in the experimental group. *Mutluluk* and *Click* which did not contain any alcoholism themes were used for the control groups. The result of the study indicated that cons of alcohol, and self-efficacy increased for the overall sample after cinematherapy sessions. She also found higher identification scores for experimental group than one of the control groups.

1.4 Aims of the Study

The present study both aims to confirm and explore issues proposed by the theory and practice in the subjects presented in this chapter.

In the literature, although some researchers have strongly argued that there has not been a causal relationship between mental health and nature of self-evaluative processes; many findings have indicated an association between negative self-evaluations and psychological problems. Therefore, the first goal is to confirm the

differences between clinical and non-clinical participants in terms of their positive and negative self-perceptions. This goal will also include exploring the differences for domain-specific self-concepts as well as global self-worth. Behind this aim, it was assumed that the assessment and study of self-evaluative processes in a multi-dimensional approach will bring more specific understanding in analysis and intervention practices.

As mentioned before, literature has also been in a debate about the association between mental health and individuals' level of subjective well-being. Thus, the second main curiosity of the present is to search the differences between clinical and non-clinical participants in regards to subjective well-being level. Additionally, subjective well-being measures will also be used to explore their interaction with the intervention, cinematherapy, in creating differences both in clinical and non-clinical samples. The rationale behind this goal is that even if subjective well-being level is determined by the degree of psychological health, clinical and non-clinical samples, when divided in low and high levels of subjective well-being may be affected differently through intervention.

The main aim of the present study is to confirm that cinematherapy will create a change. By this purpose cinematherapy technique will be applied to change self-perceptions and its dimensions. Another words, it is assumed that cinematherapy will create differences in total self-perceptions of participants, as well as, domain-specific self-concepts and global self-worth. Additionally, it was hypothesized that the dimensions that were more accorded with the themes of the cinematherapy movies and elaborated in depth will be more affected.

Finally, in order to understand the some mechanisms creating change in cinematherapy applications, two important processes will be practically and statistically investigated. By this purpose, movie selection procedure will be tried to put in an extra path including ideas to clarify movies' therapeutic functions. Additionally, identification process will be experimented in the light of the literature and previous records to discover its nature. Therefore, in addition to similarity

identification, a cognitive-behavioral approach to identification process including empathic tendencies, which are fictional involvement and emotional contagion, will be investigated.

Overall, this study aims to generate some applicable procedures for cinematherapy application as well as understand its effect on changing self-perception among adolescents in the clinical and non-clinical samples.

The research hypotheses are as follows:

1. In the pre-treatment measures:

- There will be a difference between clinical and non-clinical samples in terms of self-perception and its dimensions.
- There will be a difference between clinical and non-clinical samples in terms of subjective well-being.

2. As a result of cinematherapy application:

In the Clinical Sample

- Pre-treatment and post-treatment self-perception scores will differ.
- Self-perception dimensions that are more accorded with the themes of the cinematherapy movies and elaborated in depth will be more affected.

In the Non-Clinical Sample

- Cinematherapy will cause condition and pre-post treatment differences in self-perception.
- Self-perception dimensions that are more accorded with the themes of the cinematherapy movies and elaborated in depth will be more affected.

3. As a result of interaction of subjective well-being level and cinematherapy application:

In the Clinical Sample

- Interaction will cause group differences in self-perception scores.
- Cinematherapy will cause pre-treatment and post treatment differences in self-perception scores for each group.
- Self-perception dimensions that are more accorded with the themes of the cinematherapy movies and elaborated in depth will be more affected.

In the Non-Clinical Sample

- Interaction will cause condition differences in self-perception scores.
- Cinematherapy will cause pre-treatment and post-treatment differences in self-perception for subjective well-being groups.
- Self-perception dimensions that are more accorded with the themes of the cinematherapy movies and elaborated in depth will be more affected.
- Scores in self-perception and its dimensions will not be changed for the subjective well-being groups in the control condition.

4. Identification

- The participants in the cinematherapy conditions will be more identified than those in the control condition.
- In addition to similarity identification, fictional involvement and emotional contagion will be higher for the participants in the cinematherapy conditions.

CHAPTER 2

METHOD

2.1 Participants

In this study, participants were 34 adolescents composed of 12 males and 22 females. The ages of participants were between 15 and 18 with the mean age of 16.4 years (SD = .74). The sample was derived from clinical and normal populations.

The Clinical Sample

10 participants in clinical sample were recruited among out-patients attending at Child and Family Health Department in İstanbul University Medical Faculty Hospital, İstanbul Surp Pırgiç Armenian Hospital, Psychiatry Department and Bartın State Hospital, Psychiatry Service. The procedure for selecting participants in clinical sample was carried out using two strategies.

The first strategy was, on the basis of age range, to choose candidates randomly. At the initial step, it had been planned not to limit participant selection in terms of recent therapy experience. For this purpose, patient folders were investigated and patients were informed about the study by telephone calls. Yet, it was observed that patients, who did not receive therapy within a year, refused the invitation stating that they did not need psychological help any more. Thus, invitation was limited to including patients who were attending psychotherapy at the moment and to those that attended psychotherapy within a year. The participants from this second group reported that they were still in need for help but had been experienced problems for adhering their sessions. Therefore, they were accepted as participant as well.

The second strategy for participant selection procedure was consulting with mental health professionals of those three hospitals and accepting their concurrent referrals. Referrals made by clinicians were current out-patients.

Another criterion was reflected on throughout these selection strategies. Since literature strongly recommends that optimum levels of cognitive functioning is a requirement for cinematherapy application, patients with psychotic and mental retardation features were not included.

Consequently, 19 out of 41 invited or referred patients accepted to participate in this study. These participants were informed about the study and their consents were obtained. Their parents were also informed and agreement was accessed. On the other hand, 9 out of 19 participants failed to complete the study. Therefore, the clinical sample was composed of 10 participants, 3 males and 7 females, aged between 15 and 18 with the mean age of 16.5 (SD = .85).

Participants in this sample were adolescents attending at psychiatry services. Since present study was not concentrated on specific mental disorder, any psychopathology measure was not taken. Previous to study, the nature of participants' problems was assessed in a brief interview. Participants in the sample expressed that they were experiencing social, academic, or family related problems. Some of them could articulate their problems in terms of having depressed mood, anxiety, or suicidal attempts. 2 out of 10 participants were having medication for their anxiety and depression at the time of the study. The problems of participants were also evaluated by examination of their folders and consultation with their psychologists or psychiatrists. Descriptions of problems differed along orientation of the clinician, yet, were comparable with participants own definitions.

The Non-Clinical Sample

Participants representing non-clinical sample were recruited from Eyüp Refhan Tümer High School in İstanbul. Sampling of participants was simply dependent on an announcement of the study. The psychological counselor of the school encouraged the students for participating as well. Interested students and their parents were informed about study and their consents were obtained.

The initial participants for this sample were 32 students, however, 6 participants failed to complete the study. Additionally, responses of 2 participants were not accounted statistically because of considerable errors in their measurements. As a result, the non-clinical sample was composed of 24 participants, 9 males and 15 females. The age range of participants was between 15 and 17 with the mean of 16.5 years (SD = .72).

Conditions of the Study

There were three conditions in this study. The first condition was named as Clinical Cinematherapy Condition (C1) in which participants belonging clinical sample received 3-session cinematherapy. Participants representing non-clinical sample was randomly assigned to the second and the third condition. The second condition, Non-Clinical Cinematherapy Condition (C2) was conducted by 12 participants, 5 males and 7 females, and these participants received 3-session cinematherapy. The third condition called Non-Clinical Control Condition (C3) was created for control purposes in which 12 participants, 4 males and 8 females, did not receive cinematherapy (for cinematherapy application see Procedure section).

2.2 Materials

In this study, Movie Choosing Checklist (MCC) (Appendix A); Ergen Kendilik Algısı Profili (EKAP) (Appendix B); Öznel İyi Oluş Ölçeği (ÖİÖ) (for item examples see Appendix C); and Movie Identification Scale-Revised (MIC-R) (Appendix D) were used.

For the cinematherapy conditions three Turkish movies were utilized: Beş Vakit (Times and Winds, 2006), Karpuz Kabuğundan Gemiler Yapmak (Boats Out of Watermelon Rinds, 2004) and Süt (Milk, 2008). In the control condition, three episodes of a nature documentary, Planet Earth (Yeryüzü, 2006), was used. Episodes were Pole to Pole (Bir Kutuptan Diğerine), Mountains (Dağlar), and Deserts (Çöller).

2.2.1 Movie Choosing Checklist (MCC)

Before conducting the study, a checklist was developed for choosing the movies for cinematherapy and control conditions (see Appendix A). The checklist was composed of two parts. In the first part, there were 11 items for assessing compatibility of movies to different self-perception dimensions. In the second part, 5 items measuring movies' correspondence to certain therapeutic needs were used. All items were rated by either three or four psychologists for assessing inter-rater reliability of films (see Selection of Movies and Results for details).

2.2.2 Ergen Kendilik Algısı Profili (EKAP)

The original form, Self-Perception Profile for Adolescents (SPPA), was developed by Harter (1988). It was designed to measure self-concept of adolescences at 9th-12th grades (Eisele et al., 2009; Dayıoğlu, 2008; Özbay et al., 2002). SPPA is a 4-point scale consisted of 45 items assessing adolescents' belief of their competence across 8 domains and *Global Self-Worth*. Domains are *Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Job Competence, Romantic Appeal, Behavioral Conduct and Close Friendship.* Thus, SPPA is composed of 9 subscales with 5 items in each.

Items have two alternative statements depicting opposite type of teenagers. During application, participants first are asked to decide which teenager type is most similar to them. Next, they determine the degree of similarity by choosing one of the "really true me" or "sort of true me" statements. In the scale 1 represents low perceived competence and 4 indicates high perceived competence. The high scores represent positive self-perception (Harter et al., 1988; Todd & Kent, 2003).

Internal reliability of the original scale changes throughout its subscales (Cronbach's Alpha = .78 - .92). Factor validity was obtained by four different samples and eight highly loaded factors emerged. Global self-worth domain was not appeared as a distinct factor (Harter 1988, cited in Dayıoğlu, 2008). This dimension indicates more

general measure of self-worth rather than a domain-specific competency (Saigal et al., 2002).

In the literature, many international researchers prefer to apply SPPA or its subscales to measure multi-dimensional aspects of self-concept and there are many academics investigating validity of its factor structures. (Eisele et al., 2009; Seidah & Bouffard, 2007; Varni & Setoguchi, 1996; McGuire et al., 1994; Todd & Kent, 2003)

The scale was translated and adapted to Turkish as Ergen Kendilik Algısı Ölçeği (EKAP) by Şahin and Berkem-Güvenç (1996) (see Appendix B). They applied the adapted scale to sample of 400 adolescents aged between 16 and 18, in Turkey. The researchers obtained internal consistency reliabilities ranging from .78 to .92 for the subscales and .88 for the total scale. Reported test-retest correlation is .87 with 130 subjects in a three-week interval (cited in Dayıoğlu, 2008)

In Turkey, several researchers also used the scale for assessing different domains of self-perception and feelings self-worth of adolescents (Özbay et al., 2002; Örsel et al., 2004; Aşçı, 1997 cited in Örsel et al., 2004, Dayıoğlu, 2008).

2.2.3 Öznel İyi Oluş Ölçeği (ÖİÖ)

This 46-item scale was developed by Tuzgöl-Dost (2004) for the purpose of predicting subjective well-being of individuals (see Appendix C for some examples of items). Items were created for measuring people's cognitive evaluations about their lives and frequency and intensity of positive and negative affects they experience. It is a 5-point Likert type scale in which responses range from 1 "completely false for me" to 5 "completely true for me". The highest score is 230 and the lowest score is 46 with higher scores are being as the indicators of higher subjective well-being. 20 out of 46 items have negative statements. Internal reliability of the scale was .93 and test-retest reliability was found to be .86 (Tuzgöl-Dost, 2005).

Tuzgöl-Dost (2005) stated that factor analysis of ÖİÖ revealed twelve factors explaining 63.83 % of total variance. Yet, there was a sharp decrease in scree plot after the first factor. Additionally, by considering the fact that most of the total variance (24.52%) was explained by the first factor with high item loadings on it, it can be concluded that a general construct beside these twelve factors is present.

The scale was also compared with Beck Depression Inventory (BDI) by successive applications of both scales to 58 participants. The result indicated that there was a negative correlation between ÖİÖ and BDI scores. The correlation was -.70 and significant at the 0.01 level (Hisli, 1998 cited in Tuzgöl-Dost, 2005).

2.2.4 Movie Identification Scale-Revised (MIS-R)

A previous version, Movie Identification Scale (FÖÖ), was developed by Aka (2007) "to assess viewer identification after watching a film" (p.33). FÖÖ is a 5-point Likert type scale consisting of 13 items. Responses range from "I strongly agree" to "I strongly disagree". Higher scores are accepted as the indicators of higher identification. Aka (2007) stated that a high internal reliability was found as .94 for one movie used in her study. In another study conducted by Pur (2009), FÖÖ showed high reliabilities ranging from .95 to .85 for four movies as well.

The validity of scale was accessed by these two studies with conclusion of several problems. In order to explain the results for weak identification scores of the participants in her study, Aka (2007) proposed that "moderate or strong identification occurred however the scale used in this study was not able to measure it" (p. 48). Additionally, Pur (2009) stated that while participants in her experimental group developed higher identification than the first control group, there were no differences between the same experimental group and the second control group. Consequently, the researcher concluded that rather than identification mechanism, a placebo effect of group treatment itself was possible.

In the present study, FÖÖ as a measure of identification process was revised by addition of new items. In the literature, viewer ability to understand internal states of characters have been accepted a significant process in identification (Cohen, 2001; Chory-Assad & Cicchirillo, 2005; Tamboroni et al., 1993). By this purpose, 9 new items related to processes of fictional involvement and empathic contagion were added to original scale (Organ, 2009)

Fictional involvement is the cognitive aspect of empathic tendencies and referring viewers' understanding of feelings and actions of character/characters (Tamboroni et al., 1993). Emotional contagion is a affective aspect of empathy and defined as people's strong emotional experience corresponding to observed person's feelings (Chory-Assad & Cicchirillo, 2005; Tamboroni et al., 1993)

Through measures taken from 28 participants who viewed Beş Vakit, Karpuz Kabuğundan Gemiler Yapmak and Süt, 22-item scale was factor analyzed.

The attempt to conduct factor analysis was justified by significant value of Bartlett test of sphericity (x^2 = 6853,122, df = 171, $\underline{p} < .000$) and Kaiser-Meyer-Olkin value with .759. Principal Component Analysis yielded seven factors over Eigenvalue 1. Through examination of low communalities and excessive cross-loadings, four factors were decided to be reasonable. Nevertheless, two items showing low communalities, one which was cross-loaded on four of the factors and one having negative high correlation with other items was deleted. Solutions with Varimax rotation revealed that 18 items were meaningfully loaded on four factors explaining 59 % of the total variance. In her study Aka (2007) extracted only one factor explaining 13 items. The existence of four factors in the present study can be explained by the addition of new items. Reliability alpha of 18-item revised FÖÖ, MIS-R, was .84 and Cronbach's alpha for factors ranged from .84 to .65. The factor loadings of items and explained variances by each factor are presented in Table 1.

