

Therapeutic Reflections: *In Treatment* and the Politics of Psychoanalytic Cultural Criticism

Do we live in a ‘therapy culture’ or a ‘therapeutic culture’? Through a close engagement with the television series *In Treatment*, this article sets out to theorise the relationship between popular culture and therapy. The article seeks to foreground the importance of both Lacanian and object relations approaches in the on-going development of a critical cultural studies informed by psychoanalysis.

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Even though mental health colleagues would frown upon Dr Weston's comportment, I know of numerous individuals who have become attracted to psychotherapy (in the widest sense of the term), in part as a direct result of watching the programme with great interest. During a first consultation with a prospective patient, I asked whether this person had ever had any previous experience of therapy. To my surprise, the new patient replied: "No, but I've watched *In Treatment*. Does that count?" (Kahr, 2011, p.1053)

Writing in the *International Journal of Psychoanalysis* of the television series *In Treatment* (2008), Brett Kahr recounts an incident that catches him by surprise, throwing the relationship between culture and therapy into particularly sharp relief. Initially, the show's staging of therapy is perceived as a potential enticement, a seductive glimpse into the world of the consulting room that might encourage viewers to try it out themselves. The claim quickly shifts, however, to the idea that watching the show might itself be therapeutic. Kahr's anecdote, then, usefully suggests two approaches to the 'therapeutic' nature of *In Treatment*. Firstly, an analysis that attends to the representation of the therapeutic the series offers, and secondly, an analysis (prompted by the patient's last comment) of what might be therapeutic

about watching the television show. Articulating both of these approaches is the central wager of this article.

The idea of “the therapeutic” is a central preoccupation in contemporary culture. As Barry Richards notes, “the rise of the therapeutic...is occurring in all social spheres, from the intimate to the international” (2007, p.5). For Richards, “the therapeutic” is a broad sensibility which describes the “extensive emotionalisation of culture in recent decades,” a tendency to focus on the inner life and engage in acts of self-reflexivity that has become a commonplace strategy in negotiating present-day existence.¹ As Carole Leader notes, cultural productions play a role in this process: “we are in an age that is increasingly dominated by cultural representations of psychoanalysis, therapy and explorations of human emotional life” (2011, p.177). A preoccupation with the inner self, feeling and emotion within cultural productions, then, both reflects and feeds into this emerging sensibility.

In Treatment is clearly symptomatic, indeed emblematic, of the increasing “emotionalisation” of culture. In fact, unlike the myriad other shows and films that have featured therapy as a dramatic conceit (*Frasier* (1993), *The Sopranos* (1999) or *Analyze This* (1999) are prime examples), *In Treatment* makes the therapeutic exchange the driving force behind its drama. As Kahr writes, “with *In Treatment*, we now witness the placing of the psychotherapist-cum-psychoanalyst in the most central position” (2011, p.1058). Originally an Israeli series named *Be’Tipul*, remade for the USA by HBO, both the original and the remake have garnered considerable critical attention, as well as receiving substantial industry recognition. In Israel, the original incited what Noa Tishby describes as “complete addiction” (Rochlin, 2008). Gabriel Byrne won a Golden Globe for his performance, and the series has garnered what Gerard Gilbert describes as “a trunk-load of Emmy and Golden Globe awards and nominations” (2009). The series thus points up the important status of therapeutic discourse in contemporary culture, and its popularity would seem to suggest something of a

“thirst for therapy” in the culture at large. Kahr, however, displays a cautious attitude towards the cultural representation of psychoanalysis, an attitude common in psychoanalysts since Freud himself.² Kahr is troubled by how to read and respond to the unprecedented visibility afforded to psychoanalysis by the show. “Should we be worried [...] or should we celebrate the fact that this programme has begun to generate an interest in the confidential and unpublicised work that we do in our cloistered cabinets?”, he asks (2011, p.1053).

Should psychoanalysts and psychotherapists be worried? Kahr’s cautious attitude gestures towards recent critiques of the increasing emotionalisation of contemporary culture. Often informed by Foucauldian perspectives, many critics worry that the emphasis the “therapeutic turn” places on revealing the inner self aids the task of “governing the soul” (Rose, 2005). Mimi White, for instance, views the therapeutic as a “master narrative strategy of contemporary mass culture” which works to promote particular versions of subjectivity, gender, power and knowledge (1992, pp.11, 23). More recently, Frank Furedi has argued that we live in a “therapy culture” where a normalised demand for emotional expressivity permits the public appropriation of the private, providing a means through which subjectivity can be surveilled and controlled (Furedi, 2004).

