

Transformative Video Therapy (TVT):
Using technology to create pathways to a “witness consciousness”

by:

Jana Vinsky, M.S.W., R.S.W.
jvinsky@hotmail.com, (416) 913-2651

Bio:

Jana Vinsky M.S.W, R.S.W. is a Narrative therapist in private practice in Toronto, Canada, who specializes in videotherapy. She is also the Curriculum Coordinator for Liberation Practice International (LPI), a diversity, equity and well-being training organization. Jana has produced numerous Social Work education videos including “On The Road To Becoming Anti-Oppressive: Peers Teaching Peers” and “Spirituality and Social Work”.

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Abstract:

This workshop was held during the Pre-Conference Institute at the 2006 “First North American Conference on Spirituality and Social Work”. Jana Vinsky presented her "Transformative Video Therapy" process ("TVT") with co-presenter Dianne Prevatt-Hyles, highlighting TVT's theoretical contexts and implications for practice. This was followed by an extensive discussion among participants about the many possibilities for TVT within broader therapy applications and how the TVT process can be seen as “spiritual” in its facilitation of the experience of an “observing self”. This paper provides an overview of the TVT process, explains the steps involved, and shares some of the points made during the discussion part of the workshop.

Section One:

To say that identity is performative is not to say that it is a performance in the sense of a mask or role that some other, more real identity plays or assumes. Rather, it is to say that the very heart of our identity is not a being, but a doing-- that representations precede and define identities rather than identities determining or expressing themselves through representations. (Hedges, 1999)

Transformative Video Therapy (TVT)

Notions of "director", "author", "choreographer", and "playwright" are not uncommon when discussing issues of liberation both within psychotherapy, as well as within emancipation philosophies (Epstein, 2001; Hamilton, 2005; Janis, 2000; White & Epston, 1990). Supporting a person to gain access to his or her “watching consciousness”, or to develop a “witnessing” or “observing” self, has historically been a primary goal for many therapies (see Corsini, 1973). The purpose of such therapies has been to support a person to become less reactive and more of a creator in his or her own life story.

In the TVT process, the person who is undergoing therapy is supported in a process of “stepping outside of oneself” in order to gain an alternative vantage point- “to gain perspective” on an issue troubling them. Much the same as the old saying, “it is always much easier to give someone else advice”, the TVT process asks individuals to step outside of their experience, to view themselves as if they are someone else to whom they could give advice. This is achieved through a series of steps involving distancing and video feedback practices.

Theoretical Influences and the TVT process

The TVT process can be conceptualized as being sited within a combination of theoretical foundations and perspectives. For example, Canadian psychologist and art therapist Judy Weiser’s pioneering work (and publications) about using both photos-during-therapy (“PhotoTherapy” techniques)¹ and video-during-therapy (“VideoTherapy”)², where she used self-imaging in snapshots (“instant self-portraits”) and immediate-feedback videotaping as integral interventions to assist her therapy work with clients³.

It also overlaps with Lambert’s use of photo/video therapy to improve self-esteem (1988), Barry’s use of narrative practices and video feedback (2003) and Jones’ processes of interactive audience and witnessing in drama therapy (1996), just to name a few.

Similarly, it can also be seen to connect with parallel concepts arising from the work of non-therapists; for example, the “Therapeutic Photography” work with the “performative body” (as conceptualized by Butler and Phelan) in Jo Spence and Rosy Martin’s “Re-enactment Therapy” (Martin, 2001; Spence, 1996).

TVT is also influenced by various theories and practices rooted within the post-structuralist tradition⁴; for example, Narrative Therapy’s reflexive practices (White & Epston, 1990; White, 2004b) and Queer Theory’s emphasis on performativity (Butler, 1990). Informed by such tradition, TVT invites participants to view themselves as a “performative text”, which they can work to re-author.

In TVT, the re-authoring process is achieved through the use of immediate-video feedback. The process of video feedback begins as the participant is filmed telling about his or her problem or troubling situation, and moments later, he or she watches this footage with the therapist. Together, the client and therapist act as a reflecting team (Barry, 2003) and as co-investigators into the presenting problem/situation.

After collaboratively reflecting with the therapist on “self as text”, the client is then asked to give direction to the person he or she just viewed on the TV screen [him or herself].

