Psychotherapy Guidebook

SOAP OPERA THERAPY

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Soap Opera Therapy

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DEFINITION

I first became interested in soap operas when a patient resistant to therapy claimed she had no life choices, did nothing with her time outside of therapy, and had nothing to discuss. When the focus was put on her daily routine, she told of spending hours watching soap operas; the themes she related were the issues with which she was struggling. Through discussing soap operas with her and other patients, I began considering how women use media psychologically, and in particular, how they use the soap operas.

I am a bit reluctant to call the therapeutic use of soap operas a therapy. I consider it to be a therapeutic tool for opening up discussion and as a path to the patient's unconscious. I use it in collaboration with more traditional dynamic psychotherapeutic techniques with both individuals and groups in out-patient and in-patient settings.

HISTORY

Soap operas are watched by thirty-five to fifty million women (Nielsen,

1972). They are a major cultural phenomenon. Their wide appeal indicates that they are actually an example of myth and the collective unconscious in the tradition of Jung and Campbell (Jung, 1964; Campbell, 1968). Folklore and myth have long been used as a means of airing and purging collective wishes and impulses. They might also be compared to the morality plays of the Middle Ages in which social mores and ethics were delineated and reinforced.

Myths are catalytic in the continual reworking of internal conflicts and identities. The concept of identity is too strongly associated with adolescence; identity formation is a lifelong process.

An individual can actually assume only a given number of roles at any one time, but through imagination and role-playing he may try on personae from all stages of life. Art, drama, media, and other vehicles enable the individual to try on this multiplicity of roles and rework his singular and group identities. Soap operas offer such a forum.

Periodically I have monitored soap operas and analyzed their themes, which emphasize incest, suspicion, distrust, victimization, dependency, loneliness, joyless-ness, and fear. Their masochistic tone stresses that women can only endure the pain in life. Sexuality and aggression are externalized. Character formation is split like that of a borderline character into the good and the bad, the weak and the strong. They fail to portray ambivalences and

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conflicts within an individual. The guilt from taboo wishes, such as incest and murder, are conveyed by an atmosphere of doom and depression, a lack of spontaneity, attack on innocents, and unrealistic portrayals of psychiatric disorders. Professional women are seen as being neurotic, and the stable characters are the older women who have devoted all of their energies to their families. In general, there is an inability to sublimate drives. Although many of the characters are upper-middle-class professionals, the programs give scant information about the work that is being done. The doctors, lawyers, nurses, and secretaries spend most of the time getting in and out of personal relationships. This observation is psychologically important because sublimation can be used to take the edge off these drives. The principal characters are unable to be alone or independent, and this is seen by the immediate replacement of mates after a death or divorce.

Sex is also dealt with unrealistically on these programs. Modern birth control is unheard of. When an affair takes place, a pregnancy is bound to follow, because for these characters pregnancy is one or the few sources of pleasure, joy, and gratification. Clinically, it is known that some pregnant women feel important, even if they do not feel values in and of themselves. On a more primitive level, they may feel full and satisfied. Although the programs value pregnancy, once the child is born, viewers do not see the diapers and the midnight feedings. Instead, they are given a portrayal of the ideal baby. Soap operas show few relationships involving a mutually satisfying sexual relationship. For both men and women, the emphasis is on procreation. Although abortion is the only sexual issue that is developed at all, the primary concern is with the infantile wish for a child. As Ellen Peck has noted, twelve of the sixteen programs aired in 1972 have strong reproductive themes; pregnancy is a way of being important and holding on to a man. Few plans for abortion are carried out. Abortions are not presented as complicated solutions to conflict-ridden decisions.

The older, wiser, conflict-free woman is another popular character. She does not demonstrate the problems of aging. If it were not for her confused children, she would have little to do in life. She is invariably well groomed and able to attract younger men.

In regard to problem solving, the soap operas repetitiously portray women as being victimized. They forget or ignore the existential dilemma that by not doing anything one may be doing a great deal.

How then are we to understand the power and influence of the soap operas? Television creates a unique intensification of affect, or emotional response, in viewers. When listening to avid fans' discussions of their favorite soap operas, I have been impressed with the feeling that the characters are real people with whom the viewers share their daily lives.

TECHNIQUE

While working in a community mental health center, I was impressed by the number of young, depressed, borderline female patients. Many were heads of households with young children and were nonintellectual, if not nonverbal, compared with the neurotic patients many practitioners were taught to treat in graduate school. When approaching such patients, I reexamine their life-styles and values and recall the old adage of beginning where the patient is. If women watch soap operas, the discussion of such programs can open a path to the patient's unconscious and fantasy life. From the program, one works back to the individual and her concerns. This method may be comparable to using play therapy with children. Freud believed that dreams and jokes were the most direct routes to the unconscious. I propose that the individual's use and interpretation of media is another.

Many viewers use soap operas as peer groups. For the individual who is constantly trying to keep up with a world he was not raised to understand, media offer advice on how to cope with this gap.

Patients should be encouraged to bring their immediate outside lives into therapy. After attending numerous case conferences and seminars, I postulate that mental health professionals and their patients denigrate such contemporary phenomena as media and soap operas as being unworthy of discussion in the therapeutic situation. By such myopic professionalism, they are cutting off avenues to their patients.

APPLICATIONS

I have used this technique effectively with in-patients and out-patients, in group and individual settings, with female and male patients from a wide range of socio-economic strata. The technique has been most effective with female borderline patients and with depressed females.