Despite this widespread reticence towards “therapy culture,” another group of critics see the therapeutic turn in a more positive light. Anthony Giddens, for instance, views “the therapeutic” as an opportunity for self-development and reflexivity, as both a response to the vicissitudes of modernity and a part of the postmodern task of self-creation (1991, pp.33–4). Giddens’ belief in the capacity for subjects to remake their identity overstates the scope of self-creation, but he is not alone in regarding the therapeutic through a positive lens. Richards, for instance, considers “the therapeutic” to be more than the staging of emotional expressivity; rather the term describes a set of practices that might contribute to the amelioration of psychosocial life by facilitating processing and working through. For

Richards, drawing on the work of Bion, “therapeutic culture” offers to provide “containing” structures which allow those who interact with them to work through anxiety and difficult feelings, with the aim of developing a more “therapeutic sensibility” (Richards, 2007, pp.61–4; Bion, 1988a; b). Such a sensibility would include “emotional expressivity, knowledge or thoughtfulness, and concern or compassion for the self and other” (Richards and Brown, 2011, pp.20–21).

Though cautious about equating media engagement with clinical psychotherapy, Richards demonstrates the central analogical wager of a cultural studies informed by object-relations psychoanalysis.³ Such thought focusses on “the containing ([Wilfred] Bion) and facilitating ([Donald] Winnicott) properties of cultural and social forms” (Rustin, 1991, p.195). Within object-relations theory, the role of the therapist is broadly considered to be analogous to that of the infant’s primary caregiver, and the therapeutic task centres on providing forms of containment and holding that can enable psychic integration and working through. In fact, Richards contributes to a growing body of work that extends the maternal-therapeutic metaphor to the socio-cultural sphere.⁴ According to such approaches, socio-cultural institutions, forms and objects function therapeutically when they mirror the techniques of care object-relations theorists consider essential to both the healthy development of the human infant and the psychotherapeutic process. Such approaches suggest that cultural objects might perform important psychic functions for their audiences. They remain fraught and contentious, however, because they risk advancing a belief that psychic health might be achievable under existing social conditions, and thus run the risk of obfuscating “the socio-political causes of distress” whilst de-emphasising “the socio-historic forces affecting our lives,” as Richards and Brown note (2011, p.19).

The metaphor of the mirror has long been central to a cultural studies informed by psychoanalysis. Althusser’s theory of ideological interpellation, which draws on Lacan’s

theory of the mirror stage, has provided an indispensable way to theorise ideological subjectivisation (1969).⁵ For Lacan, the mirror imago “situates the agency known as the ego, prior to its social determination, in a fictional direction” (2006, p.76). Identifying with an image initiates a process of interpellation through which subjectivity takes shape. For theorists of film and television, the mirror stage foregrounds the role played by representation in the formation of identity, and offers significant insight into the kind of interaction taking place between viewer and image.⁶ The Lacanian mirror offers a way to understand how therapy culture “as a textual system and social apparatus constructs and implicates its own spectators as social subjects, often in explicit terms” (White, 1992, p.11).

In the growing field of object-relations cultural criticism, Kenneth Wright employs the metaphor of the mirror to theorise the therapeutic potential of cultural experience. Wright argues that Winnicott’s paper on “The Mirror-role of Mother and Family” (1991, pp.111–18) offers a productive addition to psychoanalytic theory because it draws attention to the importance of reflection for the development of the self and of symbolization. “Psychotherapy,” Winnicott writes, “is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face which reflects what is there to be seen” (117). The face to which Winnicott refers is that of the mother, and he asserts its significance during the early stages of development. The look on the mother’s face, to the extent that it is a response to and reflection of what the child is feeling, offers a means through which the child’s sense of self can take shape. “When I look I am seen, so I exist,” Winnicott writes (114). It is in offering the opportunity for this kind of reflection that psychotherapy performs, for Winnicott, a significant role. Though prompted to write on the mirror-role by Lacan’s famous paper, unlike Lacan, Winnicott sets out to foreground the vital importance of reflection in the constitution of a non-alienated, “true” self. Drawing on the work of Susanne Langer, Wright

goes on to suggest that aesthetic experience, like the experience of psychotherapy, contains a potential to perform a similar role, “providing containing forms for unrealised elements of...emotional life” (9); able to reflect emotional experience in ways that facilitate metabolisation and an enhanced sense of being. Here aesthetic experience approaches a form of psychotherapy, functioning to give back to the audience what the audience brings, facilitating the working through of unprocessed experience. Though Wright focuses his theory on art and poetry, thus repeating what Richards has termed the “spontaneous orientation” of psychoanalysis towards high culture (1994, p.9), there is no reason to presuppose that such experiences couldn’t be available to audiences via more popular forms, such as film and television, with which cultural studies has long been concerned.