¹ Weiser (1975, 1983, 1985, 1988a, 1988b, 1990, 1993/9, 2001, 2002a, 2002b, 2004a)

² Weiser (1985, 1986a, 1986b, 1988a, 1988b)

³ For more about PhotoTherapy and VideoTherapy (and free download of Weiser's publications), see: <http://www.phototherapy-centre.com>

⁴ My interest in post-structuralism has been inspired by the work of Victor Frankl, which continues to be the underpinnings of my thinking and practice.

The client is then filmed again, but this time, speaking not from the voice of the protagonist, but from that of the director. Then, this new footage is collaboratively witnessed with the therapist, re-constituting the new performance, as a re-authoring. All steps include an active discussion between the therapist and client about the process, including preparation and de-briefing for each phase.

The TVT Process

The TVT process rests on the principles of Narrative Therapy including collaboration and the maintenance of a de-centered posture and curious stance (Morgan, 2000). The TVT process is a collaborative effort between the person and therapist to “get to the bottom” of an issue, putting their expertise together, to “figure things out”.

The process includes the phases: performing, re-directing, re-constitution and articulation. The client is prepared for this process by being briefed on what will happen in each phase, and is asked to sign a written consent and release form before the TVT process begins. The client is informed that the original tapes are his or her possession, and upon permission, the therapist may keep a copy for supervision, research or educational purposes. The client is also given the option of having a DVD copy of the session and has the option of having the original tapes destroyed.

Phase One: Telling/performing the story⁵

The client sits across from the therapist. The camera is located next to the therapist on a tripod. Using a futurist approach (Taylor Fanger, 1993), the client is asked if she has a problem/issue she would like to address today with the therapist.

Before filming, the client is told that the idea of this phase is to “get what’s going on in your mind, out - so we can take a look at it”. The client decides what she would like to work on, and, when ready, the camera is turned on. The client is then filmed telling her story until she indicates that she is done.

The idea of this phase is to externalize the inner dialogue, which will later be collaboratively unpacked by the client and therapist. During this phase, the therapist listens attentively to the story, writes notes, and asks questions from a genuine space of curiosity. The therapist acts with the intention of understanding “what’s going on” and asks questions of the client that will help the therapist get a clearer picture. The therapist at this point does not share her insights. Her job is to get to know the client’s inner dialogue [her inner map of reality], specifically in terms of how it relates to the presenting problem/issue.

Summarization is a technique the therapist may use to provide a point of reflection for the client, and to indicate to the client that she is being heard, validated and respected. During summarization, all comments come from a tentative space, asking the client if the therapist has “gotten it ‘right’”; asking the client to correct the therapist if she is not understanding the client’s story with exactness. The therapist uses the client’s words as much as possible when using summarization.

⁵ From this point on, the female gender will be used, in order to avoid excess verbiage.

The therapist may also use the practice of externalization (White & Epston, 1990) in speaking about normative standards or other social discourses that may be at play in the presenting problem/situation. The therapist may speak of the problem as something separate from the person, such as “do you think this could be the ‘Voice of Conformity’, pushing you to think this way?” Externalization can be used throughout the process, and can also be used with clients experiencing self-criticism as they confront their TV screen image⁶.

The client continues to tell her story until she indicates that everything on her mind has been expressed, and that everything needed to help understand the problem/issue “has gotten out”.

Phase two: Re-directing

While the camera is rewinding the footage, the client is invited into an imaginary scenario, where she is asked to imagine that she is about to go to a play or a movie, and the play/movie will open with herself as the main actor. When the client feels ready, the therapist asks the client to describe this play, including the name of the play, a description of the actor, an outline of the setting, plot, the mission of the actor, and the possible dilemma the actor may be confronting. The client is also asked what the mission of this actor is and what they think the actor may be wanting. Thus, moving the client into a conversation about their preferences (Eron & Lund, 1996), preferred ways of being and intentional states (White, 2004a). The therapist continues to ask questions facilitating a rich description of all of the elements within the play.

During this process, the therapist shares her own impressions of the actor and what she has come to wonder in terms of what may be going on for this actor. This is done in a tentative manner, always checking in with the client to see if her impressions are accurate, and whether the client agrees or sees something a little differently. For example, the therapist might say, “It seems like this actor is someone who has always known what to do but this time is unsure. If this is the case, I wonder what it’s like for someone who has always known her next step, to not know which way to go? Is this at all accurate? Is this how it’s been for this actor? This is what comes up for me, what do you think?” The emphasis is on the client’s knowledge of the actor, holding the premise that the client is the expert on the actor, and the therapist is a new audience member.

