

***House M.D.*: the monitoring of life, crime and disease in the age of its technical visuality¹**

IVANA BENTES²

Abstract

When the body, the subjectivity and disease are converted into medical information, statistics and ballistics, MRI, contrasts, maps and images, they appear as new actors and dramatic elements in contemporary fiction, especially in series as *House M.D.* and *CSI*. In this article, we analyze some *House M.D.* episodes, highlighting how these body visualization technologies, genetic mapping, diagnostics, monitoring procedures, equipment for production of *evidences* of every kind (medical and criminal) are co-actors in these dramas. Technological devices and information surpass the experts' domain and turn into a new form of *entertainment*, becoming vital games that mobilize specialists and amateurs. In these games we see a gradual status change from the *patient* or the victim, turned into *participant*, *inter-actor*, and co-director of his disease, his suffering or his crime.

Keywords: *House M.D.*, aesthetics, biopower, visuality

The medical series and the entertainment programs based on scientific discourse and on expertise (forensic medicine, criminology, sexuality, sociability, prison routines, and ultra specialized procedures within the most different science fields) are being increasingly discussed at the public media space and are also being appropriated by the common sense.

As today we can speak of a consumer position change (viewer, user, audience), and become *prosumer*³ and inter-actor in the post-media context⁴, when assuming the functions of corporations and information specialists, we also found a similar dynamic regarding the popularization of scientific information (and criminology) and the dissemination of technological devices for self-monitoring and controlling the body and mind. This dynamic ends making the patient a *virtual doctor*, the victim a police detective, turns the criminal into a lawyer and into a potential judge (as in the American

¹ This paper was presented at the NP Audiovisual at the IX Meeting from the Groups / Center for Research in Communication, an event from the XXXII Brazilian Congress of Communication Sciences.

² PhD in Communication by the Federal University of Rio de Janeiro - UFRJ, where she is an associate professor of the Post Graduate Program in Communication and the Director of the School of Communication.

³ A neologism for active consumer, a consumer who produces.

⁴ "What characterize the post-mass media age are the decentralized communication practices, which can create new collaborative and participatory environments." (BENTES, Ivana. Entrevista. Instituto Humanitas Unisinos). Available at: http://www.ihu.unisinos.br/index.php?option=com_entrevistas&Itemid=29&task=entrevista&id=29083
Access in: April 9, 2010.

television series about a penitentiary, *OZ*), displacing or casting doubt on the traditional authority's discourses.

The discussion amplified by the media at the public space about these medical, law enforcement and criminology procedures indicates another statute of consumers, patients, victims and carriers, turned into producers and managers of the information regarding disease, health, crime and life. We also see different forms of authority rising within these themes, modifications at the contemporary subjectivity and the emergence of what we could call a bio-aesthetics. The experimentation edge from *bios* and life seems to point to a post-disciplinary social dynamics, inventing ways of life and transitory aesthetic as well as in transit among disciplinary powers and biopolitics.

Foucault's Bio-aesthetics

In the first volume of "*The History of Sexuality*", Michel Foucault (1977) discusses what he considers one of the main modern characteristics concerning power. He named it biopower, meaning that power implicates and mobilizes life as a whole and its dynamics inside mechanisms of domination and calculation, also how the knowledge-power emerges as a transformation agent of human life.

How would it be thinking Foucault's bio-aesthetics in the medical and forensic medicine television series or the ones about prisons communities as *OZ*? Understanding the bio-aesthetics, like Foucault, as an experimentation moment of the own biopower and its counterfeit regarding biopolitics, trying to conceive new forms of social interaction, plus new post-disciplinary and biopolitical forms of life.

We can describe the biopower as being the force relationships which produce life forms subjected to moral and ethical interventions. From this point, the constitutive notions from disciplinary societies appear and are standardized: the population, the anatomy, the social sciences, the political rationality from welfare state, the reproductive technologies and birth control, the so called bioethics, the relationship between the health of a moral subject and the health of a group (community, nation), the statistical controls (birth rates, life expectancy), the entire subject and life biomedicalization process.

