

How public understandings of psychotherapy are
influenced by film and television portrayals of
psychotherapists and some of the implications for
clinical practice.

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Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning”.

Signature

Suzanne Rachael Timpson

Date

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Abstract

This dissertation addresses the question: “How are public understandings of psychotherapy influenced by film and television portrayals of psychotherapists and what are some of the implications for clinical practice?” Psychotherapists have been widely portrayed in film since the turn of the twentieth century, however the depictions have been largely stereotypical. This review explores reasons for the continued use of these portrayals and establishes how they influence public understandings of psychotherapy. The method used is a modified systematic literature review with public responses included as illustrative examples. Pertinent themes synthesized from public responses to the psychotherapist Dr. Paul Weston in the contemporary television drama series *In Treatment* (Garcia, 2008) are analysed and evaluated in order to understand further the influence of on-screen portrayals of psychotherapists on the public. Suggestions for further research are noted and conclusions are drawn that inform clinical practice, in particular for the psychotherapist.

Chapter One: Introduction

Just after completing the clinical part of my psychotherapy training, my brother gave me two television series that he had picked up whilst overseas. While both centered on a psychotherapist and their sessions with clients, they could hardly have been more different in their portrayal of psychotherapy as a form of treatment. One called *Headcase* (Farrand, 2007) is a situation comedy set in Los Angeles about a very neurotic, narcissistic, slightly deranged female psychotherapist, ironically called Dr. Goode. Possessing no empathy or understanding, Dr. Goode bamboozles her celebrity clients into thinking they have issues that they in fact do not have. After the intensity of three years of psychotherapy training the satire came as a breath of fresh air, and it felt good to laugh at a psychotherapist behaving so appallingly. However along with my enjoyment, I also felt a strong urge to protect my new profession. As Dr. Goode violated yet another professional boundary, I found myself crying with laughter while simultaneously cringing and declaring the show was taking things too far. “Come on, psychotherapists have a tough enough time being taken seriously as it is”, I thought defensively, and wondered how the airing of a show such as *Headcase* might affect our profession. It seems however that I am not alone with my ambivalent reaction. Writing about stereotypical depictions of psychotherapists, Gordon (1994) similarly finds himself, “struggling between a belief in dramatic license and in the filmmaker’s right to portray as he or she wishes, and a wish for the depiction not to be quite so far removed from the reality that I know” (p. 144).

How the general public considers the profession was on my mind as around this time I was mulling over how I might go about marketing my psychotherapy practice. Some psychotherapists appear reticent and even disapproving of advertising and marketing. This may be linked to a certain view of professionalism as distinct from trade and also to the traditional psychoanalytic idea of the therapist as a blank screen in which Freud (1912) argued the analyst should, like a mirror, show the patient nothing but what is shown to him. Whatever the reason, I wondered how this reticent attitude might play into public understanding, or perhaps lack of understanding, about psychotherapists and the practice of psychotherapy.

Judging by various reactions I have received socially when telling people I am training to be a psychotherapist, it seems there is fascination and fear but also a large degree of ignorance about what psychotherapy entails. Many people seem to think I can read their minds while someone even

asked me if I used a crystal ball! Schultz (2005a) relays that in social situations when a psychologist reveals his or her profession, it is not uncommon for people to make rather nervous remarks about their minds being read.

Still recovering from my conflicted *Headcase* viewing experience, I began watching the other television series. Adapted from a wildly popular Israeli series *BeTipul* (Levi, 2005), *In Treatment* (Garcia, 2008) is a television drama series centered almost exclusively on the therapy sessions conducted by 53-year-old psychotherapist Paul Weston, played by Gabriel Byrne. Prior to *BeTipul* and *In Treatment* an entire show of psychotherapy had never been shown on big or small screens. While the scripts for both are almost identical, subtle variations appear because of cultural differences. For example, the greater periods of silence in the therapy sessions in the American version, Yovell states reflects the fact that Israeli's are generally more loquacious (Desmond, Yovell, Gabbard, & Spiegel, 2009).

Season one of *BeTipul* won every Israeli Academy Award given for a drama series and *In Treatment* also received critical acclaim, nominated for 26 awards including a Golden Globe for Gabriel Byrne in 2009 (IMDb, 2010). Much has been written about the latter show's unique format where the episodes run nightly, in half-hour segments, for five nights each week. The audience follows the therapist Paul Weston through a working week, and successive weeks of therapy sessions. The show's creator, Levi explains that this format created a sense of a real working clinic (cited in Gilbert, 2009). In each Friday episode Paul leaves the confines of his office and goes to his weekly session with Gina played by Diane Wiest. With Gina Paul talks over the week's problems and the audience learns how he feels about his clients and his life. Whether Paul is in supervision or therapy with Gina is not made clear until the end of the first series. Layton (2008) observes that in the Friday sessions Paul "is often as angry, confused and self-deluding as he is perceptive and responsible, you know, just like ... a psychotherapist" (p. 2).

The television show's unique format replicates therapy in other ways; most of the drama takes place on a single set, cutting from client to therapist and back again. The camera rarely leaves Paul's office and when it does it is to record his sessions in Gina's office. Author, professor and psychiatrist, Glen Gabbard (2008) headed an article on *In Treatment*, "At last, a realistic TV portrayal of psychotherapy". I wondered whether this show would finally allow people to understand the true nature of psychotherapy. While I could think of other television programmes depicting psychotherapists over

the years, *The Bob Newhart Show*, *Frasier*, these characters were created for getting laughs, not for reflecting real-life therapy.

Gabbard (2001a) states “a discussion of the way Hollywood cinema has portrayed psychotherapy must begin with the acknowledgement that movie psychotherapy has a set of principles unto itself that bears little resemblance to psychotherapy in real life” (p. 365). Orchowski, Spickard and McNamara (2006) believe that cinema is riddled with negative portrayals of psychotherapists. Cinema has had a long and intimate relationship with the profession, not least Gabbard (2001a) points out because few theatrical devices advance the plot quite as efficiently as a revealing therapeutic session. Such therapy sessions however, are an adjunct to the main story; they shed little light on therapy. By contrast, in *In Treatment*, the heart of each episode is always the session itself and, arguably, the focus of the whole series is therapy itself.

Watching *In Treatment*, besides a certain narcissistic pleasure that here was a series devoted solely to the depiction of *my* profession, I was also intrigued, why had this series been produced now? Pichardo (2000) states that what is portrayed on the screen has to be something that audiences will understand and identify with. When [a television series is] released, Pichardo continues, “the assumption behind the release is that the population at that time is “ready” for a show to be presented in this way” (p. 9). Thus I wondered whether, if the public was in fact “ready” for the representation of psychotherapy depicted in *In Treatment*, what might this say about the current cultural zeitgeist and what might it mean for clinical practice?

During this period I also read a paper by Nancy McWilliams (2005) entitled “Preserving our Humanity as Therapists” which had a great impact on me. A central theme of McWilliams argument is that increasingly the therapist’s humanity is being undermined; the core values and beliefs psychotherapists have traditionally embraced are “currently being reshaped by descriptive psychiatric diagnosis, pressures from powerful corporate interests, and antagonism from influential academic psychologists” (2005, p. 139). The pervasive message now McWilliams (2005) laments, is that “psychotherapists should not be trying to understand and mend the broken heart, or heal the tortured soul, or promote the acceptance of painful realities”, but instead “should be trying to medicate, manage, reeducate, control, and correct the irrational behavior of people whose suffering is inconvenient to the larger culture” (p.140).

McWilliams' concern fed into my anxiety with what felt like an unsettling time to begin practicing as a psychotherapist in Aotearoa New Zealand. Regulation of the profession and registration of its practitioners had recently come into force, and many psychotherapists were becoming increasingly concerned about what that might mean for the way therapists would be able to practice psychotherapy. Would psychotherapists in Aotearoa New Zealand also become redefined from "healers" to "technicians" as McWilliams (2005) has observed is happening in America? (p. 143).

It was therefore, with some apprehension that I began watching *In Treatment* but after a few episodes I felt renewed optimism for my chosen career. Could it be that *In Treatment* was expressing a backlash of sorts against the very trends I was concerned were infiltrating the New Zealand health care system? Dr. Paul Weston appeared to represent a credible humane psychotherapist so what did it mean that such a portrayal had been created now? I began to ask more questions.

How might fictional portrayals of psychotherapists, such as the true-to-life Dr. Paul Weston at one end of the spectrum, and the crazy, dysfunctional caricature Dr. Goode at the other, affect client expectations of psychotherapy? Additionally, how might these portrayals contribute to ideas about psychotherapy that are already embedded in our culture and how might this play out in, and for, therapy?

My hypothesis is that psychotherapists often take a microcultural approach to conducting therapy in which the predominant focus is on the intrapsychic workings of the individual, and as such the therapeutic relationship tends to be looked at in isolation. Such an approach I believe tends to exclude understandings produced by wider societal, cultural and world practices. This is supported by Hosmond (2006) who argues that there is an increasing acknowledgement of the importance of culture in psychological theory and practice, but in spite of this the implications of culture have continued to be treated as an additional consideration rather than being central to human understanding.

Incorporating such understandings into practice is no easy task for psychotherapists. Many of the beliefs and assumptions about psychotherapy embedded in society are largely unconscious, and it proves difficult for psychotherapists, as it is for people generally, to see their embeddedness within a larger world. However, as Hosmond points out, "to the extent that [psychotherapists] allow the larger social backdrop and cultural realities to

be considered, it helps to illuminate the client's experience that is in the foreground" (2006, p. 236).

When I began to explore this research topic I noticed a gap in the literature in the area of public perceptions of psychotherapy generally. Importantly for this dissertation, Orchowski et al. (2006) state that public attitudes about psychotherapy are profoundly influenced by images and messages in cinema and mass media, however "clinicians have paid little attention to cinema's role in shaping the public's view of psychotherapy, its contribution to the potential devaluation of the profession, and how this information might be incorporated into psychotherapy" (Orchowski et al., 2006, p. 507). With these findings in mind, this dissertation aims to add to the body of knowledge on public perceptions of psychotherapists that, distorted or not, I believe are imperative for therapists to be aware of, and incorporate into their clinical practice.

This dissertation focuses on film and television portrayals of psychotherapists, and specifically on the recent television portrayal of psychotherapist Paul Weston in seasons one and two of the television series *In Treatment*, as a way to examine and interpret peoples' understandings about psychotherapy, the implications of which are then considered for clinical practice. At the time of writing this dissertation, season one and two of *In Treatment* have aired in America with season three due for release in October 2010.

Dissertation Outline

The dissertation contains six chapters.

Chapter 2 outlines the methodology used to conduct the research and discusses some of its advantages and limitations. A rationale for the modification of the systematic review within psychotherapy is discussed. A table is presented to show the systematic nature of the research and additional research strategies are discussed. Lack of research in the research area is identified, inclusion/exclusion criteria are listed and terms are defined.

Chapter 3 introduces some of the key issues surrounding film and television portrayals of psychotherapists and their relationship with the audience. Concerns about problematic portrayals of psychotherapists and the practice of psychotherapy from those in the profession are discussed.

Chapter 4 provides an historical overview of some of the stereotypical portrayals depicted in film over the years and explores reasons for their endurance.