Collaboratively, the therapist and client build a summary of what this play is about, as if developing a description for a theatre programme. With the permission of the client, the therapist writes notes, which later can be used as case notes and shared with the client. The aim here is to begin facilitating an experience of distancing between the client and her performance, excavating the client’s own expertise on how to re-direct her performance, in order to dissolve the problem/issue. Throughout this phase, the therapist speaks about “the actor” as an identity separate from the client, using externalization to foster agency for a re-authoring of identity (White & Epston, 1990). The client is also invited to speak about “the actor”, as someone separate from herself.

⁶ Personal communication with Tim Barry, February 24, 2006

Once the client has richly described the actor and the backdrop of the play/movie and feels that the theatre program is accurate and complete, and that she is ready to move on to the next step, the client is then invited to step into the role of director. The client is asked to describe the felt sense of being in the role of director. This is done to generate an anchoring for the client within this lens. Remembering Conversations (Morgan, 2000), where the client can call upon people in her own life, or people she knows, to symbolically join her in the session, may be used to assist the client if she feels unable to step into the role herself.

The client is then invited to witness her video footage as if she is a director in the production of a play (or movie)⁷, who will soon be asked to give direction to the actor. The client is given a pen and paper to jot down any insights she may have that will help in figuring out how to direct the actor. The therapist indicates she will also take notes, and that together, after the viewing, they can share their insights and figure out what direction the actor needs. Collaboratively, the therapist and client decide the role of therapist, such as “co-director”, “assistance director”, “consultant”, etc.

The client is then given the remote control. They are told they can push pause if they have an insight they want to share with the therapist, or if viewing the film becomes too overwhelming, and a break is needed. They are also told they can use the other buttons such as rewind, fast forward, pause and whatever else they may find useful. When ready, the client pushes the play button.

Once the client and therapist complete watching the footage, the therapist asks the client, as director, to share what came up for her. The therapist asks questions to learn more about the actor and the problem/issue from the director’s point of view. The therapist also shares her perceptions, often in the form of a question: “It seemed to me that this actor’s usual voice of ‘I can’ is no longer present. The actor mentioned that there are many voices in her head, and she’s not sure which one is hers. I am wondering if there is any connection between her not knowing her own voice, and the lack of presence of this other voice of ‘I can’? What do you think? Is there any correlation here?”

The therapist can also ask the client/director what they think the actor wants them to know, as to best be advised. This inquiry-directed-dialogue continues until the client determines what is in fact happening for this actor, and what direction the actor needs. The therapist summarizes what she has heard, with the client correcting her, until the client feels the therapist “has gotten it right”.

When ready, the client is then asked to turn her chair towards the video camera, which is now moved into another position, so that the therapist can stand behind it - while the client/director converses with the actor. The client is asked to speak directly into the camera as if speaking directly to the actor. From the director’s view, the client is asked to let the actor know what is happening, what she needs to be aware of, and action she can

⁷ The metaphor of movie or play can be used depending of which resonates most for that particular client.

take to best handle the situation. The therapist coaches the client to give specific advice to the actor, such as small, concrete moves the actor can take, including “next steps”. The therapist may also coach the client to give the actor some words of encouragement and a pat on the back, if appropriate.

The client then indicates when she feels she has said everything that was needed, and the camera is turned off.

Phase Three: Re-constitution

When ready, the client and therapist view this new footage. Together, they witness the client giving direction to the actor. Acting as the audience, they constitute the new performance, supporting the re-authoring.

Phase Four: Articulation

Client and therapist de-brief about the impact the process had on them. The therapist discloses purposefully in alignment with the re-authoring of the new performance, focusing on the client’s “shifts in being” as a result of the TVT process. The therapist speaks about the problem and previous identity, in the past tense, prior to the re-authoring, to demarcate an ending of the old story and a beginning of the new.

The therapist may say something like:

It really struck me how much the ‘Voice of Conformity’ had totally taken over, until you deliberately placed the ‘I Can Voice’⁸ in the driver’s seat. It was amazing to see how clear the ‘I Can Voice’ became, as soon as you made that decision. This ‘I Can Voice’ seems to be a wise and helpful friend to you. I can get why you would want this voice to be central right now, especially to remind you that you have been in similar situations before, and have succeeded, and that you can handle what’s going on... It’s funny how we can forget our strength, and what we know, when voices like the ‘Voice of Conformity’ try to get its way.

