

INTRODUCTION

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Freud's eyes fall on the doll which is propped up on the couch.
After a pause:

FREUD

Cecily, how did your father come to
give you the doll?

Cecily has a prolonged nervous coughing spell.

FREUD

(Gently suggesting)

Perhaps you should lie down on the
couch.

—From the screenplay to *Freud*, 1962

Psychoanalysis, with more visibility now than at any other time in its hundred-year history, continues to capture the public imagination and to excite controversy. Despite the implementation of draconian measures by health maintenance organizations that limit mental health treatment, and the promulgation of such aberrations as single-session psychotherapy, psychoanalysis and psychodynamic psychotherapy are, by recent estimates, practiced by greater numbers of clinicians than at any point in the past.¹ Increasingly, psychologists, clinical social workers, psychiatric nurses, and others, once barred from psychoanalytic institutes, have sought such training. Psychoanalytic ideas, now more or less adrift from mainstream American psychiatry, which

has become increasingly biological, have also found fertile ground in such academic disciplines as literature, anthropology, linguistics, and film studies. Indeed, Hollywood has never been more interested in the treatment process and relationship in psychotherapy and psychoanalysis, to which a spate of recent films—*Girl, Interrupted* (Mangold, 1999), *Instinct* (Turteltaub, 1999), *Good Will Hunting* (Van Sant, 1997), *The Sixth Sense* (Shyamalan, 1999), and the popular HBO series, *The Sopranos* (Chase, 1998)—attests. This cultural fascination with the unique intimacy of the treatment situation is also reflected in the popularity of literary narratives about the therapeutic process. Two very recent examples are Emily Fox Gordon's *Mockingbird Years*, and Daphne Merkin's *Quitting the Nairobi Trio*.

In this transdisciplinary anthology, which consists of contributions from psychoanalysts and psychotherapists representing three clinical disciplines and academics from such fields as literature and cinema studies, important themes and controversies in the cinematic depiction of psychoanalysis and psychotherapy over the last seventy-five years of moviemaking are highlighted. More specifically, each of the contributors was asked to examine how the therapeutic process is represented on the screen. Oftentimes, cinematic efforts to portray the treatment process in psychoanalysis or psychotherapy are idiosyncratic, misleading, distorted, or even pathological; boundary violations, magical cures, and negative portrayals are so common as to constitute a cinematic cliché. Yet, for the most part, we are not nearly as interested in denouncing such portrayals here, the existence of which has been rather well documented (Greenberg, 1993; Gabbard & Gabbard, 1999). Rather, our collective effort has been to examine those films—granted, fewer in number—that offer us the opportunity to explore important psychoanalytic themes and issues from a vantage point outside our usual reference frame. We must ask ourselves what we learn from the movies about our professional selves and the nature of the therapeutic endeavor rather than simply what the screenwriters and directors got wrong. How have movie portrayals of the therapeutic process changed as our conceptions of treatment have changed? Aside from their obvious dramatic appeal, what may account for the popularity of certain themes or clinical dilemmas (for example, treatment of psychopathic patients, institutional oppression, erotic countertransference reactions and enactments)? How can psychic structuralization, largely a silent and incremental process, be captured convincingly? In what discrete ways have cinematic characterizations of psychoanalysts and psychotherapists been shaped by cultural forces? These and other questions are interpolated into the nine chapters that comprise this collection.

All of the contributors to this book either subscribe to particular psychoanalytic theories or in any event, selectively deploy them as a framework

for their scholarly analysis of “celluloid” therapy. At least five different psychoanalytic traditions, in fact, are represented among these nine chapters: classical Freudian, object-relational, intersubjective-relationalist, self psychological, and Lacanian. Lacanian ideas have, in particular, proven especially popular among film scholars, with their emphasis on semiotics, signification, and the viewer’s experience of the film. Such an approach, it has been observed, represents a shift away from the psychoanalysis of characters or even of the filmmakers themselves, a point of view represented in earlier film scholarship (Gabbard & Gabbard, 1999). However, we note that in the present collection, there is no dominant framework, perhaps because this anthology by its very nature does not represent film scholarship in the more restrictive sense of that term. Lacanian-inspired analysis (for example, Socor and Cohen), intersubjective-relational ideas (Ringel), and self psychological analysis (Brandell), among other viewpoints, contribute to what might be termed the anthology’s “creative tension.”

