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TV-Therapy: A Preliminary Theoretical Framework

Abstract. Broadly speaking, television is regarded as a mass media array providing information and entertainment. From a scientific perspective it also involves artistic features and counts as a highly influential socio-cultural phenomenon. While in this context also pathogenic and pathological aspects have been discussed and studied, health promoting and therapeutic factors of television are still greatly underrepresented in the realm of TV-sciences. On the basis of a random sample of qualitative data and meta-synthetic construction, the present article suggests a preliminary eight-dimensional theoretical framework of TV-therapy: (i) identity fusion and introjection, (ii) parallel worlds and escapism, (iii) subliminal mirroring and self-exploration, (iv) biographical work and self-integration, (v) therapeutic transference and creative coping, (vi) self-administration and self-regulation, (vii) social adjustment and virtual networking and (viii) TV as a source of topics and an incentive for people to communicate. Regarding psychodynamic impacts of television, the article encourages further studies on the interaction between television



and individuals with mental conditions such as schizophrenia or eating disorders, as well as health-related TV-education. Television may become an important tool in public health, which calls television programme creators and television production companies into play.

Keywords: biographical work; coping; escapism; fiction; identity fusion; parallel worlds; public health; self-exploration; self-regulation; social adjustment; socio-cultural changes

INTRODUCTION

The notion of *Television therapy* is not new. Although various authors such as G.G. Young (1988) used that term, TV-therapy is not as broadly established and profoundly developed as, for instance, cognitive behavioral therapy (CBT) or music therapy. Nonetheless, already in 1956 Gaither Lee Martin and Charles H. R. Over (1956) spoke of therapy by television. Their empirical study used closed-circuit television in psychiatric settings and concluded that mentally ill patients improve significantly in behaviour patterns, especially in the areas of communication, interpersonal relationship and socialization, as well as that programs of general education and instruction may have positive effects on that clientele. Moreover, some of their approaches also combined therapeutic TV-watching with creative art work, which is akin to intermodal forms of arts-based therapies.

One year later, Hyman Tucker et al. (1957) published their results about effectiveness of closed-circuit television as a therapeutic medium to treat psychiatric patients, and Floy Jack Moore et al. (1965) used the term television in the context of videotaped therapeutic sessions both for self-experience and a sort of retrospective archive analysis. Although this practice was miles away from what we may call TV-therapy today, it is remarkable that this new mass medium had inspired the therapeutic domain at such an early time: We remember the *Olympia-Kanone*, an iconoscope produced for the 1936 Berlin Olympic Games, as well as the implementation of the 525-line TV in the United States in 1941, the world's first 625-line television standard designed in the Soviet Union in 1944, and the Philips production and commercialization of the image iconoscope and multicon from 1952 to 1958.

Back to watching TV in psychiatric wards. Notwithstanding the fact that the origins of TV-therapy were highly promising, this approach—at least as we know from reviewing relevant literature—did not flourish, and from today's perspective we may assume following reasons: (i) in the early stages of TV-therapy, television was still a highly captivating medium and thus prone to attract the patients' attention. However, the more TV became commonly used, the more it lost this mesmerizing aura;

(ii) while Martin and Over spoke of chronically psychotic females who were confined to a closed ward and had no access to television during their hospitalization, psychiatric circumstances have been changing for the last decades, particularly in terms of increased liberty and community psychiatry (Burns, 2014). In spite of the warning that these trends may have an adverse impact on patients, there is good evidence that such social openness does not entail homelessness, incarceration or suicide after discharge from hospital (Salisbury & Thornicroft, 2016)—consequently TV lost its function as social surrogate; (iii) the more sound and film storage devices became available and affordable, the more patients used them for own therapeutic archives. Broadly speaking, the original incentives of TV-therapy went into a decline, while self-administered TV-therapy was in the ascendant—and this is a main focus of the present article.

Discussing TV-therapy also touches upon approaches such as cinema therapy and video therapy, where we have to distinguish between different definitions. By way of illustration, the term *video therapy* is also used as a synonym of telehealth, e-counselling, teletherapy, e-therapy or cyber-counselling, while in the realm of creative therapies it may refer to video art performed by patients and involve practices comparable to therapeutic filmmaking (Johnson & Alderson, 2008; Cohen et al., 2015), expressive (video) remix therapy (Jamerson, 2013) or digital storytelling. These models are also topics of the Beijing Normal University Research Centre for Arts Therapies.

