

Chapter 14

The Idea of Love in the TV Serial Drama *In Treatment*

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I felt from the beginning that mental problems can be very universal, which is why we deal with archetypical problems.

—Hagai Levi, creator of *BeTipul*¹

As the history of film and film theory has repeatedly shown, the relationship between cinema and psychoanalysis is a fruitful one. However, the Israeli TV serial drama *BeTipul* (2005–2008)² and its American adaptation *In Treatment* (2008–2010) are the first TV series to be entirely restricted to the conversation between therapist and patient.³ This chapter will discuss how the narrative of *In Treatment* focuses on the patient–doctor relationship as a forbidden trope and on how the therapist, Dr. Paul Weston (played by Gabriel Byrne), is caught up in conflicts as a result of his incipient transference love. He feels something for his patient, but he knows that he shouldn't. This “dark” love story constitutes the linchpin and principal subject of the first season of *In Treatment*.

At first this essay gives a definition of a TV serial drama as an auteur film; then it outlines the story lines of *In Treatment*. The essay examines *In Treatment* from a specific perspective, with an eye to its structure and its filmic and aesthetic means and with special attention to its dramaturgy and the communicative constellation of its narrative. The last two sections of the essay address the subject of transference love and how it is represented in *In Treatment*.

Auteur Series

Like the Israeli original series *BeTipul*, the first season of *In Treatment*, which is the primary focus of this essay, was broadcast five times a week, with a single episode each day from Monday through Friday. This schedule was modeled on the rhythm of a psychotherapist's appointments and meant that on any given weekday, one could see the therapeutic session of the patient who had his/her appointment on that day.⁴ Thus, one could either watch all of the episodes in sequence, one after the other, as if the series were a feature film with an ensemble of principal characters, or else one could follow individual characters by watching the show on particular weekdays only, in what might be described as a "vertical" approach. The reception of American television series in Europe primarily takes place via DVD box sets. This means that for European audiences, the medium of television is experienced as similar to that of the movies. In this respect, the auteur series that hearken back to the nineteenth-century novel (including *The Wire*, *The Sopranos*, *Deadwood*, *Mad Men*, *Breaking Bad*, and many more) appear to be a new genre of extremely long *auteur* film.⁵

Story Lines

The principal character of *In Treatment* is the psychotherapist Dr. Paul Weston, who is 53 (in the first season). Other characters are his family, his patients, and his supervisor Gina, who is played by Dianne Wiest. Each individual episode focuses on a single patient, including Paul himself as a patient on Friday.

Monday's patient is Laura, played by Melissa George, an attractive 30-year-old nurse. She is one of the series' most important characters and provokes the narrative's central conflict, which provides the entire first season with its central dramatic tension.

Tuesday's patient is Alex, played by Blair Underwood, a navy soldier traumatized by an experience as a bomber pilot in the Iraq War. Due to a misunderstanding, he caused an accident that resulted in the deaths of 16 Iraqi children.⁶ Alex says that he does not feel guilty, but his body language says otherwise. Alex and Laura are the only two patients who interact during the season and whose narrative threads thus come into contact with each other. Laura tries to make Paul, her therapist, jealous by having an affair with Alex. In addition, Alex's story throws Paul into a profound crisis. Because of the failure of Alex's therapy, which is later made clear by his suicide, Paul begins to have doubts about his work and about psychotherapy in general, and implicitly this touches off a critical reflection on the ignorance of psychoanalysis with respect to cultural differences.

Wednesday's session belongs to Sophie, played by Mia Wasikowska, a successful, up-and-coming 16-year-old gymnast. Sophie had attempted to take her own life, probably because she was sexually abused by her trainer, and in the course of her therapy she learns to forgive her parents and hence take responsibility for herself. This narrative thread is as isolated as the one that unfolds on Thursday, when a married couple comes to Paul's office for their session. Jake and Amy, played by Embeth Davidtz and Josh Charles, are hoping for advice from their therapist as they try to decide whether they should keep the child that Amy is already expecting or get a divorce instead. Finally, at the end of the week, Paul sees his supervisor Gina for conversations in which the focus shifts to his own perspective, his own feelings and problems.

