

Cuenta Tu Historia: Cinematherapy as a Culturally Sensitive Intervention for Intergenerational Trauma in Hispanic/Latine Communities



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This article illustrates how tailored cinematic interventions can support healing, cultural identity, and resilience among Hispanic/Latine clients. Drawing on established psychological theories—such as Jung’s archetypes, Bandura’s social learning, and narrative and cognitive-behavioral frameworks—the article highlights how films can facilitate emotional insight, narrative re-authoring, and resilience. The article provides a structured, step-by-step guide for counselors to implement cinematherapy effectively, emphasizing assessment, preparation, active engagement, and processing within culturally attuned practices. Through a case study and the film *Encanto*, the article demonstrates how tailored cinematic interventions can promote healing, strengthen cultural identity, and foster resilience among Hispanic/Latine clients. Cinematherapy offers a dynamic, accessible, and culturally resonant approach to addressing complex trauma rooted in cultural and intergenerational contexts.

Keywords: cinematherapy, Hispanic/Latine, *Encanto*, intergenerational, cultural identity

The Hispanic/Latine population in the United States comprises approximately 19.1% of the U.S. population, or 63.7 million individuals (U.S. Census Bureau, 2023). Amid the growing need for mental health services within this population (Caballero et al., 2017; Office of Minority Health, 2026), culturally responsive approaches to care remain especially important. Hispanic/Latine clients may face barriers to mental health treatment, including stigma, language differences, cultural misunderstandings, and limited access to culturally responsive services (Falgas et al., 2017; National Alliance on Mental Illness, 2024; Sanchez et al., 2021).

Cultural values and beliefs can further shape perceptions of mental health, help-seeking, and trust in providers (Caplan, 2019; Moyce et al., 2022). Concerns about shame or stigma may deter some individuals from seeking support (Crowe et al., 2022; Forcén et al., 2023; Moyce et al., 2022), and historical and systemic inequities may foster mistrust of healthcare systems perceived as culturally insensitive (Shukla et al., 2025). Together, these factors underscore the importance of interventions that are both clinically meaningful and culturally congruent.

One approach that may support culturally responsive engagement is cinematherapy, the intentional integration of film into the therapeutic process (Berg-Cross et al., 1990; Sharp et al., 2002). Film offers an accessible narrative medium through which clients can reflect on characters, relationships, and experiences that may parallel aspects of their own lives, thereby fostering reflection, meaning-making, and dialogue (Bruner, 1990; McAdams, 1993; White & Epston, 1990). This narrative quality may be particularly relevant when working with Hispanic/Latine clients, as storytelling has long

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transmitted cultural knowledge, values, identity, and family experience across generations (Anzaldúa, 1987; Monte, 2018). Cinematherapy may therefore provide a culturally resonant way to approach emotionally difficult material while creating some distance from direct disclosure.

This article examines cinematherapy as a culturally responsive adjunctive intervention for Hispanic/Latine clients experiencing distress stemming from intergenerational trauma. It considers the cultural and intergenerational context in which this distress may arise, reviews theoretical lenses that can guide the clinical use of film, outlines practical considerations for implementing cinematherapy, and presents a case illustration using *Encanto* (Howard et al., 2021). In doing so, the article demonstrates how intentional film selection and culturally attuned processing may support reflection, emotional expression, narrative reconstruction, and therapeutic engagement.

Literature Review

Cultural Context and Intergenerational Trauma

Understanding behavioral health within the Hispanic/Latine community requires appreciating the historical, cultural, and social factors that influence identity, wellness, and resilience. Members of this community share intersecting experiences shaped by colonization, migration, systemic discrimination, and intergenerational trauma (Cerdeña et al., 2021; Dreyer, 2019). These collective experiences have contributed to psychological wounds that persist across generations, often manifesting as anxiety, depression, and identity distress (Cardwell et al., 2023; Torres et al., 2022). The transmission of such trauma occurs not only through biological and psychological mechanisms but also through cultural channels—most notably, storytelling and shared family narratives.

Intergenerational trauma has become an important framework for understanding how psychological and emotional distress propagate across generations within marginalized groups (Cacace & Summers, 2025; Eads et al., 2025). It highlights the lasting impact of historical oppression, violence, and displacement on behavioral health long after the initial traumatic events. Also called *multigenerational*, *transgenerational*, or *collective* trauma, the concept emphasizes how trauma extends beyond individual experiences to influence community identity and collective functioning (Hirschberger, 2018; Kostova & Matanova, 2024; Yehuda & Lehrner, 2018).

