The Video Camera: Implications for Its Use Within the Drama Therapy Profession

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A Research Paper

In

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

For the Degree of Master of Arts

Concordia University

Montreal, Quebec, Canada

August 24, 2016

CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper prepared

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Entitled: The Video Camera: Implications for Its Use Within the Drama Therapy Profession

And submitted in partial fulfillment of the requirements for the degree of

Master of Arts (Creative Arts therapies; Drama Therapy Option)

Complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

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September 15, 2016

Abstract

This study reviews the usage of the video camera as an adjunct to the practice of drama therapy, beginning with a review of the development of video camera technology and its past usage in the mental health profession, up to the practical usage of a video camera in drama therapy in the present. Studies from various disciplines will be presented from the past with a connection to the ability to use the technology in drama therapy work, noting limitations throughout. Care shall be employed in offering an ethical perspective to the future usage of a video camera in drama therapy by providing a critical analysis of the history of video camera usage within the mental health profession, and providing samples of ethical guidelines present in the creative arts therapies highlighting the need for further discussion and research of the topic. This paper will encourage the drama therapy profession to capitalize on a medium that is a natural addition to the tools and techniques of drama therapy work.

Acknowledgements

I do.

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Chapter 1. Introduction

Many years ago I had the good fortune to witness a video recording of myself acting. Unknown to me at the time, my legs continually shifted from one side to the other, balancing my weight back and forth. I had no idea whatsoever that I had been doing that. When I witnessed the video footage I was shocked. How was it possible that my body could be doing something without any awareness from me? It truly was a humbling moment. This is when I realized the potential of the video camera: it has the ability to capture the world how it actually is, not necessarily as one perceives it. As a therapist in training it was obvious from the beginning of my journey that this entity had the ability to help a client in therapy, and could also serve as an excellent training tool, providing empirical evidence of what had transpired exactly as it happened in a session from both perspectives: that of the client and that of the therapist. One must consider that there are additional ethical responsibilities that have to be met depending on the application of a camera, and always in the best interest of the client.

Since the 1950s television equipment and techniques have been used within the psychotherapy profession, supporting training, assessment and research. However, since the time of the publication, there were few controlled studies to corroborate their effectiveness. Most evidence was anecdotal or from studies of group dynamics (Lockwood, Salzberg, & Heckel, 1978). It appears that there is a similar reality in the literature on the usage of a camera in psychotherapy practice today. On the subject of my specific focus, drama therapy, Robert Landy (2006**)** writes:

> Research is an area of drama therapy that lags very far behind theory and practice. The low status of research in drama therapy is evident when perusing, for example, the

> volumes of the journal *The Arts in Psychotherapy* where one finds a consistent paucity of drama therapy research. (p. 138)

He continues by saying that there is an absence of new material by the leading authors of drama therapy, including himself, and that he promotes the new pioneers of this still relatively new profession to continue their explorations and thoughts about the field committing to new research and publications (p. 138). This paper will consider these points when exploring the usage of a video camera within the field of drama therapy. The literature review will consist of earlier studies up to the present with a direct connection to drama therapy and/or its techniques as they contribute to a better understanding of the potential and possible risks of using a video camera in drama therapy practice. As noted by art therapist David Henley, the use of video in performance applications is, of course, a natural extension of performance-based activities (Henley, 1992, p. 443).

In the literature there are publications referring to the use of a video camera but very few under the heading of "Drama Therapy." Using the major databases available on the Concordia University library's site, there are thousands of results with varied applications of using a video camera in therapy; however, much of the literature is not relevant to this inquiry of using a video camera in drama therapy, per se. Many applications of the video camera are of an instructional and/or teaching nature. Other publications deal with issues around using the web to deliver therapy. Using the terms, "therapy and video," "creative arts therapy and video," "drama therapy and video", and "video therapy," you find similar results across all databases. Searching the terms "therapy and video" in "Eric Connect" finds 276 results whereas "drama therapy" and "video" yields only 4 results. Using Psych Info the results are 2821 entries for "therapy and video" and 12 results for "drama therapy" and "video." One possible explanation could be the

fact that there are creative arts therapies publications documenting the usage of video camera techniques without explicitly indicating so in the title (e.g., Danet, 1968; Novy, 2003). In addition, there are other publications within the mental health professions referencing the use of video camera techniques in a fashion that could indeed be considered drama therapy although this is not immediately apparent. In many cases one must review the methodology before discovering these references (e.g., Henley, 1992; Hinz & Ragsdell, 1990). However, from the literature, notwithstanding the deficiency of information on clinical studies in therapy, we can find many instances where a camera is referenced as a tool, technique, method, adjunct, etc. to practitioners of psychotherapy with a connection to drama therapy and/or its techniques.

The camera in and of itself is a device that affects the behavior of persons knowing that they are possibly being watched. Foucault's *Discipline and Punish* (1979) studies the use of Jeremy Bentham's "panopticon," an architectural design that places prison cells in a circle around a central watchtower. The design facilitated prisoner behavior through a manner of self-surveillance due to the mere possibility of being observed because of the fact that a person could never know if they were actually being observed. The prison cells were placed in a circle around a central tower. The cells were separated from each other by a solid wall, but had windows on the outside and inner walls. The occupant of the cell could only see the outside world and the tower on the inside. The guard could see each cell and its occupant because of the light coming through the cell from the outside window creating silhouettes easily seen from inside the tower. The tower windows would have venetian blinds and the tower's interior walls were designed in such a way that you could never see light leaving the tower. One could never really know if there was anyone in the tower, and if they were being watched (Foucault, 1979). Further applications of this method have been noted to continue into the digital age, where citizens are constantly

having their actions monitored, unawares, via the presence of surveillance cameras. “It can be claimed that through surveillance cameras the panoptic technology of power has been electronically extended: our cities have become like enormous Panopticons” (Koskela, 2003, p. 293).

In one study using a video camera in art therapy, one of the clients used the camera as a validating tool: “he glanced over at it continuously, a genuinely proud smile affixed to his face, inquiring often if I was sure that ‘they’ could see him as he made art” (Dufour, 2000, p. 1). The client obviously had surmised that others would be watching him. This lends support to the camera possibly having an effect at any given time, which is something that should always be taken into consideration. The “Three Approaches” video (Landy, 2006) is another good example of the immediate effect of the camera.[1] The participant “Derrick” at the onset of the study made comments towards his nervousness. When asked specifically what bothered him more, the group of students watching or the camera’s presence, he responded that the students did not bother him at all. In fact, when Robert Landy introduced the students who would be watching the session, Derrick turned his head and looked directly into the camera lens raising his eyebrows as he looked away. It was obvious Derrick’s major distress was caused by having the camera in the room and that there were neural connections made in his brain towards the camera and all that it signified to him, as was caught on the replay. This fact undoubtedly had an effect on his subsequent behavior, although as the work continued he appeared to forget about the camera’s presence.

[1] While the method of using a video camera in the examination of the differences between Role-Play, Developmental Transformations, and Psychodrama provide important insights to this research, the purpose of the study was not focused on the camera usage and its effects.

Society has moved forward quickly considering the technological advancements made in the past several years. Twenty years ago using a video camera involved many variables. The management and storage of video required much understanding of the specific knowledge of the technology, which presented itself to many as a major obstacle. Actually, in one study the discomfort felt by the therapists with the camera equipment possibly had an effect on the clients and consequently, the study itself (Fryrear & Stephens, 1990). Since the introduction of cost-efficient personal video devices, the use of video has gained popularity. This is especially true lately with the addition of a video camera incorporated into today's smart phones, as will be discussed in more detail in chapter 2. In the quest to understand the potential of using a camera within the field of drama therapy, this study will look at a broader picture of the video camera and its specific function within the mental health profession and move toward using it as an applied adjunct to drama therapy work. The focus will be to offer a comprehensive analysis of the ways in which the camera has been used in what may be considered drama therapy with differing populations having various presenting problems.

Theoretical Orientations

The current paper is influenced by the biopsychosocial model of what constitutes a healthy person. This was the view of Dr. George Engel in 1977: he believed that we needed a more holistic view of treating disease, that the dominant model of disease was largely outdated, and there was need for a more inclusive approach (Engel, 1977). The outdated medical model, followed by most psychiatrists at the time, did not take into account psychological, social, and behavioral aspects of illness. This knowledge profoundly affected my understanding of what a balanced person means. We need to consider, especially as therapists working with others, all of the biological, psychological, and social variables possibly involved in that balance. One must

consider all of the domains in order to be the most effective in giving treatment. Certainly, many institutions today are following a multidisciplinary approach to treating illness. Drama therapy has the privilege of bridging the gaps and being able to work between all of the domains. We, as drama therapists, can enter the biological world of a patient through the many drama therapy techniques such as guided imagery; we can explore the social world of a client through reenactment of any social event that the client is having difficulty with; and we can delve into the psyche through dramatic play and projective techniques. The biopsychosocial model provides a clear framework in which to look at any person's problem from any theoretical perspective including drama therapy. When using a video camera as an adjunct to drama therapy, there are added variables to consider dependent upon the function of the camera. The biopsychosocial model can be applied to using a video camera on the many levels of drama therapy work beginning with using the camera merely for preservation of an event for possible future viewing, through more in-depth psychodynamic work. Having knowledge of physiological and social aspects of a person in addition to the psychodynamic nature of drama therapy could contribute to a better understanding of the implications of using a video camera with any person at any given time, and aid in creating and implementing effective treatment plans in the best interest of the client.

