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Trabalho de Conclusão de Curso
Questioning Normalcy:
Constructions of Disability in *House, M.D.*

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I'd like to thank

my parents, for supporting me in my academic endeavors;

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1. Abstract

ABSTRACT: The U.S. television series *House, M.D.* represents a cultural item from the most dominant culture in the world today. With a main character that suffers from chronic pain and limited mobility, the story focuses on his job diagnosing mysterious cases. The series reflects the views of many North-Americans regarding disabilities of all types, including physical and cognitive. This research examined through the lens of critical disability studies three episodes from *House, M.D.* in which patients were forced by their guardians and the titular character to undergo great changes in mind and body in order to conform to the majority notion of “normal.” The analysis demonstrates that the series values the medical model of disability over the social model, placing responsibility on disabled individuals to adapt rather than criticize society’s infra-structural problems in providing access.

KEYWORDS: Critical disability studies, television series, social model of disability, medical model of disability, House, M.D.

RESUMO: O seriado de televisão estadunidense *House, M.D.* representa um texto da cultura mais dominante do mundo atual. Sua personagem principal é um médico com dor crônica e mobilidade limitada e a história centra-se em seu emprego de diagnosticar casos misteriosos. O seriado reflete como muitos norte-americanos enxergam a deficiência de vários tipos, inclusive física e cognitiva. Esta pesquisa examinou através da teoria crítica de deficiência três episódios de *House, M.D.* nos quais pacientes foram forçados pelos seus pais e pela personagem principal a se submeterem a grandes mudanças mentais e

físicas para serem mais “normais”. A análise demonstrou que o seriado valoriza mais o modelo médico da deficiência do que o modelo social, assim responsabilizando os portadores de deficiência a se adaptarem em vez de criticar a sociedade por seus problemas infra-estruturais de acesso.

PALAVRAS-CHAVE: Teoria crítica da deficiência, televisão; modelo social da deficiência; modelo médico da deficiência; *House, M.D.*

2. Introduction

2.1 Personal context

I have chosen to analyze *House, M.D.* for my UFSC monograph. Once a friend told me she could not stand how Gregory House (Hugh Laurie) abused his medical authority. I argued that it was okay for him to be forceful because he was right anyway. Although I firmly believed what I said at the time, I found myself revisiting that conversation. The more I saw of the series, the more I agreed with her. Her criticism led me to question the series' prejudices and this work reflects my journey in doing so.

Initially I considered a feminist or post-colonialist approach for my study, but my advisor's suggestion that I use a critical disabilities reading was perfect. I knew at once which episodes I would analyze, since they had been essential in making me understand my friend's critique. These episodes bewildered me the first time I saw them with the way they blatantly disregarded the patients' wishes in order to enforce conformity on them. My research has only confirmed my initial disappointment.

As a currently able-bodied individual, I hesitated to write on a subject with which I have no direct experience. I know that despite all my care to treat the subject with thoughtfulness and respect, I may inadvertently cause more harm. In the end I continued with this research because it seemed better to study what I did not know rather than to let myself remain ignorant. Also, as a queer Brazilian woman, I appreciate it when others take the time to learn about feminism, post-colonialism, and queer studies. By analogy, I thought I should do the same. I acknowledge that being able-bodied has likely affected my perception in negative ways, though I hope this work does more to help disability studies than hinder them.

2.2 Series context

House, M.D., a U.S. TV series with an audience of millions, represents a cultural item of the most dominant nation in the world today. The titular character suffers from chronic pain and a disability that lessens his mobility. The show focuses on House's treatment of his patients, occasionally against their wills, in order to diagnose their rare medical ailments. The show's depiction of these cases reveals the views of many North Americans on a variety of disabilities, including mental, emotional, and physical.

The series premiered in January 2004. As of this writing, the seventh season is currently airing in its first run in the U.S. Over 130 episodes have been produced, each one approximately 42 minutes long. Many individuals have been involved in its creation and production. David Shore, Paulo Attanasio, and Katie Jacobs initially pitched the show to FOX Broadcasting executives (Shore). Over a dozen writers have contributed to the show and many more directors, actors, set designers, and other staff have worked on and influenced the series.

The main cast of *House, M.D.* comprises the doctors working in House's Diagnostics Department in a New Jersey teaching hospital, House's best friend, and the hospital administrator. The secondary characters' plots are primarily framed in terms of how they relate to House as his employees, his boss, friends, and romantic interests. Each episode develops one or more patients with a condition that no other doctor has been able to identify. It is House's job to solve the medical mystery, though the patient's treatment is usually left to other doctors. These characters almost never appear on the show for more than one episode.

House is infamously acerbic and irritable. He never misses an opportunity to insult the people around him about their intelligence, appearance, age, sexuality, and race. He is stubborn to a fault and often overrides or subverts his superiors, medical ethics, and U.S. law. However, his actions are tolerated because he is a genius who can solve the mystery cases that no one else can. When his best friend, Dr. James Wilson (Robert Sean Leonard), has to choose between testifying against House or going to jail, he opts for the former: “He saves lives, people that no one else can save and no matter how much of an ass he is, statistically House is a positive force in the universe” (“Merry Little Christmas”). As long as his patients are cured, his methods are accepted. The series situates House as the ultimate arbiter of what is correct, even in highly subjective cases about what is best for a particular patient.

House’s disability is fundamental to his character development and acts as a central theme for the series. In his mid-thirties, House had an aneurysm in his right leg that clotted and led to an infarction. Against House’s wishes, his girlfriend made a medical decision for a significant portion of his thigh muscle to be removed to save his life. He has walked ever since with the aid of a cane, though the series is inconsistent about depicting what movements he is capable of. House lives in chronic pain due to the complications that occurred during the surgery. To ease the pain he takes Vicodin, though the series has questioned repeatedly whether he truly needs the medicine or has become a drug addict. As of late season six, the latter possibility was more strongly supported. Disability is a recurring theme in the series.

2.3 Context of the problem

The term “disability” covers a wide range of emotional, physical, and cognitive conditions. Due to the challenges that disabled people face in a number of spheres, their access to resources, social capital, and accommodations for their needs is often limited. Some governments have attempted to improve structural access to disabled people through the law. Item XXXI of the 7th article in the second chapter of the 1988 Brazilian Constitution declares the “proibição de qualquer discriminação no tocante a salário e critérios de admissão do trabalhador portador de deficiência”¹. Other Brazilian laws establish specific punishments for discriminating against workers with disabilities (Lei N° 7.853, Decree N° 2.172); the right for disabled people to apply for government jobs through public exams (Lei N° 8.112); what percentage of a company’s workers must have disabilities (Lei N° 8.213, Portaria N° 4.677); legal definitions of disability (Decreto N° 914, Resolução N° 630, Ordem de Serviço Conjunta N° 90); and legal definitions of different kinds of disability. These laws are symbolic gestures to improving access.

However, laws do not always translate to reality. As Paulo and Alexandrino note:

Os direitos sociais, por exigirem disponibilidade financeira do Estado para sua efetiva concretização, estão sujeitos à denominada cláusula de 'reserva do financeiramente possível', ou simplesmente, 'reserva do possível.' Essa cláusula, ou princípio implícito, tem como consequência o reconhecimento de que os direitos sociais assegurados na Constituição devem, sim, ser efetivados pelo poder público, mas na medida exata em que isso é

¹ “prohibition of any discrimination related to salary or admission criteria for people with disabilities” (my translation).

possível. (224)²

Other countries also struggle to provide equal access. Pothier and Devlin write that:

North American societies take pride in promoting themselves as bastions of liberty, equality, and inclusion. [...] However, not all share equally in the good life, or feel adequately included. Among those who face recurring coercion, marginalization, and social exclusion are persons with disabilities. (15)

Although there is increasing awareness that certain infrastructural changes need to be made, the process is far from complete.