Independently of the strict broadcast schedule and the dramatic structure associated with it, the narrative of Paul's failing marriage plays a recurring role in the series. Its story is closely intertwined with the season's main plot, which centers on

Paul's relationship with his patient Laura. All of the stories together depict a broad range of everyday problems associated with various social roles and stages of life. Many of the classical topics of psychotherapy are touched on, whether it be dream interpretation, the interpretation of slips of the tongue and other parapraxes, or the interpretation of transference and resistance. Problems connected with traumatization, with the violation of boundaries, and with many other subject matters of the classical "talking cure" also figure in the series. On the whole, we are presented with a realistic modern version of relational, intersubjective "talk therapy," in which the therapist's subjective personal relationship with his patients plays an important role in the healing process.⁷ The fact that the content of the series is so realistic is probably due to the authentic experience of its creator, Hagai Levi, who not only studied psychology at Bar Ilan University but also has years of firsthand experience with therapy.⁸

The Modular Broadcast Schedule

Since only two of the series' narrative threads were interwoven, the ones of Laura and Alex, this unique modular broadcast schedule⁹ was entirely possible. Above all, however, this schedule matches the series' analytical style. In *In Treatment*, the so-called *Zopf*dramaturgie¹⁰ employed by the classical ensemble film (which also includes television series in terms of their dramatic structure) is "undone" and fragmented into its individual narrative threads. The therapeutic conversations that take place on Monday through Thursday always represent just one side of the narrative; they serve to present the patients and their interactions with their therapist. The complementary perspective is recounted on Friday, when Paul sees his own therapist, his supervisor, Gina. In these sessions, the viewer learns what Paul is thinking and feeling and is able independently to

place it in relation to the statements that he or she has already heard. The Friday sessions have two functions. On one hand, in dramatic terms, they constitute the “counterplot” to the “plot,” that is, to the stories of the patients. On the other, they represent an exchange among experts, an informed discussion of the usefulness and state of contemporary psychotherapy and hence a discussion that—on the level of the implicit dramaturgy—is also addressed to an audience of experts. And indeed, it is no accident that the symposium on the series was held at UCLA in 2009.¹¹ In the academic world and the media, the questions raised by the series, which are in no small measure therapeutic ones, have led to a lively discussion among professionals.¹²

Self-Reflexivity

The HBO series *In Treatment* is not just a modern televisual experiment; it also provides a complex portrait of contemporary psychotherapy. It is a self-reflexive, almost didactic exploration that communicates its own narrative strategies to the viewer, as well as a gripping, realistic drama of human relationships that deals with the all too human and its problems. Since this is its topic, it goes without saying that love is a principal element of the dramatization, but here it is illuminated from a psychological perspective, as a kind of symptom or wish-fulfillment fantasy. *In Treatment* draws on the dialectic of postmodern cinematic reflexivity as well as on the classical dramatic topos of the romantic love story with a happy ending, which is also part of its profile. The narrative centers on the therapist Dr. Paul Weston and the various patients who come to him in the course of the week for their sessions.

In Treatment is thus able to make do with a reduced plot, since the latter is generated almost exclusively by the dialogues that take place in the context of the therapeutic sessions.

In *In Treatment*, form and content coincide and permeate each other in a particularly interesting way. Both the explicit dramaturgy, which controls the concrete filmic sequence of events, and the implicit dramaturgy, which draws upon knowledge of the world outside the series, follow the rules of the subject matter.

The Filmic Aesthetic: The Minimalist Setting

The episodes of *In Treatment* are condensed into a time period of 28 minutes each and take place almost entirely in a single room, the office of Dr. Paul Weston located in Baltimore. The only things we see or hear are the doctor and a patient in therapeutic dialogue. It is all presented in muted colors, soft lighting, and a classical mise-en-scène, with alternating shots and reaction shots ranging from medium shots to close-ups; we always see the characters at eye level, which has an almost “anthropomorphizing” effect. There are very few dolly shots or gentle zooms. Line crossing is utilized only sparingly and always in the service of the plot, for example to emphasize a shift in psychological atmosphere. No effort is made to draw attention to the series’ cinematic technique, and soundtrack music is rarely employed. Virtually no other TV series is reduced to the spoken word to this extent. The diegesis unfolds entirely through the dialogues, and in this sense *In Treatment* does something that has always constituted the essence of television whenever it has come into its own, as it were, in structural, economic, and aesthetic terms and experienced its very best moments: it displays talking heads. Thus, it

is no accident that one of the show's directors (Rodrigo Garcia) wondered, "Why hasn't this been done 20 times before?"¹³

