

THE USE OF ALTERNATIVE MODES FOR COMMUNICATION IN PSYCHOTHERAPY

the computer
the book
the telephone
the television
the tape recorder

DAVID LESTER, Ph.D.

*Richard Stockton State College
Pomona, New Jersey*

The use of electronic and printed media as alternative modes for communication in psychotherapy and counseling is examined in detail by this book. The author reviews the variety of uses to which these media have been or might be applied, including crisis intervention, vocational counseling, long distance psychiatric evaluation, bibliotherapy, and advice columns. The unique qualities of altering communication modes and the enormous implications these techniques have on the total understanding of the therapeutic process are also explored.

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INTRODUCTION

THIS book examines the use of different media for communication in counseling and psychotherapy. Traditionally, the patient or client and the psychotherapist or counselor sit in the same room and talk to each other. Communication is direct and takes place on different levels, both verbal and nonverbal.

In recent years, there has been an increasing use of alternative modes of communication in psychotherapy. For example, the rise of suicide prevention centers led to an expanded use of counseling by telephone, primarily because this mode of communication was the most apt for the clientele for whom the centers were designed. Counseling by telephone changes the nature of the psychotherapeutic relationship drastically. Visual cues between client and counselor are eliminated, and there is a radical shift in the power balance of the relationship.

The aim of this book is twofold. First, the book surveys the various ways in which alternative modes of communication have been utilized in psychotherapy and counseling. In particular, the uses of the telephone, the tape recorder, the book, the computer, and the television or videotape in psychotherapy are reviewed. Each review surveys the many uses to which these alternative modes of communication have been put and, in addition, focuses upon the unique characteristics that each alternative mode of communication brings to the psychotherapeutic relationship.

The second aim is to reflect upon the implications of the use of these alternative modes of communication for our understanding of the nature of psychotherapy and the reasons for its success. For example, Chapter 5 is a discussion of the use of the tape recorder in counseling; research is reviewed exploring the utility of seating institutionalized juvenile delinquents in a

room by themselves in order for them to talk out loud while being recorded on tape. The counselor never provides any feedback to the delinquents about the content of what they say during these sessions. If such a technique has a psychotherapeutic effect, to what can we attribute its success and what does its success mean for our understanding of the nature of psychotherapy? These issues are addressed in Chapter 6.

As each chapter is written to be a self-contained review of the literature, the reader may feel free to begin with any chapter.

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**THE USE OF
ALTERNATIVE MODES
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IN PSYCHOTHERAPY**

TELEVISION AS A MEDIUM FOR PSYCHOTHERAPY

THE use of television and videotape systems has become increasingly popular with psychotherapists in recent years. The greater part of the interest has been in the use of videotape to record the behavior of a patient or group of patients in order to confront them with this view of their behavior. Although this use of television is important and may have important consequences for the psychotherapeutic process, it is not relevant here. What is of interest is the use of television as a *medium for communication* in which a patient and a psychotherapist communicate with each other via a television circuit.

A few examples will clarify this distinction.

NATHAN'S TRACCOM

Nathan et al. (1968) have described a technique which they called TRACCOM (Televised Reciprocal Analysis of Conjugate Communication). A psychiatrist interviewed a suicidal alcoholic who was an inpatient in a psychiatric hospital. There was one interview lasting an hour for each of thirteen weeks. Each participant sat in his own room which was equipped with a television camera and television screen. In order to see and hear the other person each participant had to repeatedly press a hand-held switch. (In other reports, the switch was a foot-switch, and there have been reports in which two switches were used, one for the sound and one for the visual channel.) To receive a maximally clear picture and sound of the other, the participant had to press at a rate of 120 per minute; to blot out the other, all that was necessary was to lower his rate of pressing the switch.

Nathan et al., recorded the rate of switch pressing and had

the psychotherapist and the patient complete questionnaires after each session. The data is not especially relevant to the use of this technique for psychotherapy, but it is suited for research investigating the process of psychotherapy. For example, in the first six sessions the psychotherapist increased his rate of pressing during the course of the session. In the latter seven sessions he decreased his rate of pressing during the sessions to the point where he could not see or hear the patient for much of the time. Thus, two distinct periods in the therapeutic relationship were apparent.

The psychotherapist expected the situation to feel unreal but was surprised to find that it did not seem that way. He noted the elimination of status differences (for example, the psychotherapist did not sit behind a desk) and the equalization of power (each could obliterate the other by changing the switch pressing rate). The psychotherapist felt that the patient cooperated and used the customary defense mechanisms and modes of adaptation found in face-to-face psychotherapy. Incidentally, the technician in charge of the equipment became involved in the process and took the patient's side against the psychotherapist.

Although a patient soon forgets about the need to press the switch, the movement necessary may facilitate thinking and free association, perhaps in the way that having a patient walk around a group while talking frees thinking. Lindsley (1969) sees the technique as providing a method of matching psychotherapist and patient using a nonconscious measure of interest in each other, for determining the optimal length of psychotherapy sessions, and for feedback (both *after* and *during* the session) to the psychotherapist about the interest level of his patient.

