



## GRAAT On-Line issue #6 December 2009

### Trapped *In Treatment*

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Based on the successful Israeli drama *Be'Tipul* (Season 1 in 2005; Season 2 in 2008), the HBO series *In Treatment* (Season 1 in 2008; Season 2 in 2009) invites spectators to eavesdrop on private therapy sessions. In each 26-minute episode, psychotherapist Paul Weston (Gabriel Byrne) treats a different patient (or, in one case, a couple). Paul treats his patients four nights a week (Laura the doctor on Monday, Alex the war pilot on Tuesday, Sophie the teenaged gymnast on Wednesday, Jake and Amy the confused couple on Thursday), and devotes the fifth weeknight to getting help for himself from his supervisor, Dr. Gina Toll (Dianne Wiest). The viewers, like Paul, meet the patients in this invariable order, each on their ascribed day, over nine weeks in the first season of the series.



This paper will analyse how patients, therapists and spectators alike are trapped in a system that encloses them in the same space (the same room, the same couch), in the same stretch of time (26 minutes) and in the same belief that “talking” and “listening” may uncover some truths about the life they lead outside the room.

Trapped *In Treatment*, the spectators keep switching from a patient's perspective (projecting their own turmoil in a process of filmic identification and transference) to a therapist's (decoding the acts of language). The series constantly exposes its strategies of concealment, hinting at real lives we never see and explicitly interrupting narratives—always displaying secrets, but endlessly postponing their disclosure. On the other hand, the series offers a treatment against entrapment, against power and authority. If psychiatrist Paul Weston refuses to be trapped by his patients, he is in turn demystified and questioned by Gina (his supervisor) and by the spectators. As the episodes progressively free themselves from Paul's office, so are the spectators freed from Paul's supposed superiority and authority. However, through the different versions of the same tale it offers and a crafty meta-televised discourse, the series turns us into viewers/voyeurs more or less trapped into the illusion of the show. In a series in which the main action is language—a way of TV telling one had almost forgotten—words appear as traps which constantly reformulate what took place, thus organizing the fleetingness of real events and encouraging the viewers in their desire to know *more*, to see and hear forever *more*.

In the early episodes, the psychiatrist, his patients and the spectators find themselves prisoners of time and space. As the credits unfold, the close-up of a water pendulum stresses this, while also pointing to the fact that we are entering the fluid realm of feelings. As patient Alex says: "I once read that, in psychology, water means emotions". We are first trapped by the inescapable running of the 26-minute of real time that each episode lasts, without any ellipsis or break—except for the brief credit titles which usually interrupt our immersion into the narrative just one minute after the start. At the end of some sessions, Paul (or his patient) states "Our time is up", metafilmically echoing the end of the episode for the viewer. When patients regularly ask Paul "How much time do we have?", they reproduce the anxieties of the spectator who does not want the episode to end. The series displays a deep consciousness of the time that is left until the session ends... and the episode comes to a close. Addiction to the series is dramatized as patient Laura, having arrived ten minutes late for her session, begs Paul: "I was late, give me more minutes". Both

Laura and the spectators are then disappointed to hear him reply: “I’m afraid I can’t, I have to be somewhere else”. However, the series emphasizes real time not only to reflect on addiction and frustration, but also to dramatize boredom and thus generate reality effects. Some episodes start with quotidian details (such as a patient trying to reach his wife on the phone and the ensuing awkward silences), which put the viewers in the same position as the shrink who must face very dull moments in real time, with no possibility of escape.

Paul often advocates the creation of a “safe” space in which the patient can confide. However, this “safe” space can quickly turn into a trap for everyone. The setting—Paul’s office—is intimate, enclosed, somehow stifling, removed from the “real world”.



Alex often attacks Paul on the matter: “People like you live in a bubble, in theories: you don’t engage”. Ironically, Paul will accuse his supervisor Gina of the same thing, as he describes the beautiful room in which she welcomes him: “Can you help people if you live in a bubble? I don’t want to end up like this”. Paul is aware of the threat of entrapment, a threat which looms over therapist, patient, and viewer alike. The bubble of the room becomes an enclosing theatre stage which a patient enters through a door on the right and leaves through a door on the left, having evolved through talking in the meantime. This stage-like room becomes the centre of the drama. To be heard and seen, a character has to pass within it. Paul’s wife Kate complains to her husband: “What happens in this room is more important than me”.