Chapter 5 analyses the synthesis of common themes emerging from public responses to the portrayal of psychotherapist Dr. Paul Weston and evaluates how the television series *In Treatment* has impacted on audiences.

Chapter 6 considers implications for clinical practice, limitations of this study, implications for further research and leaves the reader with some concluding thoughts.

Chapter Two: Methodology

This dissertation is undertaken using a modified systematic literature review. After briefly locating systematic reviews within the tradition of evidence-based practice, this chapter details the framework of a systematic review, and describes why modifications to the standard systematic review have been necessary for the purposes of this research. The research question is specified and specific methods and techniques employed in the search of the literature are also delineated. Lack of research in the research area is identified and terms used in this review are defined.

Systematic reviews of literature are generally located within the framework of evidence-based practice (EBP) that grew from developments in medicine “in order to bridge the gap between research and practice” (Reynolds, 2000, p. 258). Research has mostly focused on using systematic reviews to highlight “best practice”, which then becomes the “gold standard” against which all related practice is measured (Giddings & Grant, 2002). In this context it is assumed that randomized controlled trials (RCTs) produce the best “gold standard” evidence. However, Bohart (2002) states because the “RCT is the ‘gold standard’ in medicine, it is a priori also assumed to be the gold standard in psychotherapy research” (p. 262). By setting the randomized controlled trial as the gold standard design, the range of research approaches that can be used to study treatment effects is restricted to empirically supported treatments (EST) criteria thereby discouraging and oppressing other kinds of therapy research (Elliot, 1998).

Lambert, Bergin, and Garfield (2004) assert that the notion of an empirically supported psychotherapy may be comforting, however the success of treatment appears to be largely dependent on the client and the therapist, not on the use of “proven” empirically based treatments (p. 9). Supporting this, Norcross (2002) states that the most consistent finding in the outcome literature is that the quality of the relationship between therapist and client has more impact on outcome than any other variable. These findings correlate with my research that shows much of the public response to *In Treatment* concerns the relationship Paul has with his clients and as such is a key focus of this review.

Freire (2006) points out that therapeutic efficacy in the RCT is defined in a comparable manner to drug efficacy in the medical model; that is, therapy is said to be efficacious if it leads to the cure of a disease or a remedy for a particular targeted problem or disorder. The logic of this view of therapy fits very well with behaviorist therapies because they are conceived of as the

application of specific procedures to alleviate specific disorders. This view of therapy however does not fit with non-behaviorist therapies that take a more holistic view of the relationship between therapist and client.

A growing number of practitioners are concerned about what they believe is a triumph of a logical-positivist version of science as applied to psychotherapy states. These practitioners think there is a place for RCTs however they believe the data RCTs generate need to be augmented by other sources of knowledge, otherwise too much that is valuable is omitted (McWilliams, 2005; Mace, Morrey & Roberts, 2001).

For the purpose of this study, in which valuable quantitative research is included, the systematic review is modified to accommodate a psychotherapeutic paradigm. Despite difficulties the systematic review poses within the field of psychotherapy, I believe it provides a worthwhile formal method of reviewing research for this dissertation. According to Hamer and Collinson (1999), an advantage of using systematic reviews is that they are a way of “bringing together and assessing all available research evidence on a subject” (p. 42). In this way systematic reviews are an important resource for clinicians who do not have the time to review an ever-increasing body of research. Additionally, the efficiency of this methodology provides a good fit for the required dissertation time frame.

The Research Question

The modified systematic literature review provides a synthesis and critical evaluation of the literature on my chosen topic. This review is guided by the question: “How are public understandings of psychotherapy influenced by fictional film and television portrayals of psychotherapists, and what are some of the implications for clinical practice?” Included is a focus on the portrayal of psychotherapist Dr. Paul Weston in the recent television series *In Treatment* in order to draw out and evaluate public understandings of the psychotherapist and the practice of psychotherapy, and from these findings explore implications for clinical practice.

The Literature Search

In relation to the database searches, my topic can be viewed as consisting of three key concepts: Psychotherapy, Film and Television, and Portrayals.

My initial search was for ‘portray*’ (*denotes truncation to allow for a range of possible endings to the word stem) and other relevant alternative words for the same concept, which yielded an unmanageable 552, 985 articles. My next search was ‘psychotherap*’ which I combined with a

proximity search for the words ‘portray*’ and the other relevant words from my first search, which yielded 1454 articles. Next I searched for ‘psychotherap*’ and with a proximity search for the words ‘film’ and ‘television’ and the various other words authors may use to describe these same media, which resulted in 214 articles. Lastly, I combined the results of the previous two searches with an ‘and’ search which resulted in 19 articles, 15 of which were directly relevant to my subject.

My literature search originated using PsychINFO as this electronic database published by the American Psychological Association (APA) includes other databases such as Psychoanalytic Electronic Publishing (PEP). The table below summarises these searches.

Table 1

Search Results from PsychINFO

Search terms	Results	Relevant articles
Search A: portray* OR influence* OR depict* OR perception* OR reception* OR stereotyp*	552,985	–
Search B: (psychotherap* adj5 portray*) or (psychotherap* adj5 influence*) or (psychotherap* adj5 depict*) or (psychotherap* adj5 perception*) or (psychotherap* adj5 reception*) or (psychotherap* adj5 stereotyp*)	1454	–
Search C: (psychotherap* adj5 film*) or (psychotherap* adj5 movie*) or (psychotherap* adj5 cinema) or (psychotherap* adj5 motion picture*) or (psychotherap* adj5 television*) or (psychotherap* adj5 tv*)	214	–
Search B and C:	19	15

These searches were repeated on various databases with the appropriate modifications. PsychExtra, a companion database to PsychoINFO that provides information circulated outside peer-reviewed journals was

searched. The search was also carried out in Academic Search Premier (EBSCO), noted as being the world's largest academic multi-disciplinary database. Expanded Academic (ASAP) was searched as this database covers texts in all academic disciplines. Two citation indexes were also searched; Scopus and Web of Science as a way of establishing which documents cite which other documents. Sociological Abstracts was utilized to access media related research and relevant literature from a sociological perspective. ProQuest Central was also employed as it includes international newspapers. A further fifteen articles were obtained from these searches.

In addition to the systematic searches listed above, a comprehensive search of public domain search engines Google Scholar and Google was also undertaken. Due to how recently the television series *In Treatment* aired, and because my review is interested in public understandings of psychotherapists and psychotherapy, Google was instrumental in gathering information in both these areas.

In Treatment has stimulated a large public response particularly in the form of blogs posted on various websites. Blogs provide direct access to public observation and experience and as such are a valuable resource for this dissertation. Many television critics today have blogs; some post a review after every episode of *In Treatment* and often the public are also able to join in by posting their comments. Goodheart (2004) states evidential sources such as observations, experiences and general literature are all valid forms of evidence in psychotherapy. Being able to include relevant blogs for illustrative purposes is an added advantage of the methodology used. In order to minimize the effects of potential bias, a range of opinion across the public spectrum is included. Defending the value of reviews that incorporate evidence traditionally considered less rigorous, Hamer and Collinson (1999) state "the value of such reviews is not in providing evidence of effectiveness but in clarifying current levels of knowledge and in directing the design of future research" (cited in Hamer & Collinson, 1999, p. 43). The nature of this dissertation has included sourcing information that has not yet reached academic journals. I have gone back to the primary sources where possible, however some important information has been found from secondary sources and is cited as such.

Despite how recently the series aired, the academic interest is such that at the American Psychoanalytical Association's 2010 national meeting in New York a symposium occurred entitled *Inside in treatment: Turning therapy into drama*. Similarly, The University of California, Los Angeles (UCLA) has held a full one-day conference specifically on *BeTipul* and *In Treatment*

with a focus on uncovering what the series might teach practitioners about psychotherapy and its depiction in popular culture. Transcribing the online podcast of this conference provided a robust and detailed analysis of the series. Interviews with the creators, actors, and various academics associated with *In Treatment* and *BeTipul* provided additional useful information.

Hamer and Collinson (1999) state “database searching is only one component of the literature search and its limitations need to be recognised” (p. 46). A thorough hand search for relevant literature through reference lists of primary sources for this dissertation proved invaluable, the process of which was repeated on the secondary sources of literature. When the same articles and authors were appearing in the reference lists of the gathered material, I understood I had systematically collected the available relevant research on my given topic.

Personal communication with leading scholars in relevant areas of this research: Krin Gabbard, Yoram Yovell, Nancy McWilliams and Mary Banks Gregerson all provided further avenues of information, as well as offering much appreciated enthusiasm and encouragement for my chosen topic.

Inclusion/Exclusion Criteria

As the channels of distribution continually and rapidly broaden, and many films and television programmes today receive global attention, research for this study will not be considered as geographically or culturally distinct. For the purposes of this review it is fitting for film and television to be considered as a “global village”.

While movies and television programmes will be referred to throughout this dissertation, due to the constraints of this study, rarely will they be dealt with in detail, however I hope readers will feel encouraged to seek out and view anything of interest.

Only fictional portrayals of film and television psychotherapists are included in this dissertation.

That film and television are two distinct mediums must be acknowledged, however in this dissertation there are times where research referencing film only could equally include television.

Only literature in English is included, therefore articles I was unable to obtain in English are excluded.

Definition of Terms

Psychotherapy and psychotherapists.

I am choosing not to define these terms for the following reasons:

While recognising the terms psychology/ists, psychiatry/ists and psychotherapy/ists belong to distinct disciplines, judiciously selected research relating to all three are included in this study. Gabbard (2001b) points out that Hollywood is thoroughly confused about the difference between psychiatrists, psychoanalysts, psychologists, social workers and other assorted counselors and therapists (p. 237). In the movie *The Dark Mirror* (1946) for example, the psychotherapist's office door reads 'Scott Elliot, M.D., Ph.D., M.S., Psychologist' (ibid). Relating to this confusion, Schultz (2005b) notes that even among researchers there are discrepancies about the professional's identity because of ambiguity or inconsistencies in the portrayal.

The public.

For the purposes of this dissertation I have categorized "the public" into three groups:

Psychotherapy professionals – Academics and practitioners of psychotherapy and fields relating to psychotherapy

Media professionals – Film and television critics

Television and film viewers – Bloggers

Conclusion

This dissertation is undertaken using the methodology of a systematic literature review modified to include qualitative data congruent and consistent with a psychotherapeutic paradigm. The purpose however, remains consistent with that of a systematic review: that is, to select relevant material and critically evaluate it with the aim of informing clinical practice.

Chapter Three: Key Issues

This chapter outlines similarities and differences in how both film and television impact on public perceptions of psychotherapists and psychotherapy practice, and considers the interdependent and reflective interplay between “the screen” and current societal trends. Research relating to problematic and stereotypical portrayals of psychotherapists is explored.

