A Review on the History and Application of Videotape Self-Confrontation in Therapy and Human Relations Training

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A REVIEW ON THE HISTORY AND APPLICATION
OF VIDEOTAPE SELF-CONFRONTATION
IN THERAPY AND HUMAN RELATIONS TRAINING

by

Gerald F. Skillings

A thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Master of Arts

Western Michigan University
Kalamazoo, Michigan
April 1977
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A REVIEW ON THE HISTORY AND APPLICATION OF
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Western Michigan University, M.A., 1977
Psychology, Clinical

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A prerequisite for human development is the ability to simplify and organize environmental information. Each individual learns to acquire functional connections between environmental stimuli and subsequent responses on his or her part. If the response leads to a favorable consequence, the behavior is more likely to occur again. With repeated success, the behavior becomes habitual or conditioned, allowing the individual to attend to other events. In this way behavior becomes automatic. It enables the person to respond efficiently with minimal effort so that he or she can predict and control the environment with maximum regularity. Thus, the developmental process involves the accumulation of a repertoire of involuntary behaviors which may be observable to others but not to the individual.

The introduction of videotape equipment in therapy and training causes many people to "confront" themselves or to view their involuntary behavior as others see it. There are very few objective representations (mirrors, photographs, and tape recordings) from which the average individual can receive direct feedback. Instead, one relies on the consequences of his/her behavior in the environment as an assessment for a particular performance. For these reasons, viewing one's videotape image for the first time is a stressful, anxiety-arousing experience (Holzman, 1969; Moore, Chernell, & West, 1965; Nielsen, 1964; Steward & Steward, 1971; Stoller, 1969). Reactions
from subjects generally include treating the image as that of a stranger, feeling extremely exposed, and reacting defensively as if being threatened (Geertsma & Reivich, 1969). Distinguished from other confrontation techniques (e.g. audiotapes, mirrors, and photographs) video feedback is the most stressful (Holzman, 1969). In conceptualizing the "self-confrontation" experience, Holzman (1969) states:

It momentarily deautomatizes one's view of oneself and hence stimulates recall, broadens associational realms about oneself and also provokes a defensive stance. It is not surprising, therefore, that many people are astonished, shocked, and even frightened by the self-confrontation experience. For seeing an image of our expressive behavior forces upon us an image of ourselves which we had learned not to see. We consequently perceive both that which we wanted to express and that which we did not want to express; what is both new, strange or unfamiliar; behaviors that are both uniquely ours and alloys of the behavior of important people in our lives toward whom we have complex feelings; behavior that disappoints us because of what we have and have not become; and behaviors that stimulate pride and admiration for what we appear to be (p. 208).

Holzman confirms the striking contrast between the individual's self image and the objective video feedback.

Investigators universally agree that video self-confrontation produces a stressful impact on subjects. However, their opinions differ as to whether this impact is beneficial or harmful to the individual's growth. Those who are optimistic assert that the stressful effects function as a productive catalyst (Alger & Hogan, 1969; Berger, 1969-1970; Hess, 1967; Sanford, 1969; Stroh, 1969). Disrupted behavior manifested by stress and anxiety might be one method to facilitate personality change and/or the reorganization of a person's behavioral repertoire (Stoller, 1968a). Those who emphasize the
harmful aspects of self-confrontation contend that it promotes unnecessary induced stress which is detrimental to the therapeutic rapport (Bailey & Sowder, 1970; Danet, 1968; Hawkins & Engbretson, 1967) or decreases self-esteem (Bahnson, 1969). In perhaps the most objective report on the effects of self-confrontation in teacher education, Fuller and Manning (1974) conclude their article by saying "...self-confrontation now seems to us more promising than we had dared hope and more dangerous than we knew to fear (p. 512)."

It is the purpose of this paper to explore these hopes, reconcile the fears, and offer viable procedures to those using videotape in therapy and training. The primary emphasis will be upon videotape self-confrontation and how it contributes to change in students and clients. At times, client and student will be referred to as subjects since many of the same procedures and effects apply to both. The theoretical and experimental literature used in this paper will reflect empirical evidence resulting from statistical designs demonstrating clear-cut, measurable relationships. Those articles which "advertise" the feasibility of video equipment are omitted in this review. Upon conclusion, the reader will have an understanding of the video self-confrontation process and its impact in therapy and human relations training.

HISTORICAL PERSPECTIVE

In the 1930's, Werner Wolff investigated people's recognition of their own voices, gaits, profiles, and handwriting. Using still and
motion photography and audio recordings, he found that a person's judgment of his/her own production (i.e. voice, gait, profile, and handwriting) was predominantly more intense and generally more favorable than judgments made by others on the same production. Wolff referred to this as a resistance to recognizing one's own expressive product as it actually is. In other words, the person is not objective about him/herself. He explained this phenomenon by stating that in the self-viewing experience the ideal of the person conflicts with the reality of the person's behavior, resulting in a "latent split" in the personality. Each individual, he postulated, insistently strives to reconcile his/her wish-image with reality and thus experiences an ever-present tension. Since the subjects had judged their productions more favorably, Wolff assumed that the failure to recognize the actuality of oneself represents a defensive retreat from reality.