The discipline of cinema therapy or movie therapy—both expressions are often used synonymously—goes back to the work of Gary Solomon (Solomon, 1995), who was the first in the West to write about using movies for therapeutic purposes, and Michael Powell's PhD thesis (Powell, 2008) focused on cinema therapy as a clinical intervention. Today, cinema therapy is used to treat a broad spectrum of medical conditions such as relationship problems (Eğeci & Gençöz, 2017) or anxiety disorders (Dumtrache, 2014, p. 717):

Cinema-therapy refers to the use of movies as a support for the individual's personal and interpersonal development and it represents a promising method that enhances both the attractiveness of the therapeutic process and the depth of a significant personal and relational development. By means of this research, we aim to build and develop a cinema-therapy program, as well as to identify its effects on the participants' anxiety level. The results of the present study indicate a significant drop in anxiety among the participants in the cinema-therapy program as opposed to those from the control sample. This paper is an advocacy of the use of movies as a support in the personal development process, in the modelling of emotional, value and behavioral dimensions of human personality.

While the term *cinema therapy* commonly refers to distinct models in clinical settings, the present article is dealing with a completely different issue: the phe-

nomenon of self-administered *TV-therapy* as both an intended and an involuntary curative process. Particularly through experience and discovery of beneficial impacts of watching TV on the psyche, this medium is used for emotional self-regulation as well as the improvement of quality of life. In this context, the term TV-therapy also applies to the use of similar mass-media for similar purposes. Given that such application of TV-therapy is hidden from the public and institutionalized treatment, related research is difficult and has to be tailored to its specific conditions. This also requires interdisciplinary collaboration with sociology, cultural anthropology and clinical sciences.

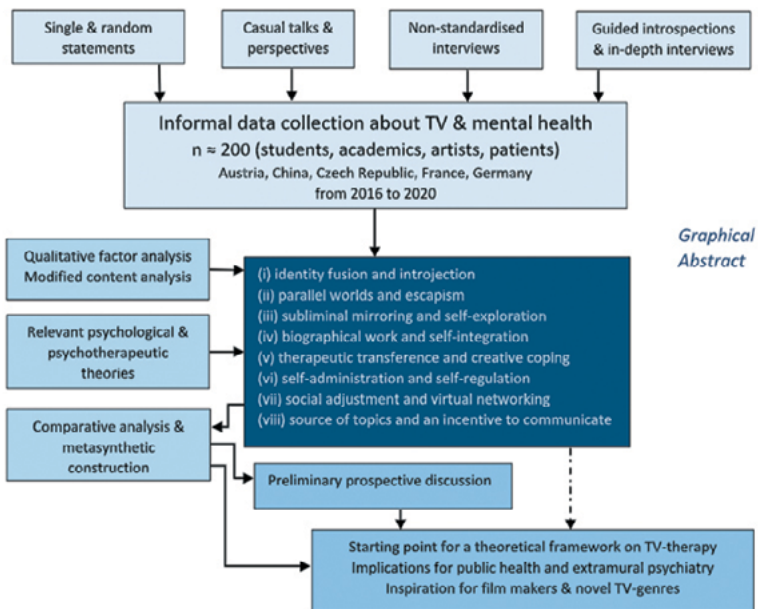
Regarding the global prevalence of mental disorders, self-designed and self-administered TV-therapy is of considerable relevance to public health systems, though. A meta-analysis—in the sense of statistical processing of results from multiple studies to get pooled data and identify central tendencies—estimating the prevalence of mental disorders from the late 1970 to about 2010 (Steel et al., 2014, p. 476) confirms that common mental issues are highly prevalent and affect people across all regions of the world:

Pooling across all studies, approximately 1 in 5 respondents (17.6%, 95% confidence interval: 16.3–18.9%) were identified as meeting criteria for a common mental disorder during the 12-months preceding assessment; 29.2% (25.9–32.6%) of respondents were identified as having experienced a common mental disorder at some time during their lifetimes. A consistent gender effect in the prevalence of common mental disorder was evident; women having higher rates of mood (7.3%:4.0%) and anxiety (8.7%:4.3%) disorders during the previous 12 months and men having higher rates of substance use disorders (2.0%:7.5%), with a similar pattern for lifetime prevalence. There was also evidence of consistent regional variation in the prevalence of common mental disorder. Countries within North and South East Asia in particular displayed consistently lower one-year and lifetime prevalence estimates than other regions. One-year prevalence rates were also low among Sub-Saharan-Africa, whereas English speaking counties returned the highest lifetime prevalence estimates.