For this reason, studying portrayals of disability in popular culture is important. Television has a significant impact in forming opinions. Shore, one of the creators of *House, M.D.*, has mentioned the influence attributed to his hit T.V. series. O'Hare writes:

a representative from an association for sufferers of an inflammatory condition called vasculitis stood up and thanked the show for calling attention to the malady. [...] 'I made some smart (aleck) remark,' recalls show creator David Shore, 'and they continued to be grateful. [...] It's very gratifying to be able to raise awareness. Obviously, it's not why we started this show.'

The Lupus Society too has given Shore an award for raising awareness about the disease (O'Hare). *House, M.D.* has raised awareness of rarer diseases.

Television also has negative effects. Rowlands, in a book analyzing U.S.

² "Social rights, requiring the State's financial ability to make them effective, are subject to the clause known as 'reserve of the financially possible,' or simply, 'reserve of the possible.' This clause, or implicit principle, has as a consequence the recognition that the social rights guaranteed in the Constitution should be granted by the government, but in so far as it is possible" (my translation).

television, remarks that “Talvez nem tudo o que sei eu tenha aprendido com a TV— mas uma boa parte, sim”³ (13). One lesson he tells us he learned from television is that “[i]mprobabilidade moral nada mais é do que péssima saúde psicológica. Quando as pessoas fazem coisas ruins, é porque estão sendo, literalmente, doentes”⁴ (27). In other words, immorality causes bad health, an assumption sometimes held against disabled persons. Others too must have picked up this unfortunate lesson from their T.V. set.

If television affects opinions on a society-wide basis, then changing it will cause its audience to think in different ways. According to Englandkennedy:

Media can provide a means for changes in such perceptions. [...] public presentations and representations of culture patterns (such as media) not only can reflect cultural beliefs and expectations, but can provide new models as well.

Prejudice still exists against those with disabilities, but this bias can be dismantled through analysis. Researching mainstream culture and its representations of minorities reveals themes of discrimination. Only by knowing the problems can they be addressed and hopefully resolved, leading towards greater respect and better treatment of marginalized minorities. As Silviano Santiago describes in his essay “Uma literatura nos trópicos: ensaios sobre dependência cultural,” studying the culture of the hegemony allows us to “rewrite” texts in order to bring them new meaning. By examining and criticizing a work, a less privileged reader can insert their own perspective and thus change the text to show their own understanding of the world but also to reveal the

³ “Maybe I didn’t learn everything from TV—but a good deal, yes” (my translation). I could not find the original English, so I translated from my Portuguese source.

⁴ “[m]oral dishonesty is nothing more than terrible psychological health. When people do bad things it’s because they are, literally, sick” (my translation). I could not find the original English, so I translated from my Portuguese source.

prejudice in the original.

With this in mind, I pursued the following question for this research: how does *House, M.D.* portray the disabled? To answer this question I read texts on critical disabilities studies and analyzed three episodes from the series.

3. Review of the Literature

I will focus on the literature of two areas here: *House, M.D.* and disability studies, so as to provide a greater context to each.

3.1 *House, M.D.*

There is incipient research on the series *House, M.D.* as well as useful non-academic sources. Research and analysis have considered the TV series under a number of perspectives. DeNicolo, working with questions of faith, comments that religious discussions on the show are “presented in such a way as to create a religious straw man for House to blow down,” continuing the tendency for House to be the ultimate authority in all realms. Austin analyzes *House, M.D.* in terms of genre and entertainment expectations together with another U.S. TV series, *Veronica Mars*. Strauman and Goodier reviewed the medical dramas *Grey’s Anatomy*, *Nip/Tuck*, and *House, M.D.* in the same article. They remark that “What makes House a hero is, in the end, his ability to solve the case, no matter what the interpersonal costs,” highlighting once more House’s relevance as the genius with the right answers.

The medical ethics of *House, M.D.* have also been developed academically. Wicclair considers *House, M.D.* as a teaching instrument for medical students. He concedes that “[i]t is hard to imagine a worse model for medical students than House,” given how he lies, manipulates, harasses, and often refuses to procure informed consent from his patients (“Pedagogical Value” 16). However, Wicclair believes that “[g]enerally, viewers of television programs and movies are able to recognize that the behavior or characters who lie, cheat, [...] and so forth is not to be emulated in real life”

(*ibid.*16). Medical students would find only wish-fulfillment in the series, since “[w]hat medical student with clinical experience has not fantasized about sounding off to ‘difficult’ patients?” (*ibid.*17) Wicclair asserts that, ultimately, they would know better than to use House as a guide and that the episodes are useful as tools to discuss ethics with medical students. However, while the more extreme cases are instantly recognizable as unforgivable, such as when House infects his patient and co-worker Dr. Eric Foreman (Omar Epps) with *Legionella* bacteria, medical students and other viewers may find themselves persuaded to follow House’s lead in more complex and controversial questions (“Euphoria II”). After all, House is the medical genius who is right on all occasions, or at least portrayed as such. While medical professionals would be more skeptical, people from other areas would be more susceptible to accepting his authority.

In “Medical Paternalism,” Wicclair further questions the series’ paternalistic themes. To him, House is a paradigm of a paternalistic physician. House believes that he knows what is best for his patients and he ignores their wishes in order to diagnose and treat their illnesses. Wicclair writes:

For him, informed consent is a meaningless ritual and, worse yet, a potential obstacle to providing patients the tests, medical procedures and medications he believes they need. Accordingly, House M.D. is an excellent vehicle for an analysis of medical paternalism. (93)

Informed consent “is a core ethical belief in healthcare” in which patients or people making decisions on their behalf have the right to make informed decisions for treatment. Patients have the right to refuse their medical professionals’ recommendations (*ibid.* 94). Yet “House repeatedly acts paternalistically without giving a second (or even first)

thought” (*ibid.* 94). Moreover:

Time after time, when he gives patients what he believes they need rather than what they want, the outcome appears to be better for the patients than it would have been if they had received what they wanted. Accordingly, a recurrent message appears to be that doctors—or, at least, Dr. House—do indeed know what is best for patients, and that the good outcomes for patients justify medical paternalism. (*ibid.* 94)

Wicclair points out that in reality patients are rarely pleased to have their medical wishes disregarded. People have the right to weigh the advantages and disadvantages of every choice and decide which one is the best for them, even if it means sacrificing an aspect of their health or even their life. “[K]eeping a patient alive will not necessarily promote the patient's good or best interests. [...] The] best *for a particular patient* [...] depends on that patient's distinctive preferences and values.” The series itself gives the example of House who preferred to risk death than undergo a treatment to “fix” his leg” (*ibid.* 96, italics original).

Though Wicclair defends patients’ rights to autonomy in making medical decisions, he argues that:

it would be unwarranted to conclude that medical paternalism is never ethically justified. When evaluating paternalism, it is important to distinguish between cases in which agents are fully autonomous and capable of making decisions for themselves, on the one hand, and, on the other hand, cases in which agents lack decision-making capacity or in which their reasoning ability is deficient or impaired. Accordingly, the

antipaternalistic stance of mainstream medical ethics applies to autonomous adults, but not to infants, young children or adults with severe mental retardation or advanced dementia. (*ibid.* 97)

While patients in those categories would certainly require more help to reach their decisions, their wishes too must be considered. If the autonomy of a “normal” patient with little medical knowledge should be respected, then so should be that of minors and cognitively disabled individuals. Wicclair’s argument highlights the “deep structural economic, social, political, legal, and cultural inequality in which persons with disabilities experience unequal citizenship, a regime of dis-citizenship” criticized by Pothier and Devlin (15).

