Chapter #11

FROM SCREEN TO THERAPEUTIC SETTING: IMAGES OF THERAPY INSIDE AND OUTSIDE THE OFFICE

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ABSTRACT

In the Western world, the influence of American culture in entertainment, film and music is everywhere. Popular interpretations of Freud, expressed in American products like Woody Allen's filmography, *The Silence of the Lambs* or series like *The Sopranos*, abound in American culture. The abundant literature connecting film and psychotherapy suggests a deeply entrenched cultural liaison between the two, powerful enough to influence and shape clients' personal experiences of psychotherapy. Using my double training in psychology and anthropology, I take a visual ethnography approach to the theme of film and psychotherapy. Thus, after conducting a literature review on the theme of film and psychotherapy, I proceed by re-visiting some the classic film examples on psychotherapy portrayal as visual artefacts, i.e., as cues to the cultural representation of psychotherapy. Finally, a dialogue between everyday life clinical vignettes and psychotherapy as cultural/film phenomena is put forward as one recommended path for future thinking and research.

Keywords: film, culture, psychotherapy, representation.

1. INTRODUCTION

No one enters a therapy room in a blank state. Ever since Serge Moscovici's classical study on the diffusion of psychoanalysis in French society in the 1960s (Moscovici), we know of the existence of a genetic link between knowledge produced by psychology and its sociocultural representations. In the face of this link, the likelihood that images of therapy harvested beyond the therapy office influence the choice of pursuing therapy or even how therapy is experienced, is undeniable.

As Jorm (2000) puts it, mental health and mental health-related phenomena are characterized by a profound lack of 'literacy' akin to the wider notion of literacy as ability to read, reason and understand; in the absence of greater literacy, clients are socialized to a media version of psychotherapy and mental health in general long before their first time at the office. Given that film is one of the main media for the popularization of psychology, it is unsurprising that psychologists occupied with mental health literacy and associated issues have written a great deal on the topic of the relation between film and psychotherapy.[1]

In this paper, more than focusing on the broader question of how mental health is portrayed in cinema, I want to draw the focus to how therapy and therapists have been the object of cinematic attention. To that purpose, I bring the double gaze of my training in clinical psychology and social anthropology to therapy as a sociocultural meaning system. After a critical review of literature on the matter, I move on to a couple of clinical vignettes stemming from my own practice as a psychotherapist with a view to establishing or suggesting relations between ideas of therapy made popular by cinema and client interactions in everyday clinical work. In so doing, I suggest that the meaning of a film

reference evoked in therapy may act both as a sign of a wider cultural representation of therapy as much as a clue to the nature of the therapeutic relationship at a given point in time.

2. BACKGROUND

The first known classification of psychotherapists on screen stems from Schneider's tripartite late eighties taxonomy (Schneider, 1987). In the author's classification, therapists are divided into three archetypes: (a) Dr. Dippy, (b) Dr. Evil, and (c) Dr. Wonderful, each of them carrying their own set of stereotypical attributes. While several authors dealing with film and psychotherapy try to deconstruct Schneider's taxonomy as a starting point so as to suggest an alternative classification which better reflects the current state of the film/psychotherapy liaison, the opposite stance is taken in this article. Holding to the usefulness of Schneider's taxonomy as an organizing principle, we expand the principle to accommodate a larger set of interrelated data including critical articles and films released after Schneider's seminal piece.

3. METHODS

Taking a visual ethnography stance (Pink, 2001), we use film examples that openly portray psychotherapy as visual artefacts, i.e., as clues to how the film/psychotherapy relation has evolved over time, and what place it occupies at present. Hence, all the examples of the films mentioned in the text were watched, or re-watched by the author, either in their entirety or their most significant excerpts, with a cultural lens in mind. Films were selected according to the prevalence of their reference in academic literature in this area. Furthermore, we consider that representations of psychotherapy on film are not only evocative of the cultural representation of therapy over time, but also a sign of larger transformations in societal and gender roles. In so doing, our analysis contrasts and compares the examples given towards organizing categories found in psychology and cultural anthropology (e.g. gender, kinship, political economy, etc.).

