

# Video Tape for the Exceptional “..in a world where

I had decided that if the Agency accepted my proposal to integrate and assimilate 1/2 inch video into their total program, then my job would be to ensure that it was used everywhere. As self-titled "Video Tape Unit Co-ordinator," I viewed this exercise as a test run for 1/2 inch VTR functioning within the confines and processes of an Agency serving the mentally retarded.

A survey of the literature suggested that little had been done with VTR in similar social service organizations and inquiries by mail seemed to confirm that fact. In New York, Dr. Karl Fenichel of the League School for Emotionally Disturbed Children admitted that they had acquired equipment but had not started using it. From Washington, Joe Framm of the Yakima Valley School wrote of using video tapes in an attempt to help the retarded residents sequence temporal order and establish clearer body image. In Vancouver, I was told by Laura Willows of Laurel House that taping was done by staff to keep behavioral records. But mostly, wherever I looked, video tape was viewed as a luxury and rarely was there a particular staff member whose sole purpose was to go poking around with a portapak. Little was being done with image feedback to the residents of these small, "exceptional" communities. There was sparse evidence that video was being used to cut into some of the cobwebs that form and reinforce those social service agency bureaucracies.

I wanted to tape staff meetings, parent meetings, parent/staff meetings and Board of Director's meetings. The residents were not the only ones who could learn about themselves by seeing themselves on T.V. I wanted to tape everywhere and playback to everyone I taped. I had hopes of animating the staff, changing the direction of the Agency, as well as treating the residents.

Well, Dr. Crass has been forewarned. A sometime rabbi, social worker, and verbose bore, he chaired a fair share of the meetings. He had immediately felt the sting of Video-in-Action when in trying to sell the idea to the Agency, I brought in equipment and let him watch himself ramble on, dribbling inanities, for an uninterrupted twenty minutes. So, he was not too keen on my taping meetings, especially those he attended, and for quite some time he was against my taping anything. He argued against my having access to the resident's files, and was opposed to the residents visiting me privately in my office. He demanded



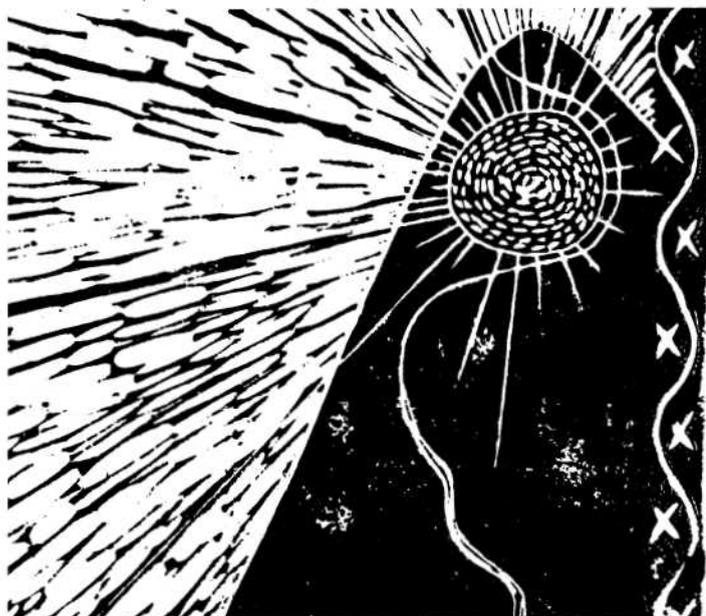
at our first and only confrontation, to know "what qualifications" I had.

I mention Dr. Crass because he was very much part of that video integration process that took place over the year. Those with similar limited vision and poor imagination are the rule rather than the exception in the small social service agency. One must learn how to work around them or without their knowledge or they will dash out from behind their protective desks to piss cold piss on new ideas.

My first taping on the wings was with Billy. Nobody knew for sure how retarded

# we conduct our actions based to a large extent

Billy was, because he never spoke and one was never quite sure whether he was listening. At sixteen, Billy could summon incredible strength when he was frustrated or disrupted in his daily routine. He was continually destroying his clothes, reaching down to his pant cuffs and ripping them up the seams, tearing shirts and pulling tongues from shoes. When he started a low growl it was usually an indication that a door was going to be ripped off its hinges, or a clock torn from a wall. Billy had even dragged a ground level air-conditioner out of its frame, damaging it considerably. So it was with trepidation, that one day, hooked up to a lounge T.V. through an RF



adaptor, I aimed the camera at Billy and flipped off the lens cap.