The client is then asked to rate the present heaviness of the problem, in comparison to how heavy the problem felt at the beginning of the process. She is given a scale of 1 to 10, with 10 being the heaviest and 1 being the lightest. She scores a number to represent how heavy the problem felt before the process, and then again for after the process, and then the difference in score is calculated. This score is used to reflect the degree of transport and identity migration within the session, thus further entrenching the new performance.

⁸ All externalized problems and helpful metaphors are collaboratively created between the client and therapist.

Section Two:

History of the TVT process

The TVT process was created by social worker Jana Vinsky [author of this paper] when she was an extern student at the Hicks-Dellcrest Centre, in the year-long "Brief and Narrative Therapy Training Program" (2005-2006). Jana created the TVT process as she was inspired by the work of her Instructors: Jim Duvall, Scot Cooper, Karen Young and Eric King. Particularly, it was these Instructors' "re-visiting practices", where clients would view video recordings of their therapy sessions with their therapist months later. Jana was also inspired by the work of Adrienne Chambon, a member of the programme's Research Faculty, who was examining the role of art in therapy; particularly, looking at processes of therapeutic photography and videography.

From these sources, Jana began to experiment with immediate-video feedback (see Fryrear & Fleshman, 1981 & Heilveil, 1983). She became curious about the turning of the lens back upon oneself for the purposes of externalization, not only in order to view the performance of the problem, but also to view the performance of the "self" at large.

As Jana worked with numerous people who volunteered to try this new process, she was struck by the expediency of this method, and pleased to hear in videotaped feedback sessions how effective people said this process was for them. Jana also invited her colleague, social worker Dianne Prevatt-Hyles (co-presenter of this workshop) to begin co-leading this process with her, acting as an additional member of the reflecting team. Co-leading six TVT sessions, Dianne reported that she continued to be impressed by the power of this method and felt it held great potential on many levels.

Both Jana and Dianne felt that the TVT process being facilitative, rather than interpretive, made central the knowledge of the client in a way that was powerfully unique and politically important. Both members of marginalized groups, Jana a Jewish lesbian and Dianne a Black woman from Trinidad, they were excited by the possibilities this made available for their communities, as well as for other marginalized groups in general.

The de-centralization of the therapist's meanings, and the structured centralization of the client's meanings, seemed to be a way for allowing more inclusion of marginalized people in therapy. As such, Dianne and Jana began to view the TVT process as holding potential for offering a concrete way for therapists to de-centre their perspectives, which may be informed by "whiteness" or other hegemonic standpoints, in a much more substantial way. The same can be said for working across any difference where the meanings are distinct.

Jana and Dianne also noticed that the particular support given by the video feedback process seemed to be most valuable. In their observation, many people appeared to step out of an experience of emotional saturation, to a place of clarity, when they stepped into the role of director and viewed themselves on the TV screen. It was as if the client-as-director was suddenly on the "outside" of his or her self, acting as an uninvolved observer.

This process of stepping “outside oneself” allowed a distancing from the problem/issue, which gave participants a new perspective on the situation and an immediate relief from feeling lost - a feeling often experienced when embroiled in telling a problem-saturated story. The video feedback seemed to reduce the overwhelming quality of the client’s emotions, and, no longer feeling the emotional turmoil of their story, people stated they felt lighter.

People also said that viewing themselves from an “external” perspective allowed them to gain compassion for themselves in a way that wasn’t available to them before. This seemed particularly helpful for people in crisis, as well as for others dealing with life decisions, and engaged in solution-focused problem solving.

Lastly, both Jana and Dianne were excited to see space created for the client to name her situation within her own language, and to find her answers “from within”. The immediate-video feedback seemed to allow the person to see for herself where she had agency in the issue/problem, and where she could work to shape her life as desired. This was done without depending on the mirroring of another, which seemed to Jana and Dianne to reduce self-judgment and blame, quickly transporting the person into action.

Many people who engaged in the TVT process said things like: the process allowed them to reconnect to his or herself, gave them a larger view on their situation, helped them remember what is truly important to them, and helped them to remember their own power in their current circumstances. Many compared the TVT process, of viewing themselves on a TV screen from a director perspective, to a “watching consciousness” and therefore said the TVT process felt “spiritual”.

The TVT process is ever evolving, and author Jana Vinsky encourages interested parties to contact her with their ideas and questions. Jana can be reached at: jvinsky@hotmail.com or (416) 913-2651

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