"A life without confrontation is directionless, passive, and impotent." (Carkhuff & Berenson, 1967)

Personal growth has been viewed as a series of endless self-confrontations. Carkhuff & Berenson (1967) see crises forming the very fabric of growth, invoking new responses and charting new developments. Much effort in psychotherapy is devoted to helping the client become more aware of himself—of his behavior and its effect upon others, of his feelings and of his expectations. While verbal confrontations by the therapist or group members may be insightful, they may also fall upon deaf ears. All too frequently resistance and denial render impotent what otherwise might be an impactful confrontation. Thus, Danet (1968) has said for some patients a visual image carries more weight than innumerable verbal confrontations.

EARLY STUDIES IN SELF-CONFRONTATION

During the 1930's Wolff (1943) studied people's impressions and recognition of their own voices, gaits, profiles, hands, and handwriting. He found that judgments of self-productions were more intense than judgments of the same productions by others. In 1948 Freed reported on his experience in playing back to patients audio recordings of their therapy sessions. He felt that with one patient the playback resulted in greater self-objectivity. However, with another patient he felt that it engendered too much anxiety. In 1955 Epstein compared judgments of one's own voice by normal subjects and by schizophrenic subjects and found that self-judgments were generally more favorable than judgments by others irrespective of psychopathology. In 1960 Cornelison and Arsenian reported their experiences of showing psychotic patients polaroid photographs of themselves. They found that the patients paid considerably more attention to these photographs than to other objects, people, and events. After the experience of viewing his own picture and discussing it with the experimenters, some patients showed dramatic improvement in their psychotic disorganization. In 1962 Nielson had 22 Harvard students write a composition on their personal philosophy. Each student was then interviewed and his composition challenged point by point. Following the self-confrontation and discussion, Nielsen noted that the students seemed to be particularly receptive to modifications in their ideas and behavior. Holzman (1966 a) explored the cognitive and affective results of confronting a person with a tape recording of his own voice, and in another study (1966 b) utilized electrodermal measures to indicate response. The results of these experiments demonstrated that most people experienced a psychophysiological reaction when they heard their own voice, even when it was mixed with other voices and even when they did not consciously recognize their own voice. During the same year Gaviria (1966) showed that in a learning experiment material presented in one's own voice was learned faster—at least at the beginning phase of learning—than material presented in another person's voice.

During the latter half of the 1960's, there were several systematic attempts (Geertsma, 1969; Geerstma & Reivich, 1965, 1969; Reivich & Geertsma, 1968) to evaluate the effects of the videotape playback of the therapeutic sessions by employing a number of objective measurements. Their results indicated individual differ-
ences in response to the technique. These differences were consistent with the diagnostic categories of the patients. For example, depressed patients tended to depreciate their videotaped images; schizophrenic patients showed bizarre and inappropriate responses; and the neurotic and character patients tended to react to the self-confrontation as a more or less non-specific threat to be dealt with in accordance with their own characteristic defensive style. Their results further suggested that self-relevant information mediated via the auditory channel was contextually richer and more effective in eliciting cognitive and affective changes in the subjects than information channeled visually. Commenting upon the laboratory experiments on self-confrontation by audio and videotape, Holzman (1969) suggests that personality qualities are mediated by expressive behavior and these peremptorily confront a subject in the self-confrontation situation, thus momentarily de-automatizing his typical defensive stance toward himself.

From 1969 to the present, research investigations in self-confrontation via videotape have burgeoned rapidly. Various settings, methods, and techniques have been utilized in varying therapeutic and learning situations, offering a wealth of information and ideas that yet remain unintegrated.

APPLICATIONS OF CONFRONTATION AND VIDEOTAPE PLAYBACK

Videotape playback has been applied recently in a myriad of ways. In athletics, coaches and trainers have used the videotape playback technique to increase and perfect skills in learning trampoline (James, 1971), in learning motor skills in karate (Burkhard et al., 1967), and in correcting baseball batting faults (Watkins, 1963). Speech pathologists have used audiotape playback in efforts to correct articulatory difficulties (Van Ripper, 1954).

