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Singlehood In *Treatment*: Interrogating the discursive alliance between postfeminism and therapeutic culture

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Abstract

This article offers a critical discourse analysis of the Israeli television series *In Treatment*. The series unfolds the therapy sessions of a 40-year-old single female attorney with her therapist. The main objective of the study was to identify the scripted tactics or narrative strategies that establish and maintain singlehood. The findings indicate that the therapeutic discourse plays a central role in the construction and interpretation of single women's subjectivities, prompting a narrative that encourages the 'discarding' of singlehood as well as therapeutic work slanted towards a more familial and maternally oriented subjectivity. This narrative unfolds through two dominant scripted tactics: the symbolic annihilation of singlehood and the construction of feminine identity hierarchies (what the authors term 'hierarchies of happy endings'). Moreover, it is also prompted by the discursive alliance between the therapeutic discourse and the postfeminist discourse. Consequently, long-term singlehood is portrayed as an unnatural and pathological life script characterized by its lack and deficiency. Furthermore, as opposed to childless singlehood, single motherhood by choice emerges as a preferred and desirable life option. The category of single motherhood is endowed with new forms of legitimacy, reinforcing new-old patriarchal and postfeminist conceptions of women's reproductive potential and what is considered to be women's primary life purpose.

Keywords

In Treatment, postfeminism, single mothers by choice, single women, therapy

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Introduction

For the past several decades the therapeutic discourse has been one of the central discourses constituting and transforming individual female subjectivity. Various social and media critics have observed that one of the central effects of the therapeutic ethos has been to provide the cultural repertoires that assist individuals, groups, and institutions in imagining and managing their everyday lives (see, for example, Cloud, 1998; Rose, 1996). Undoubtedly, one of the main arenas for distributing and maintaining the cultural dominance of the therapeutic discourse is popular media. Indeed, the mass media not only make extensive use of therapeutic language, but often place therapeutic themes at the center of the plot. Moreover, various television formats such as reality and TV talk shows actively employ the therapeutic discourse to direct the gaze of their viewers (Dubrofsky, 2011; Sender, 2012; Skeggs and Wood, 2012; Weber, 2009).

This article identifies specific scripted tactics and narrative strategies (Stern, 2012) in the Israeli television series *In Treatment*, which construct feminine singlehood as a category in need of therapy, in order to explore the manner in which the therapeutic discourse plays a dramatic role in establishing the social category of long-term singlehood (Reynolds, 2008; Taylor, 2011). It also describes a strong discursive alliance (Foucault, 1971; Hajer, 1995) between the therapeutic discourse and the postfeminist discourse (Taylor, 2011). These two orders of discourse, which are so widespread in popular culture (Cloud, 1998; Dubrofsky, 2011; McRobbie, 2004; Taylor, 2011; Vavrus, 2002), share common themes relating to their perception of choice, agency, and the idea of the autonomous female subject. Additionally, this discursive alliance is demonstrated through entrenched assumptions about long-term singlehood as designating a problematic and empty self (Cushman, 1990) which requires the intervention of experts to uncover the truth of single women, diagnose them accordingly (Taylor, 2011), and eventually un-single (DePaulo, 2006) them.

Our study proposes that the personalized therapeutic language advanced in the series facilitates a decontextualized postfeminist rhetoric, which sidesteps any feminist political standpoints. This form of silencing plays a constitutive role in enacting and circulating the postfeminist discourse (see in this context Banet-Weiser and Portwood-Stacer, 2006; Gill, 2008; McRobbie, 2004). Indeed, the image of the single woman represented in the series captures the gist of postfeminist times. Despite her professional success, her singlehood makes her miserable and in that respect she can be seen as another version of the postfeminist singleton character (Genz and Brabon 2009) who is constantly searching for Mr. Right (Dubrofsky, 2011; Taylor, 2011).

The findings of this article also hope to contribute to a feminist reading of the current idea of the family. Recent scholarship on family life has revealed that despite the dramatic changes in the structure of the traditional nuclear family, claims regarding the 'death of the family' or a 'decline in family values' fail to grasp the dynamic formulations of family formations and practice nowadays (Bourdieu, 1996; Naveh, 1996).