Saltes examines the presentation of disabled people on television, including in *House, M.D.* She criticizes the portrayal of Deaf people and culture in “House Divided,” an episode I analyze in this study. She commends the writers for incorporating “the debates about deafness as a culture or disability into the plot, [but] this really was the extent of their laudable contribution” (24). Saltes asserts that the episode failed to address the history to eradicate sign language through oralist ideology. She is dismayed by “the use of derogatory terms such as 'handicap', 'idiot' and 'gimp’” (27). Most of all she is disappointed at how the episode:

ends on the note that deafness should be cured and discredits the autonomy of the Deaf character. Seth was 17 years old and yet his autonomy to make the decision as to whether or not to have the cochlear implant was denied by his mother and the medical doctors assigned to his case. The episode did little to challenge the stereotype of deafness. While

it presented arguments against mainstreaming and normalizing through the vantage point of Seth, the conclusion may have the detrimental impact of suggesting that medicalizing and mainstreaming the Deaf is acceptable and for their own good. (25-26)

The episode reaffirms the paternalistic tendencies Wicclair describes and defends for patients who are minors and/or disabled. This tendency limits their autonomy.

Books about the series, such as *House, M.D.: The Official Guide to the Hit Medical Drama* by Ian Jackman and Hugh Laurie, have been published in the popular press. However, they tend to focus on how the show is produced, actor biographies, and character and plot development. Sometimes they mention disability on the show, as when Paul Challen notes that, “the first we see of House is not House the man, but his cane. A low shot from behind gives viewers a glimpse of Laurie's hip and hand-on-cane [...] In other words, the first thing we need to know about House is his disability” (102). Challen lists scenes in which House's cane is a significant prop but the furthest he goes to analyze it is, “House's cane is a device for sexual innuendo. It's also an instrument that he uses to achieve power (beyond, of course, the ability to walk” (2). He does not consider the irony of claiming that what normally indicates disability, a stigmatized status, is also a sex and power symbol.

Importantly, online sources offer considerable insight into the series. People from all walks of life, from sales vendors to doctors, discuss the series in online spaces such as the Fox House and Television Without Pity forums. As often as not, the conversations focus on the characters' love lives, but there is also a fair amount of debate about medical ethics and representation. Similarly, blogs collect analyses about the series. Scott on the

blog *Polite Dissent* provides episode-by-episode overviews of the medicine in *House, M.D.*, explaining the procedures and criticizing the show's accuracy and ethics. While these sources must be taken with a grain of salt, over the years they have helped form my understanding of the series as they do often provide interesting insights.

3.2 Disability Studies

Definitions of “disability” set who is considered disabled and, by implication, how problems related to disability should be addressed. Individual perspective is crucial. For example, some members of the Deaf community do not consider themselves disabled, contrary to the judgment most often passed by the hearing and medical communities. Strobel, a Deaf academic, wishes that Deaf people were “respeitado como sujeito 'diferente' e não como 'deficiente’” (33).⁵

The individual/medical model of disability considers just the disabled person. As Priestley explains, the focus is “on either biological or psychological explanations of disability” (15). Thomson writes that such definitions go at least as far back as Aristotle, who claimed that “anyone who does not take after his parents [...] is really in a way a monstrosity, since in these cases Nature has in a way strayed from the genetic type” (279). This definition is vague, fails to consider disabilities that are actually genetic, and is highly prejudiced. It demonstrates the stigma associated with difference.

The individual model continues to be applied today. As recently as 1993, Brazilian law declared that:

Considera-se pessoa portadora de deficiência aquela que apresenta, em caráter permanente, perdas ou anormalidades de sua estrutura ou função

⁵ “respected as ‘different’ and not ‘disabled’” (my translation).

psicológica, fisiológica ou anatômica, que gerem incapacidade para o desempenho de atividade, dentro do padrão considerado normal para o ser humano. (Decreto N° 914)⁶

This definition of disability hinges on that of normalcy. As Davis states, “[t]o understand the disabled body, one must return to the concept of the norm, the normal body [...] normalcy is constructed to create the 'problem' of the disabled person” (23-24). Yet defining normality remains difficult.

According to Davis, it was not until industrialization in the eighteenth and nineteenth centuries that statisticians started to measure aspects of human beings. They drew conclusions about what is “normal” based on numbers. He reasons that:

Any bell curve will always have at its extremities those characteristics that deviate from the norm. So, with the concept of the norm comes the concept of deviations or extremes. When we think of bodies, in a society where the concept of norm is operative, then people with disabilities will be thought of as deviants. (29)

Such thoughts lead naturally to the desire to eliminate deviance. Davis tells us that “almost all the early statisticians had one thing in common: they were eugenicists [...] Statistics is bound up with eugenics because the central insight of statistics is the idea that a population can be normed” (30). The desire to eliminate difference remains an issue, all the more so during an era devoted to genetic engineering. It may be possible one day to choose the “perfect” child: able-bodied, attractive, intelligent, tall, thin, and heterosexual,

⁶ “People with disability are those who present, in a permanent manner, psychological, physiological, or anatomical losses or abnormalities in their bodies or functions that cause the incapacity of performing activities within the range considered normal for a human being” (my translation).

among other desirable traits. Governments, too, may set laws about what changes must be made in a fetus. The paradox, as Davis points out, is that “all phenomena will always conform to a bell curve” (30). There will always be deviants. If disability is a shifting concept, then so is normalcy.

In defining disability, the individual’s context must be taken into account. The social model of disability examines “cultural or structural explanations” (Priestley 15). Disability will always be shaped by the setting. A condition that is disabling in one society might not be in another. Thomson states that we need to:

denaturalize the assumption that disability is bodily insufficiency and to assert instead that disability arises from the interaction of embodied differences with an unaccommodating physical and social environment.

(283)

In the case of Deaf people, those who are denied sign language will lead different lives from those who use it. If sign language was used everywhere, such as in all university classes, in all stores, and in all working environments, then Deaf people would not be less abled than hearing people in those places. The existence and extent of disability is directly related to the milieu.

In shifting the definition of disability to include the social context, another important change occurs: that of responsibility. If disability is considered on an individual level, then the primary responsibility will lie with the so-called “disabled.” Persons with disabilities will be expected to seek cures and rehabilitation. As Pothier and Devlin assert, if “we understand disability as a socially created barrier, then [...] responsibility and accountability shifts to the larger community” (26). Societies can and

should allocate greater resources to improving access to those with disabilities. Of course, this should not be done in pity, as if extending charity. If equality is a status so valued by our governments, then they should do their part to protect it. While it is true that with current technologies equal access cannot be extended to all individuals, we should still do all that *is* possible.

Critical disability theory was created to explore these issues. It is not enough to say that disability and society are intertwined, for even though governments have taken some measure of responsibility, there is resistance to do more. It is not enough to follow liberalism's guidelines of independence, autonomy, and equality, for these things are not universally possible. As Pothier and Devlin argue, "[t]he challenge is to pay attention to difference without creating a hierarchy of difference – either between disability and non-disability or within disability" (26). The problem is not the difference, but how that difference is treated.

Critical disability theory also challenges the assumption that self-worth depends on productivity. Not all disabled people can work due to barriers created by society's structure. This leads to financial dependence, which can curtail autonomy. However, the value of human life rises above the simple quantification of an individual's salary or productivity. The cultural model of disability encourages other, greater values. As Devlieger, Rusch, and Pfeiffer explain, the cultural model is "transformative." It catalyzes changes through the analysis and criticism of representations and identities (15).