Table 1

Factor Loadings for Movie Identification Scale-Revised (MIS-R) Items

Item	Factor 1	Factor 2	Factor 3	Factor 4
5	.75	.02	-.17	.24
9	.65	.12	.20	-.15
11	.65	-.01	.41	.19
2	.62	.31	.11	.14
4	.62	.14	.07	.43
1	.61	-.08	.04	.43
16	-.16	.82	-.04	-.17
17	.27	.78	.25	.17
13	.08	.74	.31	-.03
10	.40	.48	.18	.25
8	.41	.46	.15	-.01
12	.07	.15	.78	-.10
14	.07	.38	.68	.07
15	-.07	.07	.60	33
18	.13	.06	.54	-.53
3	.02	.19	-.02	.80
7	.27	.08	.17	.68
6	.27	.17	.44	.50
Variance	17.79 %	14.84 %	13.35 %	13.21 %

2.2.5 Beş Vakit (Times and Winds, 2006)

Beş Vakit is written and directed by Reha Erdem and depicts a story of three children living in a pastoral area of Northern Turkey. Ömer, Yakup and Yıldız are in their period of transition to adolescence with company of conflicting feelings and disappointments linked to their family issues. Ömer is the son of the local imam who is constantly dissatisfied with him and favors Ömer's younger, smarter brother. His mother, on the other hand, agrees with his husband’s way and does not show any

connectedness to Ömer. Ömer has anger towards his father, and starts to make plans for killing him. The imam is already trying to get a relief of an illness, yet, Ömer behaves in a manner to worsen his health. Moreover, he fantasizes of pushing him over a cliff or killing him with using more than one scorpion as a toxicant. The director powerfully depicts Ömer's feelings of resentment and guilt towards his father, his ambivalent approach toward his brother and separateness to his family.

Yakup, Ömer's best friend, is sad about his grandfather's regular embarrassments of his father about his inadequacies. Yet, Yakup has also a coalition with his mother against the father. In the meantime, he is in love with his teacher and hardly expresses this emotion even to his closest friend, Ömer. One day, he is shocked by discovering that his father secretly peek his teacher at her window. He also starts to plan to kill his father like Ömer. Hovewer, by the coming of new baby sibling, he continues to accompany to his mother like a young man by accepting disappointments related to his father.

Yıldız, a bright young girl and motivated student, is under the stress of her mother's constant pressure to look after her baby sibling and deal with households. She idealizes his father and he also always favors her. The resolution of Yıldız's problems is depicted with a scene as she falls down her baby sibling from her arms and presents her impotency to have too much responsibility.

The director narrates another part related to a young orphan, the shepherd of the village, who is accompanying these three children. One day this boy, Davut, is punished by a villager for steeling few nuts from a tree, yet, no one in the village defends him towards the guy, accepting that he just acted as his father for his sake.

The three children have a desire for an escape, hence, they meet together in the wilds around their village to occupy with themselves. The director also portrays their companionship with another and the nature.

2.2.6 Karpuz Kabuğundan Gemiler Yapmak (Boats Out of Watermelon Rinds, 2004)

The movie is written and directed by Ahmet Uluçay. It is the story of two adolescents Recep and Mehmet who live in a small village and work in temporary summer jobs in the nearby town. Mehmet works in a barber shop where he is continuously warned and disapproved by his master. Recep works as an apprenticeship near an artisan selling watermelons. The watermelon seller is a little sarcastic but a sympathetic guy.

Recep and Mehmet have a passion towards cinema and they spent all of their free time to run a hand-made projection machine. They collect waste films from town theatre to be projected. Films, when found out, are burned by Recep's mother saying that cinema is the dammed business. Apart from the insane of the village, Ömer, nobody shares their ambition.

One day Recep is asked by a widow to keep rinds of watermelons for her cows and bring them to her house. During the visits to widow's home, Recep starts to develop romantic feelings to older daughter, Nihal. Nihal seems to be resistant to attention of Recep and behaves cruelly towards him by criticizing her mother to allow "a stranger" into their home. The widow and younger daughter, Güler, on the other hand, likes Recep very much and frequently invite him to have a tea or breakfast with them. Recep is desperate of Nihal's attitudes against him, yet, motivated to make future plans for marrying her. One day, he dares to write a letter to Nihal narrating his feelings and ask Mehmet to take it to her. Nihal aggressively rejects the letter by throwing it and also beats Mehmet. Yet, she secretly picks up the letter from ground and reads it with a great pleasure. Although she starts to realize that Recep is the true lover, the family comes to move to the city for the widow is getting remarried.

As a result of their persistence, one day Recep and Mehmet manages to run projection machine and present a movie to folk. After then, they plan to build a

village theatre although they do not have any equipment, even a battery for the machine. Ömer agrees to help them by loaning battery of his torch as long as they promise to move his dead fiancé's picture on the screen.

One morning, when Recep comes to his work, finds his master selling his entire product and closing the market. At the same day, he learns that Nihal left the town. This news makes Recep a ruin. Mehmet tries to comfort his friend throughout the night by imposing his main prejudice, "town girls are shrewish" and they only can rely on their unique passion, cinema.

As Mehmet can not bear his master's assaults anymore, Recep and Mehmet come back to their village leaving all things behind. Yet, they find everything related to cinema equipment was destroyed by Ömer since they did not keep their promise of "bringing Ömer's fiancé to life". At the end of the movie Recep and Mehmet find relief on the image projected by their primitive cinema machine and their sustained dreams to make a movie.

2.2.7 Süt (Milk, 2008)

Süt is the second part of the Yusuf's trilogy (Egg, Milk and Honey) written and directed by Semih Kaplanoğlu and depicts the youth of life of Yusuf. After graduation from high school, Yusuf passes his time with his greatest passion, poetry, with an ambition to make his poems printed in literary journals. The only person, his literature teacher, unluckily poses a disappointing role model for his endeavor. His mother, Zehra, occasionally requires Yusuf to help her fighting with financial challenges of home life. Thus, writing poems is underestimated by the mother. Selling milk in the nearby town is one of the responsibilities of Yusuf.

One day, good news that a poem of him was printed on a journal makes Yusuf more confident. He proudly shares the printed version with a poet friend working in stone mine. Yusuf, in his visit to the miner, hardly understands the inconsistency between being a poet and necessity to work in such a job.

The news that he is invited to national service also makes Yusuf more positive. In İzmir, where he went to get health check for army, he meets a nice girl who is also a lover of poetry. In their conversation, Yusuf openly displays all of the occasions he posses such as selling milk and having a poem already printed. Yet, the preceding news is not the good ones. He is informed that he was rejected by the army because of his epileptic condition. He comes back to his small town with rage and feelings of failure.

The second facts that in the absence of him, his mother has steps to get marry with an official in the town with whom she has developed a relationship by not informing Yusuf. These two happenings make Yusuf disappointed and disoriented towards what future will bring to him. He desperately tries to understand what is going around and cope with the anxiety of losing his mother. Yusuf tries to show his final cut as presenting a big hunt which is undervalued by his mother. At the end of the movie, we see Yusuf as a mine worker.

2.2.8 Planet Earth (2006) (I., II. and IV. Episodes)

Episode I-Pole to Pole

Planet Earths premiere episode, "Pole to Pole," ties the series together with a fresh understanding of how life in every corner and gap of the globe is connected -from the highest mountains and darkest caves; shallowest water and deepest oceans; ice-covered lands and great plains; untamed jungles and giant forests; to freshwater and the harshest deserts. The sunward roll of Earth's path dictates all our lives, creating the seasons that trigger one of the greatest spectacles in the world -the mass migration of animals. It's a unique view of the majesty of our planet and the amazing creatures that live here.

Episode II- Mountains

This episode tours the mightiest of mountain ranges and introduces a few of its extreme animal mountaineers -the mountain lion, snow leopard and puma, all rarely filmed creatures. CGI time -lapse recording brings the mysterious geological history of mountains to life, while flying alongside bar- headed geese provides a spectacular view of the Himalayas.

Episode IV- Deserts

Deserts are jointed by their lack of rain, yet they are the most varied of our planet's ecosystems. Freshwater is really precious and animals have learned to survive with small amounts of it, such as the wild Bactrian camel of Mongolia's Gobi Desert that eats snow instead of drinking water or Chile's guanacos that lick dew from cactus spines. (retrieved from official site: http://dsc.discovery.com/convergence/planet-earth/about/episode.html).

2.3 Procedure

In the first part of this section, movie selection procedure will be presented. Next, application of the study in clinical cinematherapy condition, non-clinical cinematherapy condition and non-clinical control condition will be stated. Finally, elaboration procedure will be covered.

2.3.1 Selection of Movies

Before selection of cinematherapy movies, some preliminary processes were carried out. At first, the literature providing movie indices with various themes was surveyed to figure out those movies compatible with the aim of the study (Hesley & Hesley, 2001; Salomon, 1995; Wolz, 2005; Ulus, 2003). At the same time, since there are many web sites with professionals or amateurs commenting on movies, sites such as IMDB, Psinema, Altyazı Dergisi, and Beyaz Perde were also scanned by the same purposes. Furthermore, suggestions of colleagues were taken into account. Finally, personal repertoire was reflected.

Throughout this process, there were certain considerations for determining movies. Age of characters was the one of them. The literature in this area point out the importance of similarity between viewers' and film characters' features (Sharp et al., 2002; Knickerbocker, Jr., 2009; Hesley, 2001). Many researchers had already used films with characters compatible to their patients' age period (Heston & Kotman, 1997; Hesley & Hesley, 2001; Duncan et al., 1986; Bierman et al., 2003). In her study, Aka (2007) discussed that "the age differences between the participants and the main characters of the film might have affected identification in a negative way" (p.48). As a result, movies depicting life of young people were considered.

Additionally, because of pedagogical considerations, movies with over-action, aggression and sexual language free scenes were not counted.

Lastly, movies familiar to Turkish culture for containing common allegory were concluded to be more meaningful and realistic.

After the determination of possible movies, two main criteria were taken into account. First, those movies that were more associated with self-perception dimensions were selected. These movies were supposed to have parallel themes depicting any of these dimensions which were Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Job Competence, Romantic Appeal, Behavioral Conduct, Close Friendship, and Global Self-Worth.

The second criterion was effectiveness of movies in providing certain therapeutic functions. In his research, Knickerboker (2009) specified quality of a cinematherapy movie in terms of its usefulness to provide therapeutic needs such as "to reduce denial, reduce isolation, discuss problem with others, understand self, understand problem, reframe situation, identify role model, obtain ideas, increase hope, increase resourcefulness, process feelings" (p.194). In this study, movies corresponding to some of these needs were taken into account. These processes were determined as depiction of characters' denial or acceptance of their problems; presence of role model characters in terms of dealing with problems; characters using external and

internal resources to solve their problems; movies' power to create emotional excitement; and movies' effect in inducing hope.

Consequently, three Turkish movies, Beş Vakit (Times and Winds, 2006), Karpuz Kabuğundan Gemiler Yapmak (Boats Out of Watermelon Rinds, 2004) and Süt (Milk, 2008) were selected as cinematherapy instruments. For the control condition, three episodes of a documentary, Planet Earth (2006), was selected regarding as not meeting these criteria

Agreement of raters for cinematherapy movies was high (Cronbach's Alpha = .88) and no reliability was assessed for the documentary (see Results for item frequencies and reliabilities).

2.3.2 Application of the Study

2.3.2.1 Application in General

After selection of cinematherapy and control condition movies, necessary permission for conducting the study was obtained from Ethical Committee of Social Sciences Institute at METU. This permission was presented to related departments of all the hospitals and the high school where the study was conducted. The participants and their parents were informed about the study and their consents were obtained.

The measurements were taken from the participants in each condition in the same manner. At the baseline, all of the participants completed Demographic Information Form, Öznel İyi Oluş Ölçeği (ÖİÖ), and Ergen Kendilik Algısı Profili (EKAP). Additionally, the participants were asked to fill Movie Identification Scale-Revised (MIS-R) in each session. At the end of the study, Ergen Kendilik Algısı Profili (EKAP) was completed by every participant once again. Finally, the short discussion about their impressions about the study was conducted and a debriefing form about research details was conveyed.

2.3.2.2 Clinical Cinematherapy Application

The clinical cinematherapy condition was consisted of 10 out-patients attending psychiatry services at different hospitals. The participants had a 3-session cinematherapy intervention. Cinematherapy intervention was composed of viewing cinematherapy movies and performing their elaborations. Before the study was conducted, a brief interview had been carried out with participants in the clinical sample. In this interview, nature of problems they experience had been assessed (see Participants section for details)

In this condition, certain practical problems such as scheduling of group sessions and technical inadequacies of hospitals determined the implementation strategies of cinematherapy. In accordance with the methods recommended by literature, different cinematherapy applications were exercised. Thus, participants in this condition took cinematherapy intervention in four different ways to which none of the participants had been systematically assigned.

1. Group session with in-session movie viewing
2. Individual session with in-session movie viewing
3. Group session after assignment of the movie
4. Individual session after assignment of the movie

In sum, applications were taken place through different session formats and viewing formats.

In regard to session format, individual settings were similar to individual therapy sessions. In group settings, two or more participants came together with the researcher.
With respect to viewing format, cinematherapy application was specialized as regard to whether movies were presented in sessions or assigned as homework.

When participants viewed movies in the sessions, viewing procedure was taken place in same manner in individual and group formats. Participants were first informed by a brief description of the story and the features of the movies (i.e., length of the movies; year of production; the prizes they have rewarded; and the place where the story had been depicted).

Next, movies were projected on to a big screen with a moderate sound system. During the in-session procedure, presentation of cinematherapy movies lasted 90 to 120 minutes. Thus, two 10-minute breaks, at the half of the movie and at the end of the movie, were provided.

After completion of the viewing episodes, elaborations of the movies were made (see Elaboration Procedure). Elaboration parts were lasted about 30 to 40 minutes in individual settings and 40 to 60 minutes in group settings. After the elaboration part, participants were asked to complete MIS-R.

When movies were assigned to home, procedure was composed of asking participants to view movies at home and attend a follow-up session for elaboration part.

In the assignment part, participants were provided with information about the features of the movies as the same way that was given in-session viewing procedure. Literature, on the other hand, suggests controlling viewing conditions of clients when movies are prescribed (Lampropoulos et al., 2004; Dermer & Hutching, 2000; Solomon, 2001; Hesley & Hesley, 2001). Participants, therefore, were asked to consider some additional issues. Fist, they were suggested to watch the good quality copy of the movies for preventing technical problems. Occasionally, when participants could not reach them, movies were provided by the researcher.

Additionally, for creating more efficient viewing conditions, participants were asked to watch the movies in times and places free of disturbances. The participants were also proposed to focus on the story and the characters, and take notes about parts

which they would like to share in follow-up session. Assignment procedure was completed by deciding the time and format (individual or group) of follow-up session.

Follow-up sessions were conducted for elaborations lasted 30 to 40 minutes for individual and 40 to 60 minutes for group settings (see Elaboration Procedure). After the elaboration parts, all participants were asked to fill MIS-R.

In clinical cinematherapy condition, length of sessions varied in regard to whether movies were viewed in-sessions or assigned to home. During in-session movie viewing situations, since movies lasted 90 to 120 minutes, length of sessions were about 150 to 200 minutes. When movies assigned to home, overall length of follow-up session was compatible with classical session length (see Table 2 for details).

2.3.2.3 Non-Clinical Cinematherapy Application

In non-clinical cinematherapy condition participants had a 3-session cinematherapy intervention. 12 students from Eyüp Refhan Tümer high school were participated a group session in which projection of cinematherapy movie and elaboration phase after viewing experience took place in each session. Participants were announced that there would be many presentations of three films in school conference room, so that, they could attend any the group they wish. Consequently, 12 presentations of three movies were performed to enable participants to complete their 3-session study.

As in the clinical in-session cinematherapy procedure, participants were informed about the features of the movies. Movies were projected on a big screen with using sound system. Two 10-minute breaks, at the half of the movie and at the end of movie, were also provided in this condition. Next to the last break, an elaboration part lasting for 40 to 60 minutes for each movie was conducted. After the elaboration phase, participants were asked to fill Movie Identification Scale-Revised.

Cinematherapy movies lasted 90 and 120 minutes. When breaks and elaboration parts were added, each session lasted about 150-200 minutes.