DWYER'S IATV

Dwyer (1973) has described an interactive television system (IATV) initially set up between Massachusetts General Hospital and Logan International Airport in Boston to permit psychiatric and medical interviews between doctors at the hospital and patients at the airport. Although useful for psychi-

atric emergencies with patients, the system has been used primarily for psychiatric evaluations and counseling of the airport staff and their families. Dwyer and his staff have conducted diagnostic interviews, prescribed drugs, conducted crisis intervention, and held individual and group psychotherapy sessions with the system.

The system has been expanded and now provides consultation to groups such as high school teachers, counselors, and probation officers, and diagnostic interviews for prisoners.

Many psychotherapists first react negatively to the system. Dwyer felt that these feelings were based primarily on previous experience with television in which the viewer is passive. Once the psychotherapist and patient adjust to the fact that this is an interactive television process, the negative reactions quickly disappear.

Economically the system is excellent. It permits the distant patient to interact with a psychotherapist or counselor more easily and cheaply. It permits agencies and locales with poor psychiatric and psychological resources to "share" a centralized counseling center, thereby utilizing psychotherapists efficiently. Since operating costs are low and treatment more accessible, the system has great potential for early detection and treatment of problems. It is ideal for screening patients and reducing the need for hospitalization for purposes of observation.

Dwyer reported that the degree of personal contact with the patient was full. The psychotherapeutic transactions possessed the richness of face-to-face sessions. The two participants were "in touch" despite the mediation by electronics.

Dwyer felt that some patients can benefit more from televised sessions than from face-to-face sessions, especially schizophrenics and younger patients (children and adolescents). Although some patients showed initial anxiety in the situation, all adjusted, and paranoid patients did not incorporate the television into their delusional thinking.

WILMER'S TELEVISED MONOLOGUES

Wilmer (1970) has adolescents in inpatient treatment for drug-related problems make a videotape for their psycho-

therapist.

The adolescent sits in a television studio by himself and records a fifteen minute tape which he can review. If he wishes, he can erase the tape or he can show it to his psychotherapist. The adolescents appear to like this. (The unit uses videotaping a great deal, and the adolescents are used to it.) Only a few erase the tape. (Incidentally, new staff are offered the technique to introduce themselves to other staff and most refuse.) The patient reviews the tape with his psychotherapist.

The tape provides a clinical case record. It also permits the patient to reveal his inner speech because there is no therapeutic prodding. For some patients, inhibitions are lessened and free association and regression are shown. Transference is more easily expressed, since no adult is around to inhibit the patient. Wilmer felt that the monologues were diagnostic, informational, and therapeutic; he is experimenting with their use throughout treatment.

DINOFF'S STANDARDIZED VIDEOTAPE INTERVIEW

Dinoff et al. (1969) have constructed a videotape interview in which the interviewer asks fifteen questions, mainly nondirective, of a patient. The patient's responses can be recorded. The interview is thereby standardized and useful for research purposes where elimination of interviewer bias is crucial.

Waters (1975) used the interview and found no differences in college students in their galvanic skin response, self-rated anxiety or amount spoken when they were given both the videotape interview and the face-to-face interview.

OTHER USES OF TELEVISION AND VIDEOTAPE

The Training of Counselors

Two systematic techniques for training counselors have appeared in recent years. In *microcounseling* (Ivey, 1972) the counselor learns one counseling skill at a time, practicing with

volunteer clients. Videotapes of counselors displaying the skill are available, and the videotapes of counselors attempting to develop this skill can be viewed, compared, and discussed. The important features of this method are the emphasis on learning one skill at a time and self-observation on videotape. Higgins et al. (1970) have utilized the technique to teach specific skills to patients, for example, teaching married couples to move away from confrontive conversations to sharing conversations.

In *interpersonal process recall* (Kagan and Krathwohl, 1967), the counselor conducts a session with a volunteer client which is videotaped. The interview is watched by an observer. The counselor leaves; then the observer interrogates the client about what took place in the interview. A second observer may simultaneously interrogate the counselor in a separate locality. Both interrogations are audiotaped for later study. Interpersonal process recall is insight-oriented. Although this method was designed for training counselors, it has also been found to speed up the process of psychotherapy for the patient.

Stimulating Psychotherapy

Videocassettes of psychotherapy and real-life situations have been used to stimulate psychotherapy. One example is a cassette of a family argument, followed by the mother of the family talking to the audience about her true feelings may be used to stimulate a group discussion in children about the divorces in their families (Cowan and Kinder, 1975).

Catanzaro (1967) recorded a psychodrama of a conflict situation (marital or employment) acted out by patients in front of a group of alcoholic patients, who then discussed the problems portrayed while reviewing the tape.

Clinical Records

Videotaping of patients has been used for data collection. Samples of patient behavior can be recorded throughout treatment and then filed as part of the case record, providing a much richer report than mere written documents (Cornelison,

1963). Such tapes can also be used for training counselors, for example, by showing a patient at different stages of treatment (Macdonald, 1974).