Another major influence comes from the field of neurology. What we now understand about brain functioning has greatly increased as a result of the brain imaging techniques that have developed over the last several decades. What we have learned to date from neural imaging research is that our unconscious brains control much more of our actions than previously could be imagined (Eagleman, 2015). We are a complex system of neural pathways that are continually sending messages back and forth throughout our bodies. A massive amount of unconscious

activity is happening when we do the simplest of tasks and much is taken for granted. We now know that when we look at an object, six times the amount of information comes from our brain toward the eyes as goes to the brain from the eyes. What we see depends much on what we already have in our unconscious minds. “Our perception of reality has less to do with what is happening out there, and more to do with what’s happening inside our brain” (p. 537). This understanding offers insight to the myriad of studies conducted in the past on the differences in the recollection of observers of an event due to many factors including but not limited to physiological factors such as: emotional impact (Kensinger, 2009), age of observer (Schacter, Koutstaal, & Norman, 1997), cognitive factors such as: interference (Baddeley, & Dale, 1966), retrieval cues (Jaimes, Omura, Nagamine, & Hirata 2004), etc. Information about any object is transferred to the eyes to fit the pieces together. Our brains are constantly absorbing and transmitting information to our sensory neurons making sense of the world we live in. This is often the effect of looking at a video camera recording of oneself. The brain is seeing a different self than the vision that one is more familiar with each time one looks in a mirror, and one that is affected by the subject’s memories.

Definition of Terms

Tool vs. Technique - Many studies refer to the camera as a tool. One could argue any object could become a tool in the hands of the drama therapist and, with some imagination the tool may become a technique. Such is the case with a camera; however, studies have shown that although the primary motivation was to use it without much consideration, it became much more. When employing a camera in therapy one immediately adds another variable/s to the equation. One could use the term “technique” to refer to those studies in which the camera has a higher purpose other than to simply record an event, up to and including an extra person in the room. Several

reviews place the camera in a central position with regards to its varied applications within what is, or could be considered a drama therapy exercise (Ehinger, 2009; Landy, 1994; Catanzaro, 1967).

Video vs. Film, and analog vs. digital - The words “film” and “filming” denotes any motion picture camera that uses celluloid film to capture the images. This has other connotations other than the actual camera function, i.e. cinema, screenings, Hollywood, etc. Although there are creative arts therapies films, for the purposes of this paper, focus will address using a video camera within the drama therapy profession. Video has been less associated with big screen productions largely due to the production cost of making a feature film, and with the advent of affordable compact personal video recording devices. Video cameras come in several formats: analog, e.g. video home system (VHS) magnetic tapes, and the newer digital formats where video data is converted from analog and is stored digitally on a compact disk (CD), a digital video tape (DV), or a solid state drive. Analog devices are less common today. The term analog refers to an electrical signal represented as a series of sine waves that can travel on a wire. When we speak the sound is created by vibrations in our vocal chords and it travels through the air as sine waves of varying degrees. The origin of the term is related to the analogy of the modulation of the carrier wave to the fluctuations of the transmission of the human voice or sound (Rouse, 2005). Analog is still popular with many musicians today because of its warm sound, but video technology has surpassed the analog design in favor of the more cost efficient digital format. Most of our data today, whether it is a sound file or a written document, is converted to digital for ease of access using computers and their applications. In the case of video footage most new cameras accomplish this conversion within the camera itself.

Methodology

This study will use the "Historical-Documentary Research" approach to investigate the usage of a video camera within the field of drama therapy. The research methodology employed will be a review of the literature to date using the search terms "Drama Therapy and Video" as well as their relevant synonyms. Information was retrieved primarily using the six major Creative Arts Therapies databases available in the Concordia University library as well as printed book sources, electronic sources, and the internet. Notwithstanding the limitations of publications of direct drama therapy video camera applications, this work will provide a critical analysis of the literature in order to create an authentic portrait of the use of the video camera in drama therapy. Effort will be given to providing a balanced, semi-historical perspective looking back at what has been done with the video camera in drama therapy up to the present. Pivotal articles that have implications toward the field of drama therapy, to exemplify a method, technique, population, etc., will also be included.

Chapter 2. Literature Review

The Video Camera

Video cameras and the accompanying technology have changed dramatically since their development. Not so long ago, having a video camera and knowing the specific technology to operate it employed many skill sets: from understanding filming techniques, transferring footage, editing techniques, to viewing options. Cameras needed multiple devices to organize one's work. Transferring footage relied on components that were propriety to the technology of the time, and in cases, to the particular company which made it. Such was the case with Beta [developed by Sony] magnetic tape vs. VHS [video home system] magnetic tape and the dilemma of which

VCR [video cassette recorder] to buy. One needed VCRs, television monitors, cassette tapes/compact disks, and editing hardware in excess of a camera. Moving systems from one location to another involved planning and labor. Stored data had to be physically moved from one location to another. Today, the video camera is everywhere, from multiple surveillance usage around the globe to the camera found in personal smartphones. The cost of using this technology has also dropped in terms of affordability. The video camera is becoming even more ubiquitous with a large percent of the population in North America having a camera in their pockets. A recent study conducted by Lenhart (2010) showed smartphone possession in the United States to be at 80% for adults (as cited in Eonta et al., 2011, p. 514). This figure is up 20% from a mere six years prior to this time. This will undoubtedly have an effect on the view of a video camera and its applications. As a person becomes more accustomed to being around a medium [i.e. video cameras] at all times, the potential for change in attitudes toward that medium is increased.

The implication toward using a video camera in drama therapy is that as a society, the more comfortable people are being around cameras in general may facilitate more readiness and willingness to engage in a drama therapy project using video cameras. Social attitudes are rapidly changing and it appears that there is a growing body that wants to be seen. This is apparent in the recent popularity of social media such as “Snapchat,” “Facebook,” or “instagram,” where millions of people, especially adolescents, are constantly uploading pictures, usually of “self,” to be disseminated to friends and family around the globe. The explosion of reality television is fuelled by an exhaustive list of characters to be “seen” by the masses. The new entry “selfie” to Merriam Webster’s dictionary presents drama therapists with a possible new technique to introduce the camera in a drama therapy session in a familiar non-threatening

form. Recent searches of the internet site YouTube produce almost 78000 drama therapy videos with the majority being of an instructional nature. As explicated by an internet technology commentator, “It’s when a technology becomes normal, and then ubiquitous, and finally so pervasive that it becomes invisible, that the really profound changes happen” (Shirky, 2008, as cited in Eonta et al., 2011).

The implications are yet to be realized of hundreds of millions of cameras capturing the reality around them at all times. On a purely social level the boundaries seem limitless and this may transfer over to a more accepted use of the camera in drama therapy, and perhaps could further facilitate the positive growth of the profession. Recent searches on the internet search engine Google produce 1.4 million results for the term “drama therapy” whereas the search term “video therapy” yields 21.7 million results. When you use a video camera in therapy you are dealing with drama, whether it is a full blown performance with a therapeutic goal or merely capturing a person engaged in an art therapy activity. When we are being recorded with a video camera we are performing. When doing nothing more than sitting and staring, we are still making a statement. The video camera sees all, hears all, and remembers all better than the human brain could possibly manage. It is undeniably an objective view of what transpired. If you play it back repeatedly it will not change, whereas a person’s memory of it will be different. Ask yourself what the color of the kitchen walls are in the last friends place that you visited; a video camera recording will remember in much more detail.

Cameras no longer need a separate piece of hardware such as a VHS magnetic tape or a CD to contain the data. Today’s smartphones, which are essentially mini-computers, have cameras that use digital technology saving footage on an electronic chip to be stored without energy for an indefinite amount of time. Many cameras today have a wireless system that does

not need a physical connection to transfer date. Transferring footage, in the now digital format, requires a touch of a button. Today, a person could send video data across the planet to be viewed, edited, or saved by any recipient in seconds, and receive it back just as quickly. Editing video footage now can be accomplished with one of many applications downloaded to a smartphone. In fact, a feature film entitled "Tangerine," made a new record in 2015 as the first feature film to be played in the cinemas filmed entirely on a smartphone. These facts have dramatically increased the possibility of virtually any drama therapist to engage in an activity using video cameras in therapy; however, with the new accessibility come new considerations. The primary concern is of an ethical nature, which will be explored later in this research. It is not always evident that when a new technology becomes more accessible, that one must consider the ramifications of its use.

