CARMINE GRIMALDI

Televising Psyche: Therapy, Play, and the Seduction of Video

IN 1967, THE *SAN FRANCISCO CHRONICLE* ran the panicked headline "HIPPIES WARN CITY—100,000 WILL INVADE HAIGHT ASHBURY THIS SUMMER." With the specter of homelessness, disease, addiction, and moral depravity looming, the city scrambled for some response: that summer, the San Francisco Assembly Committee on Public Health held a series of hearings to determine who exactly these new residents were, and how the anticipated crisis could be stanched.

Sitting before the committee, Dr. Ernest Dernburg, the director of psychiatric services at the Haight-Ashbury Free Medical Clinic, offered his professional opinion on the moral character of the hippie. He was working on the front lines of the crisis and would have been considered far more sympathetic to the counterculture than those working in traditional hospitals. And yet the portrait he drew was damning. The new generation, he explained to the committee, was "passive, withdrawn, emotionally unresponsive, drug dependent. They suffer . . . from massive psychological poverty."[1] He then pointed to a potential culprit: "Keep in mind that this generation is the first to grow up in front of the television set. These children have been sitting passively before it, receiving stimulation from it, living mostly inside their heads, all during their period of development." This sentiment was hardly new; the moral panic about television has run in tandem with the medium's history. At the beginning of the decade, when many of Dernburg's patients were "growing up in front of the television," one widely read study warned that television "anesthetize[s] a person against pain and distress" and asked rhetorically, "In how many cases does television meet children's needs in the same way as alcohol or drugs might do so?"[2] If one wanted to assign blame for the legions of white, middle-class kids who were dropping school and acid, television was as good a candidate as any.

ABSTRACT In 1967, an experimental therapeutic clinic opened in San Francisco. Called the "Hippie Drug Ward," it sought to cure a wayward generation through an immersive multimedia environment. Examining archival records only recently made available, this paper explores the way the moving image—and in particular videotape—created a space in which style, affect, and psyche became commingled.
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Following Dernburg's rather alarmist evaluation, Dr. Harry Wilmer, then a professor of psychiatry at the University of California, San Francisco (UCSF), spoke before the committee. Like Dernburg, he had founded a new psychiatric clinic for hippie drug users, just twenty blocks from the Haight, at the Langley Porter Neuropsychiatric Institute. And like Dernburg, he agreed that television and mass media were largely responsible for the emergence of the counterculture. But unlike his colleague, who adhered to popular techniques of psychoanalysis and pharmacological remedies, Wilmer explained that he was developing a new approach that had only entered psychiatry in the last few years: it was a "pilot study" that sought to cure patients through the very medium that had originally harmed them—if used correctly, Wilmer explained, the television screen could be a potent medicine. In the next two years, he planned to use video feedback, made possible by videotape technology, to restructure the consciousness and sensorium of those who had fallen through the cracks of society. As he explained to the committee, "We are trying to reawaken the power to see and to interact." This Janus-faced power of television clearly caught the imagination of the public—in what was the first of many newspaper articles about Wilmer's project, the *San Francisco Examiner*'s headline read, "How TV Produces and Heals a Drug Generation."[3]

Officially called the Youth Drug Ward, but more often referred to as the Hippie Drug Ward, Wilmer would later describe the clinic as "a mix between a far-out school, a free-floating multi-media center, and an electronic therapeutic community."[4] Certainly the clinic's media equipment would have been the envy of many universities. In addition to closed-circuit television and videotape recorders, they had 16 mm and 8 mm film cameras, audiotape recorders, and access to UCSF's premiere television studio (which required seven technicians to operate).[5] Wilmer held weekend movie screenings, including 35 mm prints of films by Federico Fellini, Ingmar Bergman, and many other European art-house cinéastes. He also hosted a weekly "creativity seminar," which counted among its guests the musician Joan Baez, who also performed; photographer Ansel Adams; advertising savant Tony Schwartz, who appeared via videoconference because he neurotically feared leaving the twenty-block radius of his New York apartment; *Peanuts* cartoonist Charles Schultz; McLuhanite anthropologist Edmund Carpenter; and folk philosopher Eric Hoffer, a regular favorite. And lest anyone question whether the clinic was sufficiently far-out, they needed only to look at the psychedelically patterned advertisements that papered the Haight (fig. 1) or to visit the clinic itself, which was strewn with cigarette butts and Bob Dylan posters. Needless to say, this was not a traditional psych ward, and it raised some eyebrows. As Wilmer put it, "Delinquent patients,

bare-foot patients, long-haired, in bizarre dress, patients doing Yoga exercises on blankets by the elevators, patients lying down on the floor, patients with a disregard for order and sometimes cleanliness, or patients playing their guitars in the halls evoked strong institutional reactions."[6]

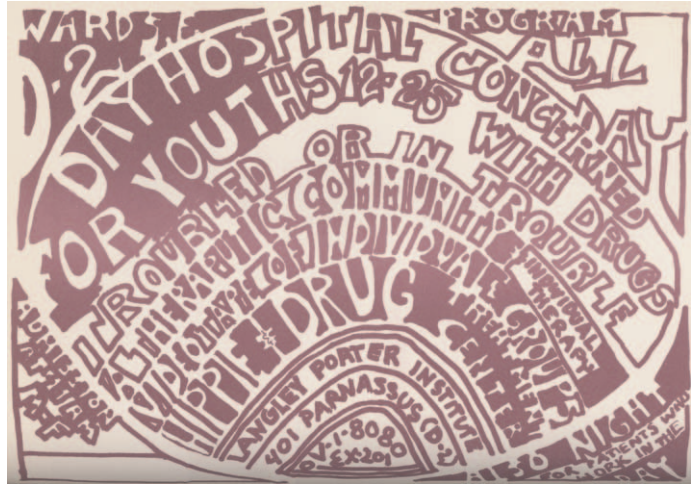

FIGURE 1. Poster for the Langley Porter Youth Drug Ward. Wilmer distributed this poster throughout the Haight-Ashbury. The ward often appropriated the style of the hippies; psychedelic posters could be found throughout the clinic. Harry Wilmer Papers, di_10907, The Dolph Briscoe Center for American History, The University of Texas at Austin.

