Chapter 6

Fractured Identity: In Treatment as a Symptom and Reflection of Contemporary Emotional Culture

Alejandro N. García Martínez and Alberto N. García Martínez

Introduction and Methodology

In 2005 Be Tipul premiered on Israeli television; it was a novel series both because of its subject matter—psychotherapy—and because of how it was produced—as a nine-week daily series in which each day of the week focused on the same patient. The originality of the show rests in the fact that the viewer can follow the story linearly by watching all the episodes or vertically by only watching, for example, the Monday character.

Psychotherapy, traditionally reserved to professional secrecy, had never before been so central in television fiction. As Gabbard and Horowitz explain (2010), “The cornerstone of psychotherapy is confidentiality, and patients who consent to have their psychotherapy videotaped and observed by others give up the fundamental right to privacy” (27). Therefore, Be Tipul became a fine example of postmodern hyper-visibility in which nothing can hide from the camera’s eye, that “visual communion” elevated, in the words of Inbret, to a “new form of sociality” (Imbert 2003: 71). However, new rhetoric and narrative strategies converted sentimental showmanship—so typical of similar television dialogues, such as talk shows—into a paused reflection.

Three years later, while Israeli television aired the second season of Be Tipul, the highly regarded American cable channel HBO aired a remake, starring Gabriel Byrne, under the name In Treatment. Besides the soap-opera, a genre with far less

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1 The authors recently published an article about In Treatment, focusing on “television studies,” in a Spanish journal: “In Treatment, un western de sentimientos,” La balada de la modera, no. 5, 2011. It features a study of the show’s three seasons and differs from this article in both its focus and methodology.

2 In the new golden age of Anglo-American television fiction, there are two especially noteworthy elements: a) the constant innovation in story-telling form (Lost, Damages, or 24) and b) the amplification of the visible (violence, sex or death), especially in the shows on premium cable networks like Showtime and HBO. The latter, in addition to The Sopranos, Six Feet Under and The Wire, broadcast the three seasons of In Treatment (2006–11).
narrative and aesthetic aspiration, American television had never before dared to produce a dramatic, daily prime-time series (in this case Monday to Friday at 9 pm EST).

Recycling characters, Dr. Paul Weston's practice is filled with patients from the original version: Monday mornings he sees Laura, a beautiful anesthesiologist who, after a year of therapy, claims to be in love with Dr. Weston; Tuesday he treats Alex, a military pilot unable to feel guilt after killing several children during a mission; Wednesday's session involves Sophie, a suicidal fifteen-year-old gymnast; on Thursday there’s Jake and Amy, a couple in crisis. In addition, during each episode the audience briefly glimpses the rest of Paul's family, revealing some clues about his domestic problems. Given his many familial and professional complications and conflicts, on Fridays Paul assumes the role of patient and goes to see Gina, his old mentor and psychiatrist.

If the first novelty of In Treatment is to focus exclusively on a subject rarely treated in television fiction and to do so through a daily format, the second major innovation involves an expansion of the subject boundaries represented in television fiction. Employing a clinical approach to identity issues, and the pervasiveness of emotions there involved, makes this series a sociological reference, an important representation of “emotional culture,” which is a central, regulating concept of cultural values and contemporary lifestyles. Because of these two singularities, the series owes its success to how it reflects the way people cope and manage their emotions in today’s society.

Thus, this chapter begins with the idea that one can indeed detect predominant cultural traits and values that lead to specific trends or lifestyles, and that are often proposed as socially binding norms, through the study of visual fictions. The presence of emotions and a description of how characters manage and face them contribute rich cultural information ripe for analysis (Rodríguez Salazar 2008).

