

Shrink Rap Radio #145, "A Psychoanalyst's View of HBO's In Treatment," March 28, 2008.

Excerpt:

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*Cohen: I think that's true. In all my years of practice, I've had two patients have to interrupt the session to go to the bathroom, and usually, when they come back, it's connected to something that's going on.*

Introduction: What you've just heard is a snippet of my conversation about HBO's provocative series In Treatment with psychoanalyst Fern W. Cohen. You'll recall from last week's episode that Fern W. Cohen, Ph.D. is a psychoanalyst and psychotherapist in private practice in New York City who's long been committed to conveying in everyday language what the psychoanalytic process is about and how it works. She's also the author of the 2007 book From Both Sides of the Couch: Reflections of a Psychoanalyst, Daughter, Tennis Player, and Other Selves. She's a graduate of Radcliffe College and she earned her Ph.D. school psychology from New York University and completed her analytic training at the NYU Post-Doctoral Program in Psychotherapy and Psychoanalysis as well as the Institute for Psychoanalytic Training and Research, of which she is a member. Now, here's the interview.

Dr. Dave: Dr. Fern Cohen, welcome back to Shrink Rap Radio.

Cohen: Thank you. I'm delighted to be back.

Dr. Dave: It's wonderful to have you back here. We're going to talk about the HBO series In Treatment. These episodes are fictional, yet in my opinion, they kind of give us a front row seat into the psychotherapy relationship. So there are a lot of different angles that we can discuss this from. Let me start out by asking you, just briefly -- because we'll drill down in more detail -- but in a global kind of way, what was your initial reaction to the first few weeks?

Cohen: Well, my initial reaction even precedes the first few weeks which have to do with my excitement -- and I think that of a lot of my colleagues -- that finally there was going to be an attempt to capture what happens in the psychotherapy process. I'd say that, overall, despite the fact that I have quarrels with some of the material from a lot of different perspectives, I still think it's very exciting to have

- psychotherapy introduced and exposed much closer to what really goes on, with all the strengths and weaknesses.
- Dr. Dave: OK. OK. Maybe, because I know that your reaction to it kind of changed in later episodes, you could just briefly characterize what your more recent reaction has been?
- Cohen: You want me to talk about the more recent one?
- Dr. Dave: Yeah. Just kind of your global reaction. I know you have said to me that you thought it veered off in a soap opera direction that was less true to psychotherapy.
- Cohen: Well, I've sort of come back, because I have, like many of my colleagues -- and actually, we had NYU Post Doc -- the analytic institute that I graduated from -- actually had a salon for we analysts to talk about our reactions to the program. This was way back then and I'm among the many who became immediately addicted.
- Dr. Dave: (laughter) Me too.
- Cohen: (laughter) I don't know whether you had been --
- Dr. Dave: Yes.
- Cohen: Yeah. As with an addiction, I -- and I hadn't really thought of it this way -- have gone through cycles. I was excited and overall I am still very happy that there is a series trying to do what they do. The [middle] section I became somewhat unhappy with what I saw as deviations from an appropriate therapeutic process. Nothing major but notable. And now, with some of the characters having resolved and getting closer to resolving the issues, I am really feeling much more positive again. So I'm going through cycles, and maybe not unlike the way somebody experiences psychotherapy.
- Dr. Dave: Interesting. And by the way, I should let our listeners know that we're going to try to avoid spoilers. Sometimes I'll turn off movie reviews that come on the radio or on TV. Particularly some reviewers go way into the plot. I like to be surprised when I go to the movies. I don't want to know the whole plot in advance. We're going to do our best to talk about this without getting into some of the major plot twists and turns as much as we can, so that if there are listeners who haven't had a chance to see this series yet, but hope to in the future, we're going to try not to spoil it for you. In fact, we hope to tantalize you and get you interested so you can share our addiction. (laughter)
- Cohen: I'll try to behave myself.
- Dr. Dave: OK. This is based on a series that was very successful in Israel. I think you mentioned that one of those analytic groups you went to actually showed one or more episodes of the Israeli version with English subtitles?
- Cohen: You know, they did. They showed the first whole week, and unfortunately, I didn't make it to that symposium, so --
- Dr. Dave: Aww.
- Cohen: -- I have not seen it, but I've heard people who have seen it, and who are also in the field talk about it, and everybody has commented that there's a huge cultural difference that has an impact on the way we see it or experience it. One of the issues without the series is the issue of boundaries.
- Dr. Dave: Yes.