Within this context, it is important to mention the centrality of family in Israeli society. In recent years, a new school of feminist analysis has emerged, through which scholars have scrutinized Israel's pro-natalist value system and politics (Berkovitch, 1997; Donath, 2011; Shalev and Gooldin, 2006; Hacker, 2005; Hashiloni-Dolev, 2007; Lahad, 2012).

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Israel, as depicted by these studies, is an international leader in the development and propagation of high-technology fertility treatments. Interestingly, in Israel there are more fertility clinics per capita than in any other country (see, for example, Shalev and Gooldin, 2006). Israel's pro-natalist ideology and relatively high birth rate are interpreted to be the consequence of a number of factors, such as the 'demographic war' against Israel's perceived enemies (both within and outside); the legacy of the Holocaust; the place occupied by the religious establishment in the political and cultural systems of Israel; and the marriage of Zionist and traditional religious Jewish practices and beliefs, intended to enhance the Jewish character of the state of Israel (Katz and Peres, 1986; Portugese, 1998). Having large families is still considered, in many ways, to be a patriotic and civil act.

One of the aims of this article is to contribute to a greater understanding of these dynamics and, in particular, to examine how the growing legitimacy of single motherhood by choice (Halperin-Kaddari, 2004) has discursively affected the possibility of 'childless' singlehood, as it is represented in the series. In the latter context, our analysis reveals that contemporary singlehood is also constituted by the new category of single mothers by choice (Bock, 2000; Hertz, 2006; Jones, 2008; Mannis, 1999). As opposed to deeply rooted stereotypes of single mothers as selfish, irresponsible, and sexually promiscuous (Bock, 2000), in the television series the protagonist's choice of motherhood is ardently encouraged by her therapist and considered the reflexive and responsible choice. Hence, our article identifies an interesting shift in which the delegitimization of singlehood is endowed with new discursive power, attesting to the power of familial and pronatalist ideologies in Israel that position single motherhood as a more desirable life choice than childless singlehood. We are not arguing that stereotypical attitudes towards single motherhood have vanished, but we do identify a certain cultural shift in relation to how single motherhood is formulated. In the following analysis, we hope to demonstrate how this shift affects and constitutes feminine subjectivities, in particular the changing discursive formation of single women today.

To do so, we offer a situated reading of feminine singlehood through a critical discourse analysis of the Israeli television series *Betipul* (*In Treatment*). The series, which debuted in 2005 on cable television in Israel (Channel 3), was highly popular and earned favorable reviews from television critics. In 2006, it won the Israeli Academy of Motion Pictures and Television award for Best Television Series, with Assi Dayan (the psychologist) receiving the Best Actor award for his role in the series. Subsequently the American HBO network acquired the production and format rights for the series, which ran for three seasons in the United States. A recent study found that it had unusually loyal audience viewers who found the series as credible and authentic as any documentary series (Kaplan, 2008).

In Israel, the series aired five days a week and portrayed various characters' weekly treatment sessions with a clinical psychologist. We focus on Talia, a 40-year-old single female, a successful attorney whose single status sets the focus of the treatment process and constitutes the basis of the plot. In this context, we seek to examine the various ways in which the dominance of the therapeutic ethos affects the constitution and presentation of singlehood in popular culture. In particular, we emphasize that it is not enough to expose the stereotypical representations of social categories; it is also necessary to

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examine which scripted strategies and tactics maintain these representations. We suggest this form of awareness may provide a more complex understanding of the various ways in which the viewer's gaze is constituted.

Theoretical discussion: Therapeutic discourse and the discourse of postfeminist singlehood in popular culture

The series *Betipul* (*In Treatment*) offered an innovative television format heretofore unknown in Israeli television. Its novelty was expressed in two ways: the nature of the expected interaction with the viewer, meaning primarily the daily commitment demanded from the viewer, and the dominance of the therapeutic language in the series. The program was broadcast five days a week. The first four days depicted sessions of four different characters undergoing treatment by the same psychologist, and the fifth day depicted the sessions of the psychologist with his instructor (also a clinical psychologist) for his own personal therapy and discussions of his treatments. This new television format assumes a daily loyalty developed by the potential viewer, who, in order to follow the plot, is expected to watch the show every evening (five days a week). The show's unique deployment of therapeutic forms of talk and the detailed representations of the therapeutic encounters between patients and their therapist are unprecedented. While dramatized therapy sessions have already appeared in series such as *Ally McBeal* and *The Sopranos*, placing the therapeutic encounter at the center of the plot is quite exceptional.