Katz and Itil (1974) have argued that the use of videotaped samples of patient behavior can assist research. When ratings of patients' behavior are required, the use of videotaped samples permits the use of more judges, the use of expert judges, and the control of the independent variables (such as the stage of treatment or the particular treatment group), since the samples can be presented to the judges in random orders. Katz and Itil reported a study of the effects of thioridazine and thiothixene on patients using such a methodology and they found subtle but important differences in the action of the two drugs. Katz and Itil stressed the usefulness of a standardized interview for research purposes, and Dinoff's work (reviewed above) is relevant here.

Supervision of Counselors

Videotaping has often been used to observe patients; now it is used especially with patient-counselor interaction for purposes of supervising the counselor. Videotaping provides a much richer source of feedback for the counselor and supervisor than mere audiotaping (Gruenberg et al., 1969).

Confronting Patients

The major use of videotaping has been to confront patients with audiovisual samples of their own behavior (Bailey and Sowder, 1970). The aim may be to focus on personal and interpersonal distress, and may focus on specific problems such as attempting to increase the concordance of verbal and nonverbal communications skills. Marvit et al. (1974) reported a successful demonstration of videotaped playback of group psychotherapy sessions used to change the self-confidence facade that delinquents have. The delinquents became more aware of how they appeared to others. The aim may be to train instrumental skills such as teaching impression management for potential job ap-

plicants. Paden et al. (1974) reported an effort (which failed) to improve the eating behavior of patients using videotape playback of their eating behavior. In a variant of self-confrontation, Resnick et al. (1973) confronted a suicidal patient with scenes from the emergency room procedures involving him and his family's reactions to his suicide attempt.

Diagnosis

Haworth and Menolascino (1967) videotaped play sessions with children to facilitate observation of their behaviors and differential diagnosis. The use of videotape permitted the use of many judges who were able to replay at will the records of the behavior. Bellino (1973) has suggested that videotaping a person when he believes he is alone may facilitate the detection of malingering.

Models

Videotaped illustrations have been used to provide models for behavior. Krumboltz et al. (1967) showed high school students a film of vocational counseling to motivate them to use the counseling resources. Striefel (1972) argued that television could be used to provide models and to give instruction to mentally retarded children (who appear to enjoy watching television). Striefel and Eberl (1974) were able to get retarded persons to obey commands given over the television. Greer and Callis (1975) motivated alcoholics for treatment by showing them videotaped interviews with recovered alcoholics. Rathus (1973) used videotaped models to make assertiveness training more effective. Strupp and Bloxom (1973) showed films (of a troubled man seeking psychotherapy) in order to motivate lower class patients for group psychotherapy by reducing their misconceptions about psychotherapy, thereby decreasing their defensiveness and sense of threat. Strupp and Bloxom presented evidence to indicate that the technique was successful. MacDonald et al. (1972) had people watch videotapes of sensitivity-training groups. Although the viewers were motivated to join

such groups by this exposure, they did not change in the degree of self-disclosure that they showed after watching the videotapes.

Televising Psychotherapy

Shostrom (1968) explored the effects of televising a group in psychotherapy and showing it on local television. Not only did the viewers who wrote in to the television station report that they found the program growth-producing, but the patients felt that the televising of the group accelerated their progress. (Since the sessions were pre-recorded, the patients could watch the broadcast.) None of the patients were concerned about the loss of privacy.

Stoller (1967) recorded group psychotherapy with psychiatric patients and televised these sessions to patients in other wards. The chronic regressed patients in the groups were stimulated while on camera and participated more than when in regular groups. The recognition from fellow patients subsequently was reinforcing and again stimulated them. During the sessions, the patients' psychotic verbalizations decreased and their spontaneity increased. The effects of this might be compared to the effects of psychodrama and support Mowrer's (1964) plea that public confession of mental illness and misdeeds ought to be more psychotherapeutic than private confession to a psychotherapist. The patients who viewed the sessions also seemed helped by them, though this result was not studied in detail. (Incidentally, the television cameramen and technicians were patients too.)

Miscellaneous Uses

Woody and Schauble (1969) used videotaped sequences to present the fear-invoking stimulus to the patient in systematic desensitization sessions.

Forrest et al. (1974) have prepared an electronic textbook of psychiatry, which has psychiatric interviews included, for the training of medical students.

Rader and Schill (1973) have shown students in a course on projective testing a patient being tested with the tester interpreting the protocol "blindly." The students then met the patient and the tester in person in the classroom. Rader and Schill felt that this procedure helped to overcome the prejudice that some students feel toward projective testing.

CONCLUSIONS

It is clear that television and videotaping has been used in a variety of innovative ways in counseling and psychotherapy, although, many of these uses have not involved using the television as a medium for direct communication. Television has been used mainly to supplement psychotherapy.

However, it is clear that the use of television for patient-psychotherapist communication is possible and that when it is used as the medium for communication it has the result of minimizing status differences between patient and psychotherapist. In some arrangements, such as Nathan's TRACCOM, it results in the equalization of power between patient and psychotherapist, because the patient can "tune-out" the psychotherapist. These results of changing the mode of communication between the patient and the psychotherapist are shown more clearly in the use of the telephone as the mode of communication and they have been studied in greater detail in that mode.

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