In 1940, Huntley refined Wolff's results. He attributed the favorable self-judgments as a means to preserve and enhance self-esteem. Huntley stated that the impulse towards enhancing one's self-esteem operates below the level of awareness and is employed only for the protection of the ego. The interesting assumption that both Wolff and Huntley make is that at some level of awareness an individual detects aspects of his/her self-production which conflict with some preconceived notion. Each interpreted these results using the Freudian model and indicated that this discrepancy (between what I believe my production to be and what others see it as) results from not accepting
the objectivity of the situation (I cannot view it as others see it). Future investigators will interpret this differently. Rather than the individual not accepting the objectivity, the person has no objectivity.

Investigators of the early 1960's felt they had found the "magic cure", resulting in an onslaught of both haphazard and rigorous research. Understandably, it is a philosophical and psychological curiosity to discover what happens when a person views him/herself as others do. It universally was accepted that there is a discrepancy between the expected self (what I think I am) and the observed self (what others see me as). Without expectation about outcomes, techniques were devised to allow the individual to experience this discrepancy by viewing the observed self. Subjects who experienced a greater discrepancy were identified as abnormal (Stoller, 1967). In more general terms, this is known as self-confrontation. The sixties' hope was that a patient would integrate the observed self with the expected self, resulting in behavior and personality changes, i.e. the patient would develop more objectivity about themselves and change for the better. For example, Cornelison and Arsenian (1960), the pioneers of self-confrontation in therapy, had psychotic patients view Polaroid photographs of themselves. The patients paid considerably more attention to these photographs than to other ones of objects, people, and events. The self-viewing experience was discussed with each patient, producing what the authors believe to be a dramatic improvement in their psychotic disorganization.

Popularity increased as other devices were employed for
self-recognition. Geocaris (1960) reported beneficial results when his patients listened to a tape recording of the therapy interview prior to their next interview. Television was employed for psychiatric training (Holmes, 1961; Ruhe, 1960; Walz & Johnson, 1963), psychotherapy (Armstrong, 1964; Miller, 1962), and assessment (Michaux, Cohen & Kurland, 1963). Emphasizing the dramatic effects of the self-viewing process, Alger and Hogan (1967) employed video playback combined with conjoint marital therapy in their private practice. In this article which reflects extensive use of video equipment over a period of time, the authors state about its effects, "Participants begin to grasp better the context and complexities of human interactions" leading to a "...more democratic functioning in the families themselves (p. 86)". Most importantly, they reiterate the objectivity of video feedback. For example, a wife could ask for the tape to be replayed in order to point out a complaint about her husband. By replaying the tape, she was able to show her husband his characteristic detachment which bothered her. Videotapes, the authors state, are not only applied in therapy but are also available for assessment and measurement. Comparing videotapes provides convincing evidence that change has occurred. The significance of this study demonstrates that by viewing the video replay, a person can change by developing greater objectivity about their behavior.

Geertsma and Reivich (1965) were the first to evaluate the effects of video playback in a therapeutic setting. They utilized objective measures which included nurses' ratings and a personality inventory.
Again, the authors were impressed with the greater objective self-evaluation by each patient (e.g. I am depressed or I am not talking as clearly as I thought) which would not have been expected without the use of the video playback procedure. In a typical interview, the therapist and client would talk while being videotaped. Self-confrontation consisted of another discussion of the client's feelings while replaying the tape. However, the activity of the therapist was considered by the authors to be a crucial factor in the effects. Self-confrontation along would not have produced such beneficial results, they state. As a result, Geertsma and Reivich encouraged cautions to be used during playback. They point out that the method is no panacea. Patients will respond to it differently according to their style of defense against threat (e.g. denial, regression, rationalization, etc.)

The late 1960's and early 1970's could be considered the video era, or in its own way, the video fad of psychology. The playback technique was used in diverse populations and situations for education and therapy: alcoholics (Munoz, 1972; Paredes & Cornelison, 1968; Paredes, Iudwig, et al., 1969); basketball players (Cooper, 1969); counseling (Kagan, 1970); delinquents (Pascal, Cotrell & Baugh, 1971); diagnosis (Perlmutter, et al., 1967); engineering (Perlberg, 1970); families (Alger & Hogan, 1969; Paul, 1966); interpersonal communication (Solomon, Perry & Devine, 1970); nude marathons (Lawrence, 1971); psychiatry (Berger, 1970; Onder, 1968; Wilmer, 1967); psychodrama (Moreno, 1969); schizophrenics (Stoller, 1967); and T-groups (Cerra, 1969).
Unfortunately, most reports on self-confrontation are glowing, impressionistic accounts of the authors' experiences and case histories. Their intentions were to demonstrate its feasibility, economy, and most of all, credibility. In most respects, the video era has ended. Investigators are left with unanswered questions regarding its application, effects, and effectiveness. To say that video era has ended is not to say that it is defunct. Instead of an array of haphazard applications, the current use of videotape reflects a maturity which offers specific guidelines to facilitate change in students and clients.