Cohen: How the therapist maintains his sense of privacy about himself, or how the therapist maintains the structure of the treatment by ending and starting on time or handling money. I gather those are looser in Israel. The whole issue in Israel, from a cultural perspective, is about boundaries. So, in some ways, and I can't really discuss more because I haven't seen it, it apparently has a big difference on the exchanges that go on even though the dialogue, as I understand it, was really copied. They didn't change the particular characters who are in therapy. They didn't change the character or the conflict of the therapist, Paul. So they lifted it from a culture where some of the underlying issues that the characters or patients struggle with are somewhat different, but again, I think until we all have a chance to see the Israeli variant it will be hard to do a comparison.

Dr. Dave: Well, I'm hoping that we do get that opportunity. I have a listener in Israel and I've put a bug in his ear. He's kind of poking around, seeing if he can find a way, maybe, for us to get a copy of that. I know one issue is that they have different DVD formats in that part of the world. So, how we'll ever transcend that, I don't know. But if anybody's listening to this show, and has access to the Israeli version, and maybe has a way to put it on a server where I could download it, and has some way that we could take a look at it, I'd sure appreciate the opportunity to compare it. I really appreciate the background that you've just given us, Fern, on this cultural difference, because I know you and I were both having some pretty strong reactions to some of the boundary issues as they were portrayed in the series. Also, I would think -- in the American series, for example, one of the patients, Alex, is an air force pilot. I would imagine in the Israeli series he is probably in the Israeli forces rather than the American forces.

Cohen: Yeah. And that makes a huge difference because Israeli pilots are really the heroes of the army and of the culture. I think for the -- I don't know how much you want me to give away --

Dr. Dave: Not too much.

Cohen: -- his lost of idealism comes across in a much more compelling way than the American pilot, Alex, who also has a kind of mistake -- he's left actually not feeling guilt -- which becomes a major focal point of the treatment. So I think there's probably a more striking example of the cultural difference. Not that our soldiers aren't heroes -- and we certainly have an army fighting in a war with all kinds of civilian casualties -- but I think our army is not the same as the Israeli army which is so central to their culture and sense of being.

Dr. Dave: Yes. Before I forget to, and I wish I had thought to mention this earlier, if anyone is listening to this and has not had a chance to see any of the episodes, let me alert you that... five episodes come out every week for nine weeks, and I think right now we're in either the seventh or the eighth week. The first three weeks are available for free on iTunes. If you go to the iTunes store, and do a search there for In Treatment, you can listen to the first fifteen episodes for free, download them and listen to them on our computer or on an mp3 device. Now, I recently saw the actor Gabriel Byrne who does a wonderful job of playing Paul, the therapist, and was intrigued to learn on the Charlie Rose interview that he has never been in therapy himself.

Cohen: Hmm. Well, with some criticisms, I certainly think he captures so much of a therapeutic stance. One of the things that's really impressed me is his listening and the way in which -- I think patients so often have trouble with silence, and he really is able to sit and listen, with the understanding that I think they probably shorten some of the pauses because it is on TV and you can't have too long a pause. He also helps almost everybody discover something about himself or herself that he or she didn't know before. I think that is, from my way of thinking, one of the crucial things that one tries to do with a therapist. Sometimes I think he talks too much about himself and I don't think he draws people out enough before he makes an interpretation, but I think that's probably more about the limits of the time -- the actual television time.