Intergenerational trauma functions through various pathways, including biological inheritance, relational dynamics, and cultural narratives that pass down distress and coping mechanisms within families and communities (Danieli, 1988; López et al., 2017). O'Neill et al. (2018) described intergenerational trauma as the lasting legacy of trauma that continues to influence descendants' lives, even among those who did not directly experience the events. Although intergenerational trauma can impact any population, it is especially evident among groups that have experienced systemic inequities and collective violence (El-Khalil et al., 2025; Ullah et al., 2023). For instance, in Native American and African American communities, the intergenerational impacts of colonization, slavery, and racial oppression contribute to higher rates of depression, substance use, and post-traumatic stress (Brave Heart, 1998; Hankerson et al., 2022; Joo-Castro & Emerson, 2021).

These traumas are reinforced through learned behaviors, parenting styles, and collective memory (Cruz et al., 2022; Yoder et al., 2019). Similarly, research on Holocaust survivors and their descendants offers biological and psychological evidence of trauma transmission. Epigenetic research uncovers trauma-related changes in gene expression linked to increased vulnerability to stress-related

disorders, while descendants often report inherited grief, loss, and identity struggles (Nie et al., 2022; Treuer, 2019; Yehuda & Lehrner, 2018). Understanding these broader mechanisms provides a foundation for developing culturally responsive therapeutic approaches to intergenerational trauma, particularly among populations whose historical and sociopolitical experiences continue to influence mental health outcomes (El-Khalil et al., 2025; Hankerson et al., 2022; Joo-Castro & Emerson, 2021).

Storytelling Within Hispanic/Latine Communities

Storytelling plays a central role in Hispanic/Latine cultural traditions, serving both to preserve collective identity and to pass down emotional and historical memory (Monte, 2018; Library of Congress, 2026). Family stories—whether focused on migration, displacement, or survival—often help strengthen intergenerational bonds and preserve cultural continuity. However, when these stories remain unresolved or are filled with pain, they can pass down intergenerational trauma, carrying feelings of grief, loss, and shame (Cerdeña et al., 2021; Sangalang & Vang, 2017). On the other hand, storytelling can also serve as a powerful tool for healing. Through *conversaciones* (conversations), *testimonios* (testimonials), and *cuentos* (stories), people can turn stories of suffering into tales of endurance and resilience (Pereñíguez et al., 2025). Trauma-informed storytelling approaches that prioritize validation and self-definition give individuals the power to reframe their experiences and take back control over their personal and cultural stories (Ranjbar et al., 2020).

Bridging Cultural Context and Therapeutic Practice

Given the importance of narrative expression in Hispanic/Latine culture, therapeutic approaches that incorporate storytelling as a key element of healing are especially effective (Pereñíguez et al., 2025). One promising intervention closely aligned with these cultural strengths is *cinematherapy*: the structured use of film viewing and discussion within therapy (Berg-Cross et al., 1990). This method leverages film's universal accessibility and emotional impact to encourage reflection, self-awareness, and emotional expression. By watching characters who reflect their own struggles, clients can externalize their pain, gain perspective, and find pathways to healing.

Cinematherapy provides unique benefits for Hispanic/Latine clients, especially those impacted by intergenerational trauma (Ainousah, 2023; Rajaei & McKenna-Quayle, 2026). It creates a psychologically safe environment where individuals can process complex emotions indirectly, helping to reduce shame and discomfort often linked to discussing mental health openly (Hamilton, 2024). Films addressing themes like migration, family sacrifice, colonization, or resilience can provoke strong emotional reactions and encourage dialogue about shared experiences (Ainousah, 2023; Figueiredo et al., 2018). Through guided reflection, clients can examine how these stories relate to their own lives, helping them reframe trauma and reshape meaning (Pannu & Goyal, 2025).

This narrative alignment is especially important because many Hispanic/Latine individuals depend on collective identity and relational meaning-making as key coping strategies (Bedard-Gilligan et al., 2022). Cinematherapy leverages this cultural tendency by promoting group-based reflection and discussion, thus combining personal healing with community support (Ainousah, 2023; Rajaei & McKenna-Quayle, 2026). Additionally, because films are easily accessible, linguistically flexible, and simple to incorporate into various therapeutic environments, this approach provides both practicality and cultural relevance (Eppler & Hutchings, 2020; García-Martínez & Moreno-Mora, 2011).