THEORETICAL PERSPECTIVE

The theme of the sixties is still reminiscent today: self-confrontation with video equipment produces insight of a meaningful and lasting nature. As mentioned previously, the basis for this rationale is the development of objectivity by viewing the observed self. Viewing one's behavior on videotape is different than viewing it in an actual mirror (Alger & Hogan, 1967). Videotape reflects a virtual image rather than a mirror image. More significantly, videotape separates the observing-self from the participating-self. In viewing one's behavior in a mirror, the observing person still has immediate control over bodily movements. Thus he/she is participant and observer at the same time. In video playback, the observing person can only observe and is unable to influence the behavior that is being performed. When a person observes some aspect of his/her
behavior rather than having it pointed out, it is integrated as a new awareness solely from an observer's perspective (Alger & Hogan, 1967). As will be discussed later, the person's focus of attention from this observer's perspective stimulates feelings and thoughts which were elicited in the participating-self.

Holzman (1969) in his article, "On Hearing and Seeing Oneself," presents the first systematic rationale for self-confrontation and offers empirical reasoning on why subjects react to it stressfully. His conclusions are based on a previous study that he, Berger, and Rousey did in 1967. In this study, Spanish speakers who were bilingual in English listened to tape recordings of themselves speaking both languages. They responded to their Spanish speaking recordings with greater affect and more defensiveness than to their English speaking recordings. Their responses to the latter were bland and intellectualized. Holzman suggests that the initial impact of video and audio playback confronts the involuntary behavior of an individual. In the case of the Spanish speakers, they were reacting to the paralanguage of their communication. Paralanguage is, as the cliche goes, "how something is said rather than what is said." The cliche is somewhat misleading, because how something is said is frequently what is said (Knapp, 1972). Paralanguage which is highly derivative and imitative is composed of involuntary expressions of purpose and attitudes which are mediated by those voice qualities learned early in life. (For a brief lesson in paralanguage, please see Appendix A.) Later in life, an individual learns a second language of vocabulary, grammar, and syntax. Research in nonverbal communication
emphasizes the fact that vocal cues, be they manipulated or
unmanipulated, play an extremely important part in the total impact
of any given message. One study by Mehrabian (in Knapp, 1972) found
that facial cues were more influential than words alone. Mehrabian
devised a formula which illustrates the differential impact of verbal,
vocal, and facial cues:

Perceived attitude = .07 (verbal) + .38 (vocal) + .55 (Facial)

As this formula indicates, nonverbal messages (vocal and facial cues)
carry the greater percentage of information. Knapp (1972) comments
on this:

It is clear we are talking about a phenomenon which is
extremely influential in many inter-personal judgments.
In some situations, we intentionally use our voice in a
particular way; in other situations people respond to
vocal cues we are largely unaware of--making inferences
about our personality, emotional state, attitudes, etc.
(p. 150).

Vocal cues give a great deal of information; they are included in the
repertoire of involuntary behaviors which may be observable to others,
but not to the individual. Thus, the speaker's vocal cues greatly
influence the listener's overall reaction. Conceptions are based
upon perceptions of vocal cues combined with other verbal and non-
verbal stimuli. In the case of video playback, the observer is given
the opportunity to view the totality of his/her performance--exposing
his/her involuntary behavior.

The term "paralanguage" will refer to all vocal cues accompany-
ing spoken language; "kinesics" will refer to all body and facial cues;
"metacommunication" will incorporate all aspects of kinesics and paralanguage. (Please see Appendix B for the ingredients of paralanguage.)

Metacommunication is composed of both involuntary and voluntary behaviors. Holzman states that in the self-confrontation experience, involuntary behaviors undergo the process of deautomatization. Deautomatization, a concept introduced by Gill and Brenman in 1959, is the redirecting of one's attention onto involuntary behavior, producing a disorientation within the individual. The amount, the intensity, and the unintentional effect of the metacommunicated information may shock the individual. As a result, he/she will formulate judgments about the reflected behavior as if it belonged to another individual (e.g. treating it as a stranger's).

In the strictest sense, the image is treated as a stranger since a person is viewing him/herself for the first time. By making judgments about this "stranger" in lieu of the metacommunicated information and in conjunction with previous expectations, the viewer can "measure" his/her effectiveness by this direct feedback. In other words, how intense is the discrepancy between expected-self and observed-self?

The complexity of behavior change may depend upon the differential attention given to these voluntary and involuntary components. If behavior is specifiable and voluntary, one would expect less resistance to change and less emotional aggravation in the session (Fuller & Manning, 1974). This is demonstrated in the case of the Spanish
speakers. Speaking English for them is voluntary and influenced less by paralanguage learned early in life, i.e. it is specific and recognizable, even as they speak. This effect is especially noted when playback is used in modeling situations. Behavior is voluntary; the viewer attends to and makes judgments about the performance rather than the leakage of information. There are two reasons for this: 1) there is very little leakage of information in modeling situations since an individual is attempting a new behavior not yet incorporated into his/her repertoire and 2) because the person is focusing on the performance he/she views one or very few behaviors. Therefore, the information the person receives is discriminant. However, if attention is given to involuntary behavior, change will occur after deautomatization. Self-viewing transforms the physical properties of the voice and body into information about the viewer in light of previous experiences with other voices and physical characteristics. A conglery of feelings is evoked during this process; one must cope with the stress of seeing oneself for the first time, and move toward a reautomatization of self-perceptions and behaviors.