Here we propose an analysis of the first season of the television series In Treatment (HBO 2008) as a reflection and symptom of the therapeutic-emotional style of our culture, characterized by the growing presence of emotional speech in all fields of social life. The analysis and the relationship between this television program and our emotional culture will be developed on three levels:

- A quantitative examination of the script’s text and of the dialogues in the series where emotions constitute the central theme
- A study of the narrative and rhetorical characteristics of the text with the use of film resources and strategies that appeal to the audience’s emotions and identification with the subject matter, and
- A study of the literalness of the content and of the narrative form that make it possible to achieve a higher abstraction when they are used in a specific cultural context in which the two previous levels acquire a broader meaning. Both the textual content and narrative form can be studied as indicators of a particular socio-cultural ethos (an emotional-therapeutic style), which shape the use of rhetorical strategies, the topics chosen, and the wording of the dialogues in the script.

Obviously, these three levels of analysis are intertwined and it is difficult to go into any of them without reference to the others. In this chapter we have chosen a deductive method, that is, to go from a general plane to a more concrete one. This method begins with a characterization of the contemporary emotional style and moves on to the analysis of In Treatment as a product representative of society’s emotional-therapeutic culture, both in its narrative and rhetorical strategies and in its content.

The Therapeuticization of Social Experience

Like other arts, audiovisual fiction can be at once a reflection of and a normative guide for social life. Often, social traits and predominant values—which are specific trends or lifestyles that are symptomatic of social life and become socially binding—emerge from the study of these fictions. In Treatment exposes some of the most singular expressions of contemporary Western lifestyle, a lifestyle summarized by the concept “emotional culture,” which refers to, among other things, the growing presence of the emotions and of therapeutic discourse in all spheres of social life. And In Treatment is built on emotions and therapy.

The inclusion of emotional and affective aspects in social research is a relatively recent phenomenon. With a few notable exceptions (cfr. Weber 1992, Elias 1993), emotions have been relegated into the background for much of modernity largely because of the undisputed, decades-long dominion of a rationalist and utilitarian paradigm in which affective aspects were labeled as irrational. As highlighted by Berlant (2000), the social sciences have incorporated an affective element into sociocultural analysis on three levels: first, through the sociological analysis of emotion, e.g. Kemper (1978, 1990); secondly, with a growing presence of emotions in social studies—for example, in the work developed by Hochschild (1979, 1983); and finally, through the revision of the core categories of sociological theory from the point of view of the emotions (Scheff 1990, 1997).

Despite nascent interest in the emotions in social research, various perspectives have already highlighted the central role that the emotions play in contemporary societies due to the emotions’ large heuristic capacity. Emotions, by their nature, include both cultural and cognitive aspects, as well as evaluations, physiological changes, and, ultimately, they generate practical dispositions (Roberts 2003, Nussbaum 2003, Illouz 2009, González 2011). Because of this inner wealth, the emotions are an especially appropriate anchor for social study and are revelatory of contemporary social structure. Different disciplines have focused on emotions, but the latest multidisciplinary research attempts to integrate them into a less rigid analytical framework. Thus, clinical psychology admits that an emotion can be based in a situation or experience, a thought or an image, in addition to admitting that emotion is experienced with a feeling of pleasure or displeasure (affective
valence) that also has behavioral (running away, approaching) and physiological manifestations (Remplein 1974, A.A.VV. 1999).

The medical characterization of the emotions is compatible with the one done from the point of view of sociology, as, for example, Elster proposed: emotions are supported by cognitive antecedents, induce physiological changes, are accompanied by pleasure or pain, are directed toward an intentional object and, therefore, imply tendencies destined to perform certain actions (Elster 2002: 299 and ss.). For his part, Solomon says that emotions are "similar to beliefs" because "emotions are judgments, normative judgments and, often, moral judgments" (Solomon 1992: 328). In the same line of thought, Nussbaum concludes that emotions "involve judgments about important things, judgments in which, appraising an external object as salient for our own well-being, we acknowledge our own neediness and incompleteness before parts of the world that we do not fully control" (Nussbaum 2003: 19). Also, the philosophical perspective has emphasized the judgment or opinion which an emotion carries with it, as well as its dispositional character (Thomas Aquinas 1964, Aristotle 2003).

