

FEEDBACK: TV Monologue PsychoTherapy

Television helps mixed-up kids get in focus — on and off camera.

I was afraid of it at first. I didn't like the camera when I first sat here. I really had this thing about being really ugly, you know, and I didn't want the camera on me at all. Like in the meetings I'd hide my face or something because, you know, I really thought I was horrible looking and I didn't want it on tape or anything. The monologue was like my mom always said, "Someday you're going to wake up and see yourself like you really are, and then all these little things you are doing." Wow. Everything I did was wrong to mom. It drove me out of my mind.

I wanted to make another monologue later to see if I had improved. I had. I can't explain it, but I didn't feel like I was ugly any more.

The patient was a 16-year-old girl in the youth drug ward located only nine blocks from the Haight-Ashbury district of San Francisco.

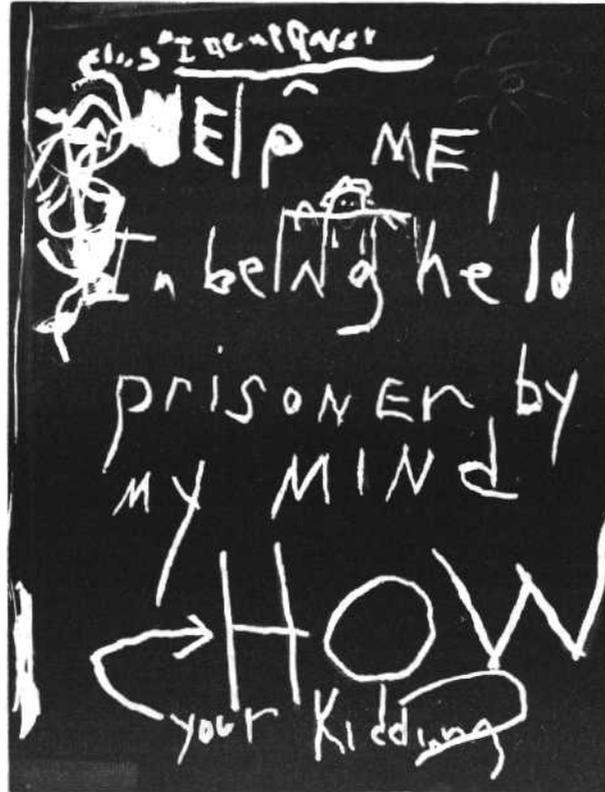
Because television is an instrument for social learning, television videotape with instant replay can be used in transactions of all types (including ward community meetings, psychodrama sessions, individual interviews, monologues, and random activities) as part of the feedback process for adolescent patients with problems related to the use of dangerous drugs. The philosophy of the television treatment program is to give a patient self-awareness, yet leave him free — to become involved, silently or actively, or to remain apart from the group. The evils of drugs should not be preached, and adjustment to the world should not be forced. The object is to let the patient see himself through his own eyes, his psychoanalyst's eyes, and the eyes of television.

Confronting one's own image on the television screen, an actor-audience experience, produces what I call "self-awakenedness" — sudden turning-on of the self. Self-awakenedness differs from ordinary social awareness in which the individual may turn to others for verification. Through self-awakenedness, these young people who have withdrawn completely from society (often bent on oblivion, seeking rebirth and mystical existence — even death or madness) may find internal strengthening to help them endure the suffering in their lives and to renounce escape through self-destructive behavior and drugs.

As a condition for admission to the youth drug ward, the patients were required to sign a form giving legal consent to be videotaped, and minors needed written consent from their parents or guardians. (No applicant refused to give his consent.)

In this multimedia community that relied heavily on television, film, and audiotape, the monologue (an electronic all-at-once experience) became a symbolic ritual of initiation into the new electronic information environment. Many adolescent patients were withdrawn when they were first observed, and they had difficulty in relating verbally to others. They were overwhelmingly preoccupied with themselves and their own head hassles. Perhaps, they welcomed this TV experience because momentarily they became the center of the ward "universe". The monologue was used as a method of self-confrontation or as a way for the patient to present himself to his psychiatrist.

BY HARRY A. WILMER, M.D., Ph.D.



After several television group sessions, each patient admitted to the youth drug study unit was asked (on the second or third day) to make his videotape monologue. Instructions from a television technician were minimal; and the patient, alone in a room, faced the camera to do or say whatever he wished for approximately 15 minutes. After he "opened-up on camera", the tape was replayed for him immediately. He could choose to have it erased or to review it with his therapist. (Few refused to let others see the tapes.)