Confrontation can occur on three levels: 1) focusing on metacommunication, 2) focusing on performance and/or its consequences, and 3) focusing on both voluntary and involuntary behaviors and their consequences. To reiterate the cautions of Geertsma and Reivich (1965), self-confrontation requires special guidance by the therapist and subsequent working through the experience. Initially, the subject will need help in focusing on and understanding that which self-confrontation stimulates. Generally, this is an excellent beginning
for therapy, though a sensitive initiation for the client.

INITIAL IMPACT

Because it involves intense focusing on metacommunicated information, the initial impact of viewing oneself in videotape is a stressful anxiety-arousing experience. Initially, subjects respond to their physical characteristics (Bahnson, 1969; Holzman, 1969; Lawrence, 1971; Stoller, 1967; Wilmer, 1968b). Nearly all investigators remark on this intense experience. Reactions from subjects are often global: "I look awful;" "That doesn't sound like me;" "I look like that!" In one study, nude marathon members could not be distracted from their intense focus on negative body characteristics (Lawrence, 1971). Stress is not only evoked psychologically, but physiologically as well (Holzman, 1969). To summarize, subjects react to their paralanguage (voice intonations, regional accents, nasal qualities, whining, etc.), kinesics (head shaking, hand movements, posture, facial expressions, etc.), and physical characteristics (weight, height, physical attractiveness, etc.). As a result of this initial impact, it is advisable, if not essential, to have stress reducing adjuncts during self-confrontation. Without them, an initial reaction of distress accompanied by disturbance, fear, and anxiety will pervade (Stoller, 1967). Reducing the stress allows immediate attention to be focused upon involuntary behavior so that it quickly becomes voluntary. The more emotional aggravation there is, the less likely any specific behavior will become voluntary. Two ways of minimizing the initial impact are: 1) prepare the subject
before viewing the playback by explaining the initial impact and/or 2) provide another intense focus.

In order to facilitate change, a specific goal must be agreed upon between the subject and expert before videotaping the session. The goal is defined, in part, as the rationale for employing video equipment. One purpose might be to have the subject focus on themselves to develop an awareness about expected outcomes and observed outcomes of a particular performance. Initially, the supervisor or therapist must answer the question: why is it necessary to use video equipment? A specified goal directs the focus of change and the attention of the viewer (Perlberg, 1970; Salomon & McDonald, 1970).

Research unanimously supports the view that confrontation with some focus is necessary (Bloom, 1971; Stoller, 1968a, 1968b). Focus provides explanation and goal specifications as well as confrontation (Stoller, 1968b). The more information a person has about expected changes, the more likely he/she will change. In general, playback accompanied by no focus has found to change behavior little (Geertsma & Reivich, 1969; Nielsen, 1964). Lack of focus does have adverse effects (Stoller, 1968a). If subjects are not helped to focus on specific goals, they will focus on distressful physical characteristics or metacommunication (Hawkins & Engbretson, 1967). Interventions which can direct the viewer's focus will minimize the initial disturbance and allow specified behavior to change.

Two other variables can affect the initial impact of self-confrontation. First, body image, self-concept, and self-acceptance
are intercorrelated with the amount of anxiety elicited in the subject (Bindrim, 1969; Boyd & Sisney, 1967; Braucht, 1970). Attitudes towards oneself are related to the amount of anxiety expressed initially by the viewer. An appearance different from or more negatively regarded than the norm induces an extreme amount of stress in self-viewing (Hawkins & Engbretson, 1967). The less physically attractive a person believes he/she is, the less receptive they will be to viewing their videotape image.

Bahnson (1969) devised an interesting experiment correlating reactions to physical appearance with age. In this study he used self-confrontation with hemophiliac patients of different ages. Hemophilian patients often develop problematic concepts of their own bodies due to repeated experiences of pain and hemorrhage. Viewing their reflected image was expected to reassure and help them cope with their realistic limitations. The results varied according to age groups: younger children were excited and pleased at their image; older children were concerned with the way they appeared to others; adolescents reacted to it defensively as if it were a threat; and adults were judgmental about their appearance. For the adults especially, there was a dichotomy between those who were disturbed by their image and those who were pleased by their image. The first group felt they had to control the leakage of metacommunicated information whereas the second group was relieved since they could reassure themselves that they were successful in controlling or hiding unacceptable behaviors. Bahnson concluded that the initial reaction to self
confrontation may depend upon self-perceptions unique to certain age groups.