Also, in children and adolescents the worldwide prevalence of mental disorders is high. According to a comparative study from the University of São Paulo Medical School in Brazil the pooled prevalence is 13.4% (Polanczyk et al., 2015), and the World Health Organization specifies that the burden of mental disorders is particularly high in conflict-affected populations (Charlson et al., 2019). Given that television embodies both therapeutic and pathogenic potential, educational issues come into play—and this is a key topic of Beijing Normal University. Regarding excessive TV watching, psychopathology also speaks of hidden addiction (Sussman & Moran, 2013), which is comparable to the epidemiology of internet addiction (Pan et al., 2020). Additionally, to such forms of TV *binge-watching*, TV-viewing is also dis-

cussed as an important factor influencing personality and behaviour such as adolescent sex attitudes (Tolman et al., 2007) or negative dietary patterns (Kelly et al., 2016). By and large, television can be considered a huge psycho-modulating factor and TV-self-therapy a phenomenon of still underestimated effect.

METHODS



Television therapy is a relatively young discipline and empirical research still scant. Moreover, the considerable lack of relevant meta-theoretical considerations and theoretical frameworks calls for basic research and orientation. On that account, informal and often casually acquired verbal data from mainly students, academics, artists and patients have been collected, compared and re-grouped in order to identify possible categories. Their characteristics cover a broad spectrum from random talks, e.g., about TV-based self-regulation techniques, to in-depth interviews, which helped to elucidate how watching television supports self-discovery and self-integration. Qualitative data-processing and meta-synthetic construction resulted in a preliminary theoretical framework.

Key principles of systemic meta-syntheses (Mastnak, 2021) go back to in-depth analyses of seminal theories in psychology, psychosomatics and medicine. Throughout the course of history of science such cornerstones witness the power of epistemological syntheses of all sorts of findings and shed light on ground-breaking concepts and innovation. Broadly speaking: great minds discovered the inner logic of data from clinical experience, subjective theories and interdisciplinary research and created consistent frameworks—and this is precisely the way, systemic meta-syntheses are built.

This also explains the use of the word “systemic.” Given that tangible entities have their very unique characteristics, holistic truth-philosophical representation strives for a most adequate isomorphism between the actual object in the real world and its theoretical representation in the realm of science. Distinct from research on single perspectives, dimensions or parameters, systemic meta-syntheses try to take the complexity of phenomena into account, hence the term systemic.

In general, there are two different ways to create a systemic meta-synthesis: a bottom-up and a top-down mode. In bottom-up mode studies on a given issue or thematic field are taken into account and explorative comparative processing tries to trace down general principles as well as their inner logic and coherence. This process generates hypotheses, which are usually more robust than results of single hypothesis generating studies.

The top-down mode starts with a given hypothesis and goes on searching for confirmatory or contradictory evidence. While the whole process reminds of conventional hypothesis testing, the “timeline inversion” makes the decisive difference: What supports or destroys the hypothesis is derived from previous studies. The advantage of this approach lies in the enormous pool of relevant data, which have to be re-evaluated, though.

In addition to these two main types, the notion systemic meta-synthesis encompasses all approaches (i) which respect epistemology and philosophy of sciences and (ii) integrate data and results from various types of studies (iii) to create a novel theory or theoretical framework. And there are basically no discipline-related limitations or apodictic exclusion criteria. The present study combined bottom-up and top-down approaches and used various forms of inductive and deductive reasoning.

RESULTS

Based on a pool of qualitative data and meta-synthetic reasoning, this article suggests an eight-dimensional framework to deal with TV-therapy. Its dimen-

sions describe factors of individual TV-therapeutic attitudes and practices and may, similar to the differential-psychological model of factor analysis, differ in strength and manifestation. This dynamic theoretical framework may help to elucidate therapeutic features of television consumption in the broad sense of watching live or recorded television, as well as viewing DVDs and streaming shows on TV sets, computers and portable devices. Nonetheless, there are various theoretical approaches to explore TV-therapy imaginable. Consequently, further theoretical considerations to formulate and assemble pertinent components into coherent wholes are highly welcome.

Identity fusion and introjection

From Aristotle's views of the relationship between drama and spectators to modern psychological considerations there is a wealth of theories dealing with merging identities and introjection, and Maria Grazia Turri (2015) proposed in her PhD-thesis a new understanding of spectatorship as transference dynamic.

This article suggests to differentiate between identity fusion and trait transference. Concerning identity fusion, we refer to group-psychological theories that differentiate between two distinct forms of group alignment: identification and fusion—the former asserts that group and personal identity are distinct, while the latter means that group and personal identities are functionally equivalent and mutually reinforcing (Kavanagh et al., 2020). In the context of TV-consumption and TV-therapy, particularly identity fusion (Reese & Whitehouse, 2021) enormously impacts on an individual's personality and is likely to create hybrid-identities, which merge “pro-protagonist-behaviour” and unconscious motives alongside unrealistic self-images. Moreover, such phenomena may interdepend with psychotic traits and even aggravate symptoms. From a psychopathological perspective we have to distinguish between two outcomes: on the one hand such modes of TV-consumption may counteract psychiatric treatment, on the other they may give rise to a feeling of self-actualization and improve the subjective experience of quality of life.