Inasmuch as this anthology is intended for a general audience, it may be useful to define several key psychoanalytic concepts used throughout this work. *Transference*, an idea that has been central to psychoanalytic thinking since the publication of Freud and Breuer’s *Studies on Hysteria* (1893–95/1973), is one such concept. Broadly defined, transference is the reflexive, unconscious repetition or revivification of varying combinations and patterns of ideas, fantasies, affects, attitudes, or behavior, originally experienced in relation to a significant figure from one’s childhood past, that have been displaced onto a contemporary interpersonal relationship. Such displacements always evince a certain degree of distortion, and may occur in virtually any ongoing relationship. Psychoanalysts and psychotherapists, however, tend to be far more interested in this phenomenon when it occurs within the context of treatment—which it invariably does. *Countertransference* is another important concept, often though not always linked to the patient’s transference to the analyst. Countertransference may be defined as the broad range of subjective reactions, whether conscious or unconscious, evoked from the therapist in the context of ongoing therapeutic interaction with a patient. These reactions may include fantasies, thoughts, attitudes, affects, and behavior. Although specific countertransference reactions may involve displacements of affects, fantasies, ideas, and so forth from historically important relationships of the therapist, this is neither a universal feature nor a requirement. Psychoanalysts in the time of Freud tended to view countertransference as a hindrance or obstacle to effective therapy, although many contemporary analysts have adopted a perspective at considerable variance with Freud’s ideas. Today, countertransference is increasingly characterized in *intersubjective* or *relational* terms. Exponents of these positions emphasize the mutuality and reciprocal shaping, even coconstruction of the matrix of transference and countertransference by analyst and patient. Some

even believe transference and countertransference to be inextricable elements in a dual unity created by the analyst and patient, and find value in introducing countertransference elements into the therapeutic dialogue.



The lead chapter, “Kids on the Couch: Hollywood’s Vision of Child and Adolescent Treatment,” examines how the process of therapy with children and adolescents is captured on film, with particular attention to three movies: *I Never Promised You a Rose Garden* (Page, 1977), *Ordinary People* (Redford, 1980), and *The Sixth Sense*. It might be argued that the difficulty in portraying a realistic therapeutic process with child patients is every bit as daunting as the depiction of adults in treatment. Sometimes, as in *Good Will Hunting*, therapy comes to be redefined as something nontraditional; treatment parameters are permitted if not welcomed, countertransferences are enacted with positive therapeutic effect, and the therapist’s personal revelations become a vehicle for therapeutic cure. In other films, such as *Harold and Maude* (Ashby, 1971), therapy is sterile and the analyst doctrinaire; resistance in such an instance is an affirmation of psychological health. In still others, treatment is curative, but at such cost to creativity and individuality that we feel something of great importance has been lost even as more enduring and healthier adaptations are forged (for example, *Equus* [Lumet, 1977]).

I Never Promised You A Rose Garden is, of course, based on a true story, that of the writer Joanne Greenberg, whose treatment was conducted in the 1950s at Chestnut Lodge Sanitarium in Rockville, Maryland, by the legendary psychoanalyst Frieda Fromm-Reichmann. *Rose Garden* is, in certain respects, an unusual film inasmuch as it is based on a book that was originally marketed as a work of fiction, but that was later revealed to be the essentially faithful account of its author’s journey into and out of psychosis. The cinematic portrayal of Deborah’s treatment by Dr. Fried in *Rose Garden* represents a therapeutic process that seems to balance meaningful interpretive work, clinical intuition, and a gradually evolving working alliance. It has, however, been criticized for its “complete erasure” of the principal characters’ Jewish identities (Hornstein, 2000), and the intimation, via Dr. Fried’s revelation to Deborah that she is childless and divorced, that a competent and dedicated female analyst could not also enjoy a satisfying personal life (Gabbard & Gabbard, 1999).

If *Rose Garden* highlights the importance of the role of intuition and the need for sustaining a strong working alliance in the treatment of a psychotic adolescent, *Ordinary People* appears to emphasize specific qualities of the transference relationship between Conrad, the trauma survivor, and his therapist, Dr. Berger. Conrad appears to seek out in Berger not only the therapist’s

capacity to contain his grief, despair, and rage, but also his strength and steadfastness, qualities that may be aptly described as elements of an idealizing transference. *The Sixth Sense*, unlike either of these other films, seems to embrace a different, fundamentally intersubjective view of the treatment process. Its unlikely paranormal suspense genre seems to reinforce the interchangeability of the patient's and doctor's roles, the vector at which transference meets countertransference, and the ineffability of internal experience, making for a radically different vision of the healing process.