Television and Film: Filling the Void

Judging from conversations colleagues and I have had with people who have never experienced psychotherapy, it seems the public may have some misinformed ideas of what goes on in the psychotherapy room. Jorm (2000) considers that distortion of public expectation is understandable given that research suggests that peoples’ conceptualisation of psychotherapy and its uses are formulated through the, often stereotypical, portrayals of psychologists in television programmes or film. Various authors also claim that much of the popular impression of what psychotherapy is and how it works comes from depictions viewed at the movies and on television. For example, Gabbard and Gabbard (1985) claim that “most peoples’ first impression of psychology comes from the silver screen” (p. 171). Gabbard (2001a) goes on to state that, “the way psychotherapists are portrayed in the cinema is a direct reflection of how society regards psychotherapy” (p. 368). Taking on board Gabbard’s declaration then, it seems vital for psychotherapists to be cognisant of these on-screen portrayals of the profession. Acknowledging this, Hyler (1988) elaborates:

It is important for [psychotherapists] to be aware of how their profession is depicted in films, since this is often how our patients, and their families, form their image of us. In many instances awareness of these images may help us understand the resistance of patients and/or their families to... types of therapy, or their unreal expectation, nourished by films (p. 205).

In highlighting the importance for psychotherapists to be aware of how their profession is portrayed in film, Hyler’s statement succinctly underscores the usefulness of this dissertation study.

Considering Hyler wrote this over two decades ago, before television became a proliferation of channels and shows to choose from, it follows that this statement is relevant to how psychotherapists are portrayed on television today.

Similarities and Differences between Film and Television

There are many similarities between the way the two mediums of film and television affect viewers, however, there are also differences. Discussing the significance of *BeTipul* for Israeli television and society, Talmon-Bohm relates how the growth and productivity of television as a medium in Israel coincided with the peace process and a yearning in the culture for another reality not constantly under the shadow of war and conflict (Levi et al., 2009). Also at this time a huge cultural shift occurred from “the collective and the nation to the private, familial sphere” (Levi et al., 2009). Salemensky states that there was a cultural desire for relationship and self-realisation, for something emotional rather than something related to action, and television being a domestic, personal, and intimate medium was the perfect vehicle to articulate this (Desmond et al., 2009). The central theme of *BeTipul*, Salemensky states, is the schism between action and reflection, and with this theme it appears that *BeTipul* is also articulating the similar change happening in the culture. Arguably then, the medium of television provides an advantageous opportunity for reflection. Comparing on-screen portrayals of psychotherapy, Gilbey (2002) makes the point that the brevity of films puts them at a natural disadvantage in investigating the client/therapist dynamic compared to a television series, citing the six seasons of *The Sopranos* (Chase, 1999) as an example (para. 11). The medium of television has allowed the client/therapist dynamic in *In Treatment* to be investigated in an unprecedented way, both with the unique format, and because there has never before been a series devoted exclusively to the depiction of the psychotherapy relationship.

The Relationship of Art and Life

Gregerson (2010) states “cinema both reflects life and contours life - that is its psychological power” (p.12). Expanding on Gregerson’s idea, Pichardo (2000) states:

Art (or “the cinema”) imitates life and visa versa. Not only do they imitate each other, but they also mutually influence and shape one another. Therefore, movies can be said to be a further articulation of ideas and meanings already embedded within the culture. Movies then resubmit these cultural understandings to audiences, reinforcing and perpetuating these cultural beliefs, ideas and values (p. 8).

While Pichardo’s statement refers only to cinema, it seems reasonable to allow that television operates in a similar cyclical process as described

above. In this way then, television portrayals of psychotherapists may resubmit to audiences understandings of psychotherapy already embedded within the culture. This process is important as it goes some way to answer this dissertation's question by providing an understanding of the nature of the relationship between film and television and the audience.

French filmmaker Jean-Luc Goddard once commented that the cinema is neither art nor life but something in between (cited in Georganis & Platt, 2010). Similarly, Gabbard (2002) states that media like television and film occupy a region between reality and illusion (p. 5). This realm, Gabbard suggests, is known as a "play space", a concept derived from the work of the British analyst D.W. Winnicott which refers to a psychological space between fantasy and reality and between one's inner and external worlds and it plays a key role in the development of play, creativity and other factors that lend richness to human experience (2002, p. 5). In psychotherapy treatment the client and therapist may enter this space to explore aspects of the self that are based partly in fantasy and partly in reality. I question whether public interest in *In Treatment* is connected to viewers entering into this play and being able to explore and experience aspects of psychotherapy and their selves "as if" it were real.

Today, in what could be seen as life imitating art, portrayals of psychotherapists in film and television are widely used for educational purposes (Schwartz, 2008; Sierles, 2005). Yovell states he and many others involved in teaching psychotherapy use clips from *BeTipul* and *In Treatment* to look at issues of psychodynamic psychotherapy such as erotic transference, boundary violations, transference and countertransference and self-disclosure (Desmond et al., 2009). However Yovell tells his students that "Reu'ven [the Israeli Paul Weston] is a gifted and talented, but problematic therapist, which makes him more human, but some of the things he does would make me nervous if I was his supervisor or patient" (Desmond et al., 2009). Similarly, Gutheil and Gabbard (1993) contend that media portrayals of psychotherapy that come reasonably close to what happens in the therapist's office are more useful to teach how not to do psychotherapy, explaining that even in the best depictions, therapists regularly make the kind of predictable mistakes, for example countertransference enactments or boundary crossings, common in psychotherapy practice.

Problematic and Stereotypical Portrayals

Portrayals of psychotherapists and psychotherapy in film and on television have long been a source of concern to many in the profession for a variety of reasons. Gabbard (1985) claims that, “the image of [psychotherapy] has suffered more at the hands of moviemakers than any of its other detractors” (p. 171). Supporting this, Greenberg (1993) states that “in the main, Hollywood has given little back to the profession compared to what it has taken ... therapeutic practice is distorted or trivialized” (p. 16).

From the literature reviewed, the main concern (for those in the profession) regarding these portrayals appears to centre around the idea that, in a variety of ways, the public is getting a false representation of psychotherapists and their work. Furnham, Pereira and Rawles (2001) found that most people have preconceived ideas about psychotherapy before entering treatment that play an important role in determining where someone will turn for help. Many people do not seek treatment because of fear, stigma and negative beliefs associated with therapy, and low expectations about the gains they will make (Faberman, 1997; Gonzolez, Tinsley, & Kreuder, 2002). Conversely, clients sometimes enter therapy with high expectations, but these begin to decline when they are exposed to treatment reality (Holt & Heimburg, 1990). It is possible that an unrealistic expectation of improvement from therapy could stem from exposure to unrealistic portrayals of therapy prior to entering treatment (Gabbard & Gabbard, 1999) and that portrayals in film and television could be partially responsible for these expectations. While such claims might be easy and reasonable to make, Robison (2009) observes that their major fault is that they are based on opinion, speculation, and anecdotal evidence and are rarely, if ever, supported by empirical findings and research.

Psychiatrists and psychologists have documented concerns about the effects of false depictions on audiences as well as on current and/or prospective clients (Fearing, 1946; Gabbard & Gabbard, 1992; Sleek, 1998). Watching the movies *Tin Cup* (Shelton, 1996) and *The First Wives Club* (Wilson, 1996) Schultz experienced a similar reaction to the one I had while watching *Headcase* noted in this introduction (cited in Sleek, 1998, p. 24). While finding both entertaining, at the same time Schultz felt she was watching her profession being portrayed in the worst possible way as the therapists became “unethical boundary violators” by getting romantically involved with their clients. Concerned that the public views these and other negative depictions as normal therapist behaviour, Schultz (2005b) and other members founded a special panel called the Media Watch Committee

within the American Psychological Association's Media Psychology Division (Division 46) in order to examine the way therapists are portrayed in movies, television shows and books (p.110).

The establishment of this Media Watch Committee could be viewed as an overly sensitive reaction to certain media portrayals of their profession, as psychotherapy is not the only profession to be depicted unfavourably. However, Schultz (2005c) argues that negative portrayals of psychotherapists have far worse ramifications than the negative depictions of other professional disciplines because the majority of the public will never encounter psychotherapists on a personal basis as they do doctors, dentists, and lawyers. The frequency with which people visit these other professions, Schultz says, provides a buffer against negative screen stereotypes that otherwise serve to reinforce people's fears and ambivalence about psychotherapy. Claims that negative portrayals may deter people from seeking help is supported by research that suggests that over two thirds of individuals who could benefit from psychotherapy never enter a psychotherapist's office (Andrews, Issakidis & Carter, 2001).

The major deterrent to people seeking help from a therapist, Schultz (2005a) contends, stems directly from the incompetence and boundary crossings of therapists that are portrayed on-screen. Although acting on sexual countertransference is strictly unethical, such instances of boundary violation are frequently portrayed in therapy, in the cinema, and on television. Barbra Streisand's character Dr. Susan Lowenstein in *Prince of Tides* (Streisand, 1991), for example, made great therapeutic progress with her client but crossed ethical boundaries in the process. Streisand's character began an affair with her patient's brother, who himself became her patient. Rather than depicting such boundary crossing as an abuse of professional power, the audience is often invited to sympathise with this type of relationship. Orchowski et al (2006) claim that films that depict curative therapy as a result of sexual interactions between therapist and client send the strong message that unethical behaviour is permissible so long as it benefits the client.

While it would be easy to totally blame the film industry for "real-life" incidences of sexual boundary violations between psychotherapists and their clients, Bram (1997) suggests such depictions serve to maintain popular beliefs in the commonness of inappropriate client-therapist relationships. Schultz (2005a) says, "It seems that filmmakers have a hard time coming up with a good dramatic or comedic effect without showing unethical behaviour. One of these days we would really like to see a Dr. Ethical-

Competent come along in the movies but it hasn't happened for a while" (p. 18).

To help counter what they see as the negative effects of particular films, the APA Media Watch Committee made educating the public about appropriate therapist behavior their primary objective. In 1999, Division 46 (Media) created an award, the Golden Psi, to recognise producers who demonstrate excellence in the responsible portrayal of mental health professionals, by showing professional and ethical behavior, or by clearly labeling unprofessional behavior as such (Ballie, 2001). Past winners of the Golden Psi Award include episodes of the television series *The Sopranos* (Chase, 1999), *Chicago Hope* (Kelley, 1994) and *Law and order* (Wolf, 1990). Unfortunately, the committee says, there has been a paucity of such portrayals and they have not been able to identify an award-worthy show since 2004. This is a serious problem for the committee since the media attention surrounding the award had become the main venue for public education about appropriate/inappropriate psychologist behavior.

In 2008 *In Treatment* was nominated for the Golden Psi Award. While the committee did consider the show had positive aspects, and deemed the character Dr. Paul Weston to have carried out some excellent psychotherapy, they considered that there were too many serious boundary violations in the show for it to be considered worthy of the award (Schwartz, 2008). In contrast to the concerns of the APA Media Watch Committee, some in the field are highly skeptical that on-screen images seriously influence clients' attitudes toward their current or future therapists. They argue that any intelligent person can discriminate between a film or television portrayal and the "real thing" (Gabbard, 2001a). This argument however claims that the viewer is a purely rational thinker beyond the influence of unconscious forces. In contrast, Gabbard (2001a) states that "we all harbour a mental warehouse full of internal stereotypes coded in our memory banks", explaining that media images work on us unconsciously throughout our lives, even if we consciously reject particular film stereotypes (p. 368). Exactly what stereotypes of psychotherapists the public harbours unconsciously, and how these may impact on beliefs about psychotherapy will be discussed further in the next chapter, and throughout this dissertation.