Haines & Eachus (1965) used self-confrontation in role-playing sessions to heighten the subject's sensitivity to his kinesic behavior in order to train subjects for foreign service work within different cultures. They found ten percent greater learning of interactional skills by the self-confrontation method as compared to the usual didactic techniques.

In regard to memory stimulation, Bloom (1963) found that playback improved recall of previously learned material, particularly of complex events such as group discussions. As reported, for at least two weeks after the event the use of tape-recorded playback was superior to free recall or even to recognition as a technique for retrieving memories of interactions. After two weeks, however, the effectiveness of the method declined.

Carroll (1963) has evaluated the confrontation technique in the teaching of foreign languages. It was found to be an effective way to speed the learning of accent, pronunciation, and fluency.

The use of videotape playback has been used extensively in teaching psychiatry and psychotherapy. Suess (1970; 1966) reports that the use of videotape allows more accurate, objective evaluation of the student's strengths and weaknesses as a therapist and that this is evidenced more clearly and vividly from videotape than from written notes or the recollection of what happened in the “live” interview. Trethowan (1968) has suggested that since the progress of psychiatric disorders is slow and students may not be attached to a unit long enough to observe much change in the conditions of patients, that videotape recordings can be shown to successive generations of students long after the patient has been discharged. Two other studies (Watters et al., 1971; Gruenberg et al., 1967) have suggested protocols and procedures for videotape playback sessions for students and their supervisors. Lamberd et al. (1972) investigated the physiological arousal of ten psychiatric residents while they watched playbacks of interviews that they had just conducted. The results indicated that seeing themselves as less “active” was correlated with increased respiratory rate and in multiple linear regression analysis was associated as well with decreased respiration rate variability, decreased heart rate variability, and increased skin resistance during self-viewing. Bodin (1969) has applied videotape playback in training family therapists and concludes that it may be a valuable prognostic aid.

Cline (1972) has used videotape to document behavioral change during psychotherapy. Videotapes before therapy and at four month intervals of identical twins with childhood schizophrenia were compared with a normal male peer. Independent ratings of the tapes using a special behavioral coding system showed that behavioral change could be reliably documented
both quantitively and qualitively using this technique.

Hosford (1969) has suggested that the effective use of audio, video, and film recorded models in helping clients learn various behaviors offers great potential in preventing problems. If counselors were to design and create counseling films to demonstrate ways clients can learn to make decisions, cope with and reduce anxiety, and to acquire numerous other appropriate behaviors, many of the problems clients have could be lessened if not extinguished before the inappropriate behaviors have a chance to become strongly learned habits. Persons & Persons (1973) have recently utilized filmed role models with undergraduate students and have reported gains in their degree of sophistication in understanding problem-solving and in their acquisition of knowledge of psychological theory and dynamics.

As evidenced by the studies mentioned, the applications of confrontation and videotape playback have generally pertained to issues relating to learning and documentation of events. What applications will be made in the future remain to be seen. Certainly the potential of this technique combined with this technology is far from exhausted.

VIDEOTAPE, CONFRONTATION, AND PSYCHOTHERAPY SITUATIONS

Subsumed under the general rubric of learning, psychotherapy has certain unique and controversial characteristics. Videotape confrontation has recently been applied to many of the situations in which psychotherapy formally occurs. In view of this, Trethowan (1968) has said, "Some patients seem to have very little notion of how their behavior is seen by others. It may be of value to let them see themselves during interview."

The use of television and videotape as a therapeutic tool has also been advocated by Moore and his associates (1965). In his study, Moore compared two groups of patients admitted to a neuropsychiatric unit. One group viewed their weekly taped therapy sessions while the other group never viewed themselves. Comparing the view group versus the nonview group, the view group showed very striking improvement. Moore suggests that the viewing experience does alter the clinical course of the patient and has an effect on the degree of patient improvement.

