Abstract
This article offers a proposal for using film as supplements for future therapists’ education in respect of the social construction of their relations with patients. A film pedagogy proves indispensable in a pandemic situation, when empirical therapeutic practice becomes impossible. The analysis refers to the concepts of pedagogy of cinema and mediated experience and points to a proposal of an exemplification of their functioning in the form of a selected cinematic picture ("Three Christs", 2017), based on an actual psychotherapeutical experiment undertaken by Milton Rokeach at the Ypsilanti clinic.

Keywords: pedagogy of cinema, film models of therapeutic work, mediated experience

Introduction
The recent search for ways of teaching with online tools, resulting from the pandemic situation, has led to reaching for alternative modes of exemplifying reality. One of such modes is, undoubtedly, the use of material drawn from cinema, particularly from films based on real events. Such films are instances of audio-visual narration revealing factual realities, including people’s behaviours, decisions and choices. As an element of pop culture and of the ubiquitous visual culture (Denzin, 1995), film is for young people a natural way of penetrating social phenomena. It becomes this vehicle of cognition because it enables a deeper understanding of
human emotions, especially – as pointed out by William Benedict Russell (2009, p. 1-4) – thanks to its potential of evoking emotions. Moreover, young students of pedagogy, who utilise films in their education, have significant experience in the world of digital media. They themselves make videos with cameras in their smartphones, documenting the events that surround them. This is why film is one of their basic routes of accessing and communicating information. Thus, the use of film in university classes has proven obvious, and the audio-visual material is used in the context of its applicatory possibilities for real life and refining critical thinking (Russell 2009).

Stories brought to screen show directions of thinking and argumentations represented by the characters, particularly the protagonists. They force the receiver to undertake reflection, but also constitute quite an important space for the creation of mediated experience, which activates compensation or the working-through of traumatic experiences (I describe it in much detail: Krasoń, 2020). This experience – even though somehow second-hand – brings, among others, a chance, important from the perspective of my considerations, of satisfying the need for participation in other people’s lives, but also for discovering meaning for oneself.

This article is an attempt at joining the film and special pedagogy, and presents the discussion is primarily based on references to the role of the therapist in the process of therapy consider recognizing film example in creating a relationship with the patient. The hermeneutic analysis of a problem and the description of an individual patient-oriented therapeutical intervention undertaken as a result thereof are to prove a primary field in my description of film proposition.

The need for participation in others’ lives – mediated experience

A human being seeks opportunity for participation in other humans’ lives, doing it, maybe in the most complete way, by listening to/watching/perception of stories. In the case under discussion here, the stories are not told from a stage, but from a screen. As Jerome Bruner said, storytelling is the earliest and – let us add – the most natural/inborn method of organising experience and knowledge for humans (Bruner, 1996, p. 121), for stories are tools of our mind and serve the function of creating meaning (Bruner, 1996, p. 41). Storytelling and relating narratives has, therefore, a developmental and a modifying value, because it consists in breaking experience down into very simple elements; people consider experiences broken down in such a manner to be their own and subsequently use them to
measure and judge their own place in the world. Contemporary society has a very strong need for telling and sharing stories (Wellins, 2005). A story, then, brings one orientation in every dimension, also the axiological one. This function used to be served by literature, now the duty of storytelling is being taken over by cinema. The viewer seeks mediated experience\(^1\) – using it as a compensation, which is also of certain significance in development support. For the function of the story is not only that of providing a narrative framework for one’s own experience, but also of stimulating change through reflection, a rediscovery of meanings and a re-evaluation of the world.

Such experience becomes possible thanks to the functioning of the so-called mirror cells (neurons), discovered in the 1990s, located in the prefrontal cortex (the same area which is reported to be the seat of consciousness). According to V.S. Ramachandran, “mirror neurons will do for psychology what DNA did for biology” (Marsh, 2012), they will open whole new fields of cognition and exploration. Those cells enable recognising another human’s emotions, a “mind-reading”, i.e. compassion and understanding of an observed person’s feelings. Thus, watching a film will constitute a chance for penetrating the protagonist’s thoughts. While observing other people, we can intuitively feel that they have an inner life resembling ours, (Keysers, 2011). Watching the protagonist and owning the emotions which the character is experiencing, the viewer may feel control and find relief from their own anxiety. At the same time, the viewer finds relief from tensions, which might translate into a feeling of catharsis. If we treated the term literally, as the ancient Greeks used it, it would denote purification by vomiting. Currently, we adopt a less trivial explanation, for we understand the word to denote an emotional purification, reaching calmness or an emotional breakthrough (Vogler, 2008, p. 203). This results in an increase in well-being and sublimation of tensions, and all that thanks to mediated transmission.

