**American Association
for Marriage and Family Therapy**

NONCONFRONTIVE USE OF VIDEO PLAYBACK TO PROMOTE CHANGE IN BRIEF FAMILY THERAPY*

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This paper describes a nonconfrontive use of video playback in brief family therapy. Replaying critical transactions from previous sessions, while maintaining a neutral and nonconfrontive therapeutic stance, encourages an atmosphere which is conducive to change. The technique allows family members to re-experience their own interactional patterns in a nonthreatening manner, enabling them to consider the meanings they attach to their family experience in different and productive ways.

When video playback is used in a nonconfrontive manner for the purpose of eliciting curiosity within the therapeutic system, an opportunity is provided to change the manner in which stability is maintained (Jackson & Yalom, 1964; Keeney & Ross, 1985) by families caught up in redundant, problematic patterns of interaction. This paper will describe a method for using video playback as part of a carefully delineated intervention strategy in brief family therapy.

PREVIOUS APPLICATIONS OF VIDEO PLAYBACK

The use of video playback in therapy has been extensive; however, most applications have emphasized use for the explicit purpose of instilling insight through confrontation (Alger & Hogan, 1967; Holzman, 1969). Most therapeutic applications were explained from a psychodynamic, behavioral exchange, or social learning orientation (Boyd & Sisney, 1967; Padgett, 1983).

Video playback has become an accepted and almost essential tool in the field of family therapy for the purpose of supervision and training (Boden, 1969; Whiffen, 1982) and assessment (Borke, 1969; Kaswan, 1972). Direct clinical application of video playback has been extensive for the purpose of self-confrontation in work with individuals and couples (Berger, 1978); in group therapy (Cutter, 1981); education and communication skills training (Mayadas & Duehn, 1977; Silk, 1972); and insight-oriented family therapy (Alger, 1976; Edelson & Seidman, 1975). Use of video playback in relation to the therapeutic impasse has also been discussed (Whitaker, 1978).

The use of video playback articulated by Ian Alger and Norman Paul is representative of its application with couples and families from a more systemic perspective. Paul (1966) details the use of playback for the purpose of "self-confrontation" when it becomes apparent that therapy has "failed to dislodge the fixed family equilibrium" (p. 177). Alger (1976) advocates use of playback for the purpose of gaining insight into "the meaning of one individual's behavior in the larger context" (p. 531). He encourages use of immediate playback as many as two to three times during sessions for the purpose of providing insight by "reviewing and reacting to the recorded material" (p. 533).

Both Alger and Paul conceptualize the family as a system; however, both describe use of video playback within a context of long-term, intensive therapy which is insight oriented, interpretive, and confrontive in nature. Their use of video playback can be viewed as a forerunner to the application to be delineated in this paper, although there are many significant differences. Specifically, this paper will advocate a brief therapy approach which is noninterpretive and nonconfrontive in nature.

Several authors highlight the potential danger of indiscriminate use of playback without a specific purpose in mind, particularly when used for confrontation (Bailey & Sowder, 1970; Hung & Rosenthal, 1981). The structured method to be articulated serves to minimize concern over arbitrary or unplanned use of playback. A careful process is followed for selecting specific segments of material to be played back. The procedure for presentation of the material to the family is one which accentuates the evocation of curiosity. The therapeutic stance is one of neutrality and nonconfrontation. Family members are asked to review material from the previous session as a way to help the therapist better understand the situation.

This use of video playback evolved while the senior author was working in a private psychiatric setting. Most of the families had a member in the general psychiatric adult care unit or were being treated in out-patient follow-up. Presenting diagnoses varied from schizophrenia to depressive and anxiety disorders. A few of the families were seen in private practice. Most had long histories of past failures in therapy. The idea to use playback of interactional sequences taped in earlier sessions emerged during a meeting of the treatment team while reviewing tapes in preparation for upcoming sessions.