But despite some institutional unease, the ward ran for the full two-year trial period and garnered national attention. It was featured in dozens of newspapers, magazines, and journals (both popular and medical) and studied by the National Institute of Mental Health, to see if it could be reproduced on a national scale. It was also the subject of an hour-long documentary that aired across the country on public television. (A team from a major commercial station also wanted to visit, but the patients voted against it.) While Wilmer was not the first to bring video into the psychiatric ward, the sensationalism of the hippie movement, combined with his charisma, ensured that he became the most prominent spokesperson for the technique. As he wrote in his diary during the height of the clinic's fame, "Pressure continues from people who want to hear about this ward, who want to see it, who want to talk to me about it—people from different universities, different schools, calling from all over the country."[7] During an era in which interactive media environments were becoming the subject of widespread fascination, Wilmer's clinic was perhaps one of the most totalizing examples—unlike an art gallery,

this was not a place people ambled through in an afternoon, but was instead a temporary home, an intimate community, and a place where the fullness of daily life unfolded.[8]

And yet, today, Wilmer and his psychiatric ward are virtually unknown, absent from studies of media, even as the relationship between the moving image and psychology has received increasing attention from historians. The reason lies largely in the structure of the archives. With the obsolescence of technology, early video reels, now dependent on finicky machines beset with compatibility issues, have become exceedingly difficult and expensive to view.[9] Faced with limited resources, museums, video collectives, universities, public television stations, and galleries have been forced to make hard decisions about what to preserve, and almost without exception they have prioritized the video art and documentaries of the late sixties and seventies over other genres.[10] This is important and ongoing work, but it delineates only a partial history of video, reflective more of curatorial practices than of the medium's actual history.

This uneven archival record has encouraged a peculiar historiography. Based on the scholarship, one would hardly guess that institutions (psychiatric, commercial, educational, and governmental) were the earliest and the most prolific users of the new technology.[11] Instead, ever since the late sixties, the history of videotape has been almost exclusively studied through the prisms of art and intellectual history, as though these two alone could adequately characterize the practice or essence of the medium.[12] This limitation not only obscures the genealogy of video but also underestimates the diversity of its techniques and breadth of its uses. The history of video needs to be resituated. It needs to attend to the places and institutions that first shaped the technology, not simply to contextualize later video practices, but to reveal how the technology and society actually shaped each other. Such a history would focus more on the subtleties of the interactions between camera, camera operator, and subject—showing how videotape itself inflected these relations and channeled the experiences of the people involved in its uses. The ideas and aspirations that informed the use of video are undeniably important, but an expanded history will also take into account the concrete practices and techniques, as well as the more intangible affects and sentiments that emerged through video's mediated relationships.

Wilmer's clinic offers us an ideal place from which to explore the history of video with the fullness it warrants. Wilmer understood his ward as an "experiment" or "pilot study," in which he pursued eclectic techniques to harness the consciousness-altering power of the moving image; likewise, we can approach the ward as a historical laboratory, exploiting this controlled space to examine alternative histories of the moving image—as a technique,

an experience, and a practice. With the clinic's circumscribed boundaries, promiscuous mediation, and extensive archival records, we can trace with remarkable clarity the relations between this technology of representation and those who lived with and through it.

Like many postwar educators and psychologists, Wilmer had a distinctly anti-authoritarian disposition and, over the first two decades of his career, developed a reputation as a restrained revolutionary.[13] He was inspired by his visit to England, where he observed Maxwell Jones's early experiments in therapeutic communities, in which patients were granted greater than usual autonomy and lived side by side with the staff. Wilmer returned to the United States an apostle of the new technique. Beginning in 1953, as a psychiatrist at the Oak Knoll Naval Hospital in Oakland, California, Wilmer developed one of the first therapeutic communities in the country. Later, when the San Mateo Department of Public Health and Welfare was building a new psychiatric clinic, Wilmer was instrumental in ensuring that it became one of the most liberal of the period.[14] He liked to think of himself as the heir to Philippe Pinel, the famous doctor of the French Revolution, who unchained his patients and aspired to cure them through reasoned conversation. Indeed, with the social upheavals of the 1960s, the parallel seemed particularly apposite.

This image of Wilmer—the liberal humanist, unshackling the mentally ill—was welcomed into American homes in 1961, when his account of the navy clinic was dramatized as a made-for-television movie, *People Need People*, narrated by Fred Astaire. As one reviewer summarized it, "'People Need People' was a tightly compressed version of what went on at a navy hospital in Oakland, Cal., in 1955 when Dr. Harry Wilmer withdrew all restraints from a group of psychoneurotic servicemen and let them sample community living for a 10 day experimental period."[15] This was a triumphant tale of an authoritative yet humble leader healing war wounds through the balm of enlightened permissiveness—and this was a role that Wilmer would continue to play throughout his career. He had been integrally involved in the production and credited as the "artistic director"; later, he would cite this television show as a crucial moment, a time when he learned the techniques that would inform his use of television at the Hippie Ward. Indeed, as will become clear, the boundaries between his psychiatric work and entertainment, art, and drama were never starkly drawn—fiction and nonfiction, life and the moving image, were entangled throughout his career.[16]

It's important to emphasize that Wilmer's approach was not simply about using the *moving image* to mend the mind. Not all moving images were made equal, and to understand the mediated environment of the clinic, we need to recapture the specificity with which different technologies were used. Film did something particular; video did something particular.

In the fifties and sixties, this distinction felt tangible and practical. People interacted with these media in concretely different ways, and doctors and patients used them with particular intentions and expectations. While this article attends mostly to the ways video insinuated itself into the social and psychological realms of the clinic, film also played a significant role, and it is helpful first to compare the uses of the two technologies.

In pamphlets that advertised the drug ward throughout the Haight, Wilmer described the use of film in language that could have appeared on a course syllabus. "All patients are expected to make a 5–10 minute film as a personal metaphor. In general, these films dramatize a single idea."[17] Patients were to engage with film through the clichés of personal art: metaphor, representation, self-expression, allegory, myth. Wilmer had trained as a therapist at a time when art therapy was rising in popularity, and his approach to film was rooted firmly in that tradition.[18] Creativity was a frequently prescribed medicine at the clinic; Wilmer believed it would be distinctly salubrious for drug addicts: "We were particularly interested in touching the creative spark of the patients, for it seemed as if the drug experience was often an attempt to free an inner imprisonment of creativity which was often repressed at school and home."[19] While staying at the clinic, patients were allowed to check out 8 mm and 16 mm cameras to work on their projects, and were trained not only to use the camera but also to do basic editing. This proved a popular avocation: Wilmer's papers include a box of nearly a dozen patient films, and surely the number that once existed was far greater. Wilmer wanted to use these projects as fodder for analysis, a means of revealing the minds of those who made them.[20] And this seems to be the point on both sides, for analyst and analysand. The group would often watch, discuss, and share interpretations of these films—and with all this talk of metaphor and self-expression, they were likely produced dialogically with the analyst in mind, and more so, with the intention of structuring that interpretation.