Paredes and his associates (1969) confronted sixty-six alcoholics with motion pictures taken of themselves while under the influence of a small amount of alcohol. The results indicated that the technique offered possibilities in the study and therapy of these patients. On the other hand, Feinstein & Tamerin (1972) found that videotaped recordings enabled an alcoholic patient, while sober, to confront and cope with feelings which emerged while he was intoxicated. Improvement, however, rapidly deteriorated after termination of the experimental sessions. Any inferences made from this study with its sample of one must be made with extreme caution.

According to Goldfield & Levy (1968),

The aim of psychodrama is to capture the momentary state where spontaneous dramatic events evoke an emotional response. Therapy is derived from dealing with inner conflicts as they come to the surface through a spontaneous, yet structured, dramatic portrayal.

After a four month study of videotaping psychodrama, Goldfield & Levy concluded that questions and comments surrounding the playback by all the participating members of the psychodrama served as a valuable means of obtaining a post-action catharsis. In another study Gonen (1971) combined videotape playback with psychodrama. While his conclusions were rather limited, he did state that not only were videotape confrontations dramatic, but that frequently the message coming from the TV screen registered more clearly and more forcefully than one from the therapist.

The use of videotape confrontation in group therapy situations has been extensively studied by Stoller (1968 a; 1968 b; 1969). He contends that when the major group operation is feedback, videotape replay is accepted by the group as a natural extension of what they are trying to do: paint pictures of one another. In the course of feedback in group sessions, videotape replay can be used either for selective intervention to accomplish a specific purpose or used as a routine operation, in which case a replay of each segment of group procedures automatically follows its conclusion. Each method has its unique advantages. Wilmer (1967) comments on this point, "Whether or not it facilitates understanding, observation, and decision-making depends entirely upon having clear purposes and suitable
methods of videotaping." Stoller (1969) suggests that the information imparted by videotape feedback emanates from a neutral source and is therefore less weighted by the distortion inherent in individual relationships. Yet the effectiveness of any given self-viewing on videotape depends upon the relevance of the data presented to what has transpired between the self-viewer and the other group members. Experience has demonstrated that videotape replay has its greatest meaning for the individual when, because of extensive group struggle, he has a clear-cut, emotionally heightened awareness of the consequences of his behavior. One of Stoller's major summarizing points is that the relevance of group data is an extremely important consideration in the use of videotape replay, but of little importance if the manner in which group members accept, consider, and process is inappropriate. How a group is taught to operate is thus a crucial factor not only in the achievement of group goals, but also in the successful utilization of the videotape recorder.

Videotape confrontation has also been utilized with some success by the behavioral therapist. Lautch (1970) has described the case of a 40-year-old man with severe phobic and obsessive-compulsive symptoms of many years duration who was successfully treated with systematic desensitization first in imagination and later in real-life situations. In this instance closed circuit television and videotape playback proved to be a useful and essential adjunct to successful treatment. In a controlled study, Woody & Schauble (1969) demonstrated that groups of persons can be desensitized via videotapes to feared objects. Woody suggests that videotaped vicarious desensitization requires approximately half the time required by conventional systematic desensitization to treat phobias. Bernal (1969) has reported on the use of operant learning principles and behavioral feedback via videotape in training mothers in child management. Seven instruction sessions were held during which the mothers' management behaviors were gradually shaped. Direct instruction on what operants to emit contingent on the boys' behaviors, teaching of reinforcement principles, social reinforcement of the mothers' successful management behaviors, and playback of videotaped mother-son interaction sessions were used in the shaping. According to daily notes kept by the mothers, both children improved markedly within a period of twenty-five weeks. Stein & Bryan (1972) studied third and seventh grade girls who viewed a model who verbally encouraged either conformity or violation of rules governing self-reward. Half of the subjects within each of these groups witnessed a model who behaviorally conformed to the rules, the remaining half observed a model who violated the rules. The model's words and deeds interacted in affecting the subjects' motor demonstrations, while the model's words affected the subjects' verbal transmissions.