Conclusion

This chapter has reviewed literature which suggests the public is acculturated, through the mediums of cinema and television to stereotypical,

and often problematic, portrayals of psychotherapists and psychotherapy practice long before they enter the therapy room. The literature proposes that art (in this case film and television) and life mutually influence and shape one another. This is an important process for psychotherapists to be aware of as the research indicates film and television portrayals are the predominant way people understand the profession.

Various categories of stereotypical and problematic portrayals of psychotherapists that have appeared throughout the history of cinema are discussed in the next chapter.

Chapter Four: Stereotypes of Psychotherapists

Whereas the prior chapter established the influence of film and television on peoples' perceptions of psychotherapy and psychotherapists, this chapter explores historic portrayals of stereotypical psychotherapists and how these have been classified over time. In expanding on the relationship between art and life, this section considers how these portrayals reflect wider social and cultural issues of the times. Possible reasons are given for why these stereotypes continue to be utilised.

The Origins

At the turn of the twentieth century the advent of industrialisation instigated an era of rapid social and economical change in America. Religion and the meaning it gave to life no longer legitimated the western world. Disparities in medicine; the understanding, depiction, and treatment of aberrant or pathological behaviour called for the exploration and invention of a new specialty (Pichardo, 2000, p. 17). This new specialty had to meet the needs of science to deal with medicine, and the humanities to deal with the gaps in understanding deviant behaviours. It was into this climate that modern psychiatry arrived from Europe at the same time as the movie industry and, in essence, the disciplines "grew up together" (Gabbard & Gabbard, 1999, p. xxi). Both cinema and psychiatry flourished and within a few years they began to take note of and influence each other. Gabbard and Gabbard (1999) claim that the public perspective on professional psychoanalysis was constructed within the film industry itself.

As indicated earlier, those in the profession have long had concerns about the way psychotherapy has been presented to the public. Sigmund Freud held a skeptical view of the possibilities of cinema throughout his life, once commenting, "My chief objection is still that I do not believe satisfactory plastic representation of our abstractions is at all possible..." (as cited in Greenberg, 1993, p, 19).

Satisfactory or not, psychotherapy has been incorporated into myriad films and television series, often because the therapeutic session provides a convenient way of influencing the mechanics of the plot and also offers a useful form for character development. As Gabbard and Gabbard (1999) identify, "it makes it a whole lot easier to get to know a character if they're talking to a shrink" (p. 15). That psychotherapists are widely depicted in mainstream film is confirmed in Gabbard and Gabbard's (1987) first edition of *Psychiatry and the Cinema* where they review approximately 250 films

that have some form of psychotherapist or psychotherapist-like character at work. Twelve years later, that same list had grown to nearly 450 (2nd Ed.). While this confirms psychotherapists appear frequently on screen, it does not address how they have been portrayed. Gabbard (2001a) relates that while the story genres may change the depiction of psychotherapists is limited to stereotypes.

Classifications of Stereotypes

Over the years there have been many attempts to develop a typology for classifying the stereotypes of psychotherapists presented in films.

Psychiatrist Irving Schneider (1985, 1987) reviewed over 250 films and categorised the cinematic stereotypes of psychotherapists into three groups which still continue today: Dr. Dippy, Dr. Wonderful and Dr. Evil.

Dr. Dippy.

Dr. Dippy originated in 1906 when Billy Bitzer's comic strip about an asylum director was made into the 20-minute live action; film *Dr. Dippy's Sanitarium* (Kasdan). Gabbard and Gabbard (1992) refer to this type of movie psychotherapist as "The Eccentric Buffoon" and suggest this most common of stereotypes is frequently depicted with a beard, pince-nez, Viennese accents, odd mannerisms and facial tics, and is often shown to be more crazy and emotionally bereft than his patients are. Dr. Dippy is exemplified by Mel Brooks character, Dr. Richard Thorndyke in *High Anxiety* (Brooks, 1977) and Richard Dreyfuss' character Dr. Leo Marvin in *What About Bob* (Oz, 1991).

Dr. Evil.

Dr. Evil is the sufficiently mad, neurotic, or insecure therapist who often performs evil deeds on patients or others and abuses the profession. With an extraordinary urge to control, Dr. Evil is power crazy and often utilizes menacing tools such as ECT, lobotomies, psychotic medications, experimentation, and hypnosis. Dr. Evil is often characterized by the ability to control minds like Patrick Stewart's character Dr. Jonas in *Conspiracy Theory* (Donner, 1997) who programmes people to become assassins, or as a homicidal maniac, one of the most famous being Dr. Lecter or Hannibal the Cannibal played by Anthony Hopkins in *Silence Of The Lambs* (Demme, 1991).

Dr. Wonderful.

Initially appearing in movies around the 1940s, Dr. Wonderful emerged as a humane, modest, selfless, warm and caring psychotherapist with endless time for his patients. Although the patient may have been in therapy

for some time, the cure often happened instantly with the uncovering of a single traumatic event. An example can be seen in the popular film *Ordinary People* (Redford, 1980). After a desperate call from his patient Conrad Jarrett in the middle of the night, the therapist Dr. Berger immediately comes to his aid, arranging to meet him in his office and after a few intense minutes where he forces the patient to relive a tragic accident in which his brother died, instantly cures him of survival guilt.

While such roles could be construed as positive, idealistic roles such as these are problematic and thus equally as stigmatizing as negative portrayals because they encourage the myth of the expectation of an impossible cure.

Schultz (1998) identifies two additional stereotypes: Dr. Rigid and Dr. Line-Crosser. Dr. Rigid stifles joy, fun and creativity like the spoilsport psychologist Dr. Rogers in *Miracle On 34th Street* (Seaton, 1947) who tries to have Santa Claus committed as a dangerous lunatic. The most common movie stereotype, however, Schultz says, may be Dr. Line-Crosser who crosses boundaries of different types, typically becoming romantically involved with patients.

Meanwhile, Gabbard and Gabbard (1992) expanded upon Schneider's classification developing ten core categories of stereotypes (see Appendix A). Additionally, Wedding and Niemiec (2003) offer a thematic classification system, identifying eight core themes that regularly occur when psychotherapists are presented in films (see also Appendix A).

Stereotypes and the Socio-historical Zeitgeist

Screen representations of psychotherapists depicted throughout the years can also reflect happenings in the wider culture, and as such how psychotherapy is portrayed on screen may change according to social and political views of the time. Gabbard (2001b) succinctly notes that these depictions often reflect the "socio-historical zeitgeist" (p. 240). In their comprehensive study, Gabbard and Gabbard (1999) identified an historical pattern to the rise and fall of the portrayals of psychotherapists. They found that the predominance of certain stereotypes changed, often dramatically from one historical moment to the next. Gabbard and Gabbard (1999) chronicle the history of cinematic representations of the psychotherapist in terms of three periods: one before, one after and one during a Golden Age. Apart from the relatively brief Golden Age from the late 1950s to the early 1960s, where psychotherapists were portrayed positively, the profession has otherwise been consistently depicted negatively.

In the 1930s and 1940s when therapists are commonly depicted in films as eccentric buffoons, Gabbard and Gabbard (2001b) argue the ideology is evident:

Psychoanalysis, an experience-distant European import, is basically useless; its practitioners are more disturbed than their patients, and all that is needed to solve most social or psychological problems is common sense and down-home values of god, Mother, and apple pie” (p. 241).

The successes of psychiatry in World War II, the burgeoning of training after the war, and the general popularity of psychoanalytic ideas and treatment during the late 1940s and in the 1950s are factors credited to the emergence of the Golden Age. During this time, Gabbard and Gabbard (1999) counted 22 Hollywood movies that depict highly idealized psychotherapists (p. 366). The idealization however, Shultz (2005) notes is largely bestowed on male psychotherapists who constitute the majority of these depictions.

These screen portrayals can also reflect dominant ideologies of the time. Towards the end of the war movies started to appear that were part of a transparent programme to get women back into the household; in many of these movies the female therapists were stereotyped as women, not as professionals; their roles as psychotherapists were secondary (Samuels, 1985). The idealised image however rapidly deteriorated in the early 1960s, about the same time as the anti-Vietnam war movement began. From then on and through into the 1970s psychotherapists were seen as part of an establishment force that served as “the repressive agent of society” (Gabbard, 2001, p. 366). According to Gabbard and Gabbard (1999) the psychotherapists depicted in these movies were frequently witnessed forcing nonconforming members of society into alignment with cultural norms (p. 52). One of the most popular movies portraying the societal agent stereotype is the Academy Award-winning film *One Flew Over The Cuckoo’s Nest* (Douglas & Foreman, 1975). The character of Nurse Ratched who overmedicates the patients in order to ensure their compliance, represents a mental health system that exploits the very individuals it was established to help (Wilson, 1999).

Gabbard argues that in the 1980s the public’s attitude towards psychotherapy continued to be as negative as ever as a reaction against the “blank screen”, but that by the 1990s and the time of *The Sopranos* the public had become much more sympathetic towards therapy (Desmond et

al., 2009). The blank screen references Freud's notion that a psychoanalyst must be objective or at least present an image of objectivity (Nemiah, 1965).

Female psychotherapists.

Gabbard and Gabbard (1989) say the last five decades of American cinema have produced a remarkably consistent stereotype of the female psychotherapist. Samuels (1985) notes that female onscreen psychotherapists are repeatedly de-professionalised and sexualised. Gabbard and Gabbard (1989, 1999) identify a pattern in which the female psychotherapist starts out as a cold, intellectual, professional woman with no romantic attachments. Gabbard and Gabbard (1992) categorized this much depicted stereotype as "The Unfulfilled Woman" who is eventually cured of this problem by falling in love with her male patient, who diagnoses her, sweeps her off her feet and shows her how to become a true woman, loving and submissive (p. 115). The classic film of this genre is *Spellbound* (Hitchcock, 1945) with Gregory Peck as an accused murderer and Ingrid Bergman as the psychoanalyst who cures his amnesia, proves he is not the murderer, and falls in love with him (Samuels, 1985, p. 370).

Gabbard and Gabbard (1989, 1999) and Schultz (1998) have found that movies depict more female therapists violating sexual boundaries than males, even though in real life statistics consistently show the reverse. In life, the majority of sexual offenses are perpetrated by male therapists with female patients. Schultz (2000) declares that these movies become a vehicle in which to de-fang the woman and reduce her to a sex object. Gabbard and Gabbard (1989) state:

We would be naïve to assume that there is no cumulative impact on audiences of a stream of cinematic images over many years that consistently portray the female analyst as incomplete, unfulfilled, and highly unethical (p. 1048).

Headcase, where the disturbed female psychotherapist is so desperate to be married she resorts to propositioning her clients, suggests the unfulfilled female endures. We could speculate as to how this consistent stereotypical image of the female therapist may have influenced the creators' choice of a male psychotherapist for the role of main protagonist in *In Treatment*.

Male psychotherapists.