The popularization of psychoanalytic ideas has sometimes led to unusual cinematic products, experiments that can be considered provocative if not completely successful. One such example, detailed in Andrea Slane's chapter, "The Interracial Treatment Relationship in the Cold War Period: *Pressure Point* in Analysis," examines Stanley Kramer's 1962 production of *Pressure Point* (Cornfield, 1962), a movie about a black prison psychiatrist forced to treat a disturbed prisoner who is also an ideologue of American Nazism. The movie, which featured the unlikely combination of Sidney Poitier as the prison psychiatrist and Bobby Darin as his patient, is actually based on a case study originally published in 1954 by psychoanalyst-author Harold Lindner. There is, however, a critical difference between the literary and movie versions of this story, which is the central theme of Slane's detailed analysis. In the original case study, Lindner furnishes a veridical account of his treatment of Anton, a prisoner serving time at a federal penitentiary in which Lindner was then employed as chief of the Psychiatric-Psychological Division. Anton, like his counterpart in the cinematic version of the case, was a racist and anti-Semite. However, Lindner is Caucasian and Jewish, a fact that, in Slane's estimation, complicates the transposition to black doctor-white patient in the film version and which for several important reasons cannot be its equivalent nor possess the narrative integrity of the original story.

In Lindner's treatment of Anton, who, like the character portrayed by Bobby Darin in the film, is originally referred because of blackout spells, Lindner's Jewishness is equated with conspiratorial institutional authority in a way that Poitier's blackness cannot be. Accordingly, Lindner's counteraggressive enactment, culminating in his challenge to the unceasing provocations of his real-life patient to fight him "man-to-man," and made as he removes his insignia tabs and thus symbolically disidentifies with the authority of the institution, has a very different meaning in the movie version. In the film, when Poitier makes the same offer to his racist patient, Slane suggests that he is "no less a black man than he was with his jacket on" owing to the fact that there is no equivalent alignment of black men with institutional authority. Indeed, the movie psychiatrist's removal of his coat may, paradoxically, make him even an even greater threat, Slane argues, owing to the racial stereotype of black male brutality.

Slane's depiction of this cinematic treatment relationship contextualizes the film as a cold war-era narrative, establishing a link between the concept of totalitarianism and social prescriptions for the resolution or management of internal political disputes and conflicts, racial prejudice being chief amongst them. Her analysis is, therefore, informed by detailed considerations not only of the film's prominent psychoanalytic themes (for example, the transference-countertransference dimension of the relationship between doctor and patient), but also of the sociohistorical milieu in which the film was made. In her discussion of the popularization and Americanization of psychoanalysis, Slane also mentions that Freud's theories were often shaped so as to bring them into conformity with "conventional American moral and religious values as well as normative sexual practices." Complex theoretical ideas were often misrepresented, subjected to reductionism, or simply not incorporated into popular depictions of psychoanalysis and dynamic psychotherapy. Slane makes special mention of Freud's theory of bisexuality in this regard, which he regarded as a universal human disposition. In consequence of the small child's identification with both parents at different points in development, Freud believed all persons to be capable of investing sexual drive energy (or libido) in both genders. In the usual course of development, however, one component was relegated to an unconscious existence, making possible a more or less exclusive preference for either homosexual or heterosexual relationships. Moreover, Freud believed that manifestly homosexual behavior, or *inversion*, the term he preferred, neither signaled degeneracy nor was it necessarily associated with other psychological problems or symptoms (Freud, 1905). This perspective was not, of course, synchronous with prevailing American stereotypes of gender normality, and led to significant distortions not only in the popular media (for example, Lindner, 1966), but also in the professional literature (see, for example, Rado, 1940; Socarides, 1968; and Ovesey, 1969).