2.3.2.4 Non-Clinical Control Application

In this condition, there were three sessions, too. 12 participants from the same high school viewed three episodes of the documentary with a big screen projection and a sound system. Alike non-clinical cinematherapy condition, participants in this group were also acknowledged that they would attend any displays of documentary in conference hall. A brief presentation about the feature of the documentary was given. As a result, 9 sessions were conducted to allow 12 participants to attend all of the three sessions. The episodes of the documentary lasted 30 to 40 minutes, thus, no break was given. Since cinematherapy is consisted of utilizing therapeutic movies and elaboration of them, no elaboration application was conducted in this condition. Certain general questions such as “Did you enjoy the part?” or “Which scene did you like most?” were asked. After this brief talk, participants were requested to complete MIS-R.

The description of procedure implemented in each condition was given in Table 2.

Table 2

Application of the Study across Conditions

	Clinical Cinematherapy		Non-Clinical Cinematherapy	Non-Clinical Control
Movie Viewing	In-session	Assignment	In-session	In-session
Viewing Length (Minutes)	90-120	90-120	90-120	30-40
Breaks (Minutes)	20	-	20	No Break
Elaboration Format	Individual / Group	Individual / Group	Group	No Elaboration
Elaboration Length (Minutes)	30-40 for Individual/ 40-60 for Group	30-40 for Individual/ 40-60 for Group	40-60	No Elaboration Time

2.3.3 Elaboration

Elaboration of cinematherapy movies performed in the same way in both clinical and non-clinical cinematherapy conditions. When it was conducted in group format, participants were requested to take position as a circle. In both individual and group settings, identical questions were utilized to discuss each movie.

Two kinds of elaboration questions were employed: The general ones and the movie specific ones. General questions were used at any time necessary in the session. The questions presented below were mostly used to get the general feelings of participants about the movie and often asked at the beginning of the session.

- Do you like the movie?
- Which was your favorite part?

- Do you think there were irritating parts?
- How did you feel after viewing this movie?

Other general questions were more related to identification processes and distributed along the session. Between them, some were mixed with questions specific to each movie. Example statements were presented below.

- Which character do you like most?
- Did you find anything common between you and your favorite character?
- When you review your life do you see any similarities to the movie story?

Movie specific questions, on the other hand, were evolved from two sources. The first one was movie's own features that preferred to be talked. For each movie, particular themes or scenes were needed to be elaborated. Most of the time, participants could generate discussions about these parts.

Second source was related to the movie's two selection criteria. First of all, by these questions, participants were encouraged to discuss matters of self-perception. Depending on the movie's plot, one or two self- perception dimensions were deeply covered in each elaboration session. Additionally, some questions targeting some insights, such as determining problems and resources, and encountering with denial were also employed. Some of them were given below.

Beş Vakit (Times and Winds)

- What do you think about characters' relationships with their significant others for example parents, teachers, or siblings?
- According to you what were the expected tasks from Ömer, Yakup and Yıldız?
- How do you evaluate friendships of the characters? Do you think they were close friends?
- Do you think characters were happy with their life?
- If we attempt to identify problems, what we would say about the problems of each character?

- Do you think characters were aware of their problems?
- What were the resources of the characters make it easy to solve their problems?

Karpuz Kabuğundan Gemiler Yapmak (Boats Out of Watermelon Rinds)

- Were there any job skills of Recep and Mehmet outside of school life?
- What were the behaviors of the characters to fulfill?
- What do you think about their companionship?
- What do you think about Recep's urge to establish a romantic relationship with Nihal?
- How Recep might be felt when his hair was cut?
- Were they pleased with themselves?
- Were there any people to help them solve their problems?

Süt (Milk)

- Can we say that Yusuf had a close friend?
- Was Yusuf happy with his life?
- What do you think about Yusuf's relations with the opposite sex? Was he experiencing any difficulties in this regard?
- What Yusuf might be felt when his poem was published?

2.4 Data Analysis

In the present study, sample size was small. Additionally, although clinical sample was composed of out-patients from three different hospitals, no control condition was present. Non-clinical sample, on the other hand, was not normally distributed since it was derived from one high school. Consequently, non-parametric tests were used. The Kruskal-Wallis Tests for analysis of more than two conditions and groups were utilized. The Mann-Whitney Tests were applied for pair of conditions and groups. Lastly, the Wilcoxon Signed-ranks Tests were used for repeated measures.

CHAPTER 3

RESULTS

3.1 Descriptive Characteristics of the Study Variables

Before statistical analyses were conducted, descriptive characteristics of participants in three conditions had been analyzed. First, descriptive statistics for Self-Perception and Subjective Well-Being are given in Table 3. Next, scores for Movie Identification Scale-Revised and its factors are presented in Table 3.

Table 3

Descriptive Statistics for Self-Perception and Subjective Well-Being

Condition		Subjective Well-Being	Self-Perception	
			Pre-Treatment	Post-Treatment
C 1	M	161.2	117.2	117.4
N=10	SD	11.9	17.8	19.4
	Range	145-180	89-149	96-157
C 2	M	177.9	132.8	133.9
N=12	SD	14.2	17.2	18.5
	Range	167-175	105-158	109-159
C 3	M	184.9	139.7	142.8
N=12	SD	17.2	11.9	15.3
	Range	149-204	119-161	116-161

Table 4

Descriptive Statistics for Movie Identification Scale-Revised and Its Factors

Condition		Total	Factor 1	Factor 2	Factor 3	Factor 4
C 1	M	169.34	51.8	41.3	41.2	26.9
N=10	SD	17.2	8.9	7.4	4.7	5.3
	Range	146-196	40-65	26-49	33-47	19-34
C 2	M	184.2	53.8	50.0	44.7	25.5
N=12	SD	25.4	12.0	5.3	8.5	4.7
	Range	150-230	33-76	42-60	33-60	19-32
C 3	M	165.2	41.2	45.0	43.4	26.2
N=12	SD	33.1	14.3	7.3	11.0	5.5
	Range	124-215	22-70	33-58	22-57	19-34

3.2 Psychometric Properties of Movie Choosing Checklist (MCC)

Movie Choosing Checklist was designed to select cinematherapy movies regarding two main considerations. The first concern was to determine relevance of movies to different self-perception dimensions. The second thought was related to movies' power to create therapeutic effect. Both cinematherapy movies and control condition documentary were rated by independent raters.

Reliabilities of the cinematherapy movies and the documentary throughout two dimensions were also analyzed. Internal reliability of the cinematherapy movies for the first consideration was .88. BeşVakit had reliability of .31; Karpuz Kabuğundan Gemiler Yapmak had alpha of .60; and alpha for Süt was .83. Reliability was not significant for the documentary.

When items measuring the second aspect were examined, total reliability was found to be .50 which was not very high. Reliabilities were .54 for Beş Vakit; .53 for Karpuz Kabuğundan Gemiler Yapmak; and .46 for Süt. There was not a significant alpha for the documentary.

Reliability alpha for the cinematherapy movies was .88 while no reliability was obtained for the documentary. A further analysis was run to explore reliability of alpha for each cinematherapy movie. Frequencies of rater responses to 16 items of Movie Choosing Checklist and reliability results of each cinematherapy movie were given in Table 5.

Table 5

Frequencies of Items in Movie Choosing Checklist

	No	ITEMS	M1	M2	M3	T	DT
Self-Perception Dimensions	1	Okul başarısı	1	0	0	1	0
	2	Arkadaşlar ve yakın çevre tarafından kabul görülme ve sevilme	3	3	3	9	0
	3	Geniş çevre tarafından sevilme ve popülerlik	0	1	1	3	0
	4	Atletik başarı ve sportif beceriler	1	0	0	1	1
	5	Beden algısı ve dış görünüme dair düşünceler	0	4	1	6	0
	6	Okul hayatı dışındaki işlerdeki beceri	3	4	1	8	0
	7	Beğenilen kişi ile romantik ilişki kurma	1	3	2	6	0
	8	Yerine getirilmesi gereken davranışları sergilenmesi	3	2	1	6	1
	9	Düşünce ve sırlarını paylaşabilecek yakın arkadaşa sahip olma	3	4	1	8	0
	10	Kendini sevme ve değer verme	2	2	2	6	0
	11	Sürdürülen yaşamdan memnun olup olmama	2	3	4	9	0
Therapeutic Effect	12	Karakterin / karakterlerin yaşadıkları problemleri yadsımaktan vazgeçtikleri ve yüzleştikleri sahneler	2	3	4	9	0
	13	Sorunları ile başetme konusunda seyirciye rol model olabilecek nitelikte karakter / karakterler	2	2	1	5	0
	14	Sorunlarının çözümünde kendilerine ve çevrelerine ait kaynakları kullanan karakter/ karakterler	2	2	2	6	1
	15	Fimin seyredenin duygularını harekete geçirme gücü	3	4	4	11	0
	16	Filmin seyredene umut aşılaması	2	4	0	6	1
Number of ratings			3	4	4	11	3
Cronbach's Alpha			.61	.78	.82	.88	ns

3.3 Reliability of Movie Identification Scale-Revised (MIS-R)

MIS-R is a revised version of FÖÖ developed by Aka (2007). It has four factors explaining viewer identification. In the present study, reliabilities ranged across the cinematherapy movies and control condition documentary movies. The Cronbach's alpha for each one was given in Table 6.

Table 6

Reliabilities of Movie Identification Scale-Revised (MIS-R) for Cinematherapy Movies and Control Condition Documentary Episodes

		Cronbach's Alpha
Cinema-therapy	Beş Vakit	.78
	Karpuz Kabuğundan Gemiler Yapmak	.84
	Süt	.83
Control	Pole to Pole	.77
	Mountains	.77
	Deserts	.86

3.4 Subjective Well-Being

As it was hypothesized, participants in clinical cinematherapy condition (C1) had lower subjective well-being scores than non-clinical cinematherapy condition (C1) and non-clinical control condition (C3). A Mann-Whitney test revealed that C1 ($\underline{M}$ = 161.2) was significantly different from C2+C3 ($\underline{M}$ = 181.4) in terms of their subjective well being scores, $\underline{U}$ = 36, $\underline{p}$ < .005, r = -.58 (see Table 7).

Table 7

Condition Differences for Subjective Well-Being

Condition	M	SD	U	p
C1	161.2	11.9	36	.001
C2+C3	181.4	15.8		

Additional tests revealed that there were significant differences between C1 and C2, U = 25.5, p < .01 r = -.54), and C1 and C3, U = 15.5, p < .01, r = -.62). As it was expected, since participants in two conditions were derived from the non-clinical population, there was not significant difference between C2 (M = 177.9) and C3 (M = 187.9), (U = 51, ns, r = -.21).

Many researchers claimed that subjective well-being measures can reveal many components (Kim-Prieto et al., 2005; Diener et al., 1999; Tuzgöl-Dost, 2005). Differentiating subjective well-being into its components was out of scope in the present study. Additionally, sample size and characteristics would not be suitable to reach meaningful conclusions. Thus, overall subjective well-being scores of participants were considered.

3.5 Condition Differences for Pre-Treatment Measures of Self-Perception and Its Dimensions

The Kruskal-Wallis tests revealed significant differences between conditions, H(2) = 8.17, p < .05). As it was expected, Mann-Whitney tests revealed results supporting the population differences similar to differences in subjective well-being scores. C1 and C2+C3 was significantly different from each other, U = 47.5, p < .01, r = -.50 (see Table 8).

Table 8

Condition Differences in Pre-Treatment Measures of Self-Perception

Condition	M	SD	U	p
C1	117.2	17.8	47.5	.006
C2 + C3	136.3	14.9		

C1 (M = 117.2) was significantly different from C2 (M = 132.8), U = 29.50, p < .05, r = -.40 and C3 (M = 139.7), U = 18, p < .01, r = -.59. C2 and C3, the other hand, did

not show any significant difference as an expected result of participants' random assignment to these conditions (U = 58, ns, r = -.22).

When further analyses conducted to see differences between these two samples, results revealed that scholastic competence (U = 60, p < .05, r = -.42); physical appearance (U = 61.5, p < .05, r = -.41); and global self-worth (U = 45, p < .005, r = -.53) scores were significantly different. The means of two samples across self-perception dimensions and difference between them are presented in Table 9.

Table 9

Condition Differences in Pre-Treatment Measures of Self-Perception Dimensions

	C1		C2+C3			
Domains	M	SD	M	SD	U	p
Scholastic Competence	13.0	2.1	15.0	2.2	60.0	.02
Social Acceptance	14.3	4.6	16.1	3.1	93.5	.31
Athletic Competence	10.5	3.1	12.3	3.0	77.5	.11
Physical Appearance	12.1	4.6	15.6	2.8	61.5	.03
Job Competence	14.0	2.8	14.8	2.8	101.5	.48
Romantic Appeal	12.4	4.3	13.8	2.8	91.0	.28
Behavioral Conduct	14.2	3.9	15.8	2.9	89.5	.25
Close Friendship	13.8	4.1	15.9	3.7	82.0	.15
Global Self-Worth	13.0	3.1	16.9	3.0	45.0	.004

3.6 Condition and Pre-Post Treatment Differences in Self-Perception and Its Dimensions

Since pre-treatment measures were significantly different for these two samples (C1 and C2+C3) and cinematherapy procedures varied for C1 and C2 conditions, analyses conducted to see the changes in self-perception scores were decided to differentiated for clinical and non-clinical applications.

3.6.1 Pre-Post Treatment Differences in Self-Perception and Its Dimensions for Clinical Cinematherapy Condition

In C1, the Wilcoxon Signed-ranks test indicated that there was not any significant difference between pre-treatment (M = 117.2) and post-treatment (M = 117.4) scores of self-perception. Thus, cinematherapy application did not create any significant difference on overall self-perception scores of participants in C1 (T = .153, ns, r = -.01).

In order to explore any change in self-perception dimensions, a series of Wilcoxon Signed-ranks tests were run. Effect of cinematherapy application in C1, across 8 self-perception domains and global self-worth were presented in Table 10.

Table 10

Effect of Cinematherapy on Self-Perception Dimensions for C1

	Pre-Treatment		Post-Treatment			
Domains	M	SD	M	SD	T	p
Scholastic Competence	13.0	2.1	12.3	1.8	1.59	.11
Social Acceptance	14.3	4.6	14.3	3.5	0.14	.89
Athletic Competence	10.5	3.1	10.5	3.5	0.07	.98
Physical Appearance	12.1	4.6	13.1	2.8	1.07	.28
Job Competence	14.0	2.8	13.0	2.8	1.22	.22
Romantic Appeal	12.4	4.3	13.2	3.2	1.08	.28
Behavioral Conduct	14.2	3.9	13.2	2.6	0.98	.33
Close Friendship	13.8	4.1	14.3	3.4	0.29	.77
Global Self-Worth	13.0	3.1	13.6	3.4	0.63	.52
Total	117.2	17.8	117.4	19.4	0.153	.88

As seen in Table 10, there were slight increases in post-treatment measures of dimensions such as physical appearance, romantic appeal, close friendship and global self-worth, yet, they were not significant. Although, there were not any

significant differences, it was also observed that scholastic competence, job competence and behavioral conduct scores decreased in C1.

3.6.2 Pre-Post Treatment and Condition Differences in Self-Perception and Its Dimensions for Non-Clinical Sample

Previous to study, regarding the self-perception scores, C2 and C3 were not significantly different from each other (U = 58, ns, r = -.22). A Mann-Whitney test indicated that there was not any difference between C2 and C3 in post-treatment measures, too (U = 49, ns, r = -.25) (see Table 11).

Table 11

Condition Differences in Self-Perception for C2 and C3

	Condition	M	SD	U	p
Pre-treatment	C2	132.8	17.2	58	.42
	C3	139.7	11.9		
Post-treatment	C2	133.9	18.5	49	.18
.	C3	142.8	15.3		

A Wilcoxon Signed-ranks test revealed that there was not any significant change in pre-treatment (M = 136.3) and post-treatment (M = 138.4) measure of self-perception for overall sample, T = .93, ns. r = -.06. Additionally, a series of Wilcoxon Signed-ranks tests were run to analyze C2 and C3 separately in terms of changes in pre-treatment and post-treatment measures of self-perception. There was not any significant difference in C2 in terms of pre-treatment and post-treatment measures of total self-perception scores, T = .27, ns, r = -.03. C3 did not show any difference, T = 1.11, ns, r = -.11 as well (see Table 12).