All these attempts to conceptualize the emotions point at the dispositional and operative corollary (reasons for action) that the emotions themselves contain. In fact, a great deal of reflection, done from the point of view of the sociology of emotions, emphasized the cognitive parts of the emotions, as well as the tendencies toward or promoters of practical action (Rodriguez Salazar, 2008). The concept of emotion, then, simultaneously presents an ability to trigger action and, in turn, is defined—at least partially—in what affects its cognitive components—by conditioning social structures (Ortony et al., 1996).

Emotional culture, a new concept that makes reference to the specific and predominant cultural mode of contemporary societies, has been developed from the study of emotions in a broad sense (Furedi 2004). Eva Illouz is among the authors who has most studied the "emotional style" typical of contemporary culture; in her last book she characterizes it by a wide variety of cultural content and forms that express a strong "concern" for certain emotions. Simultaneously, this cultural style includes "techniques"—linguistic, scientific, narrative rituals—for understanding, managing and dealing with the emotional aspects of life (Illouz 2008). In this regard, this new cultural style has been built on the infiltration and movement of emotional speech from clinical psychology (therapy) to a host of social areas, merging finally into popular culture itself.

The penetration of therapeutic discourse and the progressive importance of emotions in contemporary individuals' lives can be traced in various contexts. Even in the economic sphere, supposedly governed by rational and utilitarian criteria, it is possible to identify a transformation in the performance of professional roles, in the very management procedures, and in business leadership. Thus, contemporary corporations have expanded their control and supervision of their employees to include basic emotional aspects (Kunda 1992). Increasingly, job satisfaction and the employee motivation are seen as chief conditions in properly executing work tasks. Similarly, as seen in Mayo's studies (1949) and the Human Relations School,

more and more attention is placed on personality aspects that influence leadership and the smooth running of a business. The proliferation in recent decades of semi-popular literature that proposes a psychologized version of how to be a leader or have business success is a sign and example of the centrality of the emotions and of the therapeutic perspective (Booth 1988, Illouz 2008: 758). In sum, the growing importance of issues such as empathy and communication skills in the field of management is especially indicative of the new therapeutic style that has decisively made its way into the economic sphere.

This therapeutic-emotional style is the cornerstone upon which most of the narratives that define today's intimate relationships rests, whether they be in the realm of sex, family or friendship (Illouz 1992). The family, for example, changes its previous objective as an institution aimed at procreation and socialization of new generations for quite another, one where individual needs are primary and one which demands "wellbeing" (understood as emotional wellbeing). The gender division itself is diluted, and the male is allocated a role with demands for expression of affection and much broader and better defined actions of emotional care. Consistent with this cultural style, partner relationships are also transformed in the direction of greater relevance of individual "needs," for the relationship to remain stable said needs must be satisfied. Moreover, the very definition of individual "needs" is articulated with a kind of psychological introspection that digs to find the "real" self so typical of our romantic heritage (Taylor 1996), a "self" which could be "free"—in this conjugal context—of all exterior constraint. In short, the language of therapy has become a "cultural resource" common to the vast majority of individuals in contemporary societies. Through the concepts and operational standards of therapy people define themselves, their relationships with others, and establish strategies to achieve personal or social goals. Therapeutic language is part of the emotional style of our current culture and is based on the prevalence of the emotions and their management. Following this characterization of the ruling therapeutic and emotional style, In Treatment represents an ideal case for cultural analysis of contemporary society. As advanced above, it allows for an analysis of the therapeutic and emotional style of our time on three levels: textual content, narrative and rhetorical strategies, and finally, its nature as a cultural product that reflects the relevance of emotions in contemporary societies.

The Textual Presence of the Emotions in In Treatment

In Treatment stands on the externalization of emotions through dialogue. Thus, the ubiquity of textual references to various emotions must first be considered in order to show the convergence, in form and content, of this series with contemporary emotional culture. The attempt to codify the explicit presence of emotions has two basic drawbacks, one conceptual and one operational. The conceptual difficulty lies in selecting the emotions that will be considered in textual analysis, given the general lack of consensus on how to categorize or classify types of emotions and feelings. The operational problem, related to the above, appears when one tries
to classify the selected emotions, since the range of concepts and terms used to reference any of them can be quite large.

