

Of Talk and Silence on Television: Notes on *In Treatment*

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“[...] j’étais absolument fasciné par l’idée de montrer simplement deux êtres humains en train de dialoguer dans une tentative sincère de communiquer et de se comprendre.”

Hagai Levi (creator of *Be’Tipul*)¹

Before the Israeli program *Be’Tipul* (HOT3, 2005-2008), which was adapted as *In Treatment* for HBO where it had a 3-season run between 2008 and 2010, the on-screen appearances of therapists had been confined, largely, to the cinema of Woody Allen and to comedic situations on television. One thinks, especially, of the title character on *Frasier* (NBC, 1993-2004), of Elaine Benes’s manipulative psychiatrist on *Seinfeld* (NBC, 1989-1998) and, of course, of Tony Soprano’s rocky sessions with his therapist. If these mental health professionals were shown practicing at all, it was only in short scenes; by contrast, and in accordance with Hagai Levi’s unique concept, *In Treatment* focuses primarily and almost exclusively on the process of therapy. When it was aired, the program showed Dr. Paul Weston (Gabriel Byrne) seeing four different patients—or sets of patients for couples’ and family therapy—for their weekly sessions on four consecutive days of the week. Then, on Fridays, the last day of the show’s weekly run, spectators were invited to take part in an even more private ritual: Paul’s encounters with his own supervisor/therapist, Gina (Diane Wiest), in Seasons 1-2, subsequently replaced by Adele (Amy Ryan), his new therapist in Season 3. Apart from a

¹ Ariel Schweitzer, “Analyse d’*En analyse*,” *Cahiers du Cinéma* 658 (July-August 2010), 26-27.

few disruptions—the sudden death of a patient at the end of Season 1, for instance—the rigid schedule that tied one patient or set of patients to a specific time and day of the week was maintained throughout all three seasons, aptly fusing the constraints of the therapeutic endeavour with the conventions of the nightly television program.

So far, most writing on *In Treatment* has taken the show as a starting point for psychoanalytical papers, and it has also frequently been used as a teaching tool in psychology departments.² As a result, the majority of discussions revolve around somewhat literal or pragmatic interpretations: what exact brand of therapy is Dr. Weston practicing?³ Are his sometimes unorthodox methods ethically defensible?⁴ And, above all, is this fictionalized

² “Two Sundays ago, Lewis Aron, director of New York University’s postdoctoral program in psychotherapy and psychoanalysis, organized a salon for his peers. The topic? *In Treatment*. Two hundred analysts showed up. ‘It went like this,’ said Dr. Aron. ‘Someone would stand up and say, “Hi, my name is Judy X and I’m addicted to *In Treatment*,” and then everybody would say, “Hi, Judy!”’ For two hours, the analysts discussed the various mistakes Weston makes regarding boundary issues, and one analyst broached the idea that the placement of his office in his home was the cause of his many transgressions.” Penelope Green, “What’s in a Chair?” *The New York Times* (March 6, 2008).

“One of my patients, a therapist in training, was recently told by a supervisor that Weston could serve as a superb role model for her.” Krin Gabbard, “In Treatment: Doctor Paul Weston—Psychotherapist or Cinetherapist?” *Psychoanalytic Review*, 98.1 (February 2011), 131.

³ “Paul is a relational psychotherapist. This form of psychotherapy has become increasingly popular recently, and allows the therapist to engage more directly with their patients than is usually the case with classic psychotherapy. Empathy comes naturally to Paul—he took care of his depressed mother when he was a boy.” Laura Barnett, “How Realistic is *In Treatment*? We Ask Real British Psychotherapists What They Think of the Hit TV Show.” *The Guardian* (April 26, 2011). Or: “Although he sees patients once weekly and face-to-face, his working model is classically psychoanalytic. [...] Weston’s default stance is passive/classic psychoanalytic/Rogarian.” Gabbard, “In Treatment: Doctor Paul Weston—Psychotherapist or Cinetherapist?” 123.

⁴ See Brett Kahr, “Dr. Paul Weston and the Bloodstained Couch,” *International Journal of Psychoanalysis* 92 (2011), 1051–1058.