Table 12

Pre-Treatment and Post-Treatment Measures of Self-Perception for C2 and C3

	Pre-Treatment		Post-Treatment			
Conditions	M	SD	M	SD	T	p
C2	132.8	17.2	133.9	18.5	0.27	.79
C3	139.7	11.9	142.8	15.3	1.11	.27

Additional analyses were run to see differences between C2 and C3 in terms of dimensions of self-perception. A Mann-Whitney test indicated that among pre-treatment measures of self-perception dimensions, athletic competence was significantly different $\underline{U} = 31.5$, $\underline{p} < .05$, $r = -.51$ for C2 ($\underline{M} = 10.8$) and C3 ($\underline{M} = 13.9$). Yet, this difference was disappeared in post-treatment measures, $\underline{U} = 65$, ns, $r = -.14$, by an increase in C2 ($\underline{M} = 12.3$) and a slight decrease in C3 ($\underline{M} = 13.2$).

Although it was not significant, a minor difference in close friendship, $\underline{U} = 42.5$, $\underline{p} = .09$, $r = -.37$ for C2 ($\underline{M} = 14.5$) and C3 ($\underline{M} = 17.3$) was found. This difference disappeared in post-treatment measures, $\underline{U} = 50.5$, ns, $r = -.20$ with a minor increase in C2 ($\underline{M} = 15$) ($\underline{p} = .07$) and nearly steady score in C3 ($\underline{M} = 17.1$). When we look at post-treatment measures for exploring any difference between C2 and C3 in terms of these dimensions, the Mann-Whitney test indicated that there was not any. Although there were slight changes in scores, they were not significant (see Table 13).

Table 13

Condition Differences in Pre-Post Treatment Measures of Self-Perception Dimensions for C2 and C3

	C2		C3			
Domains & Measures	M	SD	M	SD	U	p
Scholastic Competence						
Pre-Treatment	15.0	2.9	15.1	1.4	71.5	.98
Post-Treatment	14.8	1.5	15.8	2.6	57.5	.40

Table 13 (continued)

Condition Differences in Pre-Post Treatment Measures of Self-Perception Dimensions for C2 and C3

	C2		C3			
Domains & Measures	M	SD	M	SD	U	p
Social Acceptance						
Pre-Treatment	15.7	3.1	16.4	3.1	58.5	.43
Post-Treatment	15.3	3.5	16.0	3.9	58.5	.43
*Athletic Competence						
Pre-Treatment	10.8	1.7	13.9	3.2	31.5	.02
Post-Treatment	12.3	1.7	13.2	4.0	65.0	.68
Physical Appearance						
Pre-Treatment	16.5	3.1	14.8	2.4	43.5	.10
Post-Treatment	15.6	3.6	16.2	2.7	68.5	.84
Job Competence						
Pre-Treatment	14.2	3.3	15.4	2.2	55.5	.34
Post-Treatment	15.9	2.8	15.2	2.9	62.0	.56
Romantic Appeal						
Pre-Treatment	13.3	3.1	14.3	2.5	59.0	.45
Post-Treatment	13.0	2.3	14.8	3.1	55.0	.32
Behavioral Conduct						
Pre-Treatment	15.6	3.1	16.0	2.7	66.0	.73
Post-Treatment	15.2	3.1	16.7	2.7	54.0	.30
Close Friendship						
Pre-Treatment	14.5	4.1	17.3	2.6	42.5	.09
Post-Treatment	15.0	3.9	17.1	2.5	55.0	.21
Global Self-Worth						
Pre-Treatment	17.3	3.4	16.6	2.6	53.0	.27
Post-Treatment	16.8	3.3	17.9	2.3	63.0	.60

* $\underline{p} < .05$ in pre-post treatment measures of C2

Further analysis was conducted to see changes in scores between pre-treatment and post-treatment measures of self-perception dimensions. A Wilcoxon Signed-ranks test revealed that there were not any significant changes in pre-treatment and post-treatment measure of self-perception dimensions for overall sample.

Next, a series of Wilcoxon Signed-ranks tests were run to further analyze C2 and C3 separately. In C2, pre-treatment ($\underline{M}$ = 10.8) and post-treatment ($\underline{M}$ = 12.3) scores were significantly different in athletic competence domain, $\underline{T}$ = 2.23, $\underline{p}$ < .05, r = -.40. Additionally, while this domain significantly differed for C2 and C3 previous to study, it became the same after the study. Thus, it can be said that cinematherapy affected participants in C2 in a way to increase their athletic competence. Another domain, job competence, shown a slight but non-significant difference between pre-treatment ($\underline{M}$ = 14.2) and post-treatment measures ($\underline{M}$ = 15.6), $\underline{T}$ = 1.79, $\underline{p}$ = .07, r = -.26

In C3 there was not any change in dimensions of self-perception after the study except from a minor but non-significant difference in physical appearance dimension indicating higher post-treatment score ($\underline{M}$ = 16.8) than pre-treatment ($\underline{M}$ = 14.8), $\underline{T}$ = 1.87, $\underline{p}$ = .06, r = -.26

3.7 Subjective Well-Being and Condition Differences

A further analysis was conducted to see whether subjective well-being scores interacted with conditions to create a change in self-perception and its dimensions. For this purpose, participants in C1 was divided into two group as low SWB (negative evaluation of life and high frequency-intensity of negative affect) and high SWB (positive evaluation of life and high frequency-intensity of positive affect) by median subjective well-being scores of the sample. The same technique was applied to participants in C2 and C3 as well (see Table 14).

Table 14

Descriptive Statistics of Conditions According to Subjective Well-Being

	Low SWB			High SWB		
Conditions	N	M	SD	N	M	SD
C1	5	152.1	6.2	5	170.4	8.5
C2	8	169.6	7.4	4	194.4	8.4
C3	4	165.4	12.4	8	194.6	8.7

3.7.1 Interaction of Subjective Well-Being and Cinematherapy for Self-Perception and Its Dimensions in Clinical Cinematherapy Condition

As first analysis, low SWB group and high SWB group in C1 were examined in terms of their scores in self-perception and its dimensions. Although low SWB (M = 109.5) and high SWB (M = 125) participants were somewhat different in terms of self-perception scores previous to study, A Mann-Whitney test indicated that this difference was not significant, U = 5, ns, r = -.41, (p = .12). When post-treatment scores were analyzed, it was observed that while self-perception score of low SWB group increased (M = 118.2), high SWB group's score decreased (M = 116.6). Yet, these two groups were not significantly different from each other after the study, too (U = 9.5, ns, r = .05, (p = .53). A more careful eye, on the other hand, could recognize that cinematherapy might promote positive self-perception of participants with low subjective well-being level and lessen positive self-perception of participants with high subjective well-being level.

In order to see whether cinematherapy significantly created these different outcomes for participants with low SWB and high SWB, a series of Wilcoxon Signed-ranks tests were applied. As mentioned before, the Wilcoxon Signed-ranks test revealed that there was not any significant changes in pre-treatment (M = 136.3) and post-treatment (M = 138.4) measures of self-perception for overall clinical sample, T = .15, ns, r = -.06. Separate analysis for low SWB and High SWB participants revealed that, for participants with low subjective well-being level, self-perception scores

significantly increased after cinematherapy application, T = 2.02, p < .05, r = .-27. For participants with positive sense of well-being, experiencing cinematerapy did not change their self-perception scores, T = 1.5, ns, r = .21 (see Table 15).

Table 15

Pre-Treatment and Post-Treatment Measures of Self-Perception for Low SWB and High SWB Participants in C1

	Pre-Treatment		Post-Treatment			
SWB	M	SD	M	SD	T	p
Low	109.5	18.3	118.2	17.5	-2.02	.04
High	125.0	15.2	116.2	23.2	-1.52	.14

In order to see the differences between low SWB and high SWB participants in C1 along self-perception dimensions, a Mann-Whitney test was run. The result indicated that previous to study low SWB (M = 11.6) participants were significantly different from high SWB (M = 14.4) participants, U = 2, p < .05, r = -.68 in scholastic competence domain. This difference, on the other hand, diminished after the study, in which low SWB participants increased in their scholastic competence scores (M = 12) while high SWB participants had a slight decrease in the same domain (M = 12.6), U =12, ns, r = -.15, p = .06. When low SWB participants were examined by a Wilcoxon Signed-ranks test, the result indicated a non-significant difference between pre-treatment (M = 11.6) and post-treatment (M = 12) scores for scholastic competence, T = 1.41, ns, r = -.11. When high SWB participants, on the other hand, were examined in terms of their scores in scholastic competence domain, there was only a slight but non-significant difference between previous to study (M = 14.4) and after the study (M = 15.4), T = 1.89, ns, r = .44, p = .06.

A non-significant but considerable difference was found in pre-treatment measures of job competence. The low SWB group displayed lower scores (M = 12.4) than high SWB (M = 15.6) group, U = 3.5, p = .06, r = -.56. These two groups became similar at the end of the study with identical scores, U = 12, ns, r = .00. While low SWB

participants increased their job competence scores (M = 13.3), participants with high SWB became less competent (M = 13).

In order to see the effect of cinematherapy on other self-perception dimensions, pre-treatment and post-treatment measures of participants with low SWB were further examined. A series of Wilcoxon Signed-ranks tests revealed that by cinematherapy application participants with low SWB scores changed in their social acceptance T = 1.89, ns, r = -.12, physical appearance T = 1.78, ns, r = -.46 and global self-worth T = 1.86, ns, r = -.50, yet, these changes were not significant (see Table 16).

Table 16

Pre-Treatment and Post-Treatment Measures of Self-Perception Dimensions for Low SWB Participants in C1

	Pre-Treatment		Post-Treatment			
Domains	M	SD	M	SD	T	p
Scholastic Competence	11.6	1.7	12.0	1.7	1.41	.16
Social Acceptance	13.2	4.3	14.2	3.6	1.89	.06
Athletic Competence	10.4	4.3	10.2	4.9	0.00	1.0
Physical Appearance	10.2	2.9	12.8	1.9	1.78	.07
Job Competence	12.4	2.7	13.0	3.0	1.34	.18
Romantic Appeal	12.5	4.9	13.2	2.7	0.96	.34
Behavioral Conduct	14.0	3.9	14.0	2.6	0.00	1.0
Close Friendship	13.1	3.5	14.0	2.3	0.18	.85
Global Self-Worth	12.0	2.2	14.8	2.6	1.86	.07

When high SWB participants were examined in terms of their scores in self-perception dimensions, only a slight but non-significant difference in scholastic competence domain appeared as a result of cinematherapy application, T = 1.89, p =.06, r = .44. There was not any other notable dimension differing. Pre-treatment and

post-treatment scores of high SWB subjects in self-perception dimensions and their changes across the study were given in Table 17.

Table 17

Pre-Treatment and Post-Treatment Measures of Self-Perception Dimensions for High SWB Participants in C1

	Pre-Treatment		Post-Treatment			
Domains	M	SD	M	SD	T	p
Scholastic Competence	14.4	1.5	12.6	2.1	1.89	.06
Social Acceptance	15.4	4.9	14.4	3.7	1.13	.26
Athletic Competence	10.6	1.8	10.7	1.8	0.14	.89
Physical Appearance	14.1	5.4	13.4	3.8	0.83	.42
Job Competence	15.6	1.9	13.0	2.9	1.63	.10
Romantic Appeal	12.2	4.1	13.2	3.9	0.68	.50
Behavioral Conduct	13.2	4.3	14.3	2.6	1.46	.14
Close Friendship	14.4	4.9	14.6	4.5	0.38	.71
Global Self-Worth	13.9	3.1	12.4	3.9	1.29	.20

3.7.2 Interaction of Subjective Well-Being and Cinematherapy for Self-Perception and Its Dimensions in Non-Clinical Sample

In order to see whether subjective well-being scores interacted with conditions to create a change in self-perception and its dimensions, participants in C2 and C3 were divided into two groups. Low SWB and high SWB group were formed by median split of subjective well-being scores of the sample.

A Wilcoxon Signed-ranks test revealed that there was not any significant change in pre-treatment and post-treatment self-perception scores for overall sample. The Kruskal-Wallis tests did not reveal any significant difference for the overall sample,

H(3) = 2.73, ns, previous to study. There was not any difference between conditions (H(3) = 3.26, ns) at the end of the study as well (see Table 18).

Table 18

Condition Differences for C2 and C3 in Self-Perception According to Subjective Well Being

Condition	C2		C3			
	Low SWB M	High SWB M	Low SWB M	High SWB M	H	p
Pre-Treatment	132.9	132.5	131.8	143.7	2.73	.43
Post-Treatment	129.9	142.0	141.3	143.6	3.26	.35

A series of Mann-Whitney tests were conducted to compare low SWB participants with high SBW participants across conditions as pairs. The result revealed that there were not any pairs significantly different from each other previous to study. Yet, at the end of the study, low SWB participants (M = 129.9) in C2 and high SWB participants in C3 (M = 143.6) became slightly different, U = 16, p = .09, r = -.37. In order to further investigate this discrepancy between pre-treatment (M = 132.9) and post-treatment measures (M = 129.9) of low SWB participants in C2, a Wilcoxon Signed-ranks test was run. The result indicated that the difference was not significant, T = .68, ns, r = .08. According to Wilcoxon Signed-ranks tests another finding revealed that in C3, pre-treatment self-perception scores of low SWB participants (M = 131.8) slightly but non-significantly increased at the end of the study (M = 141.3), T = 1.83, p = .09, r = -.38

By further analyses, the four SWB groups were examined in terms of differences of their scores in self-perception dimensions. The Kruskal-Wallis tests revealed only a slight but non-significant difference for overall sample in pre-treatment measures of athletic competence dimension H(3) = 6.45, p = .09 which was diminished after the study, H(3) = 3.41, ns. Other than this finding there were not any differences between low SWB participants and high SWB participants across C2 and C3

conditions. A Mann-Whitney test was conducted to see the source of this difference. Result indicated that there was a pre-treatment difference between low SWB participants in C2 and high SWB participants in C3, U = 11, p < .05, r =-.56. This difference was disappeared by a significant enhancement of low SWB participants in C2 and a steady score of high SWB participants in C3, U = 20, ns, r = - .38 (see Table 19).

Table 19

Condition and Pre-Post Treatment Differences for C2 and C3 in Athletic Competence According to Subjective Well-Being

Condition	SWB	Pre-Treatment				Post-Treatment			
		M	SD	U	p	M	SD	U	p
*C2	Low	10.6	1.7	11	.03	12.2	2.0	20	.20
C3	High	14.4	3.5			14.8	3.9		

* p <0.5

Further analyses with Wilcoxon Signed-ranks tests were conducted to explore whether low SWB participants in C2 or high SWB participants in C3 really changed in their athletic competence scores after the study. Result indicated that low SWB participants in C2 significantly differed as a result of cinematherapy application, T = 2.04, p <.05, r = -.39. High SWB participants in C3, on the other hand, did not show any change in their athletic competence scores as a result of control study, T = .33, ns, r = -.05

Participants with low SWB in C2 and high SWB in C3 were compared in other dimensions and it was found that these groups were significantly different from each other in other several dimensions.