To look at the effect of using a video camera in drama therapy, one must consider many variables above and beyond the presenting problem and which drama therapy style or technique would best serve the client. One must not assume that taking video footage of any given situation is appropriate at any given time. Care should be employed when using a camera in therapy and one should look at all of the possible variables implied with such an intervention. References have been made toward using the camera as a live feedback system similar to a mirror (Heilveil, 1983); however, caution should be taken when attempting to categorize the two as the same. Mirrors are inherently different from a live video feedback system. We are constantly faced with mirrors and our appearance is influenced by the fact that we see it more often. The term "mere-exposure" was created by a social psychologist by the name of Robert Zajonc (1968). He formulated the idea that attitudes towards a stimulus are improved by repeated exposure to that stimulus. This is obvious when we look at footage of our faces recorded with a camera. Very few

people have symmetrical faces. What we observe in a mirror is a reverse image of our face that we are quite familiar with and is our preferred self-image, but the same cannot be said for camera footage. What we see on the screen is an "unflipped" version of ourselves and the one that is viewed by others. It is one that we are less familiar with and one that could possibly reveal unappealing attributes depending on the moment. As noted by drama therapist Marleah Blom (2004):

> Cameras are also known to many people as objects that have been made for recording purposes, whether it be on videotape or film. This may create the feeling of a presence of an invisible audience, and one may 'act' or 'pose' in a more unnatural state as compared to being placed in front of their own image in a mirror. (p. 29)

The Video Camera in Mental Health

The use of video recording techniques in the mental health profession is fairly well documented, although there are still limitations as many studies rely on anecdotal information to make their case. Mallery and Navis (1982) presented studies with a diverse focus incorporating camera techniques with children in need of psychiatric services. However, in many of the cases reviewed most of the variables were not specified making it difficult to make any assumptions about clinical results. There are creative arts therapies publications that include descriptions of the use of a video camera without explicitly indicating so in the title or the abstract (e.g., Danet, 1968; Novy, 2003). In addition, there are other publications within the mental health professions referencing the use of a video camera in a manner that could indeed be considered drama therapy, although not otherwise stated as such (e.g., Henley, 1992; Hinz and Ragsdell, 1990). Robert Landy notes that currently drama therapy training provides many different approaches

and students will take on the form taught by their mentors or eventually follow an eclectic approach (Landy, 2005, p.137). This literature review provides support for this understanding as many articles are from practitioners outside of the field of drama therapy; however, their methods employ the very same techniques used by drama therapists. There are also articles produced before drama therapy became more established as a profession that use many of the techniques taught to drama therapists in training (Danet, 1968; Catanzaro,1967).

Since the introduction of cost-efficient personal video recording devices in the eighties, the use of video recording techniques has gained popularity in working with many different populations (Heilveil, 1983). The research from the past suggests mainly positive effects of the use of video camera recording techniques (Paredes, Gouttheil, Tausig, & Cornelison, 1969) and it should be noted that there is no indication found in the available literature of any serious negative effects that have occurred from the usage of a camera in therapy. There are many technical approaches to the use of video imaging in the mental health practice, with the limitations set only by the imagination of the person using the technique. The two main approaches, according to Heilveil, are to use a simultaneous feedback system in which the client can view themselves "live" in a similar fashion to watching oneself in a mirror, or to tape the session for review at a later time (Heilveil, 1983, p. 3). In Heilveil's view, one must consider possible negative effects such as a loss of trust between the client and the therapist, which could develop if any covert attempts are made to use a camera in therapy. To counter this, he states that is important to have the video equipment exposed to the client to avoid problems with the therapeutic relationship. Initially, this may cause some anxiety amongst certain people within the therapy group, but Heilveil notes that this anxiety will decrease over a short period of time as the clients become accustomed to the video equipment. He suggests that it is a powerful form of

self-confrontation in which we are forced to view ourselves from an external perspective; one in which the world views us and is a difficult perspective to argue with. One of his opinions is that perhaps the most important quality of video camera feedback is to cut through the layers of denial. Heilveil states, “The image presented through video feedback is difficult to dispute. It is a consensually valid mirror, a stark, glaring reality which, in its objectivity, permits a certain emotional distance to form between one’s perception of oneself and the ‘objective world’s’ perception” (Heilveil, 1983, p. 4). Throughout the life of the video camera, psychotherapy practices have employed video camera feedback into training as a means of educating new therapists (Lockwood, Salzberg, & Heckel, 1978). The usage of video camera technology in supervision has many advantages. The supervisor can actually see the interaction between the client and the therapist, especially non-verbal communication, which can facilitate a better understanding of the client. The video feedback insures the supervisor does not focus too much attention on the therapist to the possible detriment of the client (Heilveil).

An early article on using a camera in psychotherapy reviewed several studies that had been conducted at the time with psychiatric inpatients. The author speaks of the emergence of the video technology and the exploration of using what was described as “television viewing” in the late 60s. It was understood at that time that the video camera medium was a very viable option for psychotherapy. “By viewing himself on playback, the individual or group therapy patient has access to the most convenient and objective self-image confrontation ever available: He can immediately and repeatedly see himself as others view him” (Danet, 1968). In the words of a clinical psychologist Fredrick Stoller who was quoted by Dr. Danet:

> Promoting conditions in which the individual is motivated to free his own self-perceptual capacities represents one of the more time consuming tasks of therapy, the clearer the

> feedback format, the more likelihood there is of piercing the perceptual defenses of the individual…insofar as it is his own behavior, recently perpetuated an individual seeing himself on videotape is receiving the clearest, least distorted, and most comprehensive feedback possible. (as cited in Danet, 1968, pp. 245-246)

In one of the studies reviewed, the experimental group received video playback of their initial admittance intake interview along with subsequent recordings of interviews, with their knowledge and consent. The individual sessions lasted approximately up to twelve minutes amounting to an average of sixty minutes of self-viewing time for each patient. The experimental group showed a significant improvement as compared to the control group who were captured on camera but did not receive feedback (Moore, Chernell, and West, as cited in Danet, 1968). The power of the camera has been understood for many years. Danet (1968) was careful to point out that, at the time, although the results of all of the studies investigated were positive, longitudinal studies were still needed to discover which way the video technology would best serve individual and group therapy treatments.

In one article, we find a good example of video camera technology usage as what was supposed to be purely a tool to engage pre-adolescents boys in group therapy. The population consisted of six 9-12 year-olds who had learning disabilities and/or emotional disturbances. The authors, Mallery and Navas' (1982) primary concern was maintenance of group attendance due to a decrease of interest in the group; using a camera was something that was not planned. What they found was surprising as they intended the camera to be, in the worst case, entertainment tor increase attendance. Not only did it increase attendance and interest, but they found it could be used to expand treatment techniques as well. The video camera presented visible boundaries to the group. When group members were experiencing difficulties they would remove themselves

from view. The camera became the play space, one from which members could physically exit. The authors believed that the video camera became a displacement object for aggressiveness, and it appeared that the members could expressive themselves better to the camera than to other group members or the therapists. Another finding was the transference reactions the group members had towards the camera, which was safer than towards either of the therapists. According to drama therapist Gregory Pettiti, who paraphrases Winnicott:

> The main thrust of therapeutic activity is for the therapist to allow him/herself to be utilized as a transitional object, and to manage rather than interpret the transference, so as to provide the patient with a sense of well-being, security, and cohesion. (Pettiti, 1989, p. 121)

Petitti speaks of the video camera as an "externalizing object" (1989). He states:

> For drama therapists, video is similar to a transitional object introduced into the therapeutic setting. By using this inanimate object as a stand-in for objects from the patient's inner psychic world and actual external world the drama therapist has a tool to examine and explore actual and desirable relationships. (p. 121)

As demonstrated in this study, the video camera not only defined the play space, it also acted as a displacement object and as a transitional object for the clients. "The video camera became a personified other to whom feeling could be expressed without the intolerable fear of retaliation, reproach, or rejection ever-present among the boys, as well as in their families" (Mallery, and Navas, 1982, p. 466). The authors point out that each client used the camera uniquely to work on their particular issues. The camera as object was more comfortable for the boys than with the leaders of the study, but with the added benefit of the ability to objectively review every detail of

every scene as needed. The authors conclude with their opinions that the video camera and techniques must only be used by the therapist with great sensitivity as a tool, "…to generate and improve direct interpersonal communications" (p. 466). Research has proven that since the time of publication, the video camera has occupied many other roles.

In a project with bulimic women, video recording was used in synchronization with the use of masks. The authors of the study believed that people with this disorder rarely show their true selves in the belief that if others knew their true identity they would surely be rejected. The practitioners of this technique hypothesized that they could facilitate acceptance, awareness, and integration of the part of the self that is represented by the mask. The authors speak about the use of video interactive methods using masks and the integration of one's personality that is not well integrated, through intrapersonal communications following a prescribed set of procedures. This method could apply to many of the techniques used within the drama therapy profession. The clients created masks, which they wore during a videotaped session where they were asked questions. During this study, resistance occurred at the construction of the mask, and at the point of interaction with their masks on videotape. The video feedback undoubtedly had an effect on the participants in the group after the second point of resistance, as apparent with the attendance drop immediately after the viewing. Participants voiced a general sense of uneasiness with the video feedback. Robert Landy (1986) states:

> In drama therapy, video technology provides a means of instant feedback, self-perception, and self-analysis. As a naturalistic projection of the self, it is a direct confrontational device that allows a person not only to see an image of himself in present time but also to speak to and analyze that image. (p.136)

The specific population might not have been ready for such direct confrontation offered by the video camera playback technique. Although for the most part this project failed, it is apparent that the use of video feedback is a powerful tool for any therapist when using it in the presentation of "self." Individually on clinical trials in the video-mask study, some clients improved, some remained the same, and others deteriorated on their pre-post test results. The work with the camera affected the participants in a negative way, but there are many variables to consider when making any assessment. On a positive note, in one group the clients became more accepting, inner-directed, and more able to apply meaning to apparent contradictions (Hinz and Ragsdell, 1990); however, there are extraneous variables that must always be considered.