ASPECTS OF BRIEF THERAPY RELEVANT TO VIDEO PLAYBACK

The task of brief therapy is to assist the family to move beyond the point at which they are stuck in the least intrusive manner and with the fewest number of sessions possible. The clinical utility of accessing curiosity in the family system for therapeutic purposes is well established (Cecchin, 1987; Jackson, 1964). Strategies designed to provide family members an opportunity to access their own curiosity have been set forth by Palazzoli, Boscolo, Cecchin, and Prata (1980) and others. Evoking the family's curiosity by means of replaying selected segments of previously recorded material, while maintaining a neutral and nonconfrontive therapeutic stance, is the essence of the technique to be described. The approach places family members in a meta-position to its own process, providing an opportunity to construct new meanings and opening up the possibility for different patterns to emerge.

NONCONFRONTIVE USE OF VIDEO PLAYBACK

The therapist maintains a neutral, nonblaming, and nonconfrontive position from the point of initial contact with the family. Imposition of any interpretation about the meaning of the family situation is avoided. Questions asked during the first interview are aimed at eliciting the meaning family members attach to the presenting complaint. The therapeutic task is to obtain a picture of how each family member accounts for the

situation in a way which does not disconfirm in the family members' description of experience.

Families had often been through several unsuccessful therapies and had typically been provided with some kind of explanation of their situation by previous therapists. The very absence of an effort on the part of the therapist to label or diagnose is believed to evoke curiosity in the family. No formal task or homework assignment is given. Consistent with a nonconfrontive stance, the questions asked to elicit family members' understanding of the situation and acknowledgment of the difficulty of and desire for change are used to set a context in which change can occur.

The videotape of the first session is reviewed by the treatment team. Preliminary ideas are developed regarding how the interaction displayed might be related to complaint or "symptomatic" behavior. One or more hypotheses are formulated pertaining to the difficulties inhibiting the family, then tested for validity in the second session.

In the second interview the task is to gather more information about how the family is organized in order to validate or refute the working hypotheses. A stance of curiosity and nonconfrontation is essential. If the hypotheses are validated, interactional sequences usually arise which embody the dilemma of stability and change constraining the family. This segment can be used for playback in the subsequent session to stimulate family members' curiosity and provide an opportunity for different patterns to emerge. Immediate playback is not used because an essential aspect of this procedure is to build a context conducive to curiosity on the part of the family members and to avoid direct confrontation. If the hypotheses are not validated, they are abandoned or altered to fit emerging information.

THE SEQUENCE FOR UTILIZING VIDEO PLAYBACK

Step One. During the interval between sessions the treatment team reviews the videotape of the preceding session. If the hypotheses have been validated, a short (1–3-minute) sequence of interaction which best characterizes the difficulty is selected for playback.

Step Two. The family is briefed at the outset of therapy as to the reasons for recording the sessions; at this point they are informed that when the team reviewed the tape from the preceding session, the team members became confused. The therapist introduces the idea that the family can help the team better understand their complicated situation. If the team or therapist is to be useful, the family's help is needed because the team does not understand their situation. The selected segment is then replayed. The therapist continues to maintain a confused and curious stance, eliciting the family members' help to comprehend the meaning of the tape. Family members are encouraged to interact around the playback. Of course the selection of a specific segment of tape is an arbitrary punctuation in the flow of interaction; however, by maintaining a nonconfrontive, nonspeculative position, the therapist minimizes the imposition of meaning on the family.

The nonconfrontational stance in combination with video playback is believed to account for the freeing effect family members state they experience. This combination seems to allow the family to view what is going on in ways they had not considered or verbalized before. Changes observed subsequent to interaction around the playback were often unanticipated, sudden, and remarkable. Elimination of "symptomatic" behavior or elimination of complaints about the difficult behavior have frequently been observed.

Step Three. If significant change in how the family interacts does not occur after replay of tape sequences, the team reconsiders the situation. An hypothesis which better fits

the emerging information is formed and tested, or in situations where the team is convinced of the validity of the existing hypothesis, the family is allowed to review the film of their interaction around the previous tape playback.

Step Four. In instances where family members appear to be divided into opposing camps—and this division seems to reflect the dilemma of stability and change constraining the family—a variation of this basic sequence can be used. A split team message is substituted for the overall stance of confusion taken by the team. In these instances the team is depicted as split along the same lines as the family members, be they role, age, or gender lines.

This procedure has been used with over 30 cases thus far. Following are two case examples which illustrate the outcome of video playback. The first example is a family who define the child as "the problem." The second involves a couple in which each spouse sees the other as "the patient."