Wilcoxon Signed-ranks tests indicated that low SWB participants in C2 did not significantly differ in their pre-treatment and post-treatment for physical appearance domain, T = 1.12, ns, r = .14. High SWB participants in C3, were slightly but not

significantly different before and after the study, T = 1.85, p = 0.6, r = -.15 (see Table 20)

Table 20

Condition and Pre-Post Treatment Differences for C2 and C3 in Physical Appearance According to Subjective Well-Being

Condition	SWB	Pre-Treatment				Post-Treatment			
		M	SD	U	p	M	SD	U	p
C2	Low	16.6	3.4	13.5	.05	15.6	3.2	27.5	.63
*C3	High	15.6	2.5			16.4	2.5		

*p = .06

Low SWB participants in C2 did not significantly differ in their romantic appeal scores after the study, T = .95, ns, r = .19. High SWB participants in C3 did not change in their scores as well, T = 1.64, ns, r = -.22 (see Table 21)

Table 21

Condition and Pre-Post Treatment Differences for C2 and C3 in Romantic Appeal According to Subjective Well-Being

Condition	SWB	Pre-Treatment				Post-Treatment			
		M	SD	U	p	M	SD	U	p
C2	Low	13.4	3.6	28.5	.71	11.8	4.4	12.5	.04
C3	High	14.5	2.2			15.7	2.9		

Neither low SWB participants (T = .63, ns, r = -.08) in C2 nor high SWB participants in C3 (T = 1.10, ns, r = .21) significantly differ in their pre-treatment and post-treatment scores for close friendship domain (see Table 22).

Table 22

Condition and Pre-Post Treatment Differences for C2 and C3 in Close Friendship According to Subjective Well-Being

Condition	SWB	Pre-treatment				Post-treatment			
		M	SD	U	p	M	SD	U	p
C2	Low	13.3	4.1	9.5	.02	14.0	3.8	15	.71
C3	High	17.8	1.3			17.0	2.2		

Another A Mann-Whitney test indicated that low SWB and high SWB participants in C3 were different in their pre-treatment scores in scholastic competence domain. Yet, they became similar at the end of the study (see Table 23).

Table 23

Pre-Post Treatment Differences for C3 in Scholastic Competence According to Subjective Well-Being

Condition	SWB	Pre-Treatment				Post-Treatment			
		M	SD	U	p	M	SD	U	p
*C3	Low	14.0	.08	4	.04	16.8	1.7	9.5	.27
C3	High	15.6	1.4			15.3	2.9		

*$\underline{p}$ = .07

The Wilcoxon Signed-ranks test indicated that, low SWB participants slightly differed throughout the study ($\underline{T}$ = 1.82, $\underline{p}$ = .07, r = -.75). High SWB participants, on the other hand, did not differ ($\underline{T}$ = .29, ns, r = .06).

Addition to results above, a series of Mann-Whitney tests were indicated slight but not significant differences between pairs of conditions according to subjective well-being scores of the participants. Some noticeable ones were presented in Table 24.

Table 24

Condition Differences in Self-Perception Dimensions for C2 and C3 According to Subjective Well-Being

Dimension	C	SWB	Pre-treatment				Post- treatment			
			M	SD	U	p	M	SD	U	p
Scholastic Competence	2	Low	15.3	3.2	13.5	.67	14.8	1.9	5	.06
	3	Low	14.0	.78			16.8	1.7		
Global Self-Worth	2	Low	18.1	2.8	5	.06	16.4	2.8	8.5	.20
	3	Low	14.6	2.6			18.5	1.7		

Among them, a slight but non-significant difference between low SWB participants in C2 and C3, was not presented in post-treatment measures of global self-worth probably because of a significant decrease in post-treatment scores of Low SWB participants in C2, ($\underline{T} = 2.38$, $\underline{p} < .05$, $r = .29$). Low SWB participants in C3, on the other hand, did show a non-significant increment in their global self-worth scores, $\underline{T} = 1.46$, ns, $r = -.66$

Further Wilcoxon Signed-ranks tests indicated that overall sample did not differ through out the study in terms of any self-perception dimensions. Analysis revealed several minor differences for participants with low and high SWB across conditions, yet, none of them was statistically significant (see Table 25).

Table 25

Pre-Treatment and Post-Treatment Differences for C3 in Self-Perception Dimensions According to Subjective Well-Being

Dimension	C	SWB	Pre-treatment		Post-treatment		T	p
			M	SD	M	SD		
Athletic Competence	3	Low	12.9	2.8	10.8	3.3	1.83	.07
Physical Appearance	3	High	14.5	2.5	16.4	2.5	1.90	.06

3.8 Condition Differences for Identification

As mentioned in method section, participants in Clinical Cinematherapy Condition (C1) and Non-Clinical Cinematherapy Condition (C2) watched three cinematherapy movies. In addition to this, an elaboration part with structured questions was conducted for each movie. Cinematherapy movies were selected on the basis of both their relevance to self-perception dimensions and their value in terms of some therapeutic needs. Although, the same movies watched in these conditions, the implementation of cinematherapy was different for two conditions. Thus, comparisons between these two conditions should be done with this respect.

Non-Clinical Control Condition (C3) watched episodes of a documentary with no following elaboration part. This condition was compared with Non-Clinical Cinematherapy Condition (C2) at the rest of the analyses.

The Kruskal-Wallis test revealed that there was not any difference between conditions in terms of identification, $H(2) = 2.69$, ns (see Table 26).

Table 26

Condition Differences for Identification

Condition	M	SD	H	p
C1	169.3	17.2	2.69	.26
C2	184.2	25.4		
C3	165.2	33.1		

A series of Mann-Whitney tests were conducted to see differences between pair of conditions. The results indicated that there was not a significant difference between C2 and C3, $\underline{U} = 49$, ns, $r = .30$. Identification was not different for C1 and C2 ($\underline{U} = 37.5$, ns, $r = -.32$) and for C1 and C3 ($\underline{U} = 56$, ns, $r = .07$) as well.

Further investigations were done to look at condition differences for different factors of the MIS-R. The Kruskal-Wallis test indicated that these three conditions differed in MIS-R's first factor, $H(2)= 6.67$, $p < .05$ (see Table 27).

Table 27

Condition Differences for the First Factor of MIS-R

Condition	M	SD	H	p
C1	51.8	8.9	6.67	.04
C2	53.1	12.0		
C3	41.5	14.3		

The analyses conducted by the Mann-Whitney tests indicated that C1 and C2 were not different in terms of their scores at the first factor of MIS-R, $U = 50$, ns, $r = -.06$. C1 and C3, on the other hand, differed, $U = 28.5$, $p < .05$, $r = .39$. Difference between C2 and C3 were also significant in this factor, $U = 33$, $p < .05$, $r = .40$. While one should cautiously interpret the difference between clinical sample and non-clinical sample, the difference between cinematherapy and control conditions of non-clinical sample proposed that identification related to first factor was higher with the cinematherapy movies than the control documentary.

For the second factor, the Kruskal-Wallis test indicated that there was also a significant difference between three conditions, $H(2) = 7.71$, $p < .05$. The mean of each condition was presented in Table 28.

Table 28

Condition Differences for the Second Factor of MIS-R

Condition	M	SD	H	p
C1	41.1	7.4	7.71	.02
C2	50.0	5.3		
C3	45.0	7.3		

Further analyses were carried out for exploring the pair of conditions that were different from each other. The Mann-Whitney tests indicated there was a high significant difference between C1 and C2 in terms of their responds to items of the second factor, U = 18, p < .01, r = -.56. There was not significant but slight difference between C2 and C3, U = 43, p = .09, r = .36. C1 and C3, on the other hand, were not different, U = 45, ns, r = -.25

Condition differences according to participants responses to items under the third factor were not significant, H(2)= 1.66, ns (see Table 29).

Table 29

Condition Differences for the Third Factor of MIS-R

Condition	M	SD	H	p
C1	41.1	4.7	45	.44
C2	44.7	8.5		
C3	43.4	11.0		

A series of Mann-Whitney tests indicated that C1 and C2 were not different, U= 48.5, ns, r = -.25. C2 was also not different from C3 (U = 69.5, ns, r = .06). There was not a significant difference between C1 and C3, U = 38.5, ns, r = -.13 as well.

Lastly, identification scores of participants on the fourth factor of MIS-R were analyzed. The result revealed that these three conditions were not significantly different, H(2) = 51, ns (See Table 30).

Table 30

Condition Differences for the Forth Factor of MIS-R

Condition	M	SD	H	p
C1	26.9	5.3	51	.78
C2	25.5	4.7		
C3	26.2	5.5		

A sequence of Mann-Whitney tests did not reveal any significant differences for pair of conditions in the fourth factor of MIS-R: C1 and C2 ($\underline{U}$ = 50.5, ns, r = .14), C2 and C3 ($\underline{U}$ = 64, ns, r = -.06), C1 and C3 ($\underline{U}$ = 54, ns, r = .06).

As a result, while these three conditions did not differ in terms of total identification scores, some significant differences were observed in the first and the second factors. The last two factors, on the other hand, did not create any differences.

CHAPTER 4

DISCUSSION

In the present study, the effect of 3-session cinematherapy on self-perception among adolescents from clinical and non-clinical population was investigated. Subjective well-being was considered as the second factor. In the realm of cinematherapy, some exploratory investigations for movie selection and identification processes were also made. Findings were presented in Chapter 3, and discussion of the results will be presented in this chapter.

In this chapter, firstly, a discussion about movie selection process will be covered. In later sections, differences between clinical and non-clinical samples in terms of subjective well-being, and self-perception and its dimensions will be mentioned. Next, findings of cinematherapy and its interaction with subjective well-being will be discussed in accordance with movie selection and elaboration processes. This will be followed by reflections on the effect of cinematherapy application on the whole sample. Next section will consist of a discussion about findings related to identification. Finally, implications and limitations of the study, and recommendations for future research will be presented.

4.1 Movie Selection

Movie Choosing Checklist was designed to select cinematherapy movies while considering two main criteria. The first criterion was to determine relevance of movies to different self-perception dimensions. This criterion was employed in other studies conducted in cinematherapy research (Pur, 2009; Banlı-Pala, 2009). The second criterion was related to movies' power to create certain therapeutic effects. This criterion was considered for exploratory purposes (Knickerboker, 2009). Items in Movie Choosing Checklist were rated by either three or four psychologists for assessing inter-rater reliability of movies. The results and some notions related to movie selection process are discussed below.

In terms of matching both criteria, total reliability of cinematherapy movies were high (.88), and alpha reliabilities across three movies were ranged in a plausible manner. Reliability of Beş Vakit was .61; Karpuz Kabuğundan Gemiler Yapmak had alpha of .78; and reliability alpha of Süt was .82. Additionally, there was no significant alpha for the control documentary movie. This result indicated that cinematherapy movies were effective in terms cinematherapy application.

When two criteria were examined separately, it was found that cinematherapy movies were more reliable in terms of corresponding self-perception dimensions (.88) than the control documentary movie with no significant reliability. Each cinematherapy movie, on the other hand, displayed differing reliabilities. Beş Vakit showed low reliability (.31) while Süt had alpha of .83. It can be speculated that low reliability of Beş Vakit might hinder change in self-perception scores. Yet, since all of the participants did watch three cinematherapy movies, total reliability would be better to be taken into account. A conclusion, nevertheless, can be made that when a combination of movies is to be employed in cinematherapy application, each movie's reliability should be expected to be at a comparable level to another.

In terms of second criterion which was movies' correspondences to some therapeutic needs, the result did not reveal favorable findings for cinematherapy movies. Although the control documentary had no significant reliability for this criterion, cinematherapy movies did not have high reliability (.50) as well. Accordingly, all cinematherapy movies displayed low reliabilities ranging from .46 to .54.

This finding can be interpreted as assessment of distinct therapeutic needs negatively influenced internal reliability. As mentioned before items asked to raters were as follows; depiction of characters' denial or acceptance of their problems; presence of role model characters in terms of dealing with problems; characters using external and internal resources to solve their problems; movie's power to create emotional excitement; and movie's effect in inducing hope. As an alternative and a more accurate view, it can be suggested that movies strongly concentrating on comparable therapeutic needs would be more efficient.

In the present study, one of the main purposes was to explore the effect of these therapeutic processes in evoking or improving issues across self-perception dimensions. Thus, in the elaboration part, self-perception themes were discussed in the line with these processes. In other words, cinematherapy application was carried out by elaborating characters' cognitive and emotional processes in terms of self-perception dimension. At this point, low inter-rater reliabilities of movies' therapeutic effects might be seen as a setback for selection of these movies. Yet, for cinematherapy application, it might not be so influential.

Literature supports above argument in some ways. First, selection of a movie for therapeutic purposes requires a rationale (Sharp et al, 2002; Lampropoulos et al., 2004; Hesley & Hesley, 2001). In the frame of this study, cinematherapy movies were determined by the rationale that they had some power in producing certain therapeutic gains. The raters, on the other hand, might not think in the same way. Thus, this rationale did not seem to find its true meaning in the eyes of other people watching the movies. It can be argued that watching movies to check some items is a different position than evaluating them in terms of their therapeutic functions. Many researchers in this area strongly recommend watching movies in a position to evaluate their therapeutic power (Sharp et al., 2002; Dermer & Hutching, 2000). Factors such as not having a prior knowledge about determining cinematherapy movies or watching movies only one time, might cause raters to underestimate movies' therapeutic functions. Additionally, determining more abstract functions such as therapeutic effects might force raters more than determining depiction of self-perception dimensions.

Second, while a good rationale makes movies to work effectively, when it comes to elaborate them, many other factors might appear. These factors might either enhance power of movies or block its effectiveness. Defenses, immature rapport, fear of confronting certain issues, misconnections, or unpreparedness to discuss certain matters might prevent participants to benefit from movies (Lampropoulos et al., 2004; Paquette, 2003; Hesley & Hesley, 2001; Solomon, 1995; Sharp et al., 2002). Thus, regardless of what rationale suggests, cinematherapy would not work. Factors

such as similarity and achieved insights, on the other hand, might enable participants to improve by the help of movies (Hesley & Hesley, 2001; Sharp et al., 2002; Knickerbocker, Jr., 2009; Hesley, 2001). Consequently, even though the movies are selected according to a rationale, using them for therapeutic purposes by means of elaboration might not be so straightforward.

Literature suggests that selection of cinematherapy movies should depend on many criteria which are related to intervention goals and therapeutic gains (Dermer & Hutching, 2000; Lampropoulos et al., 2004). Some other researchers proposed that clients' preferences about movies to be watched are also important (Hesley & Hesley, 2001). Furthermore, practitioners should be flexible in terms of elaborating movies in the line with people's needs and preferences (Hesley & Hesley, 2001; Fleming & Bohnel, 2009; Manchel, 2010). Thus, movie selection process seems to be meaningful as long as selection rationale works. Furthermore, overall effectiveness seems to increase when that rationale can be practiced through skillful and flexible elaboration.

As last words, although movie selection is accepted as the initial step, a prerequisite factor might be necessary. Competence of the person who judges a movie's effectiveness seems to be very important. This competence is probably gained by knowledge and practice in evaluating movies in terms of their therapeutic values.

4.2 Subjective Well-Being

In this study, data were collected from clinical and non-clinical populations. As mentioned before, participants in clinical sample were not assessed in terms of their levels of psychopathology. Non-clinical sample, as mentioned before, was composed of high school students. Levels of subjective-well being of participants were assessed to explore any difference between samples. Thus, a subjective well-being scale (Tuzgöl-Dost, 2005) was employed to measure participants' evaluation of their life satisfaction, and frequency and intensity of positive and negative affects they

experience in their life. The arguments in the literature and parallel findings are discussed below.

Some studies have revealed that there is an association between mental health problems and people's levels of subjective well-being (van Hemert et al., 2002; Lee & Browne, 2008). This body of research claims that people with psychological problems are more likely to have lower levels of subjective well-being than people free of psychological problems. Another view has argued that while presence of mental disorder does not lead people to negatively evaluate their life, absence of it may not guarantee a satisfying life (Keyes, 2005). Further more, it has been proposed that assessment of mental health should not be dependent on negative representations such as psychopathology, yet, should focus on people's subjective evaluations of their life and positive affect they adopt (Diener et al., 1999; Diener, 1984; Suldo & Shaffer, 2008).