Bischoff and Reiter (1999) suggest that male movie mental health professionals are more likely than females to be portrayed as incompetent, because society tends to view men as poorly equipped to handle emotional and relationship issues. Similarly, Schultz (2005b) claims that if a

Hollywood male therapist is an expert at “feelings” then he has to be emotionally wounded. An example of this can be seen in the popular movie *Good Will Hunting* where Robin Williams’ character, therapist Sean McGuire is grieving over his wife’s death. In the process of healing Matt Damon’s character, Will Hunting, the psychotherapist also heals himself (Pichardo, 2000). This category of therapist could be referred to as the “wounded healer”, an archetype Jung used to describe a phenomenon that may take place between analyst and analysand. This is where the patient’s wounds activate those of the therapist, the awareness of which is then passed, consciously or unconsciously, back to the client and in this way a healing process takes place (Jung, 1954).

Former screenwriter and current psychotherapist, Dennis Palumbo (2009) believes on-screen images of male psychotherapists have changed from paternal, benevolent depictions towards more troubled, sexually predatory, even psychotic depictions, Dr. Lecter, in *The Silence Of The Lambs* (Demme, 1991) being an obvious example. Palumbo (2009) wonders if this change reflects one that has occurred in the culture at large, arguing that many of our most sturdy institutions; government, the church, education, which have traditionally been headed by men, appear to be letting us down. If we accept Palumbo’s argument, I suggest the choosing of a male lead for *In Treatment* may reflect an attempt by the creators to redress a cultural disillusionment with male therapists.

Reasons for Hollywood Employment of Stereotypes

Schultz (2005a) proposes that there is more than a grain of truth in many on-screen portrayals of psychotherapists. Schultz’s concern, as it is for many psychotherapists and other mental health workers, is the degree of Hollywood distortion in which most therapists are portrayed as outrageous or unethical. When considering Hollywood though, we must also consider the influence of financial payoff. For Hollywood producers, making movies is a business dependant on producing compelling cinematic stories entertaining enough for people to fill the multiplexes. Gabbard (2001a) also points out that like other artists, those in the industry owe no debt to reality (p. 245).

Gabbard (1989) and Gordon (1994) however, hypothesize that many Hollywood directors and writers who have been in therapy and then depict the profession in a negative way do so in an attempt to master their fear. Hollywood director Woody Allen’s ambivalence about his own therapy, for example, shows up in a multitude of his movies where the therapy can never

be deemed successful (Gabbard, 2001, p. 367). Expounding on this idea, Gabbard (2001a) addressing therapists states:

We must recognize that the public at large has always maintained an ambivalent view of [psychotherapy and psychotherapists], that on the one hand there is awe at their understanding of the mysterious workings of the unconscious mind, however alongside this reverence are contempt, disappointment and anger related to our inability to solve all the social ills of the world and our occasional failure to solve even the ills of the individual. Our perceived omniscience is envied and feared, so [psychotherapists] must be continually ridiculed and put down to neutralize these negative feelings (p. 368).

Conclusion

Psychotherapy and cinema share a common history. Psychotherapists have been portrayed in film since the beginning of the twentieth century, albeit largely in stereotypical fashion. The literature shows continued use of such portrayals allows directors and audiences a way to diminish their fears about psychotherapy and provides for cinematic convenience in plot and character development. Research also suggests these depictions reflect dominant ideologies of the time. The evidence I have gathered points to the need for psychotherapists to consider the ways these stereotypical portrayals contribute to a widespread misunderstanding of psychotherapists and psychotherapy, and the consequential impact on clinical practice.

Examination of the literature on stereotypical portrayals of psychotherapists has provided a context from which to investigate more fully the portrayal of psychotherapist Paul Weston in the contemporary television drama series *In Treatment*. This is the focus of the next chapter.

Chapter Five: Portrayal of a Modern Psychotherapy Relationship

Focusing on the current television series *In Treatment*, four common themes synthesized from the literature are analysed in order to further evaluate how the portrayal of this psychotherapy relationship impacts and influences public understanding of psychotherapy.

The assumption behind an on-screen release, suggested in the introduction, is that the population is “ready” for such a presentation Pichardo (2000). This suggests that there is an underlying connection between public preparedness and understanding, and the impact and message of a film. I suggest that this same reasoning also applies to a television series. Exactly what *In Treatment* is presenting that the public is “ready” for however, continues to be debated. Gabbard (2008) describes the portrayal of psychotherapy on *In Treatment* as “the most convincing seen on television yet” (para. 1) while Goodman (2008) comments dismissively “it’s fraudulent rather than Freudian” (para. 8).

Willis (2001) points out that lately the theme of psychotherapy has been notably absent from movies and television, however she suspects the culture’s flight from psychoanalysis is not permanent (para. 18). I believe that the television series *The Sopranos* which premiered in 1999 played an instrumental part in a renewed cultural interest in psychotherapy and paved the way for the public’s readiness for *In Treatment*. There was an overwhelming media response to Lorraine Bracco’s portrayal of Dr. Jennifer Melfi and unlike earlier stereotypical depictions, the serious and realistic portrayal of Dr. Melfi, who maintains professional boundaries with her male client, represents a pivotal turning point for on-screen female psychotherapists. The public liked the character Dr. Melfi so much that the writers kept her in the second season of the show when, as Gabbard (2008) declared, “the first series should have ended with her getting the hell out of there, knowing you can’t treat a sociopath” (p.2). Manosevitz (2003) suggests that although in depth psychotherapy is not as fashionable as medication, the commercial success of *The Sopranos* may suggest a “renewal of interest in the in-depth exploration of the individual psyche” (p. 65). The release of *The Sopranos* and most recently *In Treatment* suggests that there is now more willingness, perhaps even a desire to look below the surface and I believe this could indicate a shift in the cultural unconscious. In *The Sopranos* the therapy is nestled within broader action, a variety of

locations, and a wider story frame - the important difference with *In Treatment* is that the therapy *is* the show.

BeTipul

In Treatment is adapted from the highly acclaimed Israeli television series *BeTipul* (literally “in treatment”) that became a cultural phenomenon in Israel. Created by Hagai Levi, the son of two therapists, and Ori Sivan a self-described “therapy true-believer”, *BeTipul* “so captivated that nation that traffic levels plunged during new episodes” (Becker, 2008, para. 13).

Commenting on the show’s impact Levi states, “a lot of people went back to therapy ... a lot of people started therapy, and a lot of therapists raised their fees...it was very exciting to see how a TV series affected real life” (as cited in Gilbert, 2009, question 7). A powerful example of a psychotherapist’s portrayal influencing the public can be seen in Yovell’s comment that *BeTipul* was single-handedly responsible for raising psychotherapy fees in Israel (Desmond et al., 2009). Early in the series psychotherapist Rue’ven Dagan says that he charges 363 new shekels (the equivalent of NZD\$150) per session following which the price of psychotherapy went up Yovell explains, because no Israeli psychotherapist wanted to charge any less than Reu’ven as that would indicate he thinks less of himself as a therapist than Reu’ven (Levi et al., 2009).

Behind the scenes.

BeTipul’s creator Hagai Levi has been a psychotherapy client most of his life and initially studied psychology before going to film school (Gilbert, 2009, question 1). Because of this Levi always found himself more interested in intimate situations than big productions, and consequently in creating the show, thinking about what the most intimate thing in the world could be, thought of therapy (Gilbert, 2009, question 1). Garcia says that all the writers and directors involved in translating *BeTipul* have had extensive personal histories with therapy (Ashbrooke, 2008). Similarly with *In Treatment*, most of the people associated with the production had a personal knowledge of therapy. Leight thinks it would be almost impossible for someone who hasn’t been in therapy to write the parts for the characters on *In Treatment* (as cited in Orange, 2009, para. 15).

Yovell relates that the creators and writers were reading work by Jody Messler Davies while they were defining the character and professional demeanour of Rue’ven Dagan and as such the characters of both he and Paul Weston became modern relational intersubjective psychotherapists in

the tradition of Davies, Robert Stolorow, Steven Mitchell and Owen Rennick (Desmond et al., 2009).

In Treatment

Discussing his role as psychotherapist Paul on *In Treatment*, Byrne provides an insight into the challenges of psychotherapy sessions with each actor playing different clients. Byrne explains that he cannot decide to act in a certain way because a particular actor acts in this way, instead he works off the core, the essence, of the other person by responding to their energy (Ryan, 2009). “What I wanted was the camera to go inside, go into him and let the audience into his head, that's kind of frightening, and very challenging because you don't know [if the audience will follow]”. In this way the camera is actually photographing thoughts Byrne says, describing how, if you think something, the camera will pick it up, if you know what you're doing (Ryan, 2008).

In 2010 the American Psychoanalytic Association held a symposium titled *'Inside In Treatment: Turning therapy into drama'* which provided a look at how the show was created. As discussed earlier, historically it has proven difficult to depict authentically a psychotherapeutic relationship in cinema. Thus the challenge for the creators and writers of both *BeTipul* and *In Treatment* was how to capture the truth of psychodynamic work while also entertaining people. There was no psychiatric consultant for the first season which executive producer Leight, believes was a mistake (cited in Arehart-Treichel, 2010, para. 6). Bringing in a psychiatric consultant for the second season of *In Treatment* therefore, was one way they met this challenge. Once on board Richardson set out to create episodes that portrayed psychodynamic psychotherapy as realistically as possible, such as helping the writers create therapy scenes that allowed for ambiguity and silences and scenes where transference interpretations served as climaxes. Richardson relates “we quickly discovered that what makes for a powerful psychoanalytic session- a focus on what is happening at the moment between two people in the room-is also what makes for good television” (cited in Arehart-Treichel, 2010, para. 8). This further supports the notion indicated earlier by Gilbey (2002) that a television series has a distinct advantage over the brevity of films in which the investigation of the client/therapist dynamic is limited.

In Treatment in treatment

This part of the review analyses and evaluates how the character of psychotherapist Dr. Paul Weston and his practice of psychotherapy is portrayed and received by different audiences (the public) in order to understand further public beliefs, ideas, thoughts and feelings about psychotherapists and the practice of psychotherapy. *In Treatment* revolves almost exclusively around the therapeutic relationship, and one of the central themes discussed in much of the literature reviewed about this series concerns the on-screen relationship between the psychotherapist Paul and his clients. My research supports the most consistent finding in the literature about psychotherapy outcome which is that the quality of the relationship between therapist and patient has more impact on outcome than any other variable. Luborsky (1996), Wampold, (2001), and Norcross (2002) agree that “the relationship” is of major importance and as such becomes an overarching theme from which to consider related themes that have emerged in the literature reviewed on *In Treatment*.

Table 2

Relationship between Categories of Public and Common Themes from In Treatment

Psychotherapy professionals	Media professionals	Television and film viewers
Boundaries	Boundary Violations	Boundary Violations
Humanity/Humanness	Humanness	Human being
Parasocial relationship	Adulation	Fantasy relationship
Listening/Being Heard	Listening/Silence	Listening/Silence
	Quality of acting	Good/Bad acting
	Quality of Script	Good/Bad writing
	Addictive	Addictive
Stereotype	Stereotype	
Transference		
Psychotherapy vs Supervision		
Interpretations		
Countertransference		
Timing		
Self-disclosure		
Erotic Transference		

In order to further synthesise the research reviewed, the information has been organized in the following way. The public has been classified into the three categories outlined in the methodology: Psychotherapy Professionals, Media Professionals and Film and Television Viewers, with the relevant literature and data organized under these three categories. Including illustrative examples of bloggers and television viewers minimizes bias and provides a direct link to non-academic considerations. Each category of the

public focused on different themes and common themes across all three categories of the public were established. The common themes are listed under the headings of Listening, Boundary Violations, Humanness, and Parasocial Relationships. The three different categories of public (Psychotherapy Professionals, Media Professionals and Film and Television Viewers) illustrate different points of view on the research themes.