It has been argued that therapy can be seen as one of television's pervasive ideological forces (Dubrofsky, 2011; White, 1992). This discourse with its attendant practices has enjoyed cultural and institutional dominance for several decades now and offers one of the most accessible cultural scripts for self-management in western culture (Rose, 1996). Scholars have termed the cultural dominance of therapeutic discourse as 'the triumph of the therapeutic' (Rieff, 1966); 'the therapeutic ethos' (Lears, 1983); 'the therapeutic state' (Nolan, 1998); and 'one nation under therapy' (Sommers and Satel, 2005). It is important to stress that in our use of the term, psychological or therapeutic discourse refers to therapy as a cultural ethos and the set of symbols and codes that determine the boundaries of moral life (Nolan, 1998). The ascendancy of therapeutic discourse within popular culture has been addressed by several scholars (Elden, 2011; Illouz, 2003; Taylor, 2011). These discussions have related to changes in the content of television commercials (Cushman, 1990), and particularly to the talk shows of the 1990s (Illouz, 2003) and reality shows (Hill, 2002). Evidently, most of these shows promote values of self-reflection, self-control, constant work on the self, and self-actualization (Skeggs, 2009).

One of the most significant features in the overlaying of the therapeutic ethos resides in establishing (and maintaining) a specific gaze founded on a number of assumptions: experiencing the self as a problem; experiencing the self as an empty structure that must be filled (Cushman, 1990); reliance on a range of experts whose goal is to 'fix' the self; and a language of emotionalism and the recasting of social problems as emotional ones (Furedi, 2004).

These features are related to the postfeminist model which advances self-regulation and autonomous forms of feminine subjectivity. According to this outlook, single women are solely responsible for their happiness, well-being, and future trajectory. Therapeutic

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language together with the postfeminist rhetoric have become dominant lenses through which female singlehood is constituted. The feminine single self is regularly described as a liminal entity which has to be redeemed by finding a partner and entering married life (Lahad, 2012). Given this, these stigmatizing representations of midlife singlehood are integral to the ideology of the mythical ideal of the happy family and, as Taylor observes, constitutive to the reclamation of heterosexual romance, which in turn limits the possible narratives about single women and feminine subjectivities (Taylor, 2011).

The findings of this article show that the representations of singlehood are not implemented solely by way of the therapeutic discourse, but also through the current postfeminist discourse so prevalent in popular culture. The postfeminist discourse is commonly described as a reactionary discourse which assumes that feminist politics is no longer necessary (Dubrofsky, 2011; McRobbie, 2004). Drawing on neoliberal understandings of choice, agency, empowerment, and autonomy, the postfeminist discourse favors and encourages individualized explanations over political-structural ones.

The phenomenological experience of singlehood as a personal problem is configured as a direct outcome of a mismanagement of the self. According to this logic, the single woman is expected to be an entrepreneurial actor, responsible for taking charge of her life and finding a husband. These entrenched beliefs are configured as a given by decontextualizing these sets of images from familial cultural scenarios that encourage women to develop a constant and authentic yearning for marriage and children. This pervasive representation conveys two key assumptions about women and female singlehood: first that their character and the conduct of their lives are flawed in some way, and second that a makeover can be accomplished by following the advice of relationship experts (Gill, 2008; Taylor, 2011). Critics of the postfeminist televisual landscape have observed that portraits of ambitious, working, yet unhappy single women represent a wider predicament in which women have lost their sense of direction. Such women are often presented as successful at their work, yet failures in their private lives (Genz and Brabon, 2009; Taylor, 2011). These postfeminist tropes have led to what feminist critics have termed a postfeminist backlash (Walters, 1995) or new traditionalism (Probyn, 1993), which reproduces neo-traditional gender roles and family structures (see, for example, Vavrus, 2002; Vint, 2007; Walters, 1995).