In a response paper to the Hinz and Ragsdell study, the authors were puzzled by the dropout rate as they had used the mask-video method many times without issues. One of the attributions to this phenomenon suggested that perhaps the therapists employing the technique were not comfortable with the use of video equipment, and this was transmitted to the clients. They acknowledged that people not familiar with impersonal hardware may find its use awkward (Fryrear and Stephens, 1990). Some suggestions put forth to alleviate clients feelings of uneasiness with the camera present were to position the television monitor at eye-level to group members as if it were an additional member, and to use a remote control to eliminate unnecessary movement during the session. However, they continue by supporting the use of a video camera, “It becomes possible to videotape oneself, play back the information, and actually interact with oneself as portrayed on the video screen” (Fryrear and Stephens, 1990, p. 228).

They further our understanding by comparing the similarities to using a camera feedback system to the “empty chair” technique used by Gestalt therapists for decades and, the “role reversal” technique of Psychodrama. Clients can interact with themselves in a manner that was

not possible not that long ago. A criticism of the study was that clients viewed themselves during or immediately after a recording. In the researchers' view, this gave clients the ability to rehearse their responses which could have led to increased anxiety over the impending discussion. In order to alleviate the client's distress over the pending discussion, the writers suggest a segmented structure for video playback commencing with material less emotionally threatening and a progression towards more emotionally charged material. (Fryrear and Stephens). Drama therapist Renee Emunah (1994) offers support for the idea as it relates to drama therapy work:

> Resistance to emotional expression is due to a fear of losing control. Such individuals need to experience emotional expression and emotional containment concurrently, in small doses, until they begin to recognize and trust the level at which they can tolerate the influx and discharge of feeling. (p. 32)

The participants in the mask study possibly were overwhelmed at the information provided with the video camera, and gradual work with the playback of the video camera as the authors suggested may have assisted in lowering the anxiety caused by its use.

In an article on the use video techniques as an aesthetic and therapeutic application with the developmentally disabled, the author, an art therapist, makes some very interesting connections. "Video is a medium that is central to the lives of many people" (Henley, 1992, p. 441). He ventures forth to say that the television and the VCR provide information, companionship, and education not only to the "normal" individual, but to people with any sort of disability as well. With the advent of the affordable new camera and technology "millions have come to utilize the medium on an active and interactive basis with far greater creative expressivity than was previously thought possible" (Henley, 1992, p. 441). In Henley's study,

video camera technology was used: “as a tool for assessing client performance, as an expressive art medium, for program documentation and as a means of promoting the therapeutic experience” (Henley, p. 441). The author feels that a camera’s uses beyond that of just an expressive medium, are to promote reflection, develop object relations and self-concept, and as a method of analyzing the art therapist’s performance. Henley feels in regard to using a camera as an expressive medium:

> The most obvious application of video is with the client directly either as a therapeutic minded art process or as a means of solving problems that involve specific therapeutic objectives. Often the two domains overlap though the therapist may emphasize areas that address the client’s issues most effectively. (p. 442)

The author notes that in his view when making treatment plans that the aesthetic sensibility of the art product must be maximized while engaging in the therapeutic process (Henley).

In promoting reflection the author acknowledges that clients with developmental disabilities who are prone to disrupting the process or acting out are often unaware of their actions and the consequences of their actions. Video feedback may increase their ability to reflect over these actions, especially for clients who are nonverbal or have trouble with communication. “Viewing ones actions caught on video can concretely and objectively teach clients how they behave” (p. 444). Using a video camera supersedes the language barrier and can present information at an understandable level for many developmentally disabled clients. The author designed a research project that monitored a client’s progress over a one-year period using a camera to make a daily video journal. The study was translated into statistical data which supported the continuation and expansion of the method. The methodology used the video

camera in a non-directive format, allowing participants who were in their teens to have access to video cameras and to explore with minimal intervention. According to Henley:

> Each of these activities provided the clients with creative stimulation and exploration while also encouraging a sense of self-control and discipline. They also served as a departing point from which clients can incorporate these skills with other arts pursuits – drawing or painting – with enhanced effectiveness. (p. 442)

Drama therapy could easily adapt these concepts into the work. The camera in and of itself can serve to encourage many social attributes above those mentioned by Henley. As an example, it can foster group cohesion and cooperation amongst the participants when working in groups. The departing point could indeed by a place from which to explore the self through dramatic play and enactment. It was interesting to note that one of the immediate benefits of the video recording was: "the ability to observe sessions at a time and pace conducive to contemplation, reflection and analysis" (p. 445). One must consider however, that the sessions are recorded in real time. This would mean one would have to spend the same amount of time reviewing the footage as capturing it, and in some instances more. This is one more important consideration when venturing into using video camera technology in drama therapy.

A Master's thesis in the creative arts therapies provides a useful resource for the understanding of the use of a camera as an adjunct to drama therapy. Marianne Dufour (2000) presented a paper on the potential of using video camera technology in art therapy. Used in a non-directive form, she examines the influence of videotaping in two domains: 1) the nature and boundaries of the transitional space, and 2) the client's relationship with transitional objects. In her view, "the camera's inherent capacity to create a space simultaneously real and illusionary

facilitated the clients' investment into deep transference dynamics and the playing out of therapeutic processes" (Dufour, p.iii). Working with two children experiencing behavioral difficulties, a camera was brought in to record a session for supervision purposes. One young boy who had a fundamentally positive sense of self used the camera as a validating tool. Another boy who had an excessively negative sense of self used the camera in the role of the critic. The research hypothesis was that "the face-to-face between camera and subject recreates the face-to-face between mother and child, and the nature of the mirroring that took place in early childhood and shaped the subject's basic sense of self" (Dufour, p. 2). Dufour feels that the therapeutic benefit of video camera technology relies mainly on the technology's ability to playback the video, and that increased self-awareness can be obtained through self-observation and self-confrontation.

The Video Camera in Drama Therapy

The use of a video camera is not new to the profession of drama therapy. It has been explored many years ago at a time when in one publication the author suggested buying a black and white television to save money. Although largely out-dated, the publication is relevant in the sense that this was a drama therapist promoting the usefulness of the video camera in therapy at that time. The article presents valuable suggestions, such as: two cameras are better than one in the ability to zoom in on particular situations while continuing to capture the entire scene, and on the role of director when engaging in a drama therapy session using a video camera as something necessary, especially with having more than one camera (Powley, 1980). His discussion of using camera operators is not as relevant because of the wireless capabilities of the majority of video cameras today; it is possible to start and stop recording with a remote control supplied with most cameras manufactured in the past decade. However, it did raise the issue of extra people in the

drama therapy space. Many studies have used the video camera in projects with the participants rather than an outside person having control of the camera, depending upon the cameras function. This appears to offer many benefits to the drama therapist above and beyond freeing up time and attention to the course of the drama therapy session.

Powley continues his discussion by talking about the difference between a recorded video image and the actual event. He considers extraneous variables undetectable in a video camera recording because of our focus on visual detail. Such things as a scent that causes a subject to behave in a certain manner could easily be misinterpreted as something else. The change of stance of a subject due to something catching their attention could also easily be misconstrued. He cautions that video recordings reveal things that are not visible to all while simultaneously having the ability to hide things and events that are visible to others (p. 42). This coincides with today's understandings of the brain's incredible ability to take all of the masses of information and process it all into a comprehensible view of the world. The brain "sees" by sending information to the eyes from our past memories of an item, event, person, etc., to authenticate what we are seeing to validate its existence in our mental image (Eagleman). We are always seeing things that have a particular significance to ourselves; what one person will notice others may not. This is an interesting consideration to take into account when reviewing footage of any event. Powley also makes the point that the video camera medium is appealing to many analysts due to its detachment, uninvolvement, and objectivity (Powley, p.48). Although we may have misconceptions about an event, further review is possible using video camera technology with added information provided by others about the event, making it possible to come to an agreement about what one perceives. He concludes his article by speaking about the scientific method and the video camera's support of the objectivity and detachment dominated by the

method. The video camera is a worthy device for objectively capturing an event detached from any emotional effect. He cautions that the although he considers a video camera as nothing more than a tool, it can be both useful or dangerous, and that we need to be conscious of our own senses and experience them with more attention when utilizing video camera technology (p.52).

Landy (1986) presented his view of the video camera in drama therapy work under the heading of "Projective Techniques." "A more creative use of video, though, would involve direct interaction between the client and video technology, in which the camera and monitor are themselves objects to be reckoned with" (Landy, p. 136). He presents a three-phase exercise where a client is encouraged to do nothing more than sit in front of a video camera for five minutes during the first phase. The next phase is to view the footage and address the person on the screen specifying what he perceives. Again the video camera is taking footage of the client. Finally, the participant is presented with the second recording that they must watch and take notes in a journal. The client is instructed to record their impressions taking note of feelings and to name observed and self-enacted roles as he watches his image (p.136).