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representation of the therapeutic process beneficial or detrimental to the therapeutic community at large and, in particular, to its most weakened branch, psychoanalytical practice.⁵ The answers, of course, vary. Some therapists admit openly to enjoying the show for its relatively truthful representation of their work,⁶ while others decry its perceived sensationalism fearing it might give all brands of therapy a bad name.⁷ Most, however, seem to agree that it has benefited all branches of the profession by putting it into the limelight; some commentators even claim that interest in therapy and enrollment in training programs and psychoanalytical institutes showed a rise immediately after the show began airing.⁸

In her psycho-cultural analysis of *In Treatment*, Caroline Bainbridge examines television's function as what she terms a "psychological object" for collective analysis. Within this show, Bainbridge argues, "television becomes a transitional object of the inner world, an object through which we can explore

⁵ "Psychoanalysts may derive some comfort from the fact that Weston does not practise classical Freudian psychoanalysis at all. [...] Certainly, I saw no signs of 24 books with light-blue covers or dark-blue bound spines [in his office]." *Ibid.*, 1054-1055.

⁶ "Watching this show is a bit of a busman's holiday. But I really enjoyed it. It highlights the challenge you have as a therapist: balancing a client's safety with their right to make their own decisions." Barnett, "How Realistic is *In Treatment*?" 2011.

⁷ "By contrast, although many mental health colleagues have told me that they have enjoyed the programmes, many more have expressed actual revulsion at what they regard as a contemptuous, denigratory, sadistic portrayal of the dedicated, compassionate, professional work that we undertake, and for which many of us have trained over several decades. [...] But in the mind of the public, psychiatrists, counsellors, psychologists, social workers, psychotherapists, and psychoanalysts all become the proverbial 'shrink.'" Kahr, "Dr. Paul Weston and the Bloodstained Couch," 1055.

⁸ In Israel, surveys confirmed increased interest in therapy and a rise in consultation fees following the airing of *Be'Tipul*. See Schweitzer, "Analyse d'*En analyse*," 26. "Although no statistics exist, the impression prevails in Israel that more patients are in treatment than three decades ago, and that *Be-Tipul* got them there. Certainly people now speak more openly about therapy." Gabbard, "In Treatment: Doctor Paul Weston—Psychotherapist or Cinetherapist?" 122.

our identities and one that produces fantasies that open up spaces for all the projections, both bearable and unbearable, that such spaces may entail.”⁹ While an exploration of the ways in which twenty-first century patients “seize on media representations to represent key aspects of their personalities/desires/neuroses”¹⁰ seems pertinent to both media studies and more practice-oriented discussions within the fields of psychology and psychoanalysis, the present essay is concerned, rather, with an exploration of *In Treatment*’s inherent “televisuality.” One reason for media scholars’ growing interest in high-profile television shows lies in their successful appropriation of cinematic techniques that have contributed to an expansion of the medium’s possibilities. Amongst the most obvious are mise-en-scène (*Mad Men* [AMC, 2007-?]), framing (*Breaking Bad* [AMC, 2008-2013]), and narrative complexity (*The Wire* [HBO, 2002-2008]). *In Treatment*, on the other hand, offers a unique example of a show that is equally innovative yet remains resolutely—almost dogmatically—televisual. As I hope to show, a discussion of *In Treatment* in terms of a double-binary, which opposes cinema to television and silence to talk, offers a simple starting-point for thinking through ongoing—and sometimes unexpected—developments in narrative fiction on television.

Bearing in mind that the standard talk therapy session lasts around fifty minutes, each of *In Treatment*’s 106 thirty-minute episodes represents an unprecedented attempt to translate analytic time into quasi-real televisual time. This translation, however, presupposes a narrative streamlining that does away with the “stuff” or “raw material” of therapy: repetitions, the communication of unnecessary details and, of course, silences. Indeed, the

⁹ Caroline Bainbridge, “Psychotherapy on the Couch: Exploring the Fantasies of *In Treatment*,” *Psychoanalysis, Culture & Society* 17.2 (2012), 166.

¹⁰ *Ibid.*, 165.