Moreover, the postfeminist ideology also advances white, upper-middle-class, heterosexual women's access to motherhood and disregards the life experiences of women from different classes and races. These assumptions are based on the class bias of postfeminism and illustrate the dominance of images of upper-middle-class femininity in postfeminist discourse. In that respect, *In Treatment* exemplifies this postfeminist bias, as the protagonist's reproductive agency is presented with no regard to the way her socioeconomic resources enable her to pursue motherhood. Differently put, the depiction of the heroine's given choices of opting for single motherhood bears no resemblance to the structural barriers and economic hardships most single mothers have to put up with.

This privatized and self-absorbed language has many affinities and juxtapositions with therapeutic logic. Both discourses decontextualize structural realities of unequal opportunities and rearticulate them as self-reflexive and autonomous choices. Given this, the next section offers a critical account of the ways in which representations of

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singlehood are formed and represented through the therapeutic and postfeminist discourse presented within *In Treatment*.[1]

As our content analysis demonstrates, singlehood is in effect depicted as a category that requires repair and therapy. Given that, the alternative of life as a single woman without children is symbolically eliminated from the script. This means not only that the identity of singlehood (as a permanent and not temporary category) is ignored by the televised script, but also that membership in this category is not accompanied by a sense of entitlement (Lareau, 2003) and a feeling of comfort and naturalness (Bourdieu, 1977) that is associated with familial identities.

Methodological considerations

Discourse, according to Michel Foucault (1971), should constitute thought, clad in its signs and rendered visible by words, or the structures of language themselves should be brought into play, producing a certain effect of meaning. Furthermore, he emphasizes, discourse should be perceived as a violence that we do to things, or, at all events, as a practice we impose upon them; it is in this practice that the events of discourse find the principle of their regularity. The underlying premise of critical discourse analysis (CDA) is that discourse shapes reality in accordance with the ideological interests of social groups. More specifically, this approach seeks to determine 'what structures, strategies or other properties of text, talk, verbal interaction or communicative events play a role in these modes of reproduction' (Van Dijk, 1993: 250). In other words, the aim of CDA is to shift the focus away from the 'objective,' or 'essential,' qualities of a text towards a reading that reveals the randomness, arbitrariness, and social construction of reality.

The interpretation of data by means of CDA is consistent with the inductive analytical processes underpinning Strauss and Corbin's (1998) 'grounded theory.' Accordingly, we conducted six readings of seven episodes (seven therapeutic sessions) from the second season of *In Treatment*, focusing on the character of the single woman. The first reading examined the self-presentation of both therapist and patient, and the key issues presented as being in 'need of treatment'; the second reading focused on the language used by the protagonist to describe herself, her life story, and her single status; the third examined the therapist's attitude to the issue of singlehood and his accounts of singlehood; the fourth explored the symbolic interpretations offered by the therapist, as compared with those of the patient; the fifth looked at the degree of change in the interpretations over the course of treatment; and the sixth probed the central narratives offered within the plot. Comparisons were carried out in particular between the interpretations offered at the beginning and end of the treatment, respectively.

The seven episodes involving the character of the single woman center on an attorney named Talia, aged 40, who is resuming treatment with the clinical psychologist (Reuven) who treated her in her early twenties. The plot focuses on her dissatisfaction with her single state and her uncertainties whether or not to become pregnant and have a child outside of marriage.

An exploration of the visual language of the series is beyond the scope of this article, but it is important to emphasize one point: The camera's reliance on the close-up and

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zooming in on individual characters.[2] Throughout the series, the camera repeatedly cuts to a tight close-up of the facial expressions and body language of both the therapist and his client. This choice of camera style prompts the viewer to closely follow the facial expressions, non-verbal gestures, and non-verbal language that take place during the sessions. Indeed, the close-up shots of the central protagonists fill the screen and play a central role in both conveying the therapeutic messages and interpreting the protagonists' hidden emotional makeup.