In "Women in Psychotherapy on Film: Shades of Scarlett Conquering," Marilyn Charles argues that cinematic representations of women have relied historically on the patriarchal assumptions of writers and directors, thus leading to portrayals in which women are less subjects creating their own narratives than they are "others," or object repositories of the meanings attributed to them. However, even when efforts are made to represent a woman's story authentically, from her own viewpoint, seemingly insoluble problems may arise. For the *voix féminine*, it turns out, cannot be acknowledged or recognized, which we may attribute to the fact that such narratives are dyssynchronous with the dominant male discourse of Western society. This leads to a conundrum. The alternative to the objectification of the female voice appears to be the establishment of woman as subject, the narrator of her own story; and yet, such narratives must be juxtaposed against a baseline social context in which the woman's discourse cannot attain coherence, owing to its construc-

tion on societal truths from which she has been historically excluded. Inasmuch as filmic representations of women are unlikely to be of a recognizable self, unambivalent identifications with such images, Charles continues, are inherently problematic for the female viewer.

Using such examples as Campion's *An Angel at My Table* (Campion, 1990) and *Frances* (Clifford, 1982), Charles explores the theme of involuntary commitment and its concomitant, a dehumanizing and destructive psychiatric establishment. In these two films, each based on veridical events, electroconvulsive therapy, drugs, leucotomies, and lobotomies become the instruments through which the systematic institutional subjugation of women is attempted, if not achieved. Such extreme measures, the author suggests, seem bound to a viewpoint in which the woman subject's attempts at self-definition, liberation, and assertion are judged to be dangerous.

In other portions of Charles's chapter, several films—*We Don't Live Under Normal Conditions* (Collins 2000); *Girl, Interrupted*; and *Dialogues with Madwomen* (Light, 1993)—are used to highlight the impact of a feminine voice on the portrayal of women in treatment. These films, which include both documentaries and commercial productions, are directed, written, or produced by women. Collectively, they convey a different understanding of the oppressive power of a mental health system that demonstrates little or no respect for the perspective of women patients, a system that can be both dehumanizing and retaliative. Such films, Charles asserts, are moreover no longer tied to a vision of women as a problem to be fixed or rehabilitated by males, but have gradually advanced to a differing view, one in which women's problems are expressed, defined, understood, and ultimately resolved by women protagonists themselves.

The dual themes of psychiatric authority and the subjugation of women are revisited in Janet Walker's chapter, "Psychotherapy as Oppression? The Institutional Edifice," though with greater attention to both the role of mental asylums themselves and the historical context within which these cinematic portrayals are made. Walker points out that despite the humanitarian critique of repressive institutional care that, at first blush, seems to characterize many Hollywood depictions, such criticism upon closer examination may prove disingenuous. Particularly where women are concerned, social adjustment and gender role conformity become prescriptive for emotional well-being, and fulfillment comes with acceptance of the role of mother and spouse.

The Snake Pit (Litvak, 1948), the first of several films Walker offers detailed analyses of in this chapter, seems uniquely suited to Hollywood's tendency to offer a social critique of repressive and inhumane practices in the asylum while simultaneously upholding the very practices it decries. The sadism of electroconvulsive therapy is counterbalanced insofar as it becomes a vehicle for promoting the patient's availability for the insight work that follows; psychiatric

cure becomes coterminous with the capacity of protagonist Virginia to recognize her husband and accept her gender role assignment in the marriage. Awareness of the psychogenesis of her illness is much less Virginia's narration of her own story than it is a formulaic account closely based on classical psychoanalytic theories of development that she has been taught by her (male) physician, Dr. Kik. *The Snake Pit*, however, is not reducible to a simple defense of adjustment psychiatry and the gender-normative practices associated with the postwar era. Indeed, Walker observes, it offers an indictment of the social conditions that contribute to mental illness, and moreover, allows the "delusional" Virginia the feminist-inspired parapraxis of substituting her maiden name for her married name, as well her critique of the "regimentation" of the asylum.

In *The Snake Pit*, Dr. Kik, we are told, has no real family, no life aside from his professional role at Juniper Hill, a convenient state of affairs that seems to insure his dedication without the distraction of extramural relationships that might compete with the needs of his patients. Nothing, however, could be further from the interpersonal conflicts of Dr. McIver in *The Cobweb* (Minnelli, 1955), a story where the "misalignment between marriage and authoritative psychiatry," Walker informs us, becomes central. In fact, it is through the fallibility of the central character and his relational conflicts that the critical shortcomings of psychiatric authority are highlighted in this film. Walker's contention is that the effectiveness of *The Cobweb*, which she deems more progressive than *The Snake Pit*, is in good measure a result of its successful juxtaposition of these parallel plot lines: Dr. McIver's unfulfilling and conflict-laden relationship with his wife and family, and his work at the mental institution. The thematic ubiquity of enacted countertransference in more recent films is arguably foreshadowed in Dr. McIver's complex character, his extramarital affair, and so forth, but it also underscores the fact that *The Cobweb* achieves what many of these later films seem unable to accomplish without sensationalizing the doctor-patient relationship. In effect, it isn't necessary for therapists to abandon their professional judgment or compete with their sickest patients in order to portray their own internal conflicts.