Paul turns from being a prisoner of his job to a prisoner of his room, even starting to sleep in his office when Kate admits to having an affair.



This entrapment is enticing and contagious. Young Sophie tells her father, who wants to invade the privacy of her sessions: “I want you to leave now. It’s my therapy. Mine.” Sophie appropriates her therapy, the moment and the room, all at the same time. Paradoxically, to be entrapped with Paul means to free herself from her family, Oedipus complex and inhibitions. The room becomes a stage where the talking process encloses but liberates, just as the viewing process traps the spectators into identification but also encourages distance through the multiple mirror effects it creates.

According to Freud,<sup>1</sup> secondary identifications allow us to play the parts of many people at the same time. Because of their Oedipal origins, these identifications always remain extremely ambivalent, prone to expressions of tenderness or violence. Film theorists, such as Christian Metz, have insisted on several analogies between the movie-goer and the subject of psychoanalysis. In primary cinematic identification, the spectators identify with their own gaze. In other words, we experience ourselves as the privileged subject of the show.<sup>2</sup> In secondary cinematic identification, the spectators identify with the characters as figures of the self within the fiction, and as the focuses of emotional investment. As opposed to preconceived ideas, the spectators will not identify with a character because he/she is likeable, but because

he/she is inserted in a certain situation or narrative structure which calls for identification. Identification is, in fact, less a psychological consequence than a structural one.<sup>3</sup> Consequently, secondary cinematic identification is not a stable phenomenon: its focus changes several times during the film—whenever a new situation arises.

The mechanisms which regulate identification in film are closely linked to editing, since this process offers the spectators a multiplicity of points of view in the course of one scene. It shapes space by alternating shots of action and reaction, notably with the shot/reverse-shot technique, which consists in showing first a given field, then a spatially-opposed one. This process seems to be at the very root of secondary identification in the cinema, as it constantly shifts the focus of emotional investment. Identification with a character requires a back-and-forth move between a shot and a reverse shot, between the focus on a character and the focus through the eyes of a character.<sup>4</sup> The spectators must see the character's appearance before they can interiorize the character's own gaze. They should be able to identify with themselves "as pure act of perception" and, therefore, see the characters, before being able to identify with them. Lorne Buchman persuasively considers that this action/reaction structure specific to film creates a space unknown in the theatre: the spectator is enabled not only to see through the eyes of the characters, but also to "travel the intimate space between those eyes".<sup>5</sup>

In the series *In Treatment*, if the spectators become psychotherapists listening to the patients' problems, Paul is placed in the position of a TV spectator who projects his/her feelings on the characters; as he tells Gina, "I care for my patients, I identify with them, I empathize". This position does not come without voyeurism. As patient Laura details her last sexual encounter in the toilets of a bar, she asks Paul: "Is it disgusting, what I'm telling you?" He immediately replies: "No, go on". His wish to hear, to learn more, to identify and project his thoughts becomes ours, in an illustration of mimetic desire. "I'm very interested in what you're going to say", he tells Sophie. Paul becomes a mirror reflection of the spectator who eagerly follows characters from one episode to the next and tries to decipher their psyches. He is

supposed to know his patients better than their own kin do. After Alex's death in a plane accident, Alex's father highlights this:

- Did Alex tell you things that he didn't tell anyone?
- That's the case with all my patients.
- Then you knew Alex better than anyone did".

But this is not completely true. The spectators, who have followed every session, are also supposed to know Alex better than "anyone". This conflation—or confusion—between the viewers and the psychiatrist allows the TV series to immerse us further into the story by making the very process of identification *diegetic*. With Paul, the viewers have an *alter ego* in the story itself. Paul is, for instance, relieved to see Alex the pilot come back for his second session after having left for Iraq: "I was a bit worried when you left last week". Alex reassures Paul (and, through him, the viewers) at the end of the session: "Don't worry, I'll keep you posted" before closing the door behind him and ending the episode.