Regarding the first problem it is clear that the debate on the existence of basic emotions is far from complete. For the purposes of this chapter, the authors have opted for a basic procedure used by Richins (1997) in one of his methodological steps for annotation of primary emotions: based on the textual content of the dialogues in the series, the authors identified descriptors used to reference a kind of emotion. Subsequently, these descriptors were compared with a summary, done by Laros and Steenkamp (2005), of the most common categorizations made by authors with the highest scientific dissemination. Finally, from this comparison, the authors determined eleven especially relevant emotions:

Table 6.1: Types of emotions

<table>
<thead>
<tr>
<th>Type of emotion</th>
<th>Related descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>dread, cowardice, afraid, terrified, scared, scary, terrible</td>
</tr>
<tr>
<td>Rage</td>
<td>anger, wrath, angry</td>
</tr>
<tr>
<td>Love</td>
<td>desire, appetite, affection, attraction</td>
</tr>
<tr>
<td>Happiness</td>
<td>joy, delight, pleasure, happy</td>
</tr>
<tr>
<td>Sadness</td>
<td>sorrow, grief, affliction, sad, miserable</td>
</tr>
<tr>
<td>Shame</td>
<td>embarrassment, humiliation, shy</td>
</tr>
<tr>
<td>Pride</td>
<td>arrogance, proud</td>
</tr>
<tr>
<td>Fault</td>
<td>guilt, culpability, disappoint</td>
</tr>
<tr>
<td>Hope</td>
<td>confidence, confident, expectation</td>
</tr>
<tr>
<td>Sympathy</td>
<td>empathy, compassion, pity</td>
</tr>
<tr>
<td>Hate</td>
<td>aversion, dislike, disgust</td>
</tr>
</tbody>
</table>

In order to resolve the practical problem and use adequate descriptors to identify each of the emotions, the authors collected descriptors used to refer to each emotion (both in adjective or substantive form). Thus, the variety of adjectives and substantives attributed to each of the emotions are reflected below:

With the range of emotions and their descriptors accounted for, the quantitative analysis of the eleven descriptors provides a first look at the impact of each emotional expression in In Treatment. To begin with, prior to the analysis of any particular emotions, the quantitative analysis traced the nouns and verbal forms that make frequent reference to feelings or emotions. In particular, the noun "feeling / s" and of the verb "feel" (including "felt" and "feeling," but excluding idioms that do not directly relate to emotionality, such as "feel like") were explicitly mentioned 419 times. This distribution, among each of the therapy patients seen by Paul Weston in the first season, is shown in Graph 6.1, below.

The continual focus on feelings and their repeated, explicit textual manifestations clearly indicate the pervasiveness of emotions in In Treatment. Episodes 5 (Paul and Gina), 7 (Alex), 14 (Jake and Amy) and 25 (Paul and Gina) are especially noteworthy, where explicit references to substantive or verbal forms of "feel / feeling" are made 21, 32, 31 and 26 times, respectively. As discussed later, the lack of verbal emotional expressions in Sophie's talks is also significant.

The most frequent emotions used are love, fear, anger, guilt and happiness (see Graph 6.2, below).

Finally, the patients with the most explicit presence of the emotions are Gina (319 uses) and Jake and Amy (299 uses) (see Graph 6.3, below).
Graph 6.1

Graph 6.2

Graph 6.3

If we were to proceed with an exclusively textual analysis of the presence of emotions in *In Treatment's* script, the findings would be limited. After all, in an audiovisual fiction, the dialogue and script are as relevant as non-verbal elements that make up the story. It is necessary, therefore, to complement these quantitative results with narrative and rhetorical strategies, which will be addressed in the next section.