There is one more component that must be mentioned in this context. Namely, the reflection which helps modify one’s mode of acting takes place in the veiled and safe space of film metaphor, which does not require physical engagement.

\(^1\) David Dobbs’ concept of mirror cells is interesting in the context of experience gathered through cultural transmission (Dobbs, 2006, p. 22–27). Discovered in people in 2005, the cells enable recognizing another human’s emotions, compassion and understanding of feelings – mirror neurons are activated in human beings regardless of whether they actively participate in events, only witness them, or merely listen to their description. The process of reception – in our case, pertaining to a film – activates representations as if they were real, e.g. causes suitable somatic reactions.
Such a situation enables us to observe, inquire or “even imitate without taking social risk” (Abrahams, 2001, p. 51).

Moreover, after a screening, nobody will, after all, ask you what you want to change, nobody will require you to undertake any activity – the viewer takes the decision themselves. What is more, such a view from the side-lines might oftentimes be more significant than we could expect. Referring Daniel Schorr’s thought, Roger D. Abrahams will say – non-engagement made me feel the situation to be more real (Abrahams, 2001). A work of cinematography is a phenomenon of its own kind, for though it creates a field of illusory perception, it still is created with “light shed” by real phenomena, conditioning real people (Metz, 1982, s. 53). This is why the implications it begets are so significant for the receiver and seem to tell probable stories.

Therefore, virtually participating in a situation in which the film hero fights obstacles on their way, we have a chance to compensate a lack of more powerful emotions in our own existence, as well as to feel pleasure brought about by the protagonist’s success. Mediated experience will fill in the void, but it will also force us to analyse our own life.

One may go further and indicate, as Catherine Zimmer suggests, that film – whether we want it or not – begins to enjoy its own position in the shaping of modern forms of identity and identification (Zimmer 2011, p. 439). Those forms, unfortunately, have their dichotomic areas reaching both the normative and the deviant. Nevertheless, such a dichotomy might additionally provoke debate during academic analysis of a work, thus providing added value for the education of future pedagogues-therapists.

The appearance of the concept of applying the methods of psychiatry or psychoanalysis for a reinterpretation of the content matter of a film (Cole, Bradley 2016, s. 5) remains a meaningful event. The concept is based on fears related to an observed propensity for social madness which can – fortunately – be depicted in a plot pattern, which in turn makes it available for understanding, all that translating into the essence of cinema pedagogy – as David R. Cole and Joff P.N. Bradley see it. This constatation is of utmost significance for my argumentation.
In this text, I would like to claim for film characters their due place in the education of therapists-to-be. The reason for this is that – out of the necessity of distance teaching – I discovered the unique potential of inspiring and competence-shaping with respect to administering therapy, especially creating the therapeutical relationship, present in in-depth analysis and criticism of actions to be found in a film story. What proved particularly valuable were screenings based on recreations of authentic persons or events and ones documenting development support for persons with disabilities/dysfunctions or going through difficult moments in life provided by exceptional therapists. Naturally, it is a rule for a film to use exaggeration and hyperbole in the case of certain threads, yet the idea and the main message remain unchanged. And even though those films are fiction, yet their characters and events had their real-life prototypes, which endows them with exemplifying power for a discovery of the significance of a therapist’s presence in the process of supporting a person with disability in their development. It is, then, a lesson for students who wish to become therapists, which not only shows particular phases/stages of the therapeutical process, but also – most importantly – poses questions and forces one to discover meanings veiled in film metaphor. As Kelvin Shawn Sealey said – film opens up intellectual space, thus becoming a catalyst for discussion (Sealey, 2008, p. 8). It also encourages polemics, which results in the receivers formulating their own opinions and beliefs. It teaches one one’s trade, though metonymously and using illusions – but based on strong indication of factually existing phenomena, it is, to an extent, like a flight simulator for a pilot. It shows possible or hypothetical situations or sometimes – as in the case of the film I chose – provides an interpretation of factual events.