Walker also discusses *Titicut Follies* (Wiseman, 1987) and *One Flew Over the Cuckoo's Nest* (Forman, 1975). Like *The Snake Pit*, she warrants, *One Flew Over the Cuckoo's Nest* appears to be an indictment of institutional psychiatry, but that impression, not unlike the latent meaning obscured by the manifest content of the dream, may be misleading. Walker submits that "it is not psychiatric or psychotherapeutic practices" that are inculpated, but rather the fatal error of ceding power to nonpsychiatric professionals and to females in particular. The institutional evils seem more proximally connected to Nurse Ratched though far more distally with Dr. Spivey and the psychiatric staff, much as the frustrated and dangerously punitive Nurse Davis of *The Snake Pit* was counterposed against an essentially benign Dr. Kik. Finally, *Titicut Follies*,

a Frederick Wiseman documentary so controversial in its stark depiction of the pernicious nature of institutional life that legal challenges prevented unabridged screenings of the film for twenty-two years, is offered as an essentially unambiguous social critique of the mental institution.

The limitations of anthologies notwithstanding, no anthology on the depiction of psychoanalysis in film could be considered complete without some reference to the work of the American filmmaker, Woody Allen. In “Woody Allen and Freud,” Alain J.-J. Cohen observes that Allen has maintained a “lifelong dialogue . . . with the world of psychoanalysis,” and perhaps more so than any other filmmaker, prominently interpolates therapy scenes and discussion about psychoanalysis into virtually every picture he has made since the early 1970s. Allen’s treatment of the psychoanalytic theme is, however, both idiosyncratic and complex and, Cohen warns, continuously “transforms itself as a polymorphous signifier.” It may be invoked as a verbal reference, presented imagistically, in tropical form, as a process, or per narrative, *inter alia*.

Before proceeding with his analysis of Allen’s *Annie Hall* (Allen, 1977) and *Deconstructing Harry* (Allen, 1997), Cohen discusses the several ways in which psychoanalytic interpretations may be applied to literary and cinematic domains. He notes that, inasmuch as Woody Allen is often both protagonist and film director, and the continuity between his life and his art intentional yet also inescapable (for example, the parallel between Allen’s own well-known “interminable” psychoanalysis, the references made by such characters as Alvy in *Annie Hall* to his “fifteen years in analysis,” and indeed, the repetition of the psychoanalytic theme in so many of his films), the psychoanalytic exploration of his work becomes exponentially more complex an undertaking.

In a juxtaposition of Allen with Freud and Freud with Hitchcock, Cohen uses Hitchcock’s *Spellbound* (Hitchcock, 1945) to illustrate how the psychoanalytic case, fictive or historically factual, in its presentation of both proleptic and analeptic positions, “moves forward and backwards, downstream and back upstream.”² He then discusses *Annie Hall*, with particular attention to Allen’s use of split-screen technique, a cinematic convention that in this film highlights the dramatic contrast between Alvy’s New York Jewish family background and Annie’s midwestern WASP origins, and later reveals the intimate details of “his” and “her” psychotherapies. In *Deconstructing Harry*, the protagonist, once again, seems destined to remain in analysis into perpetuity, having had at least six “shrinks” in addition to three wives. Thematically, boundary transgressions abound, almost reflexively linked with the mantra of countertransference. Cohen also discusses this film, as he does *Annie Hall* and later *Stardust Memories* (Allen, 1980), in terms of a *spectatorial principle* wherein particular, often inherently conflictive reactions are evoked in the viewer in consequence of the director’s manipulation of various elements—

script, camera angles, the *mise-en-scène*. Finally, Cohen comments on *Manhattan* (Allen, 1979), in which the free associations of Woody-Ike furnish a vehicle for mourning and creativity, though here sans analyst.