According to Foucault, this where a new concept of life is born, with emphasis at individual and collective abilities, public health, sanitized public spaces. The

biopower, unlike the repressive and punitive conception of the classic power, appears on its fertile face, and produces new subjectivities and life forms located next to the verge, in the *between* (in the interstice), in the undefined region amid life and death, sickness and health (carriers patients, and handicaps), insanity and normality, organic and inorganic, right to live and right to die (euthanasia, abortion), legality and illegality, ethical and unethical (drugs, piracy, genetic manipulation), inclusion and exclusion (poor, migrants, seropositives).

If the biopower indicates the proliferation of the new life forms and practices in the edge and in the *undecidable*, it has bio-aesthetics as its correlate, a biopolitical answer to biopower, to the power over the life, an experimentation with and about life itself, a form to experiment with the body and with the bios, the life like raw material for an art work or an aesthetic/artistic work.

Regarding the audiovisual analysis, could we talk about bio-aesthetics constitution, or yet hyper-realistic aesthetics based on biotechnology, seeking a visual/vital/expressive translation from dramas of the body and mind turned into signs, signals, and images? Could we discuss attempts to express from these thresholds among a post-disciplinary culture and the traditional forms of power?

When the body, the subjectivity and disease become medical information, statistics and ballistics, resonances, contrasts, maps and images appear in the contemporary fiction as new actors and dramatic elements, especially on series such as *House M.D.* and *CSI*.

When analyzing some of the episodes from the perspective of content as well as form, we find in the role of co-actors: body visualization technologies, genetic mapping, computerized diagnostics and real time monitoring, highly sophisticated equipment for chemical, electrical and ballistics tracing; technologies for diagnosis and for the production of every kind of *evidences* (medical and criminal). The technological gadgets and the information surplus that exceed the specialists' domain and become almost a sort of *entertainment*, turned into vital games mobilizing experts and amateurs in a rather intense game. In these games, we see a gradual *patient* or victim *status* change, who is turned into a *participant*, *inter-actor* plus the co-manager of his sickness, his suffering or his crime. What does make the medical series and the experts' procedures become in the present day a successful product from the entertainment

industry, especially on television attractions, but not just in this field? Websites and blogs are dedicated to the scientific aspects on *CSI* series, regarding forensic medicine, and on *House M.D.*, which its main character is a physician working with procedures at the edge of the ethic boundaries, who uses the most sophisticated technological diagnosis tools designed for an obsessive battle pro the *truth* of the diseases.

The physician's truth discourse brings as counterpart the investigative shift from the viewers turned experts on scientific procedures showed in fiction. Through online communities or sites, the series fans discuss the episodes not only from the dramatic or ethical dilemmas angles but the medical procedures themselves confronted with the current state of the medical art. On the American site "*Polite Dissent*"⁵, a physician blogger analyses each *House M.D.* episode from a scientific perception, pointing the verisimilitude, veracity or distortion of the diagnostic process, symptoms as well as clinical procedures from the cases presented on the series, with about two hundred comments from fans. The idea of the online doctor's offices - the community of carriers, patients, victims and sick people, real or virtual, along with table of variation rates for glucose, testosterone, hormones; indexes of all kinds, articles and videos made by experts on the Internet regarding the most complex subjects - create a scientific/amateur culture with effects yet not deeply analyzed.

But what interests us on the medical series *House M.D.* is how the episodes seem to express the dilemmas brought by Michel Foucault in his already classic study, "*The Birth of the Clinic*" (2006), where he focuses the conflicts between modern medicine and medical discourse at the contemporary life with the emergence of bioethics and the increase of impasses resulting from the biotechnology impact at life management.

Since the birth of the modern clinic in the nineteenth century (Foucault, 1977) until the post-modern medical practice, we see the transformation of the patient's statute, from the object of medical discourse and medicine to the discourse subject, with some decision power about his life and his death. The medical authority, assured by modern medicine, had as correlate the abstraction of the patient as subject. The physician communicated directly with the *disease*, as we do find even on the television series discourse of the politically incorrect character, Dr. House:

⁵ <http://www.politedissent.com>

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Doctor1: Shouldn't we talk with the patient before starting to diagnose?

HOUSE: Is she a doctor?

Doctor1: No, but...

HOUSE: Everybody lies.

Doctor2: Dr. House does not like to deal with patients.

Doctor1: Coping with patients is not the reason we became doctors?

HOUSE: No, we became doctors to treat diseases; dealing with patients is what makes most doctors unhappy (Gomes, 2008: 30).