Dr. Dave: Yeah, the whole process feels true to life, but typically therapy wouldn't move as fast as it moves in this series. The insights and the breakthroughs and the interpretations are, I think, on a faster track than might be typical.

Cohen: Faster, and from my perspective as a psychoanalyst who sees people three or four times a week when I can, not once a week. I think it's very hard to achieve that level. This is now talking about the reality as opposed to the TV. I think it's very hard to achieve that level of depth and to sustain it coming once a week. There's something about the frequency that allows people whose defenses are beginning to come down to stay with something as oppose to building them right back up again.

Dr. Dave: Well, let's say something about that. You're a Freudian psychoanalyst. So maybe we should start by having you give us a reasonably succinct -- which really you've sort of just done -- overview of the differences between a formal psychoanalysis and what's called psychodynamic or psychoanalytically-oriented psychotherapy. Just give us a thumbnail sketch of the distinction between those two.

Cohen: I have two reactions. The first one is you've got to be kidding.

Dr. Dave: (laughter)

Cohen: The second one is, well, maybe people will also read my book because I do hope that I've clarified some of the differences, but I'll try some now. One of the big differences -- assuming that we're talking about psychodynamic, which means having to deal with unconscious mind, unconscious conflict, and trying to make people more aware of the forces inside them that are operating that they're not aware of. The big difference -- although you can get a bunch of analysts and you'll get a number of different responses -- is the frequency. Not because of the sake of the frequency, but because this fosters what we call a regression, meaning allowing people to really get back to things that they have been covering up or are unaware of, and coming back the next day and picking it up again, and staying with it as opposed to picking themselves up, going out in the world, getting caught up in their daily lives, and getting away from something that they don't want to know about. It's usually stuff that's painful or frightening, that we're very conflicted about, so who wants to know about that?

Dr. Dave: Yeah.

Cohen: There's one other big difference. I think the greater frequency also fosters what we call transference to the analyst or the therapist. While we all have

transferences all the time -- you know, to people who remind us of a parent or a sibling, and often react to them in that way. When the process is so ongoing as in analysis, the transference really gets focused on the analyst and then creates an opportunity in what's going on between the analyst and the analysand to take a look at it and find out where it's really coming from.

Dr. Dave: Yes. Another distinction that you didn't mention is, at least in traditional Freudian psychoanalysis, would be the use of the couch. To just sort of review this then, in a strict, traditional analysis, we have somebody who's going four or five times a week, they're on a couch in which they can't really see the face of the analyst most of the time, and this creates almost a kind of emotional pressure cooker, if you will, in which the intensity is really amped up quite a bit from other sorts of psychotherapy, for the most part. Because of this frequency and because of not being able to see the analyst, it sort of invites all sorts of unconscious material and projections. On the other hand, we have the psychodynamic -- what's called psychodynamically-oriented psychotherapy, where the therapist subscribes to the same underlying beliefs about personality dynamics and the structure of personality, but they're seeing people less frequently, and it tends to be face to face. Usually once a week and it's face to face. So, given all of that background, from what school of thought would you say that Paul is practicing?

Cohen: It's hard for me to tell. I guess I want to backtrack a little bit. You said Freudian, but Freudian means contemporary Freudian, which is very different than what happened to Freudian classical analysis in America in the '50's and '60's when it was a quite one-way process and one never really had the sense of the analyst as a participant in a two-way process.

Dr. Dave: Yeah, and we covered that in our previous interview, so you don't need to go into that too deeply.

Cohen: Yeah. That's right. What was the question? I sidetracked myself.

Dr. Dave: Well, I think you were just going to make that comment which I've just kind of -- (laughter)

Cohen: I don't consider myself an [interpersonal] at all but I certainly think of it, and most contemporary Freudians do see it as a two-way process with a contribution that comes from the analyst that's not just making interpretations.

Dr. Dave: OK. And I need to remind you to move the phone a little bit away from your mouth.

Cohen: OK.

Dr. Dave: Yeah, great.