Film's other use at the clinic—the weekly movie night—had a similar purpose. Throughout the clinic's operation, Wilmer curated foreign-film screenings for the patients. It would have been a remarkable cinematheque rivaling many in the Bay Area: they watched the oeuvres of Federico Fellini, Michelangelo Antonioni, and Ingmar Bergman, the last of which was the favorite. Jean-Luc Godard, less so: of his *Woman Is a Woman*, Wilmer curtly recorded, "It failed as entertainment and it failed as therapy."[21] They also watched, somewhat provocatively, *The Cabinet of Dr. Caligari*, a Weimar-era film about madness and institutionalization suggesting that the mad doctor might have insidious intentions. They rarely watched American films. "Foreign films are less real to them," Wilmer told a journalist, "That's why we choose them."[22] He specifically wanted the patients to have a reflective distance from the subject matter of the film. As he wrote in an article,

> By selecting a foreign movie maker who had complete control himself of his creative material . . . we could study together the creative development of one artist in a highly disciplined art form. More important, these films were set in a remote part of the world, often in medieval times, were full of violence, mysticism, religious messages, and nature. Patients with staff could experience wild and farout beauty and through the imagination of a great artist.[23]

Film's distance was productive, just as the auteuristic discipline and control offered powerful images to think with and feel through. Indeed, a cultural logic wrapped these various associations together: distance, discipline, and unfamiliarity all contributed to a specific positioning of self to medium, a sense of escaping the self so as to better understand it. This particular aspect of Wilmer's treatment gained some attention. One patient explained that he was drawn to the ward after his mother showed him a newspaper article about the program, "Foreign Films Therapy for Hippie Addicts," and told him, "Who knows? Seeing these films, there's a possibility of identifying with the foreign films—taking it out of our country, maybe we can get a bit out of ourselves more easily."[24]

Video, by contrast, had a completely different valence and purpose.[25] Whereas film was used to represent experience, video was intended to engage, interact, and modify it. Film was articulated in the traditional language of art; video was cast more in terms of technology—Wilmer called it a "tool" and a "toy" and described it as "pre-eminently a social psychologic instrument."[26] Film was a product of discipline, whereas video was a product of spontaneity. Wilmer explained the difference between the two media at a conference attended by his patients. "[With video] we wanted to give patients the maximum opportunity to do their own thing. . . . They could lie on the couch, dance, paint each other up, do whatever they wanted. In contrast with the freedom to do anything you wanted, we saw the use, I saw the use of motion pictures [that is, film] as a highly disciplined form of art."[27] While film could teach through formalism and detachment, video offered a tool that was both more adaptive, more intimate, and more concrete, turned toward the present, however it may unfold.

The difference between the two media is well captured by their respective relationships to place and time within the clinic. Like the auteurs whose works were screened weekly, patients produced their films over a period of many days, finely honing them in the editing room; the films conveyed abstract principles and feelings, often impressionistic and symbolic, apart from the material and banal experience in the clinic. Likewise, the weekly feature films were deliberately chosen because they depicted foreign places and times, offering the patients a moment of escapism and reflection. Contrast this use of film to that of video, which was intended to embody the immediate dynamics and unfurling experiences of the clinic, with little delay.

While film was developed and viewed in a darkroom by a quiet audience, video was played back in a well-lit space in which, during and immediately after the playback, the participants engaged with each other. As Wilmer claimed, "We learned very early in the game that if you videotape people and put it aside and you come back next week, it's too late, it's cold turkey."[28] Film's power thrived on distance; video withered from it.

Wilmer first brought video into a clinic in the first half of the 1960s. At this time, Ampex, the first major producer of videotape, had begun selling more aggressively to institutions, which began purchasing the equipment primarily to create instructional videos. At first, Wilmer was no different. Rather than approaching it as distinct from film, he initially used video as a novel and more efficient way to produce educational movies. And yet, in his early writing, we can track the slide from educational delivery to interactive feedback. In 1964, a special task force on therapeutic communities in the California prison system requested an evaluation by Wilmer, who had established himself as one of the preeminent champions of group therapy. Among his many recommendations, he suggested that the clinic adopt television to produce educational videos. His approach, however, is notable: "This equipment would move into each community at least twice a year, filming on video tape one or two days' groups. This would be reviewed first by the total prison community itself, secondly with a consultant, and finally in the Sacramento Office with significant research or administrative people."[29] Even when producing educational videos for residents and doctors, Wilmer suggested that the product be screened for the prisoners. It softened the one-sidedness of the camera, made the prisoners feel less like specimens and more like participants. From the very beginning, then, before he used media specifically for therapeutic ends, Wilmer displayed an anti-authoritarian ethic that blurred into his later experiments with videotape feedback.

Within a few years, Wilmer began to understand video technology—with its novel possibility for instant playback—as uniquely capable of creating a dynamic feedback system. "*The essential effect* of the immediate playback," he wrote "is to introduce negative or positive feedback into the social system of psychotherapeutic encounters."[30] In this, Wilmer was drawing from a broader interest in feedback and cybernetics, which had gained traction since the fifties. If not even earlier, he would have certainly considered the link between feedback and the moving image in 1958, when his navy clinic was visited by Gregory Bateson—the prominent cyberneticist, anthropologist, psychologist, and future guru to the hippie generation—who was then at Stanford leading a Rockefeller-funded research group on schizophrenia. He spent a week at Wilmer's clinic, writing a glowing report about this "very extraordinary therapeutic community."[31] The two were kindred thinkers and would move in the same circles for a decade (Langley Porter, UCSF,

Stanford); both were intensely critical of traditional psychiatry for its authoritarianism, Freudianism, and dependence on pharmacopeia, and both were increasingly drawn to questions about media, communication, and the possible links to mental illness.[32] Most notably, while Bateson was visiting, a documentary crew was filming Wilmer and the clinic, and the two men became fascinated with the camera's effect on the patients' and staff's behavior.[33] This was likely the first time Wilmer had a camera in his clinic—the fact that it coincided with Bateson's visit suggests that, from the very beginning, the link between cybernetics and the moving image was not far from his mind.

This is not to say, however, that Wilmer adhered to a single technique or theory regarding video's influence over the mind. Indeed, as with many early proponents of a new medium, he was prone to describing video with grand hyperbole: "Television is many things, a listener, a provocateur, a love object, an intruder, a spy, an exploiter, a cannibal, a hypnotizer, a seducer, and finally a powerful therapeutic weapon if the means can be found to master the artistic, creative, and technical aspects of the replay."[34] It was video's capacity to instigate, to respond, to react, and to reflect that most attracted Wilmer, not any obvious and precise function it might serve. While it's tempting to pick through his statements to offer a tidy, systematic summary of his theory of video, such an attempt would only impose a more definite plan than in fact existed. And this was largely the point—video had distinct potentials and powers, but it was also still largely indeterminate, and its possibilities seemed eclectic, exciting, and generally unknown.