Theoretical Lenses for the Clinical Use of Cinematherapy

The purpose of this section is not to provide an exhaustive account of the theoretical foundations of cinematherapy, nor to suggest that a single theory explains its clinical utility. Rather, this section highlights several theoretical lenses that may help mental health counselors understand how and why films can be used intentionally in counseling. Cinematherapy can be integrated across a range of theoretical orientations because films provide clients with symbolic, observational, narrative, cognitive, and emotional material to explore within the therapeutic relationship. For counselors working from psychodynamic, social learning, narrative, or cognitive-behavioral perspectives, films may serve as accessible tools for facilitating insight, emotional expression, perspective-taking, and behavioral change.

Psychodynamic Theory

From a psychodynamic perspective, films can provide symbolic material through which clients may explore unconscious conflicts, emotions, and relational patterns. Jungian theory is particularly useful for understanding how films evoke universal symbols and archetypal themes that may resonate with clients across cultural contexts. Jung's work on archetypes and the collective unconscious suggests that recurring images and character patterns, such as the hero, the shadow, the caregiver, or the wise guide, may hold psychological meaning for individuals and communities (Jung, 1980). When clients identify with characters, conflicts, or symbolic themes in films, they may gain access to emotions and aspects of the self that are difficult to express directly. In this way, films can create a safe symbolic distance that allows clients to discuss painful or complex experiences indirectly before connecting them to their own lives.

Psychodynamic theories also highlight the role of projection, identification, and transference, all of which may be clinically useful in cinematherapy. Clients may project their fears, hopes, unresolved conflicts, or relational expectations onto characters and storylines. Rather than viewing projection as a barrier, counselors can use it as a therapeutic entry point by inviting clients to reflect on why a particular character, scene, or conflict felt meaningful. For example, a client who strongly reacts to a character's rejection, silence, or anger may be revealing important emotional material related to attachment wounds, grief, shame, or family dynamics. Similarly, identification with a character may allow clients to explore parts of themselves that they admire, reject, fear, or wish to develop. These processes can support insight, emotional processing, and self-understanding within a contained and symbolically rich therapeutic environment (Gramaglia et al., 2011, 2013; Guggenbühl-Craig, 1971).

Social Learning Theory

Bandura's social learning theory provides another important lens for understanding cinematherapy. According to Bandura (1977), individuals learn not only through direct experience but also through observation, modeling, and the perceived consequences of others' behavior. Films are especially suited to this process because they portray characters making choices, facing challenges, experiencing consequences, and developing new ways of coping. Through attention, retention, reproduction, and motivation, viewers may internalize modeled behaviors and consider applying them in their own lives (Bandura, 1977; Bandura & Walters, 1963).

Within counseling, a film scene can therefore become more than entertainment; it can function as a model for resilience, communication, boundary-setting, emotional regulation, or help-seeking. This lens is especially useful when counselors help clients identify adaptive coping strategies or rehearse new behavioral possibilities. For example, observing a character seeking support, challenging a harmful belief, repairing a relationship, or persisting through adversity may strengthen a client's sense of agency and hope. The counselor can then guide the client in linking the scene to real-life choices by asking how the character responded, what alternatives were available, what consequences followed, and what the client might do in a similar situation. In this way, films may support vicarious learning and help clients imagine new responses to familiar problems (Ainousah, 2023; Figueiredo et al., 2018; Sacilotto et al., 2022).

Narrative Theory

Cinematherapy aligns closely with narrative therapy because both approaches emphasize meaning-making, identity, and the stories people use to understand their lives. Narrative therapy proposes that individuals often organize their experiences through dominant stories that can either constrain or expand their sense of agency (Morgan, 2000; White & Epston, 1990). Films frequently depict characters who struggle with identity, family expectations, trauma, loss, belonging, and transformation. These cinematic narratives can help clients externalize their problems and examine them from a safer distance. For example, rather than saying, "I am broken," a client may begin by discussing a character who feels broken, silenced, rejected, or trapped. This externalization can reduce shame and open space for reflection.

Through a narrative lens, cinematherapy allows clients to examine the stories they have inherited, internalized, resisted, or rewritten. This may be particularly relevant for clients experiencing intergenerational trauma, as family and cultural narratives often shape how individuals understand suffering, survival, responsibility, and healing. Film can provide metaphors through which clients explore alternative storylines, identify strengths, and re-author parts of their own narratives. For example, a counselor might ask, "What story did this character believe about themselves at the beginning of the film?" or "Who or what helped them challenge that story?" or "What would it look like for you to write a different ending to your own story?" These questions position film as a narrative bridge between the client's lived experience and the possibility of new meaning.