Whatever the cultural form, though the subject might be remade through such experience, it remains a deeply personal and unpredictable process. It would be impossible to determine in advance what might resonate with an individual who comes to a cultural text with their own constellation of experience. However, it would also be naïve to ignore that, for Winnicott, the kind of look the infant receives is of consequence. The child’s sense of self rests precariously on the mother’s look. As Victor Burgin puts it, the child’s self can only “take place” as a projection of the mother’s regard (2004, p.48). Winnicott draws out not only the subject’s dependence on the look, but the ways in which images have the power to shape the inner self. In the interest of thinking through the complex interrelation of screen media and the therapeutic, it is important to recall that “people’s sense of subjective being is bound up with the media signs in and through which they understand and experience their realities” (Bignall, 2002, p.225). As Maureen Katz succinctly puts this: “the role of images as a conduit of ideology and its impact on our psychology...cannot be denied” (2006, p.142).

With this in mind, I turn to *In Treatment* to think about the therapeutic potential of cultural experience, whilst remaining attentive to the dual aspect of the dyad therapy/culture:

both its positive and negative inflections. What does *In Treatment* say about the capacity of screen media to offer “environments of images” (Burgin, 2004) that might function therapeutically, i.e. enable working through? And how might we understand that therapeutic work, given that it occurs through a media form – television – which cannot be extricated from questions of ideology and power? In what follows I want to suggest that *In Treatment* foregrounds the therapeutic potential of watching screen media, television in particular. However, after exploring the ways in which the show’s staging points towards the therapeutic potential of reflection, I undertake an analysis of the kinds of images on offer. What reflections of self and world are available through the show’s representations? Who can find themselves in these images, and how? In this way, I hope to foreground the individual experience and agency of the viewer, whilst also remaining attentive to the ideological work taking place in and through the staging of therapeutic space.

In both its form and content, *In Treatment* begs the question of a similarity between watching television and attending therapy. A therapeutic resonance was actually inscribed in the show’s structure and scheduling. The series stages the individual psychotherapy sessions of Dr Paul Weston (Gabriel Byrne). Each episode stands for one self-contained session and Weston sees a different patient each day of the week, so on Monday viewers watch sessions with Laura, whilst Tuesday is reserved for Alex, and so on, until Friday, when Paul pays a visit to his own therapist-cum-supervisor, Gina. Though the “hour” of the televisual session lasts only thirty minutes (in contrast to the analyst’s fifty), the series evokes a psychoanalytic encounter for its audience, focussing on a static scene in which two – or sometimes three – people sit and talk. The scheduling also mimed the temporality of a classical analysis. The first season was screened over five nights, Monday to Friday each week, over nine weeks, so that the viewing experience could proceed at a rhythm redolent of analytic pacing, itself uncannily similar to the scheduling of soap opera. In its content and scheduling, then, the

series raises questions about the affinities that might exist between television viewing and the experience of therapy, much as Kahr's patient suggested.

Drawing a parallel between television and therapy is not new. Patricia Mellencamp places television on the list of the "homely," suggesting that "TV pinpoints our loneliness by providing companionship, advice, consolation, prayer and therapy, assuring us we are not alone" (1990, pp.245, 262). Television soothes us, offering what Giddens has termed "ontological security" (1990, p.92), an idea taken up by Roger Silverstone, who characterises television as a Winnicottian "transitional object" that mediates between the subject and the outside world, offering connection and modulating anxiety (1994). Whilst these critics are sensitive to the ways in which television offers forms of holding and containment for its audience, they do not attend to the therapeutic value of reflection as Winnicott and Wright describe it. Sandy Flitterman-Lewis notes that when watching television, "we look at faces, not through eyes" (1992, p.230), a comment that evokes maternal reflection, which suggests watching television may have inherently therapeutic qualities.