In her analysis of the American version of the series, Caroline Bainbridge (2012) argues that the success of the series is also based on its unique structure and form. This narrative device allows the viewer to adopt several perspectives at once, and to experiment with a number of fantasies, including the 'opportunity to fantasize about ourselves as all-seeing and omnipotent' (2012: 160). Bainbridge places emphasis on the structure of the series – in which the therapist meets with a different patient each day – as well as the viewer's ability to observe the therapist's exchanges with family members and watch him during his meetings with his supervisors. This, she suggests, offers a vision of the psychotherapist that would be impossible to gain through participation in therapy, as a patient, alone. We concur with Bainbridge's observation that this fantasy of power can be identified as one of the key pleasures of watching the show. It would be interesting to see how Bainbridge's claims could be applied to different cultural contexts, and how this affected the popularity of the series in Israel and elsewhere.[3] This line of investigation is beyond the scope of the current study, but merits further examinations in future studies.

Interpretive findings

Singlehood: The therapeutic narrative and the category of 'needing treatment'

The therapeutic perspective plays such a central role in constructing contemporary subjectivity that very few spheres are unaffected by it (Cloud, 1998; Herman, 1995). As noted by Kirschner (1996), many of us employ the language of psychology to discover the truth about ourselves. The psychological narrative in *In Treatment* is based on several key characteristics that have been posited by various thinkers who have examined the cultural prevalence of therapeutic discourse (Kirschner, 1996; Moskowitz, 2001). In an article entitled 'How the self became a problem,' Baumeister (1987) describes how, as a result of cultural-historical construction, self-management in the therapeutic narrative has increasingly come to be considered a 'problem.'

These elements appear throughout the seven episodes, and are frequently self-reflexively expressed by the female protagonist as follows:

> Somebody once said to me that when you don't have children, time doesn't really pass; it sort of stands still. (Episode 1)

> It's like I'm walking around with some sort of stamp on my forehead, 'Unfit to be a mother.' (Episode 4)

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The above accounts also echo Remennick's (2000) study, according to which childless women in Israel perceive their childlessness as a hidden disability that undermines their other achievements. These experiences cannot be separated from the Israeli political context within which they take place – namely, a sociocultural setting which encourages women to become mothers, and the sooner the better. The protagonist's 'disability' in this case is her unfitness for motherhood and resultant stigmatization (Portugese, 1998; Remennick, 2000). As Talia notes:

> … I don't want those white sheets anymore. I want to fall asleep, collapse from exhaustion on Disney sheets, [I want] to chase off monsters with my child, that's what I want. (Episode 4)

Or:

> I'm always wanting something. For 40 years I've been wanting. I want love, a partner, a child. It's so exhausting, it's tiring, it wears me down to always want and never get. (Episode 7)

In another episode she asks her therapist:

> Are you familiar with the flower game? The one in which you pick the petals off one by one and try to determine whether the other person is in love with you or not? I seem to have been left with the stem. (Episode 2)

The above quote also fits with Taylor's observation that the single woman is a figure of discursive unease, which is grasped simultaneously as a professional success and a personal failure (Taylor, 2011). Furthermore, the protagonist sees her single self as an 'entity in waiting' (Lahad, 2012):

> If only someone could promise me that everything will be okay: that I'll find someone, that I'll get pregnant … (Episode 1)

The single self is perceived as a temporary self, waiting to be completed by a male husband. Following this logic, her true and authentic self-realization is dependent on acquiring a coupled and maternal self. In this way, both the postfeminist and therapeutic frameworks set patriarchal and familial ideals of morality, authentic knowledge, and well-being. Rescuing the single woman from the single self and moving on towards the fulfillment of her true self as a wife and mother is portrayed as the required emotional makeover and the only redemption available to the protagonist.

In alignment with the therapeutic ethos, the identification of the problem and the revelation of the true self are explained in light of past events and the protagonist's relationships with her parents. Hence, the viewers of the series are introduced to one of the main characteristics of the therapeutic narrative: the building of causal connections with the past (Illouz, 2008).

In the series, these ties are created via two classic figures in psychoanalytic discourse: the father figure and the controlling mother figure. The relationship between the protagonist and her father is revealed from the outset. During the second episode, Talia unfolds

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the rivalry that began in her childhood between herself and her mother over the father's attention:

> When I was 16, my father had to have some kind of operation to treat his blocked blood vessels … When the operation was over, the nurse told us that we could visit him … My mother went in … What upset her the most was that he didn't recognize her … I then entered the room … I approached him … He said to me: 'Talik' [her nickname] … He didn't let go of my hand … When my mother approached me the first thing she asked [was] … 'Did he recognize you?' And my answer was 'No.' (Episode 2)

In response, the psychologist links her childhood story to the way she perceives her current self:

> This scenario when your father recognizes you and not her … that moment in which he does not let go of your hand. Maybe he hasn't let go of your hand to this day.