Indeed, the indeterminacy of the practice was rooted in the very nature of the feedback process. Writing on the history of cybernetics, Andrew Pickering has pointed to the performative aspect of the discipline: cyberneticists were far less interested in representing knowledge systems than in enacting processes that could reveal possibilities through the unfolding of action. Pickering calls this "ontological theater," a term that fits nicely with the markedly performative dimension of televised therapy.[35] Knowledge emerged through the relationships, processes, and techniques; Wilmer rarely theorized about the connection between media and mind, focusing instead on articulating fruitful experiments. When Father John Culkin, the professor responsible for bringing Marshall McLuhan to Fordham in 1968, came to speak about video at Wilmer's Youth Drug Ward, he declared, "We'd be much better off with no theories about what we're doing . . . for fear of freezing something before we're anywhere near what it is."[36] Wilmer would certainly have agreed.

In keeping with this spirit, I would prefer not to theorize feedback into a tidy model.[37] "Feedback" as theory only goes so far, for while it predicts stability, it does not predict predictability. Cyberneticists understood feedback as creating a homeostatic system, yet the particularities of any given

system cannot necessarily be determined *a priori*. Consider, for example, a circuit of audio feedback: sound from a speaker is picked up by a microphone, which in turn amplifies the sound, which is picked up again, amplified, and so on. The frequency moves to a stable point over time, but the final frequency is idiosyncratic, entwined with the particular context in unanticipated ways, with variables such as the precise qualities of the microphone and speakers, as well as the room's furnishings and acoustics, all shaping the final output.[38] In this way, Wilmer's hyperbole about video—that it was a cannibal, a seducer, and so on—is not only the giddy boosterism of a new medium's apostle but also a real reflection of what he saw as the essentially protean wiliness of the process. His work could not but be experimental, for it was only through trial and error that he could discover (and then "master") the unanticipated variables and outcomes. Thus, if we want to understand feedback at the clinic, we need to turn to the various stagings, tactics, and constraints that Wilmer integrated into the process; these engagements did not so much supplant as supplement each other.

Initially, Wilmer thought of video feedback as primarily a process of objective self-reflection. Patients could observe themselves on the screen immediately after a session and begin to know themselves as they actually were. This was in keeping with the beliefs and practices of other researchers in the field who had already worked with video psychotherapy and who had understood video feedback as revealing the patients' true qualities—qualities that were, unsurprisingly, the same ones that doctors and therapists identified. It is hardly a stretch to say that, here, psychiatrists conveniently conflated their personal evaluations with objectivity. One early study, for example, discussed a single mother who after repeatedly viewing her therapy sessions on videotape had begun to rate herself as "less intelligent, less cheerful, less conscientious, less bold and less venturesome and more tenderminded." The researchers compared the woman's altered self-impression with the evaluations of the attending nurses and concluded, "Because these shifts were in the direction of the nurses' opinions of her, they can be considered to represent an increasingly realistic or objective self-appraisal."[39] Another study opened with the phrase from Robert Burns (popularized in Huxley's *Doors of Perception*), "O wad some Power and giftie gie us, To see oursels as ithers see us!"[40] When Wilmer gave his presentation to the Committee on Public Health, he quoted these same lines.[41] Through unspoken movements of thought, this phrase came to mean objectivity: one saw oneself as others do, Wilmer wrote, through the use of "a highly involving experience with an objective and noninvolved machine."[42] Video was a paradoxical medium: it was involvingly noninvolved; it was indifferent to, yet still in synchrony with, the norms of perception; and it could mirror, or embody without a body, both the viewer

and the viewed. Video, in other words, was a site upon which disparate visions could average toward the mean of objectivity.

But to do this successfully, video had to be tightly controlled, even staged—otherwise, feedback might run amok. If the patient were to watch only images of themselves, they could potentially fall into a destructive narcissism. After some trial and error, Wilmer reported: "When one sees oneself all alone on the screen all the time, the narcissistic investment vitiates the purpose of videotaping, namely to see ourselves as others see us."[43] He found the solution in the techniques of broadcast television. It offered a style, a constructedness, that could rein in the dangers of feedback through a formalized pattern of images. "A standard plan of sequential camera angles has been programmed to orient the viewer," Wilmer wrote, proceeding to detail a traditional stage design for television studio: one camera for a wide shot, two cameras each looking over the shoulder of one speaker toward the other. "The purpose of this is to photographically reinforce the impression of a relationship, to portray the image of seeing oneself as another sees one."[44] In the interaction between video and self, the idioms of television were never too far away—to "see oursels as ithers see us," it turns out, demanded the constraining edge of a televisual language that middle-class Americans spoke fluently.

Wilmer never abandoned this approach—throughout his time at the clinic, he believed video could cultivate objective self-reflection—but during his experiments he began to see instances when the feedback process in fact radically undermined this consensus of vision. He explained this at a large conference he hosted at the ward in 1969, which the patients also attended, some even making presentations: "I had the feeling that television would be a self-corrective method. That if you saw yourself behaving in a certain way and recorded and looked at it, then when you did something the second time it would improve. Well, this isn't necessarily true. It can get worse. That is, people [who] watch themselves sometimes become caricatures of themselves."[45] Wilmer had initially discovered this unexpected phenomenon when using video feedback on young children, who had, Wilmer claimed, "serious perceptual disorders; that is, they couldn't see in space and couldn't perceive things in their normal form."[46] In the experiment, he had the children draw pictures of their house and family, which he taped and played back to them, afterward asking them to redraw the picture again. His findings suggested that video did not always enact an averaging of vision. The pictures, he reported, became "far more distorted, smaller, and more complicated. . . . You look at [the first one] . . . and you say, well what's wrong with it, and then you see what they do, and then you see more of what's wrong."[47] Instead of smoothing out aberration and distortions, video could magnify them. This is, perhaps, the closest we can get to

Wilmer's most general idea of video—*it was a medium that magnified*. But when, why, and how exactly it magnified objective or subjective traits, and how to take control of that, was the fertile ground of experimentation.