I have chosen to use critical disability theory for this research. I agree with Thomson that the term "disability" "unites a highly marked, heterogeneous collection of

embodiments whose only commonality is being considered abnormal” (283). I also follow Pothier and Devlin’s understanding that:

[d]isability [...] has no essential nature. Rather, depending on what is valued (perhaps overvalued) at certain socio-political conjunctures, specific personal characteristics are understood as defects and, as a result, persons are manufactured as disabled. (19)

Finally, I have found Oliver’s perspective useful: “My definition of disabled people contains three elements; (i) the presence of an impairment; (ii) the experience of externally imposed restrictions; and (iii) self-identification as a disabled person” (5). These definitions and perspectives follow the social and cultural models of disability.

Many scholars have used the cultural disability model to examine the portrayal of disability in film and television. Cumberbatch and Negrine systematically examined British television from 1988 and 1989 for its presentation of disability. They assessed “how adequately people with disabilities were being portrayed, both quantitatively—that is, how often and how many— and qualitatively— that is, in what manner and with what understanding and intention” (1). They analyzed how many disabled people appeared in a program; what kind; and what prominence. They concluded that “the portrayal of people with disabilities on British television is indeed inadequate” and that the creators of television should “give more thought to the portrayal of such people” (2). The problems they criticized reflect those still present in current U.S. television.

In addition to comprehensive overviews such as Cumberbatch and Negrine's, scholars have analyzed individual programs and films. Larsen and Haller analyzed the 1932 Hollywood film “Freaks” and reviewed the changing feelings and opinions towards

disabled people in the U.S. over the decades. The film depicts “images of ‘abnormal’ bodies enjoying daily life behind the scenes of a circus sideshow,” which “challenged people's perceptions of ‘circus freaks’ by showing “unusual social constructions of ‘freaks’ eating, joking, proposing marriage, even giving birth—in short, behaving as humans capable of ‘normal’ embodied actions and desires.” The first audience was so repulsed that they walked on out on the first showing. Despite attempts to make the ending more “acceptable” by having the dwarf marry another dwarf instead of the pretty, blonde able-bodied woman, the movie was a commercial failure. Larsen and Haller conclude that:

many 1932 moviegoers were repulsed by the film, but whether that translated to even more negative attitudes toward people with disabilities is unclear. [...] The film confirmed the 1932 audience's notion that people with disabilities should be locked away.

By detailing the history of portrayals of disability in television and film, these works helped direct my own research. Through them I saw that perceptions of disability could and do change and that therefore disability is indeed a construction. I also perceived that despite these shifts that many of the problems criticized in these works still exist today, including in *House, M.D.*

4. Methodology

I analyzed three episodes of *House, M.D.* through the lens of critical disability theory, which challenges “assumptions and presumptions so that persons with disabilities can more fully participate in contemporary society” (Pothier and Devlin 16). The episodes I selected are episode twelve of season three, “Merry Little Christmas,” episode fifteen of season three, “Half-Wit,” and episode twenty-two of season five, “House Divided.”

I picked these three episodes because they feature patients who are considered disabled (by House and, accordingly, within the narrative structure of each episode): a dwarf, a talented savant, and a deaf person. Each patient comes in, under the tutelage of a guardian, to be treated for a recent health problem. By the end of each episode, House convinces their guardians to make the patients, initially against their will, undergo a treatment that would “cure” their disability.

Most *House, M.D.* episodes follow a formulaic plot and each episode contributes towards the greater narrative following the main characters’ lives. This is a common structure for current U.S. TV series, as Carlos writes:

os roteiristas das séries desenvolveram uma estrutura narrativa em dois níveis. Cada episódio possui uma trama principal completa e uma ou várias tramas secundárias, que serão desenvolvidas ao longo da temporada ou até mesmo ao longo da série. (27)⁷

House, M.D., as a medical drama, possesses the traits of the “Patient of the Week” genre as described in a collectively-maintained wiki of storytelling elements, TVTropes:

⁷ “the series’ screenwriters developed a narrative structure on two levels. Each episode has a main complete plot and one or multiple secondary plots, which will be developed throughout the season or even through the whole series” (my translation).

it's uncommon for the cast to have more than two patients per episode, and they typically just have one. However, this patient rarely has some simple, easily diagnosable disease [...] Furthermore, the patient's own personal life will often mirror that of one of the main characters, thus providing drama. [...] And then, at the end of the hour, the patient leaves the hospital, never to be seen or heard from again.

Each episode typically contains two narrative threads which intertwine and reflect one another: medical and personal drama. My research focuses on the “patient of the week,” examining how their stories are developed within the episode through plot, characterization, and imagery. I examine how the patients' situations reflect House's personal life in each episode, comparing and contrasting the parallels drawn between them in order to reinforce the series' core perspective on disability.

5. Analysis

Many themes repeat within and among the three episodes. Though I analyze them separately, I will also consolidate and synthesize the common elements from all three episodes.

5.1 “*Merry Little Christmas*”

The “patient of the week” in 3.10 “Merry Little Christmas” is Abigail (Kacie Borrowman), a fifteen-year old little person who goes to the hospital clinic after her lung collapses for unknown reasons. She is accompanied by her mother Maddy (Meredith Eaten), who is also a dwarf. This episode is part of a longer story arc in which a police detective, Michael Tritter (David Morse), attempts to punish House by threatening to arrest him. In the days before Christmas, House is given the choice between pleading guilty to criminal charges (for forgery, drug abuse, and fraud) and spending two months in a rehabilitation facility, or denying the charges and going to jail on the strength of the existing evidence. House refuses to admit guilt, even as the people in his life pressure him to do so.

Many terms for nanism are used and disputed in the literature. I have attempted to use words that were accepted by at least some people with short stature, including dwarfism, dwarves, people of short stature, little people, and nanism. The medical definition of dwarfism in the U.S. is “abnormally short stature” (MedicineNet). Many forms of dwarfism exist, attributable to various causes, some of which will require medical intervention throughout the individual's lifetime. The Little People of America

(LPA) site states that “the majority of LPs enjoy normal intelligence, normal life spans, and reasonably good health.” Moreover:

Opinions vary within the dwarf community about whether or not this term [of disability] applies to us. Certainly many short-statured people could be considered disabled as a result of conditions, mainly orthopedic, related to their type of dwarfism. In addition, access issues and problems exist even for healthy LPs. [...] Dwarfism is a recognized condition under the Americans with Disabilities Act.

There are multiple and sometimes conflicting opinions within the dwarf community regarding how their condition should be considered.

Abigail, the young patient with dwarfism, first appears in the clinic. Dr. Lisa Cuddy (Lisa Edelstein), House's superior, is conducting an exam when House walks in on them and makes indirect jokes about Abigail's and Maddy's height: “Just need her for a tiny moment. Small favor,” and “She's got a bit of a short fuse hasn't she?” Maddy criticizes House's treatment at once, “Who's the wit?” Cuddy answers with, “Doctor. Don't worry, I'll be firing him soon.” This is a false promise, for in this same episode Cuddy tries to save House's job. Her attempts to make House leave the room also fail, as House becomes interested in Abigail's condition and makes accurate observations about her health. He takes on Abigail's case. Inappropriate behavior or no, House is tolerated as he can deliver answers no one else can. Respect in language and treatment literally becomes a joke and what should be a question of ethics is mocked as excessively “politically correct” (PC).