Cognitive-Behavioral Theory

Cognitive-behavioral theory (CBT) offers an additional lens for using films to support therapeutic change. CBT emphasizes the interplay among thoughts, emotions, behaviors, and physiological responses, as well as the role of cognitive distortions and maladaptive beliefs in maintaining distress (A. T. Beck, 1976; J. S. Beck, 2011). Films often depict characters who interpret events, react emotionally, make behavioral choices, and either reinforce or challenge their beliefs. These portrayals can help clients observe cognitive-behavioral processes in action before applying them to their own experiences.

For CBT-oriented counselors, film scenes may be used to help clients identify automatic thoughts, cognitive distortions, emotional triggers, avoidance patterns, and coping responses. A counselor might pause after a key scene and ask, "What did the character believe in that moment?" or "How did that belief affect their emotions and behavior?" or "What alternative thought might have led to a different response?" This process can make abstract CBT concepts more concrete and relatable. Films may also provide examples of cognitive restructuring, exposure, problem-solving, emotional

regulation, mindfulness, acceptance, and interpersonal effectiveness. When used intentionally, these examples can reinforce therapeutic skills and help clients visualize how change may occur in real-life situations (Eppler & Hutchings, 2020; Gramaglia et al., 2013).

Taken together, these theoretical lenses show that cinematherapy is not confined to a single counseling orientation. Instead, it can be adapted to the clinician's theoretical framework and to the client's cultural context, presenting concerns, and treatment goals. Psychodynamic counselors may use film to explore symbolism, projection, and identification; social learning-oriented counselors may focus on modeling and vicarious learning; narrative counselors may use film to support externalization and re-authoring; and CBT-oriented counselors may use film to illustrate the relationship among thoughts, emotions, and behaviors. This flexibility is especially important when working with Hispanic/Latine clients, for whom storytelling, family narratives, cultural identity, and intergenerational experience may be central to the therapeutic process. By clarifying these theoretical lenses, counselors can use cinematherapy not as a passive activity but as an intentional, culturally responsive intervention that supports insight, emotional processing, and behavioral change.

Clinical Considerations for Using Cinematherapy

Implementing cinematherapy requires intentional film selection, structured processing, and attention to client readiness and safety. Existing recommendations emphasize assessment, therapeutic homework, film selection, and post-viewing processing (Dermer & Hutchings, 2000; Owolabi et al., 2022; Powell, 2008). When working with Hispanic/Latine clients, counselors should also consider culturally relevant factors such as *familismo*, *respeto*, *personalismo*, spirituality, immigration and acculturation stress, language preferences, and mental health stigma.

Assessment and Cultural Formulation

Before integrating film into therapy, counselors should assess whether cinematherapy is appropriate for the client by considering presenting concerns, emotional regulation capacity, risk factors, trauma triggers, dissociation, depression severity, and the client's ability to identify and communicate emotional and somatic experiences (Dermer & Hutchings, 2000). Assessment should also explore cultural context, including family roles and expectations, intergenerational narratives, cultural values, gender-role expectations, faith and spirituality, language preferences, migration and acculturation experiences, and mental health stigma.

Counselors should identify protective factors and strengths, including family and community support, cultural pride, traditions, storytelling, faith practices, and existing coping strategies (Owolabi et al., 2022). Treatment goals should then be defined collaboratively so the selected film connects to specific therapeutic targets, such as reducing guilt, strengthening emotion regulation, improving communication, increasing self-worth, or developing culturally respectful boundaries (Dermer & Hutchings, 2000).

Preparation and Film Selection With Cultural Attunement

Counselors should preview films for potentially triggering content, including trauma, grief, family conflict, abandonment, shame, or intense interpersonal pressure (Dermer & Hutchings, 2000; Powell, 2008). Film selection should align with the client's clinical needs and cultural context without assuming that shared ethnicity or cultural themes automatically ensure a good fit. When appropriate, accessibility can be supported through Spanish- or English-language audio and subtitles, and by allowing clients to reflect or journal in their preferred language.

Counselors should also provide psychoeducation on the purpose of cinematherapy and may frame film as a “safe mirror” for indirectly exploring difficult emotions and experiences (Owolabi et al., 2022). Informed consent should include the rationale for the selected film; possible emotional reactions; strategies for managing distress; and the client’s right to pause, skip scenes, or discontinue viewing (Dermer & Hutchings, 2000).