In this dialogue, it is clear the tension between modern medicine, advocates by House, who exalts the doctor's authority, letting the patient in the background and disqualified since he is source of inaccurate and even *false* information ("everybody lies", said House), along with a new dynamic in the post-modernity, in which this truth discourse coexists with the patient/inter-actor, informed, shaped and influenced by the media. This is the patient who consumes sites, papers and science dissemination shows and when he appropriates the information, he starts to claim the right to co-manage his disease, his health, the treatment and even his death.

This is what we see regularly dramatized on *House M.D.*, which as many other series (*CSI*, *OZ*, etc..) rise as a production element of a new imaginary around the biopower and biopolitics discourses, and still point to the possibility to think the bio-aesthetics emergence like effects that far surpass the mere entertainment and television series banality, when expressing and co-producing imagery and concepts.

The medical culture, as well as the criminology culture, the judicial, police, or even the communicational communication culture is bypassing the corporate and specialists discourse in a deterritorializing drift. Transversal displacement and shift cut across several fields, from medicine to communication, from criminology to education, the ones questioning the traditional knowledge and power.

The passage of the disciplinary society and the modern medicine, described by Foucault for the contemporary context, post-disciplinary and biopolitical, interest us as part of a wider research, "*The communication aesthetics in the cognitive capitalism*"⁶. In the present article, we will focus the analysis of this topic starting from some *House M.D.*'s characteristics.

We already find some interesting traits in Dr. House's description:

The series *House M.D.* is aired since 2004 on the American television channel *Fox* and since 2005 on the Brazilian Pay TV channel, *Universal Channel*. It follows the brilliant

⁶ Available at: <<http://www.pacc.ufrj.br/midiarte/>>.

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doctor, specialized in diagnostics, Dr. Gregory House and his team when diagnosing more complicated cases in the Princeton-Plainsboro School Hospital in New Jersey, United States. Rude, sarcastic, antisocial and addicted to painkillers, Dr. House eludes the doctors' stereotype commonly represented on television dramas, mostly gentle and caring with their patients. Nowadays in its fifth season, the series is among the ten most watched programs on the American TV (Gomes, 2008: 1) and it was a ratings leader on the Brazilian pay TV in the first quarter of 2008 (Ibid., 2008: 2).

"Rude, sarcastic, antisocial and addicted to painkillers", Dr. Gregory House shows, at his own social perception, characteristics of a *patient* that would need advice and care. The character suffers with a bad leg (which he refused to amputate) that brings him great physical pain and mental burden, what's more, he fights this pain with heavy self-medication, already incurring at diverse types of irregularities and ethical dilemmas to manage his *disease*. House is also terrified of *physical contact*, or rather, the emotional involvement with his patients, preferring to be harsh, sarcastic and outspoken, ignoring their accounts.

The truth is out there, we could say, parodying another investigative series, only that the *out* for House is the disease which produces a *truth* discourse by itself, with its symptoms (sometimes masked or mistaken, but always tending to the truth of the disease). House is merciless regarding emotional appeals or requests, not about cure, but concerning solidarity. "HOUSE: - What do you want: a doctor who holds your hand while you die or one who ignores you while you get better?" (Gibson, 2008:25).

Such procedure is tolerable insofar the *insensitive* doctor is almost always the guy who supposedly reveals the truth of the disease and then cures his patients, even if they are not as committed as he is in this truth and healing at any price. Dr. House's patients only interest him and get his attention if they are carriers of a complex disease, difficult to diagnose and to cure; the doctor often dismisses or refuses to treat *regular* patients. Like a detective or police officer who chooses the most intriguing and mysterious cases, House vibrates with the disease and its signs, in the same way as a lover or a detective, he runs for an adventure of deciphering symptoms, signs, the body and the illness changes, in addition to accounting, but doubting all the time, the information and complaints gathered from the patients.