TV-associated introjection differs markedly from the comprehensive and dominating processes that go hand in hand with identity fusion: they only concern several personality traits, are controllable and easily reversible, and are likely to improve mental well-being. The notions *projection*, *introjection* and *projective identification* belong largely to psychoanalytic theory (Malancharuil, 2004), while Meissner (2009) suggested a neuropsychological reconstruction of projective identification, hence the neuroscientific substantiation of the previously phenomenological terms. As regards the realm of TV-therapy, this article proposes the term *introjective trait dynamics*.

In this connection, we rather focus on the subjective (and possibly unrealistic) discovery of a TV-character's personality traits in oneself, alongside this detection's

psychodynamic—we use this term in a broader sense, not only referring to psychoanalysis—consequences. Introjection of a TV-protagonist’s feature may concern (i) the re-activation of suppressed personality traits and self-concepts, (ii) an imaginary space that allows talents and self-images to bloom, while the “real world” inhibits their growth, and (iii) the egosyntonic realization of “elementary psychosomatic variables” (Mastnak, 1994, p. 137).

Elementary psychosomatic variables (EPV)—in German language *psychosomatische Grundvariablen*—form a core concept of the Perspektiventheorie [“Perspectives Theory”]. The Perspectives Theory was developed in the late 1980s and is meant to contribute to comprehensive models of differential psychology and theories of personality. In a sense akin to the concept of role-person merger (Turner, 1978) in the social construction of personality or Erwin Roth’s (1969) theory of attitudes as the basis of his concept of personality, elementary psychosomatic variables are considered qualitative entities which require individual realization to form distinct personalities. By way of illustration, the EPV which creates the desire of being loved cannot be sufficiently replaced by other EPVs. During the later intrauterine period and particularly during childhood it develops distinct features of bonding, which may give rise to resilience, emotional wellbeing or traumatic deficiencies. Perspectives Theory suggests to understand the entire personality as a dynamic system consisting of EPVs which can, e.g., through life-experience or educational impact, change their intensity and significance like “perspectives,” hence the name.

Parallel worlds and escapism

Broadly speaking, we may differentiate between four kinds of parallel worlds: (i) the physical notion of multiverse alongside various hypotheses of multiple universes such as expressed by Hugh Everett or the Copenhagen Interpretation, usually summarized under the umbrella-term *many-worlds interpretation* (MWI), (ii) *the mortal world* and spiritual worlds as described in various religions such as heaven and hell in Christianity, which are in a sense comparable with the temporary places Svarga and Naraka in Hinduism, or—according to Tibetan Buddhist religion—overlapping worlds occupied by ghosts, (iii) parallel and mutually penetrating worlds as described in various social and differential psychological theories such as professional, private, criminal or cyber worlds, and (iv) imaginary worlds as well as worlds created by our minds, such as in psychotic hallucinations or mesmerizing creative acts.

Variatio delectate—this famous Latin phrase, literally “variation is delightful,” sometimes also translated as “there’s nothing like change”—may be interpreted in various ways, also concerning the human need for balance between stability and alteration. However, people may experience right the opposite, namely “permanent chaos”—and thus fall into despair. For centuries the arts have been successfully pro-

viding means to temporarily immerse oneself in fictional worlds, such as novels or theatre plays—and since the 1890s cinema, and later on television.

The private availability of films has given rise to self-administered changes of worlds, where intensity and reversibility decide between aesthetic experience and pathological escapism. In general, a lack of change is likely to cause mind wandering and a “drive to distraction” (Faber et al., 2018). From a TV-psychological and pathological perspective we have to clearly identify functions and characteristics of fantasy worlds and to differentiate between artistic pleasure and pathological delusion as a tendency to seek escape and distraction from reality or real-life problems (Jouhki & Oksanen, 2022). Relating to loneliness, escapism and identification with TV and film characters, an Italian study (Gabbiadini et al., 2021) pointed out:

Nowadays, binge-watching (i.e., watching multiple episodes of a TV series in one session) has become a widespread practice of media consumption, raising concerns about its negative outcomes. Nevertheless, previous research has overlooked the underlying psychological mechanisms leading to binge-watching [...] psychological determinants of problematic digital technologies usage (i.e., feelings of loneliness), as well as some of the mechanisms related to the enjoyment of media contents (i.e., escapism and the identification with media characters), were considered as predictors of the tendency to binge-watch. Results indicated that higher feelings of loneliness were associated with higher levels of problematic digital technologies usage. Additionally, direct and indirect effects showed that only escapism—out of the four dimensions measuring the problematic use of Internet-related technologies—predicted participants’ stronger identification with media characters, which in turn promoted greater binge-watching tendencies. Overall, we suggest that binge-watching could be interpreted as a coping strategy for media escapist, who enjoy TV series as a privileged online space in which the need to escape finds its fulfillment, allowing them to manage loneliness by identifying with a fictitious character.

Such phenomena call for (i) representative studies about modes of TV-watching and associated escapism, pseudo-psychotic delusions included, (ii) conditions that are likely to trigger binge-watching such as social distancing and curfews (Dixit et al., 2020), (iii) clear differentiation between the relevant clusters of recreational TV series viewers (presenting low involvement in binge-watching), regulated binge-watchers (moderately involved), avid binge-watchers (presenting elevated but non-problematic involvement), and unregulated binge-watchers (presenting potentially problematic involvement associated with negative outcomes) (Flayelle et al., 2019) and (iv) relevant psycho-education. Dealing with these issues, we are permanently faced with the vague boarder between fascination with film and movie art on the one hand and pathological binge-watching alongside associated escapism on the other.

Subliminal mirroring and self-exploration

The question “Who am I?” penetrates practical anthropology and human ontology as well as spiritual areas and personal doubts about one’s identity and sense of living. “Who am I?” is both a philosophical and a psychological question, which not only arises in the context of mental disorders such as depression or pathological dissociation and fragmentation of the self, but goes to the roots of existence and its deeper meaning (if there is a deeper meaning of existence). Since the cradle of human culture, the arts have been inspiring the human mind and encouraged creative thinking, the question about one’s origin and nature included. Today, television is an enormous source nourishing self-discovery, both in a clarifying and in a bewildering way.

Guided self-exploration has always been an explicit goal of psychoanalysis (Kantrowitz, 2012), and continuing self-exploration is likely to become a habit or trait in former analysands. However, self-exploration is not the monopoly of psychoanalysis, but rather an important principle in many psychotherapeutic areas, and Stanislav Grof (1988) even spoke of the “adventure of self-discovery.” There is broad consensus that self-discovery plays a crucial role for psychotherapeutic progress and personal growth, whereas psychotherapeutic schools of thought greatly differ in method as well as the rationale behind.

While psychotherapy usually works with external professional support of self-discovery, the present article suggests the existence of an autonomous neuro-cognitive processor within the human brain that strives for self-discovery and activates relevant processes. Although still on a hypothetical level, we assume that this processor is inextricably intertwined with the default mode network (Yeshurun et al., 2021), a central-nervous system specializing in information processing. Moreover, it is a dynamic high-capacity module to integrate incoming intrinsic (e.g., thought) and extrinsic (e.g., social situations) information with consolidated knowledge. This forms rich, context-dependent models, self-images included.

This self-discovery processor appears to encompass a sort of “mirroring unit” that compares—in a subliminal way—own traits with features of other individuals from real, artistic and imaginary areas. These modes of comparison resemble psychotherapeutic mirror techniques such as in psychodrama, but differ in the impetus behind. While in therapeutic sessions the therapist encourages mirror techniques, in self-administered television therapy mirroring is triggered by an internal self-discovery processor, which seems to be able to also adjust the intensity of discovery—according to one’s readiness to accept related insights.

Moreover, these modes of mirroring alongside associated self-discovery may also serve as a driving force for further film-guided self-exploration. In this context we assume a dual principle consisting of (i) an inner processor regulating aspects and modes of self-discovery and (ii) a subtle interplay between subliminal infor-

mation processing and conscious (often seemingly spontaneous) recognition, self-recognition included.

Biographical work and self-integration

Mindful work with a patient's biography has become an important means in various therapeutic areas and curative domains, e.g., in palliative care (Hesse et al., 2019). The rationale behind is complex and involves the notion of biographical continuity, which is both an ontological and a personality psychological problem, hence the recent discussions about cisism and cismativity (Silverman & Baril, 2021). Notwithstanding such qualifications, there is relatively broad consensus about the significance of biographical work and self-integration. By way of illustration, geriatric findings suggest that maintenance of the self in dementia is associated with socio-biographical factors (Surr, 2006).

