The Influence of Videotaping on Theory and Technique in Psychotherapy: A Chapter in the Epistemology of Media

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In the past twenty years, the availability of portable and easy-to-use video recording technology has played a major role in the profound changes that have occurred in the theory and practice of psychotherapy. These changes have increasingly emphasized the role of emotion, direct experience, personal relationships, and dramatic moments of high intensity as agents of therapeutic change; the traditional role of insight, rationality, analytic thought, and interpretation have been markedly diminished. These theoretical and technical changes have been led by theorists and therapeutic approaches that have extensively incorporated video recording into their study of the therapeutic process. Each of these therapies was initially developed and is currently taught through the extensive viewing and analysis of videotaped sessions of patients and therapists. Practitioners of these approaches routinely videotape their own sessions and use videotapes of sessions as part of their presentations at professional conferences. A key consequence of the use of videotape to study psychotherapy has been the greater salience of the human face and of the type of information that is conveyed and the type of experience that is invoked by the face. This communicational bias of videotape, then, closely matches the changes that have taken place in the theory and practice of psychotherapy. It is especially notable that the epistemological pressures of video have produced such changes even in a highly intellectual, academically based, and research-driven professional realm such as psychotherapy.

I want to speak to you today as both a media ecologist and as a clinical psychologist. My subject is the influence that videotape technology has had on the ways in which psychotherapists think about and conduct psychotherapy, more specifically, how the increasingly widespread practice of videotaping sessions with patients has influenced both theory and technique in psychotherapy. In the past two decades, contemporaneously with the introduction of portable and easy-to-use videotaping technology to the psychotherapy treatment situation, theory and practice in psychotherapy have undergone a profound change. These changes—in a highly intellectualized, academically based, and sophisticated area of professional practice—are changes in the directions predicted by Postman (e.g., 1979, 1985) for situations and phenomena that are newly

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influenced by the video image. In short, technique and theory in psychotherapy has become much more concerned with ***emotion, experience, personal relationships, and dramatic moments of high intensity. The traditional role of insight, rational analytic thought, and interpretation has been markedly diminished.***

The general outlines of this account will be familiar to media ecologists—how a particular technology structures our thoughts, feelings, and other responses to phenomenon in the real world. But this particular chapter in the epistemology of media—the influence of videotape on theory and technique in psychotherapy—has not been previously explored. *My argument is that the availability and use of videotaping technology to record, review, and study sessions between therapists and patients has been accompanied by a major and on-going shift in the theoretical dispositions and the technical practices of psychotherapists, and that these shifts in theory and practice reflect and incorporate the characteristics of the medium of video.* I would like to briefly outline today some of the processes by which this transformation has occurred.

This particular chapter in the epistemology of media begins with the introduction of small, light, and less expensive video recorders and cameras in the 1970s and the 1980s. As you know, video recording technology had first been introduced in the 1950s, with the first commercial grade video recorder offered by the Ampex Corporation for $50,000 in 1956. In 1963, Ampex even offered an early “home” version of the video recorder for $30,000 through Neiman–Marcus. It is reported that this unsuccessful product was nicknamed “Grant’s Tomb” both for its size and for the name and fate of the marketing director who conceived it. But, by the early 1970s video recording technology had evolved to the point that relatively small, inexpensive, simple, and reliable recorders and cameras were widely available. With the arrival of the Betamax in 1976 and the camcorder in 1980, video recording became ubiquitous. Their

ubiquity—in stores, elevators, parking garages, etc. — rendered them unobtrusive and virtually invisible. And one of the new settings in which these small, inexpensive, easy to use and unobtrusive recorders found application was the psychotherapist's office.

The use of cameras to study human interaction dates back at least to Charles Darwin (1872/1998) who used both posed and natural photographs of the human face to study the expression of emotions in humans and to explore the cross–cultural universality of human facial expressions. While motion picture cameras had also been used to study human interaction, notably, for example, by Dr. William Condon (e.g., 1970) at Boston University, easy to use and inexpensive video recorders led to an explosion in research on visually recorded interpersonal interaction that has spawned or strengthened major new theoretical paradigms. In developmental psychology, for example, video recording has been a foundation and an engine for the profoundly influential study of mother–infant communication and for the study of attachment theory and behavior, which are now perhaps the preeminent theoretical models guiding the study of infant and child development and the formation of interpersonal relationships. In the psychotherapy setting, video recording technology has been used primarily in four ways: 1) as a source of data for what is known as psychotherapy process research, i.e. research on what happens in the course of psychotherapy; 2) as a way of teaching and learning how to do psychotherapy by carefully watching and reviewing what happens between a particular therapist and a particular patient in the course of a session; 3) in conference presentations to audiences of professionals as a means of illustrating a particular point or issue; and 4) as a tool for patients to use, by reviewing their own psychotherapy sessions between meetings with their therapist (Alpert, 1996; Gassman, 1992).