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show's greatest merit, perhaps, lies in its ability to streamline, to create narrative arcs from what is, in essence, a relentlessly repetitive and circular process. More importantly still, the show formally foregrounds the overlap between the therapeutic and the televisual experience by placing emphasis on the centrality of the couch to both the living room, where television programs are traditionally viewed, and the therapist's office.¹¹ Thus, while *In Treatment* is unable to fully reproduce the therapeutic experience, it relies, instead, on a premise of medium self-reflexivity whereby the face-to-face between therapist and patient is reflected in that other, medial encounter between viewer and personal screen. As a result, and by making use of the formal parameters of the TV show format (repetition, scheduled regularity, precise time constraints), *In Treatment* suggests that the talk-medium of television and the talking cure are bound by a kinship that exceeds cinema's much-theorized connivance with psychoanalysis.

As Bainbridge observes, recent changes in the consumption mode of shows by television spectators/multimedia users worked against creators' efforts to tie spectators to a therapeutic contract of sorts:

[...] despite the decision of the show's producers to design the schedule in this way and despite the reviewers' praise for its innovation, viewing figures suggest that audiences did not watch obediently. Instead they chose to view only selected characters/storylines or else to watch on their own terms (by DVD/download/online "catch-up" resources or by network personal

¹¹ Bainbridge remarks that the show is "an exemplar of the uses made in television drama of the figure of psychotherapy and offers some reflections on their significance for viewers on the living room couch as opposed to the one in the consulting room." *Ibid.*, 155.

recording technologies such as TIVO and Skyþ in the UK or Cablevision in the US).¹²

Going one step further, however, it is important to note that the show's creators insisted on a specific viewing format *in spite* of what are now widely-acknowledged developments in audiences' viewing habits. Rather than an adherence to an antiquated model of spectatorship, then, I argue that this decision suggests a conscious intention to consider and exploit the formal structures of the television format in a narrative way.

Perhaps it is this formalist rigor, coupled with a certain stylistic asceticism, which might account for the fact that, so far, *In Treatment* has garnered remarkably little attention in the field of television studies. To be sure, the tone set by the subdued atmosphere of Weston's consulting room, punctuated only by sudden outbursts of intimate unravelling, seems far removed from the fast-paced banter, intricately interwoven storylines and flamboyance of ensemble cast blockbusters such as *The Wire* or *Mad Men*. The show's relatively slow-paced rhythm of shot/countershot close-ups, set invariably in the same interiors—and interrupted only once in a while by static long shots that show the face-to-face between patient and therapist, and even more rarely by an actual camera movement such as panning or

¹² *Ibid.* 157. Bainbridge goes on to offer a psychoanalytical explanation for audiences' behavior: "It's the viewer who gets to look at a watch and say "I think our time is up". [...] The practice of viewing on alternative platforms such as DVD or network personal recorders demonstrates an additional desire for mastery over the show on the part of viewers." *Ibid.*, 159. Bainbridge also asks whether the intimacy at work in a show such as *In Treatment* is still part of a traditional nuclear-family intimacy traditionally associated with television or whether, on the contrary, it might be connected to a more contemporary form of intimacy that arises between a solitary viewer and the TV show itself. This second type of intimacy is understood as detached from the temporal constraints of the TV schedule grid and the material reliance on the television monitor, which is now being replaced more and more frequently by a computer monitor. See *ibid.*, 165.

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tracking—presents a form of aesthetic and narrative restraint unusual amongst the most innovative contemporary shows. In fact, many of the conventions upon which *In Treatment* relies—such as short episode-length, frequent close-ups and shot/countershots—are typical of daytime television soaps. By taking these conventions to minimalist extremes, *In Treatment* lays bare television's ever-present, if perhaps inchoate, capacity for the understanding, representation, and engendering of psychological complexity.¹³

Yet, *In Treatment* also differs greatly from the common fare of more traditional shows that continue to be produced such as, for example, the recent sitcom *Michael: Tuesdays & Thursdays* (CBC, 2011). Focusing on the cognitive behavioral therapy of Michael (Matt Watts), a man suffering from a variety of debilitating social phobias, the series follows the patient and his somewhat erratic therapist (Bob Martin) around the city of Ottawa as they engage in various “challenges” meant to confront Michael with his greatest fears. Face-to-face time and in-depth interaction between the two main characters are thus kept to a minimum, while several side-plots are explored at great length, ensuring an investment of narrative and physical spaces that lie well beyond the therapist's office.