A synopsis of the characters in seasons one and two of *In Treatment* is documented in Appendix B to briefly introduce the reader to the character Paul Weston's clients and provide a context from which to consider the four following themes.

Listening.

The promotional trailer for season one of *In Treatment* begins with Byrne's character's voiceover stating, "I am very interested in everything that you have to say". The cover of the DVD box-set of season one features a close up of Gabriel Byrne's face with a two-word byline, "He listens". Similarly, the byline on the second series box-set is "Talk to me". Privileging listening in this way speaks to the creators' belief in the significance of this skill in a psychotherapist. While Gabriel Byrne has not been in psychotherapy himself he "understood it was about listening ... to truly listen and to feel you are heard is deeply fulfilling in a deep human way" (Gross, 2008). Furthermore, Byrne believes the series reflects a real need now in American society to be listened to. Thinking along similar lines, and making reference to the length of each episode of *In Treatment*, blogger Swienckowski (2009) observes: "I think the observation that few of us rarely spend thirty straight minutes talking to another human being about something meaningful is the sad truth about modern life".

Referring further to his character, Byrne says:

I think what makes him a good therapist with all his patients, and sets him on the right road, whether he says the right thing or the wrong thing—he truly listens. He may not have the answer, but he's paid the person the compliment of listening to them (cited in Ryan, 2009).

This contrasts with what Yovell observes about the character's Israeli counterpart, Dr. Rue'ven Dagan whom he says makes interpretations to his clients too frequently and instead needs to be silent more often and let the clients speak about their feelings and associations (Levi, Talmon-Bohm, Yovell, Lerner, & Salamensky, 2009).

Television critic Becker (2008) suggests that it may just be the silence in Paul's office that keeps viewers transfixed with the series. Drawing on this

idea, Levi observes that there are many very noisy, violent shows on television and therefore “there is some willingness for this quiet and good place where people help each other” (cited in Becker, 2008). Silence may not be a “good place” for everyone though as blogger cartouche (2009) reveals, “The show can feel uncomfortable with the silences” and wonders, “if this [i]s reflective of what happens in reality”. Cartouche’s comment suggests that some people may be unaccustomed to the idea of having time and space to quietly contemplate.

In his book *The Lost Art of Healing* Lown (1996) declares the art of listening has disappeared with the loss of the fundamental relationship between doctor and patient where “healing has been replaced with treating, caring is supplanted by managing, and the art of listening is taken over by technological procedures” (p. xii). Lown’s theory mirrors McWilliams (2005) concerns, discussed in the introduction, regarding current pressures that are undermining the psychotherapist’s humanity.

Boundary violations.

Boundaries in psychotherapy practice are established to create safe, reliable, and useful platforms for the work to take place and are the most fundamental responsibility of the psychotherapist in client relationships in order to establish a base for therapeutic work (Davis-Mintun, 2006, para. 1). Yovell refers to certain boundaries in psychotherapy that should never be violated, for example having a sexual relationship with a patient, or breaking client confidentiality by revealing something about the client to a third party (Desmond et al., 2009). Many other softer boundary issues of anonymity, neutrality and self-disclosure have been defined as boundaries not to be violated by the profession. However, Yovell believes these issues are debatable, adding that on *In Treatment* the character Paul walks very close to the borders of these boundaries and sometimes crosses them. Blogger Mz sookie (2008) however, is clear about Paul’s lack of boundary maintenance asserting, “let’s take a moment to acknowledge appalling clinical malpractice ...doctors without boundaries...if i were a patient, i would become alarmed at the possibility that In Treatment reflects anybody’s standard of practice...”. Mz sookie’s reasoning for the lack of boundaries, “perhaps it is valuable to realize that TV writers (even Rodrigo Garcia- son of Gabriel Garcia Marquez) have had sloppy, incompetent, self-indulgent therapists (in LA ???)[sic] and write for revenge” echoes Gabbard’s earlier hypothesis that many Hollywood directors who have been in therapy depict the profession in a negative way in an attempt to master their fear.

Television critic Havrilesky (2009) suggests *In Treatment* often underscores psychotherapy's shortcomings by "exposing the 'healthy professional boundaries' of psychotherapy as unrealistic, demanding superhuman acts of self-restraint by Paul or any other therapist" (para. 7). However viewers are also shown the problems that eventuate when boundaries are broken: Paul insists on keeping his personal life separate from his clients but they constantly try to cross this threshold, from the character Mia forcing her way into Paul's kitchen to eat breakfast, to allowing Alex to set up an espresso coffee machine in Paul's office, or April asking Paul for a ride to hospital. It is this ambivalent take on therapy, Havrilesky (2009) suggests, that plays a large part in what makes *In Treatment* so engrossing, stating "if you don't want to question your assumptions about your emotional health—and consider returning to therapy one second, then curse all therapists the next—then you probably shouldn't tune in" (para.13).

Book (as cited in Kohler, 2009, last para.) makes an interesting point that as viewers we too are involved in transgressing boundaries as great as Paul's when the camera allows entry into a space that is supposed to be private. Blogging about *In Treatment*, psychologist DRJW (2008) declares "both therapists [Paul and Gina] are depicted as being significantly disturbed individuals who have no boundaries of their own and have so many personal issues that clearly enter and interfere in each and every session... my patients ask me on seeing some episodes 'Are shrinks that disturbed?'" Some people have been concerned certain boundaries were overstepped on *In Treatment*, however Yovell suggests a lot of Paul's technique may resemble what Freud and many psychotherapists do behind closed doors (Desmond et al., 2009). Lynn and Vaillant (1998) reviewed forty-three of Freud's patients' records between 1907 and 1939 and discovered Freud consistently deviated from his published recommendations on psychoanalytic technique. Except for falling in love, they say that every soft boundary the character Paul violated in *In Treatment* had already been breached by Freud, such as giving advice and engaging with clients outside of the therapy session.

Humanity.

Stereotypical portrayals have meant audiences have been acculturated to distorted ideas about psychotherapists and consequently often find difficulty instilling them with much humanity. Drawing on this idea Levi says, "People are used to seeing the therapist as a blank wall, but the therapist is a human being – and this is a very important part of the therapy (as cited in

Wood, 2009, p. 5). Similarly, psychologist Layton (2009) suggests that audiences have been astonished that a therapist has troubles (p. 41), the implication being that the general perception of a psychotherapist is of someone above and beyond everyday human strife. Psychoanalyst Desmarais (2007) and psychotherapist DPD (2009) believe it is important for audiences to be introduced to more portrayals of psychotherapists as ordinary human beings rather than as gods to fear and despise. Yovell is sympathetic to these understandings, suggesting all the flaws and failures of the therapist in *In Treatment* make for a sophisticated realistic portrayal of the psychotherapeutic endeavour (Desmond et al., 2009).

Psychotherapist Layton (2008) points out how Paul's character is a departure from earlier stereotypical depictions, "[Paul] comes across not as the preternaturally Wise Therapist, the comic Boob Therapist, or the autocratic Wicked Therapist, but as someone else: a person struggling with the same issues his clients present to him" (para. 10). While some have found Paul's character reassuringly human, others find the portrayal possibly too good to be true. For example blogger ellen moser (2008) asks, "where can one find a therapist with paul's listening skills,[sic] empathy and humanity? Anybody out there know of such a person? Is anybody out there such a person?"

One of the reasons people like watching Paul is because he is human and vulnerable. Gabbard adds that while therapists make mistakes, clients usually forgive them if their heart is in the right place (Desmond et al., 2009). In contrast, blogger DonaQuixote (2008) appears less tolerant of Paul's humanness arguing that Paul "just seems arrogant and his approach [is] more about demonstrating his own brilliance than helping his clients...". Yovell believes the portrayal of Paul is of a gifted and talented, but also problematic therapist, which makes him more human, however when using clips from the series to teach psychotherapy students, Yovell tells his students that some of the things Paul does would make him nervous if he was his supervisor or client (Desmond et al., 2009).

Paul's humanness appears to be appreciated by the majority of bloggers, however, doubts have arisen about how wounded one can be and still function as a therapist. Illustrating this, blogger tomreedtoon (2009) writes that the depiction of Paul "is a good illustration of the danger involved when a therapist neglects his or her own life" explaining that "as his personal life unravels, Paul plays it out with all his patients and that is terrible...". The variety of responses to the humanity portrayed by the character Paul Weston suggests this type of portrayal may be unfamiliar to audiences.

Parasocial relationships.

Watching *In Treatment* and meeting the characters in our living rooms, Salamensky states, offers up a “fly on the wall” viewing experience (Levi et al., 2009). This intimate and voyeuristic experience, Salamensky suggests, induces spectators to develop parasocial relationships with these fictional characters that seem very real. Parasocial relationships are characterized as a set of feelings viewers develop toward media characters that allow viewers to think and feel toward characters as if they know and have a special connection with them (Cole & Leets, 1999, p. 496). Gabriel Byrne offers an example of this phenomenon, and in doing so also provides a clear indication of the power of the screen image to influence; “people have come up to me [while walking down the street] and engaged me in conversation about their private lives ... I hasten to tell these people that my character is not real” (Gross, 2009).

While psychotherapists consistently investigate how an individual's attachment style influences their relationships with close others in their lives, recent research suggests attachment theory can also be related to a variety of non-intimate and/or non-romantic relationships, for example parasocial relationships (cited in Greenwood, 2008, p. 415). Adult attachment theory posits that individuals develop internal working models representing their expectations regarding themselves and others in close relationships on the basis of their past experiences in such relationships (Shaffer, Vogel & Wei, 2006, p. 442). The literature suggests that adults with anxious ambivalent attachment styles who are typically preoccupied with the status and stability of their close relationships are more likely to form intense parasocial bonds with favorite characters (Cole & Leets, 1999). Shaffer, Vogel & Wei (2006) found these people with higher levels of attachment anxiety have greater intentions to seek counseling for psychological and interpersonal concerns (p.443). In contrast, avoidant individuals who report feeling comfortable without close relationships are least likely to report strong interpersonal connections to favorite performers and do not appear to seek counseling (Cole & Leets, 1999, p. 507). Greenwood (2008) states these patterns of character engagement “illustrate the idea that fictional characters may interact with the emotional and interpersonal tendencies of the viewer in ways that mirror their bi-directional relationships” (p. 415).

Recently Schiappa, Gregg and Hewes (2005) found that parasocial contact and relationships can change attitudes about homosexuality. If we accept that parasocial relationships can alter attitudes about homosexuality,

then is it possible that parasocial relationships may also change attitudes about, and expectations of, psychotherapists and the practice of psychotherapy? I suggest this is an important area for additional investigation, the account of Byrne of being approached by people wanting him to be their therapist suggests a parasocial relationship is occurring for some viewers of *In Treatment*, and as such the phenomena warrants further consideration.