When Billy saw himself on T.V. he shrieked and ran down the hall. He returned eventually, peeked out from around the corner, saw himself peeking on T.V., laughed and came closer to explore. Soon he just sat down in front of the T.V. and grooved on his image. George, his counselor, took a pillow from the couch and with Billy watched real-time pitch and catch on T.V.

In viewing the tape some weeks later, a group of staff members discovered video

replays were a fine way to see themselves in action with the residents. How was Billy to know what to throw and what not to throw if George, his counselor, was grabbing furniture pillows and winging them around the lounge? A valid point, but certainly not my reasons for taping Billy. Nevertheless, the utility of video was proven and established a foothold at the grass roots with the counseling staff and if they were digging it, I was confident that eventually that feeling would filter up.

At the day school, using this evaluative procedure, I would shoot 1/2 to 1 hour of tape of teachers handling classes of ten to fourteen retarded kids. Screenings with the principal, the teacher and myself were held at the end of the day. For weeks I sensed a "What the hell is he doing in my class" attitude and the resentment toward me was thick. I didn't say much during the replays. The evaluation was to be between the principal and the teacher so I played technician. As the weeks went by, the teachers realized, in viewing their tapes, shot over the course of the day, that I was picking up on the right things; situations where it was a matter of opinion which way to go, unnoticed excelling performances by the kids, disregarded, blatant and disruptive behavior. The evaluation procedures became an acceptable vehicle for improvement and helped the teacher, principal and me in focusing in on specific problems.

At the sheltered workshop, video tape replays were used by the director to evaluate the efficiency of assembly tasks. It could have been worse. In Toronto, they use video replays in sheltered workshops to increase production by Big Brothering the camera with remote control then playing back the images at the end of the day saying, in effect, "See, you were slacking off." Our residents knew they were being

# on reactions of others, that presentation of self has

taped and humanized the process by clowning around on camera before settling back to work. Later, their assembly tasks were viewed and analyzed by the workshop director.

Uses for the equipment began to multiply after a few months. It was used to show parents how their child was doing in the residence, school, or workshop, and thus opened up new lines of communication and provided new reference points for discussion between staff and parents.

It was used to show the Board of Directors what a fine job the staff was doing. It was used to make training tapes on emergency first aid, behavior modification techniques, and teaching techniques. It was used to tape work done at other agencies to improve the work at ours. And finally, it was used as a therapeutic tool. I could tell you about Lazlo in terms of a controlled feedback study but would prefer to save that kind of write-up for the many mental health journals that hunger for new information on treating those less sane or less intelligent than their editors. Lazlo probably taught me more than I taught him. He was nineteen, educably retarded, and an Orthodox Hassidic Jew. He had a keen sense of humor and an innocence and charm that made him instantly and infectiously likeable.

Lazlo shook and bobbed his head whenever he spoke - a condition that had no physiological basis (as I found out reading the files - Crass's objections having been overruled by the kindly Executive Director) and which Lazlo himself wished to eliminate.

So each day we talked for ten minutes, Lazlo in front of the camera, me just off to the side. Eventually, playbacks were introduced after each interview. Headshake counts went like this:

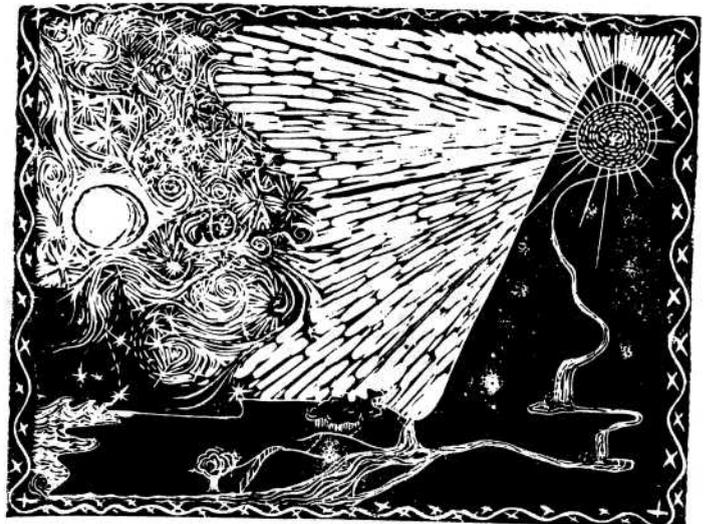
May 4th            203 headshakes in 10 minutes  
May 9th            114 headshakes in 8 minutes