However, it is still possible to reach some conclusions using the quantitative results. First, in terms of sessions with emotions frequently and explicitly present in the dialogue, Gina and Jake and Amy are noteworthy. It seems reasonable that these two have the greatest textual presence, albeit for different reasons. In Gina’s case, the session consists of two therapists reviewing Paul’s patients for the week and their exchanges are organized as a commentary on other sessions. They are also the two therapists, professionally trained to conceptualize and explain underlying emotions, sometimes unconscious ones, to their patients, which makes their continual reference to the emotional dimension understandable: they have the expertise to describe accurately, that is, verbalize literally, this or that emotion and make use of it.

In the case of Jake and Amy, we have an atypical session compared with the other patients of Dr. Weston. It is a joint session with a couple trying to rebuild their marriage (a marriage which, incidentally, acts as a mirror for Dr. Weston’s own marriage which is on the verge of collapse). The group dynamic is therefore
different: the marital relationship requires that each partner express their needs and aspirations relative to the other and the therapist continuously invites them to be explicit about them. This happens, for example, in the first session where both Jake and Amy express their toxic aggression before a stunned Paul. Towards the end of the chapter, the psychotherapist finally talks and tries to "translate" all the lies, mutual distrust and enraged feelings:

Paul: Isn’t it possible that something in this fake narrative of yours has more than a grain of truth? Those fears sounded very real to me.

Jake: All of a sudden, he’s a therapist.

Paul: Maybe I’m hearing what she’s trying to tell you, Jake.

Amy: What am I trying to say to him?

Paul: That you’re terrified. You’re terrified of having this child. Can’t you hear that? She is exaggerating her fears so that you will hear her, so that you will listen to her.

On the other end of the spectrum, Sophie’s sessions are noteworthy for their lack of emotional expression. In this case it appears that nonverbal emotional expressions (crying, screaming, body language) prevail over verbalization of and reflection on feelings. This rhetorical or implied mode in which Sophie’s emotions are made manifest can be explained by the lack of maturity of the patient; unlike the other sessions, Sophie is a teenager and as such, her ability to explain her feelings is less developed than that of adults.

Of all the emotion words used, “love,” and its corresponding descriptors, has the most explicit presence. This is not all that strange given the thematic content of the majority of the sessions and Dr. Weston’s own dilemmas. In Laura’s session they speak primarily about their possible emotional connection; with Gina, Paul speaks often about his own failed marital relationship. In Jake and Amy’s case, it is natural that a marriage in crisis would often refer to love. And at the same time, Sophie, who, because of her immaturity and age, refers many situations to this same emotional aspiration.

In short, a ubiquity of emotions is reflected from the very beginning of In Treatment and is carried on with scripted, explicit references. The frequency of explicit emotions in one session or another is justified by the peculiarities of the patients involved and the topics on which the show is built. In the case of audiovisual fiction, it is necessary to enrich the quantitative approach with a contextual approach to the rhetorical elements and nonverbal language present in the series.

Narrative and Rhetorical Strategies in In Treatment

As has been highlighted by authors such as Bordwell (1985) and Mittel (2007), the narrative and rhetorical resources that audiovisual fiction uses can be as rich and deep as written material. Hence the purely quantitative analysis of the textual references to the emotions in the previous section must be complemented. Otherwise, it could be hastily concluded that Paul and Gina’s sessions overwhelmingly contain a greater emotional intensity (four of the five most emotionally charged sessions do pertain to Paul and Gina), but this is not so. An emotional balance remains constant in all of the patients, what varies is how these emotions are revealed. In some cases they are revealed literally, through speech, while in others, they are revealed through audiovisual resources.

Thus, a second level of analysis is possible with the study of the rhetorical and filmic strategies. That is, we must analyze the form of the narrative. With this second level analysis it is possible to clarify the interpretive context and assumptions by which the creators of the series establish a dialogue with their audience in order to transmit their intended message.