Cohen: OK.

Dr. Dave: So I've noticed, as I'm sure you've noticed, that there are references in the show, particularly when Paul is meeting with his supervisor, Gina, to the Institute. I think there's this implication that he is a graduate of a psychoanalytic institute, even though in no way is there ever any reference to theory. What's your take on that?

Cohen: I think there was definitely a suggestion that he graduated from an institute. You have no idea what kind. I thought I heard, in one program, somebody refer to him as a psychiatrist. He referred to himself in another as a psychologist. So it's never quite clear whether he's a Ph.D. doctor or an M.D. doctor. I think it's safe

- to assume that it was an analytic institute, but you don't know any more than that, except that there was some kind of a conflict between him and Gina, and I think, unfortunately, analytic institutes can be rife with conflict.
- Dr. Dave: Yes.
- Cohen: Sibling rivalry. All kinds of stuff. Unfortunately, but it's definitely a facet of analytic training sometimes.
- Dr. Dave: That's one of the interesting aspects of the show, I think, that most people might not key into quite as much as you and I would. That insider's view of how that world can in some ways be a bit incestuous or a bit closed in.
- Cohen: Extremely.
- Dr. Dave: Extremely. You've been there. (laughter)
- Cohen: It's also not clear. I mean, it is one of the things about the show that I'm having the most difficulty with, or I certainly was in the beginning. We don't really know whether it's supervision that he's having with Gina. Whether it's therapy. It was quite brutal supervision. I've been reading a lot of the comments -- on one of my listserves people have been writing about the show, and I've actually been accumulating them. Several people have said, and I certainly feel that way myself, I've never had an experience that was so confrontational in supervision. I wouldn't have stayed with the supervisor. So it could conceivably happen in therapy. I think they're very fuzzy about what that is.
- Dr. Dave: Yeah. It's one of the places where the whole question of boundary issues comes up, isn't it?
- Cohen: Mhm.
- Dr. Dave: Because there's not a clear definition and there haven't really been clear boundaries set on just what their relationship is. It sounds like in the past they had a kind of personal relationship. Also, I think, there's the implication that she had perhaps been a supervisor in the past. Also that there had been conflict between them in the past, and yet he comes to her now looking for something. It's not clear to what extent he's looking for therapy. In fact, it becomes couples therapy for a while.
- Cohen: Yes. I don't know if you've seen the last, but it definitely has become couples therapy. I don't know how much you want me to give away -- he is so obnoxious in the beginning of those supervisory sessions -- but to me that's one of the great weaknesses, because it really doesn't convey to the public how full a supervisory process can be. One thing that I think people who aren't viewing it are not aware of, you're really very much alone with a patient. We really never know what's going on with anybody else's work, so it's really important to be able to talk about one's work and have a sounding board. That aspect, whether it's personal or sometimes with a patient that one can't make sense of. That doesn't really come across. It's unfortunate but I think they capture a lot of other things. That's one of the weak parts for me.
- Dr. Dave: Yeah. I come at it from a little bit of a different angle, although I definitely take your point, and can see where you're coming from. I think in a way it's overdrawn, but the part that fascinates me is -- a part that seems very realistic, although again, compressed in terms of time and so on -- is that each of Paul's patients attack him in various ways.

Cohen: Mhm.

Dr. Dave: They complain about the time boundaries. They complain about the money. They complain that he's uptight. That he won't accept their gifts. I'm sure you can come up with other examples. They're very frontal and very outspoken in their criticisms of him. One of the things I admire about the way that he's portrayed is that he's pretty deft at not being defensive, and just kind of sitting there and absorbing it, and responding in some way, but with a nice kind of jujitsu, if you will. What's interesting, then, is when he goes to see Gina, he does the same thing, and he's as blind to his issues as his clients are to their issues. The part that seems really overdrawn to me is that he is so blind. It's hard to believe that a therapist with as much experience and as much training as he has could be quite *that* blind to his issues.