The result of the present study supported the first part of the argument that participants in clinical sample had significantly lower scores than participants in non-clinical sample in subjective well-being measures ($p = .001$). Clinical sample had the mean of 161.2 and non-clinical sample had 181.4. This finding indicates that there was a difference between two samples in terms of participants' evaluations of their domain and general life satisfaction as well as negative and positive affects they attached to their life.

4.3 Self-Perception and Its Dimensions

As mentioned before self-perception is defined as acknowledgment and representation of characteristics and attributes of self. In addition, self-evaluative processes are shaped by positive or negative values attached to these representations. Self-concepts are formed by these evaluative processes related to competency or adequacy beliefs of people across life domains. Overall, people adopted a general self-concept which is known as self-worth or self-esteem.

In the literature, global and domain specific self-evaluations have been accepted to be connected, yet, they have been mostly investigated separately. In the present study, assessment of these processes was provided by a multi-dimensional approach to self-perceptions of adolescents both along domains and global self-worth. Findings discussed in the light of self-perception literature are presented below.

In the present study, similar to subjective well-being, self-perception scores of clinical and non-clinical samples had been hypothesized to be different. A very large part of the literature suggests that there is a strong association between psychological health and self-perception. (Baumesiter, et al., 2003; Trzesniewski et al., 2006; Groot, 2009; Goñi & Goñi, 2008; Varni & Setoguchi 1996; Park & Maner, 2009; Burwell and Shirk, 2006; Vliet et al., 2005; Özbay et al., 2002; Groot, 2009). The findings of these studies pointed out a considerable positive correlation between psychological problems and negative self-representations.

In accordance with the literature and the study hypothesis, result indicated a very significant difference between self-perception scores of clinical participants and non-clinical participants ($p = .006$). The mean was 117.2 for clinical sample and 136.3 for non-clinical sample. Thus, it can be concluded that participants coming from clinical population had more negative self-perceptions than ones coming from normal population.

Further analyses had been employed to see differences in terms of domains of self-perception and also global self-worth for these different samples. The result revealed that scholastic competence ($p = .02$), physical appearance ($p = .03$), and global self-worth ($p = .004$) scores were significantly different for two samples. Although sample size of the present study is small, the findings related to physical appearance and global self-worth were strongly parallel to literature. Varni and Setoguchi (1996) and Vliet et al (2005) found that there was a relationship between negative physical self-perception and clinical problems such as depression and trait anxiety. Negative self-worth, on the other hand, was one of the most common indicated self-

representation in other studies looking at this relationship (Burwell & Shirk, 2006; Vliet, et al., 2005; Özbay et al., 2002).

Although these domains and global self-worth are to be assessed separately in multi-dimensional approach, the assessment method is productive to generate predictions between domains and global self-worth. Physical appearance followed by social acceptance and scholastic competence is found to be most relevant domain to global self-worth (Varni & Setoguchi, 1996). Baumesiter et al (2003), on the other hand, argued that the relationship between scholastic competence and global self-worth can not be interpreted by a pure relationship yet; both can be explained by other factors. In the case of the study, participants in clinical sample had been already struggling with academic problems, so that some of them had been attending to psychotherapy for achieving better concentration or motivation to study.

As a result, participants coming from clinical population seemed to describe their characteristics and attributes more negatively than participants from non-clinical population. This difference was significant in scholastic competence and physical appearance domains, and global self-worth.

4.4 Self-Perception and Cinematherapy

The main aim of the present study was to explore the effect of cinematherapy on self-perception and its dimensions. This exploration took place both in clinical and non-clinical area. Clinical application was conducted in only one condition, and that was cinematherapy. Non-clinical application, on the other hand, was performed by cinematherapy condition and control condition.

As mentioned before, clinical and non-clinical participants were unequal in their baseline measures of self-perception. Additionally, cinematherapy application was not applied in an identical manner. Therefore, discussion about effect of cinematherapy on self-perceptions of clinical and non-clinical participants is presented with this respect. While non-clinical conditions can be comparable, any

comparisons done between clinical and non-clinical conditions might be misleading. In this section, considering that movie selection and elaboration processes had some effect on results, some reflections and ideas are also presented.

Clinical Application

The results indicated that cinematherapy application did not affect self-perceptions of clinical participants. In pre-treatment ($\underline{M}$ = 117.2) and post-treatment ($\underline{M}$ = 117.4), self-perception scores were the same. When the effect of cinematherapy application was investigated across self-perception dimensions, results revealed that no significant changes were observable as well.

Some differences, on the other hand, can be worth mentioning. As a result of cinematherapy, scores in dimensions such as physical appearance, romantic appeal, close friendship, and global self-worth were slightly increased. Physical appearance and global self-worth, meanwhile, were two dimensions significantly differing between clinical sample and non-clinical sample. From this perspective, it can be said that they were very low and enhanced by intervention.

Another possible reason for increase on these dimensions can be the relevance of cinematherapy movies to self-perception dimensions. As it was presented in previous sections, cinematherapy movies were rated by either three or four psychologists in terms of their correspondence to self-perception dimensions. For instance, items related to global self-worth dimension had high frequencies (7.5 out of 11). Close friendship item was rated with high frequency (8 out of 11) as well. Additionally, physical appearance and romantic appeal were some of the most frequently rated items (6 out of 11 for each). Thus, by addition of elaboration parts focusing on these dimensions, an enhancement might occur.

In the meantime, it was seen that scores in scholastic competence, job competence and behavioral conduct were slightly decreased after cinematherapy application. Among them job competence (with frequency of 8 out of 11) was a very salient

theme in the movies. It was also one of the most elaborated themes in the sessions. Depiction of job competence in the movies was in the frame of working in a full-time job or helping family in financial matters. It can be concluded that these kinds of depictions might hinder participants' self-perceptions since none of the participants have already had such a responsibility.

Additionally, behavioral conduct was also a well portrayed (6 rates out of 11) theme in the cinematherapy movies. Characters in the movies were occasionally showing traditional and naive agreements to what others asked them to do. Thus, positive perceptions of participants in behavioral conduct dimension might be deterred thinking that they were not so much compliant. In elaboration parts, on the other hand, these idealistic depictions were not criticized by participants, probably because of naturalistic depictions of the themes.

Scholastic competence was another dimension showing decrement. In terms of inter-rater frequencies, it had only 1 rate out of 11. This dimension was not well elaborated as well. Thus, decrement in this dimension can not be explained by the intervention. As stated before, in baseline measures of self-perception, clinical participants had significantly lower scores than non-clinical participants in scholastic competence dimension. This finding might suggest that this group was more likely needing to progress in scholastic self-concept. When this picture is combined with low inter-rater frequency for this dimension and lack of elaboration, one strongly possible interpretation appears: Cinematherapy application, including movie selection and elaboration processes, failed to suit this need.

Non-Clinical Application

The result indicated that participants in cinematherapy ($\underline{M}$ = 132.8) and control ($\underline{M}$ = 139.7) conditions did not differ in their pre-treatment self-perception scores. At the end of the study, the mean of participants in cinematherapy condition ($\underline{M}$ = 133.9) were not significantly different from the mean of participants in control condition ($\underline{M}$ = 142.8) as well. When pre-treatment and post-treatment scores of two conditions

were analyzed, there was no difference for overall sample and also for each condition. These findings indicated that cinematherapy did not affect self-perception of participants.

When effect of cinematherapy application was investigated across self-perception dimensions, result revealed that cinematherapy condition and control condition had different scores in athletic competence dimension. While pre-treatment measures of participants in cinematherapy condition (M = 10.8) were significantly lower than of participants in control condition (M = 13.9), this difference disappeared at the end of the study. Participants in cinematherapy condition increased their scores (M = 12.3) while participants in control condition showed slight decrement (M = 13.2). When pre-treatment and post-treatment scores of participants in cinematherapy condition were compared, this increment was found to be significant. Thus, it can be concluded that cinematherapy positively affected participants. Yet, this finding was found to be irrelevant since inter-rater frequencies (1 out of 11) of the cinematherapy movies did not support such a result. In elaboration part, no specific discussions took place as well.

Among self-perception dimensions, no other significant differences were found between non-clinical conditions. Close friendship was the only dimension that slightly but non-significantly changed. In terms of close friendship dimension there were differences between non-clinical conditions (p = .09), and the result indicated an increase in scores of cinematherapy condition (p = .09). Even if this raise was not significant, it was again in accordance with movie selection (8 rates out of 11) and elaboration processes. When compared to cinematherapy application in clinical condition, it can be said that cinematherapy increased close friendship self-concept of participants both in clinical and non-clinical sample.

Although there were not any significant or considerable differences between non-clinical conditions throughout the study, job competence showed a slight increment as a result of cinematherapy application (p = .07). This finding was in accordance with correspondence of movies to job competence theme (with frequency of 8 out of

11) and elaboration part covering it. This display also gave the idea that while cinematherapy application decreased self-concept of clinical participants, it increased non-clinical participants. Additionally, participants in control condition showed a minor increase in their physical appearance scores (p = .06), which can not be explained in the frame of the study. This increment might occur as a result of a placebo effect or unreliable responds of some participants.

As a conclusion, cinematherapy application did not affect participants' overall self-perceptions in non-clinical sample. Athletic competence, on the other hand, even though not a strong theme in the movies, was found to be positively affected by cinematherapy application. Parallel to the study hypotheses, self-concepts in some dimensions such as close friendship and job competence were slightly increased as a result of cinematherapy application.

4.5 Subjective Well-Being, Cinematherapy and Self-Perception

As it was mentioned in previous sections, the findings of the present study were parallel to the literature claiming that people with psychological problems are more likely to have low levels of subjective well-being. Yet, another point of view argues that subjective well-being level is independent of mental health status (Keyes, 2005). Additionally, other researchers propose that subjective well-being should be considered as an assessment method to determine persons' psychological health (Diener et al., 1999; Diener, 1984; Suldo & Shaffer, 2008).

In the light of these arguments, the present study also aimed to explore how participants with low and high subjective well-being (SWB) levels differed in each condition. These findings were used for a further investigation to understand effect of cinematherapy on self-perception of participants. The results are discussed in accordance with reflections related to movie selection and elaboration processes.

Clinical Sample

Participants in clinical cinematherapy condition were divided into two groups by the median SWB score of the sample. There were 5 participants in low SWB group (M = 152.1) and 5 participants in high SWB group (M = 170.4).

In clinical sample, the self-perception mean of low SWB group (M = 109.5) and high SWB group (M = 125) were not significantly different before the study. This finding indicates that level of SWB is not associated with self-perception. When interaction of SWB level and cinematherapy were examined, it was found that this interaction did not reveal any significant differences between two groups. In other words, SWB level did not determine effectiveness of cinematherapy application. Yet, the results indicated that low SWB group (M = 118.2) increased their self-perception scores while high SWB group (M = 116.6) decreased. The increment of low SWB group was significant. This finding can be interpreted as cinematherapy positively affected participants with low SWB level while it had no effect on high SWB group. One possible explanation of this change in low SWB group is that participants with low SWB might be more influenced by the intervention than with high SWB.

When interaction of cinematherapy and SWB was examined across self-perception dimension, scholastic competence was found to be a significant dimension. Before the study, the difference between participants with low SWB and high SWB was significant. Cinematherapy - when interacted with SWB- caused this difference to be diminished. Yet, cinematherapy itself did not create any significant change within each SWB group. Although the result was not significant, it was observed that low SWB group increased in their scores by cinematherapy application while high SWB grouped slightly decreased (p = .06). It can be concluded that high SWB group was more affected by cinematherapy application in a negative manner. When overall findings related to scholastic competence dimension were interpreted in line with movie selection and elaboration process, this result seems be unusual. For scholastic competence was not one of the most powerful themes in the movies and not

elaborated very well, the significant difference appeared at the end of the study is not interpretable by the rationale of the study.

In accordance with movie selection and elaboration processes, scores in some self-perception dimensions displayed changes. Job competence as being one of the most powerful theme in movie selection and elaboration processes, was different in low SWB group and high SWB group before to study, and became slightly similar at the end of the study ($p = .06$). Although changes were not significant, low SWB group increased their scores while high SWB group became less competent. It can be said that cinematherapy might be influential for two SWB groups in opposite directions. As it was mentioned before, regardless of participants' SWB levels, job competence scores slightly decreased in clinical sample. This finding when combined with last result might imply that job competence was negatively affected in this sample.

Low SWB, but not high SWB, group displayed some hypothesized changes. Self-perception dimensions such as social acceptance (6 out of 11), physical appearance (6 out of 11) and global self-worth (7.5 out of 11) as being frequently rated and well elaborated themes, slightly changed in positive direction ($p = .06$, .07 and .07 successively). Additionally, results did not indicate that cinematherapy was influential in creating difference between groups, yet, it seemed that low SWB group in clinical sample was affected by these processes while high SWB was not.

As a result, in clinical sample, cinematherapy application significantly and positively affected self-perceptions of low SWB group while interaction of cinematherapy and SWB level did not cause any significant difference between two SWB groups. Among self-perception dimensions, only scholastic competence scores significantly differed as a result of interaction of cinematherapy and SWB level. This finding was not comparable to movie selection and elaboration processes. Parallel to movie selection and elaboration themes, some dimensions such as job competence, social acceptance, physical appearance, and global self-worth displayed slight but non-significant changes.

Non-Clinical Sample

Participants in non-clinical cinematherapy and control conditions were divided by the median SWB score of the sample. Participants with low SWB level had the mean of 152.1 and the mean of participants with high SWB level was 170.4. In non-clinical cinematherapy condition, 8 participants (M = 169.6) appeared with low SWB level while 4 participants (M = 194.4) had high level of SWB. In non-clinical control condition, there were 4 participants (M = 165.4) with low SWB level and 8 (M = 194.6) participants with high level SWB. As a result, there were 4 groups consisted of interaction of conditions and level of SWB. The groups were low SWB cinematherapy group, high SWB cinematherapy group, low SWB control group, and high SWB control group.

Previous to study, groups were equal in their self-perception scores. When cinematherapy and SWB interaction was taken into account there were not any significant differences between groups as well. Moreover, cinematherapy did not lead to any significant changes in any group. Directions of changes in each group, on the other hand, were noticeable. High SWB cinematherapy and low SWB control group increased their scores while high SWB control group stayed the same. Low SWB cinematherapy group, nevertheless, decreased its self-perception scores. When further comparisons between pairs of groups were done, it was found that any pair was not different either before to or after the study.

Yet, a recognizable result for low SWB participants in cinematherapy and high SWB participants control condition might be worth to discuss. Although there were not different before to study, self-perception scores of low SWB cinematherapy group and high SWB control group were slightly different at the end of the study ($\underline{p} = .09$). This difference was caused by a non-significant decrement for low SWB cinematherapy group and while high SWB control group stayed the same.

The decrement in low SWB cinematherapy group is interesting for, at the same time, cinematherapy increased self-perception of high SWB cinematherapy group. This

result can be explained by pointing that cinematherapy condition required participants to follow three movies with full of fictional narrations provoking many positive and negative associations. Movies, in general, have been used not only to create solutions but also to evoke some insights. Addition to this, conducting 40-60 minutes group elaboration might affect participants with low and high SWB level differently. Since elaboration parts forced participants to evaluate their competence in intra or interpersonal domains, low SWB group might generate negative evaluations while high SWB group evaluated themselves more positively. Additionally, a slight increment for low SWB control group (p = .09) was also observed. For this result, it can be concluded that by the addition of attention effect or group atmosphere, scores might increase in control condition. Merely contributing a group work or watching a non-fictional movie, a documentary, might make these participants feel more competent.