Just as he adopted talk-show idioms to foster objectivity, Wilmer adopted styles of psychedelic and experimental art to explore video's potential as a magnifying glass of subjectivity. At one point, he took a "very disturbed patient off another ward, acutely schizophrenic, hallucinating," and showed her videotape feedback in which the "doctor [would] get smaller" and she would "get bigger" and the doctor's "ear [would] fill the whole screen when he was listening and they [the video technicians] blurred it when he wasn't listening."[48] To Wilmer's surprise, the patient seemed entirely unfazed by the video, as if this simply conformed to her abnormal perception in some fundamental way. In another experiment, Wilmer brought in an improvisational jazz performer to sit in another room and jam with a video feed of the group therapy session. The music track, which was intended to capture and concentrate the more subtle emotional and social relations of the session, was played back with the video to the patients afterward. There were numerous other experiments—such as split screen and slow motion—which sought to create new tools to "control the monster technology."[49] Each new experiment sought to incorporate style in a new way. And indeed, it was upon style more than anything else that this therapeutic system depended—it sculpted the structure, honed the intention, and constrained the experience of video at the clinic.

But while the style of production had a structuring role at the clinic, its importance shouldn't be overemphasized: video was not simply used by Wilmer on the patients, and this relation did not flow in one direction—instead, doctors, patients, and staff all brought particular aesthetic and social inclinations to the process. That this history must consider a broad ecology of desires and motivations from each participant is revealed in an audio recording of an argument between Wilmer and a camera technician. During a group therapy session, the technician had critiqued a patient's use of the camera. The exchange, which occurred after that meeting, is worth quoting at length:

WILMER: About the camera. That's . . . That is not for you to tell the other person . . . to tell the other camera person.
CAMERAMAN: I'm not telling anybody anything, just . . .
WILMER: But that's what you did.
CAMERAMAN: No, I didn't.
WILMER: That's what you said here. You said, I told her what to do and what shots to . . .
CAMERAMAN: I didn't tell her that.
WILMER: No matter what you tell them, let them do their own thing, and what we're interested in is how they do it. Not whether they play with you, or they do it the way that's the best camera work. Everyone should have a camera to play with on their own.

CAMERAMAN: Well they do, whether I like it or not.
W: But then you get mad, you see.

. . . . . .

CAMERAMAN: Well I think what you're saying is a load of crap. I really do. Like, like the whole purpose of using two cameras is to get the interaction between the persons speaking as well as shots in between of whatever you know symbolism is going on, with fingers fumbling or whatsoever. And the best way to use two cameras is when you have the cooperation.
WILMER: You got it all wrong. See. The overall . . . To run the camera and to do it the way I want it run.
CAMERAMAN: Alright fine.

. . . . . .

WILMER: Anyways, that's the way I want the camera to be done. It's sort of autocratic but . . . [50]

It may have been autocratic, but Wilmer's attempt to rein in others also underscores just how much slipped beyond his control. A patient might groove with the camera as they recorded another; a technician might bring along the techniques learned at a television studio; a nurse might be suspicious about the whole thing.[51] And each approach had implications for the style—the decisive point.

Clearly, if we want to understand the way video structured life at the ward, we need to turn to the patients and consider the way they received and engaged with their self-representations. By doing so, we can more clearly account for the experiences and feelings that undergirded the technology's influence. Wilmer could scatter his seeds of intention, but without the proper environment, these projects could hardly have taken hold. Video's objectifying power, for instance, could find its way into the minds of the patients effectively only if it also produced affects that lent it such authority. And while over-generalizing the patients' experiences presents obvious hazards—for the extant records come from Wilmer's personal archive, and there is no way to know what he left out—the record suggests that the patients by and large approached the project with enthusiasm. This is not entirely surprising, since treatment at the ward was voluntary; none of the patients were held against their will (and those who entered knew of, and consented to, the recordings of them). But we should also remember that during this period video cameras were debuting on public streets and becoming ubiquitous in banks and department stores, and along with this ubiquity came sensational newspaper articles about the rise of Big Brother and a general suspicion about the prevalence of the technology. Yet despite the growing public unease about surveillance, Wilmer asserted confidently that "no one became paranoid—neither patients nor psychiatrists," and I have found no records to suggest otherwise.[52] What, then, accounts for this

embrace of, and even affection toward, the camera? To answer this, we need to look more thoroughly at the process of video therapy and the clues that reveal the patients' reactions.

For most of these young patients, the drug ward would almost certainly have provided a first occasion to see themselves on TV. This interaction might seem insipid to the current reader—for me, the thought of video feedback recalls tedious hours as a child waiting for my parents at Circuit City, passing time by making faces at the camera display. But we need to remember that TV technology was once novel and that its banalization has been a product of historical development. Indeed, in the many accounts from people seeing their own televised image for the first time, almost all during this period reported excitement, curiosity, and surprise. The experience in the clinic was no different. Wilmer described the moment he premiered video feedback at the ward, writing in his diary in August of 1967, "Sound was lousy, but a profound effect. 'Something wonderful happened' during the videotaping. Everyone was completely absorbed watching the monitor. They sat enthralled by it—something about seeing themselves as they just performed, the beauty intimacy of photography and the immediacy of the experience."[53] The experience of recording a group and playing it back, mirrorlike, the moment after, was undoubtedly exhilarating. To understand video's early success, we need to understand this exhilaration.

The video monologue was one of the patients' first experiences upon arriving at the ward, serving as a ritual of initiation. The way Wilmer choreographed this interaction between patient and camera helps explain the sheer seductiveness of the experience. First, the patient was faced with a television monitor directly linked to the camera (fig. 2). There was obviously something alluring about the electronic image; unlike film, the common medium of home movies, television seemed the exclusive domain of the famous; it would have been difficult for a teenager at the time to resist the temptation to engage with this expensive and novel toy. And because the image was simultaneously played back, any dismissal of the process, or refusal to participate, was reflected back onto the subject—and nonparticipation would be nonparticipation with oneself; it would, put simply, be boring. This might explain the frequency of what Wilmer deemed "regressive behavior": patients making childish faces, or pantomiming sex, or doing a striptease.[54] These were inchoate acts of rebellion, of course, but also likely acts of playfulness. One patient recounted to Wilmer his initial feelings about the experience:

> Those damn cameras. You know, when I first came here I was just sure someone was going to plug my life permanently into a machine and everyone would sit back and laugh at me. And when I suddenly realized all it is is somebody offering me some pretty damn sophisticated toys to play with, if I'm interested, now all of a sudden it became fun.[55]

On the one hand, the powerful new technology, largely unknown, posed an ominous threat; on the other, it offered the possibility of play and experimentation. The slide from paranoia to playfulness was apparently a slippery one, and from the available record it appears as though the latter prevailed.