Cohen: I agree with you. It isn't just that he had training. It meant that he would have had to have had his own analysis. To be -- I think blind is the right word -- he really seems so out of touch. He also has this kind of transformation when he's relating to his wife. He regresses. He's distant. He seems completely out of touch with that and completely oblivious about what makes her tick. Now, I do remember once, when I was just beginning analytic training, one of my instructors was talking to the group and said, "Remember that we're supposed to be experts in the *problems* of living. It doesn't mean that we're necessarily experts *in* living." I think it's a valid point, but I do think, presumably, somebody who's been as well-trained as Paul would have a better grip on some of what's going on inside him.

Dr. Dave: Yeah. I think that's overdrawn. There is this popular stereotype that shrinks are screwed up, and that's why they become shrinks in the first place, et cetera. There is certainly a grain of truth in there somewhere, but I think it's overdrawn here. It does make the valid point that shrinks have their own issues, and they have their own blind spots, but it's just kind of overdrawn.

Cohen: I completely agree with you about it. I think that's probably where the whole issue of it being a drama...

Dr. Dave: Yes.

Cohen: I think they probably had to make things more extreme --

Dr. Dave: Yes.

Cohen: -- just as I think the illustration of the patients with distance and aggression... I have had resistant patients, and I have had aggressive patients, but to have that amount of resistance and aggression, I think that's really about dramatic effect.

Dr. Dave: Yes. Yes. I agree. Now, we were talking about supervision, and The Sopranos popped into my mind. Did you watch The Sopranos at all?

Cohen: Yes. Most of it.

Dr. Dave: OK. So you know that there was the therapist there, and there was also her supervisor [Eliot]. Somehow this to me is a much more compelling portrayal of a therapist than she was. Would you agree or not?

Cohen: Completely. I always thought I was in the minority. A lot of analysts -- including Glen Gabbard, who's a very established and reputable analyst, and has written a book about psychotherapy and the Sopranos -- many analysts were so excited by [Dr. Malfey] that they actually gave Lorraine Brocco an award at one of the

analytic conventions -- which I think is nuts. She certainly captured elements of psychotherapy that wasn't a caricature, that wasn't gross distortion. I thought she was adequate and I thought her supervision wasn't supervision. It was like she was meeting an old friend and talking but not really exploring her counter-transference and some of the issues. At the end... it was a disaster how they ended it. Somebody gave her a book to read on sociopaths being untreatable, and the next time she saw Tony, she ended the treatment, which was unethical. As if suddenly she had this conversion, and as if she didn't know what she was doing all along. So I thought it certainly was a better portrayal compared to caricatures and grotesque boundary violations, but I think this is light years -- I think the treatment is light years beyond that.

Dr. Dave: Yes. Harkening back to that Charlie Rose interview in which I said that we found out that Gabriel Byrne had not been in therapy, but you commented on how well he seems to portray the act of listening. When he was asked how he prepared for this role, he said he went and studied really good listeners. So he watched old episodes of Dick Cavett, for example, who was a wonderful listener. He also said that the current presidential debates were a great place to watch people listening, because when you're in a debate for the presidency, you're really listening to your opponent so you'll be able to seize upon the issues. So that's how he prepared. I have to think, though -- at first, when I heard that, I thought, "How could he not have been in therapy, and doing such a good job?" Then I realized that maybe the real heavy lifting, in a way, has been done by the writers. I don't know if you know, but I'm guessing that somebody among the writers had to have been in therapy.

Cohen: One of them -- and I don't know which one -- is a child of analyst parents.

Dr. Dave: Aha.

Cohen: I'm sure that at least one of them was in therapy, and I'm sure they had a therapist as a consultant. I wish I remembered the particulars, but I'm sure that at least one of them is very familiar with that universe.