4. RESULTS

Dr. Dippy, based on an American 1906 comedy called *Dr. Dippy's Sanitarium* is the off-the-wall therapist not to be taken seriously. A modern equivalent of this line of representation would be Woody Allen and his never-ending gallery of comical, ineffectual therapists portrayed in film like *Deconstructing Harry* (1997) or the classic *Annie Hall* (1977), by and large, stemming from Allen's known ambivalence towards his personal analysis.

Dr. Evil, or the therapist as a potential or manifest sociopath is another of the archetypes identified by Schneider. Here we find a representation of the therapist intentionally hurting their patients, often for their own narcissistic gratification. An extreme example of the kind is found in Brian de Palma's 1981 *Dressed to Kill*. In this horror film classic, Michael Caine plays a transvestite, psychopathic therapist who murders patients in between sessions. From the 90s onwards and thanks to the late Jonathan Demme, Dr. Evil has come to be embodied by Hannibal Lecter, the cannibalistic psychiatrist based on Robert Harris' novel, brilliantly played on the big screen by Anthony Hopkins.

Despite the evolution in some of these archetypes towards more nuanced and complex characters (Whal, Reiss, & Thompson, 2016), Dr. Evil is far from extinct. Rather, Dr. Evil-type therapists keep resurfacing in television, in highly successful series like HBO's *American Horror Story*, where therapists are either haunted by ghosts (Season 1) or embracing perversion and murderous instincts (Season 2) in ways similar to Michael Caine's *Dressed to Kill* character.

In horror film appearances, the psychotherapist often falls into another sub-archetype called the 'rationalist foil' by Gabbard (Gabbard, 2001: 368). In this narrative device, the representation of the psychotherapist acts as an ultimate barrier of rationality to explain irrational phenomena, before a supernatural explanation is accepted. A classic example is William Friedkin's *The Exorcist*. The 1973 film, based on the homonymous novel by William Peter Blatty, portrays a case of demonic possession of Regan McNeil, a teenage girl played by Linda Blair. Before accepting the help of a priest and the possibility of an exorcism, Regan's mother takes her to all kinds of professionals, including a psychiatrist. By attacking the psychiatrist in the film, Regan partially does away with the possibility of a rational explanation to her pathology and opens the gate to the next level of acceptance of the supernatural. A substantial number of horror films and movies have followed this rhetorical device with the aim of suspending the viewer's disbelief on the supernatural once all the 'rational' possibilities, namely psychotherapy, have been properly exhausted.

Reflecting on Schneider's taxonomy, Orchowski, Spickard and McNamara (2006) ascribe a major trait to each of Schneider's archetypes: Dr. Dippy as the bumbling psychotherapist, Dr. Evil as the villainous psychotherapist and finally Dr. Wonderful as the salvific psychotherapist. In fact, as much as Hollywood has given us narratives of useless or perverse psychotherapists, it has equally given us narratives of therapists enacting deep feelings for their clients, coming out of their professional roles and even breaking boundaries for the sake of a closer human connection with the client ('salvific'). In terms of favorable portrayals of psychotherapists over the years, by and large, the existing literature tends to converge on Judd Hirsch's character in Robert Redford's *Ordinary People* (1980) and on the character played by the late Robin Williams in the 1998 classic film by Gus Von Sant, *Good Will Hunting*. Both movies deal with male therapists trying to help young males give voice to difficult emotions, one focusing on the treatment of a boy who survives his brother in a boating accident and the other on an unknown mathematical genius, a victim of child abuse, who must come to terms with intense feelings of distrust in interpersonal relations. If either film balances out the negative stereotypes of Dr. Dippy and Dr. Evil in favor of clinicians trying their best to helping clients, they also come up with their own set of problems.[2]

For others, Robin Williams' character in particular is the mirror of another recurring motif in psychotherapeutic representation, i.e., the wounded healer (Orchowski et al, 2006: 509). In fact, *Good Will Hunting* is not just about a story of a genius trying to overcome the narcissistic wounds of foster parenting and child abuse but also of a therapist, played by Williams, whose wife died of cancer. Over the film, we see Williams's character, Dr. Maguire, engaging in gradual self-disclosure about the death of his wife, his own history of abuse by an alcoholic father and ultimately, his own narcissistic wounds. As the film moves on, the therapeutic process linking Dr. Maguire and Matt Damon's character seems to work for both, with Dr. Maguire making some movements suggesting an attempt to overcome his mourning for his wife.