In a series of articles written this summer for *Mediapart*, the web-based spin-off of *Le Monde*, Emmanuel Burdeau set out to explore what he describes as television shows' liminality: beyond the celebration of recent series as

¹³ From statements given by the show's creative team, it can be inferred that the primary reason *In Treatment* uses the conventions of cheap televisual productions is its low budget. This, however, does not diminish the importance of those conventions in the development of the show's narrative structure. “I would love to see a slightly elongated shooting schedule, where you could shoot four days and have one day to rehearse, tone and edit, but there's obviously a price point at which this show doesn't work at HBO. Part of its appeal to HBO is each episode does not cost a lot to shoot.” Allan Sepinwall, “In Treatment: Warren Leight Breaks Down Season Two” *NJ.com* (May 25, 2009) http://www.nj.com/entertainment/tv/index.ssf/2009/05/in_treatment_warren_leight_bre.html#more (access September 25, 2012).

manifestations of a renewed mode of story-telling, he argues that attention has to be given to each show in particular in order to tease out what such an “in-between status,” caught halfway between television and the cinema, truly entails.¹⁴ Writing about *Breaking Bad*, Burdeau draws attention to the show’s minimalist aesthetic, its limited cast, emphasis on wide open spaces, and prolonged silences:

l’inarticulable du rapport entre la grille des programmes et le désert de l’improgrammable, entre la télévision et, sinon un contraire, un ailleurs auquel il n’est peut-être même plus nécessaire de donner un nom, fût-ce “cinéma.”¹⁵

Here, the programming schedule (the grid) is pitted against the formal and narrative freedom granted in the cinema where generic cross-overs have long become the norm. Can television series still be thought of as a genre, Burdeau asks, with set principles and regularities?

As I announced at the beginning of this piece, a useful way to approach this question is through the distinction, introduced by Burdeau, between silence and talk. While one branch of televisual creation has gained creative momentum over recent years, pushing the boundaries of the medium through experimentation with aesthetics and narrative complexity, the parallel development of reality television, where idle talk dominates, speaks to the persistence of the medium’s underlying propensity to talk. Silence, one might say, is almost as threatening to television as dead air is to the medium of radio. Thus, through its almost complete reliance on talk, *In Treatment* inserts itself

¹⁴ Emmanuel Burdeau, “*Awake* ou le cauchemar de l’éveil,” *Mediapart* (July 15, 2012) <http://www.mediapart.fr/journal/culture-idees/140712/awake-ou-le-cauchemar-de-leveil> (accessed September 25, 2012).

¹⁵ Emmanuel Burdeau, “*Breaking Bad* ou le fardeau de l’homme White,” *Mediapart* (July 23, 2012) <http://www.mediapart.fr/journal/culture-idees/220712/breaking-bad-ou-le-fardeau-de-lhomme-white> (accessed September 25, 2012).

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squarely within the dominant televisual tradition, replete with chattering soaps and verbose talk shows.

In spite of being labelled the talking cure, however, therapy also thrives on silence. One thinks of Theodor Reik's proposition that, "psychoanalysis shows the power of the word and the power of silence."¹⁶ The cliché image, of course, is that of the analyst who, by remaining immovably silent, drives the patient deeper and deeper into cycles of self-disclosure and, ultimately, acceptance. In addition, there is also the silence of the patient, which sometimes becomes the main means of communication with the analyst.¹⁷ As noted above, since its creation, *Be'Tipul/In Treatment* has been the subject of intense scrutiny from the sides of mental health professionals-turned-spectators and therapy-experienced viewers alike; it seems that, while no one anticipates meeting Dr House at their local hospital, a higher level of verisimilitude is expected from the situations shown on *In Treatment*. This, quite likely, is a direct result of the show's unprecedented commitment to a realistic representation of the interactions of the analytical dyad within the regulated spacetime of therapy. Furthermore, while policemen, physicians and lawyers traditionally belong to the realm of semi-public life—and to everyone's lived experience—there is something uniquely secretive and

¹⁶ Theodor Reik, "The Psychological Meaning of Silence," *Psychoanalytical Review* 55 (1968), 172-186. For a detailed account of the different stages of silence in psychoanalysis, see *Ibid.*, 175-178.