In terms of self-perception dimensions, additional investigations were conducted to see the differences between groups and also the changes in each group. Athletic competence appeared as significantly different for low SWB cinematherapy group and high SWB control group. While these two groups were significantly different from each other previous to study, they became similar at the end. This difference was resulted from a significant increase in athletic self-concept of participants in low SWB cinematherapy group. As mentioned before, participants in cinematherapy conditions more positively changed in their scores for this dimension. This additional finding indicates that this increase was caused by an increment of low SWB group in cinematherapy condition. Yet, for athletic competence was not a powerful domain in movie selection and elaboration processes, this increment can not be explained easily.

Physical appearance domain as being correspondent domain to movie selection and elaboration processes, showed some changes between low SWB cinematherapy group and high SWB control group. While these two groups were significantly different before the study, they became similar at the end. A non-significant but interesting result indicated that low SWB cinematherapy group decreased their

physical appearance scores as a result of cinematherapy application. This change can be explained that low SWB group might form negative associations as a result of cinematherapy application. Additionally, high SWB control group showed a slight increase in their score which can not be explained by the application itself ($p = 0.6$). While being non-significant results, the decrement in physical appearance score of high SWB cinematherapy group and steady scores in low SWB control group can clarify above finding that physical appearance theme generally affected cinematherapy group in a negative manner.

As being another dimension relevant to movie selection and elaboration processes, romantic appeal differed between low SWB cinematherapy and high SWB control groups. While these two groups were similar before the study, they became different at the end. Although it was not significant, a decrement in scores of low SWB cinematherapy group and an increment in scores of high SWB control group created this significant difference. It can be concluded that cinematherapy movies with their romantic relationship themes and elaborations might hinder self-perceptions of low SWB participants. When this finding is combined with the non-significant increment of high SWB cinematherapy group and constant scores of low SWB control group in romantic appeal, it can be said that cinematherapy negatively affect low SWB participants while placebo effect was more countable for high SWB control participants.

Global self-worth was also one of the mostly rated and elaborated themes in the study. Accordingly, the results indicated some displays for low SWB participants in cinematherapy and control conditions. Previous to study, low SWB cinematherapy group had a slightly higher score than low SWB control group ($p = 0.6$). This difference was disappeared at the end of the study. This effect occurred as a result of a significant decrease in global self-worth measures of low SWB cinematherapy and non-significant increase in low SWB control group. Although not significant, high SWB cinematherapy group did also show an increment in their scores. High SWB control group, on the other hand, stayed the same. Thus, the findings suggested that any intervention equally, but not significantly, affected high SWB cinematherapy

and low SWB control participants in a positive manner. The decrement in global self-worth measures of low SWB participant as a result of cinematherapy can be explained by negative associations formed as result of movies and elaborations.

In close friendship domain which was again a powerful theme in movie selection and elaboration processes, high SWB control participants were more positive than low cinematherapy participants before to study. This significant baseline difference between two groups disappeared after the study. This effect occurred by a minor non-significant increase in low SWB cinematherapy group and decrease in high SWB control group. At the same time, a non-significant increment in low SWB control group and constant scores of high SWB cinematherapy were observed. Thus, while close friendship domain seemed to increase in low SWB participants in both cinematherapy and control condition, it decreased for high SWB participants in both conditions. It can be concluded that not the close friendship theme and its elaboration but the group atmosphere might cause positive changes which were more observable for low SWB participants in both conditions.

A significant result in another dimension, scholastic competence, was observed for low SWB and high SWB participants in the control condition. At the baseline, high SWB participants were significantly more positive in their scholastic self-concept than low SWB participants and they became similar at the end. In post-treatment measures, it was observed that low SWB group slightly increased their scores ($\underline{p}$ = .07) while high SWB group stayed the same. Additionally, in this dimension, low SWB control participants were slightly differed from low SWB cinematherapy participants at the end of the study ($\underline{p}$ = .06). This effect might be caused by the slight increase in scores of low SWB control group and non-significant decrease in scores of low SWB cinematherapy group. Since scholastic competence was not a popular theme in movie selection and elaboration processes, it can not be said that cinematherapy might be influential to hinder self-perceptions of low SWB participants. Yet, as it was mentioned cinematherapy application required participants to process an elaboration part in a group atmosphere. Some participants might feel less competent in this practice. The non-significant decrease in score of

group might be resulted by general negative self-evaluations of some participants of themselves. Additionally, it can be concluded that being a less demanding group work, intervention might improve scholastic self-concepts of low SWB participants in the control condition.

In sum, four SWB groups in non-clinical sample were equal in their baseline self-perception scores. Cinemathreapy did not lead to any differences between groups as well. Additionally, none of the groups changed in their total self-perception scores at the end of the study. Among self-perception dimensions, global self-worth was significantly decreased for low SWB cinematherapy group. Even though it was not highly rated and well elaborated dimension, athletic competence significantly increased for low SWB cinematherapy group. Physical appearance, romantic appeal and close friendship dimensions were parallel dimensions to movie selection and elaboration processes, yet, they did show only slight changes by cinematherapy application. In general, high SWB cinematherapy group and low SWB control group slightly improved at the end of the intervention; high SWB control group stayed almost the same; and lastly low SWB cinematherapy group was the most changed group and this change happened in a negative manner.

4.6 Effect of Cinematherapy Application for Clinical and Non-Clinical Samples

Although different cinematherapy procedures were applied, some comparisons about effectiveness of cinematherapy comparing clinical and non-clinical applications are presented below.

Cinematherapy did not affect self-perceptions of clinical participants. Some small increments, nevertheless, in dimensions relevant to movie selection and elaboration processes were observed. Among them physical appearance, romantic appeal, close friendship, and global self-worth slightly increased while job competence and behavioral conduct decreased. For non-clinical sample, cinematherapy did not cause any significant differences between groups, as well as, non-clinical cinematherapy

condition did not significantly changed as a result of application. Alike in clinical sample, a slight improvement in close friendship dimension was observed. Yet, cinematherapy caused small improvements in job competence dimension. Thus, job competence dimension changed in opposite direction in these two cinematherapy conditions.

When interaction of SWB level and cinematherapy application is considered, cinematherapy was not more effective for either low SWB or high SWB group in clinical sample. Yet, low SWB participants significantly improved as result of cinematherapy application. This group also showed some slight improvements in strongly rated and elaborated dimension such as social acceptance, physical appearance, and global self-worth. In non-clinical sample, low SWB group also slightly changed in these dimensions, yet, in a negative manner. Among dimensions global self-worth significanly decreased for low SWB cinematherapy group . When high SWB participants in clinical and non-clinical cinematherapy conditions are to be compared, cinematherapy caused slight decrements in clinical sample while increments in non-clinical sample.

Some dimensions which were not parallel to movie selection and elaboration processes were found to be slightly or significantly changed. Athletic competence, for instance, significantly increased in non-clinical cinematherapy condition. Athletic competence appeared as significantly different for low SWB cinematherapy group and high SWB control group. Additionally this domain significantly increased for low SWB cinematherapy group. Scholastic competence was only significant dimension differing between SWB groups in clinical condition.

4.7 Identification

As the results indicated, there were no significant differences between three conditions in terms of identification. However, there was a recognizable display that participants in non-clinical cinematherapy condition had higher identification scores than participants in clinical cinematherapy and non-clinical control conditions. The

difference in scores of non-clinical conditions is interpretable. Cinematherapy movies and elaboration might prompt identification. Yet, participants in clinical cinematherapy condition seemed to identify as much as the participants in control condition did. This result clearly indicates factor/factors apart from cinematherapy application which hindered identification of clinical sample.

Aka (2007) found no significant identification differences between control and cinematherapy groups as well. In her study, the previous version of Movie Identification Scale (FÖÖ) was applied. Aka (2007) indicated that FÖÖ had one factor explaining identification of viewers. In the present study, revised version of FÖÖ, MIS-R was used. MIS-R was developed by the aim of exploring different processes explaining viewer identification and it revealed four factors. Accordingly, when separate analyses were conducted to see effects of these processes, results indicated that there were significant differences in the first and the second factors.

In the first factor, it might be concluded that, items were measuring degree of similarity between viewers and characters. The difference between conditions in terms of similarity process was significant. Participants in clinical and non-clinical cinematherapy conditions had significantly higher scores than participants in control condition. Additionally, there was no significant difference between clinical and non-clinical cinematherapy conditions. In other words, clinical and non-clinical sample were equally identified with characters as a result of their similarity attributions.

This result is apparently supporting that participants watching and elaborating cinematherapy movies found more similarity between themselves and characters. This finding was also in accordance with literature stating that degree of similarity is an important component of identification (Jose and Brewer, 1984; Tannenhaum and Gaer, 1965; Cohen, 2001; Komeda et al., 2009).

The second factor was assumed to explain another process which was related to cognitive-emotional identification. In this factor, items were constructed to measure viewers' fictional involvements. Fictional involvement is the cognitive aspect of

empathic tendencies and refers viewers' understanding of feelings and actions of character/characters (Tamboroni et al., 1993). In the present study, fictional involvement was thought to give an idea about viewer identification formed by viewers' ability to understand characters' internal states.

According to the results, in terms of fictional involvement, participants in non-clinical cinematherapy condition had significantly higher scores than participants in clinical cinematherapy condition. This finding can be explained by other factors rather than cinematherapy application. Most likely explanation seems to be the effect of different cinematherapy applications. Since non-clinical cinematherapy application took place in-session manner, participants would easily understand characters' situations and reflect this understanding more straightforwardly. In clinical cinematherapy application, nevertheless, since movies could be given as homework, elaboration took place a while after watching. Thus, although participants might form comparable fictional involvement, this formation might be spoiled between watching films and responding to MIS-R.

Sample characteristics can be another possible factor for explaining the difference between these two cinematherapy conditions in fictional involvement. Participants in clinical cinematherapy condition were coming from out-patient population. As mentioned before, this group had shown higher similarity identification than control group. Cognitive-emotional identification differs from similarity identification since it requires viewers to understand the feelings and responses of the characters and to forget their social presentation (Chory-Assad & Cicchirillo, 2005; Cohen, 2001). Participants in clinical sample might find this experience difficult to process.

Another result related to fictional involvement, though non-significant, indicated that there was a slight difference between cinematherapy and control condition in non-clinical sample. As it was expected, like similarity identification, empathic understanding were more easily formed with human characters and fictional narration. Cohen (2001) supports this fact, proposing that concept of identification

best fits reactions to fictional characters. Other types of characters are less likely to prompt identification.

The results revealed no other significant differences among conditions for the third and the fourth factors. Items under the third factor were accepted as assessing the affective aspect of empathic tendencies: Emotional contagion. Emotional contagion is a strong emotional experience corresponding to observed person's feelings (Chory-Assad & Cicchirillo, 2005; Tamboroni et al., 1993). Mean scores of all participants across three conditions appeared as almost the same.

In the present study while fictional involvement showed differences among groups, emotional contagion did not create any difference. Although factor correlations for these two appeared as .55, which was the highest among all bivariate correlations, result revealed that emotional contagion was not as influential as fictional involvement. This finding can be explained by the fact that most of the items constructed to capture emotional contagion had to be eliminated since they had displayed problematic loadings and communalities. In this study, therefore, assessment of this factor was somehow weak. Sophistication of items to measure emotional contagion would be necessary for better understanding of the effect of this process. This result, on the other hand, corresponds to findings of Chory-Assad and Cicchirillo (2005), who found that empathic contagion, is not as much powerful as fictional involvement to predict viewer identification.

Participants in all conditions exhibited almost identical scores, thus, did not show any difference in items under the last factor. When items were examined, this factor seems to be located somewhere between similarity identification and emotional contagion. The bivariate correlation between the last factor and these two factors also appeared as equivalent, yet, moderate (.33 for similarity identification and .35 for emotional contagion).

As it was mentioned before, Aka (2007) found a general factor explaining identification. Accordingly, in this study, half of the original items were loaded on

similarity factor. Yet, the rest of the original items diffused on other factors (1 for emotional contagion, 2 for fictional involvement and 3 for the last factor). Moreover, all of items loaded on the last factor were original questions in FÖÖ. In other words, they were not constructed to measure empathic tendencies. Consequently, in the present study, original items of FÖÖ appeared to measure more than similarity identification. By construction of clearer item statements, these items might enhance asssessment of either similarity identification or emotional contagion.

As a result, in the range of this study, similarity was found to be the most important identification factor in creating difference between cinematherapy and control conditions. The attempts to explore effects of empathic tendencies on identification resulted in favoring fictional involvement but not emotional contagion. The last factor located between similarity identification and emotional contagion revealed no differences as well, and considered to be in need for clarification in further research. Consequently, overall score composed of these processes did not reveal significant differences, indicating that, participants in cinematherapy conditions identified with character/characters more than participants in control condition did.

4.8 Implications and Limitations of the Study, and Recommendations for Future Research

Since cinematherapy is a recent technique, it has been not well developed in terms of its theory and practical principles. It has been supposed to create change in therapeutic applications. Yet, there have been no exact procedures explaining the mechanisms of change. Moreover, studies conducted in clinical area have been mostly composed of anecdotal reports rather than empirical procedures. Some other studies have empirically investigated its effectiveness, but, mostly in non-clinical populations. Therefore, cinematherapy is in its maturation phase in which research has been tried to find out its fundamentals.

The present study attempted to implement cinematherapy in both clinical and non-clinical samples. The aim was to explore its effects on changing self-perceptions of adolescents coming from these populations. It was hypothesized that these samples

would be different in terms of their self-perception scores and differently affected from cinematherapy application. Cinematherapy, on the other hand, did not change self-perceptions of either sample. This result is predicted to be resulted from some limitations of the study.

First, clinical condition constituted a cinematherapy group and there was not any control group. Thus, the clinical cinematherapy condition can not be comparable with any condition. Since it was a 3-session study conducted with out-patients, it was very hard to provide adherence to sessions. The adherence problem was more salient with a previously formed control group. In this group, any attempt was failed by refusal of the participants to attend at next session. It was observed that while participants in cinematherapy condition found watching and elaborating movies very satisfying, those who only watched the documentary did not find any meaning in this practice.

Adherence problem also affected cinematherapy condition in this sample. As mentioned before application of cinematherapy took place by using different strategies ranging between four different formats. These strategies were very beneficial to practice of various modes of cinematherapy, yet, would probably decrease effectiveness of overall intervention.

In order to eliminate problems stated above, it is recommended that applications concentrated on in-patient participants will be more practical. In the case of studying with out-patients participants, control groups can be formed by more motivating conditions rather than watching documentaries.

Another aim of the study is to see how the interaction of cinematherapy and subjective well-being levels affects self-perceptions of participants. It was again hypothesized that clinical and non-clinical participants are different in levels of subjective well-being, and the interaction will lead to changes in self-perception and its dimensions. By this purpose, data were analyzed by dividing each condition as having participants with low and high subjective well-being scores. Some significant

findings were found that the interaction of cinematherapy and subjective well-being level caused differences between groups. Additionally, cinematherapy created significant changes in some of the groups. It is hope that this part of the study would provide some information for understanding the association between mental health and subjective well being as well as effect of cinematherapy regarding this relationship. Since the sample size of the present study was small, analyses regarding global and domain-specific satisfaciton, and affects attached to these evaluations could not be meaningfully conducted. For future research, it is recommended that subjective well-being is better to be studied in terms of its components.

In addition to being an intervention, the present study aimed to explore the principles of selection of effective cinematherapy movies. For this purpose, selection criteria were founded on two important notions. First one was the correspondence of movies themes to self-perception and its dimensions. This rationale was one of the most utilized criteria in the research area. The second criterion was to select movies in terms of their therapeutic functions. While the first rationale was clearly observed by the independent raters of Movie Selection Checklist, the second one was not easily recognized. Thus, it was argued that a reliable agreement about a movie's therapeutic effect can only be assessed by a prior knowledge and practice in this area. As a result, it is suggested that effectiveness of the movies should be determined by professionals who have some knowledge in cinematherapy.