The Dramaturgy: "Digging for the Truth"

This aesthetic simplicity is designed to encourage immersion, and it calls for intense observation and listening on the part of the viewer. It relies on the imagination of the audience, on its participation in completing the filmic narrative. This same openness in narrative mode can also be seen in a few of the more recent television series of so-called "quality TV,"¹⁴ which are distinguished by innovative subjects, a recognizable authorial style, and heightened narrative complexity. They also demand an "emancipated spectator"¹⁵ and incorporate that spectator—or his or her participation—into the artistic process in an interesting way in terms of the aesthetic of reception. One tends to encounter this openness either in the form of a heavily elliptical narrative style in which plot threads are left incomplete (for example in *The Sopranos*, 1999–2007), or else in that of ambiguous focalizations¹⁶ that allow for different interpretations depending on the recipient's perspective (for example in *Mad Men*, since 2007, and *Breaking Bad*, since 2008). In *In Treatment* we find a different variant of this aesthetic of open form,¹⁷ which appeals to the audience to participate by watching in a particular way and turns its activity into a productive element of the setting. Thanks to the actors' naturalistic performances, a dialectic arises between what is said and what is seen. The viewers listen and place what they hear in relation to what they see, and just as in the structure of psychotherapy, the goal is to discover what lies hidden beneath the surface. These reception effects and communicative strategies are controlled by the dramaturgy, and indeed psychoanalysis itself is based on the same dramaturgical formula as the analytical

drama (the *pièce bien faite*, or well-made play), which came about in France in the nineteenth century and survives today primarily in the form of “well-made” detective stories and murder mysteries.¹⁸ Both psychoanalysis and the analytical drama are based on the retrospective and gradual disclosure of an event that lies in the past and is therefore a mystery. Typically, the solution of that mystery is not the end of the narrative; instead, there is an epilogue involving the newly gained knowledge, and that epilogue represents the actual solution (or denouement). The prime example of this type of dramaturgy is of course Sophocles’ ancient drama *Oedipus Rex*, which is both an analytical drama and the blueprint for an entire theory of culture later developed by Sigmund Freud. In one of his famous letters to Johann Wolfgang Goethe, Friedrich Schiller once described *Oedipus Rex* as exemplary in this respect: “*Oedipus* is, as it were, just a tragic analysis. Everything is already there, and it is simply unraveled.”¹⁹

The structure of the analytical drama makes it necessary to dispense information according to a minutely detailed plan and to anticipate the thought process of the recipient. In *In Treatment*, this takes place to an unusual degree within the performance of the actors; the recipient is urged to seek the “truths” that lie concealed beneath the surface of the acting. I will return to this point in greater detail later on.

Transference Love

Right in the very first episode, Paul’s patient Laura reveals that she is in love with him. She has felt this way for a year, she says, and Paul has become the focal point of her life. But Paul does not react to her confession as she had expected or at least hoped. His initial response is entirely professional: “I’m your therapist. . . . I’m not an option.”²⁰ But it quickly becomes apparent that this may not be the final word and that mutual love may

be an option after all. This emerges first in Paul's own session with Gina at the end of that week and then later in Laura's second session, when she begins to convince him:

“We're talking about reality, Paul, which is that I'm in love with you. That's reality!”²¹

Laura's confession is the opening of a plot in which Paul is caught up in a whirl of psychological events and therapeutic conflicts and vacillates between rationality and emotionality, thus establishing the narrative's central tension. Paul does know that obviously patient–doctor love is part of the psychoanalytic process, but it is not supposed to be reciprocated by the therapist.