Resnik and his associates (1973) have reported on the use of videotape confrontation with suicide attempters in which the patient's condition, the measures taken to save his life, and the reactions of his family are recorded on videotape when the patient is brought to the emergency room. After psychotherapy has begun, the patient views the videotape. Since resistance or denial by the patient as well as by the family may frustrate attempts to encourage meaningful therapeutic involvements (Bogard, 1970; Berger, 1970), Resnik feels that this method challenges the patient's denial of despair and suicidal intent by confronting him with the consequences of his suicidal behavior.

Videotape confrontation has also been used in family and marital therapy. Silk (1972) in a study of twenty-five couples found that less than ten percent showed either no reaction or felt it worthless to use this technique. With videotape the patient is given something tangible to work with, which is often not supplied by the therapist. For example, when the therapist says you do not look at each other when you talk, it is one thing; but with the videotape plus the therapist's comments there is an undeniable, objective presentation that helps to overcome the denial and rationalization one generally finds in the therapy as couples strive to prove it's the other person's fault. Alger & Hogan (1967, 1969) feel that video playback is a superb technique for capturing the context of a situation as well as the multiplicity of cueing and other communicational behaviors. They also note that the therapist too may be startled and perhaps encouraged to realize that they behave in very different ways at different times and with different patients. Experience with seventy-five families and marital couples lead Alger & Hogan to the conclusion that videotape confrontation can be helpful to a person in contacting and
taking responsibility for his own feelings and behavior, in expressing those feelings more directly when desired, and in maintaining his own direction in life.

Kubie (1969) has explored some of the ramifications of videotape confrontation in psychoanalysis and suggests that visual, auditory and olfactory self-images are potent instruments for use in communicating to patients about their problems and for studying and altering them; and that the self-image is a complex instrument of exploration. He feels that a detailed survey might constitute a base line against which to compare and contrast the range of his free associations to the televised recordings of the images of others. Berger (1971; et al., 1968) notes that whether confrontation serves as more of an interference or intrusion than a constructive intervention will depend upon the scientific and artistic skill of the therapist, his intuitive sense of timing and the goals envisioned by the therapist for each confrontation. Assuming a constructive intervention then, seeing oneself and reflectively re-experiencing meaningful interactions allows a person to acknowledge something about himself which he has not previously been ready to accept from the therapist or other patients who have themselves been more or less ambivalent about making the necessary but perhaps painful confrontation.

Gottheil and his associates (1969) report the results of self-image confrontation in a case of anorexia nervosa, where in addition to disturbances in body concept, the visible changes in body structure are clearly evident. They found that changes in self-image took place slowly and appeared to be associated with the continued and repeated self-image confrontations.

Paredes and his associates (1969) report a controlled study in which three groups of hospitalized psychiatric women patients were exposed to three experimental situations: the first group saw taped recordings of themselves in biweekly scheduled sessions; the second group saw recordings of another person; and the third group was not shown any recordings. A battery of evaluation procedures was administered at the beginning and end of the series of exposures. The psychiatrists who conducted the viewing and videotaping sessions observed striking reactions in those patients who saw their own videotaped recordings. These patients seemed to become aware of negative feelings about themselves, to experience a decrease in these feelings and become more self-accepting as the sessions progressed, to enter a closer relationship with the interviewers, and to disclose personal items more readily. However, the psychological test data did not confirm the clinical impressions. Statistically significant differences were not found among groups along the dimensions measured by the test battery. Thus, this study offered no evidence, aside from subjective impressions, that videotape confrontation procedures are necessarily either helpful or harmful.

