

to be damned straight”.

Multiple Image Self Confrontation

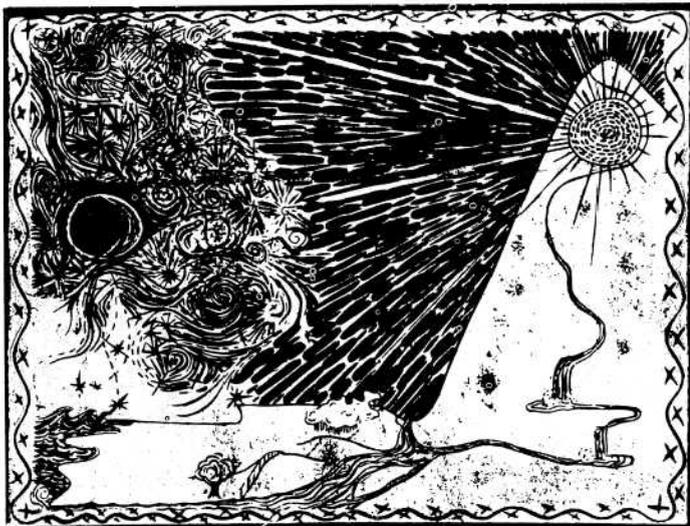
So the year came to an end with video tape playing an important role at the Agency. Money for continued work became a problem until the Canadian Federal government bought my vote in an election year with a National Welfare Demonstration grant.

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.

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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-

The development of video in therapy is comparable

circuit monitors while these pictures are being videotaped for immediate or later replay. As they are presented in tandem-series on the monitor the pictures are intermittently made increasingly unclear, distorted or blurred through camera movement or by my increasing or decreasing the lens light aperture or altering the focus. A patient may be lying on the couch in traditional psychoanalytic fashion or sitting up, or he may be in interaction with members of his psychotherapy group or family during this video experience.

Lewin succinctly stated, "Psychoanalytic technique has various ways of assisting an analysis and to recall forgotten events." The technique of multi-image immediate impact self-confrontation which I am experimenting with is another in a long evolution of techniques aimed to expedite recall of events and associations which can lead to catharsis, insight and the giving up of psycho-socio-sexual fixations manifested in one of the past images of self, which retard growth and maturation and which are no longer valid.

Through electronic means I as therapist have an ability to magnify, focus on and distort aspects of a patient's body just as people do to themselves with their inner "eye" and "I" and can then play back the recording just made moments before for a more total seeing and experiencing and free associating to what is triggered off. There is both an enlarged objective observing ego at work and a subjective, recognizing, identifying self who feels "at home" with those images or pictures or aspects of self which are now emerging on the monitors.

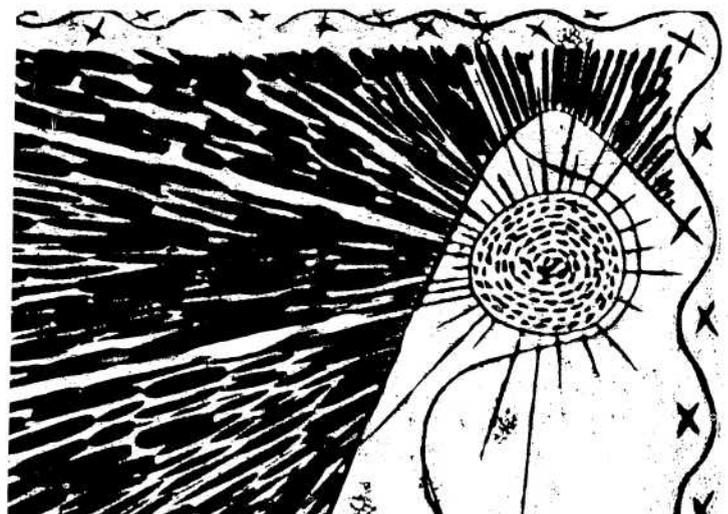
The type of encounter with self-image(s) and with self-identity and self-concepts triggered by the multi-image immediate video self-confrontation technique I am reporting on at this time has been described by patients experiencing it as "surrealistic," "objectifying," "reflection in action," "really taking a look at myself."