¹⁷ While silence remains a fairly understudied topic in psychoanalysis, there are early texts by Sándor Ferenczi, Siegmund Freud and Theodor Reik emphasizing, to varying degrees, the importance of silence in overcoming resistance. For later writings dealing exclusively with the patient's silence, see for instance: Edmund Bergler, "On the Resistance Situation: The Patient is Silent," *Psychoanalytic Review*, 25 (1938), 170-186; Evelyn Liegner, "The Silent Patient," *Psychoanalytic Review*, 61 (1974), 229-245; Nina Coltart, "The Silent Patient," *Psychoanalytic Dialogues: The International Journal of Relational Perspectives* 1 4 (1991), 439-453.

elusive about therapy, which lends an air of transgression to its representation. Silence, then, becomes conspicuous in its absence, as the following comment by executive producer Warren Leight highlights:

I've actually had people come up to me on the street and go, "You're that guy. You know something? It's unrealistic. There'd be many more silences in a session." And I go, 'I appreciate it, but it's a drama. We have silences, but if we just do silences, people wouldn't watch.'¹⁸

In a number of ways, *Be'Tipul/In Treatment* is strikingly reminiscent of Ingmar Bergman's *Efter Repetitionen (After the Rehearsal, 1984)*, a 70-minute made-for-television piece that takes place on a theater stage and focuses almost exclusively on the face-to-face between an aging theater director (Erland Josephson) and the young woman (Ingrid Thulin) who stars in his production of August Strindberg's *Ett drömspel (A Dream Play, 1901)*. The tone of the film is predominantly psychoanalytical: the young woman works through her hostility towards her mother, the director revisits past feelings of desire for the mother, which are actualized in his relation to the daughter and, ultimately, a form of transference-love is acted out. The mother appears in the form of visions and memories—following theatrical rather than televisual conventions, she is not seen by her daughter even if all three characters share the stage. As with Bergman's other works, the film is largely indebted to the theatre of Samuel Beckett and its obsessive attention to one-on-one dialogue and silence. Yet, as a result of encountering the same barrage of narrative and viewing conventions as *In Treatment* after it, silence is only a passing mention in *Efter Repetitionen*—a word being repeated, an aspiration.

A possible categorization begins to emerge, then: on one side, televisual television, with its grid-like format, its temporal restrictions, its long-standing

¹⁸ Sepinwall, "In Treatment: Warren Leight Breaks Down Season Two," 2009.

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narrative conventions, and its inescapable dependency on talk. On the other side: silence and openness, the cinematic in television. Cinema, within this context, is not to be taken literally, but rather as a greater, oppositional entity—the Other to television. Blatantly innovative television programs—those that largely mobilize the attention of media scholars—depend to a great extent on the merging of televisual conventions with that greater Cinematic Other. One thinks back, for instance, to those striking season endings on *The Wire* where, in a moment of existential suspension, a particular character sees it all unfold before his inner eye: the disaster of all that was, the ramifications of what is to be, the self-perpetuating cycles of injustice, life being lived... Particularly popular in the 1990s with shows like *Baywatch* (NBC, 1989-1999), such sequences of accelerated narration, always set to a non-diegetic music track, have a longer history, but never before *The Wire* had they entailed so much psychological, ethical and existential depth.