Because *In Treatment* is such a self-reflexive series, it almost goes without saying that this love can only be the special kind of love that is inextricably bound up with psychoanalysis and which, in the terminology of psychoanalysis, has been known since Sigmund Freud as *erotic transference love*.²² Transference and countertransference are a component of every therapy. They are even regarded as a necessary part of the process of psychological healing. Transference refers to a phenomenon in which one experiences toward people in the present—in therapy, toward the therapist—feelings and attitudes whose origins lie in one's relationships with important people in early childhood and which are then unconsciously *transferred* to the people in the present.

Countertransference denotes the complementary process on the part of the therapist. Sigmund Freud and Carl Gustav Jung pointed out that transference love occurs in the patient toward any therapist, no matter which. Initially, Freud and Jung defined transference love as one of the unconscious mind's strongest defense mechanisms against healing. But already in his early *Observations on Transference-Love* (1915), Freud writes that as soon as the patient confesses his or her love, it is ineffective, in terms of the

analysis, for the therapist to demand that it be sublimated or suppressed. In the course of the discipline's history—after Jung had (not surprisingly) had a love affair with a patient (it would not be the last time)—transference was redefined as a helpful tool in analytical treatment. As Freud writes in *An Autobiographical Study* (1925): “Nevertheless, its handling remains the most difficult as well as the most important part of the technique of analysis.”²³

A history of psychoanalysis could be gleaned from the fate of transference love in the course of its development. One might say that it was love and the confusion it causes that gave rise to psychoanalysis in the first place, and since then they have repeatedly unsettled it and driven its further development. *In Treatment* succeeds, in a fictional context, in illustrating a dialectical view of transference love in general on the basis of a concrete case study, just as the science of psychoanalysis itself has always derived universally valid conclusions from concrete case studies drawn from literature or reality.

Dr. Paul Weston is caught up in conflicts as a result of his incipient transference love. In a dialectical process, he negotiates his feelings of love and emotional experiences, which are after all a component of every therapy, with himself (his superego) and his supervisor Gina—her job is to assist Paul to learn from his experience and progress in expertise. As he does so, the problems that may arise for a therapist in a case of transference love like this one are illustrated. Paul looks for ways to work with those problems. At the same time, however, his character obeys a golden rule of drama: to quote Pascal Bonitzer, the heroes of a story are always blindfolded; otherwise they wouldn't do anything, and the plot would stand still.²⁴ This also applies to Paul's character, who enters into what is likely to be an unhappy experience of transference love

with one eye opened and one eye closed. Already in the second week, Paul tells Gina with curious emphasis that he had responded to Laura's confession of love by taking a clear and unambiguous stance: "I'm not going to play around. This is not going to happen!"²⁵ Still, a part of him thinks or feels differently: "There was a part of me that really wanted Laura to go through the door"²⁶—a statement whose meaning is twofold. On the one hand, Paul should simply have allowed Laura to use the bathroom in his private apartment. On the other—in a metaphorical sense—he wished that Laura would cross the threshold between the professional patient–therapist relationship and the private one. But Paul's unconscious puts up resistance at every step: he downplays the issue by observing that he is in very good company, that of the famous psychoanalysts Freud, Messer, and Davies. A situation like this is simply a test for every therapist. Gina responds by accusing him of seeking to avoid responsibility, not only now but systematically: "Every time we go deeper, you reach for some theory . . . these male therapists tormented by the lust for their patients."²⁷ In the course of the series, Paul is forced to admit that, although he knows everything there is to know about the phenomenon of transference love, the simple, undeniable fact is that he loves Laura. In his second-to-last session with Gina—the dramatic climax of the season—Paul's wife Katie has all but given up on their marriage, and even Gina now concedes that the love between Laura and Paul should perhaps be judged by a different standard: "Maybe love can bloom in a therapist's office. . . . Love is bigger than any rules."²⁸

In this way, Paul and Gina reproduce and reargue the entire historical discussion surrounding the normative evaluation of, and taboo concerning, transference love in

psychoanalysis in narrative form. And now at the very latest, it appears that the narrative is bound to become a romantic love story and culminate in fulfillment.