In movie selection procedure, there were some mistaken strategies that are supposed to decrease effectiveness of the cinematherapy application. Providing movies corresponding many of the self-perception dimensions would not be a good rationale. Focusing on some of them might be better. In fact, in this study, certain dimensions were not elaborated well since they were not highly rated by the independent raters. Yet, self-perception measures repeatedly assessed all of these dimensions. Thus, participants would generate a social desirability attitude regardless of what was focused on movies and elaboration sessions. As a result, starting with selecting movies with more specific themes, assessing them with more specific materials would lead more meaningful results.

Finally, it is expected that this study also provided some ideas about mechanisms of identification process. In addition to similarity identification, some processes related to empathic understanding of viewers was tried to be explored. By this purpose, a new identification scale containing items to measure fictional involvement and emotional contagion was developed. While similarity identification appeared to be the most powerful component of this mechanism, fictional involvement was found to be effective in creating identification. Emotional contagion, on the other hand, had not any effect. It was proposed that more powerful items should be constructed for assessing emotional contagion. Overall, it can be recommended that empathic understandings of viewers are better to be assessed by some other ways. For instance, an empathy scale can be applied for comparing identification measures with empathic abilities of the participants. In addition to this, a checklist for determining depictions of some internal processes can be formed, and participants might be evaluated in their capability to understand these processes.

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APPENDICES

APPENDIX A

Movie Choosing Checklist

Filmin adı:
Filmi seyreden kişi:

Bu liste seyredilen filmi iki bölümde değerlendirmektedir. Listenin ilk bölümünde kendilik-algısı ile ilgili maddeler yer almaktadır. İkinci bölüm ise filmin bazı terapötik ihtiyaçlara hizmet edip etmediğini ölçmektedir. Seyrettiğiniz film için uygun olduğunu düşündüğünüz ifadeleri lütfen işaretleyiniz.

I. Seyrettiğim filmde, karakterin/karakterlerin özellikleri, yaşanan olaylar ve filmde işlenen temalar ile ilgili olarak şu boyutlar yer almaktaydı.

___ Okul başarısı
___ Arkadaşlar ve yakın çevre tarafından kabul görülme ve sevilme
___ Geniş çevre tarafından sevilme ve popülerlik
___ Atletik başarı ve sportif beceriler
___ Beden algısı ve dış görünüme dair düşünceler
___ Okul hayatı dışındaki işlerdeki beceri
___ Beğenilen kişi ile romantik ilişki kurma
___ Yerine getirilmesi gereken davranışları sergilenmesi
___ Düşünce ve sırlarını paylaşabilecek yakın arkadaşa sahip olma
___ Kendini sevme ve değer verme
___ Sürdürülen yaşamdan memnun olup olmama

II. Seyrettiğim film genel olarak şu özellikleri içeriyordu.

___Karakterin/karakterlerin yaşadıkları problemleri yadsımaktan vazgeçtikleri ve yüzleştikleri sahneler

___ Sorunları ile başetme konusunda seyirciye rol model olabilecek nitelikte karakter/karakterler

___Sorunlarının çözümünde kendilerine ve çevrelerine ait kaynakları kullanan karakter/karakterler

___ Seyredenin duygularını harekete geçirme gücü

___ Seyredene umut aşılıması

APPENDIX B

Ergen Kendilik Algısı Profili (EKAP)

Aşağıdaki sorularda kendinizi tanımlamaya yardım edecek cümleler yer almaktadır. Her cümlede iki tip genç grubundan söz edilmektedir. Lütfen her bir soruyu dikkatlice okuyarak hangi genç grubuna daha çok benzediğinizi sadece bir kutuya X işareti koyarak belirtiniz. Bazen sol taraftaki bazen de sağ taraftaki kutulardan birini işaretlemek size uygun düşebilir. Her cümlede, iki tarafı birden degil sadece size en çok uyan tek kutuyu işaretleyiniz.

İsim - Soyad:

Rumuz:

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
1			Bazı gençler yaşıtları kadar akıllı olduklarını düşünürler.	*OYSA*	Bazıları da yaşıtları kadar akıllı olup olmadıklarından pek emin değildirler.		
2			Bazı gençler arkadaş edinmekte güçlük çekerler.	*OYSA*	Bazıları için de bu oldukça kolaydır.		
3			Bazı gençler tüm spor dallarında çok başarılıdırlar.	*OYSA*	Bazıları da spor söz konusu oldugunda kendilerine pek fazla güvenemezler.		
4			Bazı gençler görünüşlerinden pek memnun degildirler.	*OYSA*	Bazıları da görünüşlerinden memnundurlar.		
5			Bazı gençler, kendilerini yarım günlük bir işte çalışabilmeye hazır hissederler.	*OYSA*	Bazıları da kendilerini, yarım günlük bir işin üstesinden gelmeye yeterince hazır hissetmezler.		
6			Bazı gençler, karşı cinsten ilgi duydukları birinin kendilerinden hoşlanacağını düşünürler.	*OYSA*	Bazıları da karşı cinsten ilgi duydukları birinin kendilerinden hoşlanmayacağından endişe ederler.		
7			Bazı gençler doğru olanı yaparlar.	*OYSA*	Bazıları da çoğu zaman doğru bildiklerini yaparlar.		
8			Bazı gençler yakın arkadaşlık kurabilirler.	*OYSA*	Bazıları da yakın arkadaşlıklar kurmada güçlük çekerler.		
9			Bazı gençler çoğunlukla kendileriyle barışık değildirler.	*OYSA*	Bazıları da kendileriyle oldukça barışıktırlar.		
10			Bazı gençler derslerini oldukça yavaş yaparlar.	*OYSA*	Bazıları da derslerini daha hızlı yapabilirler.		
11			Bazı gençlerin birçok arkadaşı vardır.	*OYSA*	Bazılarının da pek arkadaşı yoktur.		

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
12			Bazı gençler her yeni spor faaliyetinde başarılı olabileceklerini düşünürler.	*OYSA*	Bazıları da her yeni spor faaliyetinde başarılı olacaklarını düşünmezler.		
13			Bazı gençler bedenlerinin şimdikinden farklı olmasını isterler.	*OYSA*	Bazıları da bedenlerinin simdiki halinden memnundurlar.		
14			Bazı gençler bir işte başarılı olmalarına yetecek becerilere sahip olmadıklarını düşünürler.	*OYSA*	Bazıları da bir işte başarılı olmalarına yetecek becerilere sahip olduklarını düşünürler.		
15			Bazı gençler esas hoşlandıkları kişilerle flört etmiyorlar.	*OYSA*	Bazıları da gerçekten hoşlandıkları kişilerle flört ediyorlar.		
16			Bazı gençlerin yaptıkları şeylerden dolayı başları sık sık derde girer.	*OYSA*	Bazıları da genellikle başlarını derde sokacak şeyleri yapmazlar.		
17			Bazı gençlerin sırlarını paylaşabilecekleri yakın bir arkadaşı vardır.	*OYSA*	Bazılarının da sırlarını paylaştıkları yakın bir arkadaşı yoktur.		
18			Bazı gençler hayatta kendileri için çizdikleri yoldan hoşnut değildirler.	*OYSA*	Bazıları da hayatta kendileri için çizdikleri yoldan hoşnutturlar.		
19			Bazı gençler derslerinde çok başarılıdırlar.	*OYSA*	Bazıları da derslerinde pek başarılı değildirler.		
20			Bazı gençler sevilmesi zor kişilerdir.	*OYSA*	Bazılarının da sevilmesi kolaydır.		

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
21			Bazı gençler sporda yaşıtlarından daha iyi olduklarını düşünürler.	*OYSA*	Bazıları da sporda yaşıtları kadar iyi olmadıklarını düşünürler.		
22			Bazı gençler dış görünüşlerinin daha farklı olmasını isterler.	*OYSA*	Bazıları da dış görünüşlerinden memnundurlar.		
23			Bazı gençler kendilerini bir iş bulacak ve bu işi sürdürebilecek kadar büyümüş hissederler	*OYSA*	Bazıları da kendilerini bir isin üstesinden gelebilecek kadar büyümüş hissetmezler.		
24			Bazı gençler karşı cinsten yaşıtlarının kendilerini çekici bulacağına inanırlar.	*OYSA*	Bazıları da karşı cinsten yaşıtlarının kendilerini çekici bulup bulmayacağından endişe ederler.		
25			Bazı gençler davranış tarzlarından memnundurlar.	*OYSA*	Bazıları da her zamanki davranış tarzlarından memnun değildirler.		
26			Bazı gençler pek çok şeyi paylaşacak kadar yakın bir arkadaşı olsun isterler.	*OYSA*	Bazılarının da pek çok şeyi paylaştıkları yakın bir arkadaşı vardır.		
27			Bazı gençler çoğu zaman kendilerinden hoşnutturlar.	*OYSA*	Bazıları da kendilerinden hoşnut değildirler.		
28			Bazı gençler derslerde soruları cevaplamakta güçlük çekerler.	*OYSA*	Bazıları da derslerde hemen her zaman soruları cevaplandırabilirler.		
29			Bazı gençler yaşıtları arasında popülerdirler.	*OYSA*	Bazıları da yaşıtları arasında pek popüler değildirler.		

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
30			Bazı gençler açık-havada oynanan oyunlarda pek başarılı değildirler.	*OYSA*	Bazıları da bu tür oyunlarda kolaylıkla başarılı olurlar.		
31			Bazı gençler kendilerini güzel/yakışıklı bulurlar.	*OYSA*	Bazıları da kendilerini güzel/yakışıklı bulmazlar.		
32			Bazı gençler para kazanmak için çalıştıkları işte daha iyi yapabilirlerdi diye düşünürler.	*OYSA*	Bazıları da para kazanmak için çalıştıkları işte kendilerini gerçekten başarılı görürler.		
33			Bazı gençler karşı cinsten biriyle beraberken kendilerini çok eğlenceli ve ilginç bulurlar.	*OYSA*	Bazıları da karşı cinsten biriyle beraberken kendilerinin eğlenceli ve ilginç olup olmadıklarını merak ederler.		
34			Bazı gençler yapmamaları gereken şeyleri yaparlar.	*OYSA*	Bazıları da yapmamaları gereken şeyleri hemen hiç yapmazlar.		
35			Bazı gençler tam anlamıyla güvenebilecekleri arkadaşlıklar kurmada güçlük çekerler.	*OYSA*	Bazıları da tam anlamıyla güvenebilecekleri arkadaşlıklar kurabilirler.		
36			Bazı gençler kendi kişiliklerinden Memnundurlar.	*OYSA*	Bazıları da çoğu zaman başka biri olmayı isterler.		
37			Bazı gençler kendilerini oldukça zeki bulurlar.	*OYSA*	Bazıları da zeki olup olmadıkları konusunda endişelidirler.		
38			Bazı gençler sosyal ilişkilerinde kabul edildiklerini hissederler.	*OYSA*	Bazıları da daha çok sayıda yaşıtı tarafından kabul edilmeyi isterler.		

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
39			Bazı gençler kendilerinin atletik yapıda olmadıklarını düşünürler.	*OYSA*	Bazıları da kendilerini atletik yapılı görürler.		
40			Bazı gençler görünüşlerini gerçekten beğenirler.	*OYSA*	Bazıları da görünüşlerinin farklı olmasını isterler.		
41			Bazı gençler ücretli bir işin tam anlamıyla üstesinden geldiklerine inanırlar.	*OYSA*	Bazıları da işlerini gerektigi kadar iyi yapıp yapmadıklarını merak ederler.		
42			Bazı gençler asıl flört etmek istedikleri kişilerle genellikle çıkmazlar.	*OYSA*	Bazıları da aşıl flört etmek istedikleri kişilerle çıkarlar.		
43			Bazı gençler kendilerinden beklenen biçimde hareket ederler	*OYSA*	Bazıları da kendilerinden beklenen biçimde hareket etmezler.		
44			Bazı gençlerin özel duygu ve düşüncelerini paylaşabilecekleri kadar yakın bir arkadaşı yoktur.	*OYSA*	Bazılarının da özel duygu ve düşüncelerini paylaşabilecekleri kadar yakın bir arkadaşı vardır.		
45			Bazı gençler şimdiki durumlarından çok memnundurlar.	*OYSA*	Bazıları da daha farklı olmayı isterler.		

APPENDIX C

Items from Özel İyi Oluş Ölçeği (ÖİÖ)

1. Geleceğe yönelik planlar yapmaktan hoşlanırım.
2. Yaşamımda zevk alarak yaptığım etkinlik sayısı azdır.
3. Genel olarak kendimi neşeli hissediyorum.
4. Geriye dönüp baktığımda istediklerimin çoğunu elde edemediğimi görüyorum.
5. Kişilik özelliklerimden genel olarak memnunum.
6. İstediğim nitelikte ve sayıda arkadaşım olmamasına üzülüyorum.
7. Günlük yaşamımdaki sorumluluklarımı başarıyla yerine getiririm.
8. Ulaşmak istediğim ideallerim var.
9. İlgi ve yeteneklerime uygun etkinliklerin yaşamımdaki yeri istediğim ölçüdedir.

APPENDIX D

Movie Identification Scale-Revised (MIS-R)

Aşağıda seyrettiğiniz filmle ilgili ifadeler bulunmaktadır. Verilen her ifadeyi okuduktan sonra, bu ifadeye katılma derecenizi, (1 Hiç Katılmıyorum, 2 Katılmıyorum, 3 Kararsızım, 4 Katılıyorum, 5 Tamamen Katılıyorum) maddelerin yanında yer alan rakamlardan size uygun olanı belirtiniz.

1.Seyrettiğim filmde yer alan karakterlerden en az birisinde kendime benzeyen yönler buldum.	1 2 3 4 5
2.Günlük hayatımda kendime yakın bulduğum karakterin yaşadığı sorunlarla karşılaştım.	1 2 3 4 5
3.Kendime yakın bulduğum karakterin karşılaştığı sorunlara maruz kalsaydım, ben de aynı şekilde davranırdım.	1 2 3 4 5
4.Kendime yakın bulduğum karakterin yaşadığı duyguları ben de daha önce hissetmiştim.	1 2 3 4 5
5.Kendime yakın bulduğum karakterin karşılaştığı sorunlar üzerinde daha önce ben de düşünmüştüm.	1 2 3 4 5
6.Filmde kendime yakın bulduğum karakterin yerinde olsam ben de aynı şekilde hissederdim.	1 2 3 4 5
7.Genel olarak filmde kendime yakın bulduğum karakterin düşünce yapısına sahibim.	1 2 3 4 5
8.Filmi seyrederken, kendime yakın bulduğum karakterin ne yaptığına odaklandım.	1 2 3 4 5
9.Filmde kendi hayatımdaki insanlara benzer yönleri olan karakterler vardı.	1 2 3 4 5
10.Filmi seyrederken, sanki filmin içinde, karakterlerden biriymişim gibi hissettim.	1 2 3 4 5
11.Filmde meydana gelen olaylardan en az birisini kendi hayatımdaki olaylara yakın buldum.	1 2 3 4 5
12.Filmde meydana gelen olayın/olayların işleniş şekli bana farklı bir bakış açısı kazandırdı.	1 2 3 4 5
13.Kendimi filmdeki olaylara ve karakterlere tamamen kaptırdım.	1 2 3 4 5
14.Filmdeki karekterler sıkıntı yaşadıklarında gerildiğimi hissettim.	1 2 3 4 5
15.Bu filmdeki karekterlerin yaşadıkları benim başıma gelseydi neler hissedeceğimi hayal edebiliyorum.	1 2 3 4 5
16.Filmi seyrederken kendimi karakterlerin duygularına pek kaptırmadım.	1 2 3 4 5
17.Filmi seyrederken kendimi olayların bir parçasıymış gibi hissettim.	1 2 3 4 5
18.Seyrettiğim filmdeki bazı sahneler, sözler ya da görüntüler beni üzdü.	1 2 3 4 5