Horney repeatedly stated in her work that man uses his idealized image of self to deny, obscure or block his more actual or true images and mo-

ments of being. The compulsive loyalty to rigidly shaped images, each living in compartments alongside each other as if it were a person's only true self, have led neurotic individuals to denials, blind-spots, profound inner conflicts, self-doubts and much pain.

Simultaneously experienced, multiple impact multimages of self presented for introspective exploration and awareness can lead to a person's acceptance of the fact that his self is fluid and in process and that his multiple self-concepts, self-aspects and self-functionings do coexist in and alongside each other in conflict, contradiction, harmony or paradoxically. Energies potentially available to the total self of each person can be more constructively and creatively used for the benefit and growth of self and others and a person can achieve a deeper sense of self-acceptance without guilt as he realizes and assumes full responsibility for concurrent or alternately experienced different aspects of self without necessarily feeling he is split, schizophrenic or fragmented.

In his writings Jung refers to powerful intrapsychic "constellations" or "complexes" which tend to split and "detach themselves from consciousness to such an extent that they not only appear foreign but also lead an autonomous life of their own." These energies gathered into complexes not only go out of control of consciousness but may become "autonomous partial systems" which function like small personalities within



to the microscope in biology.

the total personality. In itself, this is not necessarily an abnormal condition. Such psychic splits are actually necessary if the individual is to specialize the direction of his energies to accomplish some particular work. These autonomous complexes described by Jung seem then to be analogous to what I and others refer to as "inner selves." These inner selves provide the flavor, the unique mixture and distinctiveness of an individual's personality. These autonomous complexes or inner selves are noted and commented on in everyday life when a parent or uncle or close family friend says to a young man with a lot of fire and spirit, "You're a chip off the old block, just like your father."

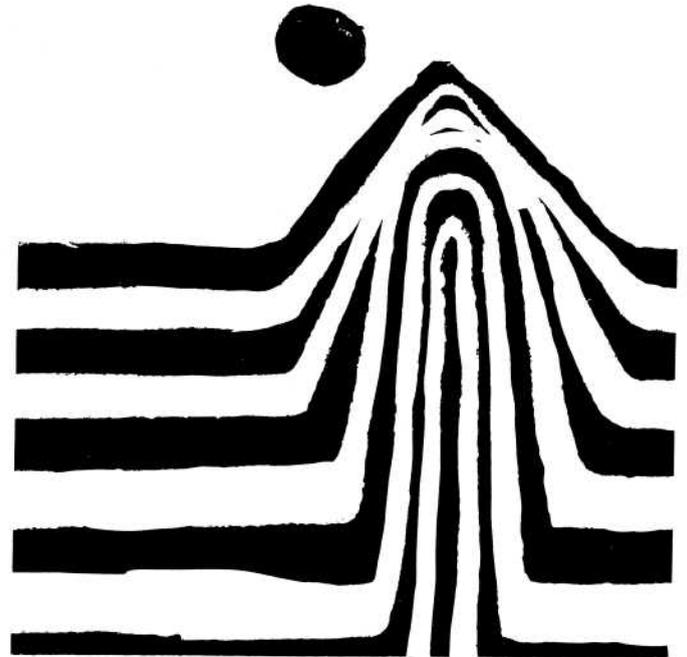
In my recent work with Multi Image Immediate Impact Video Self-Confrontations using closed-circuit video and instant or delayed playback, what appears to be most significant is not that I concurrently reproduce many images of a person but rather that I reproduce and create through electronic means many increasingly distorted images of a person in tandem, one after the other as well as a very clear image. It is just these shadowlike presentations of self images which are not so well known in consciousness nor approved of and liked which stimulate the analysand to bring forth associations to deeper inner selves or complexes which have vexed him for many years, but which remained elusive, inconstant and not palpable enough to be harnessed or controlled as they would intermittently emerge from his deeper caverns of self. He often tends to see the emergence of such partial inner selves or self aspects as the popping up, like a genie, of his "bad self".