Though some shots focus on the characters' faces at an eye-level, other camera

angles emphasize Abigail's and Maddy's short stature. These two are shot from above while Cuddy and House are shot from below. Maddy's actress wears make-up and, by Hollywood conventions, has the face of a beautiful middle-aged woman. Abigail appears much younger. Unlike her mother, she wears no lipstick or eyeliner; her shirt has sparkles and her scarf sports cheerful, bright colors. Abigail does not speak once during the scene, furthering her infantilization. The visual aspects suggest Maddy and Abigail are lesser to House and Cuddy.

These conventions, established in the opening scene, continue throughout the episode. Maddy snaps back at House whenever he comes up with another joke based on dwarfism. This earns his respect and he proposes they "go for a spin," an euphemism for sex. It is inappropriate for a doctor to hit on their patients and family, but the only consequences House faces is a smirk from Maddy and the indignation of his employee Dr. Allison Cameron (Jennifer Morrison). Abigail continues to be fairly quiet. Most of her lines are about her status as a patient, such as, "That tube is going all the way down to my liver?" Twice she speaks when she thinks her mom is being embarrassing: "Mom, it's okay," when Maddy complains that Cameron is being condescending by offering to give Abigail a "boost" to reach a table (instead of offering a stool to climb up on), and "Mom" when Maddy describes how she had sex with Abigail's father. The camera angles are the same as in the previously described scene: some are eye-level focuses on the characters' faces and, other than that, shoot the two dwarf characters from above and the average-sized characters from below.

House discovers that Abigail has Langerhans cell Histiocytosis, which caused a granuloma to press down on her pituitary gland. Unlike her mother, a cartilage hair

hypoplasia (CHH) dwarf, Abigail's short stature was caused by a growth hormone deficiency. Pituitary dwarfism does exist and is "usually due to malfunction of the pituitary gland" (MedineNet). However, House states to Wilson and Cuddy that, "just because we called her a dwarf doesn't mean she is a dwarf [...] She lost an identity." He states in his usual condescending manner that by removing the granuloma and taking growth hormone pills, Abigail can grow taller.

However, for the first time in the episode, Abigail expresses an opinion about herself. She resists taking the growth hormone because "I like who I am now." Maddy supports her at first. House, who by then is high on oxycodone, says:

You like needing help when you want something off the high shelf? Not being able to press an elevator button above the eighth floor, having to smell ass every time you stand in line? You don't need growth hormone; it's just your ticket out of the freak show.

With this basic argument of "normal is better," House manages to convince at least Maddy, who in turn convinces her daughter, telling her that "This is who you were supposed to be [...] I want you to have what I can't." Wilson and House are pleased that Abigail consents to the growth treatment. However, Scott expresses disappointment "that they presented such a rosy ending (or close, anyway), apparently forgetting that poor Abigail still has liver failure, pancreatic failure, and diabetes. She has a rough road ahead."

The series does present a favorable image of dwarves. Maddy is sharp, witty, strong, and sexy, and Abigail, though mostly quiet, appears to be sweet and caring. The writers include basic facts about nanism for the audience like the different kinds of little

people. The episode also encourages viewers to mock dwarves: House's jokes about them are a source of humor and he suffers no rebukes for making them. The episode title itself is a pun encouraging the viewer to laugh at expense of people with short stature: "Merry Little Christmas."

The story reaches the conclusion that it is better to be average sized, if only so as to be "normal." Indeed, it is presented as the sole factor to consider. However, the growth hormone would not improve Abigail's health. Given all the other conditions she is facing, an additional and unnecessary change could bring on further stress on her body at a difficult time for her. This touches the point Pothier and Devlin raise about how "most of the time, people are expected to act in an able-bodied way unless there is very specific notice to the contrary," changing themselves to blend into the environment (31). They should not have to. Also questionable is the conviction with which House declares that Abigail is no longer a dwarf, for that is not up to him. House argues with the medical definition, while to Abigail the question is cultural. According to her understanding and experience, she was a dwarf and could have continued to be, if she chose. As per Oliver's definition of disability, and analogously nanism, self-identification is vital (5). But the story did not create a frame in which Abigail's current size could be read within the construction of dwarf culture. Rather, the frame reduces dwarfism to either a disease (from a medical perspective) or a disability (in social terms).

Finally, the episode did not allow Abigail a choice: she is depicted as a child, someone who passively accepts what is decided for her. Even the other little person in the episode, strong and intelligent Maddy, pressures Abigail to cede to what other people want for her, no matter the personal cost to her identity or health. Abigail is presented as

unable to know better and to benefit from medical paternalism.

House himself faces pressure to conform. One of the reasons House faces legal difficulties in this episode is because of his chronic pain. House takes Vicodin to relieve his pain and his coworkers and the detective Tritter accuse him of being addicted to the narcotic. In their opinion, he takes too much of it and they do not believe that other pain relievers do not work for him:

WILSON: You can still have pain meds in rehab--Tramadol,
Gabapentin—

HOUSE: Those don't work.

WILSON: They will once you're weaned off the Vicodin.

House does not counter this argument, perhaps too frustrated and angry with his situation. The episode does not give conclusive evidence as to whether or not House truly is an addict. However, whether he is or not, there are other considerations to take into account, just as with Abigail. It is not just a question of what is right and wrong as would be chosen by an authority in the same way House thinks he can decide what is good and bad for Abigail. Factors House has to weigh regarding his situation include possible addiction, keeping his chronic pain at tolerable levels, and the other effects of each possible remedy such as nausea, insomnia, mood swings, and changes in clarity of thought. To House, Vicodin provides the best end result for the life he wants to live, continuing his job thanks to the pain relief and continued clear-headedness. But, as with Abigail, House's personal reasons are not deemed good enough and others attempt to force him to take on a treatment they believe is best for him.

5.2 *Half-Wit*

In 3.15 “Half-Wit,” Patrick Obyedkov (Dave Mathews) is a thirty-five year old man with a brain injury that has made him into a savant with the mental capabilities of an “average” four-year-old and a genius ability with music. Though he plays piano so well he goes on tours, Patrick cannot button his own shirt and often repeats what people say to him because he does not know how to respond. He goes in to the hospital after experiencing dystonia, which MedicineNet explains as “movement disorders in which sustained muscle contractions cause twisting and repetitive movements or abnormal postures.” He is accompanied by his father (Kurtwood Smith), whose first name is never given, so I will refer to him as Mr. Obyedkov. In this same episode, House’s coworkers discover evidence that House has brain cancer and are understandably upset. House himself tells them not to worry and to drop the subject, but they insist on addressing the issue.

Turkington and Anan explain that savant syndrome is a condition in which “a person with a developmental disability [...] exhibits unusual areas of brilliant ability” and that “the disorder consists of a spectrum of disability ranging from profoundly impaired to high functioning” (136). Savant syndrome most commonly manifests in people with autism, but can be “acquired in an otherwise normal individual after brain injury or disease” (136). The special ability is usually a primarily right-brain function such as music or math, but it can also be a primarily left-brain ability like language. Though no one knows the reasons for savant syndrome, “[n]ewer imaging studies reveal left hemisphere damage in savants, which suggests that the most plausible explanation for savant damage might be left brain damage with right brain compensation” (136). The

talent can be developed with practice and encouragement and signs indicate that training the ability “increases socialization, language, and independence” (136). Patrick matches these traits, but with the noticeable exception that it is the right hemisphere of his brain that suffered damage.

