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The Attraction of Fear and the Potential Therapeutic Value of Horror Films

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Abstract

Cinematic horror has historically had a negative reputation among its peers even though it is a genre that commercially and financially thrives. There are many different perspectives as to what motivates an individual to willingly expose themselves to horror movies, ranging from psychological and metaphorical confrontation with repressed or socially unacceptable behaviors to fulfilling a somatic, thrill-seeking desire. Whatever the motivation, there is potential for harnessing both the psychological and physical reactions for therapeutic intervention. This paper aims to provide counselors with a synthesis of information on the potential therapeutic value of cinematherapy with horror movies, focusing on the relationship between recreational fear and sensation-driven interventions. Experiencing fear, when tolerable and in a safe and controlled environment, such as through viewing horror movies, could benefit individuals by preparing and practicing specific skills like emotion regulation and distress tolerance. Moreover, with the proper preparation and support, cinematherapy using horror movies could act as a creative adjunct to many theoretical counseling orientations.

Introduction

“We make up horrors to help us cope with the real ones.” – Stephan King.

Cinematic horror has historically had a negative reputation among its peers even though it is a genre that commercially and financially thrives. Horror movies or scary movies, prove their popularity worldwide through film festivals dedicated specifically to the genre. These include but are not limited to Brussels International Fantastic Film Festival, the UK’s Frightfest, the Bucheon International Fantastic Film Festival, Hollywood’s Screamfest, Sitges Int. Fantastic Film Festival of Catalonia, the Toronto After Dark Film Festival, Argentina’s Festival Buenos Aires Rojo Sangre, Italy’s Ravenna Nightmare Film Festival, Scotland’s Dead by Dawn Festival, and many more (Raindance, 2019). With its worldwide popularity and sought-after market, one would imagine horror movies are widely accepted and celebrated; however, that is not the case. In its history, the Oscar granting American Academy of Motion Picture Arts has only nominated six scary movies for the category of Best Picture, and only one has won (*The Silence of the Lambs* in 1992) (Martin, 2019). Curiously, there must be some form of intrinsic drive for individuals to seek traditionally negative sensations like fear, especially if society as a system does not encourage such behavior.

There is one thing that is certain: the demand for recreational horror is omnipresent despite societal critiques, and therefore, horror movies will continue to come to fruition. Horror films now have an established history and devout following, and their popularity sparks several questions. What is it that drives individuals to seek the experience of viewing them and expose themselves to traditionally grotesque, frightening, or emotionally charged stimuli? Is it the frightening stimuli or the sensation

of fear itself that attracts participation? Is there such a concept as too much fear? Is there therapeutic value in having access and control of fear stimuli? This paper aims to provide counselors with a synthesis of information on the potential therapeutic value of cinematherapy with horror movies, focusing on the relationship between recreational fear and sensation-driven interventions.

The Attraction of Fear

What makes society have such a distaste for a genre of literature that has roots hundreds of years old, with works such as *Beowulf*, *Dr. Frankenstein*, *Dracula*, and more? According to Andersen, et al. (2020) “It has been suspected that horror consumption may be an ambivalent confrontation with repressed desires (Schneider, 2004), a context for the social display of normative behavior (Zillmann & Weaver, 1996), [or] a form of self-stimulation through artificially induced arousal (Menninghaus et al., 2017; Zuckerman, 1996)” (p.1498). All of the aforementioned hypotheses, as to why individuals purposely partake in horror culture have some form of psychological relevance. Schneider (2004) explores the relationship between established horror themes and the psychoanalytic theme of repression. Moreover, comparisons are drawn between historical social oppressions and psychological repression in the form of villains that can be seen as sympathetic, relatable, or even just in their cause. Afterall society has oft times seen atypical behavior as lesser-than and therefore needing correction or in the horror trope, saving from. It is possible that individuals seek this form of stimuli to experience societally repressed aspects in a controlled, safe, and predictable environment.

Another hypothesis frames individuals’ desire to engage with frightening stimuli such as horror movies as means to stimulate a controlled somatic arousal. Menninghaus

et al. (2017) developed the “Distancing-Embracing Model” which features two groups of processing components that make experiencing negative emotions, while viewing art, enjoyable. The first group of components keep negative emotions at a cognitive appraisal-driven distance. This in turn helps create and remind participants about the mental and metaphorical distance of the stimuli to prevent it from becoming overwhelming. The second group of processing components embrace the powerful somatic experiences of negative emotions to intensify overall enjoyment and pave the way for the viewing experience to have more individual variance, interest, and less likely to induce boredom (Menninghaus et al., 2017). This study and model suggest that it is not the fear itself that is appealing, but more so the desire to seek exciting sensation and the ability to create a cognitive appraisal-driven distance.