Discussion

Exploration of the themes common to all three categories of the public has revealed some of the ways the portrayal of psychotherapist Paul Weston has influenced public understandings of psychotherapy. Moreover the common themes, humanity, listening, and in particular the parasocial relationship identify there is an interest and a yearning for a psychotherapy relationship with a 'real' human being, complete with vulnerabilities, who truly listens and with whom they can establish a meaningful connection. These themes also speak to the idea that unlike the often one-dimensional stereotypical depictions of the past, the recent on-screen psychotherapist Dr. Paul Weston is more complex and harder to categorise definitively.

While stereotypes will inevitably continue to occur in contemporary cinema, Wedding and Niemiec (2006-2007) believe portrayals of psychotherapists are becoming more accurate and balanced (p. 78). I argue that the character of Dr. Paul Weston can be considered as one more characterisation in a progression towards more balanced portrayals. Additionally, some of these common themes analysed here link to themes that arise on *In Treatment* which appear to reflect a broader uncertainty about the world.

Byrne considers the world we are living in now is undergoing a profound revolution, not just economically but politically, socially and spiritually and believes one of the reasons for *In Treatment's* success is that it speaks to the anxieties of our time (Ryan, 2009, questions). Gabbard speculates that the focus on therapeutic treatment on *In Treatment* reflects a desire to retreat from a constantly connected world, and suggests the series "is a backlash against the kind of quick-fix, high tech mentality [that fails to take] into account the unique subjectivity of the human being" (as cited in Becker, 2008, para.19). Gabbard's thoughts lead back to my question in the introduction, prompted by McWilliams paper about the preservation of the therapist's humanity, querying whether *In Treatment* is representative of a backlash against dehumanizing aspects of modern society. Putting this

question to McWilliams, she answered that she would like to believe the popularity of *In Treatment* expresses a backlash of sorts against the trends referred to in her 2005 paper, however she considers the interest in the show more likely represents a kind of lag between what has actually happened to therapy and what therapy used to more typically be like (personal communication, 2009).

If *In Treatment* is more representative of what therapy used to be like, how does this relate to Pichardo's (2001) assertion that behind a show's release is the assumption that the population at that time is 'ready' for it to be presented in this way? With Pichardo's claim in mind, McWilliams would appear to be suggesting that the audience's interest in the show is for a type of psychotherapy experience that is becoming increasingly rare. Gabbard asserts that what *BeTipul* and *In Treatment* offer is a way for people to get back in touch with the soul and it is this that the audience desires (as cited in Becker, 2008).

Conclusion

This chapter has examined the presentation and reception of the portrayal of psychotherapist Dr. Paul Weston by considering four common themes synthesized from the public response: listening, boundary violations, humanness and parasocial relationships. That these themes are common suggests an interest in the psychotherapist as a human being with vulnerabilities and flaws. The evidence I have examined indicates that the character Paul Weston's human qualities link to current cultural anxieties of alienation that in turn speak to a desire for a deeper human connection.

Implicit in the examination of this most recent portrayal of Dr. Paul Weston are implications for psychotherapists to consider for clinical practice and as such become a focus of the next chapter.

Chapter Six: Conclusion

This chapter addresses the issue of clinical practice: what psychotherapists can learn about themselves from on-screen portrayals of their profession; what they can do to address their public profile; and what they need to be aware of when working with clients.

Further clinical implications are then discussed and limitations of this research and suggestions for further research are highlighted. Concluding thoughts finalise this dissertation.

Clinical Implications for Psychotherapists

Psychotherapist – know thyself/ heal thyself.

Paraphrasing the well-known saying “physician heal thyself”, the idea behind “psychotherapist heal thyself” is that in order to understand others, one needs to know and understand oneself first. A follow-on conceit is that rather than turn their gaze towards their clients when considering the clinical implications of film and television portrayals of psychotherapy, practitioners need to firstly reflect on what they might learn about *themselves* from their screen counterparts. As Schneider (1987) asserts, “it has always been clear that there is much for the movies to learn about real psychiatry. What has been ignored is that there is much for psychiatry to learn from its movie counterpart” (p.1002). Acknowledging this, Orchowski et al. (2006) suggest clinicians begin to address the potential influence of film on their practice by examining their own attitudes towards psychotherapy in the cinema, including their experiences of viewing psychotherapists in film, and through developing a better awareness of how these stereotypes have influenced their own identity as therapists.

As documented, *In Treatment* has had a profound impact in many psychotherapy communities but just what is it about *In Treatment* that has created such a furore amongst psychotherapists? I suggest that the intense interest psychotherapists have shown in *In Treatment* is connected to the idea that in the depiction of the psychotherapist Paul Weston, psychotherapists are being mirrored and that this process is a learning one. Supporting this, psychologist Layton (2008) presumes there was some “imitative mirror-neuron thing at work” while she was watching *In Treatment* explaining “as if all those hours watching other therapists, albeit fictional ones [Paul and Gina], had made me more [self]aware...” (p. 39). Layton sums up thus, “well, we don’t often get to see ourselves quite so clearly” (p. 39).

Perhaps unsurprisingly, it is the human qualities in the character of Paul that so many psychotherapists have been drawn to comment on (eg. Gabbard, 2009; Yovell, 2009; Levi, 2009). Layton (2008) believes Paul's character approaches the heart of what it is to be a psychotherapist stating:

In session after session, we develop a gathering sense of what all [Paul's] responsiveness and/or forbearance costs. He's caught in the thick of it, this business of being human – the insufferable risk of making one's way in a world perceived imperfectly, with a self perceived imperfectly in a dark mirror. (p. 40).

Perhaps though, more than simply seeing oneself mirrored in the character of Paul, might psychotherapists' fascination for *In Treatment* go even further and speak to something beyond the mirror? Through the intimacy of the medium of television, might such a "convincing, realistic" (Gabbard, 2008, para.1) re-presentation of the psychotherapist allow for psychotherapists to internalise a particular knowing of themselves not otherwise readily accessed? Supporting this idea, Layton (2008) asserts the written word can often be a barrier to what psychotherapists need most, which is "exposure to [their] own palpable experience" (p. 2). Psychotherapists get this kind of exposure, Layton suggests, from a relationship with a teacher, or a therapist or a supervisor where the environment is such that there is enough room to suspend hard judgment, claiming that it is in this place that psychotherapists get access to themselves. I propose that psychotherapists watching *In Treatment* are exposed to a similar palpable experience; that through a type of reverse projective identification with the character of Paul Weston psychotherapists are able to gain a particular and rare access to themselves that leads to a deeper self-understanding. To put it another way, watching *In Treatment* may assist psychotherapists tolerate and accept more unsavory aspects of themselves as psychotherapists that are too easily denied in theory and largely too unpalatable to be publicly discussed in any meaningful way.

Some of the more complex and difficult areas of psychotherapy practice sometimes avoided in psychotherapy communities are addressed in *In Treatment* (Desmond et al., 2009; Levi et al., 2009). Relatedly, Davies (1994) suggests exploration of the analyst's erotic countertransference is a subject rarely addressed in open collegial dialogue (p. 153). *In Treatment* definitively showcases some of the complexities associated with erotic countertransference. The erotic transference between Paul and his client Laura that culminates with the two of them in her bedroom, is a subject

widely discussed by bloggers and television critics, however it is only alluded to, if mentioned at all, in the literature reviewed by academics and professionals in the field. Moreover, in my training to become a psychotherapist, erotic transference was mentioned in passing, but I cannot recall any meaningful discussion on the subject.

Orchowski et al. (2006) propose that with a greater awareness and understanding of how they have been influenced by on-screen portrayals, psychotherapists may then engage in a more collaborative discussion about how such portrayals may potentially influence clients' expectations for treatment, and how they may contribute to treatment barriers.

It could be reasonable to conclude then that psychotherapists are "in treatment" whilst watching *In Treatment*, and that it may provide valuable reflection on their practice which may even have a healing quality.

Psychotherapist – know how others know you.

The literature has established that distorted on-screen depictions of psychotherapy inform much of the public understanding of psychotherapy. Misinformed perceptions of psychotherapy are not just confined to film and television but rather, McWilliams (2005) asserts, pervade contemporary life, and she cautions that if psychotherapists are to counteract the effects of anti-therapeutic messages about the profession they need to start fighting proactively on behalf of their values. However, as discussed in the introduction, taking an active role in promoting the psychotherapy profession has not traditionally been a preferred position for many psychotherapists.

In an ever increasingly media-saturated culture though, psychotherapists are able to be, and arguably need to be, proactive in communicating their own image and depictions of psychotherapy. In this way the balance of the proliferation of negative portrayals of the profession may be redressed although, as Orchowski et al. (2006) point out, there is also more potential for inaccurate information to be accessed by new technology. Wedding and Niemiec (2006-2007) propose that the easiest way to increase public awareness of stereotypes of psychotherapy may be for clinicians to educate clients, colleagues and the public through informal discussions and public lectures highlighting accurate and inaccurate portrayals.

However, McWilliams (2005) suggests that firstly psychotherapists need to take responsibility for, and address, their part in public perceptions of their profession. McWilliams explains psychotherapists' culpability in public perception thus:

By not delivering on ambitious and empirically unsupported promises, by talking to each other more than to the educated public, by isolating [them]selves outside the disputatious classrooms of the universities and refusing to engage in relevant academic controversies, by viewing outcome research with indifference, by talking about therapy in impenetrable jargon and implying that ordinary folk cannot be expected to grasp such concepts, many practitioners have contributed to their own [stigmatization] (p.15).

In a similar vein, Von Sydow and Riemer (1998) suggest that while the stereotypical portrayal of the “crazy” therapist may be exaggerated, research shows that the motivation to become a psychotherapist often stems from a burdened childhood and that this needs to be acknowledged by psychotherapists. Relatedly, at the American Psychological Association Annual Convention (2008), Simmermon discussed the need for psychologists to acknowledge they are flawed as healers, advising that the more responsibility practitioners take, the better they will be at attending to their clients (cited in Schwartz, 2008).

Further clinical implications.

In light of research discussed in chapter five, and my further suggestion that parasocial relationships may alter attitudes about and expectations of psychotherapy, such relationships are crucial for psychotherapists to be aware of in working clinically with particular clients. Psychotherapists will be working with the projections of parasocial relationships, and for some clients a parasocial relationship may provide the motivation to initiate contact with a psychotherapist. Additionally the literature suggests an anxious attachment style is related to the formation of a parasocial relationship, therefore an awareness and understanding of this connection may help psychotherapists become more attuned to particular vulnerabilities attributable to parasocial relationships.

The findings from this research highlight how important it is for psychotherapists to be curious with clients entering therapy about their reasons for beginning therapy and what they understand about psychotherapy. Having the information disseminated in this research should increase psychotherapists’ awareness of the need to attend to possible influences of on-screen portrayals explicitly in clinical practice.

Limitations of this Research

For the purposes of this dissertation it has been necessary to define film and television audiences as belonging to a “global village”. With this

approach however, American culture becomes universal, and omits further discussion of the different ways film and television portrayals of psychotherapists might impact on different audiences, in particular the cultural context of Aotearoa New Zealand.