Implementation of Viewing

Structure viewing around the client’s treatment goals. Counselors may provide prompts or worksheets; establish appropriate viewing periods; and develop an activation plan for managing distress, such as pausing the film, using grounding or breathing strategies, writing a brief reflection, or returning to the material later (Powell, 2008). When clients view films outside of session, encourage them to choose a private, comfortable environment and avoid viewing while emotionally overwhelmed. Film-based interventions should also be used selectively rather than routinely (Owolabi et al., 2022). Each viewing assignment should serve a clear therapeutic purpose and connect to reflection, skill development, or subsequent clinical processing.

Post-Viewing Processing

Post-viewing processing should begin with the client’s emotional and somatic responses before moving into interpretation or cognitive analysis (Dermer & Hutchings, 2000). Counselors may use an indirect-to-direct sequence: first exploring characters, relationships, and events in the film before inviting the client to consider connections to their own experiences. This approach can create emotional distance while reducing defensiveness around sensitive family or cultural material. For Hispanic/Latine clients, processing should honor *familismo* and relational commitments while supporting healthy differentiation and boundaries (Bedard-Gilligan et al., 2022). Counselors can help clients examine how guilt, shame, loyalty, belonging, and family expectations influence their responses and can connect insights from the film to practical skills such as emotion labeling, self-compassion, coping strategies, and assertive communication (Dermer & Hutchings, 2000).

Follow-Up and Strengthening

Counselors should monitor whether cinematherapy supports the client’s treatment goals by tracking changes in emotional awareness, self-talk, triggers, coping strategies, and family interactions over time (Owolabi et al., 2022). Between sessions, clients may complete brief behavioral tasks that translate insight into action, such as practicing a boundary, initiating a conversation, or using a coping or self-affirmation strategy. When clinically appropriate and safe, counselors may also consider limited family involvement (Pinerros-Leano et al., 2023). Film scenes or themes can serve as a shared starting point for discussion; however, counselors should avoid using films to identify or blame individual family members. The emphasis should remain on reflection, communication, relational growth, and collective healing (Owolabi et al., 2022).

Case Study: Using *Encanto* With a Client to Address Intergenerational Trauma

The following case illustrates how the preceding cinematherapy framework may be applied to a Hispanic/Latine client experiencing distress related to intergenerational trauma. The case is based on a previous client of Rommel Johnson and has been modified to protect the client’s confidentiality.

Maria is a 23-year-old Mexican American woman and college student who presents with symptoms of depression, including persistent sadness, fatigue, feelings of hopelessness, and difficulty

concentrating. She reports feeling overwhelmed by her emotional state and struggling with motivation and interest in activities she once enjoyed. Maria describes her relationship with her mother as very close and identifies her mother as a significant influence in her life. Maria's mother immigrated to the United States without documentation at age 14. She crossed the border with her younger brother and experienced significant trauma during migration, including sexual assault. Maria was conceived as a result of this assault. Maria's stepfather, who has raised her since she was 3 years old, witnessed his father's murder when he was 8 years old and has struggled intermittently with alcohol use. He and Maria's mother have separated multiple times, often reuniting when he relapses.

Despite these hardships, Maria describes her mother as having provided a nurturing environment during her early childhood, emphasizing family loyalty and resilience. More recently, however, Maria has become concerned that her mother may be experiencing symptoms consistent with bipolar disorder, including intense mood swings, impulsivity, and depressive lows. These observations have heightened Maria's worry about her mother's well-being and intensified family tension. Maria also recalls overhearing her mother tell a neighbor that she witnessed her own mother's murder, which was one of the reasons she fled to the United States.

Maria reports feeling uncertain about her significance and purpose in life. She often questions her worth and wonders whether she will be able to overcome her emotional struggles. She also experiences guilt and a sense of responsibility related to her mother's suffering and behavioral health. Her depressive symptoms have begun to interfere with her work, social life, and personal goals, leading her to seek therapy. Throughout therapy, Maria reveals that her mother's traumatic experiences and behavioral health challenges have deeply shaped Maria's understanding of herself and her role within the family. She describes feeling caught between honoring her mother's resilience and feeling burdened by her perceived responsibility to protect, support, and emotionally care for her mother.