CASE EXAMPLE #1

Jane and John are in their early 30s, have been married 12 years, and have two children: Susie, age 9, and Patti, age 5. Jane sought therapy for Susie, who was portrayed as intelligent but "uncontrollable," with a "selective memory." When told not to do certain things she would comply initially, then after a few days "forget" and return to acting in ways described to be "irritating." Examples included playing away from home without telling her mother where she would be and stealing change from her parents. Complaints were being made by Susie's teacher about her "hyperactive behavior." In passing, Jane mentioned that Susie experienced enuresis almost every night. It was evident from the mother's comments that she viewed Susie's behavior as willful obstinateness.

Only the parents were asked to attend the first session. The decision not to include the children in the first session was explained to the couple as providing the parents and therapist an opportunity to develop a strategy for handling the situation.

In the first interview both Jane and John described their relationship as "wonderful"; they "never argue or disagree." At the therapist's request they brought in photographs of the two daughters. Susie resembled John and Patti looked very much like Jane. Patti was depicted as the opposite of Susie; she was "an angel." Jane described herself as disciplinarian; John had a playful "buddy" relationship with the children. Jane was most upset about the enuresis since she usually cleaned up the mess. In contrast, John did not see it as much of a problem. He too had wet the bed as a child. Later in the interview, Jane commented that Susie was developing irritating traits that reminded her of several of John's "distasteful habits" which she had "learned to accept."

In reviewing the tape of the first session, several hypotheses were developed. John's statement that he "does not like to argue" and the pseudomutual interaction displayed in the session seemed to indicate that the couple viewed overt disagreement or criticism of one another as threatening to the stability of their marriage. Jane's inability to change John's "distasteful habits," and John's insistence that they never argue appeared to have created a context in which Jane focused her attention on Susie. Complementing Jane's anxiety over Susie's behavior was John's calm and unconcerned attitude. The team hypothesized that a coalition across generational lines existed between John and Susie. Susie's misconduct seemed to deflect conflict between John and Jane.

In the second interview these ideas were tested out by asking Jane and John, "Who does this child remind you of?" Jane spontaneously pointed to John, who confirmed with a nod. This graphic interaction seemed to embody the dilemma troubling the family.

In the third interview the therapist introduced the replay by describing himself and the team as confused about part of the tape from the previous session and in need

of their help to understand it. The segment of tape from the previous session in which both Jane and John confirmed that Susie reminded them of John was then played. After the replay, before the therapist could comment, Jane stated, "I know what you're going to say. Things that bother me that John does I see in Susie, and I don't want her to end up like that." The shift of focus from Susie to the marital relationship, which resulted from Jane's comment, allowed each spouse to verbalize dramatically different views of their situation during the remainder of the session.

In the fourth and final session, conducted two weeks later, improvements in Susie's behavior were revealed. She had wet the bed only twice. Other irritating behavior at home and school had also improved. Jane and John had taken a "romantic weekend" trip together, leaving the children with John's parents. From the description provided by Jane and John the coalition across generational lines appeared to have been replaced by a stronger spousal subsystem.

A follow-up interview, conducted six months after termination, revealed that the situation continued to improve. Jane remarked how pleased she was about Susie's improved behavior at home and at school. Susie was no longer wetting the bed. John and Jane described themselves as being able to talk about their differences. Maintaining a nonconfrontational therapeutic stance while using video playback to shift focus from Susie's behavior to the spousal relationship seemed to have provided a context in which Jane and John were able to change.

CASE EXAMPLE #2

Mary and Bill, are in their early 30s and have been married for two years. This is the third marriage for Mary and the first for Bill. Mary came to the first interview alone. She presented the marriage as being in "serious trouble," complaining of Bill's long work hours, frequent sullen moods, and "always being too tired to talk or do anything when he gets home." Mary ruminated over infrequent and "disappointing" sex, the absence of intimacy, and Bill's refusal to discuss problems. Mary said she was frustrated with the marriage and had become involved in a series of brief, unsatisfying affairs during the preceding six months. She said she loved Bill and "desperately" wanted the marriage to work out. She felt the situation was "hopeless" and wanted the therapist to "make Bill be more responsive to my needs."

The therapist agreed to interview Bill individually once to hear his view of the situation, then to see them together in marital therapy. After being assured the therapist would not bring up her affairs, Mary agreed.