A second variable which affects the initial reaction is the amount of anxiety a subject feels before the videotape session. If a person is anxious before the session, self-confrontation will be more stressful (Harvey, Hunt & Schroeder, 1961; Schumacher, Wright, & Wiessen, 1968). Some anxiety is helpful and contributes to making involuntary behavior intentional; too much is disorganizing. A person who is videotaped as being stressful will focus on that behavior during playback.

EFFECTS OF SELF-CONFRONTATION

What a person fears from self-confrontation actually does occur, since what is viewed is different from what is expected or worse than what was hoped for. Realism (as defined by how others view my behavior) is quite low, erring in the direction of overestimation (Fuller & Manning, 1974). As mentioned previously, video playback increases accuracy of self-perception in terms of developing more objectivity about one's behavior. This is the meaningful and lasting insight that the research of the sixties bravoed. Viewers first acknowledge the discrepancy between expected-self and observed-self. Alger and Hogan utilized this well in conjoint marital therapy. In one case example (1967), a wife referred to the husband's detachment, his emotional lack of connection, and his unwillingness to struggle with these factors in their relationship. Upon watching a video
playback of a particular interaction with her, the husband observed his detachment and thus realized the wife's complaint. In turn, he was able to point out to her that he was struggling to understand and that it was her impatience which kept him from talking. As this example reveals, a more objective self-evaluation evolves after playback. Other research supports this claim very well. A group receiving video feedback showed lower discrepancies between observer's ratings of their behavior and their own anticipated ratings than did a control group which received no feedback (Myers et al., 1969). Psychiatric patients in a confrontation group increased in their self-concept accuracy more than a non-confrontation group (Braucht, 1970). Playback was also significant in helping depressed patients achieve a more realistic outlook towards others viewing their depression (Moore, Chernell, & West, 1965).

Although video playback increases objectivity about one's own behavior, it does not increase objectivity about other person's behaviors (Waimon & Ramseyer, 1970). Even though self-viewers are disturbed by their image and develop insights, other participants watching are mostly bored (Lawrence, 1971). One explanation for this is that videotape is vivid and specific with many cues, making it difficult for a participant to become reinvolved in the videotaped performance of another individual (Yenawine & Arbuckle, 1971). Thus, if the self-viewer feels exposed, it is again because he/she has not attended to involuntary behavior.
TREATMENT

The application of video playback solves a basic problem in both therapy and training: how to increase motivation for change. To summarize, its frequently observed effects are intense focus on metacommunicated information and physical characteristics; physiological and psychological activation of the individual; and increased objectivity about the self-viewer. The following is an analysis of the beneficial ways of employing videotape. Since the same effects are evoked in student and client, these prescriptions shall apply to both.

Although video equipment is available, viewing time is limited. Lack of time is a universal problem for educators and therapists. However, extra consideration is needed for playback conferences. The general practice has been for the subject to view the tape once, alone or with an experienced individual, hoping this minimal exposure will introduce the self-viewing experience and remedy the problematic situation. This is more detrimental than helpful. At least three sessions of self-viewing are necessary to decrease the stressful intensity of focusing on metacommunication and the physical properties (Stoller, 1967). Investigators recommend repeated exposure to self-viewing in order for the subject to become comfortable with the technique and allow attention on the automatic behavior to become voluntary (Blount & Pederson, 1970; Geertsma & Keivich, 1965, 1969; Gotheil et al., 1969). The procedures outlined here require that a playback format be used and is intended for those persons using playback techniques for more than one session.
Since confrontation is stressful, the situation in which the person is taped and views the playback should be a secure one. The most desirable situation is one of psychological safety, insuring the subject of confidentiality. Clinicians using videotape strongly advise the use of contracts for confidentiality and goal specification (Berger, 1970). (Please see Appendix C for an example of a confidentiality contract.) A brief emphasis of the objective, a rationale for using videotape equipment, and an explanation of the initial impact should precede taping.

The presence of video equipment has little effect on group or individual behavior (Stoller, 1969). Beneficial results will occur when the camera is placed in full view of the participants (Wilmer, 1968a). Stoller (1969) states that "...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 (p. 463)." In addition, this gives participants the opportunity to be the cameraperson, allowing them to tape interactions as they see it as pertinent to group growth (Stoller, 1969; Wilmer, 1968a).

The length of taping depends upon the definition and objective of the session. Most often, taping does not exceed ten minutes since time is needed for replay and discussion (Kagan & Krathwohl, 1967; Stoller, 1969; Wilmer, 1968a). Immediate replay enables subjects to pick up discrepancies between observed behavior and their remembered feelings (Alger & Hogan, 1967; Kagan & Krathwohl, 1967). Typically, the recording is played back after ten minutes of taping with the
instructions that anyone can ask that the tape be stopped at any point in the replay. Therapists, supervisors, as well as subjects may stop the tape and comment on a particular behavior, either as it appears on the recording or as they remember expectations in the actual session. If taping exceeds ten minutes, playback should include only those important components defined by the objectives. A third possibility is to record an entire session with the understanding that at any point anyone may ask to stop and replay that particular segment (Alger & Hogan, 1967). Viewing a full playback that is more than ten minutes is not only boring (Lawrence, 1971; Yenawine & Arbuckle, 1971) but overwhelms the subject who must digest the insurmountable information (Kagan & Krathwohl, 1967). Engelman (1973) feels that editing is essential in this process. He proposes that interviews up to forty-five minutes be taped with the instructions that it can be stopped at any time. Before the subject's next interview, the expert would edit this tape, choosing only those behaviors as defined by the objectives. In this way, tapes are employed as measurements which can be reviewed from week to week in order to demonstrate behavior change. This emphasizes which behaviors are being changed and creates a concise "portfolio" for the expert and subject.