When applying the distance paradigm Landy, states that the camera can be used to create distance:

> In addressing the camera as "it" the client allows more distance. In addressing the camera as "you" the client works closer to his projections or transference; and in taking on the role of the camera and speaking as "I" the client works with identification, the least distanced form of self-confrontation. (p. 138)

Landy further states:

> As a projective technique, video is often one element in a drama therapy session that combines naturally with storytelling, puppetry, mask work, and extended dramatization. As a source of immediate feedback, it is an excellent means to help the client see the dimensions of and the distinctions between the roles he plays. (p. 138)

This commentary provides a good example of how a video camera may be used, not only as it pertains to drama therapy, but as a central component of many drama therapy exercises.

In a study on the self-concepts of deprived urban children, which the authors describe as "working class children" from a "socially underprivileged area" notorious for "its poverty and its crime rate" (Noble, Egan & McDowell, 1977, p.56), the results proved promising for using a combination of creative drama and video feedback in increasing mental age by approximately one year. The study used "the draw a man" test to measure self-concept. Using an experimental design, the resulting data indicated that children, who view themselves in action through the use of video feedback or creative drama, could predictably draw themselves more accurately than children in the control group who did not have video feedback or creative drama. This particular study had two different experiments running simultaneously. In one experiment the independent variable was the video feedback, while in the other experiment the independent variable was creative drama. Notwithstanding extraneous variables, both independent variables resulted in statistically significant increases in measures of self-awareness. Although this study is using an experimental design, the authors of this article cautioned that there were other variables in play which may have affected the outcome (Noble, Egan, and McDowell, 1977, pp. 55-64). Drama therapy uses many techniques such as psychodrama, role play, therapeutic theatre, developmental transformations, etc. These all employ the use of the body in some fashion to

explore and the video camera can facilitate awareness of the objective self in action, objectively, devoid of any emotional influences.

A group therapy technique designed at the Florida Alcoholic Rehabilitation Center years ago entitled, "tape-a-drama," was particularly effective in treating alcoholics (Catanzaro, 1967). Although not labeled as a drama therapy exercise, it employs some of the techniques of the drama therapist. The term “tape a drama” was original, but it borrowed techniques from psychodrama, role playing, and a feedback technique using cameras. This technique presented a client’s problem in a concrete form through a dramatic enactment thus allowing it to be visible for the rest of the group. In this exercise, clients were asked to present a particularly emotional experience they have had in the past, and perform it as a skit in 15 minutes in front of a camera. For the remainder of the typical one-hour session, the actors/clients who have performed the skit were no longer allowed to speak. The remainder of the group provided feedback on the production for another 15 minutes. The remaining 30 minutes was used to review the tape, which was interrupted at appropriate points for further comments from the therapist and/or clients. This format has shown to increase large group participation from 25 percent to 50-75 percent. This was not the goal of the project, but apparently the video camera has many qualities. Another finding was that in large groups only 25% of people spoke, but with the technique, that number rose to 50-75%. Although there are many variables at work in this exercise, the video playback technology provided the basic vehicle for its operation. The camera captured the enactment and facilitated the ability to relive the exact experience.

On a psychological level, it allowed the client and the rest of the group to view the basic defense mechanisms in operation in alcoholism such as: rationalization, projection and denial (Catanzaro, 1967, pp. 138-139). The ability to review what one has just performed is a definite

asset; you can see nuances that otherwise would be overlooked and memories of a scenario could be reinforced through playback. As Catanzaro states about the merits of the play-back technique in revealing psychopathologies:

> Such things as a slight wavering of an actor's voice when he pronounces an emotionally charged word, a long pause in response to a question, a slight chuckle by an actor or member of the audience, a repeated cough by one actor whenever certain subjects are brought up, a sudden decrease or increase of volume in an actor's voice, a-slip-of-the-tongue, and the like, can all be made evident to the participants on replay of the taped record, whereas they were often completely overlooked during the original skit. (Catanzaro, 1967, p. 139)

Catanzaro continues by saying that it is possible to replay segments from the footage for a greater impact, and that this group therapy method works well with large groups (p. 139). He reinforces the belief that there was much to be learned from the use of a video camera in therapy at that time using psychodrama and role playing, as there is today in drama therapy. The therapeutic work in the study was facilitated by dramatic enactment, which is a major component of drama therapy work.

A pilot study with emotionally disturbed adolescents looked at videotaped improvisational drama and its effect on the social attitudes of the subjects emphasizing their locus of control. This study provides positive statistical evidence for the use of a camera in what easily could be considered a drama therapy technique. In this study the clients created an improvisational dramatic work, where each scene was videotaped, played back, and discussed. If the group decided to make changes after a videotaped scene, they would do so at this point. Each

successive scene was formatted in this manner. At the end of the therapeutic intervention, the finished videotaped plays were presented to an audience chosen by the group. Using the Nowicki-Strickland Personal Reaction Survey: A Locus of Control Scale for Children, pre-and post-testing was compared with children in a control group. The results supported the experimenter's hypothesis that children who created and acted in their own improvised dramas, would have an increased sense of control over their own lives. Understanding that the video camera usage was used as a tool and more emphasis was placed on the drama, the camera was a factor in this positive outcome study (DeQuine & Pearson-Davis, 1983, pp. 15-21). Interviews were conducted after the study with adults in close contact with the participants. Their teachers presented evidence of a change in the student's attitudes and behaviors that they felt might have been related to the video/drama class. Caseworkers reported that six of the seven participants made breakthroughs in their therapy and that they felt that the video/drama influenced their progress.

In a drama therapy technique known as "therapeutic theater," we find the use of a video camera with personality-disordered substance abusers. This technique was used in the Satori program, which is a residential therapeutic community for the personality-disordered substance-dependent male. Here again we find use of the video camera primarily a tool for the preservation of the theatrically based work. The program was designed to limit the client's use of immature defense mechanisms, to provide examples of more mature coping, and to reward those who practice those mature behaviors. Using a pre-written script which dramatizes immature defenses used by everyday people, the members of this community embarked on a theatrical production. The video camera was used during casting of the individual roles and played back to each eventual actor of the particular role. This promoted discussion of the role and gave the actor

ideas towards their own portrayal of their character. Later in the project as time moved towards a live performance, anxiety levels increased and the group members decided to video the performance first. Some of the advantages of using video instead of going live was that it demanded far less of the actors memory and allowed for immediately retakes of scenes which were not satisfactory to the actor. The camera was used in different positions and angles for dramatic emphasis on important lines, postures, or actions. Using a camera, the theater piece was not restricted to a single stage, allowing for more interesting sets and costumes. And more importantly, the piece was recorded for future viewing by members of the cast as well as future residents. This promoted discussion, and increased understanding of the dramatized behavior (Moffett & Bruto, 1990, pp. 339–347).

In a more recent application, Dr. Stephen Snow has successfully employed the use of a video camera in his work with therapeutic theatre (Johnson, Pendzik, and Snow, 2012). He acknowledges that: “Many theatre directors will say that 90 per cent of creating a successful theatre production lies in the casting process. This is probably more true for therapeutic theatre” (Snow, 2003, as cited in Johnson et al., 2012, p.94). Adapting David Johnson’s Diagnostic Role-Playing Test [DRPT-1] into the Drama Therapy Role-Play Interview [DTRP], Snow video recorded potential actors in various roles to assess their abilities. Potential actors would portray three roles: a doctor, a parent, and a boss in an improvisation with a drama therapist. Using a seven point Likert-type scale, the drama therapist would view the footage of the improvisation and code each session by scoring five items on the scale: focus of attention, appropriateness of action response, assertiveness, spontaneity, and clarity of speech (Johnson et al., p. 99). As noted by Snow:

> These areas of assessment gave us information that was very helpful in preparing for our plays. Our assessments were, serendipitously, helping us select the right role for each of our clients/actors, helping us make the best possible casting choices. (p. 103)

Cristine Novy (2003) makes a good case for the benefit of using camera technology in drama therapy. Using a narrative perspective she engaged two pre-adolescent boys in drama therapy with the purpose, "to provide the children with an environment which encourages positive personal identity and the opportunity to achieve success" (Novy, 2003, p. 201). She followed Jennings' (1990) creative expressive model of drama therapy in the process of enhancing strengths in lieu of exploring weaknesses. In looking for a framework for the boys to experience success, Novy decided on using a video camera to facilitate the story making process. Her objective was to allow the clients to become more focused and to encourage cooperation. The introduction to the video marked a turning point in the therapeutic work with these children. "To my surprise, they invested in the process at once and showed a new willingness to practice listening, negotiating and supporting each other toward a common goal. "The video camera brought focus to their work" (Novy, 2003, p. 203). The boys explored relationships in action: they had to negotiate with each other, learn to take turns, and listen. Their commitment to the drama therapy activities grew stronger as a result of bringing a camera into the process. The boys' verbal expressions were also dramatically shifted as they were telling their stories in a non-verbal manner before the introduction of the camera. Suddenly the clients' characters began to communicate their ideas more freely. It is evident that the camera was, at least, partly responsible for this shift and according to Novy, "it was startling" (2003, p.206).

In the literature we find a study of short-term therapy called Creative Video Therapy initiated with a group of early adolescent girls to improve socialization skills (Gardano, 1994).