Drawing on Winnicott, Eric Santner posits a relation between maternal reflection and the experience offered by the culture industry. Santner contends that the kind of reflection found in the maternal relation has increasingly been lost over the course of modernity, which offers a public space where "one is systematically trained not to return the gaze of the other" (1990, p.123). A certain way of looking and being seen is lost; the modern subject is defined by "homesickness" (1990, p.130), a yearning for a mode of exchange antithetical to the social formations of modernity. If the erosion of the space of the reflective gaze provokes an interminable search, we find substitutes for it, Santner claims, in the culture industry, which offers a space in which the gaze can be imagined. "In the movie theater," writes Ira Konigsberg, "we may perceive, but we also feel as if we are being perceived – indeed we desire to be perceived" (1996, p.884). Konigsberg here suggests that what attracts us to

screen media is their capacity to make us feel seen. In fact, the need for eyes that return a gaze may well, Santner claims, constitute the basic “libidinal fuel” of the various technologies of vision that populate the spaces of modernity.

“Outwardly nothing much happens in *In Treatment*,” writes Gilbert (2009). The characters sit and talk, at the end of the session the patient leaves, the show ends. It could easily seem like there isn’t very much here to watch. However, Alessandra Stanley describes the show in terms of “a concentration that bores deep without growing dull,” whilst Tasha Oren notes its “raw intimacy” (Stanley, 2008; Oren, 2008). This intensity is produced through the series’ heavy investment in the close-up. In the opening shot of the first episode, the audience is presented with a close-up of the face of a crying woman, a patient of Paul’s, Laura. She cries into her hands, before a cut to a close-up of Paul, who watches her intently, with what appears to be a steady concern. Another close-up of Laura crying is followed by a medium shot of Paul, still looking at Laura, as he nudges a box of tissues towards her across the coffee table between them. The final shot of the sequence is a two shot in which Laura takes a tissue. All of this occurs in silence. Then the credits roll. This opening scene captures the defining visual dynamic of the series; the great majority of shots in each episode are close-ups which alternate the perspectives of Paul and his patient(s). The editing style, coupled with the restriction of the *mise-en-scène* of any given episode to one room (the office of Paul’s therapist/supervisor or his own) places considerable stress on both the face and the look.

In its staging of reflection, *In Treatment* foregrounds something like “the need for eyes that return a gaze,” pointing up how screen media offer their audiences something akin to intimacy which may allow metabolisation and working through. In a related vein, Caroline Bainbridge has suggested that the “therapeutic potential” of *In Treatment* might be linked to “the broader cultural experience that lacks intimacy and the kind of secure connections we

supposedly have available to us in therapy culture that are increasingly hard to find” (2012, p.165), a comment the visual dynamic of the series supports. *In Treatment*'s investment in faces and looking offers its audience a sustained opportunity to see looks returned. The series thus stages a form of looking and relating that Santner suggests may be increasingly unavailable in everyday interaction. However, what is absent in public life is not just the recognition of each person by others, but the kinds of structures that facilitate the processing of trauma and experience. In fact, Lynne Layton has described the USA as a traumatogenic environment which “has increasingly retreated from providing any functions that might contain anxiety and trauma” (2008, p.69). In the form of *In Treatment*, then, television might step into this space, offering its audience experiences of intimacy as well as forms of containment and holding unavailable in the broader culture.

However, whilst the series sets out the therapeutic qualities of looking, and stages an intense form of intimacy, the question of the kind of images it makes available cannot go unposed. In fact, the series' investment in reflection also serves to police and define subjectivity, normalising emotional expressiveness as a primary modality of contemporary existence. In line with the therapeutic ethos, *In Treatment* focuses on the emotional lives of its characters, demonstrating both its “therapeutic intention” and its place within a broader culture of emotional expressivity. The producer, Hagai Levi, created the series in order to promote a therapeutic sensibility, to “take out the stigma, it was very important for me to show that the patients are ordinary people” (Wood, 2009). Emotional experience and turmoil constitute central orientating tropes within the show. To give just a few examples: season one presents the audience with a storyline about a couple who disagree about whether to terminate a pregnancy. We also encounter a young gymnast whose childhood experiences, coupled with the pressures of her career, have driven her to attempt suicide. Seasons two and three both feature storylines relating to cancer, and season three also broaches the topic of

cultural difference and alienation through the story of Sunil, a retired mathematics professor from Calcutta, who has come to live with his son in New York. The representations offered by the show suggest that attending to the inner world is a legitimate preoccupation. “I do think [*In Treatment*] compels the viewers to examine their own lives more closely,” Steve Levinson, one of the show’s producers has said, “and who couldn’t benefit from that?” (Wood, 2009). What has become unthinkable here is the idea that we might be better off not knowing about ourselves. Interiority represents not only a legitimate site of inquiry, but a necessity. Yet, as Adam Phillips has written, “there are other satisfactions than the satisfactions of personal history” (2008, p.3). Though we cannot determine the effect of such representation on individual viewers, it is clear that the ideal message offered by the show foregrounds the importance and validity of consistent introspection.