The patients even question their status as performers in Paul's eyes. Amy asks Paul if he has favourite patients, if he finds some more "fun" than others, some easier to work with. In doing so, she echoes the anxieties of each actor as he or she performs before the film director and audience. Paul's authority is thus reinforced: he appears as a fatherly figure prompting admiration, while simultaneously encouraging erotic transference. In the first episode of the series, Laura admits her love for Paul: she has been attracted to him for a year. The psychological transference that the story relates is repeated on the aesthetic level through the very process of editing, i.e. the regular alternation between a shot of the psychiatrist and a shot of the patient, which induces identification for the viewers. The aesthetic process of montage generates mimetic desire: the character on screen becomes an external role model which the spectator wants to imitate by desiring the same object. Film creates a triangular structure of desire in which we see Paul through the dotting eyes of Laura and, therefore, desire him; and in which we see Laura through the caring eyes of Paul and desire her.



The spectator is thus led to identify alternately with both the desiring subject and the desired object. Diegetically and aesthetically, *In Treatment* entraps us within projection and addiction.

A *mise-en-abyme* of filmic identification takes place when Paul describes to his supervisor how he believes Laura sees him, and then describes how *he* sees *her*. The scene reproduces verbally what film achieves through a back-and-forth move between objective and subjective vision. Gina plays the role of the third party, at the spectator's end of the triangle, thus embodying the very process of mimetic desire. This endless reflection of the gaze appears in Paul's words as he meditates on his plight as a betrayed husband: "I've seen so many patients in this situation that it feels like *déjà-vu*". It is, indeed, *déjà-vu* for the viewers, since we have seen Paul act in front of Gina just as his patients have been acting in front of him. Paul, Gina and the viewers form another triangle in which the positions of spectator, patient and psychiatrist are never stable, but keep oscillating through the very process of filmic identification.

This trap of identification and mimetic desire is reinforced through narrative interruption, which leaves the viewers in a state of frustration, prompting their desire to see, to hear, to know, to love *more*. Paul, who urges Alex to voice his problem, is rebuked by a patient who wants, on the contrary, to take his time: "You have no patience!" – a comment which also applies to us, eager as we are to know the bottom line of Alex's dilemma. The patients reveal their lives and secrets only bit by bit, session after session, sometimes even denying what they had disclosed a week earlier. The ellipsis of a week (which operates both diegetically for the characters and

extra-diegetically for the viewers) justifies a narrative discontinuity which allows for dramatic changes from one session to the other, but in ways that remain credible.

Constantly interrupted is the romance between Paul and his patient Laura. In the first episode, Paul clearly states to her that, as her therapist, he is “not an option”. Nevertheless, in the following sessions, the romance develops... and is thwarted at the same time. When she asks him bluntly if he wants her, he comes back with a “no” which seems definitive. But from his sessions with Gina, it is obvious that he is already obsessed with her. From denials to confessions, from shy embraces to aborted kisses, the two characters challenge each other, as well as the viewers’ expectations. This form of teasing, which forever postpones the fulfilment of desire and the completion of the romance, is reflected in Laura’s words: “This isn’t impulsive; this is the longest foreplay I have ever experienced”. The series succeeds in trapping us in space and time, and in a voyeuristic situation that revels in narrative deferment and almost literal *coitus interruptus*.

Throughout the season, Paul tries not to be lured by Laura into abandoning his role as a psychiatrist and taking up that of the lover. But he also has to avoid the trap of becoming *too much* of a psychiatrist, one who would tell his patients exactly what to do with their lives. He has to navigate between two extremes – full authority and uselessness – between giving definitive answers (“You’ve trapped me into a corner. But I can’t give you the answer about whether you should have an abortion or not”) and denying the value of what he is offering. The patients swing between a childish belief in Paul’s capacities, often pushing him into finding simple solutions quickly, and nagging doubts regarding the benefits of psychological treatment. Paul’s profession is often debunked in their attempt to free themselves from any ascendancy: “With you, it’s all about my father or my mother; come on, you need to move forward, man”. The whole series, in fact, asserts that the position of the psychiatrist is but subjective and questionable.