What are the epistemological innovations that are offered by the introduction of video

recording into the therapeutic space and how have they influenced technique and theory in psychotherapy?

One of the major epistemic innovations offered by video recording technology centers on the role, the characteristics, and the functions of the human face and voice, and the capacity of video to provide a powerful experience of faces and voices outside of and in different temporal conditions than obtain in actual interaction with a real person. Our faces and voices are capable of an extraordinary precision and richness of meaningful movement and vocalization. Our faces contain 31 different muscles, far more than are needed for the movements associated with speech or eating, and the modulation and control of our facial muscles and movements occupies a larger proportion of the somatosensory cortex of the brain than does any other part of the body. Our faces do not have these characteristics by accident; they are highly evolved and naturally selected communication systems that have a central and unique role apart from other channels of nonverbal communication. Faces are major organs of communication that are central to the social and interactional anatomy of our bodies. They are one of the first communication systems to come online during post-natal development, and they remain communicatively active, virtually continuously throughout our lives.

Video is ideally suited to reproduce the information and experience conveyed and invoked by the human face in a way that verbally based accounts are not. Faces, in unmediated encounters, are processed as visual forms and patterns to which there is a substantially innate neurological and physiological response. These responses are innate to the peculiarities and idiosyncratic movements of the muscles and forms of the human face—that is, they depend on the direct and actual perception of these forms and movements. Our responses to these forms and movements are based in non-learned, non-conventional (i.e. non-arbitrary) correspondences between

biologically prepared, innate expressive capacities and biologically prepared, innate receptive sensitivities (Buck and Ginsburg, 1997; Ekman, 1992, 1993, 1998; Ekman & Friesen, 1971; Ekman et al., 1987; Ekman, Levenson, & Friesen, 1969, 1983). It is the iconic form of photography, film, and video that makes it possible for these media to reproduce and disseminate this information to which our sensitivities and responses are biologically prepared. Verbally based accounts are unable to do this. It is the conjunction between 1) the nature of the human experience of faces, including especially the specific physical stimuli in which these experiences are based, and 2) the specific semiotic characteristics of video, especially its iconic basis, that permits video to introduce a new epistemic bias to theorizing and technique in psychotherapy. The shift from exclusive reliance on verbally based accounts to the incorporation of iconic reproduction with verbally based accounts changes the intellectual and experiential basis of thought and theorizing about the phenomena of psychotherapy.

It moves the study of psychotherapy from one which is primarily based and experienced in discursive and propositional form (for example, in the form of verbally based written notes from psychotherapy sessions) to one which is also deeply accessible (via the videotaped sessions) in what Langer has called *presentational* form (Langer, 1942, 1953). Langer argues that presentational forms like dance, painting, music, and photography, which are fundamentally non-linguistic, convey and articulate the phenomena of *feeling* in a way that discursive and propositional forms are incapable of doing. When video, film, or photography, with their capacity to reproduce the otherwise inexpressible experiences of faces, enters the realm of the study of psychotherapy, they provide us with a new and presentational source of information about the very nature of the reality under examination. They usher in a fundamental shift in the epistemological ground on which researchers, theorists, and clinicians conduct their work. (See

Nystrom, 2000, for an excellent media ecological analysis of Langer's ideas about different forms of the representation of experience).

Video images present us with much of the data that we respond to in "normal" or "real" human interaction. In addition to the relatively direct transduction of physiognomy, video images also approximate the size and interactional distance of real interpersonal encounters. One can acquire an indirect and anecdotal but nonetheless interesting and clarifying sense of this by noticing that television sets are usually deployed in rooms in our homes in a location that would be suitable for the placement of a chair in which a person were to be seated; the television occupies an interpersonal position in most settings. Finally, because the video image, unlike photography, extends through time, it provides us with the motion and movement patterns that are critical to experiencing nonverbal facial signals.