Of course, the show’s attention to interiority might in itself represent a challenge to hegemonic attitudes towards relatedness and interdependence. A “therapeutic sensibility” may well be at odds, or even as Layton puts it, in “radical opposition,” to ideas of subjectivity, grounded in self-reliance and individuality, currently dominant in the USA (2008, p.69). In contrast to the first season, Levi describes the second as “much more of an adaptation” which “works better artistically and allows us to delve into distinctly American issues” (Pfefferman, 2013). The second season of the show interrogates the place of feeling and emotion in American life; indeed, a concern with an absence of feeling is palpable across this season, which appears to take up the task of “treating” the USA itself. *In Treatment* suggests that numbness and an absence of feeling are defining aspects of hegemonic subjectivities in the USA. Numbness can be a form of defence, a protection against an unthinkable experience, an experience which has never been processed through an adequate form. In one of his last sessions with a patient, April, who has developed lymphoma, Paul comments that, in the United States, the idea of maturity is understood in terms of an ability

to forego emotion, to control and suppress feeling, to obscure need and vulnerability. In one of his own sessions in this season, when asked by Gina what he would like to feel, Paul responds “I just want to feel.” However, although attending to need and vulnerability may represent a challenge to a hegemonic subjectivity, as Bainbridge puts it: “*In Treatment* may well provide reassurance for viewers by depicting the experience of isolation, disconnectedness and emotional upheaval as commonplace and normative” (2012, p.165), a comment which captures how the therapeutic potential of looking and reflection exists in a precarious relation with the risk of adaptation and pathological defence. Watching images of emotional alienation and numbness may facilitate working through for individual viewers – it would be impossible to say without employing the methods of reception studies – but it also installs a dichotomy between emotional expressivity and detachment, with the former weighted as a route to a better life. The fact that Paul himself undergoes therapy in the show also reinvests the authority of therapy itself, insisting on the value of self-examination.

Despite its high estimation of the therapeutic exchange, it would be wrong to present *In Treatment* simply as an idealisation of therapy. Each episode and series finishes with a sense of incompleteness or failure which echoes the disappointment characteristic of therapy itself. In short: there are no simple solutions to the everyday suffering of the show’s characters and audience. In this way, the show draws on the tropes of melodrama, gesturing towards the broader social conditions that play a role in individual suffering (Elsaesser, 1991), suggesting, perhaps, the impossibility of “psychic health” under existing conditions. However, though this lack of completion points towards a critique of the status quo, the tightness of the show’s focus on individuals, and thus the individualisation of their problems, pulls in the opposite direction.

This ambivalent duality is clearly manifest in the use of the close-up shot, which foregrounds emotional intensity. Paul Coates writes that “directors deeply concerned with the

face appear also to be preoccupied with suffering” (2012, p.46). The close-up is a shot consistently claimed to generate affect, to elicit compassion, to foster identifications, yet it possesses a telling duality: enacting “a dialectic of modernist fragmentation and nostalgia for the aura of wholeness” (24). The close-up severs the head from the body at the same moment as it calls those who regard it into an intense intimacy. Coates suggests that the spectatorial “at-homeness” generated by the close-up facilitates an illusion of intimacy – Jessica Evans offers the useful term ““as if” intimacy” (2009) – with potentially negative implications (Coates, 2012, p.25). “Facing an isolated face takes us out of space,” Béla Balázs writes, “our consciousness of space is cut out and we find ourselves in another dimension; that of physiognomy” (1970, p.61). The face has the capacity to make us forget the world, to lose sight – both literally and metaphorically – of the space beyond the frame, and the dialectical relation between what is inside and outside. The face has the capacity to become, as James Elkins puts it, a “center of power,” meaning that the face and faciality might complicate the therapeutic potential of reflection (cited in Coates, 2012, p.26). *In Treatment* may produce a look reminiscent of “home,” but home can mean retreat, closing doors, shutting out the world. It is possible that, in focusing so intently on the individual problems of its patients, and the therapeutic benefit of reflection, the show obfuscates the broader socio-political realities that shape our lives beyond the edge of the frame.