A number of investigators have dealt with delayed versus immediate feedback. Delayed feedback has been shown to increase the detachment of the viewer (Nielsen, 1964) and decrease the effectiveness in stimulating detailed memory (Kagan & Krathwohl, 1967). A subject
views the delayed image as an "older self" and does not allow specified behavior to become voluntary (Benne, Bradford & Lippitt, 1964). But Engelman (1973) argues that an edited version of a previous week's tape increases behavioral control over the problematic situation because there is an increase in detachment. Behavior, he states, can become voluntary when a person is detached. Of course, immediate playback and editing can be combined.

A proper playback conference can produce beneficial results. During playback, the type and direction of focus will influence behavior change. Basically, focus is defined as drawing the subject's attention to a specified feeling, behavior, or performance so that he/she may derive discriminant feedback (i.e. information). When there is no focus, such as viewing a playback alone, the possibility increases that this feedback will reward existing behavior, resulting in no behavior change (Fuller & Manning, 1974). When there is focus, reinforcement within it may operate to select certain behaviors for repetition while others drop out. Focus provides information to the subject, specifying what is wanted, what will be rewarded, and the direction he/she should take to receive that reward. If the subject focuses on metacommunication and physical properties, information is only provided about the degree of discrepancy between expected outcomes and observed outcomes. In this case, failure to provide specifying features will result in a loss of self-esteem (Stoller, 1969). Therefore, it is also recommended that one focus on remedial behaviors.

Obviously, focus should be handled by someone who has a good
feel for what actually went on during the performance. The focuser should have all the characteristics of a helping person or CARE (Carkhuff, 1969): Communicated Authenticity, Regard for the other person which is positive, and Empathy. Their communications are concrete and immediate, indicating persuasive potency, enthusiasm, and genuineness. They emphasize remedial change, nudging the subject to acknowledge all discrepant perceptions. Hopefully, the focuser has had the experience of being videotaped so that he/she realizes the potential sensitivity of the situation. Otherwise, he/she may be unduly harsh and lack the perceptiveness needed to facilitate behavior change.

Video playback procedures have been popularized under a myriad of names and techniques depending upon the type of focus, the number of people present in the playback session, and the amount of feedback given to the viewer. All procedures can be classified into four categories: mirror feedback, focused feedback, impact feedback, and opinion giving.

Mirror Feedback

In this method, an individual views a direct representation of a particular behavior with minimal distortion, selection, translation or evaluation. Rather than concentrating on human input, mirror feedback relies solely on the instrument being used. Types of representation include mirrors, photographs, audiorecordings, and videotapes. Its function is to reflect; the subject stimulates his/her
own conclusions about the representation. It can be as simple as showing a photograph to a subject and asking for their opinion. Schweitzer (1976) believes that mirror feedback is the best way of introducing the subject to video equipment. Solitary feedback, she states, decreases the threatful aspects of self-confrontation. She proposes a number of exercises to acquaint the individual and group to self-confrontation.

**Exercise One:** Objective: To become aware of feelings towards being videotaped as well as reactions to seeing one's own image.

**Process:** The self-process tape is done alone. The subject sits in front of the camera with the monitor connected to the desk so that he/she can view the image while it is being recorded. The subject describes him/herself as if talking to someone or about anything that comes to mind for five to ten minutes. After which, the subject reviews the tape, alone or with an expert. He/she should be particularly aware of any feelings about being filmed and reactions to the replayed image.

**Exercise Two:** Objective: Same as number one except done with a group.

**Process:** The group-process tape is done for fun. The group sits in a semi-circle with the camera closing off the circle. Each subject takes turns at running the camera. Group members talk just as if it were any social situation. During playback, individuals discuss what feelings were elicited during the taping. The playback situation can be taped as well.
Focused Feedback

The most common type of feedback is focused feedback which involves the presentation of a behavior and a focus. For example, a subject attempts a particular behavior, and the playback, which includes much else, focuses on that behavior. Most often, it involves a discussion between what actually happened and what was expected to happen. Focused feedback and self-confrontation are synonymous: by focusing on a certain behavior during playback, the subject confronts the image discussing feelings, thoughts, and discrepancies.

Exercise One: Objective: To introduce the subject to focused feedback by eliciting only positive comments about nondiscrepant behavior.