Dr. Dave: Yeah. There's just too much insider information so accurately reflected. Now let's get into the boundary issues, some, because I know that we've both had issues around that. You referred me to an article that was in the New York Times relating to the whole issue of therapist offices in their homes. I guess there's a whole big discussion/dialogue about that. I know years ago, in addition to being a professor, I was also doing part-time psychotherapy, and I did have an office in my home. So I know something about that. Let's talk a little bit about that. The pros, the cons, and maybe where you stand on that issue.

Cohen: Well... (laughter)... as I said someplace in my book, get three analysts together on a particular issue or question, and you'll get three different opinions. I'll start with that. My personal preference is to have an office that's separate from the home. I sometimes joke about my office as a home away from home, but that's because it's a very comfortable space, and that's very important to me. But I think it makes it so much harder if you have an office in a home setting the way Paul does -- the therapist -- because there are all these personal details around. Pictures, [instances] of his hobbies, what he likes to read. While in theory and in practice, one tries to analyze anything that a patient starts to ask about or wonder

- about, I think the more the reality is introduced, the harder it is to get at the patient's fantasy about the analyst. My preference would be... it could be whatever office one likes and feels comfortable in, but it does provide a more neutral setting. I don't mean bland, but I think neutral is perhaps a word that captures it best.
- Dr. Dave: Yes. What you're saying makes a lot of sense to me, especially for some form of traditional psychoanalysis, where it is that pressure cooker environment, and where the therapist is particularly wanting to invite unconscious material. I think maybe it's less of an issue for once a week therapy that maybe isn't quite as focused on that invitation of unconscious material. I wasn't initially disturbed -- OK, he's got a home office -- I was kind of OK with that, but having a...
- Cohen: Shall we talk about the bathroom?
- Dr. Dave: Yes. That's where I'm going. Having a bathroom that's right there where you can hear bathroom sounds and so on. That would be very difficult for the patient, I would think.
- Cohen: I would think very difficult for the patient. Perhaps they did it for dramatic reasons, although somebody commented -- and I think it was Glen Gabbard, but it's true -- he said the patient's -- Paul's patients -- have gone to the bathroom more than he's ever had a patient go to the bathroom in 30 years of training.
- Dr. Dave: (laughter)
- Cohen: I think that's true. In all my years of practice, I've had two patients have to interrupt the session to go to the bathroom, and usually, when they come back, it's connected to something that's going on. You can't always nail it in the moment, but usually, it's a kind of acting out or a release of pressure. So to have that as part of the therapeutic setting, maybe they did it for reasons of drama.
- Dr. Dave: Yeah. Because also, we see one of the characters go in and open up the medicine cabinet and kind of look at what's in there.
- Cohen: Right. Mhm.
- Dr. Dave: To get a read on, "OK, what's he's taking?"
- Cohen: Then one of the characters does something more drastic but you don't want me to give that away.
- Dr. Dave: Right. So the fact that that sort of stuff would be available in such a bathroom also seemed a bit unrealistic.
- Cohen: The other thing along those lines -- a more mild version, but still the same kind of excess -- is to serve coffee, to serve water. To have a coffee machine there. In one of the very early sessions, he gets up to put a blanket around a patient. Those are all gestures which could be seductive, intrusive. There's a whole range of possibilities. I would argue for more abstinence in those areas because you're going to get to that material but you want it to come from the patient, not because you're stimulated by what the therapist does or doesn't do.
- Dr. Dave: Yes. Now, you're in New York, and I'm in California.
- Cohen: Right.
- Dr. Dave: (laughter)
- Cohen: I'm sure there are style differences.
- Dr. Dave: Yeah. There are some real differences, I think. Not that there aren't analysts in California, but there's a big continuum, I think, with formal analysis

on one end, and New Age therapies, if you will, on the other end. Certainly I know therapists -- there are probably lots of therapists not just in California who would offer a blanket, Kleenex, coffee, hugs, and various other things. So there is quite a bit of variability as you point out. There are also real riffs -- one of the things this show underscores is the seductiveness and the danger of what's called counter-transference. Here we have an instance of -- and hopefully this isn't too much of a spoiler -- one of the female characters coming on very bluntly and very strongly to the therapist, trying to seduce him into a relationship.