Cohen also reminds us that the concept of transference has a very special meaning when applied to cinematic art and technique. He suggests that the use of flashbacks, for example, effects a displacement from the “there-and-then” to the “here-and-now.” Film itself is akin to the unconscious: the rules of chronology often do not apply, and there is a blending of veridical and narrative truths so that the one may become indistinguishable from the other. Indeed, in the cinema, we may also effortlessly exchange what Freud referred to as secondary process, the language of adulthood, with the language of primary process, the “forgotten” language of childhood, a language of symbols, dreams, Freudian slips, and artistic creativity—whose domain is the timeless unconscious.

Sanford Gifford’s detailed historical analysis of the early G. W. Pabst film, *Secrets of a Soul* (Pabst, 1926), also provides us with an account of the only two films Freud was known to have seen. Extrapolating from sources such as Freud’s correspondence with his family and Ernest Jones (whose reportage may have been tainted by a competitive relationship with Sandor Ferenczi), Gifford offers us an intriguing if partly conjectural glimpse of Freud’s earliest known experiences with the cinema. These encounters, both of which occurred prior to 1910, may likely have also contributed subtly to Freud’s long-held mistrust of the popularization of psychoanalytic ideas, which led to his rejection of a potentially lucrative offer to serve as a consultant to Goldwyn Studios. In the remainder of his chapter, Gifford furnishes us with a fascinating account of *Secrets of a Soul*, the dramatic tensions it caused within the psychoanalytic movement, and how it evolved from its original proposal as an essentially educational movie or *Lehrfilm* to its production as a commercial film. The film itself, the original script for which was evidently based on a psychoanalytic case known to Sachs and Abraham, possesses what Gifford refers to as “an innocent charm.” It is, interestingly, not the exploitative, sensationalistic, or dangerously distorted picture of psychoanalysis that Freud, Jones and others within the psychoanalytic movement had feared. In fact, Gifford suggests that this film, which was a modest commercial success when first released in 1926, was a reasonably “convincing picture of psychoanalysis, with all due allowances for its didactic content and its aim for a general public.”⁷³ He observes that the film, via “childhood scenes, early memories of the patient’s marriage, fantasies,” and analytic interpretations, attempts to represent the analytic process. *Secrets of a Soul* also contains what may have been the first cinematic dream sequence, in this instance, one that relies on the Expressionism of which Pabst had been an early exponent but that also adumbrates a later cinematic movement—*Die Neue Sachlichkeit*.

In “Talk Therapy: The Representation of Insight in the Cinema,” Shoshana Ringel begins with an examination of the impact that changing sociocultural and scientific standards have exerted on the psychoanalytic concept of insight. In turn-of-the-century Vienna, psychoanalytic interpretations were themselves presumed to be curative, sequentially linked via a closed system to the analysand’s insights, and culminating in enduring structural change. However, this classical viewpoint, if not completely supplanted by an increasingly relational view of therapeutic action, certainly no longer seems modal. The relational and intersubjective positions are far more likely to locate therapeutic change along a transference-countertransference axis, where the emotional relationship between analyst and analysand serves as a crucible in which structural change is forged. The classical approach to dream interpretation, a procedure long regarded as critical to the promotion of insight, has undergone a comparable transformation, according to Ringel. In classical psychoanalysis, the whole analytic effort involved the circumnavigation of the forces of censorship and repression, with the ultimate objective being the uncovering of latent meaning, a view that contrasts sharply with more contemporary relational and self psychological perspectives on the function of dreams and their interpretation.

Ringel proceeds to discuss two films, *The Dark Past* (Mate, 1948) and *Silence of the Lambs* (Demme, 1990), and the HBO television series *The Sopranos* (Chase, 1998–). In *The Dark Past*, the therapeutic relationship is structured according to the prevailing one-person psychology of the 1940s, and the treatment itself, somewhat transparently id psychological. The effort is quite simply to uncover the unconscious determinants of the gangster protagonist’s homicidal rage and conversion reaction, a unilateral effort into which the analyst professor’s analysis of a recurring traumatic dream figures rather prominently. Although the treatment “relationship” of *The Silence of the Lambs* is arguably more metaphoric than anything else, Ringel contends that it does portray a very different process through which insight is acquired. Agent Starling and Dr. Lecter, she observes, engage in a variant of Ferenczi’s “mutual analysis,” each seeking from the other the answers to important questions. Unlike the sagely and contemplative, abstinent classical analyst of *The Dark Past*, Dr. Lecter is a deliberate analytic presence, shaping if not subverting the mutuality of this analytic process. The treatment relationship between Dr. Jennifer Melfi and her patient, Tony Soprano (*The Sopranos*), while far more conventional than that of Clarice Starling and Dr. Lecter, exemplifies the two-person psychology of contemporary psychoanalytic theory and clinical practice. The interplay of transference and countertransference themes, often colored by erotic desire on the part of both doctor and patient, is prominent. Unlike earlier portrayals, such as that of Dr. Collins in *The Dark Past*, Dr. Melfi makes errors, is capable of strong emotional reactions, and even appears,