Different people literally claim the therapist’s seat, which can be seen as an inset equivalent of the director’s chair. Young Sophie asks Paul “Can I try the chair?” (which she does), while Paul himself tries to take his supervisor’s seat at the start of their first session, before being reminded by Gina, “That’s where I sit”.





In this blurring of roles, the position of authority keeps fluctuating and appears relative. Paul regularly admits his various weaknesses to Gina (“I’m losing my patience with my patients”). In this reflection on boredom (which is paradoxically turned into TV entertainment), the spectators are led to understand the difficulties of a doctor who has to listen to the problems of others while having to deal with his own domestic torment. Paul is turned into a patient like any other, who metadramatically repeats the pattern we witnessed in his office: “I know I tell my patients that you shouldn’t blame each other like it’s the simplest thing, but here I am and I can’t stop blaming”. Ironically, he also expresses the same denial of psychological explanations as his patients: “Do you think I’m repeating my father’s mistakes, Gina? Do you honestly believe in this bullshit?” As Paul decodes Gina’s analysis to demonstrate how simplistic it is (but is it?), he also metafilmically gives insight into the screenwriters’ ability to create psychologically coherent characters, deep enough for their personalities to sustain analysis as the product of a (fictional) past. The series thus deconstructs the processes of psychoanalysis and screenwriting at the same time. This is humorously turned to the screenwriters’ advantage as Paul says to Gina, of his patient Amy: “I don’t think she can be known. There are some patterns, but I cannot *shrink* her”, thus acknowledging the complexity of her conception.

The series reflects not only on the construction of a fiction that looks like real life, but also on the construction of one's life as a fiction. Under Gina's gaze, Paul becomes the teller and screenwriter of his own existence: what he reveals about his wife is not entirely truthful. He says that Kate has told him everything about her new lover:

- She screws him, blows him...
- She told you that?
- Absolutely."

But the viewers, contrary to Gina, know for a fact that Paul is extrapolating from his wife's much more modest revelations. The series thus turns us into omniscient super-shrinks: our knowledge of the fiction gives us insight that neither Gina nor Paul can ever achieve with their respective patients. This questioning of the psychiatrist's ability to see through others is also emphasized by giving *patients* the power to decode situations far better than therapists. Paul's wife, in a joint session with Paul at Gina's, guesses her husband's infatuation with a patient through a mere exchange of glances between Paul and Gina, and offers a crude, but rather accurate interpretation of events: "Paul, isn't it embarrassing? You study the human conditions but you end up following your dick around like a caveman?" In a similar way, Laura understands exactly how Paul thinks she sees him and puts it right: "You think I see you as a superman; but I don't, I see you as you are". The series asserts female intuition as sometimes far sharper than psychoanalysis, while demystifying the position of the therapist.

The idea of the shrink as a "superhero" is often brought forward, only to be immediately denied and debunked. Alex, in his wish to evade Paul's disturbing questions, turns his sessions into fights about who is top-dog. First asserting Paul's desire for superiority—"You never want to talk about yourself because you want your patients to believe you're superhuman in this inner sanctum"—he then reveals that he knows all of Paul's dirty little secrets (his wife's affair, his old father sent to a second-rate hospital, his attraction to Laura), justifying this inquest into Paul's life by the mere refusal of authority: "Either I accept that you're some kind of God or I use

my intelligence and do a little investigating". Paul's violent reaction reveals him to be an emotional man, oblivious of his role as an analyst—exactly what Alex had intended to provoke him into.