Particularly in cases of repressed traumatic experiences, fragmentation of the self and distinct dissociative symptoms the notion of self-integration comes into play (Weeks & Pasupathi, 2011): critical to identity, self-integration is considered the process of connecting experiences to the self. It essentially involves subjectively constructed connections between the self and negative events, stability and changes of the self as a whole, as well as the dynamic relationship between conscious self-images and external stimuli such as a therapist's responsiveness.

However, dealing with the self alongside the notion of self-integration also addresses its dynamic wholeness, and Gil G. Noam (1988) suggested a model consisting of two related dimensions: self-complexity and biographical topics, including *schemata and themata*. This framework is basically consistent with our understanding of biographical work and self-integration in self-administered television therapy. Particularly in adults and the older generation, television offers an enormous potential to enhance biographical work and thus to facilitate self-integration.

An example: at the age of 55 Charles casually browsed the internet and found a film series he adored when he was around 10 years old: *Der Kurier der Kaiserin* ["The Empress's Courier"] (not to be confused with Mortimer Stewart's *The Queen's Messenger* from 1928). At that time Charles's beloved grandmother died, he was confronted with social classroom-issues and felt depressed by his parents' fear he might be doomed to fail his school career. Watching these old films, Charles felt completely mesmerized. He not only remembered certain scenes, but also re-experienced emotions he had 45 years ago, particularly self-doubts and his belief that success was just casual, while suffering shipwreck would eventually be inevitable. Through repetitive watching the series his still debilitating feelings of imperfection began to fade.

Therapeutic transference and creative coping

Reality TV has become a captivating genre that also accesses therapeutic domains. Jenny Hamilton (2013) coined the term reality television therapy (RTVT) and was one of the first researchers to study this phenomenon. While the “counselling world” has given comparatively little consideration to this genre, Hamilton raised the question how RTVT may make therapy more accessible to people and whether watching these programs can be considered a therapeutic experience for audiences. She summarized:

So how might RTVT work as a therapeutic experience for audiences? RTVT shows use the conventions of TV filming and editing to create emotional drama and intensity, such as cutting between speakers, close ups on eye movements and facial expressions, editing out less emotionally charged material, self-disclosing monologues and use of music to heighten emotion. Aristotle identified catharsis as a process of emotional purging experienced by the audiences of Greek tragedies. RTVT programs almost invariably seem to follow the stages of therapy recognized by both Rogers and Snyder: an initial stage of catharsis (through emotional disclosure, often via monologues to camera); a phase of insight (provided by both the helper and participant), followed by “positive choice and action” as we watch the participant embark on a change process. The viewer may identify with participants and feel they have shared in their emotional journey. They may experience emotions associated with the therapeutic process, or tap into or release emotions around their own issues, as in group therapy where significant issues can be prompted by others, raising clients’ self-awareness and offering “[...] the invaluable healing factor of simply knowing that you are not alone with your issue.” Referring to Bohart and Tallman (1996), she shed light on the authors’ proposition that “all therapy is ultimately self-help and it is the client who is the therapist,” highlighting that self-help has proven to be as helpful as contact with a therapist, can suit some clients better, and that “ultimately clients must manufacture solutions from their own experience.” Although the present article does not agree with the assumption that professional psychotherapy can be replaced with the patient’s “therapist within,” we greatly encourage research on mechanisms underlying TV-based psychotherapeutic self-help.

In this context, we suggest to distinguish between four essential domains: (i) the use of TV-watching to modulate pathological conditions such as obsessive-compulsive thought and behaviour, e.g. workaholism (Cossin et al., 2021) and the overestimation of one’s importance, (ii) enhancement of resilience through model-based learning or emotionally stabilizing introjection, (iii) construction of psychotherapeutic self-help models or self-application of techniques as seen in reality television or documentary films and (iv) the creative development of individual coping strategies inspired by movie scenes or characters.

Self-administration and self-regulation

One of the most striking and probably most promising results of this small framework-generating research concerns psychotherapeutic self-help, in particular self-administration of watching TV for the express purpose of self-regulation. In public health areas, self-regulation is not only a core factor of human functioning that facilitates the successful pursuit of personal goals, but also gains importance in the promotion and maintenance of mental health, therapy of (subclinical) mental and psycho-affective syndromes included. While some related approaches only provide shallow insights, recent comparative research designed a pertinent integrative model of self-regulation in social psychological, personality psychological and cognitive neuroscientific contexts (Inzlicht et al., 2021).

A British meta-analysis (Pandey et al., 2018) highlighted the effectiveness of universal self-regulation-based interventions in children and adolescents. Implicitly addressing this huge clientele of television-associated social networks, the authors emphasized that childhood and adolescence self-regulation is gaining importance, as well as the mounting evidence of its positive associations with health, social and educational outcomes.