Cohen: Mhm.

Dr. Dave: He appears to waver and perhaps goes too far in terms of being open about his counter-transference. To the show's credit, and I imagine that's shocking -- there are aspects of that that are shocking and maybe seem inaccurate -- but I have to note, here in California we have a newsletter that comes out from the licensing board. It lists the ethical violations and whose licenses have been yanked and for what. It's like being pilloried in public, and I can tell you that it's kind of shocking to see the number of people who are having their licenses suspended or yanked altogether because of sexual violations of one sort or another. Boundary violations.

Cohen: There's a part of me I think is still naïve in believing that somebody who's trained is going to uphold ethical standards, but I have heard it's more prevalent than anybody would like to acknowledge. That's really an unfortunate aspect. I also think -- I have no idea about the statistics -- a lot of people don't know what training people should have in order to be a therapist. I'm assuming that these are people who are licensed. They've certainly gotten at least a degree. Not that more intensive training is a guarantee, but I do think that a lot of people don't have more training, and then set up shop. If they haven't had their own intense therapy or analysis it's much easier, I think, to fudge the boundaries or to find rationalizations. Not that I think there's any justification for it ever.

Dr. Dave: Right. Right.

Cohen: But I did -- yeah, go ahead.

Dr. Dave: I was actually going to switch back to something else if there's a thought you wanted to finish up.

Cohen: It was just a thought about the blanket. Actually I just had an article published in a journal called the Candidate Journal, which is a new on-line journal written primarily for candidates in analytic training. This is an article I wrote when I was in training and then rewrote for this journal. The title is To Say or Not to Say, To Do or Not to Do. I described my struggle whether to offer a blanket to a patient because the office was very cold. I do it in the context of the treatment of a patient who was very difficult and very troubled. It's about where the relationship and the therapy had brought both of us. So, even though I consider myself a purist, or would like to be, it was a very important moment in her treatment. Maybe more for me than her, but I do think always the bottom line is to try to understand why you've done something or haven't said something when you're the therapist, because you are human, and we have all the conflicts and issues that go with it.

Dr. Dave: Yes. Two points I want to touch on. One is to go back to the degree to which Paul has sometimes overdrawn in his blindness. That's in relation to one of the recent episodes I saw where he was dealing with his own kids. He was just so crippled in terms of his ability to speak to them and to speak to their needs and so on. Again, that just seemed too extreme for somebody of his training and sophistication and degree of caring and so on.

Cohen: Well, I have to wonder -- we'll never know this -- I assume that's a dramatic effect. I agree with you. Not only that, I think the whole -- and I don't think we're letting the cat out of the bag -- the whole erotic transference -- that was the first session of the whole program. Of course, that's what everybody always jokes about. Patients fall in love with or try to seduce their therapist. That's one extreme of the spectrum. Also, he could not have been so blind to have had her in treatment for a whole year, and not to have been aware of the messages she was sending. So, from my perspective, that was unfortunate. I would have loved for them to have started with something less extreme. I think, as a practicing, informed therapist, he would have been well aware of that, and would have been establishing boundaries instead of loosening them, such as getting up and offering her a blanket. That's a seductive gesture. So, when I was thinking about our conversation about The Treatment... I think one of the things about the show that is really remarkable -- and I think we'll allow lots of people to continue to think and talk about it -- is you could look at it from a whole variety of perspectives. From the treatment process, from what it suggests about issues of boundaries. Lots of people could discuss each session from the perspective of the supervisor --

Dr. Dave: Yes.

Cohen: -- and find something wrong with it or something right with it, but it's very rich. I think it accomplishes a great deal just by virtue of being so rich.

Dr. Dave: Yes. I was thinking about our conversation. I realized that ideally we would be watching it together. We could stop it, and pause, and comment on this part or that part. As I listen to what you're saying now, I'm realizing that this could actually be used as a training tool, I would think.