The film was based on a book by Milton Rokeach, a social psychologist of Polish descent – “The three Christs of Ypsilanti” (1964), describing a controversial experiment which involved placing three men at the State Hospital in the titular town of Ypsilanti: Clyde Benson (an alcoholic suffering after his parents and wife had died), Joseph Cassel (convinced he is going to be poisoned and fruitlessly attempting to become a writer – Peter Dinklage, brilliant in the part) and Leon Gabor (one who hears voices and lives with a fanatically religious mother), all three

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3 Rokeach was born in Hrubieszów as Mendel Rokicz, author of the “Review of General Psychology” (2002), one of the most-quoted psychologists of 20th century. Creator of the Values Scale.
paranoid schizophrenics and all three believing themselves to be Jesus. Designing a clash of the three characters claiming to be messiahs, which is a challenge in itself, the researcher wanted to lead to a revision of their beliefs, holding that the final contradiction of the multiplication of the same identity being declared would move the three men and encourage them to change. As it had been expected, each of the patients denied the others their divinity, rationalising the existence of the “divinity of the others”, yet they did not resign from their own qualification placing them in the role of Christ.

The film, however, reaches beyond the book and shows precise procedure of working with the three patients. This seems to be a case of schizoanalysis created by Ronald David Laing, a researcher who worked in schizophrenia and co-founder of anti-psychiatry. The patients spend time together and the session begins with them singing together, one of them assuming the position of the leader who initiates the song. Rokeach, in the film represented as Dr Stone played by Richard Gere, wants to provide them with an alternative to lobotomy, electroconvulsive therapy and pharmacotherapy which consists of both confrontation and co-operation. The viewer can observe the transformation – even though the essence of their disorder is not erased (they will not cease to identify as the Absolute), the three hostile persons are transformed into co-operating patients. One observable aspect of the transformation is the group’s proxemics: during the first session shown in the film, they are sitting with their backs turned to each other, hostile, unwilling to make any contact, not maintaining eye contact, while 2 years of therapy render them able to communicate face to face. We can even witness a moment when Joseph is cutting Clyde’s nails, Leon patting him on his shoulder as he knows how difficult it is, Clyde fearing physical contact. The whole scene is an exceptional confirmation of the effectiveness of the therapy they received. They are also capable of initiating a session in the therapist’s absence, handing out the sheets with the music and the words of the initial song themselves. Leon goes as far as to rewrite the score for Clyde enlarging the contents so that it is easier for him to read it. They have become a team of persons responsible for one another, even though each of them continued to “be Christ”. In spite of the hugely traumatic experience that follows (Joseph committing suicide dying for somebody, in an act of self-sacrifice, as is the

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4 The main point Laing made was the assumption that schizophrenics would behave differently depending on the environment they were in, which is why patients in the so-called rumpus room could play, relax, and spend time on activities they enjoyed, including arts-related ones. See the Kingsley Hall project (Laing 1971).
destiny of the Redeemer), the other two schizophrenics do not lose their trust in Dr Stone and wish to continue therapy with him in New York.

Above all, however, the film poses questions about the limits of responsibility for a patient and the resulting acceptable risk in experiments with human participants. A character with a scientific background says to the therapist: “Your work is innovative, ingenious and dangerous. Please decide yourself whether the benefits outweigh the risk.” It is the risk that it is worth asking students about, in order to discuss the matter of the patient’s well-being and safety. I believe that there are no simple and unambiguous answers here, it will always be crucial to seek a profit and loss balance. But is such a search still within the sphere of a therapist’s ethicality?

Another matter of undoubted importance is the acceptance of lie with the purpose of helping the ill, deceiving them so that they feel appreciated and seen. The issue in question is forging letters apparently written by the head of the hospital performed by Betty, Dr Stone’s assistant. Joseph had been addressing hundreds of letters to the head of the hospital: ones postulating changes in therapy, requests for referring him to England or complaints, but the letters would remain unanswered, which made him feel ignored. The therapist decides that they are a way of reaching the patient and – pretending to be the head, Dr Orbus, about which he is informed – together with his assistant, he creates special correspondence with the three men. This exchange of letters brings interesting reactions and leads to modifications in the Christs’ behaviours, yet the question about deception is not answered here, thus becoming an interesting field for students to analyse and evaluate. And the aim is not to reach readymade procedures or prescriptions for intervention design thanks to an image of thoughts captured in pedagogy of the image – as Garin Dowd (2010) calls those categories after Daney – but to consider and ponder upon particular aspects of an intervention appearing on screen. For the purpose is to analyse and consider a possible world, not to build a conceptual absolutism or a self-fulfilling prophecy with respect to transformation and description of that which can be seen in a film (Cole, Bradley 2016), so that it always fits the excessively codified pattern of identifying the problem we are dealing with.