Playbacks began and headshakes were remarkably reduced to:

May 11th           6 headshakes in 10 minutes

May 16th           14 headshakes in 10 minutes

Eventually with playbacks, Lazlo stopped shaking his head altogether. When the playbacks were discontinued for a month, Lazlo increased his headshaking significantly. It was all very empirical and controlled and sent me off on a group of similar experiments which, I maintain, demonstrate that video feedback can be an important therapeutic tool in assisting the retarded to help themselves change behavior. Now this may be evident to all of you who have grown your hair longer after seeing how silly you look, short-haired on playback. But in a therapeutic world of operant conditioning, if you can change behavior and explain it in terms other than reinforcement, then you are either stupid or wrong. Well, I may be both, but I do think Lazlo changed because he was confronted with a poor presentation of self, and in a world where we conduct our actions based to a large extent on the reactions of others, that presentation of self has to be damned straight. It cannot involve distracting incessant headshaking. Lazlo took note of this and eliminated that behavior accordingly.



to be damned straight”.

## Multiple Image Self Confrontation

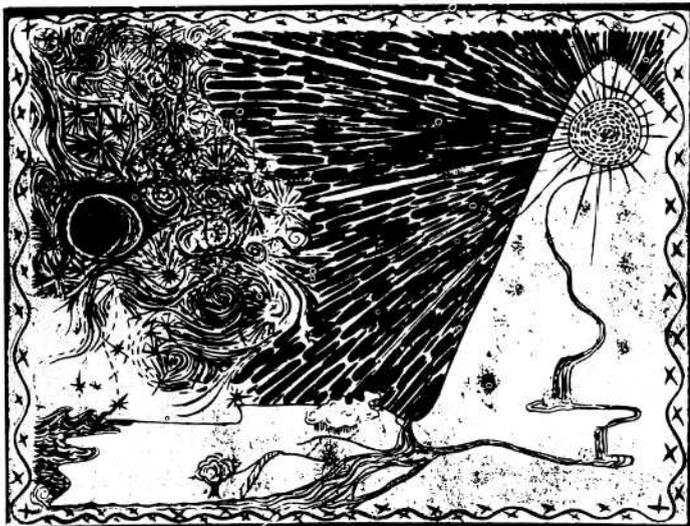
So the year came to an end with video tape playing an important role at the Agency. Money for continued work became a problem until the Canadian Federal government bought my vote in an election year with a National Welfare Demonstration grant.

Dr. Crass is still stuffy about the video unit, but its successes and acceptance by the rest of the staff have thankfully left him close to speechless. For my part, I may go back and continue to work there awhile longer. But then again, I may go to California.

For further information or detailed analysis of the Laszlo study, the author may be reached at:

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The Scottish poet Robert Burns most succinctly expressed the universal quest for truer knowledge of self when he wrote, "O wad some Power the giftie gie us To see oursels as ithers see us!" The advent of video in psychiatric practice has given us that gift better than any other method developed to date. It has given us an instrument which markedly expands and expedites exploration of aspects of our inner self-concepts which lie beneath our own daily awareness, which are not clearly known to others but which regularly, often unconsciously, influence our daily behaviors, interpersonal arrangements with others and feelings about ourselves. The development of video in psychiatry is comparable to the development of the microscope in biology. The use of video self-confrontations in psychoanalytic therapy serves not only to expose the structural components of a person's bio-psycho-socio-sexual self but also provides a unique opportunity for working through alienation from self by repeated replay of the recorded data.

In early 1972 I accidentally discovered how to simultaneously create a series of partial images of a patient, (through the use of video cameras and a split screen generator), for projection onto one or more video monitors during a psychoanalytic session. At first I could not understand how this electronic result had been brought about nor could I again bring it about at my will. Some months later I stumbled upon the process again and then learned how to produce the effect that I refer to as Multi Image Immediate Impact Video Self-Confrontation.

This confrontation technique requires at the least, the use of the following equipment: two mobile cameras, two or more monitors, a split-screen special effects generator and a zoom lens on each camera. I bring to the attention of the patient anywhere from two to six to ten or more partial images of himself on two or more closed-