Rozin and colleagues (2013) further suggest recreational fear as a type of benign masochism, which they define as “the enjoyment of negative bodily reactions and feelings in the context of feeling safe, or pleasure at mind over body” (p. 439). This hypothesis focuses similarly on the drive for sensation-seeking behavior as mentioned in Menninghaus, et al.’s (2017) research. Rozin, et al. (2013) focus on different examples of *hedonic reversal*. Examples include the enjoyment of fear from scary movies, the burn of spicy foods, sadness from sad movies, and disgust from disgusting jokes. The study in particular looked at 243 University of Pennsylvania undergraduates’ responses to a 29-question survey focused on the enjoyment of eight benign masochism experience subscales such as “sad, burn, disgust, fear, pain,” as well as the Sensation Seeking Scale (Zuckerman, et al., 1978). They then categorized the results of the Sensation Seeking Scale into four factors for analysis: thrill seeking, experience seeking, disinhibition, and

boredom susceptibility, and performed a regression analysis with the eight benign masochism subscales. The results showed a strong positive relationship between thrill seeking and reported enjoyment of benignly masochistic activities. “Of the eight benign masochism factors, it was FEAR that showed the strongest link to sensation seeking ($r = .40$ with total sensation seeking score), with the highest subscale link also for thrill seeking ($r = .38$ with thrill seeking subscale)” (Rozin, 2013). Furthermore, this shows that those who report enjoying fear-inducing activities are more likely to also identify as thrill-seeking individuals.

There are many different perspectives as to what motivates an individual to willingly expose themselves to horror movies. Some suggest it’s a psychological and metaphorical confrontation with repressed or socially unacceptable behaviors; others suggest it is to fulfill a somatic, thrill-seeking desire. Whatever the motivation, there is potential for harnessing both the psychological and physical reactions for therapeutic intervention.

Film in Therapy

Creative interventions are well documented in the counseling world with entire specializations and certifications dedicated to interventions like play therapy, narrative therapy, art therapy, music therapy, dance therapy, and bibliotherapy. Similarly, there is broad support regarding the therapeutic value of psychoeducational videos, but significantly less published research on the therapeutic narrative value of movies, and virtually none on horror movies. Cutting’s (2016) corpus analysis which initially had a sample size of 160 movies, then culled to a subsample of 24 movies from various genres, showed that film narratives have roughly the same structure as any other narrative form.

Moreover, narrative therapy's use of value exploration, archetypal questioning, perspective taking, rewriting, and positive modeling would apply to cinematherapy.

One reported study, which examined 17 patients with substance use disorders, found that the use of cinematherapy acted as a preliminary agent of change (Correia & Barbosa, 2018). The movies used in this study were able to appeal to the individuals' inner worlds and previous life experiences, thus creating a safe and creative space for change and emotional expression. Film, though lacking the sheer amount of empirical support as other creative interventions, is now widely accepted as a method of self-exploration through client identification with characters, behaviors, motivations, and actions (Sharp, et al., 2002).

Film's self-application saliency, metaphorical power, and ability to act as a catalyst of change is established, but what if the creative potential for intervention did not stop there? The increased level of insight and emotional intelligence from watching non-horror movies is itself a type of intervention. However, increasing the client's ability to cognitively distance oneself from an emotionally provoking stimulus such as fear-inducing imagery in film to create new endings, perspectives, or some form of meaning could be monumental.

Counseling Applications

Considering the fear-inducing nature of horror films, it is crucial to proactively prepare clients and the therapeutic relationship for the emotional benefits and risks of horror based cinematherapy. Cinematherapy uses the effects of imagery, plot, and more to garner deeper insight, inspiration, emotional release, or change (Wolz, 2005).

Relevancy of this type of creative intervention must be considered, raising questions such

as: Is this something the client is interested in? Is this intervention best practice for this client? Have other, less emotionally intense, interventions been utilized initially? Does the client already enjoy sensation-seeking behaviors?

Pre-assessment of client needs, goals, and boundaries are essential to keeping the client safe as well as an in-depth discussion on informed consent. Tolerances, prior experience with horror stimuli, and prior traumatic experiences are all relevant for keeping the relationship on well-informed, clear, and relevant footing. Once existing coping techniques, prior distress tolerance, developmental stage and readiness of client are established, the introduction and integration of additional skills and resources before moving towards cinematherapy can begin. Therapists of any modality would be able to draw on their established theoretical orientations to cocreate with their clients the skills and relationship necessary to support the implementation of such a sensation-invoking intervention. When implementing new interventions, it is important to reference one's code of ethics for practicing within their level of competency. Furthermore, developing established guidelines for horror-based cinematherapy is important for the success of the intervention for both client and clinician.