During the fourth session, when the protagonist notes that one of her friends is a 'momma's boy,' the psychologist remarks: 'You haven't spoken here about your mother.' From that point onward, the therapy's focal point is the mother figure who defined her daughter as a 'mistake' (Episode 4).

Later on, the psychologist suggests a possible connection between Talia's mother's attitude towards motherhood and her own views on motherhood:

> This basic feeling of abandonment, of a little girl alone in the house, maybe you do remember … We are not only talking about physical abandonment but also about emotional abandonment. The message she [the mother] conveyed to you was that you wrecked her life, that it would have been better if you had never been born. It is interesting how much you fight against blaming her for this, and even attempt to understand her … It's very frightening, the very thought that you could abandon your child. (Episode 4)

Building causal connections with the past and the theme of redemption are described by Kirschner (1996) as two major points of resemblance between the therapeutic narrative and the religious narrative. In this sense, as emphasized by Illouz (2008: 82), the therapeutic narrative is written retrospectively. The progressiveness of the therapeutic narrative lies in the longing for future redemption, through the acquisition of emotional health. The protagonist's redemption is dependent upon 'shedding' her single status, becoming a wife and mother or, alternatively, a single mother. This form of salvation is frequently referred to by the protagonist herself:

> Look, Reuven, I know it doesn't work this way, but I have to find a partner. That's what I need now. I know it sounds bad. I know that people don't find a partner overnight. I also know you're not some kind of magician who'll change me, who'll open up my chakras. I really want to invest effort in this. I want a home. I want a family. I – this sounds so, it sounds so idiotic. (Episode 2)

Thus, the reigning assumption shown here is that the single woman should become her own entrepreneur, be responsible for her own self-transformation and redeem herself from her deficient subjectivity.

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Symbolic annihilation of singlehood

The concept of 'symbolic annihilation' has been proposed to describe the condemnation, trivialization, or disregard of groups, events, and characters by the media (Tuchman, 1978). We employ it here to demonstrate how the therapeutic discourse represented in *In Treatment* eliminates singlehood as a compelling alternative to marriage, coupledom, and family life. Nonetheless, on at least two occasions the acceptance of singlehood, or at least the attempt to weigh it as a legitimate lifestyle choice, is portrayed as possible. At both these points, Talia raises the possibility that singlehood might suit her better. The psychologist chooses to ignore this alternative and instead encourages other choices that he considers to be more normative.

During the fifth session, the protagonist alludes to her lack of 'maternal instincts.' This is interpreted, by both herself and the psychologist, as a problem whose cause is unknown at this point in the treatment. The central message conveyed is that interaction with her therapist, primarily accomplished through the verbalization of feelings (Furedi, 2004) or what Nolan (1998) terms the emotivist ethic, can uncover the past and hidden roots of her problem, shed light on its symbolic perpetuation, and generate a significant personal transformation.

The heroine explicitly describes in this context how she contemplates (subversive or alternative) thoughts about how she does not have any 'motherly instinct' or 'real female' inclinations towards children. Theoretically, the therapist could have lingered on these thoughts and thus opened for the heroine (and for the viewer) a different existential alternative to the hegemonic scenario about women, femininity, and singlehood. This is how the heroine describes these processes:

> You know what I felt? As if I'm not a real woman, like, [asking herself] Are you screwed up? Where's your maternal instinct? What does this say about me? What does it say about me that I discover that I'm pregnant and I feel as if I'd been told I had AIDS? It's strange, you know, I had friends who became pregnant by mistake, like once, in university, even in high school. I remember that to them it wasn't so clear that they wanted to have an abortion, they struggled with the idea, it was painful to them, they felt guilty, and they cried after the abortion, they mourned for months. [After the abortion] I didn't mourn for even one minute. I only wanted to get it over and done with … (Episode 5)

In the course of the final treatment session, the protagonist is already talking openly about singlehood as an alternative that might better suit her personality. She is aware that singlehood is perceived as a flawed identity, but nevertheless contemplates the positive aspects of life as a single woman. The reactions of the psychologist, evidenced in the following monologue by Talia, are characterized by the hermeneutics of suspicion which are typical of the therapeutic discourse (Ricoeur, 1970):