Visual planning is the first strategy for inserting a deeper emotionality. In Treatment uses rhetorical skills far removed from the search for visual impact, aggressive editing and spectacular/shocking images that have been present for years (Postman 1991, Langer 1998, Garcia Avilés 1999, Bourdieu 2000; Imbert 2008). In Treatment features two characters (three on Thursdays) that face their impressions in a game of shot/reverse shot, where what is said, as well as how the other reacts, is of the highest importance. Silence becomes paramount, an unusual quality in contemporary television fiction. In this sense, the first sequence of the series is a declaration of intent: it begins with close-up of a young woman (Laura) who cannot stop crying and then contrasts this with another close-up of Paul who wears a face of almost pained sympathy. This lasts for 25 seconds, until the frame is opened up to a medium shot where the two characters are sitting in a therapist’s office. The other presentations also mark the expectations of each patient: Alex shows arrogance and a desire to dominate, Sophie is characterized by physical frailty, Jake and Amy show mutual contempt and aggression, and Gina is very sweet without losing sight of her professional role (she tells Paul very seriously where his couch is located).

The second aesthetic strategy concerns the chosen narrative type: 20/30 minutes where the actual time matches the story time, a metonymic half hour that must fill narrative gaps to make sense of the patient’s life over one week, as well as incorporate the patient’s memories and past events. This requires a high “commitment” on the part of the viewer (Gilbert 2008; Ryan 2008), which demonstrates that it is not meant to be a widely popular product. The success of the series, therefore, cannot be measured in traditional terms of audience numbers. Because it is a product of HBO (a prepaid premium cable channel), audience numbers are always going to be much lower than those attracted by network programming. However, its favorable critical reception, the enthusiastic response
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from a niche audiences, and its three-season run makes it possible to classify In Treatment as a high-quality series and, also, as a success.

The show is yet more demanding because of its serial nature, that becomes circular, something which is hard to find in the current television fiction. The therapy sessions between Paul and his patients are repetitive: they come back to the same conflict on several occasions, only adding slight nuances in each new encounter, so that the series not only shows the therapy, but also how it is performed. This is made clear at one point with Laura when she reproaches Paul for acting as if the previous session were replaying itself. “What would you like to talk about today?” he asks the patient. And Laura explodes with rage: “You act as if you do not know me, Paul. That’s what pisses me off the most. You look at me as if, ‘remind me again what your name is.’” (1.11). At base, Laura is asking of Paul the same thing that the series asks of the viewer: an active memory about the keys of each story and ability to add dramatic layers.

The weekly pattern further enhances this repetitive circularity with Paul and Gina’s sessions. On Friday the series not only focuses on Paul and his environment, but also it gives a recapitulation of the other patients. This overview, with removed commentary, serves to refocus the characters’ conflicts, adding Gina’s “therapy about therapy.”

In this sense, despite its formal restraint, the pace of therapy is not always “realistic,” as Greenberg explains (2011). The show is legitimately forced to adapt itself to the needs of an audiovisual narrative in order to draw the audience into a kind of slow narrative that is atypical of traditional programming. So while In Treatment is generally “faithful to clinical reality ... if character or narrative development demand the sacrifice of clinical accuracy, depend upon it, that price will be paid.” Thus, the protagonist, continues Greenberg, “acts as the ficelle both of his patients” and his own stories. His numerous therapeutic liabilities become narrative assets in the service of heightening audience satisfaction” (130).

Consequently, In Treatment’s chosen format requires subtlety from a script where dramatic tension rests on dialogue that is stretched out to circumvent ellipses. In general, the staging blends form and substance with a minimal, appearance using long close-ups, a static camera, a tracking shot for half the episode, a “glacial pace” (Sepinwall 2009) and soft piano music at certain times to reinforce the emotional charge that the sessions spark in the characters and the viewers. Silence also acquires considerable importance; emotional weight is concentrated in glances, in dead times that announce the coming of telling details and obliges the viewer to concentrate on the expressiveness of the foreground, and in the nuances of a gesture or a sneer. In fact, Gabriel Byrne’s acclaimed and comprehensive performance is based on this expressiveness that is mostly silent, but very telling. His eyes betray his emotions and they are a focal point time and again in his reactions to the words of his patients. Unlike Gina, Paul’s emotions “slip” onto the screen many times; in fact, Paul’s emotional involvement with his patients is a major cause of his problems. Paul Weston’s gaze, always reactive, betrays a certain lust for Laura, anger with Alex (he loses his patience with Alex when he throws coffee in his face) or compassion with Sophie.