In both movies, *Ordinary People* and *Good Will Hunting*, therapy is also a gendered space, one where men, the gender that is not supposed to openly 'talk emotion', are eventually able to express emotions other than anger, beyond the fear of losing one's manhood.

Other examples of wounded healers come from television, namely in the renowned HBO series *The Sopranos* and *In Treatment*. The Sopranos, running from 1999 to 2007, tells the story of Tony Soprano, a New Jersey mob boss played by the late James Gandolfini. The story approaches the inner conflicts of Tony Soprano through interactions with his psychoanalytically-oriented psychiatrist, Dr. Melfi, played by Lorraine Braco. Over the course of therapy, due in large part to Tony's mob liaisons, all kinds of professional boundaries are broken between Tony and Dr. Melfi.

Dr. Melfi's ambivalence towards treating someone in Tony's line of work is high from the beginning of their relationship and she stays in conflict for most of it. In bringing the camera to Dr. Melfi's sessions with her supervisor, the viewer sees that she herself is busy battling her demons, namely in the form of alcohol addiction. In what seems like a complete hyperbole of the wounded healer, Dr. Melfi is raped in the course of the series. She fantasizes about asking her mob client for help in annihilating the rapist. Eventually, she resists temptation and refocuses the efforts on the client and the process itself, making the healer part of her 'self' triumph over the revengeful one. Not every therapist on screen, afflicted by transference, acts this wisely.

In Treatment is a multi-award-winning HBO American drama based on an Israeli series called *BeTipul*, about the life of a psychotherapist, Dr. Paul Weston, played by the actor Gabriel Byrne. The show focuses on Paul Weston's weekly sessions with clients plus his own therapy sessions with a long term-mentor, Dr. Gina Toll, played by the magnificent Dianne Wiest.

One of its main story lines reports the turbulent therapeutic process between Dr. Paul Weston and one of his patients, Laura Hill, who is in love with Weston and acting out erotic transference in true borderline fashion. This affair is endlessly discussed in Paul Weston's therapy sessions with Gina Toll, where we get to know Paul's troubled history around a suicidal mother and a distant father, which leads him to the caring professions and ultimately to this love for Laura (the borderline patient). Unlike Dr. Melfi in *The Sopranos,* Paul does end up acting out that love, by discontinuing the therapy and looking for Laura outside the office.

Tracing similarities between the two shows, Lucy Huskinson, author and co-editor of '*Eavesdropping: the psychotherapist in film and television'*, suggests that as much as dealing with popular representations of transference in psychology, *The Sopranos* and *In Treatment* are shows that can teach clinicians something about transference, namely about the relation between transference and unresolved eroticism (Huskinson & Waddel, 2014). Whatever the truth in that assertion, gender-wise, *In Treatment* defies a gender stereotype identified by Glen Gabbard in his seminal work 'Psychiatry and the Cinema' (Gabbard & Gabbard, 1999); the stereotype refers to cinema plots of female therapists who fall in love with their clients, out of personal dissatisfaction in their life outside the office. *The Prince of Tides*, a 1991 film starring and directed by Barbra Streisand, based on Pat Conroy's novel of the same name, is a classic case in point. Yet in *In Treatment*, it is a male therapist who is out there stripping his vulnerability bare, acting foolishly and romantically while falling in love with a client. Thus, an interesting gender twist operates in *In Treatment*, potentially reflecting a wider transformation in gender roles in which men are allowing themselves to be more emotionally vulnerable than before.

Other aspects identified by Gabbard almost twenty years ago are slower to change. Amongst them, it still holds true that Hollywood is fascinated by therapy insofar as it gives us a shortcut to a client's inner feelings and an alternative to narration; for cinematic purposes, the difference between psychotherapists, psychiatrists and psychologists is still lost on screen; to this day, the needs of the cinematic genre far outweigh the accuracy of portrayal of psychotherapy and associated practices; last but not least, psychoanalysis trumps the representation of other therapeutic models on screen (Gabbard & Gabbard, 1999)[3].