As mentioned above, the process that Paul—and with him the viewer—undergoes is a dialectical one. And here something interesting happens, something that involves the “emancipated spectator,” who knows what to think about and do with what the series presents. Paul is no more “master in his own house” than the other characters in the series. Even a highly reflective degree of conscious thinking and speaking cannot alter the fact that from the perspective of psychoanalysis all this is merely sublimation and “cultural conversion,” in which wish-fulfillment fantasies are transformed into this speech.²⁹ The statements and self-descriptions of the patients—Paul included—are not to be trusted. What is speaking is precisely the unconscious.

On the one hand, what we are offered here is a credible narrative that makes realistic use of knowledge of the world. At the same time, we are dealing with that strict control of the flow of information in the service of the drama that turns the viewer into an element of the setting, the same approach that is also part of the dramaturgy of the analytical drama: the viewer becomes a detective or a virtual therapist. (S)he listens carefully and interprets; (s)he tries to decipher the veiled and indirect utterances of the characters, attempts to read what lies hidden beneath the surface of faces and gestures, and sets out in search of the key to the mysteries that will lead to the “untying of the knot” and speculates about the outcome of the drama. (S)he wonders, is it love or just an illusion, just an idea of love? There is a great deal of suspense associated with this technique of the analytical drama; the goal is to discover what only the unconscious knows. In the end—and this is the only logical outcome—the love story turns out to be an

illusion, an error, in which Paul has responded to Laura's transference love with countertransference love. In the final episode, Paul leaves his office and winds up in Laura's apartment. For the first time, the two of them meet under different conditions, and the tension reaches its peak. A scene that functions as a "delaying element" results in Paul ending up with Laura in her bedroom, but here he is unable to act.³⁰ He cannot bring himself to touch her; instead, as we learn later, he has a panic attack—the unconscious speaks—and we meet him again in Gina's office. Here, he is once again moving within the medium of speech and reflection; for him, there is no escaping it.

As always in an analytical drama, however, there is an epilogue. The love may not be real, but the therapy is a success. Laura no longer needs her therapist. And Gina describes how Paul's guilt feelings have broken through to the surface, which she regards as a success. Paul has shown the best side of himself: "the very best of you, your deepest standards, personal and professional and moral."³¹ The superego has triumphed. In the end, we may not have a romantic happy ending, but we do have a fallible protagonist who seems quite realistic in his fallibility and parapraxes.³² There is a difference between having a wish, between wanting to do something, and really doing it. While it is true that, according to Freud, all human beings are initially focused on the satisfaction of their sensuous needs, they are also all social beings from the beginning. And hence Freud also says that every analyst in every case—really always—bears responsibility for the countertransference love. Thus, *In Treatment* not only adheres to the ethically defined rules of psychoanalysis in its narrative; the narrated love story also remains faithful to the series' analytical style. The aesthetic premise of "talking heads only" simply rules out the depiction of a love scene in all its physicality as inappropriate.

The Performative Discourse of Psychoanalysis

The idea of love presented in this narrative—love as a wish-fulfillment fantasy, as a phenomenon of transference—appears as an ideal subject for a filmic narrative.

Transference and illusion are central concepts, both of which are abundantly theorized by psychoanalysis and extensively thematized by the artistic medium of film. What makes *In Treatment* so special is that it not only takes psychotherapy and its theory as its subject matter on an implicit level; it also takes the psychological activities described by the science of psychoanalysis, in all of their facets, as the basis for its dramatization on an explicit level. The characters follow the logic of psychoanalysis in their behavior. In this sense, we are dealing here with a twofold narrative that refers directly back to itself. In a performative illustration, the internal workings of human behavior are exhibited and at the same time fed back into their analysis. *In Treatment*, then, has an advantage over purely theoretical linguistic description, in that it develops a performative discourse that is appropriate to the *sujet*.³³ Thus, it may be interpreted not just as a reaction to the threat posed to its status or even its right to exist by the power of pharmacology and religion, but also as an artistic response to the critique of psychoanalysis as an ideological phenomenon.³⁴ The strongest argument for psychoanalytic theory and hence also for the medium of film that is so closely bound up with it lies in its character as an extraordinarily humanistic discipline, one that is able to expand so far that it can incorporate all critique within its own discourse—as shown by *In Treatment*. And thus *In Treatment* really *is* one of the best examples of contemporary “quality TV,” which is distinguished by a comprehensive knowledge of its subject matter, a skillful and innovative use of the rules of cinematic dramaturgy, and the presence of especially interesting fictional characters—and which last but not least leaves the moral evaluation