Ideally, the client would play an equal and autonomous role in choosing the movie, the viewing setting, and the audio intensity. Factoring in the client's individual distress tolerance, level of insight, and ability to self-soothe, a conversation about watching the movie alone, with a therapist, or with a different established support system could be essential to success of the intervention. The clinician should also be knowledgeable about the different subgenres such as but not limited to supernatural horror, psychological horror, monster-centered horror, slasher films, and postmodern

horror (Kuhn & Westwell, 2012). Knowing these subgenres enables the clinician to help the client select the appropriate movie based on the previously mentioned protective factors. For example, a psychological thriller like Fincher's *Gone Girl* (2014), would be more appropriate for building suspense and coping with anxiety initially rather than immediately diving into a more extreme subgenre like splatter films or Roth's *Hostel* (2005).

It is essential along with the pre-assessment and preparation for there to be an equal amount of processing and aftercare support. Below are three different theoretical approaches to using horror films as interventions.

An Alternative to Direct Exposure

While there is copious documented research on the effectiveness of frightening images used in exposure therapy, this paper does not specifically focus on horror movies as a form of direct exposure. More so, the goal of this cumulative research summary is to offer an alternative to subjecting a client to direct exposure to a personally traumatic stimulus. It is crucial, for this paper's purpose, to choose a horror film that is not a direct reflection of the client's most traumatic or anxiety provoking experiences. Sharp, et al. (2002) recommend selecting a movie that is "relevant on a metaphorical level rather than in terms of literal content (p. 272)." The intent of the horror stimulus is to provide traditionally negative bodily and cognitive reactions that the client then has an opportunity to cope with differently in a supportive and controlled environment. The goal of the described intervention is not to shock or harmfully distress the client. Akin to traditional exposure therapy, the goal is to provide the client with a similarly provocative physical and psychological experience in a safe and controlled environment.

Play Therapy

Horror, a cluster of fiction with such a negative connotation, still seems to thrive due to audience participation, but what makes the undesirable become desirable? The idea that recreational fear could be seen as a form of play throughout the developmental stages is circulating among horror scholars (Andersen, et al., 2020). Essentially, recreational fear like horror movies provide a context where clients can experience low-cost, low-risk experiences with fear and other undesirable emotions (Andersen, et al., 2020; Morin, et al., 2019). Many other forms of sensation-inducing play are commonly accepted in society, from skydiving to tag for children.

Seeing recreational horror as a form of adult play creates a new theoretical approach for implementing horror films as a creative intervention. The four pillars of play therapy: reflective responding, choice giving, limit setting, and encouragement could all easily apply to a therapeutic relationship utilizing recreational horror (Hicks, 2020). Tracking and reflective responding can help connect the client to the experience and guide them through overwhelming sensations, helping to create a sense of safety, and increasing distress tolerance by providing language, especially if they have been unable to identify and deescalate emotions previously. By giving the client the choice over what stimulus is chosen, how much is watched, when, where, and with whom, clients can be empowered to feel a sense of control over their physical and emotional experience. As Rozin (2013) frames it, “This realization that the body has been fooled, and that there is no real danger, leads to pleasure derived from ‘mind over body.’ This can also be framed as a type of mastery (p. 439).” Limit setting can also serve as a way to empower the client by discussing boundaries and modeling behavior that acknowledges and reinforces

boundaries or limits in the therapeutic relationship. Lastly, providing encouragement to the client as they invest in the creative intervention can help build that sense of self-efficacy, resiliency, and confidence. Sharing aloud encouragement for the character the client identifies with could also benefit the client themselves.

It is important to note that similarities exist between using horror movies as a creative intervention in the previously mentioned orientations and trauma informed care. For example, spending a significant amount of time in the pre-creative intervention stage building rapport, information gathering, and understanding the client's goals and needs could be seen as a parallel process to the safety building and transparency stage of trauma informed care. Emphasizing the client's participation and control over who is included, the decided stimulus, and the environment is similar to the peer support and collaboration stage of trauma informed care. Lastly, the encouragement throughout and successful completion of the intervention could be both empowering and healing for the client (Evans & Coccoma, 2014).

Narrative Therapy through Horror Movies

As previously mentioned, film narratives and narratives of any other sort have roughly the same structure (Cutting, 2016). Therefore, using narrative therapy's framework of dominant and subjugated stories to create a healthier or more desirable reality for the client is feasible. According to Turns and Macey (2015), individuals generally seek counseling when their dominant story no longer fits or is beneficial to the client. In these scenarios, the potential benefit for adding new perspectives earned through sensation-driven intervention to the client's worldview is untapped.

