

to be damned straight".

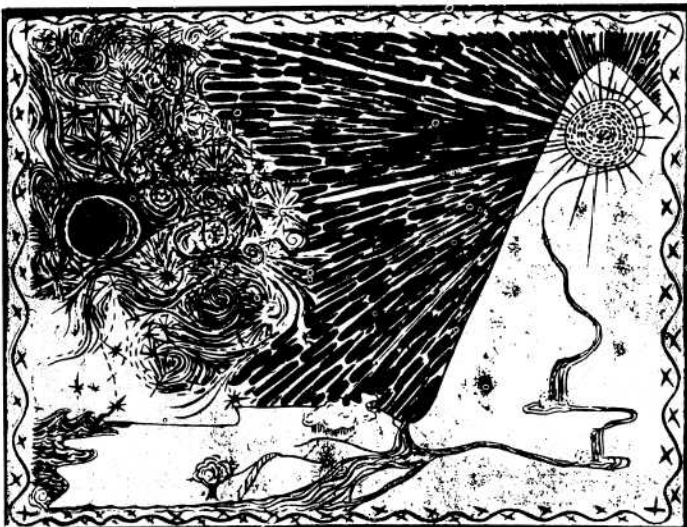
Multiple Image Self Confrontation

So the year came to an end with video tape playing an important role at the Agency. Money for continued work became a problem until the Canadian Federal government bought my vote in an election year with a National Welfare Demonstration grant.

Dr. Crass is still stuffy about the video unit, but its successes and acceptance by the rest of the staff have thankfully left him close to speechless. For my part, I may go back and continue to work there awhile longer. But then again, I may go to California.

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The Scottish poet Robert Burns most succinctly expressed the universal quest for truer knowledge of self when he wrote, "O wad some Power the giftie gie us To see oursels as ithers see us!" The advent of video in psychiatric practice has given us that gift better than any other method developed to date. It has given us an instrument which markedly expands and expedites exploration of aspects of our inner self-concepts which lie beneath our own daily awareness, which are not clearly known to others but which regularly, often unconsciously, influence our daily behaviors, interpersonal arrangements with others and feelings about ourselves. The development of video in psychiatry is comparable to the development of the microscope in biology. The use of video self-confrontations in psychoanalytic therapy serves not only to expose the structural components of a person's bio-psycho-socio-sexual self but also provides a unique opportunity for working through alienation from self by repeated replay of the recorded data.

In early 1972 I accidentally discovered how to simultaneously create a series of partial images of a patient, (through the use of video cameras and a split screen generator), for projection onto one or more video monitors during a psychoanalytic session. At first I could not understand how this electronic result had been brought about nor could I again bring it about at my will. Some months later I stumbled upon the process again and then learned how to produce the effect that I refer to as Multi Image Immediate Impact Video Self-Confrontation.

This confrontation technique requires at the least, the use of the following equipment: two mobile cameras, two or more monitors, a split-screen special effects generator and a zoom lens on each camera. I bring to the attention of the patient anywhere from two to six to ten or more partial images of himself on two or more closed-