Mediating between patient and therapist, but also between the spectator and the events unfolding in Paul's office, the attentive camera of *In Treatment* takes on the role of a third consciousness. This device further contributes to the merging of therapeutic fact and televisual form. On the one hand, it might be read as a literal visualization of the fairly recent psychoanalytical notion of the "analytic third," theorized by Thomas Ogden, which designates the coming together of the consciousness of the analyst with that of the patient to form a third entity, controlled entirely neither by one nor the other.¹⁹ On the other hand, at the medial level, it evokes a similar concept defined by Daniel

¹⁹ Thomas Ogden, "The Analytic Third: Working with Intersubjective Clinical Facts," *International Journal of Psycho-Analysis* 75 (1994), 3-19; "The Analytic Third: Implications for Psychoanalytic Theory and Technique," *Psychoanalytic Quarterly*, 73 (2004) 167-195.

Frampton as a “*unique* third thought”²⁰ that arises from the joint thinking of the spectator and the film itself.²¹

These manifestations of a third entity, however, also emphasize the fact that *In Treatment* is structured entirely around the interactions of several dyads.²² On a micro-narrative level, these take place between characters, and also between characters and spectators. On a macro-formal level, they occur between a medium—television—and a method or worldview—therapy. In spite, or perhaps in reason, of the rigidity of the show’s parameters, the resulting conversations remain incomplete and difficult to make sense of. This has nothing to do with a common response—“I need to see this again to *really* understand it”—to extremely complex storylines on television or in the cinema, where they are termed “mind game films” by Thomas Elsaesser.²³ Rather, after seeing *In Treatment* in its entirety, the attentive spectator is left, as after years of therapy, with an affective more than a cognitive knowledge—a fuzzy yet all-encompassing grasp—of the events of the show. Certain details

²⁰ Daniel Frampton, *Filmosophy: A Manifesto for a Radically New Way of Understanding Cinema* (London: Wallflower Press, 2006) 162.

²¹ “What I am developing here is an understanding of the encounter between film and filmgoer as a *mix of thinkings*. [...] The filmgoer does not so much “identify” with the film (or its characters) as “join” it in the creation of a third thinking.” While Frampton is writing primarily about the cinema, he insists on the applicability of his ideas to television studies throughout the book. *Ibid.*, 163.

²² In fact, the dyadic structure extends to scenes taking place outside of Paul Weston’s office: “[Sepinwall:] And whenever you did an episode, or a scene, that wasn’t in therapy, it was still structured like a therapy scene. [Leight:] I don’t know why I made that a rule, but I felt it’s less of a cheat, if it’s only two people in a room together. Walter in the hospital room, Mia in her office. It should always be a one-on-one, Paul at his dad’s bedside, Paul with Tammy [...]. Otherwise, I worried it was too jarring. You can imagine an hour-long series of this on network, there’d be a session, and a scene at the bar where they’re all hanging out. It’d be a different kind of show.” Sepinwall, “In Treatment: Warren Leight Breaks Down Season Two,” 2009.

²³ Thomas Elsaesser, “The Mind-Game Film” in *Puzzle Films: Complex Storytelling in Contemporary Cinema*, edited by Warren Buckland (Chichester, West Sussex: Wiley-Blackwell, 2009) 13–41.

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in particular remain more accessible: the décor in Weston's two successive offices,²⁴ his attentive gaze; Sophie the gymnast giving a balancing demonstration on the couch; the pilot, Alex, setting up the espresso-machine he bought for Paul in the office; Laura's sexy advances; April's refusal to expose her bald head after chemotherapy; Sunil singing in Bengali... For all its talkativeness, no clear-cut findings, consequences or solutions have emerged from *In Treatment*: as would be the case with a real therapist, some patients will be continuing treatment indefinitely while others have left. In one or two cases, the label "cured" appears appropriate, while some patients seem to leave Paul's care worse off than they were when they first arrived. What does remain, however, is the strong emotional, almost physical, memory of watching and listening: the voices, faces, and stories blend together into a large mosaic, leaving the spectator with a heightened sense of all that was, all that will be, life being lived.

²⁴ "In fact, Weston's overstuffed office, with its huge boat models, parchment-shaded lamps and books, reads most like the living room of a Harvard academic with a trust fund, or maybe a Kennedy relative. Suzuki Ingerslev, the show's production designer, dressed it thus not in service to any ideal she carried about a therapist's office but 'to create interest behind the character's heads. If we had blank walls in there, people would die watching it,' she said." Green, "What's In A Chair?" 2008.

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