From this presupposition, the Dr. House's unorthodox methods also appear, as the *differential diagnosis*, used to identify and diagnose a disease by comparing it with other with similar symptoms, along with the final deduction from the *comparative exclusion*, while his assistants submit the patients to the other *scrutiny*, at their living

and working places and with the patient's relatives and friends. The method implies a total scrutiny from the patient's body and his personal life, with physical and mental suffering. The battery of tests that each patient is submitted is not a greater aggression than the subjective ordeals (usually directed by the physician's assistants, House prefers stay away from personal aspects). The series character gets concentrated on the objective truth produced by the disease, with which he actually dialogues and maintains a *relationship*, the disease is the only ground the doctor respects and submits to his exams of truth extraction and therefore the cure (or very rarely, when he fails, to have to confront his victorious opponent).

The entire series treats the medicalization and technological procedures used to obtain the *truth of the disease* with extreme emphasis, through an incredible variety of different types of exams and submission of bodies to biopsies, punctures, CT scans, MRIs, diagnostics using contrasts, magnetizations, along with experimental techniques also categorically dangerous. We can say that on *House M.D.*, like on the forensic medicine series *CSI*, the machines, the diagnostic procedures and the evidence production process (from the police or from the doctors) used to find any of the contemporaries criminals (the killer or the disease), work as co-characters in the plots.

Like the *CSI* victims (who usually appear already dead and objectified at the first scenes from each episode), House's patients are also turned into objects of investigation, losing some of their proper characteristics, such as the decision-making power, the autonomy, the freedom of choice. It is important to highlight the hyper-realist aesthetics developed in these two series: on *CSI*, with the corpses and bodies showed with color desaturation, in such a way that are really perceived as being in the stretcher, morgue and autopsy tables, as well as on *House*, with all the enactment technology for the *technical* and diagnosis procedures, which competes with the characters in terms of narrative importance.

If on *CSI* the dead bodies are visually *neutralized* by several procedures (color manipulation, soundtrack, witty dialogues), on *House M.D.* the biomedical technologies become a real spectacle and entertainment, with colorful and pulsing images from many instruments: graphic patterns on X-rays, mysterious images, haze blurs, spots, specters on CAT scans and MRIs, blood flows at high-speed, macro-pictures from the skin, active cells, etc. The life of the micro-organisms, the infinitely small worlds presented

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inside an augmented reality, a whole visual imagery is offered in each episode, building a separate item in the construction of a properly audiovisual bio-aesthetics.

On *House M.D.*, most of the medical treatment happens in the *differential diagnosis room*, besides the diagnostics through imaging and laboratory test results, presenting new visual and image technologies at each episode. The images and exams each time more accurate and detailed reinforce, partly, Dr. House's discourse regarding medical authority, in the role of mediator and interpreter between the truth of the disease and suffering along with the patient's discourse.

The objectifying discourse from the images becomes itself an attraction, with entire scenes where the camera travels inside the patient's body, showing computerized images that translate *invisible* or subjective symptoms and signs into an objective visualization. The culture of visualization, monitoring and location (which is invading the Internet with *Google Earth*, *GPS*, surveillance cameras, control panels and all the equipment) is exacerbated both on *CSI* and *House M.D.* On these series the special effects are used to visually dramatize the investigated cases (whether is a crime or a disease), but in a way that these effects become an attraction by themselves, in an objective way, with no bother to the viewer and without creating an *invasion* or even violent sensation, as we believe the many medical procedures really are nowadays, still extremely uncomfortable and *invasive*.

Despite the technological show, the main characters' deductive and interpretive function is kept in both series. *House M.D.*'s protagonist usually challenges the technical diagnostics and deduces the truth of the diseases during a moment of epiphany and revelation almost mystical, linking symptoms, results and risky experimentations, in an unorthodox way. Like in the episode named "*Maternity*", regarding an epidemic in a maternity hospital, in which Dr. House chooses to apply opposite procedures when treating two different babies. His purpose is to discover the infectious agent, even if one of the babies dies during the experiment, a sacrifice that *will save* all other babies lives in the maternity. Or another ethical issue on "*Sleeping Dogs Lie*" episode, where the leading character decides to aggravate the patient's symptoms to find the exact diagnosis:

HOUSE: Whatever this woman has, it is not coming out in our tests, which means she is sick but not sick enough for us to notice it.

Doctor 1: Do you want us to make her sicker?

HOUSE: Yes, I want to stress her body. I mean, her brain, specifically. Keep her awake.

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Doctor 2: But depriving her from the few minutes of sleep she has is torture! HOUSE: Like cutting people with knives. But you can do this if you are a doctor.