Externalizing

Feelings of “stuckness” and hopelessness often come from believing that the problem resides within oneself, and therefore, there is no change that is possible or no escape exists from unhappiness. Horror movies can assist clients in externalizing the problems from their core beliefs about themselves to other responsible parties or forces outside of their own identities. Feeling the same sensations of fear, anxiety or anticipation and seeing a character the client identifies with coping in a different or even similar way has therapeutic value. There are two different forms of externalization happening during this process. The client feels the negative sensations but associates them with something controllable. The client also identifies with a character, this does not have to strictly be the protagonist, which allows them to externalize their experience to others to combat feelings of isolation and a futility of change. The therapist in this case can assist the client by encouraging identification with characters in the film, questioning all-or-nothing thinking, and encouraging externalizing the problems out of one’s sense of self.

Along with externalizing harmful cognitions, horror films are an environment ripe with characters that possess both positive and negative attributes. Challenging the idea that an individual is all good or all bad can once again create enough mental space for clients to consider introducing empathy and understanding for parts of themselves they wish to change. This idea borrows from Dialectical Behavioral Theory: there can be things about oneself they do not like which can simultaneously exist with parts they appreciate (Linehan, 2014). Both experiences can be equally true at the same time; horror movies introduce characters that live in between the hero and villain archetype consistently, such as the archetype of the vigilante.

Rewriting Endings

Lastly, through a narrative lens, simply engaging in recreational horror offers the client the opportunity to find shared experience with fictional characters regarding topics that are often difficult to discuss or find commonalities with peers. Clients can empathize and relate to the tribulations and triumphs of characters in the movies without the added risk of trauma bonding to another. With these shared experiences, the client can engage in possibility-testing of new endings or rewritings of their own stories. Seeing other possible endings for characters they identify with allows the client to consider change as a feasible next step.

Limitations and Risks:

While the potential value of horror films as an additional creative intervention is substantial, it is equally as important to consider the potential risks. Significant clinical judgment should be applied at every step of the process, while continuing to keep the client's safety and autonomy at the forefront. There is little research on re-traumatization prevention due to its nature of unpredictability and variability in presentation and onset; subsequently, it is even more important for the individual's therapist to constantly monitor for intolerable distress and other threats to the client's psychological well-being.

Cinematherapy itself is a relatively enjoyable intervention style for most levels of functioning, but again exercising good judgement is crucial. There are few risks for the use of traditional cinematherapy as an adjunct to treatment. However, horror focused cinematherapy is strongly discouraged for actively psychotic clients or clients that are actively struggling with reality testing. There have been reported cases of cinematic neurosis which can be considered a culturally shaped syndrome, in which a film informs the symptom presentation of pre-existing mental health conditions in vulnerable

populations. Vulnerable populations already speculated to be of concern include individuals with core identity issues, varying degrees of borderline personality structures, and ambivalent stress (Ballon & Leszcz, 2017). Due to the ever-increasing supernatural presence in modern horror movies, another possible vulnerable population are individuals that suffered religious trauma. There is a distinctively small number of reported cases of cinematic neurosis, most of which occurred in the 1970's, but the symptomology is serious and require recognition as a possible risk (Ballon & Leszcz, 2017).

It is important to note that the goal of this paper is to provide counselors with a collection of information on the potential therapeutic value of horror movies through cinematherapy. The recommendations provided in this paper are based on an extensive review of the current literature. No new empirical data was collected in accordance with this study. For further interest in the empirical data on the potential positive experience from fear stimuli, see studies by Kerr, et al., (2019), Andersen, et al., (2020), and Martin (2019).

Conclusion:

Decade after decade, a thirst for recreational fear existed among some individuals. Harnessing this hedonic reversal or morbid curiosity for therapeutic value through creative interventions is relatively unexplored, yet there is significant research to show that fear itself, and other negative emotions, can be tolerable, pleasurable, and even preventative. Schrivner, et al. (2021) found that “morbid curiosity, a personality trait that has been previously associated with interest in horror, was associated with greater positive resilience during the COVID-19 pandemic” (p. 5). Importantly, these effects were still significant even after controlling for age, sex, income, and general factors of

personality. This suggests experiencing fear, when tolerable and in a safe and controlled environment, such as through viewing horror movies, could benefit individuals by preparing and practicing specific skills like emotion regulation and distress tolerance (Schrivner, et al., 2021). Moreover, with the proper preparation and support, cinematherapy using horror movies could act as a creative adjunct to many theoretical counseling orientations.

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