This was the author's first attempt at creating a 3-step model based on Yalom's group therapy theory, "specifically, the model emphasizes three factors (socialization and imitation skills, and interpersonal learning) that are essential for improvement of behavior through group therapy" (Gardano, 1994, p. 112). It was evident that using the video camera technique changed the children's attitudes about coming to therapy.

> The change in the girls' behavior subsequent to the video taping shows that creating a video motivated them to remain in therapy. They were very eager to come to sessions every week and found planning and taping the video quite exciting. (p. 113)

Clients became upset when they could not attend any of the sessions and, in follow-up reports, all of the children showed improvement. The parents all reported improved communication and less concern about the initial problems presented. At the follow-up group session, the three girls who attended ("Missy" "Matt" and "Blackie") reported improvements in relationships with peers, either at camp or summer school. They all spontaneously reported improvements in their self-esteem and in handling situations with peers (p. 110). This was accomplished with the camera in a primary role, and is another example of the multiple uses of a video camera: it encouraged participation while offering another avenue for self-reflection. The study also provides an example of the efficacy of the video camera to promote healthy social and psychological functioning within a short time frame as the study was implemented within a two month period. The author leaves a cautionary note that this project was purely of an exploratory nature and that no statistical data was collected. She also spoke of the need for empirical testing in the future.

Another reference to using a video camera as an adjunct to drama therapy can be found in the work of Joshua Lee Cohen's dissertation *Film and Soul: A Theoretical Exploration of the Use of Video and Other Film-Based Therapy to Help Transform Identity in Therapeutic Practice* (2012). The studies reviewed are from the perspective of what the author claims as an emerging form of expressive art therapy, but they could easily be considered drama therapy techniques due to the dramatic nature of the work and the drama therapy background of some of the therapists reviewed. Although it is a compilation of interviews with experts in what is defined as "video/film-based therapy, an expressive form of art therapy that has not been peer reviewed" (p. iii), it provides relevant and more recent information about what is being done with video camera and computer technologies in the field of the creative arts therapies. The study discusses the different standpoints of six different expressive art therapists to articulate the theoretical foundation of video/film based therapy (Cohen, 2012). Two of studies of the experts interviewed are more directly related to my inquiry on using a video camera in drama therapy practice. In the literature review under the heading "Video Therapy," we are presented with how video therapy has been shown to have beneficial and healing effects with various forms of patients and participants. For example, children can experience a reduction in the symptoms of trauma by learning basic video skills while interacting with their environment (O'Rourke, 2001, as cited in Cohen), and high school dropouts feeling elevated levels of self-worth and self-esteem through a combination of video and art therapy (R. Chin, M. Chin, P. Palombo, C. Palombo, & Cross, 1980, p. 50, as cited in Cohen).

Drama therapist Brandon Brawner focused his studies on adolescent delinquency. A study he conducted at a group home for adolescents in San Francisco used a method in which he would ask the clients to create a drama based on their own experiences and needs. Five

adolescent participants created a complex story in an improvised video titled "Growing Up" and then developed roles that supported the hero's journey from childhood to maturity (Brawner, as cited in Cohen, 2012, p. 53). The story developed over time with each participant providing their input on what they would like to include. Brawner reports that through this experience, the clients started to look for meaning and identity through the portrayal of their characters, and through their characters they were able to become their own heroes and project their hopes and dreams. Brawner reports, "…by facing certain challenges through the characters in the video, the teenagers also began a search for meaning and identity" (p. 54). He also commented on how little encouragement he needed to provide for the development of both mythological and personal storytelling using the video camera technique (p. 55).

Jonathan Ehinger used green screen technologies in counseling with at-risk youth. Green screen is a technology that uses a neon blue or green color as a backdrop when capturing footage, thus allowing editing software on a computer to place any image behind the subjects in the final product. In the second layer of the video green screen project, dubbed the "Dreamspace," where clients interacted with themselves, Ehinger proposes that clients could experience a perceived interactive experience with the Jungian conscious self (Ehinger, as cited in Cohen, 2012, p. 58). Through his study he concluded that his clients became less affected of the stigma of the label "at-risk," they worked hard to show up to his study sessions, and that they "confronted various technical and personal challenges together throughout the project" (p. 59). It should be noted that this was accomplished in six sessions demonstrating again the video camera's ability to be effective in short-term interventions. Cohen concludes that it is possible to combine the traditional arts with video/filmmaking, and offers support for more studies on effective clinical

practice. He feels that although the use of the video camera in therapy is not that popular, the interest in technology and social media may change the interest in its potential usage (p. 67).

Chapter 3. Considerations

The literature suggests through many articles, over many years, that there is a need for more empirical studies as well as more reflection on the ethical considerations of using a camera in therapy. When we engage with a client there should be the usual contract to sign; however, when a camera is involved there are more variables to consider. Are we sure the client understands what the process entails, who will be viewing the footage, who has ownership, etc.? We are bound by our professional associations and orders as therapists to honor and uphold confidentiality above all else. The dramatic space is designed and/or created for play to occur. Whatever method the drama therapist chooses to use, we are encouraging participants to engage in play providing a safe place to explore. The instant you turn on a video camera you are changing that space, not only in respect to the many techniques and understandings presented in the review of the literature, but also to the understanding of the moment being captured on a device, possibly forever. This is more evident today with the advancements in technology and the accessibility of cameras. Drama therapists ask participants to engage in dramatic play in which they are portraying aspects of their selves. At times these enactments can seem very real. This may have very negative consequences for the client if and when another person, who does not have any business or authority seeing the footage, somehow obtains access. In one article the author interviewing an art therapist discovered that a video creation made in therapy by a client was brought home with them. The footage was discovered by another family member who was not involved with the therapy work and should not have had access. Although unfortunate, the therapist who was being interviewed pointed out that the incident caused more information to

surface about the family involved which led to a positive outcome (Cohen, 2012, p.93). Such might not always be the case. Drama therapy allows the participant to try on new roles, to explore undesirable ones. What we portray in role is not necessarily something that we would like to share with just anyone. The same can be said from the opposite perspective. In the study on drama therapy with pre-adolescents the two boys reviewed requested a copy of the footage that they had made during the sessions, but, due to institutional policies, they were not allowed to have it (Novy, 2003). Undoubtedly, there were significant reasons for this policy, but this could have had serious implications that could have undermined the progress that had been made with the boys to that point; the subjects in question had issues of trusting others and were wary of intimacy. It lends itself to having more information available to both the therapist and the client about the process of video recording in therapy, and also to what happens to the work afterward. Measures should be considered for any and all conceivable negative implications when using a video camera and its accompanying technology in therapy.

The North America Drama Therapy Association (NADTA, 2016) published a code of ethics as a guideline for drama therapists in North America. There are sections, although not referring to the capturing of video camera footage directly, that are relevant. In "Confidentiality," Section 3: "Drama therapists have a primary responsibility to maintain confidentiality with respect to the therapeutic relationship and all information and creative works resulting from clinical sessions and the therapeutic relationship" (NADTA) Also, in Section 4 Informed Consent: "A drama therapist gains permission from the individual(s) to whom services are provided, or their legal representatives, before recording voices or images" (NADTA). Unfortunately, there is no clear information pertaining to the transmission of data, e.g., sending data over the internet, or details of the ethical storage of digital data. In this ever quickly

changing world that we live in measures should be taken to keep current about the emerging technologies. This is more necessary due to the ability of personal devices such as a smartphone to capture and transmit data over the internet, and to be taken home.

The Canadian Art Therapy Association's [CATA] standards of practice include relevant information, although again incomplete when one seeks to use the code to support the usage of a camera in therapy. Section A.7, "Art Therapists obtain the informed written consent of clients before taping, recording, or permitting third party observation of their activities." Section A.9 states:

> Art Therapists shall advise clients at the commencement of treatment about ownership of the artwork within the treatment mandate. Art therapists shall approach the release and/or disposal of artwork as a treatment issue and shall decide upon its release and/or disposal in consultation with the client (or legal guardian). (CATA, 2016)

Section A.10 further states, "Artwork may be disposed of in a way that maintains client confidentiality 6 months after there has been no client contact" (CATA).

Again, there is no clear understanding of the control and transmission of digital data. Where should one keep the files? Who should be responsible for the deletion of data on a device? This would be particularly significant in a setting where the person responsible for creating the data no longer works. These are some of the questions that arose as a result of the literature review. It appears that we must modify some of the ideas around safe storage of clients' work, as well as address the issue of transmission of data, including the use of the internet to do so.

With the advent of affordable cameras everywhere and ease of transmission of the data we need to pay attention to becoming too comfortable with using camera technology in therapeutic settings. Years ago it took some planning to acquire and maintain a camera system; it involved a substantial investment. Today we have reached a technological point where everything you need to capture, edit, and transmit video footage is in your smartphone; however, due to the newness of the device and lack of clinical trials there is little information available for its efficacy in therapy. “Indeed some of the more common functions of the smartphone (e.g., its ability to function as a camera or a camcorder) have not yet been fully appreciated in the psychotherapy literature” (Eonta, et al., 2011).