But when a patient tried to act against the grain of the camera, to rebel against expectations, the structure of the monologue rendered satisfying rebellion futile. Whatever the patient did—no matter how disruptive, abrasive, or passive—his or her presence was electronically codified and therefore open to scrutiny, pregnant with uncontrolled meaning. "A few patients . . . said nothing," Wilmer wrote, "in which cases the physical behavior was highly revealing. Some, in their silence, acted like little children reverting to a kind of sign language, using playful self-distortion as they once did before mirrors." They were contained in a frame of signification,

FIGURE 2. A 16 mm still from footage recorded for the documentary "The Youth Drug Ward" directed by Robert N. Zagone (and coproduced by Harry Wilmer), which screened on public television. A patient is shown sitting for a "video monologue." She would have been able to watch herself on a monitor facing her; it was placed to the left of the video camera, just outside the frame of this image. Harry Wilmer Papers, dv_00253, The Dolph Briscoe Center for American History, The University of Texas at Austin.

and even the decision to refrain would inevitably be invested with ample meaning. Unsurprisingly, these interactions could feed into condescendingly dismissive interpretations. For example, Wilmer described

> a hippie who in his behavior before the camera was practically mute, mumbling about the unknown address of a friend, appearing as the proverbial infant, mugging and gesturing for the camera's eye. Dressed in the fanciful garb of a hippie he appeared on the tape as a forlorn child, bewildered and lost, uncertain and rather mute. At almost all times he was touching his face or body as if he was reassuring himself of his objective existence. It was a tactile videotape, a mimicry of a child whose mother had perhaps left him.[56]

Part of the video's effect was to make the impossibility of silence (a basic method in psychoanalysis) inescapably and viscerally apparent to the patient. Early in their stay, patients were taught they could not refuse the closed-circuit system of signification. We can see this in Wilmer's account of introducing cameras into the ward. As mentioned earlier, the first time the group saw their replay they had been "completely absorbed"; on the second day, however, the group's dynamic had been temporarily altered. Presumably overwhelmed and viscerally aware that they were being recorded, and that they would soon be confronted with this record, "there was a long period of silence," with no one venturing to speak. Wilmer wrote in his diary what happened next: "The camera was on each person and we had a chance to ask each person what they were thinking or feeling or fantasying during the silent period. It seemed like a wonderful opportunity to explore the significance of silence in the immediate replay."[57] The significance of silence—or rather, that silence could not but be significant: video made this an unavoidable realization; it made it a fact, an internalized assumption.

When I write of the seductiveness of the camera, I also mean it in its more erotic, literal sense. This sensuality was also integral to video's authority at the clinic. Here, the very quality of video—its relatively low fidelity compared to 16 mm film—contributed to a tendency to closeness, proximity. As Wilmer said during a 1969 conference at the clinic (attended by the patients), "Television is a two-dimensional medium. It's flat. It's also a medium of low definition. So it's impossible to get everyone in clearly. It's essentially a close-up medium."[58] A distant wide shot lacked the detail needed to produce meaning; the subtleties of the subjects were obscured in the scanning lines of the video playback. For Wilmer, this led to a remarkable type of intimacy with and through the camera. "You only get this close to a person if you're going to fight someone or make love or something like that . . . you can bring them terribly close without disturbing them or anyone else."[59] By zooming in, one could caress or invade bodies and faces, creating a relationship in which intimacy was enhanced (rather than undermined) by the electronic

mediation. Wilmer recounted one particularly powerful incident when a patient used the camera and "really grooved on it." According to Wilmer, the patient reported that "he saw the group differently from behind the camera, and what he enjoyed most of all was being able to really get close to people on the camera, to zoom close in on their faces. The theme of the group dealt with the bittersweet feelings about intimacy and closeness, and fear, and the mistrust that comes from closeness."[60] For Wilmer, this technique must have seemed particularly apt as a way to deal with patients perceived as alienated from society and passively disconnected from their peers. And for the patients themselves, it must have been a thrilling way to relate, to voyeuristically nuzzle up to others, to stare with the immunity of a mediating apparatus.

This intimacy bled into the perception of the camera itself—it shed its mechanistic and electronic connotations, sometimes slipping into something more human. One patient described his relation to the camera in this way: "When I first came here I was scared to death of those things (the T.V. cameras) because I thought 'They are only using those things to manipulate us all around.' Then it finally occurred to me that they were kind of helpful hints along the way to make it human."[61] This was a sentiment echoed again and again: the sense that these cameras were humanizing, were encouraging human feelings, were even humanlike themselves. Transference toward the camera reportedly happened with some frequency—the camera became a human agent, even if that agency felt passive. One patient reported, "I couldn't think of anything to say, like the camera reminds me of my mother. Not like an interview where I'd either be playing a game with my doctor, warding off his questions, or I'd be giving yes or no answers or something like that, you know. But in a situation like this, no one's doing anything to you."[62] Another patient wrote a goodbye note in the logbook, adding at the end, "I also thank the videotapes because they showed me so much about myself and just how much of a phoney I am when I do play a game."[63]

The trust and warmth these young people developed for the new medium can be read as metonymic of a larger trend that would soon redefine video: within a few years of the clinic's opening, the counterculture would zealously adopt video as a tool for psychological and social change, fetishizing it as a technology of revolution—and like Wilmer's patients, these young people were particularly drawn to seeing themselves on television, to the erotic potentials and novel means of self-expression.[64] Videotape feedback took on particular force among the new utopians, artists, and documentarians. Many of their ideas about video's uses were notably similar to Wilmer's: that videotape feedback could ameliorate problematic power dynamics, that this particular medium could uniquely engage with a generation turned toward drugs, and that feedback could lead to revolutionary psychological transformations.

Groups like People's Video Theater, Videofreex, and Raindance; magazines like *Radical Software*; and New York galleries and museums all endorsed these ideas.

These commonalities point to the shared intellectual and social environment from which Wilmer and the counterculture independently drew, but Wilmer's influence was also more direct and more fundamental. Many of the video counterculture's early leaders were intimately familiar with Wilmer's clinic: A representative from the ward (perhaps even Wilmer himself, although the record is unclear) spoke at a 1968 conference about the "new horizon" of video, sharing the stage with Nam June Paik, Paul Ryan, Marshall McLuhan, and Father John Culkin; and in 1971 Wilmer's writings would appear in *Radical Software*, a clearinghouse for writing and thinking about alternative video in New York.[65] On a more granular level, we can see his writings influencing the earliest thoughts of the video counterculture: Paul Ryan, for example, one of the first artists and political activists to experiment with video, studied Wilmer thoroughly as he was developing his own ideas about the psychologically revolutionary properties of video. Wilmer's name is mentioned in Ryan's earliest notes on video, and, in his first article about the medium's revolutionary possibilities, Ryan cited the psychiatrist as an exemplary model.[66] Consider, too, an unrealized art project by Ryan from 1970, *Ego Me Absolve*, in which visitors would speak to a video camera in a confessional booth and immediately afterward watch the replay. In this project, as well as countless other pieces of early video art, the fingerprints of Wilmer are unmistakable. And future histories will likely find many other prints as well—artists and videophiles were keenly aware of experiments in classrooms, think tanks, corporations, and ad agencies, to name just a few. If we want an adequate understanding of how the moving image became a part of daily life, we will have to take these various areas into serious historical consideration.