Furthermore, the audiovisual medium enhances the emotionality of the series by way of physical space. The confusion of the protagonist—the constant overlapping of his personal and professional life—is amplified by the metaphorical value of space. Weston’s office and practice are located in his own home, which gives the viewer glimpses of his family life (conversations with his children, problems with his wife) and allows his patients to cross established professional boundaries (Laura enters Paul’s personal bathroom in order to provoke him, Alex needs a breath of fresh air and enters the house). Paul’s confusion and difficulty with his everyday space is subtly highlighted in the Friday sessions: he attends his sessions with Gina in a different and new space that is neutral both for him and for his wife.

All of these elements permit us to analyze In Treatment in a much deeper way, beyond the merely quantitative. This can be seen in a key scene where Sophie develops as a character. In episode 1.28, Paul shows Sophie a book of female, made photographs by her father called Image / Archetype. Suddenly the music turns to a mysterious tone. Gradually, the viewer notices the fury welling up in Sophie’s face that ends in a burst of anger and her hurling the words, “Eat shit, Paul!” Paul, stunned by the turn in the conversation and the accusation that he is an old pervert, becomes paternal, says he is sorry, and even begs her not to leave the session. Emotion is not only conveyed with the words in the script, but above all with the character’s facial movements and the audiovisual planning during tense moments that becomes tense with the use of reverse-shot angles and the fragmentation of the film space.

**In Treatment as a Cultural Product**

We have analyzed symptomatic aspects that point to the emotional weight and intensity of In Treatment and how these aspects are meant to portray both a society and individuals with a particular unrest and emotional management style. But this audiovisual fiction is more than the mere reflection of a society where the presence of an emotional culture is on the rise. It is also a cultural product that disseminates normative criteria for how people act and how they manage their emotional lives. Its status as credible story (“realistic” fiction) intensifies the penetration of its discourse.

The lives of the characters in In Treatment are, therefore, a reference with which viewers are meant to think about their own behavior. The narrative text and the viewer enter into dialogue and “negotiate” the normative meanings of certain behaviors and of the consequences of certain choices. This idea has been studied from various perspectives of reception theory, hermeneutics and cultural analysis. In all of them, interpretation of film or television text and its resemblance to reality requires one to pay attention to the conditions, in a broad sense, with
which the viewer interprets the text (Jauss 1982). The approach to narrative content presupposes that such texts—literary, film or popular culture—relate with the reader through a complex dynamic.

The viewer’s relationship with and interpretation of the text is a dialogic process, involving specific aspects of the reader’s personal biography, the culture to which he belongs and the social structures that mediate this relationship. As suggested by Ricoeur (1981), the text introduces a gap between the immediacy of the experience and the self so that it is precisely through this gap that the text can “dialogue” or influence the self. Because, through fiction, as Gholamian and Ostley (1997) claim, “we can concentrate on our emotions and reflect upon them in a safe place away from the ordinary world” (267). In short, advertising, political slogans, literary bestsellers or a show like In Treatment have an impact; they leave an imprint on the subject that receives them. In the encounter between the viewer and text a culturally relevant, often subtle, effect is produced and contributes to the construction of personal identity (Taylor 1995). For all these reasons, the TV series’ discourse—narrative, rhetorical and thematic—can be understood as a transmitter of meanings and values. This is especially so when its contents are perceived as “realistic” and when the product demands an active viewership. The spectator internalizes, discusses, thinks about, compares and eventually makes his own, on various levels and often in creative ways, the cultural and normative messages presented. This dialogue between the viewer and the cultural/normative content is what many authors have called “agency” or “subjective appropriation” (Shore 1996, Swindler 2001, Archer 2003, Sassatelli 2007), thus pointing to the active and creative way that people change and redefine values and cultural meanings.