Discussion

The research on the subject of using video camera technology in drama therapy has produced a variety of applications with as many differing groups. There are references to the use of video camera techniques with alcoholism and substance abuse, eating disorders, delinquency, developmental disabilities, family counseling, training and supervision, etc. Video recording techniques have been used in in the past in such ways as: an externalizing object (Pettiti); a tool for the exploration of human interaction; and studies of group and individual psychotherapy, teaching, training, and interviews (Wilmer, 1970). Through repeated videotape playbacks of dramatic enactments, discussions were encouraged which enabled groups to further utilize effectively the function of the observing ego for change in both the individual and the group (Stirtzinger and Robson). Art therapists, psychologists, sociologists, school counselors, etc., have all used video camera technology in their work. Videotape playback in children's groups is reported to increase warmth of responses, to promote interaction, to encourage an increase in group cohesion, as well as its ability to increase reality-based concepts of self for adolescents and

others (Evans, Clifford, Marvitt, et al. as cited in Stirtzinger and Robson, 1985, pp. 539-540). Work with cameras has assisted group and individual psychotherapy sessions (Stirtzinger and Robson, 1985). Adults, adolescents, children, and people with disabilities have benefited from the use of a camera in therapy. The video camera has been used in a variety of ways, including: a mirror, an object, a group member, an objective observer, as a future reference, as an art medium, etc.

In light of the many different perspectives on the use of a video camera, it is apparent that there is much to be learned about both the technical aspects, as well as the psychological components in terms of the camera's use as a therapeutic adjunct. As stated by Gregory Petitti (1989):

> Drama therapy is still in the early stages of understanding the application and effectiveness of externalizing objects. If drama therapists are to continue to use externalizing objects as projective devices, they must become more knowledgeable about the vicissitudes of projective and introjective processes and with ways to understand these processes so as to promote separation/individuation and personality restructuring. (p. 125)

In the conceptual understanding of the work of the drama therapist, the video camera appears to be an important and powerful device. The possibilities of using video camera technology in drama therapy are endless, and it is for this reason we need a clearer understanding of the link between its application and its therapeutic potential. The technical aspects alone, which are presented to us, are greatly varied and in need of a fundamental organization and structuring to be able to utilize them to assist the drama therapist for the therapeutic benefit of our clients.

The recent emphasis on empirical evidence to demonstrate the effectiveness of psychotherapy is very positive, as evident in the American Psychological Association's resolution:

> **WHEREAS:** the effects of psychotherapy are noted in the research as follows: The general or average effects of psychotherapy are widely accepted to be significant and large, (Chorpita et al., 2011; Smith, Glass, & Miller, 1980; Wampold, 2001). These large effects of psychotherapy are quite constant across most diagnostic conditions, with variations being more influenced by general severity than by particular diagnoses—That is, variations in outcome are more heavily influenced by patient characteristics e.g., chronicity, complexity, social support, and intensity—and by clinician and context factors than by particular diagnoses or specific treatment "brands." (Beutler, 2009; Beutler & Malik, 2002a, 2002b; Malik & Beutler, 2002; Wampold, 2001)

A 2003 study provides a meta-analysis of the effectiveness of four psychodramatic techniques: role-playing, role reversal, doubling, and multiple techniques, all of which are methods used in the drama therapy profession. Results show a moderate to large effect across all of these techniques (Kipper & Ritchie, 2003). These findings give support for the positive growth of the drama therapy profession, and drama therapists should capitalize on these findings in making drama therapy a substantial force within the developing field of psychotherapy. Studies have shown the increase in types of psychotherapy have grown from over two hundred and fifty in the eighties to over a thousand different named therapies by the turn of the millennium (Lebow, 2008). Drama therapy is unique in its form that it may incorporate many different schools of thought: art, music, and dance/movement in the work, but the same ability is not necessarily true in the reverse. Through dramatic enactment of any situation a person may

experience in their life, whether it involves music, art, or dance, drama therapy can integrate any of these techniques in its function to better assist clients. A video camera is the perfect companion to those scenes. Using video as an adjunct to therapy including drama therapy, according to the literature, appears to have many positive applications with few to no accounts to the negative. It is in my belief that we should capitalize on this tool/technique that is supported in the literature, especially as an adjunct to drama therapy, and justify its use by conducting more clinical trials in the future. As stated by Landy:

> Drama therapy needs to address its splits and its alliances. Its mentors need to encourage the teaching and learning of research strategies and the writing and publication of writings of all kinds – qualitative and quantitative, case study, outcome study and arts based study. Drama therapists need to be less afraid of statistics and writing challenges. Drama therapists need to read more, write more, play more, act more and take more critical positions on events and attitudes both inside and outside the field. (Landy, 2006, p.140)

This further supports the use of video camera technology in drama therapy. The camera lends itself to capturing both qualitative and quantitative data. Simple exercises using a video camera in drama therapy can easily be translated into statistical data. In many instances attempting to record aspects of an investigation may prove difficult without the "all seeing eye" of the camera.

Throughout the life of the video camera, psychotherapy practices have employed video camera feedback into training as a means of educating new therapists (Lockwood, Salzberg, & Heckel, 1978). The usage of video camera technology in supervision has many advantages. The supervisor can actually see the interaction between the client and the therapist, especially non-

verbal communication, which can facilitate a better understanding of the client. The video feedback insures the supervisor does not focus too much attention on the therapist to the possible detriment of the client (Heilveil). An added benefit is that using a video camera for supervisory purposes would familiarize the therapist in training with the medium and its accompanying technology, which may lead to a more accepted understanding of its merits and limitations, and foster more interest in exploring the possibilities.

We should take every measure to contribute to ethical guidelines surrounding the subject of using camera technology, and offer the scientific community an understanding that the field of drama therapy is a responsible paradigm committed to improving its methods and techniques. If drama therapists are planning to use their personal devices, they must adhere to the ethical rules of the state, city, community, organization, professional body, etc. Efforts should be made to clarify ethical procedure with regards to the rights, storage, transmission of digital data, and ownership. One must consider that transmission of data over any network goes to an intermediary [server] before the information reaches its destination. Everything we do on a computer could possibly be traceable. This in and of itself is enough reason not to use the internet to transfer data. If necessary, perhaps institutions could create a secure site for their organization where digital data, i.e. video footage, could be securely transferred to and stored. As an alternative, settings for drama therapy could have a dedicated computer without internet access to store, view, and edit camera footage: one that remains behind locked doors. Some authors recommend having a dedicated camera that gets locked with the files and this could also apply to a smartphone dedicated to the particular project (Eonta, et al.). All footage created on a personal device should be downloaded as soon as possible and the data backed up to prevent loss, or erased when no longer needed. This should happen before the device leaves the

institution where it was created. Folders could be created by drama therapists on a computer or dedicated smartphone that could contain the drama therapy video work. This would facilitate the deletion of data after a prescribed period of time by any authorized personnel. This would also insure compliance with codes of conduct in the event the attending drama therapist was no longer a part of the institution. We must remember to take security measures to lock client files and art work behind secured doors, but we take our personal devices home. If drama therapy work is captured on a video camera embedded in a personal smartphone additional considerations are necessary. One could easily imagine losing a portable device, and to have a stranger view our clients in action could have disastrous results. The same could apply in reverse: one could imagine the disappointment of a client when you inform them that their work is lost. In practice, there should be no need to remove footage of a scene from the drama therapy setting where the process has been digitally recorded.

Drama therapists should take into consideration the different effect the video camera has on differing populations. We know that there are major differences in the adult brain as compared with the child or adolescent. David Eagleman demonstrated this fact by measuring the stress levels of people being viewed in a storefront window. The adolescents in his study showed remarkable changes in their brainwave patterns when being viewed by outsiders on the street as compared with the adults. The stress levels of the adolescents were much higher elevated than the adults whenever they were being viewed (2015). These differences may have a profound effect depending on the situation. The study with bulimics and masks illustrated how much effect the camera could have on a client. Further study should go into these particular effects to insure safe delivery of drama therapy using a video camera with differing populations.

When a subject is being recorded with a camera, it presents extraneous variables. Among them is the fact that the participant knows that they are being filmed which causes a change. The subject is invariably influenced by the presence of a camera and all that it signifies. This influence may be slight or profound dependent upon the associations the camera has to the subject. The term "camera shy," to name one possible variable, has been with us for ages. Whatever the reason one should take this factor into consideration when prescribing and implementing camera techniques within the field of drama therapy. Secondly, the only purpose of using a video camera, other than security surveillance, would be to preserve the event for future viewing. The footage of the event could possibly be reviewed more than once by any number of people. The subject again has knowledge of these facts, and once more there is an influence, which may be good or bad, and big or small. These extraneous variables should not be ignored when employing a video camera as an adjunct to therapy. One should allow the client adequate time to familiarize themselves with images that they see on a screen and always look for signs of discomfort. Drama therapy practitioners and their governing bodies should take measures to include ethical guidelines pertaining to the safe and effective usage of a video camera as an adjunct to drama therapy work with any given population.

Studies have shown positive results from both the camera and drama therapy, and it appears that they work well together in assisting drama therapists in offering treatment to many different populations with varying presenting problems. Considering the development of the new "video therapy" model, drama therapy should take advantage of a tool/technique that has proven to be a very worthwhile adjunct to drama therapy work. Rather than "reinvent the wheel" and formulate a new paradigm with a "new" development of most of the techniques that are inherent in drama therapy work, drama therapists should use their existing knowledge and incorporate the

theories and models of the profession into practice and research using a video camera and the accompanying technology that is available today.