of its content to the viewers. In an interview for *The Jewish Exponent*, Hagai Levi, the creator of the original Israeli series, *BeTipul*, remarked that psychotherapy may need therapy itself. Otherwise, he said, it will soon be history, since it is under attack on multiple fronts, on the one hand from “pharmacology, which has become more precise,” and on the other from “spirituality and religion, which have served as replacements for many people facing problems.”³⁵ Be that as it may, with *BeTipul* and its American adaptation *In Treatment*, on which Hagai Levi works as a consulting executive producer, two works have entered television history whose innovative style and approach make them modern psychotherapy’s most convincing advocates.

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Notes

¹ In *The Jewish Exponent*, March 6, 2006.

² The US adaptation is very close to the original series. Except for the fact that the names have been changed, all of the characters and most of the dialogue are taken from *BeTipul*.

³ While the BBC-produced British miniseries *Talking Heads* by Alan Bennett (1987–1998) is reminiscent of the premise of *In Treatment*, its approach is different. No therapeutic dialogues are presented; instead, individual characters deliver monologues, sometimes directly into the camera. Its *staging* is clearly modeled on the aesthetic of the theater. Even in the silent film era, it was clear that the basic setting of couch and armchair was an excellent subject for films. In 1925, the United States saw the release of Louis J. Gasnier’s comedy *The Boomerang*, and one year later in Germany, Georg Wilhelm Pabst released his *Geheimnisse einer Seele* (*Secrets of a Soul*), a serious exploration of psychoanalysis and the interpretation of dreams. A therapist (but not yet the setting of the “talking cure”) appears as early as 1912 in Léonce Perret’s *Le Mystère des Roches de Kador*. In 1925, the psychoanalyst Siegfried Bernfeld wrote the screenplay for “a cinematic depiction of Freudian psychoanalysis in the context of a full-length feature film,” but the movie was never made. See Sieriek (2000).

The history of film since then, especially in America, is impossible to imagine without the figure of the therapist. (In Woody Allen’s comedies, for example, the character of a therapist often occupies a central position. See Warnecke, 2006.) The same is true for television; in the last decade in particular, the psychoanalytic dialogue between therapist and patient was popularized for lay audiences throughout the world by *The Sopranos*, whose originality and thematic innovation were based on the idea of sending the mafia boss Tony Soprano (played by James Gandolfini) to seek therapy—from a female psychotherapist—and then turning his sessions with (or “treatment” by) Dr. Melfi (played by Lorraine Bracco) into a central element of the entire series.

⁴ The first season of *In Treatment* contained a total of 43 episodes and aired on HBO beginning in 2008. There have been three seasons thus far; the first two are based on the Israeli original *BeTipul*, while the third, which was broadcast in fall 2010, was developed independently by HBO. Ostensibly in response to the audience’s viewing habits, beginning with the second season, HBO abandoned its original broadcast schedule, and the second and third seasons have been broadcast over two weekdays. For more information, see www.hbo.com/in-treatment (accessed February 4, 2012)

⁵ In the United States, the first DVD box set of *In Treatment* was released in March 2009, followed by one with European DVD region code in 2010. In Germany the German-dubbed first season was screened daily on public station 3Sat as a two-part episode (in 2010). The second season was screened only once a week in 2011.

⁶ In the Israeli series *BeTipul*, the character killed Palestinian children during a military operation and has a strained relationship with his father, a Holocaust survivor.

⁷ See Stephen A. Mitchell, *Relationality: From Attachment to Intersubjectivity* (Hillsdale, NJ: Analytic Press, 2000) and Stephen A. Mitchell and Lewis Aron, *Relational Psychoanalysis: The Emergence of a Tradition* (Hillsdale, NJ: Analytic Press, 1999).