On numerous occasions, we actually witness Paul behaving in an angry, boorish or childish way, especially with his wife, as well as interacting very awkwardly with his children. When his teenaged daughter Rosie snarls "You always ask the wrong questions!", Paul replies "OK, so *what* questions *should* I be asking?". The series displays the gap between the role of a parent and that of a psychiatrist, revealing Paul as inadequate and lost even in his position of *pater familias*. This liberation from a supposedly god-like, authoritative figure comes with a progressive, spatial liberation from Paul's office. The outside world is a space where the patients live their lives away from Paul's (and generally the viewers') inquisition. Paul admits this loss of control to Gina: "You say that we are therapists and we can't live our patients' life for them. Once they walk out the door, they're on their own, yeah?" The patients' lives outside the episodes can only be imagined and reconstructed by Paul and the spectators in a craftily imposed frustration that invites us to learn forever more about the characters. As we move along in the series, more and more episodes feature sequences which take place in the outside world, away from Paul's sphere of influence.

When Paul decides that he cannot grant Laura more time (even if she arrived late for her session), the episode moves from inside to outside, following Laura as she leaves Paul's house and bumps into Alex, who has shown up on the wrong day for his session. The breaking of the episodes' usual pattern—with the colliding of two patients that normally come on separate days—announces the subversive move of meeting and conniving away from Paul's office and beyond his control. As Alex puts it to Paul: "It's a delicate situation for you when patients meet". Laura deliberately attempts to make Paul jealous by starting an affair with Alex and having him come and fetch her after a session. As Paul looks through the window and sees Laura kissing Alex, Laura, knowing that she is the focus of his gaze, overplays the kiss, reflexively displaying her status as an actress and turning Paul into a TV viewer watching a show in a space he cannot control.



The “out-of-the-office” sequences also upset our preconceived ideas about the patients’ environment. As Paul attends Alex’s funeral ceremony, we discover a part of Alex’s life that had been hidden from Paul’s view and ours—his wife, his father, his stepmother, his children, his gay friends—people we had heard about and imagined, taking our cue only from Alex’s description. The series stresses the discrepancy between different points of view and reflects on the subjective construction of reality, constantly casting doubt over what we hear the patients say during their sessions.



The series openly reflects on this subjectivity. When Paul tells Gina about the funeral ceremony and his meeting with Alex’s family and friends, he admits: “We think we know them, but we only know reactions to them or versions of them, idealized or vilified”. The series thus presents the therapy episodes as explicit pieces of fiction, which we have to apprehend as such. Even Paul admits being absolutely mesmerized by Laura’s narratives: “God, how she can weave a *tale*; she goes into

these vivid, explicit details". Words are revealed as conveying only a discourse on reality, as creating fictions whose truth is never completely settled.

The series dramatizes the actual dangers of the constant reinterpretation of what has been said, with words feeding on words and ending up being disconnected from the initial emotion and situation. Kate feels that she has become a prisoner of a "doctor/patient" pattern with her husband Paul—a situation in which every word has to be scrutinized ("Why does everything have to be explained?" she asks him). To free herself, she starts commenting on what *he* says: "Everything we say has meaning, that's your line. So why did you reply 'I love you ... for now'?" But this only feeds the cycle of interpretation that will ultimately end their marriage.

The spectators are offered different versions of the same tale which trap them in constant narrative deconstruction. If, according to Paul, "The patients are always wrong" and the psychiatrist has to "try to uncover what they hide", the spectators are also offered false leads to be deciphered as such: a patient can give his version of an event before proposing yet another version of it in an endless narrative palimpsest; Alex and Laura alternatively give Paul their own take on their affair in a kaleidoscopic rewriting that includes differing points of view on the same situation; Paul tells Gina his patients' stories, offering a metanarrative take on what we have already heard. The series creates fictions only to have them analysed, deconstructed and confronted in a *mise-en-abyme* of discourse and script writing which nurtures the instability of truth and reality. Even Paul begins to wonder if what he is hearing (in treatment) bears any connection to reality: "Do I really know all these people, or are they all just one big fiction that I've constructed in my head?" — a nod to the fact that we are, indeed, watching fiction.