Film Selection and Clinical Rationale

After assessing Maria's presenting concerns, family history, cultural context, emotional readiness, and treatment goals, the counselor selected *Encanto* (Howard et al., 2021). *Encanto* (Howard et al., 2021) centers on the Madrigal family, a Colombian family whose members receive magical gifts that become closely tied to their family roles and perceived value. Mirabel, who receives no gift, struggles with belonging and self-worth as she discovers how Abuela's unresolved trauma has shaped rigid expectations across generations. Other characters similarly embody pressures to remain strong, perfect, useful, or silent. These dynamics make the film particularly relevant for exploring family loyalty, identity, sacrifice, emotional burden, and intergenerational healing.

The film's themes of family sacrifice, intergenerational trauma, silence, belonging, and inherited responsibility parallel Maria's experiences of guilt, uncertainty about her worth, and perceived responsibility for her mother's suffering. Mirabel's sense of being unseen and Abuela's history of displacement, loss, and survival provide symbolic distance, allowing Maria to explore painful family dynamics without requiring immediate disclosure.

Although *Encanto* offers relevant themes, we do not intend for it to represent all Hispanic/Latine experiences. Rather, it illustrates how counselors can select films that align with a client's presenting concerns, cultural context, emotional readiness, treatment goals, and potential trauma triggers while providing sufficient distance for safe reflection.

Assessment and Cultural Formulation Applied to Maria

Before using *Encanto*, the counselor assesses Maria's clinical readiness. Maria presents with sadness, fatigue, hopelessness, concentration difficulties, low motivation, guilt, and a sense of responsibility for her mother's trauma and mood instability. Because film content may evoke strong emotions, the counselor assesses Maria's ability to regulate distress, including whether she tends to shut down, ruminate, panic, dissociate, or become overwhelmed. This assessment helps determine whether cinematherapy can begin immediately or after development of stabilization and coping skills (Dermer & Hutchings, 2000).

Given Maria's family trauma history, including sexual assault during migration, homicide exposure, relapse cycles, and possible bipolar symptoms, the counselor also screens for trauma triggers, dissociation, depression severity, suicidal ideation, sleep disruption, and functional impairment. If Maria can manage activation and return to baseline with coping strategies, cinematherapy may be appropriate; otherwise, stabilization takes priority. This approach reflects recommendations to use cinematherapy with careful attention to presenting concerns, readiness, and safety (Dermer & Hutchings, 2000; Owolabi et al., 2022; Powell, 2008).

Cultural assessment occurs alongside clinical assessment. The counselor explores how *familismo*, *respeto*, family hierarchy, and unspoken family pain may influence Maria's caretaker role, emotional expression, and ability to set boundaries. The counselor also considers cultural messages that may reinforce shame or emotional suppression and explores whether Maria expresses emotions more comfortably in Spanish, English, or both. Finally, the counselor identifies Maria's strengths and supports, including help-seeking, insight, cultural pride, resilience, friends, campus resources, faith or community supports, and mentors. Together, Maria and the counselor establish goals such as reducing guilt and over-responsibility, strengthening emotion regulation and communication, developing *familismo*-consistent boundaries, and building self-worth beyond her family role.

Preparation and Film Selection Applied to Maria

In preparing Maria for cinematherapy, the counselor selects *Encanto* because its themes of intergenerational trauma, family roles, silence, loyalty, and emotional burden parallel important aspects of Maria's experience. The film can provide symbolic distance that allows difficult family experiences to be explored less directly (Berg-Cross et al., 1990; Dermer & Hutchings, 2000; Sharp et al., 2002). The counselor also acknowledges that *Encanto* reflects a Colombian context, whereas Maria is Mexican American. Rather than assuming cultural equivalence, Maria is invited to identify what feels familiar, what does not fit, and how her own family experience differs. This approach supports cultural humility and avoids treating the film as representative of all Hispanic/Latine experiences.

Before assigning the film, the counselor previews it for potentially activating themes, including loss, survival trauma, family rupture, shame, inadequacy, and family responsibility. The counselor and Maria develop strategies for managing distress, such as viewing the film in segments, using planned pauses, and practicing grounding skills. The counselor also explains that cinematherapy is a way to use film as a "safe mirror" for exploring difficult emotions indirectly. After discussing the purpose of the intervention and possible emotional reactions, the counselor obtains informed consent and emphasizes Maria's autonomy to pause, skip scenes, or discontinue viewing. Spanish or English audio and subtitles are available, and Maria can journal in whichever language best captures her emotional experience.