> I understand that I won't have children; I won't have them, it's obvious. Even though it's sad, it's not such a tragedy, not such a tragedy. It's really, really annoying that if you don't have kids, people think it's such a huge tragedy. [Addressing the therapist] Do you think it's such a tragedy? … *Maybe it's not meant to happen*, maybe it's just not meant to happen. It's true that most people here have children, but there are also people who don't have children in Europe, in

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> America. There are many couples who just don't have kids, and that's fine … Isn't it possible to be a *whole person* without being a mother? I mean, it's not like I have some physical need to get pregnant … I'm really not sure that that is my destiny … And all of a sudden, I thought to myself, Why, why? Maybe it's just not right for me? Maybe it's not right for me altogether? No? Don't you think so? I'm not in *denial*, really. I'm just saying that it's also possible to see the positive side of this.

It should be noted that in this quotation the heroine – belonging to a high social class (see Illouz, 2008 in this context) – is familiar with the psychological jargon and skillfully exercises it in order to convince the therapist of her alternative line of thinking ('I am not in denial, really'). The therapist chooses to ignore this alternative and linger on what is represented as her pathological conduct. It is our claim that in this manner the therapist rules out any alternative identity options while maintaining and reinforcing heteronormative ones.

During the same session, Talia raises the alternative of midlife singlehood once again through telling a story about a co-worker, a single woman, who has been unsuccessful in her attempts to become pregnant. The elimination of singlehood as an alternative life course trajectory gains is emphasized again towards the end of the session when the psychologist suggests explicitly to the protagonist: 'Make a baby, Talia … Even if it doesn't happen to you naturally, do it. You can do it. You'll be a wonderful mother.' Following this statement, the psychologist rises from his couch, walks over to his desk and writes a phone number on a piece of paper, which he hands over to Talia: 'This is someone I know – Daphna, a good friend, a social worker who leads support groups for women who are considering single motherhood.'

We argue that ending the treatment and the series with this final scene represents and reproduces old-new life preferences. Our contention is that this strong statement, at this particular point in time, construes and endorses discursive hierarchies between pro-natalist happy endings and lonely and childless ones. Furthermore, we claim that there was an opportunity here to articulate a different form of feminine subjectivity which does not necessarily fit traditional, postfeminist and pro-natalist scenarios. Yet the psychologist (and the scenario offered to the viewers) ignores it and chooses to accentuate a maternal subjectivity, thereby pronouncing hierarchical relations between different forms of happy endings. This point will now be developed more fully.

Hierarchies of happy endings: 'Make a baby … even if it doesn't happen to you naturally'

The endings of films and television series play a key role in drawing and holding the viewer's gaze. The linear narrative prevalent in western culture does not limit itself to the gradual development of the plot and main characters, but generally offers what is known as the 'happy ending,' which emphasizes the coincidence or promise of 'happiness' for the protagonists (Ahmed, 2010). Evidently, 'And they lived happily ever after' stories have long served as fantasies that structure clearly defined narratives of feminine identity.[4] The sessions within *In Treatment* conclude in a way that is intended to teach the

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series' viewers not only about the commonsensical understandings on singlehood, but also about the construction of hierarchies of appropriate life scripts, or what we term hierarchies of happy endings. The psychologist encourages Talia to become pregnant, referring her to a social worker who directs support groups for single women who are considering pregnancy. He advises her to,

> *Have a baby*, Talia. I mean it. I believe with all my heart that you should do this. I feel that this is why you came to me, that this is what you meant by 'make me a baby.' And you were right. Do it, Talia, even if you have to do it alone, *even if it doesn't happen to you naturally*, do it. You can do it. You'll be a wonderful mother … I feel that this is what's right for you, that this is what you truly want. You had the strength to come to me so that I would tell you to do this. And you also have the strength to do it. (Episode 7)

The psychologist, it should be noted, urges the single woman to get pregnant 'even if it doesn't happen to you naturally.' The alternative of being a single woman without children is thus completely negated, and the 'natural,' normative structure of maternal-familial longing remains undisputed. In this way, a hierarchy of identities is disclosed, which is comprised of three principal categories: marriage (representing the normative family), single motherhood, and singlehood without children.