Once Patrick's presenting symptom of dystonia has been treated, he and his father prepare to leave, but House stops them. Mr. Obyedkov remarks with some concern, “I thought we were being discharged.” Without explaining, House brings in a piano into the room and has Patrick play with him. Though Patrick plays amazingly well, repeating pieces from memory and creating new music on the spot, there seems to be no medical relevance to having him do so. Mr. Obyedkov, annoyed, asks “Does this have anything to do with his hand?” Foreman too becomes irritated. “He's good. Can we let [Patrick] go?” House replies with “He's great. He's staying,” and insists they run more tests. He is not, however, concerned with Patrick's health. He tells Foreman as they run MRIs of his brain, stating, “I'm not looking for trauma. I wanna see the music.” This is irresponsible. Patrick's extended stay and additional tests would incur higher hospital bills as well as probably have a negative effect on his emotional well-being. He is put through this merely to satisfy House's curiosity.

The series validates House examining Patrick for his own amusement: the additional tests reveal that he has a heart condition and requires more medical attention. Thus House's whim of treating Patrick like his plaything is positive, as it led to the discovery of another problem sooner than would have otherwise occurred. It reinforces medical paternalism in real life as well: doctors know best.

However, the episode is a fictional construct. It is easy to write a story in which

House is right. The writers chose to reveal Patrick's condition through House's selfish curiosity and justify House's actions by having them lead to a positive outcome. Scott points out that:

Medically, this episode felt very jumbled. There was no clear indication of why the doctors were doing certain tests [...] Run these blood tests. Why? Just because — don't worry, they'll never be mentioned again. [...] Aha, it's Takayasu's Arteritis (*sic*)! A diagnosis that fits if you squint (*sic*) your eyes just right and skip over a bunch of signs, symptoms, and obvious tests.

The fictional construct is not faithful to medicine, something most viewers will not know. This framework stresses that House's impulses should never be contested since he is always ultimately right anyway. This creates a dangerous precedent in which when it comes to making a decision in a far more ambiguous and controversial situation House's opinion will seem more "correct."

The end of the episode provides precisely such a controversial situation. As indicated in the quote above, after many more tests and Patrick's health significantly deteriorates, it is discovered that he has Takayasu's Arthritis. Three doctors— Foreman, Dr. Robert Chase (Jesse Spencer), and Cuddy— remark that this is good news. Patrick can go back home in a couple of days and play the piano again. Mr. Obyedkov too is grateful and effusively thanks House. Patrick can go back to his life as it was. This, however, does not seem to be good enough for House: he states that "There's better" for Patrick than "remain[ing] a four-year-old who wets his bed." He thinks that if they perform a hemispherectomy and remove the right, damaged side of Patrick's brain, he

might be able to gain different abilities. House tells Mr. Obyedkov: "I'm not saying he'd ever work for NASA, but flipping burgers isn't out of the question." Unfortunately, the lobotomy would definitely eliminate Patrick's ability to play the piano since that requires both hemispheres. There are two choices: Patrick remaining the way he is or maybe gaining greater cognitive abilities at the cost of playing the piano.

Mr. Obyedkov responds to this choice with "I love my son! Just the way he is!" and that "I don't mind taking care of him, so he can play the piano." However, his love for his son is not good enough for House. He uses guilt to pressure Mr. Obyedkov into approving the lobotomy: "you're actually lucky. You don't have to watch your kid grow up, you don't have to let go." Mr. Obyedkov is visibly distraught to be accused of selfishness and infantilizing his son, as well as with what House tells him: "I'm offering him a life. It's up to you."

It may indeed seem "up to" Mr. Obyedkov whether or not Patrick should undergo this life-changing and risky procedure. After all, Patrick does not have the mental maturity of a full-grown adult and therefore, per our society's standards, does not have the ability to make such a decision. It is what Wicclair argues, that sometimes medical paternalism is justified ("Medical Paternalism" 97). It is also a part of the system Pothier and Devlin decry in which "persons with disabilities experience unequal citizenship, a regime of dis-citizenship" (15). It is a common and unfortunate tendency in which people with intellectual disabilities do not have their choices, opinions, and desires respected. Antaki and Walton explain that even their day-to-day choices are devalued. According to these authors, it is important to give the option of choice to people with intellectual disabilities and a part of that is presenting the potential consequences of their decisions.

This certainly could have been done for Patrick. Though he often parrots what people say to him, in several conversations he demonstrates the ability to answer questions and to state his feelings. Patrick does so in this exchange with House:

HOUSE: Like your life?

PATRICK: What life?

HOUSE: Your life. Like the piano? Going on tours. Scoring girls left and right.

PATRICK: I don't like girls.

HOUSE: Boys. Whatever gets you off.

PATRICK: I like the piano.

If nothing else, Patrick expresses how much he enjoys playing the piano. Mr. Obyedkov does actually ask Patrick for his opinion, in an indirect manner. He asks his son, "Are you happy?" Patrick takes a long time to respond, but when he does, it is to simply repeat his father's question. Mr. Obyedkov takes this as a sign that Patrick wants to change his life.

As Scott remarks on *Polite Dissent*,

The final decision, about whether or not to perform the surgery on Patrick, was to some extent a false dilemma. Patrick's condition was under good control. His Takyasu [sic] was managed by medication as were his seizures. There was no reason his father had to decide then and there to have the surgery done, he could have waited and made an informed decision later in less chaotic and emotional surroundings.

The episode is biased under the medical model of disability. To have Patrick parrot the question in this crucial moment and thus emphasize his inability to make decisions is a

deliberate decision of the writers. It reflects the mainstream tendency of devaluing the choices and lifestyles of people with intellectual disabilities.

In addition, the story leaves no margin for doubt as to what the “right” decision was or for considering the complexity of decisions beyond the simplest resolution. At the very end, House examines Patrick after surgery and tells Mr. Obyedkov the likely prognosis for his recovery. In the middle of this conversation, Patrick begins to button his second shirt for no apparent reason, with great ease and speed, even though he was unable to do this before. Mr. Obyedkov cries out with joy, “You buttoned your shirt?” House adds, “Looks happy.” The camera focuses on Patrick’s proud half-smile. It is the last time he is shown in the episode and series, leaving the final impression that Patrick will be happy with this new life. Once again the resolution’s complexity is reduced. No one asks Patrick if he will miss music. The message is loud and clear: the possibility of independence through “flipping burgers” and doing buttons is a vast improvement over intellectual disability, even if you are happy as you are. This conceptualizes “disability as a misfortune” and “sends a very powerful message to persons with disabilities who are already born” (Pothier and Devlin 23-24). The episode implies that those who do have intellectual disabilities do not have lives worth living.

The parallels between the “patient of the week” and House are visible in this episode as well. Because of some House’s recent odd behavior, such as submitting his own blood for testing, his coworkers look into his phone records and come to the conclusion that he has brain cancer. House is angry when he discovers what they have found out and yells at them, “You have no right to know. You have no business knowing.” He tells them to forget about it, but they persist, trying to discover what

treatment will most expand his lifespan. They continue even after he makes it clear he does not want their medical intervention: “Stop... trying to save me.” By the end, it is revealed that House does not have cancer and only falsified the exams to receive an innovative anti-depression treatment. His coworkers are, of course, angry and upset at House’s lie. Wilson in particular berates him, saying that instead of pulling stunts to get drugs, he should try reaching out to people instead. While it is good advice, House’s plot reaches the same conclusion as Patrick’s: people acting against your medical wishes are doing the right thing. It condones and encourages medical paternalism.