References

American Psychology Association. (2012). *Recognition of Psychotherapy Effectiveness*. retrieved from http://www.apa.org/about/policy/resolution-psychotherapy.aspx

Beutler, L.E., & Malik, M.L. (2002a) (Eds.), *Rethinking the DSM (3-16)*. Washington, D.C.: American Psychological Association.

Beutler, L.E. (2009). Making science matter in clinical practice: Redefining psychotherapy. *Clinical Psychology: Science and Practice, 16*, 301-317.

Beutler, L.E., & Malik, M.L. (2002b). Diagnosis and treatment guidelines: The example of depression. In L.E. Beutler, & M.L. Malik (Eds.), *Rethinking the DSM* (pp. 251-278). Washington, D.C.: American Psychological Association

Blom, M. (2004). *The use of mirrors in therapy: The potential use of a mirror as a projective assessment tool in drama therapy* (Unpublished master's thesis) Concordia University, Montreal, Canada

Brawner, B. (1993). *The therapeutic use of video in the treatment of adolescents* (Unpublished master's thesis). California Institute of Integral Studies, San Francisco, CA

Canadian Art Therapy Association. (2016). *Standards of Practice*. Retrieved from: http://canadianarttherapy.org/Resources/Documents/CATA%20Standards%20of%20Practice.pdf

Catanzaro, R. J. (1967). Tape-a-drama in treating alcoholics. *Quarterly Journal of Studies on Alcohol*, *28*(1), 138-140.

Chin, R. J., Chin, M. M., Palombo, P., Palombo, C., Bannasch, G., & Cross, P. M. (1980). Project Reachout: Building social skills through art and video. *Arts in Psychotherapy, 7*(4), 281-284.

Chorpita, B. F., Daleiden, E. L., Ebesutani, C., Young, J., Becker, K. D., Nakamura, B. J., Phillips, L., Ward, A., Lynch, R., Trent, L., Smith, R. L., Okamura, K., & Starace, N. (2011).Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. *Clinical Psychology: Science and Practice, 18*, 154–172.

Cohen, J. L., (2012). *Film and soul: A theoretical exploration of the use of video and other film-based therapy to help transform identity in therapeutic practice* (Unpublished doctoral dissertation). Pacifica Graduate Institute, Carpinteria, CA.

Danet, Burton, N. (1968). Self confrontation in psychotherapy reviewed. *American Journal of Psychotherapy*, *22*(2), 245-257

Dequine, E. R., & Pearson-Davis, S. (1983). Videotaped improvisational drama with emotionally disturbed adolescents: A pilot study. *The Arts and Psychotherapy, 10*, 15-21.

Doufour, M. (2000). *Through the looking glass: The therapeutic potential of videotaping as an adjunct tool in non directive art therapy in an object relations perspective.* (Unpublished master's thesis). Concordia University, Montreal, Canada.

Eagleman, D. (2015). *The Brain* [Kindle DX version]. Retrieved from: Amazon.com

Emunah, R. (1985). Dramatherapy and adolescent resistance. *The Arts in Psychotherapy*, *12*, 71-79.

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, New Series, 196*(4286), 129-136

Eonta, A. M., Christon, L. M., Hourigan, S. E., Ravindran, N., Vrana, S. R., & Southam-Gerow, M. A. (2011). Using everyday technologies to enhance evidence-based treatments. *Professional Psychology: Research and Practice, 42*(6), 513-520.

Foucault, M. (1979). *Discipline and Punish*. New York: Vintage Books.

Fryrear, J. L., & Stephens, B. C. (1988). Group psychotherapy using masks and video to facilitate interpersonal communication. *The Arts and Psychotherapy, 15,* 227-234.

Gardano, A. C. (1994). Creative video therapy with early adolescent girls in short-term treatment. *Journal of Child and Adolescent Group Therapy, 4*(2), 99-116.

Heilveil, I. (1983) *Video in mental health practice.* New York: Springer Publishing Company, Inc.

Henley, D. R. (1992). Therapeutic and aesthetic application of video with the developmentally disabled. *The Arts in Psychotherapy, 18,* 441-447.

Hinz, L. D., & Ragsdell V. (1990). Using masks and video in group psychotherapy with bulimics. *The Arts in Psychotherapy, 17,* 259-261.

Jaimes, A., Omura, K., Nagamine, T., & Hirata, K. (2004). Memory cues for meeting video retrieval. In: CARPE'04: Proceedings of the 1st ACM workshop on continuous archival and retrieval of personal experiences, pp. 74–85. ACM Press (2004)

Jennings, S. (1990). *Drama Therapy with families, groups and individuals. Waiting in the wings*. London: Jessica Kingsley.

Johnson, D. R., Pendzik, S., and Snow, S. (Eds.) (2011). *Assessment in drama therapy*. Springfield, IL: Charles C. Thomas Publisher.

Kensinger, E.A. (2009). Remembering the details: Effects of emotion. *Emotion Review, 1*(2), 99–113

Kipper, D. A., & Ritchie, T. D. (2003). The effectiveness of psychodrama techniques: A meta-analysis. *Group Dynamics: Theory, Research, and Practice. 7*(1), 13-25

Koskela, H. (2003). Cam era: the contemporary urban panopticon. *Surveillance and Society 1*(3), 292-313. Retrieved from: http://ojs.library.queensu.ca/index.php/surveillance-and-society/article/view/3342

Landy, R. J. (1983). The use of distancing in drama therapy. *The Arts in Psychotherapy, 10*(3), 175-185.

Landy, R. J. (1986). *Drama therapy: Concepts, theories and practices*. Springfield, IL: Charles C. Thomas Publisher.

Landy, R. J. (2006). The future of drama therapy. *The Arts in Psychotherapy, 33,* 135-142.

Lebow, Jay. L. (2008). *Twenty-first century psychotherapies: Contemporary approaches to theory and practice.* Hoboken, N.J.: John Wiley & sons, Inc.

Lenhart, A. (2010). Cell phones and American adults. Retrieved from Pew Research Center website:http://www.pewinternet.org/~/media//Files/Reports/2010/PIP_Adults_Cellphones_Report_2010.pdf.

Lockwood, G., Salzberg, H. C., & Heckel, R. V. (1978). The effects of videotape feedback on self-concept, role-playing ability, and growth in a leaderless therapy group. *Journal of Clinical Psychology*, *34*(3), 718-721.

Malik, M.L., & Beutler, L.E. (2002). The emergence of dissatisfaction with the DSM. In L.E. Beutler & M.L. Malik (Eds.), *Rethinking the DSM* (3-16). Washington, D.C.: American Psychological Association.

Mallery, B., & Navas, M. (1982). Engagement of preadolescent boys in group therapy: Videotape as a tool. *International Journal of Group Psychotherapy*, *32*(4), 453-467.

Moffett, L. A., & Bruto, L. (1990). Therapeutic theatre with personality-disordered substance abusers: Characters in search of different characters. *The Arts in Psychotherapy*, *17*(4), 339-348.

Noble, G., Egan, P., & McDowell, S. (1977). Changing the self-concepts of seven-year-old deprived urban children by creative drama or video feedback. *Social Behavior and Personality*, *5*(1), 55-64.

North America Drama Therapy Association (NADTA, 2016) Retrieve from http://www.nadta.org/assets/documents/2015code-of-ethics.pdf

Novy, C. (2003). Drama therapy with pre-adolescents: a narrative perspective. *The Arts in Psychotherapy*, *30*, 201-207.

O'Rourke, R. (2001). Anya's movies. *Afterimage, 3,* 9.

Paredes, A., Gouttheil, E., Tausig, T. N., & Cornelison F. S. Jr. (1969), Behavioral changes as a result of repeated self-observation, *Journal of Mental Disorders 148* (3), 287-299.

Pettiti G. J. (1989). Video as an externalizing object in drama therapy. *The Arts in Psychotherapy*, *16*(2), 121-125.

Rouse, M., (2005, September). In *Whatis.com*. Message posted to http://whatis.techtarget.com/definition/analog.

Skafte, D. (1987). Video in groups: Implications for a social theory of the self. *International Journal of Group Psychotherapy*, *37*(3), 389-402.

Smith, M.L., Glass, G.V., & Miller, T.I. (1980). *The benefits of psychotherapy*. Baltimore, Md.: Johns Hopkins University Press.

Stirtzinger, R., & Robson, B. (1985). Videodrama and the observing ego. *Small Group Behavior, 16*(4), 539-548.

Stroller, F. H. (1968) Focused feedback with videotape: Extending the groups function. In G. M. Garda (Ed.), *Basic innovations in group therapy and counseling.* (pp. 4-5). Springfield, Ill, Charles. C. Thomas Publisher.

Wampold, B.E. (2001). *The great psychotherapy debate: Model, methods, and findings*. Mahwah, N.J.: Lawrence Erlbaum Associates.

Wilmer, H. A. (1970). Use of the television monologue with adolescent psychiatric patients. *American Journal of Psychiatry*, *128*(12), 102-108.

Zajonc, R. B. (2004). Exposure effects: An unmediated phenomenon. In A. S. R. Manstead, N. Fijda, & A. Fischer (Eds.), *Feelings and emotions: The Amsterdam symposium* (pp.194-203). New York, NY: Cambridge University Press.