It bears mention, however, that the gaze offered to the viewer is conducive to the assumption that the source of the heroine's choice is an essentialized feminine desire and longing which is disconnected from any social-structural constraints. This kind of depiction, we argue, demonstrates once again the alliance between the therapeutic discourse and the postfeminist discourse. Thus, single motherhood as opposed to 'childless' singlehood is perceived as the preferable option. It marks a symbolic homecoming and reaffirmation of the familial and pro-natalist ethos (Anderson and Stewart, 1994; Linn, 1991). In this context, it is important to note that Talia's social status as a successful independent lawyer also precludes well-worn stereotypes of single mothers who are in need of welfare services. In her analysis of single motherhood, Bock (2000) problematizes the category of single mothers by choice (SMC), arguing that the term itself indicates their place at the top of the single parent hierarchy and distances them from welfare-dependent single mothers or teen mothers.

Following Bock's study, it can be argued that the question of Talia's competence to be a single parent is never raised and only articulated through the therapeutic lexicon of emotional reflexivity and competence. This self-evident legitimacy once again emphasizes the intersection of the notions of gender, class and family, and the variations in the socioeconomic parameters constituting the category of single motherhood. Talia's social status is an indication that her economic resources guarantee her maternal competence. It is no accident that the therapeutic discourse articulated within *In Treatment* overlooks the economic aspects of SMCs, thereby reinforcing the allegedly universal assumption that all women long for and define themselves through motherhood. This form of presentation indeed echoes postfeminist trends of focusing narrowly on economically privileged women while advancing conservative messages with an emancipatory rhetoric.

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Discussion

The family is perceived to be the touchstone of society, an active watchword over other categories, and a collective principle of construction that is purportedly a concrete reality (Bourdieu, 1996; Schneider, 1980). As Bourdieu postulates, 'the family is a common principle of vision and division, a nomos, that we all have in our heads through a process of socialization performed in a world that was itself organized according to the divisions into families' (Bourdieu, 1996: 21).

Our study demonstrates an interesting shift, but also sheds light on the continuing use of practices of division as well as the changing relations of inclusion and exclusion. In many ways, it supports recent observations that the family is not losing its monopoly, but seeking ties of a different kind (Beck-Gernsheim, 2002). The therapeutic and postfeminist (Dubrofsky, 2011) preoccupation with the instability of the single self conveys normalizing judgments that distinguish the normal from the abnormal, the natural from the unnatural, and thereby support a reinterpretation of the protagonists' experience to fit dominant pro-natalist storylines. Put differently, the postfeminist idealization of the familial and maternal bonds is endowed with additional discursive force furnished by the therapeutic ethos.

A discursive alliance is thus formed between the therapeutic discourse and the postfeminist discourse that encourages a realization of the feminine self through the adoption of a maternal destiny and eradication of singlehood as a legitimate alternative. Different social and media critics have observed that the discursive alliance between dominant orders of discourse may assist in permeating ideas into everyday life, rendering them popular and turning them into accessible scenarios for individuals in managing their selves (Foucault, 1971; Hajer, 1995). We have argued that the discursive alliance between the therapeutic discourse and the postfeminist discourse is expressed through the articulation of singlehood as a pathological problem, and of traditional maternal identities as a preferred and desired life choice.

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Notes

1. Our emphasis is on the category of single women in particular, since the study is centered on a female protagonist. It should be noted that singlehood is a relational social category contingent on parameters such as gender, class, race, religion, etc.; accordingly, feminine and masculine singlehood cannot be conceptualized as one category. For the gender differences between male and female singlehood, see Stein (1975).
2. For a perceptive and fascinating analysis of the viewer's gaze in the American version of *In Treatment* see Bainbridge (2012).
3. The Israeli version of *In Treatment* has been adapted for television in a range of territories, including Argentina, Brazil, Canada, the Czech Republic, Hungary, Japan, Moldova, the Netherlands, Poland, Romania, Serbia, and Slovakia.
4. For additional discussion of the romantic heterosexual fantasy, and a critique of the myth of the 'happy ending,' see Jackson (2001).

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