Process: During replay, anyone can stop the recorded to comment positively on what occurred. It is essential that positive comments are mentioned instead of negative ones. If one would rather have more direct focus by adding negative comments, then this statement should precede a positive one or else be sandwiched between two positive statements. The goal of this exercise is to acquaint the individual with the process and leave them feeling good.

Exercise Two: (Interpersonal Recall, Kagan & Krathwohl, 1967)

Objective: To stimulate recall of feelings and thoughts.

Process: Student A interviews subject A for thirty minutes. The recall worker (Student B or supervisor) encourages Student A to elaborate on his/her observations and feelings during replay; Subject
A is absent from this session. However, the recall worker could encourage Subject A depending upon the situation. The aid of an interrogator who was not present during taping is necessary to minimize the defensiveness of the subject.

Impact Feedback

Unlike focused feedback where information is given about behavior, impact feedback involves focusing on the consequences of a subject's behavior. Participants are cautioned against giving opinions or drawing conclusions about the actor's motives. In other words, feedback might include a statement such as "Your remark made me feel guilty," as opposed to, "I think you were trying to make me feel guilty."

Opinion Giving

Opinion giving, as its name implies, is a procedure in which an evaluation is made about an individual's behavior or the consequences of that behavior. Usually, the expert makes evaluative statements (interpretations) pointing out discrepancies between his/her views and the subject's views of that behavior.

It is important to note that each type of feedback can be used for any level of confrontation (that is confronting automatic behavior or nonautomatic behavior). The value of videotape is its ability to replay immediately a particular interaction so that the subject may attend to it more specifically. The type of feedback directs this
attention. Thus, its use depends upon the discretion of the expert. It is not necessary to use videotape in every session with every problem. Like a tape recorder, each person decides when to use it and in what context.

Fuller and Manning (1974) offer an interesting analogy to self-confrontation. They state that self-confrontation is a nonspecific treatment so much that it resembles a placebo. Just as a placebo, it activates the system, prepares the person for change, and produces satisfied customers—but does not of itself accomplish the change. Ideally, a treatment of nonspecific effects permits a person to derive from it what he/she will. It forces the learner to be an observer, experiencer, and reorganizer. The theory and treatment rest on this evaluation. The value of videotape will always remain; it is a visual recording instrument.

CONCLUSION AND SUGGESTIONS FOR FUTURE RESEARCH

Presently, very little research is being done with videotape self-confrontation. It is this author's impression that viewing oneself is joining the ranks of normal, every-day living. Historically, this is the first time technology has made available inexpensive sound cameras to the public. Manufacturers are currently advertising the use of video equipment in the household. It will not be surprising to find a general decrease in the effects of self-confrontation as the uniqueness of self-viewing becomes less shocking. Despite this, it is still valuable to note the pure response of an individual viewing him/herself as others do for the first time. Both the theory
and the effects of self-confrontation tend to support this notion that at this point in history part of the reaction to viewing oneself is simply that a person has not done it before (Lawrence, 1971). If other individuals are bored at watching another subject's replay (Yenawine & Arbuckle, 1971), it is because they have always watched this person. The curious aspect is that subjects react stressfully to their own self-image; their reality was not the reality of others. The literature, if anything, confirms the novelty of viewing oneself in any population. Thus, we have an abundance of historical data on the initial impact of self-viewing.

Though this is the case, the theory and treatment do not suffer. The expert does not need to rely upon the stressful effects as a catalyst for positive growth. Instead, videotape can accelerate change since it is an objective visual recording device. In order to change, one must be aware of what to change. Videotape aptly points it out. When the expert is aware of the stressful aspects of this new phenomenon, he/she must make compensations in order that the self-viewer can accept the feedback. In most respects, the procedural components of self-confrontation will be much like a quarterback viewing a videotape to perfect his pass. Change is most likely to occur in the subject when:

1) He/she has relatively positive attitudes about him/herself.
2) The performance situation is typical rather than unusual.
3) He/she is not extremely distracted by physical appearance and metacommunicated information.
4) He/she's reaction to threat is moderately anxious.
5) The playback is immediate and trustworthy.

6) He/she can identify before playback deficiencies in his/her performance.

7) The taping and playback situation is a safe one.

8) Strong personal focus is provided upon remedial behavior change.

9) He/she can identify discrepancies (a) between the experienced and observed performance, (b) between his/her observations and the observations of the expert, (c) between his/her goals and the goals of the expert, and (d) between his/her goals and the mutually agreed-upon goals.

10) Clear focus is provided.

11) Disrupted behavior is recognized as part of the change process.

12) Treatments are provided to establish new behaviors.