This *mise-en-abyme* of the TV show culminates in such moments of denegation, in which the viewers are immersed even more deeply in the fiction, precisely because the construction of illusion is suddenly unveiled. This unveiling concerns every stage of the process—the status of the TV viewer, actor and author alike. For instance, young Sophie mentions the TV show "This Is Your Life" that her mother watches all the time—a title which directly hints at the issue of reality vs. fiction. The reference to another TV show may uncover *In Treatment* as a TV series or it may encourage us to

feel that what we witness is real – the notion of fiction being attached only to “This Is Your Life” – as if pure fiction could not talk about fiction. The same ambivalence can be found as Paul reminds Gina “You said once that we didn’t have any audience to judge us”. Paul here denies the presence of TV spectators, enclosing the series into a protected reality of its own, while making us aware of our status of viewers/voyeurs who have been attending the sessions and assessing Paul’s ability as a therapist all this time.

At the beginning of Paul and Kate’s first joint session, we see Gina preparing everything for their arrival. In a reflection of the show as a staged performance, we see her decide on the setting and props, and sigh, as if out of stage fright. Gina is disclosed as an actress when she enquires about her ambiguous status as Paul’s unofficial supervisor: “What role have you assigned me? I’m trying to figure it out, but I’m failing”. But this “failure” to find one’s role may also be a sign that everything is *not* fiction; that everything is happening for real. This ambiguity is made even more prominent as patient Jake finally understands the origin of his problems. Ironically, the light dawns on him during a power blackout, leading him to say: “You know, if this was a movie, the lights would come on right now”. But, at that very moment, the episode ends, fading to black. This second irony may prove that the events are not part of a fiction, that the lights will not come on at a significant time for the story – but it is also an explicit demonstration of how different TV series are from feature films. *In Treatment* asserts that it is no *ordinary* movie, that it follows other writing codes, which are far more in touch with real life – including quotidian details that are not necessarily meaningful.

The status of the writer is also openly acknowledged during a session at Gina’s, as Paul regrets being unable to wield more control over his patients’ lives:

- “- You know who I envy? Writers. They create these characters that they want to spend time with, and then they decide if they’re going to let them live or die, or let them be happy or unhappy, let them be failures or successes.
- You mean you want to write everybody’s story for them?
- Mind you, I think I’d be a shitty writer. I’d want to give everybody a happy ending.”

He then mentions Alex's premature death ("It's not the ending I would have written for him"). In this overt discourse on fiction writing, Paul discloses the illusions of the script while drawing a veil over his own status as a mere character in a show, thus protecting the series' main frame of illusion.

These comments by Paul are symptomatic of the whole series. If Paul is good at decoding tales, he cannot apply this analysis to his own self, and never sees himself as a construct. Similarly, at the diegetic level, he is shown as an excellent therapist for his patients, but as a man incapable of dealing with his own life and subconscious desires. He finally admits that, as a psychiatrist, he "cannot say" if his patients "are better off after their therapy". In this metanarrative assessment of the first season of the series, Paul admits that he is neither the master nor the scriptwriter of his patients' lives. The level of ultimate authority is never reached, just as the characters' subconscious remains (obviously) sealed. Disclosure is forever postponed through denegation and the constant analysis of what is being said, which only gives the illusion that we *might* get there. The last words of the first season—an exchange between Paul and Gina—reveal the melting of any action, of any reality, into a discourse that can only feed upon itself, never reaching the ultimate truth about who is in charge of the script, or the ultimate truth about oneself:

"- What's left for me now, Gina?

- We'll have to talk about that."

The future is turned into language, and the series ends on the promise of more words. Language appears as the ultimate trap which builds a strong impression of reality but which also erects a boundary between us and this reality. *In Treatment* seems to dramatize our failure to ever know ourselves through language, enacting the paradoxical transformation of verbal exchanges which are supposed to be linked with life, real events and trauma, into fictive constructions or, as Hamlet puts it, into "words, words, words".

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### NOTES

<sup>1</sup> See Freud, p. 74-78.

<sup>2</sup> See Metz, p. 69.

<sup>3</sup> See Aumont, p. 81.

<sup>4</sup> See Vanoye, p. 146.

<sup>5</sup> Buchman, p. 25.