I contend slightly with the author in the idea that the way psychotherapists are portrayed in cinema is a direct reflection of the way society regards psychotherapy. In fact, taking *In Treatment* as an example, I suggest that psychotherapy on screen may serve to signal wider changes in society, namely the changes in gender roles embodied in Paul Weston's *In Treatment* character.

Other aspects of psychotherapists in film involve their phenotypical and ethnic characteristics. After an analysis of XXI century films portraying therapy, Wahl, Reiss and Thompson (2016) concluded that most therapists on screen are Caucasian, making psychotherapy look like a profession which is exclusive to a given ethnic group.

Side by side with popular images of psychotherapists on screen, there are representations of the process of therapy itself made popular in cinema. Within them, the cathartic cure, a theme also identified by Gabbard (Gabbard & Gabbard, 1999; Gabbard, 2001) stands as the most evident. The cathartic cure generally involves a repressed traumatic memory released in the context of therapy, through waves of great emotion and dramatization. *Ordinary People*, the aforementioned film by Robert Redford, or Barbra Streisand's *The Prince of Tides* are two amongst many examples where repressed memories by clients rise up dramatically in the therapeutic context. Yet what can be the relation between the way such ideas are conveyed on screen and everyday clinical practice?

5. DISCUSSION

As Gabbard puts it: 'A purported compliment that many psychiatrists hear from time to time is: 'You don't act like a psychiatrist'. This comment is usually meant to imply that one behaves in a more or less normal, rational manner. Clearly, the underlying message is that the psychiatrist under consideration does not fit the cinematic stereotype of a neurotic, pompous, jargon-spouting buffoon' (Gabbard, 2001: 368).

Facing the proliferation of cinematic stereotypes of psychotherapists, it is only expected that people entering an office will be vigilant of the therapist and the authenticity of the situation. Ervin Goffman and dramaturgic notions of the person come to mind at this point. Are we, therapist and client, bound by a genuine, authentic relation or are we, therapist and patient, both performing roles towards some fake notion of 'normality' which cinema has exposed as a farce?

Talking of clients in therapy, Gabbard tells the story of a young woman who clearly expressed that as a psychiatrist he should act more like Judd Hirsch's *Ordinary People* character and hug her during the process (Gabbard, 2001: 368). In my own Lisbon-based clinical practice, attending English-speaking and Portuguese-speaking clients of different cultural backgrounds, I encounter various interactions between movie culture and everyday clinical practice.

Sandra, as I will call her, is a mid-fifties ex-client of mine working in the teaching profession, who undertook eight months of therapy. Sandra comes from a deeply abusive working-class background and a time in Portugal where the harshness of growing up

working class fifty years ago is difficult to put into contemporary words. As a child, Sandra carried the responsibility of looking after her various siblings while suffering constant physical and emotional abuse at the hands of her parents and one of her brothers. In the midst of this Dickensian upbringing, growing up and achieving financial autonomy was for Sandra a way of releasing herself from the burden of emotional dependency on a family of abusers. Faced with all kinds of difficult circumstances leading her to seeking therapy for the first time in her life, as the process evolved and Sandra gradually agreed to let me into her life, the old phantom of emotional dependence made its way into our process. 'Is this going to be like a Woody Allen film?' - Sandra asked me, at significant points of the process, as a way of saying: how long are we going to be here for?

As Sandra's understanding of herself and the pre-emptive barriers she holds to any form of emotional dependency increased, the fear that, like a Woody Allen film, we would be stuck in the therapeutic process forever and that her dependence on me would grow to an unbearable point, subsided. Sandra left her therapy more able to love, live and risk emotional co-dependence than before. The termination of therapy after eight months confirmed to her that our time, unlike a Woody Allen scenario, was indeed limited. As Gabbard puts it in different words (Gabbard, 2001) I had not acted like the cultural representation of a film psychotherapist. My authenticity, amongst other factors, was also confirmed by my unmatching of the film stereotype.