Very few studies (e.g. Bahnson, 1969; Geertsma & Reivich, 1965; Holzman, 1969; Waimon & Ramseyer, 1970) reflect rigorous statistical designs demonstrating clear-cut measurable relationships. Even when no significant differences are found, researchers recommend its use for the population which demonstrated no change (e.g. Blount & Pederson, 1970). Other studies simply advertise its feasibility. A cursory look at doctoral dissertations shows an intellectual debate with neither side having concrete evidence or a commitment stating whether self-confrontation is effective in producing positive change or not. Especially in the fervor of research during the sixties, it has been credited for producing the very outcomes which were predicted and disconfirmed (Fuller & Manning, 1974). Among the suggestions for future research, emphasis must be placed on the effects of self-confrontation with reliability and validity of evaluative measures;
follow-up studies; short and long term changes; and treatment and population controls. Models of expert research include such studies by Alger and Hogan, 1967, 1969; Bahnson, 1969; Geertsma and Reivich, 1965, 1969; Paredes and Cornelison, 1968; Paredes, Ludwig, and Hassenfeld, 1969; Paredes et al., 1969; and Yenawine and Arbuckle, 1971. These investigators have confirmed their results indicating that a person viewing him/herself on videotape will focus on physical characteristics and metacommunicated information, become activated psychologically and physiologically, and develop more objectivity about their behavior. Recommendations for future studies include answers on immediate and longterm effects of different types and combinations of feedback; differential effects on atypical populations; differential effects on individuals who vary along degrees of competence, self-esteem, and openness; and the application of various outcomes in the real world.

The process of change is universal whether it is an unresolved conflict between the id and super-ego or positive and negative reinforcement--one must have information. Videotape is the answer to those woeful cries, "I wish you could just see yourself!"
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APPENDIX A

Paralanguage is how something is said rather than what is said.
Notice the different vocal emphases in the following statement:

1. He's giving this money to Herbie.
   1a. HE is the one giving the money; nobody else.

2. He's giving this money to Herbie.
   2a. He is GIVING, not lending, the money.

3. He's giving this money to Herbie.
   3a. The money being exchanged is not from another fund or source; it is THIS money.

4. He's giving this money to Herbie.
   4a. MONEY is the unit of exchange; not a check or wampum.

5. He's giving this money to Herbie.
   5a. The recipient is HERBIE, not Lynn or Bill or Rod.


By raising the voice at the end of this sentence, one could indicate a question or sarcasm. Thus vocal cues play an important part in determining responses in communication situations.
APPENDIX B

The ingredients of paralanguage include:

A. Voice qualities—pitch range (spread, narrowed); vocal lip control (sharp transition, smooth transition); articulation control (Forceful, relaxed); rhythm control (smooth, jerky); resonance (resonant, thin); tempo (increased, decreased); pitch range; glottis control.

B. Vocalizations.

1) Vocal characterizers—laughing, crying, sighing, yawning, belching, swallowing, heavily marked inhaling or exhaling, coughing, clearing of the throat, hiccupping, moaning, groaning, whining, yelling, whispering, sheezing, snoring, stretching, etc.

2) Vocal qualifiers—intensity (overloud, oversoft); pitch height (overhigh, overlow); extent (drawl, clipping).

3) Vocal segregates—"uh," "um," "uh-huh," and variants, silent pauses (beyond junctures), and intruding sounds.

Paralanguage also includes dialect or accent, nonfluencies, speech rate, latency of response, duration of utterance, and interaction rates.

APPENDIX C


Agreement entered into this _____ day of ______________________ 19 between _________________ (hereinafter referred to as the First Party) and __________________________________ (hereinafter referred to as the Second Party).

WHEREAS, the First Party is desirous of using and exhibiting videotape, kinescope, motion pictures and/or photographs of the Second Party for the purpose of professional education, treatment and research, and

WHEREAS, the Second Party, in consideration of the premises, is desirous of endorsing and supporting the use of such videotape, kinescope, motion pictures and/or photographs for the purpose of professional education, treatment, and research,

NOW, THEREFORE, it is agreed by the parties hereto as follows:

1. In consideration of the mutual covenants contained herein the Second Party consents to the use of videotape, kinescope, motion pictures and/or photographs of himself heretofore made of hereinafter to be made by the First Party. Specifically the Second Party refers to videotape, kinescope, motion pictures and/or photographs of himself, alone or with others, taken in the office of the First Party during the course of individual and group treatment by the First Party.

2. The First Party agrees that the said videotape, kinescope, motion pictures and/or photographs will be used solely in the interest of the advancement of mental health programs and only for the purposes of professional education, treatment or research activities connected with such programs, and will not be used for any other purpose.

3. The First Party agrees not to use or permit the use of the name of the Second Party in connection with any direct or indirect use or exhibition of such videotape, kinescope, motion pictures and/or photographs.

4. The Second Party hereby agrees that he will never sue the First Party or the Estate of the First Party and will never attach the assets thereof and further agrees that this covenant may be pleaded
as a defense to any action or proceeding which may be instituted by the Second Party against the First Party or his Estate.

IN WITNESS WHEREOF, the parties have duly executed this agreement the day and year first written above.

________________________
(Therapist)

________________________
(Client)

The following clauses are optional:

I agree that the First Party is to be the sole owner of all rights in and to the said videotape, kinescope, motion pictures and/or photographs for all purposes herein set forth.

I understand that I shall receive no financial compensation for the use of such videotape, kinescope, motion pictures or photographs.