Such complications between inner and outer come to the fore in the story of Alex, a fighter pilot recently returned from active service in Iraq. This storyline is of special importance because, as Judith Butler notes, culture plays an active role in how war is experienced and processed (2009, p.9). Culture provides a frame, in fact, that shapes the ways in which conflict is imagined and understood. Given that *In Treatment* was originally an Israeli series, some translation was necessary in order to “Americanise” the content. This was especially the case in relation to the story of fighter pilot, Yadin, who has dropped a bomb on

a Palestinian nursery school. In the US translation his equivalent, Alex, is a Navy pilot recently returned from Iraq where his erroneous target had been a madrassa. There is also translation at work in the back-stories of the two characters. Whilst Yadin's father played "the Holocaust ticket" to excuse his selfish behaviour, Alex's father survived Jim Crow and the racist violence that accompanied it. The decision to make the character of Alex an African-American brings an additional layer of social reality into play – the racial history of the United States. Gaby Wood reasons this decision as an attempt to capture "the oppressed inflections of the original" (2009), but to end analysis on such a conciliatory note forestalls some of the most interesting questions this translation raises. The processes of displacement and condensation at work in the reimagining of the series between Israel and the USA provide significant insight into a specific racial-cultural imaginary. Not only does Iraq figure as the Palestine of the USA, but the displacement of national guilt onto an Afro-American soldier resuscitates undead dimensions of American cultural history. In the US (though also beyond its borders), specific scopic regimes have typically governed the representation of black people, calling upon them to perform a script, to embody the dark projections of racist culture (Marriott, 2000, p.xiv). The history of race in the United States can be construed, David Marriott claims, as a history of whites looking at themselves through images of desolated black bodies, and of a black identity dispossessed by the same act of looking.

This racialised history of the US represents an important context for this particular storyline. In fact, Alex's first session with Paul gestures towards the dangers of being identified with an image. The session begins quite starkly: "So, do you recognise me?" Alex asks. The question sets the tone of their encounter, and points up a more critical engagement with the tropes of both reflection and recognition in this particular storyline. The reason Alex asks if Paul recognises him is, on the surface at least, more worldly than metaphysical because Alex is, as he is quick to tell Paul, the "Madrassa Murderer": the naval pilot who

recently dropped a bomb on a religious school on the outskirts of Baghdad, which had been erroneously identified as an insurgent safe house, killing sixteen children. Alex isn't asking Paul for an intimate-reflective experience, but outlining the obverse side of recognition; it is not always good to be recognised. The symbolic inscription of an image within public discourse is what Alex thinks Paul might register. Alex has become recognisable, infamous; his face has come to signify the ruthless and dangerous detachment of technologised warfare. But not only that, Alex's status as an Afro-American doubles the question of recognition, intensifying his status as "an object in the midst of other objects" (Fanon, 2008, p.82). It is hard not to think of Franz Fanon's description of the white world's recognition of the black man, "woven [...] out of a thousand details, anecdotes, stories" actualised in that encounter with the exclamation: "look, a Negro!" (84). The guarded question with which Alex begins stages an encounter between a globalised politics of the image and the historical reality of racialised looking and spectacle in, and beyond, the United States.

The "othering" of Alex enacted by this racial frame is clear to see, and a central point of interpretation must be to decide how to judge this coding. After several weeks of intense sessions, Alex decides to return to work against Paul's advice, wishing to resume a certain perspective akin with his job, "it's much simpler up there," he says, "this is not for everyone, this self-examination, some of us just need to live our lives," a comment that goes some way to challenging the hegemony of therapeutic disclosure, though the sentiment is quickly undercut. Alex's sessions fall on a Tuesday, but the next week (Monday) begins with Paul attending a funeral, which we quickly discover is for Alex. Alex's death happens off stage, and the situation surrounding it is unclear. Upon returning to work, Alex had undertaken a flight demonstration for a group of new recruits. It was in the course of this mission that his plane crashed and he was killed. The status of this death – was it an accident or suicide? – hangs over the final episodes of the first season.

There is an air of familiarity, of *déjà vu* even, to this staged death of a black man, although, unlike the spectacular deaths – the lynchings and beatings – of which it bears the trace, this death is decisively unseen. In keeping with historically established norms, a black male bears the brunt of American aggression and fear, becoming the locus of national guilt, a site for the projection and containment of fear and anxiety. However, although the decision to make Alex black gestures towards the history of state violence in the USA, his individualisation (as the sole locus of responsibility for the bombing) concurrently does significant ideological work, effacing the industrial-military complex on whose part he acted.