Implementation of Viewing Applied to Maria

Maria is encouraged to watch *Encanto* (Howard et al., 2021) in a private, comfortable setting while she is not emotionally overwhelmed. To reduce distress, she may view the film in 30–40-minute segments and pause as needed. Counselors can use general viewing prompts that are adaptable to different films, clients, and treatment goals, such as:

1. Which character, relationship, or scene stood out most to you, and why?
2. What emotions arose, and where did you notice them in your body?
3. What family, cultural, or relational expectations did you notice?
4. Where did you see pain, coping, or responsibility passed across generations?
5. What felt familiar to your experience, and what did not?
6. What insight from the film connects with one of your therapy goals?

For Maria, these prompts can be tailored to *Encanto*: “Who do you relate to most—Mirabel, Luisa, Isabela, Abuela, or Bruno—and why?” and “Where do you see pressure to be useful in order to belong?” and “What does the Madrigal family avoid talking about?” and “What moment in the film gave you hope or courage?” These questions connect the film to Maria’s experience without requiring premature disclosure of painful family material. Before viewing, Maria and the counselor also develop an activation plan. If distressed, Maria can pause the film; complete 60 seconds of grounding; name her emotion; and decide whether to resume, skip the scene, or stop. A brief prompt such as “Right now I feel ___ because ___” may help her organize her reaction. If needed, she can contact a pre-identified support person or bring the reaction to the next session. This structure keeps viewing intentional and therapeutically focused.

Post-Viewing Processing Applied to Maria

The debriefing session begins with Maria’s emotional and somatic responses. The counselor might ask, “What did you feel in your body during the movie—tightness, tears, heaviness, numbness, or something else?” Beginning with bodily and emotional reactions can help Maria notice her experience before moving into interpretation. The counselor could then move from indirect to direct questions, beginning with the characters: “What do you think Mirabel needed but did not receive?” or “What did Luisa’s role cost her?” or “How did Abuela’s trauma shape her approach to survival and family responsibility?” Once Maria identifies these themes, the counselor could connect them to her experience by asking “Where do you feel like Mirabel—questioning your worth?” or “Where do you feel like Luisa—carrying responsibility so others do not fall apart?” or “What is the ‘we don’t talk about’ topic in your family?”

This process reflects narrative therapy by helping Maria externalize problems, examine dominant family narratives, and consider alternative meanings (Morgan, 2000; White & Epston, 1990). It also reflects cognitive-behavioral principles by helping her identify connections among beliefs, emotions, and behaviors related to guilt, responsibility, and self-worth (J. S. Beck, 2011). Throughout processing, the counselor honors *familismo* while helping Maria develop healthier boundaries. The counselor can validate her love and loyalty toward her mother while distinguishing care from over-responsibility. For example, the counselor might ask, “How can you care for your mother without carrying what happened to her or becoming responsible for her mood stability?” Maria could also explore whether guilt reflects values such as loyalty, belonging, or being “a good daughter,” and consider how these values can coexist with appropriate limits and self-care.

Finally, insights from *Encanto* can become anchors for skill practice. Maria might label an emotion by saying, “This is guilt and fear,” rather than “I am bad,” or practice the self-compassion statement “I did not cause my mother’s trauma. I can love her and still live my life.” She could also rehearse a *familismo*-consistent boundary, such as “Mami, I love you and want to be here for you. I can talk for 20 minutes, and then I need to rest and study. Let’s check in tomorrow.” The session could conclude with a brief coping plan combining grounding with one behavioral activation step after difficult family interactions.

Follow-Up and Consolidation Applied to Maria

Over time, the counselor monitors Maria’s depressive symptoms, energy, sleep, motivation, concentration, guilt, rumination, self-compassion, and family interactions. Progress also includes becoming less enmeshed and increasingly able to support family members by choice rather than obligation. Between sessions, Maria could complete one or two manageable “micro-actions,” such as practicing a loving boundary; limiting the length of an emotionally intense call; using the phrase “I cannot solve this tonight”; completing a self-affirmation; or engaging in a behavioral activation activity such as walking, attending class, or meeting a friend. If clinically appropriate and safe, limited family involvement may also be considered, such as inviting Maria’s mother to a session focused on support planning rather than blame. Discussion should center on family roles, silence, pressure, and communication rather than labeling individual family members. If family involvement is not appropriate, treatment should remain individual and continue to strengthen Maria’s coping skills, differentiation, and external supports.