Beyond offering an alternative lineage of the medium's history, Wilmer's clinic also suggests a more general approach to studying the moving image. What is most remarkable about the patients' experiences is the conspicuous intertwining of vision, affect, knowledge, and social relations—we cannot, without risk of unraveling the whole, unthread one from the others. Here, among the patients, the machinic blended with the human; style and image quality determined interactions; and intimacy and play reshaped the possibilities of knowing. This dynamic emphasizes the poverty of speaking about the moving image in terms of representation, as if it simply reflected and communicated ideas and feelings. It is instead the ways that images exceed these confines, and exceed interpretive frameworks, that make them such rich objects of inquiry. Rather than looking *at* images, we need to look *from* them—in this way, we can write a more social history of the moving image.

Notes

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1. Dr. Ernest Dernburg, quoted in "How TV Produces and Heals a Drug Generation," *San Francisco Chronicle*, September 29, 1967, box 4, Harry Wilmer Papers, The Dolph Briscoe Center for American History, University of Texas at Austin. A brief word about the archival collection: The Wilmer Papers contain more than a hundred boxes of documents, photographs, films, audiotapes, and videotapes from the entirety of Wilmer's life. Documents relevant to the Langley Porter Neuropsychiatric Hospital comprise roughly fifteen boxes. Many of the journal entries and patient statements were compiled in a multivolume unpublished manuscript in which Wilmer pasted and copied various diary entries, letters, logbooks, and interviews. There is no way of knowing for sure that he did not change or alter these sources, although I have cross-checked multiple versions, and it appears that he never changed others' words, and only changed his own in ways minor and stylistic. (It appears that he had a secretary who initially typed these clippings into the book, which further suggests their fidelity to the original.)
2. Wilber Schramm et al., *Television in the Lives of Our Children* (Stanford, 1961), 65.
3. "How TV Produces and Heals a Drug Generation."
4. Harry Wilmer, *Children of Sham* (unpublished manuscript), vol. 2 of the Langley Porter Youth Drug Ward series, box 3, Harry Wilmer Papers, The Dolph Briscoe Center for American History, University of Texas at Austin, 2:3 (hereafter cited as Wilmer, *Children of Sham*).
5. For specific technical details of Wilmer's equipment in 1967, see Harry A. Wilmer, "Television: Technical and Artistic Aspects of Videotape in Psychiatric Teaching," *Journal of Nervous and Mental Disease* 144, no. 3 (1967): 207. The portable unit included an Ampex videotape recorder model VR-7000, which recorded on one-inch reels that cost $60 per hour of tape.
6. Wilmer, *Children of Sham*, 1:viii.
7. Ibid., xx.
8. For a discussion of the interest in multimedia environments in post-WWII America, see Fred Turner, *The Democratic Surround* (Chicago, 2014).

9. For example, the cost to transfer thirty minutes of half-inch videotape can be as much as $150. While it is possible to rebuild a player, many of the electronic pieces are no longer produced, and the technical expertise to fix them is rare.
10. A notable exception is Stanford's Media Preservation Lab, which has a large collection of video reels from the sixties and seventies, much of it connected to research by faculty at the time.
11. The most extensive work on psychology and video is Peter Sachs Collopy's insightful dissertation, "The Revolution Will Be Videotaped: Making a Technology of Consciousness in the Long 1960s" (PhD diss., University of Pennsylvania, 2015). While he includes images from Wilmer's publications, he never mentions Wilmer's work. For Collopy, discussion of early psychiatric work with video serves as a contextual preamble to his primary interest: the psychological experiments among the radical video art community in New York. The only study I have found that examines Wilmer's work is Carolyn L. Kane's "The Tragedy of Radical Subjectivity: From *Radical Software* to Proprietary Subjects," *Leonardo* 47, no. 5 (2014): 480–87. This article, however, cites only Wilmer's one-page article in *Radical Software* in 1971, a fact that underscores the tight hold the counterculture video communities still have over the shape of video history. Other uses of videotape—in schools, courtrooms, and think tanks and as public surveillance, for example—have hardly been mentioned in any historical work. For an exception, see Dylan Mulvin, "Game Time: A History of the Managerial Authority of the Instant Replay," in *The NFL: Critical and Cultural Perspectives*, ed. Thomas Oates and Zack Furness (Philadelphia, 2014), 40–49. For a thoughtful study of the way labor disputes in the broadcasting industry shaped the very notion of videotape as a distinct medium, see Zachary Campbell, "When Video Was New: From Technology to Medium, 1956–1965" (PhD diss., Northwestern University, 2015).
12. The most prominent example is Rosalind Krauss's 1976 article, "Video: The Aesthetics of Narcissism," *October* 1 (Spring 1976): 50–64, still the most widely cited study of videotape (seemingly every writer on the topic still feels compelled to adjudicate her claims). Examining a series of video art that employs feedback, Krauss argued that videotape feedback "centered" the body "between two machines that are the opening and closing of a parenthesis"; this encouraged, she argued, a narcissistic self-regard in which "the presentation of a self [is] understood to have no past, and as well, no connection to any object external to it" (52 and 55). One could say the same thing about her approach to videotape and the legacy it has left: here, art and criticism form the two parentheses that condemn the writer to highbrow self-regard—elite culture referencing, interpreting, and promoting itself.
13. For a particularly astute look at the significance of this anti-authoritarianism among the educational elite in postwar America, see Jamie Cohen-Cole, *The Open Mind: Cold War Politics and the Sciences of Human Nature* (Chicago, 2014).
14. See Harry Wilmer, "Professional Biography," and recommendation letter from H. D. Chope to UCSF Department of Psychiatry, box 4, Harry Wilmer Papers.
15. Fred Danzig, "Sensitive Drama; Astaire Gives New Series Class," *Chicago's American*, October 11, 1961.
16. See, for example, "The Use of Television Videotape in a Therapeutic Community for Adolescents Involved with Drugs, Presented at the Western Divisional Meeting of the American Psychiatric Association, Los Angeles, California, October 11, 1967," box 4, Harry Wilmer Papers, 210.
17. Pamphlet, *Langley Porter Youth Drug Unity: A Therapeutic Community*, box 4, Harry Wilmer Papers.