Kagan et al. (1963, 1969) and Resnikoff et al. (1970) have used the technique of stimulated recall via videotape with some success. Here either the "interrogator" or the client may stop the playback of a therapy session to discuss client-recalled feelings and elaborate on meanings. In Resnikoff's study of a single case it was concluded that four broad characteristics of client growth were influenced by videotape playback as follows: The client owns his discomfort—admits the feeling of discomfort and begins to specify the locus of concern, fears, and comfort; the client commits himself to change—cooperates rather than resists the efforts designed to change him; the client differentiates stimuli—learns to perceive more and more of the stimuli surrounding him—reacts to these as discreet rather than stereotyped factors; the client behaves differently—reporting new behaviors outside the counseling relationship as well as trying out new behaviors with respect to the counselor.

Alger (1969), in a recent article, focuses on the mutuality of patient and therapist in that one of the interesting consequences of the videotape playback technique is the encouragement of a more democratic and equalitarian therapeutic relationship. Alger points out that when both therapist and patient have equal access to the objective data of the therapy session, the traditional roles become challenged. The more mutual task of observing data and attempting to understand the interactions, as emotional reactions are now recalled during playback in relation to the incidents under review, promotes the development of a true research project. In this, the emphasis falls not only on the suffering of the patient and the skill of the therapist, but also on the televised and now so evident humanness of them both.

In a comparative study of over ninety cases,
Kaswan & Love (1969) analyzed three methods of therapeutic intervention with children—brief child psychotherapy, parent counseling, and videotape confrontation. Analysis of the relative effectiveness of the three methods of intervention focused on school grades and observers' ratings of behavior in the classroom and on the playground. Results indicated that the confrontation group generally showed more improvement on both of these measures as compared to cases who were seen in either psychotherapy or parent counseling.

Gergen (1969) suggests that the impact of self-observation, particularly as it relates to self-esteem, may be enhanced by the behavior samples supplied by persons other than the patient. If the patient is able to see his behavior in comparison to the behavior of others in the same situation, his sense of self-worth or identity may be increased considerably.

DIFFERENT USES, PROTOCOLS, AND TECHNIQUES OF VIDEOTAPE CONFRONTATION

There have been various methods and techniques utilized in applying videotape and confrontation to psychotherapy—camera angles, sequential presentation, all combined with the technique and artistic qualities of production. An attempt will be made here to delineate some of these and to synthesize some of the results.

Perhaps one of the first concerns is the question of whether or not to conceal the camera and other equipment. The consensus is against this. Several studies (Stoller, 1969; Wilmer, 1967; Alger & Hogan, 1969; Alger, 1969) are emphatic in their position that camera equipment should not be concealed from patients. Stoller (1969) feels that regardless of the purpose of its presence, videotape equipment seems less of a threat, less of an intrusion, when it is placed within the group than when efforts are made to hide it from the group's view. While Moore et al. (1965) did conceal his cameras behind one-way mirrors, all his patients were aware that they were being televised. Wilmer (1967) feels that patients are generally not disturbed by the open camera unless it is moved close to them. For the most part they become quickly absorbed in the interview and disregard the machinery.

What then is the patient's reaction to seeing and hearing himself when the videotape is replayed? The research indicated that this is best divided into initial and subsequent reaction. Berger (1971) found that in general the initial playback evoked more positive than negative responses and that the majority of initial reactions, among neurotic and psychotic patients, indicated preoccupation with appearance and sex appeal in women and masculinity or its absence in men. On the other hand, Moore (1965) found that patients viewed their initial viewing experience as uniformly unpleasant. However, after subsequent viewings, they found it no longer unpleasant but meaningful. Gonen (1971) found initial reactions mixed, later on becoming meaningful. However, with acutely paranoid patients their suspiciousness and agitation were not to be allayed.