From the perspective of therapy, the scenes devoted to creating a bond with the therapist, based on conversation and dialogue marked by understanding and facilitation, are particularly valuable. This is an example:

Joseph: You sent me from the currents, I am ever so grateful. This is a gift – the most beautiful arias.
Stone: Thank you.
Joseph: No, no, I am not giving them to you... [looking at the smiling therapist] Please put them on.
Stone [putting the record on]: I would like to help you, Joseph.
Joseph: Please address me properly – the one and true Jesus Christ.
Stone: Jesus died long ago.
Joseph: You are wrong. [They are both listening to the first sounds of the aria, Joseph is clearly moved and delighted]: Please listen to (...) singing a fragment of Bizet’s “Pearl Fishers” opera [the patient can be seen to luxuriate in every sound].

The doctor does not create any disturbance, he does not interrupt the moment with conversation, does not insist on the patient abandoning his delusion, but he is with Joseph in the state of intense listening. It is only such co-existence and compassion that will safeguard for the patient a capability of using his humanity to the maximum – condition humaine (Kępiński 2015, p. 334).

In this respect, then, the film might be an excellent exemplification of Antoni Kępiński’s thought, for it draws one’s attention to the fact that the style of verbal expression is a significant indicator of the speaker’s attitude to their interlocutor. It is quite meaningful that, as quickly as after a few sessions/conversations, an attentive and engaged therapist is able to use the patient’s verbal communication to establish the scope of their emotional relationship with their surroundings, situations and events (Kępiński 2002), but, which is of some importance, also with themselves. The therapist’s conversations in the film are not over sweetened, but they provide a basis for indicating opportunities to learn about the patient’s psyche, also by including in the conversation the noted and consciously used non-verbal methods of influencing which assume sensing the patient’s emotional attitude. There is no judging here, only facilitation of the creation of a new activity and a new way of thinking (see Fitzpatrick, Janzen, Chamodraka, Gamberg, Blake 2009).

Yet again, a relation to Kępiński’s thought (2015) can be seen, for it is the skill in proper non-verbal communication that – in his opinion – decides about the success of therapeutical contact.

From the applicatory perspective, in which reflection is directly joined with the praxis, a few moments prove important for therapists. It is so as music proves to be the initial way of influencing, when in the first session Joseph asks if he can bring his gramophone and records and says: “if we played music now, we would be sanctified”, but Leon initially opposes it – he strictly forbids: “No opera.” Yet, music appears and it has exceptional power. Both the song sang at the beginning of sessions – “America, the Beautiful”, and other music, encouraging characters to dance
(the scene in the church, when Leon makes first sounds with the organ – which he had often mentioned before, finding them necessary for well-being). The structure of this scene is invaluable for classes in therapy. After the first sounds, still single and isolated, Clyde starts singing a song known to him, “Heavenly Coffee” (probably one from a commercial of the beverage), first a cappella, and later with Dr Stone accompanying him on the organ, and once the music has cheered him on, he asks Betty the assistant to dance. They are joined by Joseph who steps in from the side-lines and conducts following the pulsation of the musical material, and finally by Leon, who starts to dance, amazed by the movements of his own hands. Music generates joy, as well as a will for interaction and rejoicing in the moment together. This is, eventually, the quintessence of music therapy in one scene.

**Conclusion**

Film therapy, or rather exemplification of therapeutical issues in a film, might become a remarkable component of an academic lecture, not only in the situation of a pandemic, as it is argued by David R. Cole and Joff P.N. Bradley (2016, p. 11). The cinematographic image, here subjected to an initial description performed from a pedagogical perspective, resonates with Kępiński’s (2015) idea. In its message, it emphasises the significance of the patient’s specific contact with the therapist, as well as the indispensability of a deeply humanistic attitude towards the patient, based on understanding and empathising with their emotions, including discomfort or suffering. The film shows the hard work of the therapist, but also that of the patients, who form a working alliance (Gelso, Hayes, 1998), which brings results co-created in a group. The essence of the film’s message is, therefore, understanding therapy as a meeting with a human being and not their dysfunction, as well as creating a dialogue based on understanding and directed towards recognition of the other person’s needs and meeting them. It is also a story about building a group out of individualities and about becoming responsible for fellow participants in therapy.

**References**