Qualitative analysis of our data pool suggests that particularly the combination of (i) high awareness of psychopathological traits, susceptibilities and vulnerabilities and (ii) a distinct readiness to self-experimentation may give rise to effective television-based self-regulation. These efficient techniques differ sharply from television addiction or the obsessive-compulsive use social media, and comprise a broad spectrum of individualized models such as short TV-based cognitive recovery, mental relaxation, control of compulsive thought or coping with transient feelings of emptiness or low spirits.

Due to a lack of robust data substantiating this phenomenon, further research is needed to explore both the nature of this sociocultural phenomenon and its public health relevance. Moreover, television-related mental health education comes into play.

Social adjustment and virtual networking

Although social coherence and communication styles are changing, genetics of social behaviour and neurogenetics of sociality (Donaldson & Young, 2008) witness the profound interactive character of the human race, hence the risk of deprivation syndromes. Social media have greatly responded to and impacted on social adjustment and virtual networking has immensely gained ground. Qualitative data analysis suggests four main incentives to use interactive television devices: (i) basic communication to get the impression of social inclusion, (ii) sharing of life experiences and development of (maybe also fictitious) closeness, (iii) mutual support, both in the sense of empathy and advice, and (iv) online creative interaction.

Decades ago, a project called R4R *Recording for Recovery*—not to be confused with models such as *Reading for Recovery* to support the treatment of substance abuse and addiction—was created to inspire music-based social networking among isolated people: people sent each other audio tapes with favorite music as a sign of social bonding, as well as an invitation to share aesthetic experiences evoked by listening. The vivid dynamics evoked by this network could not be predicted: sharing music became the source and inner drive of a new feeling of emotional security and social responsibility.

Likewise, social media with television function bring about unpredictable dynamics, both in a beneficial and in a potentially harmful way. In this regard we emphasize three critical aspects: (i) different from genuine human connection and authentic bonding, which involve continuous feedback-loops, individuals may regulate frequency and intensity of communication in an (unintentionally) egocentric way and thus cause traumatic reactions. Moreover, unrealistic projection may lead to delusional relationships alongside obsessive-compulsive as well as pseudo-psychotic traits, (ii) falling in love with robots has become a real phenomenon (Viik, 2020), also in the realm of social networking. Although individual experiences may satisfy, anthropological considerations point towards serious risks. Moreover, we have to differentiate between robots as colleagues and partners (Nyholm & Smids, 2020): “in comparison with the more demanding ideals of being a good friend or a good romantic partner, it is comparatively easier for a robot to live up to the ideal of being a good colleague. The reason for this is that the ‘inner lives’ of our friends and lovers are more important to us than the inner lives of our colleagues,” and (iii) discussions about social network facilities as surrogate connection should not ignore the nature of bodily, spiritual and (face-to-face) empathetic interaction: “ersatz connections” have limitations.

At this point, looking back over changes in communication styles help to understand recent phenomena. There was in living memory a period, e.g. in Central Europe, dominated by small talks and hollow conversation, marked by nearly obsessive-compulsive avoidance of responsibility and commitment, followed by an era of—mostly completely dispensable—pseudo-organizational communication on smartphone screens: particularly younger people exhibit symptoms of smartphone addiction paired with social isolation (Tateno et al., 2019) alongside nomophobia (Notara et al., 2021), athazagoraphobia, i.e. the fear of being forgotten, and FoMO (Akbari et al., 2021), the fear of missing out. Self-images and self-values are externalized and thus uncontrollable and fragile, while the soul is arid and empty. Notwithstanding these pathogenic traits, social media also encompass an enormous potential to enrich life, deepen communication and inspire the mind: creative television can also be regarded as a viable countermeasure to bring back deep satis-

faction and personal growth—and comparable to community music education and therapy the notion of *community television education and therapy* comes to mind.

Pool of contents and incentive of communication

Without a doubt, the art of communication is one of the great chapters of human culture, and disastrous communication one of the darkest sides of human life. The world of communication encompasses verbal flow that gives rise to mutual discovery of interior lives, non-verbal communication in perfect harmony as expressed, for instance, in the Philemon and Baucis scene in Wolfgang Roscher und Claus Thomas's film *Doktor Faustus* (Archives of the University Mozarteum in Salzburg), as well as the phenomenon the Austrian communication expert Paul Watzlawick described as “you cannot not communicate.” Although the present article is not primarily focusing on this topic, communication is still an important factor of TV-related quality of life.