Doctor 1: House, maybe those few seconds of sleep are the reason that she is still alive.

HOUSE: The more symptoms we force more exams we can do. The more clinical analysis we do, more information we get, then we will have a faster diagnosis. (GOMES, 2008: 33).

In the book “*The Birth of the Clinic*” (1977) Foucault describes how modern medicine disassociates the patient from his suffering, turning the sick person secondary in relation to the disease being diagnosed and treated. The patient starts to be a *carrier* and the disease becomes the physician’s interest center, as is showed in the Dr. House’s radical discourse and practice. The patient must be abstracted in the name of the truth of the disease. Foucault notes that modern medicine marks the look’s sovereignty, the "act of seeing" ("*le regard*") where the

... doctor's look it is not initially directed to the concrete body, to the visible ensemble, to the positive completeness that is in front of him - the sick person - but to nature intervals, to gaps and to the distances where they appear as in a negative, the signs that differentiate one disease from another, the real from the fake one, the legitimate from the illegitimate, the benign from the malignant (Foucault, 1977: 7).

The act of seeing is part of a rational discourse at diseases diagnosis in its ideal and essential condition. It also enables a bigger empirical experimentation, directly on the bodies. The disease is converted into the true medicine subject: we have to communicate directly with it. And this is what Dr. House does, stripping the patients and their families of authority, bracketing their complaints and dilemmas. Even being at a physical distance, House is capable to communicate with the disease and diagnose it, as it happens on the episode “*Failure to Communicate*” (GOMES, 2008: 31), where he solves the case being faraway, through the telephone, with the information given from his medical team and laboratory tests. When Dr. House turns the patient into object and the disease into subject, he does not have consciousness drama, ethical decorum or restrains for a riskier scientific experimentation, after all, he has just one objective: to communicate with the disease, in other words, to hit the nail on the diagnosis and, if possible, heal the illness.

But, if until now on *House M.D.* we personified the modern medicine dramas, nowadays the leading character’s discourse can be confronted and contested. Today the authority discourses and *expertise* are challenged in several fields, since the sixties and seventies the medical authority suffers with the entry of other characters and subjects.

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The idea of medicine as a business, having hospitals with professional management, administrated by people coming from other areas (such as health plans and pharmaceuticals companies), the patients' rights claim over their own bodies and their diseases (with publicized cases about medical errors and negligence), drain the medical authority, which returns to share its power over life and death with many other social actors (Leigh et al., 2008).

All these tensions, transitions and impasses can be found on *House M.D.*, where Dr. House, with his misanthropic procedures, brilliant insights and experimentation with the lives of others, seems displaced within the structure of an efficient post-modern⁷ clinic. In the words of the Hospital administrator, a character named Vogler, "Gregory House is a symbol of everything that is wrong with the health service. Waste, insubordination, puffed up doctors like kings and a hospital to carry out their private reign. Health is a business and I will manage it as such" (Gomes, 2008: 37).

Resource management, economics, and subordination to managers – the post-modern clinic brings other values, against the ones the lead character rebels at every *House M.D.* episode. "Is the hospital dropping the boring business of treating patients?" (Gomes, 2008: 37), satirizes Dr. House. In this series is also present the discourse from Dr. House's physicians team, which make a faster transition from the modern clinic to the post-modern one, the idea that the scientific objectivity can give place to an understanding of medicine as an experimental art. His young physicians and apprentices often contradict their professor, when insisting on carefully listening patients and their life stories, when investigating psychological factors, traumas and guilt, when comforting patients by their deathbed, when presenting alternatives for treatment in addition to respecting the patient's autonomy.

Finally, *House M.D.* ends up dramatizing the transition to post-disciplinary societies with the emergence of the inter-actor patient, the participative sick person, who wants to be heard and participate at the decision-making processes, the one that demands from the physician the *translation* from the indecipherable scientific terms into an intelligible language. Everything that Dr. House loathes and avoids, like the emotional contact and recognizing the patient as a subject, the biopolitics, but also the emergence of new biopower forms.

⁷ Where the patient is prosumer and inter-actor.

The *House M.D.* effect and the *CSI* effect

What is the *House effect* in the contemporary clinic perception? Sick people and patients disenchanted with the medical authority placed in check or fascinated with the new truth discourses produced by the biopower?