Monologues present the patient in ways that may be classified as: (1) predictive, diagnostic; (2) informational, historical; (3) behavioral representation of self; (4) psychotherapeutic effect; and (5) record of the patient at a given time and place. Dimensions of intimacy may be revealed by body movement, eye contact with the camera, movement toward and away from the camera, or total removal from the camera's view. Social skills, such as humor, imagination, and creativity, are revealed in the tapes. Time of eye contact with camera, speech nonfluencies, repetitive gestures or metaphors, specific references to time, persons, places, events, speed and volume of speech, silences, opening phrases and body touching can be tallied and measured objectively.

Some patients used the monologue as a pantomime experience; for others it was a psychodrama that incorporated whatever props they chose to bring. One patient used the monologue as a means of loosening her "uptight-straight" psychiatrist. She took off her clothes and did a topless dance! Needless to say, her doctor sat popeyed and dumbfounded when he pushed the button to discuss her monologue with her. This spectacular videotape revealed a great deal about the girl!

A few patients said nothing; their physical behavior was the domain of a highly revealing monologue. Sometimes, their mannerisms exemplified an overwhelming sense of inhibition and phobic reaction. More often, their soliloquy was a defiant and rejecting act toward the doctor and the community. In one such patient, this was clearly a re-enactment of his dominant childhood behavior, when he dared reveal nothing intimate for fear of being hurt, rejected, or given the silent treatment by his parents. Others, in their silence, acted like little children reverting to a kind of sign language, using playful self-distortion as they once did before mirrors.

Some patients talked excessively to avoid self-revelation. Others relied on objects to establish relationships (i.e., books and musical instruments.) Some read prepared autobiographies, and some read from books. One withdrawn schizophrenic patient read poetic essays from a book. When he saw that his time was running out, he proceeded to finish the book by turning page after page, reading only one line from each page. The total effect was Joyce-like, almost an epic poem.

One patient talked about his homosexuality; another about her love for her therapist. A young woman knitted throughout her monologue as she expressed (inner speech) her feelings about a friend's pregnancy and her own feelings about wanting a baby. Another girl sang a song she had written. One patient who was high on acid showed us what a trip was like.

Man's ego identity (his inner speech and inner dialogue) and his social identity are continually preparing him to present himself to others. In social discourse, instantaneous transformations are constantly taking place in response to the feedback from social perception to self. How is it possible to give man a tool to externalize his inner speech and make it available to himself and others, to experience this exposition free from the contamination of human interaction? The television monologue seems to be this sort of tool, offering new vistas for self observation, individual counsel, and therapy. The technique can be used in groups. The playback of a group member's monologue can be used as a means for stimulating encounter groups.

A patient may tell a camera personal, intimate, or historical information that he will not tell his therapist. The monologue facilitates expression within the limits of the patient's internal censorship, and there is a kind of immunity in the monologue procedure. The patient has all of the stage to himself without a human parental surrogate facing him. After the television monologue gives the patient an opportunity to "open-up on camera", playback becomes FEEDBACK. The patient begins to see himself as he really is. Perhaps, replay means recovery.



Harry Wilmer is a well-practiced master video therapist. Formerly with Langley-Porter in San Francisco, he is now at the Scott and White Clinic in Temple, Texas.

Other papers from Dr. Wilmer include:

1. Wilmer, H.A.: Use of the Television Monologue with Adolescent Psychiatric Patients, *Amer. J. Psychiat.* 126:1760-1766, 1970.
2. Wilmer, H.A.: Television: Technical and Artistic Aspects of Videotape in Psychiatric Teaching, *J. Nerv. Ment. Dis.* 144:204-233, 1967.
3. Wilmer, H.A.: Innovative Uses of Videotape on a Psychiatric Ward, *Hosp. Community Psychiat.* 19: 129-133, 1968.
4. Wilmer, H.A.: The Undisguised Camera in Psychiatry, *Visual/Sonic Medicine* 3:5-11, 1968.
5. Wilmer, H.A.: Television as Participant Recorder, *Amer. J. Psychiat.* 124:1157-1163, 1968.
6. Wilmer, H.A.: The Vibes Are Good Doc, *Mayo Alumnus* 5:1-8, 1969.

EVERYMAN'S MOEBIUS STRIP

by Paul Ryan

A Moebius strip is a one-sided surface made by taking a long rectangle of paper, giving it a half-twist, and joining its ends. Any two points on the strip can be connected by starting at one point and tracing a line to the other without crossing over a boundary or lifting the pencil. The outside is the inside. The inside is the outside. Here the power of video is used to take in your own outside. When you see yourself on tape, you see the image you are presenting to the world. When you see yourself watching yourself on tape, you are seeing your real self, your "inside."