An example of a patient's reaction to the multiple image self-confrontation experience follows:

Pat, a 27-year-old, alienated, self-effacing sociologist who had been victimized in childhood, reacted with antipathy, disgust, pain, and sadness to the front images of her face. To the images of her right face, she squealed with delight, pleasure and acceptance. What emerged in her free associations was that in the front

images she saw the face of her mother and grandmother in her...washed out...drained...depressed...old...lifeless...really miserable. She saw in her mother's face in herself the injunction, "Don't try to be any different than me cause you won't make it anyhow...and if you're not going to make it, don't try. So don't even bother. You'll be a sorry girl."

Another example is that of Judy, a 25-year-old, self-effacing elementary school secretary, who, after quietly and reflectively studying her multi self-images on the monitor during a group session, said softly, "The image on the left is clear - that is probably how I seem to others. I don't see my-

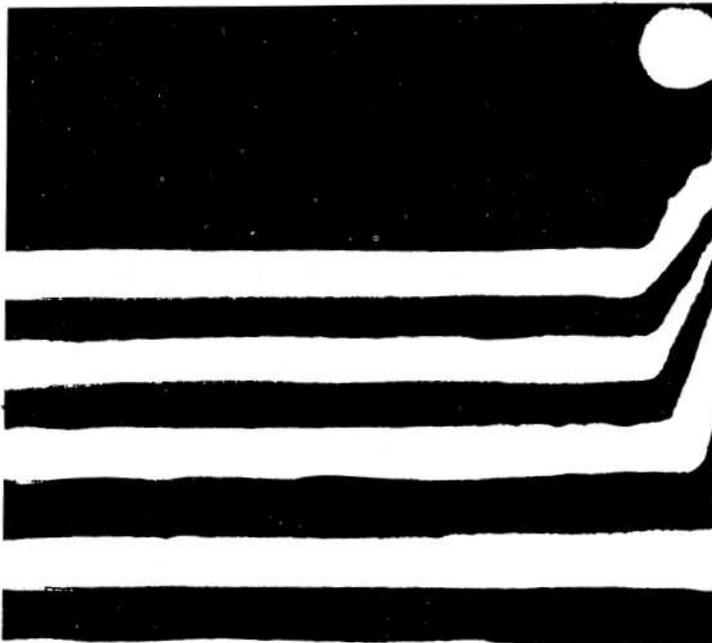


self that way. I see myself like the third image in, which is blurred and hazy." When questioned as to what was the threat in seeing herself clearly, she responded, "Then I would have to be responsible for myself."

More and more serious dedicated clinicians are devoting their energies to video examination of segments of the human experience during psychoanalytic treatment. My experiences over a six-year period indicate that a skillful clinician can introduce video self-confrontation during a session in a fashion which makes it a therapeutic intervention and not a non-therapeutic interfer-

ence. I find that closed-circuit television in the analytic hour decreases and bypasses many of the resistances to the analytic method to insight and to change that have plagued psychoanalysis for so many years.

In his book Neurotic Distortion of the Creative Process (1961) Lawrence Kubie commented, "It may be fair to say that literature and art weaken the truth to enable many people to accept some fragments of it; whereas psychoanalysis attempts to strengthen one individual to the point at which he will be able to face and to accept the whole truth. Yet no form of art or education has found out how to increase the receptive strength of Man in general. Perhaps this is the ultimate challenge which is



faced today by education and by all cultural processes."

My work with patients reveals that it is exactly the receptive strength of Man which video self-image confrontation increases and strengthens. Through video self-confrontation we can bypass many of the overproductive resistance maneuvers of the therapist which block him from confronting his patient for fear it will be "too much, too soon."

Among the many methods used to elicit these repressed memories and to bring about abreactive or cathartic discharge of the energies connected

to them have been the free association method of Freud, Jung and others; the increasingly more sophisticated techniques of dream analysis; the use of conscious fantasies in which the patient is directed to take the analyst with him on a trip back into the time and place of his life when he was five or seven years old; the technique of giving a voice to people and things with whom there is unfinished business such as a father or mother or sibling who died when the patient was three or four years old; the use of the Rorschach test or of art, poetry, music or smells to stimulate recall of early memories and experiences; the use of hypnosis with and without drugs to have a person go back into his time-space historical continuum and to function as he did when he was an infant or child; and more recently the controlled use of psychedelic drugs to stimulate the emergence of powerful actual and distorted memories. All these have been done with cooperative, motivated patients who trusted their therapists and were willingly engaged in the process of undermining and working through unconscious resistance and transference forces which blocked them from being in touch with the many self-aspects and self-concepts which comprise their total self which is in fluid motion and not static or rigid.