Paula, as I will call her, is a female patient in her forties with a multicultural history and background. Paula comes to me for panic attacks, which started soon after she moved to Portugal with her family. Paula is quick to let me know that she is not the kind of patient who will spend most sessions talking about her mother. I am left with the feeling that Paula is trying to communicate that if making her talk about her mother should become my hidden agenda, I may as well devise a different plan altogether. Despite a troublesome relationship with her mother, Paula considers that she has found a way to manage her and that things are as good as they can be at this point. This is clearly not her husband's expectations about Paula's encounters with me. As Paula explains, in a formulation similar to the cathartic cure made popular by cinema, her husband expects me to open some 'bit in her mind where the mother thing will come out as in some kind of movie'. I tell Paula that I am not the kind of therapist who forces clients to talk about their mother if that is not what they wish to do; I also add that different clients have different needs and that you can't be the same therapist to all. This explanation seems to soothe her, in that it deconstructs the preformed cultural image of a therapist that she (and possibly her husband) have learned though exposure to film, while it somehow suggests that it is her expectations, not her husband's, which I am ready to address.

These two vignettes, however brief, illustrate the need for going from anecdotal evidence on the relation between everyday practice and film representation to the need for further research on the matter. As a final hypothesis, I suggest the following: before transference of any kind happening in the therapy office (whatever your persuasion as a therapist and whether or not you believe in 'transference') there are processes of cultural transfer going from film to the office and actively feeding our client's imaginations of what therapy is, or should be like. To consider them mere distortions runs the risk of ignoring the potential of something signaling the 'here and now', be that the 'here and now' of culture or the 'here and now' of the therapeutic process.

6. FUTURE RESEARCH DIRECTIONS

Despite a considerable body of literature on the relation between film and psychotherapy, implications of this relation for everyday clinical practice remain largely unexplored. While plenty of writings on film and psychotherapy are criticized by the inherent subjectivity of the methodological approaches behind them, clinical data on film and psychotherapy is often presented as anecdotal evidence. At a point in history where erudite culture has been replaced by film-orientated popular culture, the role of film and folk representations of therapy and therapists in the clinicians' office is crying for further research, Qualitative interviewing of clinicians and therapists around client's spontaneous film references could be a first stepping stone to going beyond anecdotal evidence.

7. CONCLUSION/DISCUSSION

With cultural transfer comes acknowledgement. With emotional transference comes self-awareness. With both comes a vision of clients as people existing both inside and outside the office, in a frame of sociocultural relations which do not exist apart from the therapeutic relation but rather help to constitute it in its reality and its imagination. As clinicians, it is also our job not to turn a blind eye to such sociocultural ties but to welcome them in the office, much as any other 'distorted' part of the mirrors in which we persistently move. If anything, we should realize the potential in breaking with clients' preformed ideas of therapy and therapists for the sake of building an authentic encounter, something you cannot do except by giving a name and a face to what clients already bring with their own cinematic gaze. Hence, future research on film and psychotherapy should carry on scrutinizing what kind of cultural ideas of therapy and therapists are being formed and passed along general society both with a viewto mapping out the wider representations of clinicians and their practices but also with the aim of clarifying clients' expectations before, during and possibly after the therapeutic process.

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[1]More often than not, side by side with mapping misconceptions of mental health, plenty of the writings on psychotherapy/film reflect an emphasis on the folk representations of therapy and therapists (e.g. Brandell, 2004; Bishoff & Reiter, 1999; Gabbard, 2001; Gabbard & Gabbard, 1999; Gharaibeh, 2004;Huskinson & Waddel, 2014; Young, 2012; Orchowski, Spickard & McNamara, 2006; Pirkis, Francis, & McCallum, 2006; Schneider, 1987; Wahl, Reiss, & Thompson, 2016; Wedding & Niemic, 2014).

[2]Writing about the role of the psychotherapist as a film consultant, Irene Oestrich, a psychotherapist and film consultant, argues that the hugs shared between Judd Hirsch, Robin Williams and their respective clients are a sign of unprofessionalism and boundary breaking (Oestrich, 2014).

[3] When it comes to representations of psychoanalysis on screen, Alfred Hitchcock's 'Spellbound'(1945), featuring a dream sequence with scenarios built by the iconic surrealist painter Salvador Dali, unites the critical consensus as the first, fully-formed cinematic representation of the psychotherapeutic process. I am grateful to Clara Pracana for reminding me of the importance of this classic.