Cohen: Absolutely.

Dr. Dave: With a class, dealing with these kinds of issues. One could key into issues of transference, counter-transference, resistance. It could generate a lot of good material for discussion.

Cohen: Yeah. I occasionally teach a course -- I taught it last fall -- on theories and methods of psychotherapy. If I teach the course again, I would certainly use elements of The Treatment, because there isn't a lot of good visual stuff around. It's very hard to actually be in a therapy session --

Dr. Dave: Right.

Cohen: -- [or] be an observer.

Dr. Dave: I commented earlier about the kinds of resistance things that were being thrown up at Paul by each of the people, and also commented on how the five day a week setup really creates a kind of emotional pressure cooker that's hard for people who have never been in that sort of situation to understand. How people could get so carried away, so concerned by minutia -- what might seem to an outsider like minutia. So I'm remembering a story in your book where you talked

about -- and I'm trying to remember if this was for you as a client or you as the analyst. I think it's you as an analyst, or maybe you have two different stories, both related to time. Coming five minutes early or five minutes late. Something like that and it was a big issue.

Cohen: I think it was when I was in analysis and my analyst was five minutes late?

Dr. Dave: OK. Yeah.

Cohen: He had always been exactly on time beginning or ending the hour and one time he was five minutes late. After the first minute, there was a little bit of surprise, and my surprise went to concern and very quickly anxiety and then rage that he had kept me waiting. I mean, it really was all about transference and me having felt like the outside child who always had to wait or be on the outside of her important father's work. He arrived, and he had me into the session. I do describe this in the book because there's a good reason he did not apologize. The rest of the session was about my rage and how, in the transference, he had become my distant father who was too preoccupied with his work. That's how transference works. It's about exposing those things and working them through that's a very central element of the process.

Dr. Dave: Yeah. I thought it was a wonderful illustration. As I say, from the outside, somebody might say -- five minutes late! Come on, give the guy a break! But in the context of this very intense five times a week relationship where everything about your childhood is being stirred up, and it's activating old childhood conflicts about your father, and so on, it assumes enormous importance, and then brings the past into the room in a very present way that the two of you can work through.

Cohen: That's part of when we use the term regression. As I said in the book, had he arrived and said, "I'm sorry," and told me why, or just said "I'm sorry," I would have accepted his apologies and gotten into the session. Probably we would have gotten to... I might have been annoyed... but the fact that he didn't, and that he let me play it out -- that's what's supposed to happen in a treatment.

Dr. Dave: That takes a lot of training. I think my own reflex would be to apologize. I think that would be the reflect of most therapists, and I think that's one of the things that distinguishes somebody who's really practicing a psychoanalytic approach. That is, being willing to take that stand and the risk of not doing the polite, expected thing.

Cohen: Yeah. And allowing the anger or whatever else you're going to be the object of.

Dr. Dave: Yeah. And as we begin to wrap this up here -- because I'm aware of the time, and we probably should begin to wrap it up -- I think one of the things that Paul does really well, as he's depicted -- somehow he manages to keep the pressure and intensity up. There is a kind of intensity in each session. People will ask him to back off, and he does back off. He's responsive. But somehow, he ends up coming back around in a way that kind of keeps them on point. I've been impressed by that.

Cohen: Yeah. One thing I want to say before we wrap up is that the acting is superb. The young woman who plays Sophie the adolescent is just so compelling. All of them. The acting is just above and beyond, it seems to me.

Dr. Dave: I totally agree. I really want to thank you for coming back on the show again and being willing to engage in this discussion with me. Clearly we could go on and on.

Cohen: My fantasy is we'll have a little series.

Dr. Dave: Yeah. Well, that could be my fantasy as well, so don't be surprised if I call on you for other things here. Dr. Fern Cohen, thanks again for being my guest again on Shrink Rap Radio.

Cohen: Oh, and thank you for having me. It really has been fun and an opportunity.