Suggestions for Further Research

- This review has provided a brief examination of some of the public responses to *In Treatment*, however further research using data about viewers' responses is imperative if psychotherapists are to truly understand, and effectively deal with, public understandings of the profession and the implications of these understandings for clinical practice.
- Researching the views of the public to psychotherapy in Aotearoa New Zealand is important, given that *In Treatment* has not screened here yet. It would be interesting to explore what informs these perceptions. It could be useful to differentiate between people who have never had psychotherapy, those who had, and how perceptions changed pre and post therapy. The outcome of this study could be used to inform a public relations campaign promoting the value of psychotherapy.
- Some of the subtle differences in the way psychotherapy has been portrayed in *BeTipul* and *In Treatment* have been touched on in this dissertation. Further study into how psychotherapy is thought about in different cultures would be useful. Linked to this, another area for further possible study would be an investigation into what an Aotearoa New Zealand version of *In Treatment* might look like. Such a study may be of particular importance when considering psychotherapy in Aotearoa New Zealand, particularly at a time when indigenous psychotherapies are being considered (see Bowden, 2010).
- Research into the impact on psychotherapists of watching *In Treatment* could suggest other ways therapists learn, in addition to traditional supervision and theoretical input. This could influence training of psychotherapists.

Concluding thoughts

This dissertation suggests that the public is significantly influenced by film and television portrayals of psychotherapists and the practice of psychotherapy. Findings have revealed that since the turn of the twentieth century, psychotherapy has been widely incorporated into film and television largely for cinematic convenience: as a useful tool to deal with

technicalities of the plot, and as an expedient aid for character development. Research has revealed however, that throughout the years on-screen portrayals of psychotherapists have been largely stereotypical. Such portrayals have been considered as reflecting social and political views of the time, as well as dominant ideologies of the era. Importantly, the literature has suggested that these portrayals work on audiences unconsciously throughout their lives, forming a backdrop within which people are acculturated to psychotherapy. Unsurprisingly, a number in the profession have begun to have concerns that as the majority of the public will not encounter psychotherapists on a regular basis, stereotypical and problematic portrayals form people's only understanding of who psychotherapists are and what they do. These concerns are corroborated by research that suggests the way psychotherapists are portrayed on-screen is a direct reflection of how society regards psychotherapy.

Research has emphasized that, in general, psychotherapists have paid little attention to film and television's role in shaping public perceptions of psychotherapy, however given the evidence presented in this review, I submit that the question of this dissertation is one that psychotherapists cannot afford to avoid.

Film and television are an integral part of everyday life. In consideration of the idea that art (or, specifically for this dissertation film and television) imitates and life and visa versa, the literature has proposed that they not only imitate each other, but also mutually influence and shape one another. This cyclical process articulates the way portrayals of psychotherapists and their practice of the profession both reflect and influence public understandings of psychotherapy.

In light of these findings, this review has analysed public responses to the portrayal of psychotherapist Paul Weston in the television series *In Treatment* as a way to evaluate the influence of a contemporary portrayal on public assumptions, thoughts, and feelings about psychotherapy. *In Treatment* was chosen in part because of its unique format; the focus was almost exclusively on the psychotherapy sessions of Weston and his clients, and offered what the literature emphasized was an unprecedented and realistic immersion into the ebb and flow of psychotherapy. Unlike the one-dimensional depictions of the past, the character of Paul Weston in *In Treatment* is a lot more complex and I argue this character is representative of what the literature considers is a trend towards more balanced on-screen portrayals of psychotherapists.

The evaluation in this dissertation has identified a public acceptance of, and an interest in, a psychotherapist as a “real” human being, complete with vulnerabilities and flaws, with whom they can establish a meaningful relationship. The findings were also indicative of reflecting broader anxieties of our time, including a cultural desire for greater human connection and a deep need to be both listened to and to feel heard, in what the literature has described as today’s technologically connected, but emotionally and spiritually alienating climate.

How does this public desire for a meaningful relationship with a humane psychotherapist align with concerns discussed in this review that the psychotherapist’s humanity is increasingly being undermined by powerful corporate pressures including the rise in both pharmacology and short-term therapies? The literature has indicated the intense focus on therapeutic treatment in *In Treatment* represents a backlash against de-humanising aspects of contemporary culture that, I argue also includes a backlash against the de-humanisation of the psychotherapist.

This review has highlighted the need for psychotherapists to be aware of how they are considered in the wider culture. Clients’ distorted perceptions of psychotherapists gleaned from particular on-screen portrayals of the profession will manifest clinically in such phenomena as unrealistic expectations, client projections, and parasocial relationships. As such psychotherapists need to be aware of and explicitly attend to these in clinical practice. Greater awareness of client perceptions and expectations of psychotherapy and a psychotherapy relationship will allow clinicians to be more empathic, attentive and responsive to client vulnerabilities.

I propose though that what psychotherapists initially need to consider for clinical practice is how they have been influenced by these portrayals and what they might learn about themselves from their screen counterparts. The literature has proposed that seeing aspects of themselves mirrored in the portrayal of Paul Weston which, aided by the intimacy of the medium of television, has allowed psychotherapists a particular opportunity to internalize and accept less palatable aspects of themselves not otherwise readily accessed. I conclude that this process can lead to a deeper self-awareness and in this way can be a healing experience for psychotherapists. I believe further awareness and understanding of their own attitudes towards, and experiences of, viewing psychotherapists on-screen will enable psychotherapists to engage more collaboratively with both clients and other colleagues about the possible influence of these portrayals on clinical practice.

Traditionally psychotherapists have been reticent about taking an active role in promoting psychotherapy. However, I argue that in order to redress the accumulated, pervasive effects of distorted on-screen portrayals of the profession, it is imperative for psychotherapists to address the public image of psychotherapy. Rather than wholly reject or disregard these stereotypes, the findings have emphasised the need for psychotherapists to firstly acknowledge and take responsibility for the particular aspects of stereotypes that have some semblance of truth. Furthermore, particularly in our increasingly media-saturated culture, I agree with research that proposes the need for psychotherapists to become pro-active in communicating and advocating a positive, authentic image of the psychotherapist and the practice of psychotherapy. I argue that engaging with the wider culture in this way is essential for psychotherapists if we are to modify internal stereotypes of the profession accrued in the cultural unconscious. Finally, I conclude that broader kinds of cultural consideration are important for the professional development of the profession.

While this review offers much to consider, in the meantime, to paraphrase Gabbard (2001a) paraphrasing Oscar Wilde, psychotherapists can perhaps content themselves with the fact that the rash of films and television programmes made about them reflects that what they do is of intense interest to film and television makers, and to film and television audiences.

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Appendix A

Gabbard and Gabbard's (1992) Categories of Stereotypes

(developed from HBO.com, 2009)

The Libidinous Lecher – *What's new pussycat?*

The Eccentric Buffoon – *Bringing up baby*

The Unempathic Cold Fish – *The deer hunter*

The Rationalist Foil – *Poltergeist III*

The Repressive Agent of Society – *Harold and maude*

The Unfulfilled Woman – *Knock on wood*

The Evil Mind Doctor – *When the clouds roll by*

The Vindictive Psychiatrist – *Dressed to kill*

The Omniscient Detective – *Psycho*

The Dramatic Healer – *The snake pit*

Wedding and Niemiec's (2003) Thematic Classification System

Learned and Authoritative – *Equus, Psycho, Three faces of eve*

Arrogant and Ineffectual – *The exorcist, What about bob?*

Seductive and Unethical – *Mr. jones, Final analysis,*

Cold-Hearted and Authoritarian – *One flew over the cuckoo's nest,
Titicut follies*

Passive and Apathetic – *Patch adams, There's something about mary*

Shrewd and Manipulative – *Spellbound, Basic instinct*

Dangerous and Omniscient – *Silence of the lambs, Dressed to kill*

Motivating and Well-intentioned – *The sixth sense, Good will hunting,
K-pax*

Appendix B

Summary of In Treatment: Seasons and Characters

Season one.

In season one, Paul works from home in an unnamed, mostly unseen suburb, in an office the size of which has been both ridiculed and envied by many psychotherapists in the literature. Throughout the first season Paul is going through a crisis in confidence in his work as a therapist, and in his marriage to Kate played by Michelle Forbes.

The clients.

Monday 9am.

Laura, played by Melissa George is a thirty-year-old anesthesiologist who entered therapy a year before to resolve her ambivalence about her impending marriage. Her feelings are complicated by her claims she is in love with Paul. Paul struggles with feeling attracted to Laura.

Tuesday 10am.

Blair Underwood plays Navy pilot Alex who enters therapy after a recent brush with death and a disastrous mission in Iraq, although he insists neither have had any effect on him.

Wednesday 4pm.

Young teenage gymnast Sophie, Mia Wasikowska, comes to Paul's office initially just to get him to validate her sanity on her insurance document after an accident on her bike where she rammed into the side of a car. The accident meant her chances of qualifying in the United States Olympic team were dashed and this as well as her complicated family relationships and general unhappiness sees Paul coax her into regular therapy.

Thursday 6pm.

Amy and Jake played by Embeth Davidtz and Josh Charles are a sexually passionate couple who are troubled in all other areas of their lives. Amy has a successful career, Jake is a struggling songwriter who struggles with the power differential and is easily angered. They have been struggling with infertility for five years and when Amy finally becomes pregnant is unsure if she wants to have the baby.

Friday 7pm.

Paul goes to see Gina Toll played by Diane Wiest. In the early sessions it is not clear whether Paul is there for supervision or therapy. As the season

progresses the audience learns that Gina used to be his old therapist and as Paul becomes more troubled becomes so again.

Season two.

Season two begins with Paul having recently divorced his wife Kate, and having moved from Maryland to a brownstone in Brooklyn, New York. Here Paul is rebuilding his practice and is dealing with a lawsuit filed by the father of Alex, his patient who died at the end of last season. Dazed and distressed, Paul takes on four new patients again from Monday to Thursday and on Friday commutes back to Maryland to continue his own sessions with Gina and visit his children.

The clients.

Monday 9am.

When Paul hires a lawyer he finds himself in the hands of 43- year-old Mia played by Hope Davis who 20 years earlier was one of his first patients where the therapy did not end well. Mia has successful career but is struggling with being childless and single.

Tuesday 12pm.

April played by Allison Pill is a fiercely independent architecture student who comes to Paul's office not believing in therapy but is dealing with a diagnosis of cancer but cannot bring herself to start chemotherapy or tell her family or friends.

Wednesday 4pm.

Oliver is an overweight 11-year-old boy who is in emotional crisis trying to deal with his parents' vitriolic divorce. While Oliver is really Paul's client, Paul also sees his parents. In these sessions Paul struggles as he is reminded of his own broken marriage.

Thursday 5pm.

Walter played by John Mahoney is a chief executive of an international conglomerate who comes to Paul for help with panic attacks. Walter's company is under attack, his daughter is involved in dangerous volunteer work in Rwanda but he does not see the point in talking about his feelings and is only turning up each week to placate his wife.

Friday 6pm.

This season, in the first week, Paul and Gina define their relationship; how they are going to relate to each other and what they are going to do.