Though we might wonder what the projection of guilt onto a black man means in *In Treatment*, the centrality of guilt and atonement reveal much about the social acceptability of emotion. To an extent, the issue of Alex's culpability becomes a site for reflection on feelings of guilt and blame that circulate in the United States and beyond around the actions taken since 9/11. This particular storyline passes comment on the kind of country the United States seems to be: one that, in response to an experience of vulnerability, projects death and dying onto other places and people (Hollander, 2006). Through the figure of Alex, the show suggests that the USA itself needs to undergo a therapeutic process, working through the realities of political violence in order to acknowledge and explore culpability. However, across this storyline, the causes of the war in Iraq remain largely unexplored. The series invests in a narrative of retaliation, accepting the military manoeuvres of the US were a response to an unprovoked attack. Thus the broader context surrounding 9/11 is effaced. There is no mention here of American imperialism, or the Project for the New American Century, and no space is given over to those outside the frame, namely the victims of the war. Instead, the series suggests that introspection and guilt are appropriate responses not to US violence in general, but only to the kinds of "collateral damage" the madrassa bombing stands for. Centring the narrative on the bombing of a mistaken site makes guilt the exception

to the rule. If this bombing was illegitimate and should be recognised as such, this implies that *some* bombings *are* legitimate. Therapy is here co-opted by a nationalist agenda that identifies some events as regrettable, whilst legitimising others in the same move. Whilst guilt is an appropriate response to certain acts of violence, anger at the broader injustice of US foreign policy is concurrently precluded.

Petro Bianchi, writing of the Italian remake of *In Treatment*, laments that the analyst and his patients “look at each other as they talk” (2013). Bianchi is critical of the face-to-face exchange depicted in *In Treatment*, which has long been common practice for many psychoanalysts and therapists working in the object relations tradition. For Bianchi, a Lacanian analyst, such an exchange misses the point of analysis. By portraying the look returned, the series, he claims, uncritically repeats a common sense belief in the transparency of communication which psychoanalysis places in question. The images and narratives offered by *In Treatment* have the potential to play an important role in the constitution and policing of subjectivities. There is, however, one scene that might offer some kind of critical purchase. When Paul arrives at Alex’s funeral, the camera follows him into the building; it is positioned behind his head, over his shoulder. For a long moment, the viewer is denied access to his face. What we have instead is the staging of what Vicky Lebeau has termed “the image not seen, the look that does not happen,” the absence, or failure, of reflection and recognition which speaks across moments of personal experience and national history (2009, p.37).

It seems plausible to argue for this as a therapeutic moment, and examine why. In the paper “Fear of Breakdown,” Winnicott sets out the therapeutic co-ordinates which might repair damaged experience. “What is not yet experienced did nevertheless happen in the past,” Winnicott writes, and if the patient can accept “this queer kind of truth” then “the way is open for the agony to be experienced in the transference, in reaction to the analyst’s failures and mistakes” (1989, p.91). Winnicott writes that:

The patient needs to ‘remember’ [...] but it is not possible to remember something that has not yet happened, and this thing of the past has not happened yet because the patient was not there for it to happen to. The only way to ‘remember’ in this case is for the patient to experience this past thing for the first time in the present, that is to say, in the transference. The past and future thing then becomes a matter of the here and now, and becomes experienced by the patient for the first time. (1989, p.92)

This discussion clarifies the nature of psychotherapeutic reflection. The therapist does not necessarily, or not only, supply a perfect form of mothering with the aim of mitigating past traumas, but instead provides a form of care that mirrors the patient’s present experience. Discussing Winnicott’s thinking, Emily Sun writes that: “insofar as for Winnicott psychotherapy derives from the maternal face that ‘reflects what is there to be seen,’ its efficacy will depend in cases on the precarious reflection precisely of maternal failure, of the traumatic breaks in life’s continuity that, as Adam Phillips succinctly puts it, ‘were formative by virtue of their eluding the self’” (2007, p.74). The staging of the look not returned offers a moment when trauma might be apprehended in “*its being*” rather than comprehended in “*its meaning*” (Wright, 2009, p.8). The shot metabolises, perhaps, the failure of the USA both to recognise past traumas, and to provide sufficient spaces in which such traumas might be processed.