at times, to transgress professional and ethical boundaries; she is essentially human. Tony's insights, perhaps in part owing to the fact that *The Sopranos* is a series rather than a two-hour movie, accrue incrementally and also seem inextricably tied to the transference dimension of the treatment relationship. The analysis of Tony's dreams, too, suggests a more realistic and convincing clinical interaction, the value of which may reside less in analytic brilliance or omniscience than in a careful reading of the dreamer's self-state.

Psychoanalysis and film, Barbara J. Socor advises, may be considered analogous projects in that both strive to construct narrative coherence and establish subjective meaning, with the ultimate aim of the creation of a satisfying story rather than revealing incontrovertible, historical truths. The subject matter of her chapter, "Imagining Desire and Imaging the Real: A Love Story," is the cinematic depiction of transference love and the reactions, fantasies, and enactments which it educes in the analyst, collectively referred to as the countertransference. Drawing on the work of Lacan, and more specifically, his theory of the three psychic Orders (the *Real*, the *Symbolic*, and the *Imaginary*) in respect of the phenomenon of transference, Socor furnishes us with a detailed analysis of two films, *The Prince of Tides* (Streisand, 1991) and *Final Analysis* (Joanou, 1992). Lacan, in his insistence that the unconscious is structured by language, asserts that the transference actually functions as an adversary of the unconscious, serving instead to suppress it. In the Lacanian vision of psychoanalysis, Socor avers, the analysand's recognition of the unconscious is promoted through a penetration of the transference that attempts to obscure it. Tracing the subject's original alienation of self to what has been termed the *stade du miroir* or "mirror stage"—the infant's identification with his image in the mirror—Lacan conceives of transference, in part, as an effort to maintain the fictive, undivided self. Should the analyst unconsciously collude with the analysand, so that complementary reactions or countertransference enactments are elicited, the illusion of completeness might be upheld.

The Prince of Tides, with its erotic enactment in the transference-countertransference between Tom Wingo and Dr. Lowenstein, seems ideally suited to Socor's Lacanian analysis. Focusing less on the psychiatrist's strident breaches in professional ethics and boundary transgressions, Socor explores the shared illusion of patient and therapist that their love for each other, once enacted, will be curative. This, of course, is not to be, and Tom Wingo's journey, Socor tells us, must finally include the recognition that he is incomplete, and that this incompleteness cannot be assuaged through his relationship with Dr. Lowenstein or, for that matter, anyone else. This critical insight signifies Tom's mastery of the Imaginary and a corresponding capacity for experiencing the Symbolic, which represents the completion of his emotional odyssey.

Final Analysis is a story about a dedicated, apparently highly competent though unhappy psychiatrist, Dr. Isaac Barr, who has surrendered his personal

life to his professional activities. Paradoxically, however, his work is no longer fulfilling, and he yearns to be “surprised” by something or someone he doesn’t understand. Perhaps Dr. Barr, like Dr. Lowenstein in *The Prince of Tides*, evinces a sort of “countertransference readiness.” Although Dr. Barr’s enactment is with his patient’s sister—and therefore perhaps not as egregious a lapse in his professional ethics—the consequences appear just as profound. Once again, the failure within the transference-countertransference to acknowledge the Symbolic—and with it, unconscious knowledge of the self as incomplete—must finally be resolved through internal recognition of the original wound of incompleteness. Although Dr. Barr is able to do this, his lover-patient, Heather, is unable to enter this psychic space, lost, Socor tells us, in “the immediacy of the Real.”

The translation of psychotherapy narratives from literature into film, a challenging project under the best of circumstances, is often less than completely successful. The author’s original vision of the treatment process may become subverted as story becomes screenplay, undergoing revision after revision; or as characters’ identities are altered beyond recognition; or because critical details are simply omitted in order to keep the film’s length commercially viable. The ninth and concluding chapter, “Translating Psychotherapy Narratives from Literature onto Film: An Interview with Theodore Isaac Rubin,” examines the process by which one psychotherapy narrative became a commercially produced film.