Discussion

Maria’s case illustrates how cinematherapy can be used as a culturally responsive adjunctive intervention when film selection is guided by assessment, cultural attunement, clinical goals, and client readiness. Counselors should avoid using films as generic assignments. Instead, they should preview the film, assess for fit and risk, collaborate with the client, provide structured prompts, process emotional and somatic responses, and connect insights to concrete therapeutic goals. Counselors should also tailor prompts to the client rather than relying exclusively on film-specific questions. General prompts can help clinicians apply cinematherapy flexibly across films, whereas tailored prompts help connect a particular film to the client’s lived experience.

This case also demonstrates how cinematherapy can align with multiple theoretical orientations. From a psychodynamic perspective, *Encanto* provides symbolic material through which Maria can explore projection, identification, family roles, and unspoken emotional wounds. From a social learning perspective, the film offers models of communication, courage, repair, and boundary-setting (Bandura, 1977). From a narrative perspective, the film helps Maria externalize family expectations and consider alternative stories about worth, loyalty, and responsibility (Morgan, 2000; White & Epston, 1990). From a cognitive-behavioral perspective, the film can help Maria identify links among thoughts, emotions, behaviors, and beliefs related to guilt and self-worth (J. S. Beck, 2011).

Future research is needed to examine whether culturally attuned cinematherapy improves engagement, emotional expression, therapeutic alliance, symptom reduction, and treatment retention among Hispanic/Latine clients experiencing intergenerational trauma. Studies may also explore how clients respond to films that match or differ from their specific ethnic, national, linguistic, or generational backgrounds. Additional research could examine whether structured cinematherapy

protocols are more effective than informal film discussion and whether outcomes vary by presenting concern, level of trauma exposure, acculturation stress, family functioning, or language preference. Such research could help clarify the conditions under which cinematherapy is most useful, for whom it is most effective, and how counselors can implement it ethically and responsively.

Limitations of Cinematherapy in Maria's Case

Although *Encanto* may provide a useful therapeutic entry point for Maria, several limitations must be considered. First, the film may evoke painful emotional material related to migration trauma, sexual assault, family secrecy, parental instability, and perceived responsibility. Therefore, cinematherapy should not be used without careful assessment, informed consent, stabilization planning, and follow-up processing. Second, cultural resonance should not be assumed. *Encanto* portrays a Colombian family and, although it includes broader Latin American themes, Maria's Mexican American identity, family history, immigration context, and personal values may differ from those represented in the film. The counselor must therefore invite Maria to critique, accept, reject, or reinterpret the film rather than imposing meaning onto her experience.

Third, cinematherapy should not replace evidence-based treatment for depression, trauma symptoms, or family-related distress. Instead, it should be used as an adjunctive intervention within a broader treatment plan. Maria may also need additional interventions, such as trauma-informed counseling, cognitive-behavioral strategies, behavioral activation, emotion regulation skills, psychiatric referral, or family systems work. Finally, some clients may not respond positively to film-based interventions because of limited interest in movies, difficulty concentrating, sensory sensitivity, cultural mismatch, or emotional overwhelm. In such cases, counselors may consider alternative expressive or narrative methods, such as music, poetry, *testimonio*, journaling, bibliotherapy, or visual art.

Conclusion

When thoughtfully integrated into counseling, cinematherapy may offer a culturally responsive and accessible adjunctive approach for Hispanic/Latine clients navigating intergenerational trauma; family stressors; and concerns about identity, guilt, and belonging. Rather than serving as a stand-alone treatment, film can be used intentionally within the therapeutic relationship to support emotional insight, symbolic reflection, behavioral modeling, and the reconstruction of personal and family narratives. Its clinical application can be informed by psychodynamic concepts such as symbolism, projection, and identification; social learning principles that emphasize modeling and vicarious learning; narrative therapy approaches that support externalization and re-authoring; and cognitive-behavioral attention to the relationships among thoughts, emotions, beliefs, and behaviors.

For Hispanic/Latine clients experiencing intergenerational trauma, cinematherapy may offer sufficient emotional distance to explore family roles, inherited pain, cultural values, and unspoken expectations without requiring immediate, direct disclosure. As Maria's case illustrates, culturally attuned film selection and guided processing can help clients examine family responsibility, silence, resilience, and belonging while linking insight to therapeutic skills. However, counselors should approach film selection with cultural humility, recognizing that no single film captures the diversity of Hispanic/Latine experiences. When grounded in careful assessment, client readiness, collaborative treatment goals, and culturally responsive processing, cinematherapy may serve as a meaningful adjunct to support emotional processing, narrative reconstruction, and relational well-being.

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