⁸ The creators have a broader overview of the larger narrative context than the writers and directors of the individual episodes, and they play an important role in the series of so-called quality TV. They develop the series and, as supervisors, have an ongoing and decisive role in all creative decisions. It is thus entirely legitimate to speak of auteur series in the sense of the European auteur cinema. See Dreher (2010).

⁹ See Jane Feuer, “Being *In Treatment* on TV,” University of Pittsburgh, May 16, 2009.

¹⁰ This term refers to a narrative structure in which multiple plot threads run concurrently or are “braided” together (German *Zopf* = “braid”)—the translator.

¹¹ www.international.ucla.edu/israel/be-tipul/index.asp (accessed February 4, 2012).

¹² As an example, German TV station 3Sat aired a talk about *In Treatment* from the perspective of psychoanalysts; see www.3sat.de/page/?source=/scobel/152089/index.html (accessed February 4, 2012).

¹³ At the UCLA symposium about *BeTipul* and *In Treatment* in 2009; links to the podcasts: www.international.ucla.edu/israel/be-tipul/index.asp (accessed February 4, 2012); Rodrigo Garcia also worked as a director for the series *Six Feet Under*.

¹⁴ See Feuer (1985/2007).

¹⁵ See Rancière (2008).

¹⁶ In his essay “Discours du récit,” in Gérard Genette, *Figures III* (Paris: Seuil, 1972), 67–282, in English as *Narrative Discourse: An Essay in Method* (1980), and his book *Nouveau discours du récit* (1983), in English as *Narrative Discourse Revisited*, (1988), Gérard Genette deals with various types of focalization that make it possible to describe the point of view from which a story is told.

¹⁷ Umberto Eco first formulated the concept of the *Open Work* in the 1960s (English translation in 1989). The concept may be applied not only to the visual arts but also to cinema

in that here, too, narrative ambiguities and indeterminacies lead to a situation in which the meaning is found not in the work itself but in its communicative structures. The notion of open form can also be found in the classical dramaturgy of theater; see Klotz (1996).

¹⁸ See Kerstin Stutterheim and Silke Kaiser (2009, 143-146).

¹⁹ The whole exchange of letters between Friedrich Schiller and Johann Wolfgang von Goethe is provided online (in German): <http://gutenberg.spiegel.de/buch/3659/5> (accessed February 4, 2012).

²⁰ Week 1, episode 1, min. 23.

²¹ Week 2, episode 6, min. 15.

²² As Hagai Levi has indicated, the character of Paul is based on the book *Love in the Afternoon: A Relational Reconsideration of Desire and Dread in the Countertransference* by Jody Messler Davies (1994).

²³ See Freud (1925, 47).

²⁴ See Carrière and Bonitzer (2002, 125).

²⁵ Week 2, episode 10, min. 17.

²⁶ Week 2, episode 10, min. 16.

²⁷ Week 2, episode 10, min. 11.

²⁸ Week 8, episode 40, min. 23.

²⁹ See de Berg (2005, 15).

³⁰ The suspense in *In Treatment* does not result from the fact that the viewer knows more about the other characters than the protagonist Paul; in fact, the narrative follows his character almost throughout. Rather, it results from the fact that the viewer suspects more about the true antagonist—the unconscious—than Paul knows.

³¹ Week 9, episode 43, min. 19.

³² Dr. Paul Weston is repeatedly shown to be fallible and human in matters of love. In the second season, it is suggested that he had an affair with a patient once before, years ago, and in the third season he has a blonde lover some 20 years younger than himself, stereotypically for a man of his age.

³³ Juri Lotman points to the special structure of artworks, which in his view makes them a special and indeed a perfect means for storing information (unlike science, for example). See Lotman (1981, 87).

³⁴ For example, Gilles Deleuze and Félix Guattari, *Anti-Oedipus: Introduction to Schizoanalysis* (Frankfurt, 1972).

³⁵ In *The Jewish Exponent*, March 6, 2006.