How soon after the therapy session should the tape be replayed? The evidence (Moore et al., 1965; Goldfield & Levy, 1968; Stoller, 1969; Resnikoff et al., 1970; Alger, 1969) overwhelmingly indicates that immediate replay is the key to the patient's motivation. However, Paredes et al. (1969) notes that in a number of trial runs it was noticed that if the time lapse between the recording and the playback was lengthened to several days, the subjects were more involved at the time of the playback. Yet in his formal study he utilized immediate feedback. Stoller (1968 a; 1969) is adamant in his feeling that the "sine qua non" of the group situation is its immediacy and that in the exploration of all possible emotional reactions and the consequences of emotional interplay the group is at its most crackling and most pertinent. Alger & Hogan (1969) suggest three methods of playback: Taping the first 10-15 minutes of a session, then replaying it with the instruction that anyone can ask that the tape be stopped at any point for discussion; recording the whole session with the understanding that at any point anyone can ask that the recording be stopped and the particular section just recorded be replayed; recording a session in its entirety, then replaying with no stops to allow the impact of the complete unfolding of the interaction.

How long a segment should be replayed? Most of the evidence (Moore et al., 1965; Goldfield & Levy, 1968; Alger & Hogan, 1969; Resnikoff et al., 1970; Alger, 1969) indicates that relatively short segments are sufficient. Because of the vast amount of information on a videotape, Wilmer (1967) feels that only short vignettes should be replayed.

A few studies (Wilmer, 1967; Alger & Ho-
gan, 1969; Resnikoff et al., 1970) have advocated the use of split screen. Wilmer (1967) feels that when one sees himself all alone on the screen all the time, the narcissistic investment vitiates the purpose of videotaping, namely to see ourselves as others see us. The solitary face is a familiar image to the viewer, one that he knows from any mirror, but the inclusion of the part of the other “mirror” person is a totally new psychological experience.

Related to split-screen image is the idea of superimposing upon the screen a shot of one member of the group over a portion of the rest of the group so that one can see his full face and still note a number of other group members. Wilmer (1967) has demonstrated this as well as superimposing the therapist’s notes upon the screen. This last may help to generate awareness of the therapist’s unspoken observations, reasoning, self-questions, and speculations and can give a new kind of usable insight to a patient.

Finally, there may be some concern about patients’ reactions to the presence of a camera man, if one is utilized. Wilmer (1967) has used several camera men simultaneously with no untoward effects. Alger (1969) has commented that when a camera man is used, it should be made clear to all concerned that he is a part of the situation and that reactions to him are to be brought out directly in the session itself. In fact, in groups patients often take turns serving as camera men. Likewise, in family therapy Alger & Hogan (1969) have had family members operate the camera.

CONCLUSION

The preponderance of research has found self-confrontation via videotape efficacious. It has been used successfully as an adjunct with individual and group therapy, and with marital and family therapy. Videotape serves as an objective record of events. Comparison of therapists’ dictated notes on a session to the videotape recording of the same session reveals the limits, distortion, and personal bias in one person’s observation and recall. Also, it may allow the therapist and client to share the replay on a democratic and equilibrarian basis, since the humanness of both is evident for all to see. Essentially, self-confrontation via videotape playback supports the concept that the more the individual knows about his behavior, the more he is in a position to do something about it.

REFERENCES


DANET, B. Self-confrontation psychotherapy reviewed. American Journal of Psychotherapy, 1968, 22, 244-257.


GAVIRIA, B. Effects of hearing one’s own voice on learning verbal material. Psychological Reports, 1966, 19, 1135-1140.

186 D. E. SANBORN, H. F. PYKE & C. J. SANBORN


Kubie, L. Some aspects of the significance to psychoanalysis of the exposure of a patient to the televised audiovisual reproduction of his activities. Journal of Nervous and Mental Disease, 1969, 148, 301-309.


Stoller, F. Use of videotape (focused feedback) in group counseling and group therapy. Journal of Research and Development in Education, 1968, 1, 30-44. (b)