5.3 House Divided

5.22 “House Divided” has as its patient a Deaf teenager, Seth Miller (Ryan Lane). During a wrestling match he starts to “hear” painfully loud explosions, so he is taken to the hospital by his mother Ellie (Clare Carey) and his girlfriend Laura (Treshelle Edmond) and placed in House’s care. During the course of the episode, Seth’s desire to remain deaf is challenged and ultimately negated. House himself has a problem: he has not slept for several days and is experiencing hallucinations of his best friend’s girlfriend, who died because of him. House acknowledges this hallucination of Amber Volakis (Anne Dudek) as being an outlet of his own subconscious. Though he worries about his insomnia and hallucinations, House continues with the case.

Many people do not consider deafness to be a disability. Geer explains that “[u]nder the mantle of bilingual-bicultural identity, deafness is not a disability. [...] Insofar as culturally Deaf individuals choose a sociological or cultural definition of deafness, it is wholly positive” (25). More than that, it is considered a culture. Strobel

quotes two U.S. American Deaf authors, Padden and Humphries:

Uma comunidade surda é um grupo de pessoas que vivem num determinado local, partilham os objetivos comuns dos seus membros, e que por diversos meios trabalham no sentido de alcançarem estes objetivos. Uma comunidade surda pode incluir pessoas que não são elas próprias. Surdas, mas que apóiam ativamente os objetivos da comunidade e trabalham em conjunto com as pessoas Surdas para os alcançar. (30)⁸

Strobel emphasizes the strength of Deaf culture, describing its sports, literature, visual arts, politics, and language. She writes that “Os sujeitos que têm acesso à língua de sinais e participação da comunidade surda tem maior segurança, auto-estima e identidade sadia” (45).⁹ Even so, Deaf people have been and sometimes are still forced to “pass” as verbal communicators through lip-reading and vocalizing, sometimes even being denied the use of sign language. Strobel mentions how the Congress of International Deaf Educators banned sign language in deaf schools in 1880, favoring an oralist teaching method (25). To this day some doctors advise the parents of deaf children “a não usarem a língua de sinais alegando que isto provocaria atraso na aquisição da língua portuguesa”¹⁰ (49).

House's Deaf patient, Seth, lost his hearing at the age of four years of age due to meningitis and could regain it with a cochlear implant. Foreman and Dr. Remy Hadley (Olivia Wilde) discuss this choice:

⁸ “A Deaf community is a group of people who live in a certain place, share the common objectives of its members, and work in many ways to reach these objectives. A Deaf community can include people who are not deaf but that actively support the community's objectives and work with Deaf people to reach them” (my translation). I could not find the original English, so I translated from my Portuguese source.

⁹ “Those who have access to sign language and participate in the Deaf community have more confidence, self-esteem, and a healthier identity” (my translation).

¹⁰ “to not to use sign language, claiming that this will delay their acquisition of the Portuguese language” (my translation).

HADLEY: The patient doesn't want an implant because he's comfortable with who he is. It's admirable.

FOREMAN: He's deaf. It's not an identity, it's a disability.

HADLEY: It's also a culture. The Deaf have their own schools, their own language. [...]

FOREMAN: Anything I can simulate with a \$3.00 pair of earplugs is not a culture.

This exchange is perhaps for the benefit of the members of the audience unfamiliar with Deaf culture. However, in the same moment it presents deafness as an identity and culture, they strike these concepts down with a punch line, establishing the episode's general attitude towards deafness. House too expresses his disdain. While running an informal test by playing music to Seth and having him feel the boom box with his hands and torso, he directly criticizes Ellie for "letting" her son remain deaf:

HOUSE: Apparently your mom doesn't care what you're missing.

ELLIE: You're an ass.

Ironically, given that he is pressuring Seth and Ellie to cede to society's expectations of what is 'normal,' House's choice of song is "Fight the Power."

House's harassment does not change Seth's and Ellie's minds. However, while running a brain biopsy on Seth to confirm whether or not he has brain cancer, House debates with "himself" what to do about Seth's insistence on remaining deaf as if the decision affected him in some way.

AMBER: He's going to go through life deaf.

HOUSE: He's okay with that.

AMBER: He has no idea what he's missing. His mom's a moron. He's gonna pay for her stupidity for the rest of his life? Are *we* okay with that?

House's subconscious justifies delegitimizing Seth's wishes by claiming he is too ignorant to know better. House informs the surgeons that as long as they are operating, they should also place a cochlear implant in Seth. The surgery team complies and, when Seth wakes up, his cochlear implant is activated without any warning. When Seth "hears" again, the episode dramatically increases the volume and pitch of prosaic sounds like shuffling feet, dripping water, and ticking clocks, dramatically demonstrating how it is for him to hear again for the first time in over a decade. Seth clutches his head, seemingly in pain, and signs (with subtitles on the bottom of the screen), "What did you do to me?"

The reactions House receives for forcing the cochlear implant on Seth are contradictory. Though disrespecting a patient's wishes should be grounds for firing, his boss Cuddy merely places Foreman in charge of Seth's case. The change is at best symbolic, as the diagnostics team continues to run the tests House thinks are best. Wilson, who often tries to get House to do the right thing, tells him that implanting the cochlear "was nice. [...] You did it to make his life better. It was a caring act... which you did in a way that was immoral and illegal, but... Baby steps." Thus, one of the moral centers of the show posits that Seth is better off hearing. Seth's mother gives mixed messages: as House and Amber note, she is upset but not angry. House concludes that "You wanted your son to hear. You just didn't have the guts to make him get the implant." The only other Deaf character in the episode, Seth's girlfriend Laura, responds:

LAURA: I wish I could get an implant too.

SETH: You don't need one. No one does.

LAURA: It's a great thing. It's going to open up a whole new world for you.

The episode creates a framework in which almost everyone, including the other Deaf character, supports House's bigoted actions.

Another layer emphasizing that the more sense the better is House's subconscious speaking to him through the form of Amber. Although this physical manifestation ultimately leads House to negative actions, being able to hear and see his subconscious is still convenient for House. Through his hallucinations of Amber he can remember facts he would not have otherwise, such as the precise height of K2 from a book he read years ago. As House says, "Cool. An all-access pass to my own brain." The value of these additional "senses" is particularly significant in an episode arguing that lacking the sense of hearing is undesirable.

Seth himself makes it clear that he wants the implant removed. He asks his mom to "Make them take it out. I don't want this thing in me." He seems happy the way he is and does not want change: "I'd have to change schools. I'd barely see [Laura]." Seth does also show some curiosity with regards to hearing. Ellie says his name out loud in exasperation and Seth asks her to repeat it. Soft music begins to play, highlighting a tender emotion, and they hug. This curiosity notwithstanding, Seth hates the implant so much that he eventually rips it out in a later scene, causing himself significant harm. That he would go so far demonstrates just how much remaining deaf means to him.

Seth's opinions seem clear enough, no matter what the other characters and society may think and want for him. He also manages to live a well-balanced life as a Deaf person, so there is no need for him to hear. Though this would seem to indicate that

he is capable of making an informed and mature choice, the episode concludes with the implication that he is not capable of proper judgment. Ellie, his legal guardian, decides that Seth is being unreasonable and that it is up to her:

ELLIE: I'm gonna tell your doctors to repair your implant.

SETH: You always said that was my decision.

ELLIE: And then you ripped it out rather than live with it for a few days even. I'm your mother. This is my call. I don't know if I'm making the right one, but it's mine to make.

This is contradictory and illogical: Ellie wants Seth to hear because he so ardently wishes to be Deaf. Seth's expression indicates disapproval, though given the series' inclination towards paternalism and the characters earlier contesting the decision to remain deaf, there is the indication that this is just his youthful stubbornness and that with time he will appreciate the change. Thus, once more a patient in the series has their right of decision taken from them for their supposed own good.