Considering the look not returned, however, draws attention to other silences and refusals that haunt the series. For instance, in the process of translating *In Treatment*, any sense of the “special relationship” between the USA and Israel disappears. Writers from the Retort collective suggest that Israel offers the USA a “spectacular mirror.” Noting their “image co-dependency,” they suggest that the United States’ attachment to Israel might be understood as “rooted in self-recognition – that Israel functioned most deeply as an image, and justification, of the US’s own culture of endless arms build-up and the militarisation of

politics” (123, 129). The translation of *In Treatment* by HBO seems a perfect example of the power the Israeli mirror has in the American cultural imagination. Israel and the USA are uncanny doubles, and the translation of an Israeli show about therapy offers the US a way to reflect on, without ever really challenging, its own legacy of political violence. Max Silverman suggests that the most mundane objects can reveal “a disavowed unconscious life (both psychic and social) in the normalised and commodified appearance of the everyday” (2006, p.12), a comment that seems appropriate to *In Treatment*. What hides within and behind its homeliness in close-up, masked by its enthralling reflections, is the fantasmatic role played by Israel in the American psyche, and the imaginative work that Israeli culture performs for the United States.

In Treatment's visual dynamic foregrounds reflection as both the “libidinal fuel” of screen media and the key to the therapeutic potential of cultural experience. Viewers may be drawn to the series because it offers – at least the illusion of – a secure and intimate holding environment. Concurrently, individual viewers may find that disparate and unpredictable elements of the series resonate with them in ways that allow metabolisation and integration to occur. However, to suggest, as I have in this article, that screen media lay claim to the legacy of the maternal look, reiterates the media's influence, and foregrounds our dependence on the visual field for a sense of self and world. This brings questions of representation, visibility and power to the fore. Clare Kahane notes that Winnicott “ignores the ways in which [the larger cultural] environment not only holds but *captures* both mother and infant within its prevailing symbolic network of representations” (1993, p.280). Kahane here argues that maternal reflection is always caught in ideology. Whatever personal experiences of metabolisation the audience may glean from watching screen media, or this show in particular, that process takes place in relation to forms of representation that remain imbricated with existing structures of power and visibility. Whilst a critical cultural studies

informed by object-relations theory should aim to bring to light the psychosocial vicissitudes that prompt audiences to seek out the “holding” of cultural objects, it must concurrently remain attentive to the ideological frame in which that holding takes place. In short: the texts we choose to study, be they paintings or television series, do not exist in a vacuum.

To return to Kahr’s patient, *does watching *In Treatment* count as therapy?* A psychoanalytic approach attentive to reflection offers a double vision, casting light on both the therapeutic potential of cultural experience for individual viewers and the ways in which representation remains caught by ideology in complex ways. If *In Treatment* might be thought in terms of maternal reflection, we must ask what is allowed to be seen, or perhaps ultimately, echoing Joan Copjec (1989), what the mirror screens. Whilst attending to the role of screen media in our inner worlds, we must not forego an analysis of their interpellative and subjectivising functions. The kinds of holding and containing available to audiences involve not only form but content. As Burgin reminds us, the kind of look matters. Remaining attentive to this situation, balancing the work of ideological analysis with some sense of the metapsychological functioning of screen media, is the necessarily political “between” work of a cultural studies informed by psychoanalysis.

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Notes

¹ On the emotionalisation of self-understanding and public life, and the place of psychoanalysis in this process, see (Day-Sclater, Jones, Price and Yates, 2009)

² Freud famously refused to involve himself with W. G. Pabst's film, *Secrets of a Soul*, advising Karl Abraham that "plastic representation of our abstractions is not possible" (cited in Zaretsky, 2005, p.145). Though he perceived the inevitability of the enterprise, Freud was adamant that he personally would not take part. In a letter to the analyst Sándor Ferenczi dating from 1925, the year before the film was released, Freud expressed his feelings in no uncertain terms: "there is no avoiding the film, any more than one can avoid the fashion for hair cut in a bob; I, however will not let my hair be cut" (cited in Heath, 1999, p.27). For critical engagements with the politics of popularisation in France and the UK, see (Turkle, 1978; Riley, 1983)

³ Roger Silverstone's work on television as a 'transitional object' represents an important instance of such work. See (Silverstone, 1994).

⁴ See also, for instance, (Rustin, 1991; Handler Spitz, 1993; Nussbaum, 2001, 2004; Silverstone, 2007).

⁵ The classic texts are (Baudry, 1974; Metz, 1982; Mulvey, 1975)

⁶ For an overview of the ways in which psychoanalysis has been put to work in film and television studies, see (Flitterman-Lewis, 1992).

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