And now I have reported in this paper on another method to bring a patient who has a positive transference relationship to his or her therapist into touch with deeply registered, repressed identifications, introjections and incorporations of values, attitudes, behaviors and emotional patterns which are daily influencing self-images, self-concepts and feelings and attitudes towards self and others.

The use of closed-circuit and playback television as an adjunct in psychoanalytic therapy expands awareness of self in relationship to self and others, enlarges the scope and ability of our observing ego and clarifies our psychic, emotional, body and behavioral image, identity and early origins. As we compare what we experience in video self-confrontation with the idealized and hated images of ourselves, we increase our knowledge of how our multi-level, multi-channel communication systems, values and attitudes unconscious-

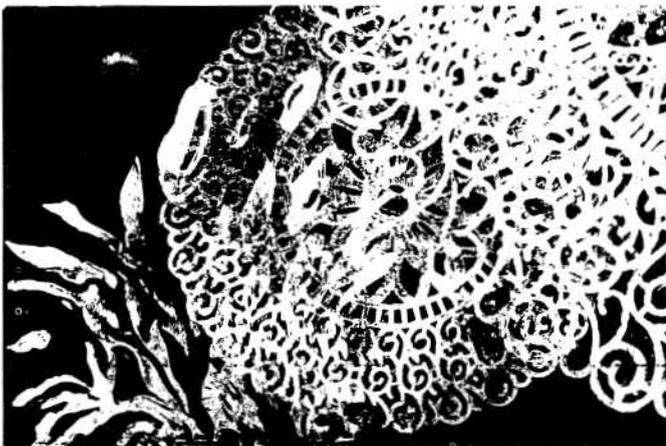
What Can a Portapak Do?

ly and consciously regulate and arrange for our interpersonal relationships with others and our changing reactions to ourselves.

It is necessary to review and consider revision of theories of self which see man from a rigid viewpoint. Although there is continuity in the structural core of each person, self is not a concrete self. A maturing person is composed of many coexisting selves or self-aspects, changing and in flux from moment to moment yet always having a unifying matrix of physical body mass, name, gender, life history, incorporated cultural time-binding practices, language, values and emotional reaction patterns. Each person is unique in his process of creatively synthesizing these past and present introjected and identified-with images as they amalgamate into his own growing self.

This condensed manuscript was prepared for the presentation on Video as an Adjunct in the Growth of Self at the October 25, 1972 scientific meeting of the Association for the Advancement of Psychoanalysis, Carnegie International Center, New York City.

milton berger



We received a grant from NIMH to train employed mental health paraprofessionals in the use of videotape recording techniques. To do this, we used one portapak, some tape, and set up a once-a-week, five-hour class structure at a community mental health center. The class was open to Antioch students, interested paraprofessionals and therapists at the mental health center.

Our goals were to acquaint everyone with the hardware--to begin to understand it, demystify it; and develop a class process that would maximize the benefits we felt videotape could bring to a group. We knew that many community mental health centers had videotape equipment, but to our knowledge, it wasn't being used to the potential we felt video could have for bringing people together.

Another goal was to bring the community and the institution together. As Stelios is the director of a mental health center and has an interest in video, and as Alan is professor of communications at Antioch College and is interested in mental health, we felt that this project could work to bring students and the community together.

We realized that we couldn't develop our theories in the abstract, so our class became a human laboratory where we explored on ourselves the effects of videotape on a group. We were trying, week-by-week, to develop concrete uses of video that would facilitate therapy and/or group interaction.

During the class meetings, we found that the video process began to take on an identity of its own, and that that process shaped the character of what went on. No matter how clear our initial goals were, when the video equipment was on, the process became uncertain. We found ourselves unable to predict what would happen next.

One important thing that we learned was that one cannot maintain traditional roles while working with video. Video in playback doesn't show roles, it only shows people. The reality of this fact precipitated a crisis in our group when the students, tapists, teachers, paraprofessionals and therapists all had to begin reassessing and redefining their roles. We found that video had forced us to face