House's judgment too is questioned in this episode. House himself first ignores the suggestions on Seth's case his hallucination of Amber gives him. She asks him, using problematic language, "You're going to ignore your own subconscious? Gonna be the limp leading the blind." When Seth goes temporarily blind and proves her second sentence to be accurate, House decides to rely on the advice "Amber" gives him, including in his personal life. When one of her suggestions for a party causes Chase to go into anaphylactic shock and almost die, House is stunned. "You tried to kill Chase. I need to push you back down. You're dangerous," he tells his hallucination. As if to emphasize Amber's unreliability, not even the final diagnosis of eosinophilic pneumonitis she gave

for Seth was right: Foreman realizes that Seth has sarcoidosis. Given that House rarely fails to deliver the correct diagnosis by the end of an episode, the fact that he and Amber were wrong indicates how defective his mind has become. This too is ableist, implying that seeing hallucinations makes a person illogical and dangerous.

It could be argued that slipping the cochlear implant into Seth is another sign of House making mistakes he would not normally have made. However, as shown in “Merry Little Christmas” and “Half-Wit,” forcing life changes on his patients is not out of character for House. More significantly, as explored in the previous paragraphs, the episode conveys the message that while the method of execution was wrong, giving Seth the cochlear implant is “right.”

6. Conclusion

The analysis of the three *House, M.D.* episodes reveals recurring themes about disability. The series establishes a false authority on the topic at hand through medical information and the characters' opinions. While initially presenting the complexity of the characters' problems the resolutions are ultimately reached by reducing the conflicts to the simplest parameters of normal and disabled. This transmits the unfortunate message that social standards matter more than individual concerns. Further, by giving the appearance of a happy ending that the patients' decisions were overridden first by House and then by their parents, the writers equate disability with impaired judgment.

House, M.D. gives itself a medically authoritative framing. All the main characters are doctors and work precisely with the most challenging cases to diagnose. The three analyzed episodes provide more information about the patient's condition than most viewers will be aware of. Someone who knows nothing about nanism, Deaf culture, or savant syndrome will be impressed with facts about the hundreds of dwarf types, Deaf schools, and neurology. By establishing a greater knowledge, the episodes create a reliability that will make credible its later moral judgments about disability. However, these facts are but a Wikipedia-level of information.

In the same move of creating false authority, the writers have the other characters in similar conditions agree that a greater degree of normalcy is better. Maddy counsels her dwarf daughter Abigail to take growth hormone in order to have the life she could not. Seth's Deaf girlfriend Laura reminds him of the worlds that will open up to him with a cochlear implant. Patrick, once he receives his lobotomy, is pleased with his new status. House himself, the series' disabled protagonist and conflicted hero, pressures his patients

over and over again to “cure” themselves. That the characters with personal insight into the condition at hand advise normalcy provides emotional credibility to the episodes’ support of the medical model of disability. However, these characters are constructs of able-bodied writers. They do not represent an insiders’ insight, though they falsely appear to within the framework of the series and episodes.

The series also relies on reductionism to support its moral messages. The patients are presented at first with several concerns and conflicts which, by the end, are flattened to the single issue of normalcy. Abigail’s multiple health problems like her diabetes and liver failure go unmentioned in her resolution, as if they would not impact the stress of her increase in height. The ending to “Half-Wit” does not address Patrick’s probable grief in losing music nor the challenges he will face in adapting to independence so late in life, as if he would know only happiness from then on. The richness of Seth’s culture and language is ignored in the assumption that hearing will undoubtedly improve his life. In presenting the question of whether or not to change, the episode dismisses factors such as identity, health risks, and happiness. All that matters is bringing the character closer to the social standard.

House’s “anti-PC” stance is another method of reductionism. He obliterates conflict through mockery and jokes, shaming people for their legitimate concerns. In admonishing Maddy to get Abigail “out of the freak show,” he humiliates them for simply being who they are, dwarves. He argues that Abigail should grow so as to not “smell ass,” as if that would resolve her identity conflict. House takes Mr. Obyedkov’s love for his son and willingness to support a lifestyle that makes him happy and frames it as manipulation and selfishness. Even Foreman dismisses the entirety of Deaf culture and

sign language by joking it can be simulated with ear plugs. Reducing people's identities and choices to a punch line delegitimizes them, making them seem laughable. This also ties in with the series' creation of false authorities: in deriding "political correctness," House gives the appearance of being the brave soul who dares to speak the truth when in fact he is but supporting prejudicial opinions.

It could be argued that despite his forceful manner, House is generous in giving these three patients what he cannot have himself. He wants Abigail to grow, Seth to hear, and Patrick to be independent because he wishes so ardently to be able-bodied again. He cannot imagine why anyone else would choose to remain disabled. However, more than generosity, this is paternalism. Rather than listen to what his patients' needs and opinions, he assumes what is best and gives it to them against their wills.

The episodes do reference and therefore acknowledge the social model of disability, which posits that disability is created through the environmental context. Abigail and Maddy demonstrate that the challenges they face in their lives, such as insufficient specialized medical care and physical access, are caused by the hospital's infrastructure. In "House Divided", Deaf culture and language are mentioned, showing that deafness need not equate disability. Patrick was able with his father's care to live well and have a successful musical career even with his savant syndrome. The characters' lives and difficulties were shaped not just by their conditions but also by their milieu.

However, by imposing conformity on the characters, the writers show that they support the medical model, which argues that it is up to the individuals to change rather than society. In giving happy endings to the patients and parents whom House pressured into conforming, the series portrays him not as being cruel and demanding, but as doing

the “right” thing. Further, it implies that their lives up until that point must have been of inferior quality, which is an alarming message to send to those who do not have the option of changing in similar way.

The series conflates disability with the inability to make decisions. Abigail, Patrick, and Seth all indicated satisfaction as they were, and Abigail and Seth explicitly stated that they did not wish to change. It is probably not a coincidence that Abigail and Seth are underage and that Patrick is dependent on his father. As minors and dependents, they are legally under the control of their parents. Within the framework created by the writers, the fate of their bodies and minds lies with someone else: an apt metaphor of how society views disabled people. As Pothier and Devlin point out, liberalism assumes that “dependency is the opposite of autonomy” (31). If you are dependent, you do not have the right to choose.

House, M.D. supports conformity, which means people must become regular, productive members of society. Amongst House’s arguments for Patrick to risk his health and happiness was the possibility that he might one day be able to “flip burgers” and thus have a salary and economic independence. Embedded in this discourse is the drive to be as productive and cost-efficient as possible. Pothier and Devlin note that for society at large, it is always more cost-effective to not provide a barrier-free society. They also ask:

But is this an appropriate way for us to value each other? Efficiency and productivity are irretrievably ableist discourses that can only condemn (some) persons with disabilities to a presumptive inferior status. An enabling citizenship needs to be unshackled from the ideology of productivity and efficiency. (32)

It is time to question our own values. Productivity should not be the measurement for the quality of a human being's life and independence should not be the requirement for autonomy. Disability should not result in the “regime of dis-citizenship” decried by Pothier and Devlin (15). We should use the cultural model of disability to reconsider self-worth and structures of society.

Through this research I have demonstrated that *House, M.D.* displays problematic representations of disability that reflect existing prejudices. A possible future work would use theories of performativity to see how normality and disability are performed, and thus explore how a hegemony of ableism is perpetuated. By spreading these harmful notions to wider audiences under the guise of false medical authoritativeness, popular texts such as *House, M.D.* encourage a stronger bias against disability. Situating such texts as problematic allows researches to challenge such biases. My work in describing how the medical model of disability is used in *House, M.D.* lays the groundwork for identifying and promoting the social and cultural models of disability in other texts.

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