18. Most famously, art therapy was developed at New York's MoMA after World War II, rooted in the traditions of John Dewey and the Bauhaus movement. See Turner, *The Democratic Surround*.
19. Wilmer, *Children of Sham*, 1:5.
20. Ibid., 344.
21. Ibid., 24.
22. Stanley Eichelbaum, "Foreign Films Therapy for Hippie Addicts," source unknown, box 4, folder: Miscellaneous, Harry Wilmer Papers.
23. Harry Wilmer, "Diagnostic Considerations in Drug Abuse and Dependency," paper presented at the 14th Annual Conference of Mental Health Representatives of State Medical Societies, American Medical Association, Chicago, March 15, 1968, 9.
24. Wilmer, *Children of Sham*, 2:64–65.
25. A note on terminology: While the distinction between film and television is generally clear (the former is created through the imprinting of light on celluloid, the latter is an electronic signal), the distinction between the terms "television," "video," and "videotape" is less clear. In this paper, I use these three terms somewhat interchangeably, primarily because the distinction was still generally unarticulated during the period discussed. "Videotape" was a mechanism for recording television signal, and "video" could refer both to the image on the screen and the tape itself. In general, however, people did not see a particularly strong distinction between these terms, often using them interchangeably. Wilmer often wrote about "television," but in these cases videotape was always part of the system.
26. Wilmer, "The Use of Television Videotape in a Therapeutic Community," 1.
27. Audio recording, *Multimedia Seminar*, half-inch reel-to-reel tape 2, February 3, 1969, box 1, Harry Wilmer Papers.
28. Ibid.
29. Harry Wilmer, "Prison Therapeutic Community: Observations for people concerned with beginning therapeutic communities. March 31, 1964" (unpublished manuscript), box 6, Harry Wilmer Papers.
30. Wilmer, "The Use of Television Videotape in a Therapeutic Community," 2. Italics mine.
31. Gregory Bateson, "Analysis of Group Therapy in an Admissions Ward, United States Naval Hospital, Oakland, California," in Harry Wilmer's *Social Psychiatry in Action: A Therapeutic Community* (Springfield, IL, 1958), 334.
32. Later, once Wilmer had founded the Hippie Ward, Bateson would write Wilmer from Hawaii, asking if he could find a bed at the ward for a friend's child. See Correspondence with Dr. Harry Wilmer, box 37, issue 1507, Gregory Bateson Papers, Special Collections and Archives, University of California, Santa Cruz.
33. Around this same time, filmmakers like Jean Rouch were experimenting with these questions, exploring both the effect the camera had on documentary subjects, as well as the subject's experience of later seeing him- or herself on film. It's unclear, however, whether Wilmer and Rouch were drawing from the same historical currents, or whether Wilmer had been familiar with these early experiments in cinema vérité.
34. Wilmer, "The Use of Television Videotape in a Therapeutic Community," 15.
35. Andrew Pickering, *The Cybernetic Brain* (Chicago, 2009), 17–36.
36. Audio recording, *Multimedia Seminar*. Father John Culkin was one of the early advocates for moving-image pedagogy. In addition to bringing Marshall McLuhan to Fordham as a visiting scholar for a year, he was an early financial and

intellectual touchstone for the radical New York video movement, even though he was primarily interested in film.

37. In this I also share Pickering's aversion to representational models of feedback; such systematic and symbolic explication of the idea of feedback largely ignores the point that this was a material process, inextricably bound to the environment and circumstances in which it existed.
38. Consider, for example, Alvin Lucier's 1969 sound piece *I Am Sitting in a Room*, which sought to isolate the signature resonance of the room through successive feedback recordings.
39. Robert H. Geertsma and Ronald S. Reivich, "Repetitive Self-Observation by Videotape Playback," *Journal of Nervous and Mental Disease* 141, no. 1 (1965): 36.
40. Floy Jack Moore, Eugene Chernell, and Maxwell J. West, "Television as a Therapeutic Tool," *Archives in General Psychiatry* 12, no. 2 (February 1965): 217.
41. He was certainly familiar with the research paper and likely had read Aldous Huxley.
42. Wilmer, "The Use of Television Videotape in a Therapeutic Community," 1.
43. Wilmer, "Television: Technical and Artistic Aspects," 212. Wilmer wrote this nearly a decade before Rosalind Krauss's famous indictment of video art as narcissistic. He probably would have agreed with her in part. But for Wilmer, both video and feedback were indeterminate; the medium could both encourage and undermine narcissism. See Krauss, "Video: The Aesthetics of Narcissism."
44. Wilmer, "Television: Technical and Artistic Aspects," 212.
45. Audio recording, *Multimedia Seminar.*
46. Ibid.
47. Ibid.
48. Ibid.
49. Wilmer, *Children of Sham*, 1:142.
50. Audio recording, "Joan Baez talks and sings to Drug Ward at U.C., Dr. Wilmer, March 7, 1969," half-inch reel-to-reel, box 1, Harry Wilmer Papers.
51. The last was indeed a problem. When Wilmer first arrived, the nurses were almost unanimously skeptical and vexed by the whole project. One nurse, for example, noted her colleagues' reactions to the clinic: "A very disgruntled staff"; "I don't know what we are doing"; "Harry's crazy"; "I'm leaving"; "I'll be damned if I'm going to sit here and watch these lousy people [illegible] all over our beds and do nothing. This is for the birds!"; "A Nurse Diary," box 5, Harry Wilmer Archive.
52. Wilmer, *Children of Sham*, 1:227.
53. Ibid., 1:114.
54. Ibid., 2:10.
55. Ibid., 2:38.
56. Wilmer, "The Use of Television Videotape," 8.
57. Wilmer, *Children of Sham*, 1:115.
58. Audio recording, *Multimedia Seminar.*
59. Ibid.
60. Wilmer, *Children of Sham*, 1:73.
61. Ibid., 2:38.
62. Ibid., 2:13. We shouldn't discount the possibility that these sorts of statements were reflecting the psychiatrists' view, or what patients thought the doctors wanted to hear (nor should we assume that if this was the case, these ideas were therefore not authentically held).
63. Ibid., 1:448.

64. For the most thorough account, see Collopy, "The Revolution Will Be Videotaped," and Deirdre Boyle's *Subject to Change: Guerrilla Television Revisited* (New York, 1997).
65. Harry Wilmer, "Feedback: TV Monologue PsychoTherapy," *Radical Software* 1, no. 4 (1971): 11.
66. Ryan's interest in him is revealed in his notes and correspondence, held at the Archives of American Art at the Smithsonian, in which he referred numerous doctors and teachers to Wilmer's work at the time he was first experimenting with and proselytizing for video. For his article, see Paul Ryan, "Videotape: Thinking About a Medium," *Educators Guide to Media & Methods* (December 1968): 38.