Conclusion: The Ambivalence of Emotional Culture

In Treatment, as a transmitter of culture, offers one of the most refined depictions on television of emotional culture’s standing. Given the quality and uniqueness of HBO’s products, In Treatment dodges the pure emotional exhibitionism characteristic of other television formats and offers an intellectually ambitious product with a minimalist content that is relentless with a compliant audience.

Through its plot, the show critically addresses the contradictions that these cultural assumptions bring with them and the script masterfully explores the consequences of the therapeutic-emotional style in which we are all engaged. Through the experiences of Paul Weston, In Treatment addresses the effects that the ubiquity of emotions has on the self and, in doing, the series demonstrates that this cultural mode is at an impasse, at the crossroads of its consequences. So, just as Paul’s own professional and personal problems demonstrate the invasion of an emotional culture in contemporary society, so too they show that the complexity involved in coping with an emotional overdose is not harmless, bringing its own risks and unintended consequences.

This ambivalence is evident in the image of himself that the protagonist projects. Weston, a manager of others’ emotions, faces his biggest problems in not being able to bridle his own: his personal life falls apart because he gets involved with patients and breaks personal and professional boundaries over and over again. When the credits roll, an image of a water-filled souvenir that swings from one side to another appears, indicating a lack of unity and representing the contradictions of human identity that theorists of late modernity have so insistently written about in recent years, including the familiar characterization of “liquid modernity” (Bauman 2000) or the consequences of a “risk society” (Beck 1992). Both theorists point to the uncertainty generated by a fractured identity, fragmented and stripped of previouscollective sources on which to it once built.

Paul’s failure (he leaves his wife to start a doomed relationship with Laura) confirms that In Treatment is not only a mirror and symptom of the contemporary emotional culture; it also includes a judgment about its contradictions and risks. It suggests an analysis of the current society that links to sociological reflection about the consequences of the emotional and social structures in which we operate through an audiovisual discourse that highlights the culture we inhabit. And it does so by describing the predominant therapeutic-emotional style and its consequences for personal identity in late modernity.

Bibliography


Chapter 7
Fashion, Fantasy and Anxiety
Efrat Tsion

The Role of Emotions in Social Life

One of the most enduring depictions of the human mind, from Plato to 20th-century psychologists, is that of a perpetual conflict between reason and emotion. Thinkers from Plato to Descartes, and from Bacon to Kant, adhered to a dichotomous view of the rational versus the emotional where the judgment of reason is privileged over the impulsiveness of emotion.

In the context of modern social theory, emotions have been addressed at an individual and a social level. The individual is the territory of psychological theories, which distinguish between primary emotions with a neurological basis and social emotions that are dependent on socialization. Another branch of psychology distinguishes between experiencing and expressing emotions, where the latter can be learned. A cultural view of emotions focuses on how they are culturally produced.

Both Freud's Civilization and its Discontents and Elias's The Civilizing Process chart the path of emotions from their spontaneous origin to their cultural rerouting in the light of constraints, such as social prescriptions and normative pressures. In the psychic economy of psychoanalysis, instinctive impulses are transformed into behavior which is topographically placed under the control of the ego and super-ego. This in turn gives rise to a whole range of symptoms and defense mechanisms that originate in the diversion of emotional energy from its primary object or form. Similarly, Elias's theory describes the transition from feudal to court societies as a process of gradually reigning in emotions under social and political protocol.

Cultural theory applies similar analytical tools and extends such concepts as “symptoms,” “repression,” the “collective unconscious” and the “cultural imaginary” to detect and explain contemporary social currents.

In their own ways these theories attempt to reduce rational behavior to the emotional or the “rationalizing” (albeit under social control) while the poststructuralist conversation reduces the emotional to the textual. The backlash against discursive reductionism can be seen in the reintroduction of affect and the “bodily emotional” (see a special issue of Body & Society, 2010, vol. 16, issue 1). At the same time new developments in neurological theory illustrated that rather than a rational/emotional split, human action does not rest on an either/or dichotomy, but that the two are synchronized even in simple everyday tasks (Lehrer 2009). It is the mundane problems of everyday life that are best suited for