In addition, video technology also provides us with synchronized audio recording, thus reproducing in a way that verbally based codes cannot the second major channel by which emotional information is conveyed in human encounters—the sounds of our voices, the paralinguistic signals that accompany the words that we say.

In all, video provides researchers and theorists with repeated access to realms of emotionally freighted experience that in prior technological environments were evanescent and ephemeral.

Much of the epistemic impact of video, then, derives from the extent to which faces speak in a presentational language of their own that is not amenable to verbal translation or description, but that is very well captured and conveyed by the video image. A verbal description of a face or of a facial expression can never be as rich or as meaningful as an image of the face itself would be. Faces constitute a communication system that runs parallel to language, on a track that does not converge. The presence of small-scale video technology highlights the language of faces and

makes their contributions to experience more salient and easier to notice and think about. This involves not just the conveyance of information but also and especially the creation of experience. I want to very briefly describe some characteristics of this language and of the special experiences that are associated with looking at faces.

The language that is spoken by faces overwhelmingly concerns emotion and a particular kind of emotional and interpersonal experience. Facial information is almost exclusively concerned with emotion and relationship. It is somewhat misleading to describe what the face conveys as *information*, which suggests a major role for cognitive processing; it is more accurate to say that what a face does is to create a particular kind of emotional, relational, and physiological experience in those who are exposed to the face. To be exposed to a face is to immediately be flooded with altered sensations and experience and to feel one's body changing directly in response to the presence of the other.

Faces, including faces as they appear on videotape, specialize in what Ross Buck and Benson Ginsburg (1994; Buck & Ginsburg, 1997) have called ***spontaneous communication***. Spontaneous communication, as Buck and Ginsburg describe it, is a form of direct, non-propositional communication that incurs knowledge-by-acquaintance rather than knowledge-by-description, a distinction that is similar to Langer's (1942, 1953) distinction between presentational and discursive forms. This is what Buck and Ginsburg (1997) say about the significance of spontaneous communication:

> Spontaneous communication is biologically structured in both its sending and receiving aspects, and it therefore is *direct,* in that it requires no intention on the part of the sender or inference on the part of the receiver. The receiver has *direct*

> *access* to certain "inner meanings" of the sender. This statement is meant to be taken in its strongest sense. *We know directly certain inner meanings in others—certain motivational–emotional states—because others are constructed to express directly such states, and we are constructed so that when we attend, we "pick up" that expression and know its meaning directly.* This knowledge is based upon phylogenetic adaptation and is conferred through inheritance. Therefore, the individuals involved in spontaneous communication literally constitute a biological unit. One's knowledge of the motivational–emotional states of others via spontaneous communication is as direct and biologically based as one's knowledge of the feel of one's shoe on one's foot. (p.28)

Video recording technology has made these processes of spontaneous communication—experiencing the other as directly as one feels one's own shoe on one's own foot—much more accessible and salient for psychotherapists and researchers than had ever before been the case. These processes are centered on affect, experience, and relationship. As a direct consequence, psychotherapeutic theory and practice have become more focused on these elements than was ever the case previously. Affective, experiential, and relational therapeutics are the new watchwords of the field of psychotherapy. Correspondingly, there has been an increase in interest in moments of dramatic impact, and a decline of interest in rationality, insight, and interpretation as sources of cure.

I believe that these shifts have occurred as psychotherapists and researchers have watched and worked with videotapes of therapists and patients in sessions. More particularly, I believe that psychotherapists have been influenced in their thinking by the ***experiences*** they have while

watching videotapes of sessions, experiences that are capacitated by the specific characteristics of the video medium. These characteristics enable the processes of direct spontaneous communication described by Buck and Ginsburg. More specifically, these video characteristics enable processes of facial mimicry, facial feedback, and emotional contagion (see Cacioppo, Bush, & Tassinary, 1992; Hatfield, Cacioppo, & Rapson, 1994; Wallbott, 1995) that operate forcefully when therapists watch a video but that are not present when therapists simply think about or recall a session. This then changes how therapists and researchers ***experience*** the events of a session and therefore changes how they think and theorize about the session.