Originally published in 1961, Theodore Isaac Rubin’s book, *David and Lisa*, may be considered unique in several respects. Though fictive, it is written with the insights of a seasoned clinician, a psychiatrist with many years’ experience working with disturbed children and adolescents. The film version of *David and Lisa*, which represented Frank Perry’s directorial debut, was produced in 1962 and starred Keir Dullea as David, Janet Margolin as Lisa, and Howard da Silva as the sympathetic Dr. Swinford. *David and Lisa* may have also have represented a breakthrough film of sorts. Independently produced for less than \$200,000—a small budget even by 1962 standards—*David and Lisa* offered a fresh, even daring alternative to the usual Hollywood treatment of cultural mythologies involving relationships between parents and children (Gabbard & Gabbard, 1999). Moreover, it offered viewers a psychotherapist whose clinical effectiveness seemed more closely tied to his genuineness and compassionate acceptance of his patient than to charismatic healing or brilliant interpretations magically intuited from meager data. Even now, forty years later, *David and Lisa* is often described as one of the most realistic movie portrayals of the psychotherapy process.

In 1998 *David and Lisa* (Kramer, 1998) was remade, becoming perhaps the only feature-length movie in which psychotherapy is accorded genuine thematic prominence to hold this distinction. The second version of the film,

an ABC television movie produced by Oprah Winfrey and directed by Lloyd Kramer, featured Sidney Poitier as Dr. White, Lukas Haas as David, and Brittany Murphy as Lisa. As in the first film version, Dr. Rubin was also coauthor of this screenplay.



We have made the deliberate decision not to survey the vast number of films, probably now exceeding 500, in which some mention of psychotherapy or psychotherapists is made, a project that others have already undertaken (Gabbard & Gabbard, 1999). Instead, we have assembled a scholarly anthology. Few such anthologies, it may be argued, can presume to be comprehensive in scope or treatment of a particular theme or domain. This collection, though admittedly modest in respect to its length, offers a compensatory richness that is born of its transdisciplinary nature. As the reader will likely discover, apart from the important commonalities that each of these chapters offers—similarities that seem to transcend disciplinary differences—they also seem to be written from distinctively different vantage points. The clinician (and of course, there are three different clinical professions represented within this volume), the film historian, the literary scholar—all bring unique traditions and insights to their analyses of the filmic works presented here, contributing to what we hope you will agree constitutes the volume's ultimate success.

NOTES

1. The combined membership of the five largest American psychoanalytic membership organizations (the American Psychoanalytic Association, Division 39 [Division of Psychoanalysis] of the American Psychological Association, the National Association for the Advancement of Psychoanalysis, the National Membership Committee on Psychoanalysis in Clinical Social Work, and the American Academy of Psychoanalysis) now exceeds 11,000. Although this figure represents a nearly three-fold increase in the number of affiliated psychoanalysts over the last 25 years, it is a conservative estimate that probably accounts for less than 25% of all those who practice psychoanalysis, according to Dr. Murray Meisels, former President of Division 39 (Murray Meisels, Ph.D., personal communication).

2. Interestingly, Hitchcock's oeuvre has been the subject of nearly endless fascination for film scholars, particularly those who favor psychoanalytically informed film criticism; *Spellbound* was only the first in a series of films about which there has been considerable psychoanalytic commentary. Others have included *The Wrong Man* (Hitchcock, 1956), *Vertigo* (Hitchcock, 1958), and *Psycho* (Hitchcock, 1960). Perhaps such commentary was, in part, occasioned by Hitchcock's exploration of morbid themes and the macabre, everything ranging from murder to fetishism; or his techni-

cal and artistic gifts for generating suspense or for educing voyeuristic involvement from film audiences; or perhaps his interest in portraying human psychopathology as monstrous (for example, the character of Norman Bates in *Psycho*) but ultimately comprehensible (Scotty in *Vertigo*), and even treatable (*Spellbound*).

3. The participation of “scientific directors” Hans Sachs and Karl Abraham in this production was apparently not merely perfunctory. Gifford mentions that Sachs wrote a thirty-two-page essay, “Psychoanalysis: Riddles of the Unconscious,” that was handed out to opening-night audiences at the movie’s Berlin premiere.

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