On *CSI*, the public audience turns specialist at procedures before limited to the crime scene investigators, when they are placed in front of imaginative and fascinating resources, plus the hyper-realistic visuals resources that analyze in slow motion the course of a bullet smashing a brain, then producing visual patterns and drippings that immediately remit us to a Jackson Pollock canvas.

Another image shows the damage produced on the victim's vital points, or even, genetic maps, traces of blood, poison, several chemical products, as well detailed ballistic tests that no more than forensic experts could dream about. All technological resources, as on *House M.D.*, are used to reach the *truth of the crime*, such as doctors who investigate the *truth of the disease*. Both series are supported by a *bio-aesthetics* of naturalization from technology and science, turned more realistic than reality, namely, they become hyper-real. The *CSI* series has influenced the criminal trials in the U.S. and Brazil, turning them into spectacles and fetishizing the indisputable and scientific *evidences* (DNA testing, traces, authorship of the crime and its identifiable marks) in the criminal investigations analysis.

In Brazil, there was the case of the murder of a five years old infant, a girl called Isabella Nardoni, whose father and stepmother are accused of the crime occurred on March 29, 2008. Independently, the media make use of every type of collection and production of evidences gotten from the case analysis: images from a groceries shop surveillance cameras taped just before the crime, blood detecting substance used on the suspects car carpet and clothing, the father's shoe print in a bed sheet, the alleged positioning from the killers and the victim, simulations, animations, reconstructions, etc.

Assassins, diseases, extraterrestrials beings or paranormal phenomena, the subjects from the contemporary serial narratives leave an intense trail, traces, signs, signals, marks, lines, images, signage material for a strong work of interpretation and production of truths.

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The analysis of some aspects from the television series *CSI* and *House M.D.* point to some of these issues along with ethical and aesthetic paradoxes from these days, when we are all doctors, *criminals*, patients and potential *carriers*, when dealing with the biopower and the bio-aesthetics in a moment of clinical-crime-media fields hybridization.

The production of the diagnostic-images, evidence-images, signs-images, and scientific-images serve to the biopower and help it to manage life and death, but also serve the biopolitics and the discourses capable of enhancing it. We still can not say that there is a real aesthetic novelty in these medical images or from criminology, but our relationship with these images stops being a relationship with the representation field to become an externalization from our minds and bodies in addition to some of our affections. In other words, the image becomes this compound of externalization from the mind world, the world of thought added to the new power and resistance forms.

Desires and projections by the image - and through the images - of unusual devices of visualization/embodiment/mentalization/control help us realize what we are not anymore and what we have not yet become.

References

- BENTES, Ivana. O devir estético do capitalismo cognitivo. In: XVI COMPÓS, 2007, Curitiba. GT - Estéticas da Comunicação – Annals, 2007.
- CRARY, Jonhatan. *Techniques of the Observer: On vision and modernity in the Nineteenth Century*, Cambridge, Mass., MIT Press, 1990.
- DELEUZE, Gilles. Pos-Scriptum sobre a Sociedade de Controle. In: *Conversações*. Editora 34. Rio de Janeiro, 1992.
- FOUCAULT, Michel. *O Nascimento da Clínica*. 6ª ed. Rio de Janeiro: Forense Universitária, 2004.
- _____. *História da Sexualidade – A Vontade de Saber*. Vol. I, Rio de Janeiro: Graal, 1977.
- GOMES, Carolina de Araújo. *Medicina na televisão: uma análise da série House, M.D.*, Orientadora: Profa. Dr. Ivana Bentes. Monografia. Escola de Comunicação, UFRJ. Rio de Janeiro, 2008.
- LEIGH, E. Rich et al. The Afterbirth of the Clinic: a Foucauldian perspective on "House M.D." and American medicine in the 21st century. *Perspectives in Biology and Medicine*. Vol. 51, Number 2, 2008.
- PODLAS, Kimberlianne. "The CSI Effect": Exposing the Media Myth. *Fordham Intellectual Property, Media and Entertainment Law Journal*, 16, pp.429-465, 2006. Available at: <http://law.fordham.edu/publications/articles/200flspub5906.pdf>. Access in: Sept 20, 2008.

Article received in November 8th, 2009 and approved January 21st, 2010.

This article was translated from Portuguese into English by Silvia Cobelo.