A life-style platform called communication deficit “the silent scourge that hampers relationships”—and habituation of adverse communication patterns is widely known as a heavy burden: partners feel lost or unseen, constantly criticized, or experience a huge lack of intimacy. Moreover, communication may become dreary and narrowed down to meaningless formulae such as talking about the weather or—during the COVID-19 pandemic—actual rules and the incompetence of politicians. For several decades cinema has been regarded as a tool to develop communication, particularly in the context of social messages (Riber & Smith, 1985), while the potential of television to improve communication at home, e.g., by suggesting topics of interest, has been widely ignored.

As regards topics of interest, the present article suggests to differentiate between grades of subjective significance. While, for instance, a TV-documentation about astrophysics may inspire communication about the beauty of galaxies, another movie may elicit the spontaneous recognition of one's own frozen communication style and petrified relationship, and thus spark off intimate in-depth conversation. Such processes go hand in hand with TV-guided self-discovery and mirroring, and are also regarded a promising path in couple therapy (Alexander, 2009):

Psychiatrists need to be aware of how their individual clients are impacted by issues they may be having in their intimate relationships and how couples' issues, in turn, impact and are impacted by emotional and mental disorders. In addition, psychiatrists need to be able to offer sound advice to individuals in troubled relationships, know how to make referrals to trained marriage therapists and know how medications they prescribe may impact couples. Over the past twenty years, there have been significant advances in couple research to assist health professionals in offering insight to couples struggling with communication, conflict resolution, affairs, addictions and many other

aspects of the couple's odyssey. Movie clips offer an effective way of teaching psychiatrists about common issues in coupling and couple therapy.

While Matthew Alexander discussed movies and movie clips for educating psychiatrists about common clinical issues in couple therapy, the present article focuses on unintended effects of television on communication styles, as well as implicit self-regulation and improvement of verbal exchange in relationships. In this context, the present article emphatically suggests further research on the use of film and television to treat communication issues, not only in order to explore associated mechanisms in individuals with relevant medical conditions such as autism spectrum disorder (Bolton et al., 2020), but also to discover therapeutic values of television in a broader clientele.

Discussion

Qualitative processing of a random data alongside meta-synthetic construction resulted in the present theoretical framework of TV-therapy. We consider it a preliminary model and are aware of its limitations, hence the need for further systemic, quantitative, qualitative, cross-cultural and epistemological research in this domain.

Dealing with TV-therapy and TV-pathology, we emphatically encourage differential-diagnostic approaches to explore interactions between television consumption and mental diseases such as schizophrenia, depression, anxiety disorders, post-traumatic stress disorders, eating disorders, obsessive-compulsive and oppositional defiant disorders, or the broad spectrum of addiction.

TV-related pathogenesis and pathological dynamics are challenging and may bring about a broad spectrum of "aberrations." And yet, we have to be extremely careful with ethical and pathological assessments of main-streams: they may be nourished by biased views and thus crucially misunderstand sociocultural transformations. From a meta-theoretical and epistemological perspective, we have to clearly distinguish between cultural and anthropologic criteria, and we must be aware of the "natural" dynamics of customs and the relative invariance of the human (genetic) nature.

While the present article expressly focuses on TV-therapy prospects, we also have to explore adverse phenomena such as—as pars pro toto—television addiction, which is "no mere metaphor" (Kubey & Csikszentmihalyi, 2002): psychiatry explicitly states that television addiction functions similarly to substance abuse disorders and claims that a great deal more research is needed (Sussman & Moran, 2013). Given that trends to obsessive and excessive TV-consumption alongside associated pathogenic impacts on the psyche are likely to jeopardize the younger generation, implementation of TV-oriented health education has to be discussed.

Notwithstanding such risks, there is an enormous therapeutic and health-promoting potential inhering in television. Taking the widespread reluctance to go to psychotherapy into account, TV-self-therapy is not confronted with such “inhibition thresholds.” Together with the perspectives and factors discussed in this article, TV-makers are called to get aware of their function in public health and psycho-epidemiology. Television may also greatly contribute to a better common understanding of mental disorders alongside improved social inclusion (Damjanović et al., 2009).

To derive broad benefits from the therapeutic potential of TV requires (i) further research, (ii) educational support to develop skills of health-promoting TV use, (iii) specific training of staff in areas such as psychiatry, geriatrics or prisons, and (iv) promotion of the novel health- and therapy-oriented genre of TV programs. In general, TV-therapy may become an inexpensive and broadly accessible tool to enhance quality of life, improve prevention of psychosocial problems, and provide efficient self-therapy alongside psychological self-regulation.

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