Facial mimicry is the universal phenomenon in which, when we look at another's face, we unconsciously move our own facial muscles, often sub-perceptually, to imitate or mimic the facial expression that we are looking at. Facial feedback is the process by which we ourselves feel the emotions to which the movements and positions of our facial muscles correspond, i.e. our facial expressions, including those produced by facial mimicry, feed back into and directly influence our subsequent emotional experience. Taken together, facial mimicry and facial feedback contribute to the phenomenon of emotional contagion, a process by which we feel within ourselves a weaker form of the emotions and physiological reactions that are also experienced by the person at whose face we are looking. This is the basis of empathy, the ability to feel what another is feeling. Similar processes occur with our vocalizations, i.e. we regularly match vocal tones to those with whom we are speaking and then feel within ourselves the emotions that correspond to the matched vocal tones that we are producing. Faces and voices work together.

In watching and studying videotapes of patients in session, therapists acquire prolonged access to the spontaneous communication of the sessions and engage more deeply and

reflectively in the processes of facial mimicry, facial feedback, and emotional contagion than would otherwise be possible. The video viewer of a session can repeatedly play particular and especially meaningful parts of a session; he or she views the session offline, able to observe the nonverbal details of the interaction without having to occupy him or herself with participating in and maintaining the interaction. This capacity for extended and more reflective moment-by-moment analysis allows both a fresh re-experiencing of the emotional phenomena of the session as well as a new and deeper appreciation of what had previously gone by too quickly to be fully noticed or articulated. This shifts researchers' and therapists' attention and their experience of the sessions away from the propositional forms of rational verbal analysis and toward the emotional and experiential forms of spontaneous communication. The epistemic and the experiential bases of theorizing and understanding shifts; therapists and researchers watching video of a session have direct access to different phenomena and are literally in a different world than therapists and researchers writing or talking about a remembered session. They are dealing with different events. And their theories and techniques come to reflect these differences.

In considering the significance of this shift, it is worth remembering that Sigmund Freud, the founder of the talking cure known as psychotherapy, and whose work has been profoundly influential in virtually all subsequent psychotherapies, deliberately arranged his office so that he and his patients could not see each others faces. That is, he deliberately excluded from his therapeutic experience and theorizing exactly the kind of information that videotaping so powerfully emphasizes. And it is no coincidence, I believe, that having excluded such information, Freud's understanding and theory of cure was based on the triumph of the rational over the irrational and the verbal over the affective. And this is exactly the direction that psychotherapies based in the use of videotape have moved away from. In this regard, the

influence of videotape on psychotherapeutic theory and technique may mirror the influence of video, graphic, and iconic media on culture generally—a shift toward heightened attention to and regard for emotional aspects of experience.

It is beyond the province of this paper to trace historically and in detail the specific theoretical changes in approaches to psychotherapy that have accompanied the use of videotaping technology. However, by way of concluding, I do want to briefly mention four specific therapeutic approaches that have been widely influential and that have also been heavily invested in the use of videotaping as a means of understanding therapy. The names of these approaches will themselves help to make the point that I am arguing. They are: Habib Davenloo's (1980) Short-Term Dynamic Psychotherapy; Diana Fosha's (2000) Accelerated Experiential Dynamic Psychotherapy; Michael Alpert's (1992) Accelerated Empathic Therapy; and Leslie Greenberg's (Greenberg & Safran, 1987) Emotion Focused Therapy. Each of these therapies was initially developed and is currently taught through the extensive viewing and analysis of videotaped sessions of patients and therapists. Practitioners of these approaches routinely videotape their own sessions and use videotapes of sessions as part of their presentations at professional conferences. Taken together, these therapies exemplify trends that are also increasingly found in most other therapeutic approaches. These trends are:

- A shift from the intrapsychic to the interpersonal
- A shift from an emphasis on the past to an emphasis on the present
- A shift away from interpretation and insight as curative, and toward the role of powerful experience within the therapy itself as curative
- A shift toward the value and importance of the intensity and immediacy—one might say the dramatic quality—of therapeutic experience

- A shift away from thoughts and cognitions and toward emotions
- A shift from longer term toward shorter term treatment

These are exactly the kinds of changes that media ecologists would expect to occur in a cultural realm newly influenced by video. As I noted at the outset, I think it is especially notable that the epistemological pressures of video have produced such changes even in a highly intellectual, theoretical, and research-driven professional realm such as psychotherapy.

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