Bill was equally pessimistic about the marriage, characterizing the problem as Mary's constant demands and criticism of "everything" he did. He saw Mary's criticism of him as deriving from "her own insecurity and low self-esteem that borders on self-hate." Bill said he loved Mary and hoped the marriage could work out.

In reviewing tapes of the individual sessions, the team hypothesized that Bill and Mary were caught in a symmetrical pattern of interaction in which each saw himself/herself as helpless victim and the other as victimizer. Intensely dependent on each other for validation, and locked in a no-win struggle with no obvious way out, anything said or done by one was construed as punishing and coercive by the other.

The therapeutic task in the first conjoint interview was to test out these ideas. In the session Mary was asked what first attracted her to Bill. Bill interrupted stating, "She told me . . . she said, if I can get you to love me then I'll really be lovable." Initially Mary disconfirmed this, then agreed adding, "Well yea, maybe subconsciously, because I didn't even like you." Mary then turned toward the therapist and in a soft, coy voice said, "At first I saw him as a challenge. If I could get him to love me, then I'd really be doing good." In the subsequent discussion details were revealed about an unspoken

pursuit-distance dance, established early in the relationship, which became viewed as coercive by both spouses with the passage of time. This interaction provided information which was used to clarify and revise the working hypothesis and was the segment used for playback in the subsequent session.

In the between-session team meeting, it was hypothesized that Bill and Mary were caught in a vicious cycle which seemed to inhibit any movement toward commitment in the relationship. It appeared that if Bill demonstrated his love for Mary, he would be seen as unworthy by her. The closeness-distance pattern seemed to maintain them in a stable but unsatisfactory relationship. Given the previous history of unsuccessful therapies, the team decided to augment the video playback with a split team message designed to mirror the two views of Bill and Mary and to address the dilemma of stability and change inhibiting them.

In the second joint interview Mary and Bill were told that while reviewing the tape, the team became quite confused and were not able to agree about the meaning of the previous session. The team needed their help to sort out what was going on. The previously described segment from the first joint interview was then played. After the replay the couple was told that half of the team, mostly the men, felt that Bill needed to prove to Mary that he really loved her. The other half of the team, mostly the women, felt that if Bill successfully proved to Mary that he loved her, Mary would begin to think Bill was not worth much and it would damage the relationship. The therapist maintained a confused stance, not knowing what to think.

The playback, in conjunction with the ambivalent team message, precipitated an open and emotional exchange between Mary and Bill which lasted the remainder of the session. At the end of the interview the therapist informed the couple that he was still unable to sort out what was going on. The message from the team was repeated and the couple was asked to think about it and discuss it between sessions so they could help the team understand.

When the couple returned for what was to be the final session, many unforeseen changes had occurred. Both Mary and Bill stated that they had experienced "the best two weeks we've had in months." They described spending many hours together, "talking more openly than ever before." Bill was working fewer hours and both seemed more relaxed. When asked to explain the obviously different way they were getting along, Bill said "I guess we both knew all along we were in a power struggle. Both of us wanted our own way. We finally realized that is what everyone has been trying to get us to see." The therapist worried out loud about a relapse, to which Mary said, "Well, I worry about that too, but it's like going through the first grade. We may slip back, but it won't be as bad. I think we will be O.K."

In a follow-up interview five months after termination, the couple reported that things continued to go well. Bill was in private practice in a nearby town. Mary stated that she and Bill were "getting along great."

CONCLUSIONS

A nonconfrontive method of utilizing video playback has been delineated. When used in combination with the intentional building of an atmosphere of curiosity and a therapeutic stance of neutrality and nonconfrontation, video playback can be used to provide a context in which families are able to change in productive ways. Playback also appears to be a useful method for testing hypotheses and to be particularly appropriate for use in training settings.

It is emphasized that the video playback process presented herein, when used in conjunction with thorough assessment, is only a potentially useful technique and not a panacea. That changes occurred in families with which this technique was used is

certain. What is not yet clear is what particular aspects of the process actually brought about these changes. Was it the use of video playback alone, the combination of playback and the nonconfrontational stance, the notion of evoking curiosity in the family, or other factors? The authors intend to continue to investigate the use of this procedure in hopes of clearly delineating these operative mechanisms.

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