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House
Narrative Complexity

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Abstract: In her analysis of the medical/procedural program House, Amanda Lotz shows how a procedural program can exhibit narrative complexity and innovative techniques of character development. Lotz examines how a single episode draws upon a variety of atypical storytelling strategies to convey meaning and dramatize a central theme of the series: "everybody lies."

In the 2000s, some U.S. dramatic television entertained its audiences with increasingly complicated characters. Series such as FX’s The Shield (2002–2008), Rescue Me (2004–2011), and Sons of Anarchy (2008–present) and AMC’s Mad Men (2007–present) and Breaking Bad (2008–2013) explored the complicated personal and professional lives of male characters and maximized the possibilities of television’s storytelling attributes for character development. While several of these series can be properly described as character studies, other narrative forms also provided compelling examples for thinking about characterization, narrative strategies, and television storytelling. Series such as CSI, Law & Order, and the subject of this essay, House, M.D., are organized episodically, so that they can be understood in individual installments, in stark contrast to the serialized character dramas on cable. Yet even series that use limited serial components and instead structure their stories around solving some sort of legal or medical case within each episode can provide lead characters with the texture of depth and sophistication.

Episodically structured storytelling dominates the history of television, and this format has typically offered little narrative or character complexity; instead, characters are stuck in what Jeffrey Sconce describes as “a world of static exposition, repetitive second-act ‘complications,’ and artificial closure.” Such an assessment in some ways aptly characterizes the FOX medical drama House, M.D. (2004–2012, hereafter House). The basic features of an episode of House vary
little: an opening scene involving characters and settings outside those common
to the show begins each episode. These scenes introduce viewers to the case of
the week and often feature some sort of misdirection—for instance, it is not the
overweight, middle-aged man complaining of chest pains who will become this
week's case, but his apparently healthy wife who will inexplicably collapse. The
series' opening credit sequence rolls, and we return from commercials to find Dr.
Gregory House's diagnostic team beginning their evaluation of the opening's pa-
tient. The remaining minutes of the episode focus on the team's efforts to identify
the patient's ailment in time to save him or her, embarking upon a series of mis-
diagnoses along the way. Various interpersonal complications are introduced and
addressed throughout the case; typically, they are related to evolving romantic
entanglements among the primary cast, although few of these complications are
likely to be resolved in one episode. At some point near the end of the episode,
House has a conversation—typically with his friend Wilson—about some other
matter and becomes suddenly quiet, having just stumbled upon the possible diag-
nosis evading the team. The condition is caught in time and alleviated (although
in some rare cases the team fails to find the diagnosis in time), and the "artificial
closure" Sconce notes is achieved.

As a series that chronicles the efforts of a master team of diagnostic doctors
to identify and treat the rarest of illnesses, *House* emphasizes the plot goal of
diagnosis in each weekly episode. Where many other series attempt to balance
serial and episodic plotlines through a serialized, overarching mystery (*Murder
One*, *Burn Notice*, *Monk*), *House* solves its mystery each week; the exploits of its
misanthropic, drug-addicted lead character are what propel serial action instead.
The implicit central enigma of its cumulative narrative—or the eight-season total
story of *House*—is whether the series' eponymous lead can ever be properly civi-
lized. Can House exist without painkillers? Can he cultivate meaningful relation-
ships? Can he be brilliant and happy?

Most series that are dominated by this logic of episodic storytelling empha-
size plot action and consequently leave characters fairly static over time. Yet in
recent decades, even some episodically structured series have indicated the pos-
sibility for complex character development, and as Roberta Pearson outlines,
mundane plot action can serve this end. In her case study of *CSI*’s Gil Grissom,
Pearson presents a six-part taxonomy of elements that construct the character:
psychological traits/habits behaviors; physical traits/appearance; speech pat-
terns; interactions with other characters; environment (the places the character
inhabits); and biography (character's backstory). She uses this taxonomy to cre-
ate a language for exploring the particularities of television characters, which,
along with techniques of characterization—beyond the case study—have been
a significantly under-explored area in the field. She notes that the rudimentary
taxonomy works for characters in all moving image forms, but that specific media or narrative strategies may vary techniques. For example, the ongoing storytelling process in television series allows for much more character growth and change than in the limited storytelling period available to realist cinema. Pearson’s case is valuable for illustrating that even though many episodic series place little emphasis on character depth, this is a creative choice rather than an inherent feature of episodically structured shows.

To better understand attributes of episodic television storytelling and techniques of characterization, this essay analyzes a single episode of *House*, focusing on how narrative strategies convey meaning on multiple levels. The episode “Three Stories” (May 17, 2005) conveys crucial character information in its basic plot, although the episode uses confounding techniques such as dream sequences, flashbacks, and imagined alternate realities—rarely clearly marked as such—to do so. The misdirection of these storytelling techniques reaffirms a central theme of the series: namely, that “everybody lies,” which is House’s personal outlook and dictates his particular approach to diagnostic medicine. Thus, this episode of *House* illustrates the complexity available to a series with a narrative structure that is generally rebuked for its reliance on formula and lack of nuance.

“Three Stories” is arguably the least routine episode of a series that normally maintains exceptional consistency. Although the selection of an aberrant case rarely offers sound footing for broader arguments, the unusualness of this episode underscores its significance and indicates the novelty of the series’ approach to character development. Hence, it serves as the focus of this essay. The episode, the penultimate of the first season, finally explains the injury to House’s leg, which has led to his chronic pain and perhaps his unhappiness—arguably his primary character traits. While this pain and unhappiness centrally define House, they are also what enable future serial storylines, such as his spirals through drug addiction, his efforts to get and remain clean, and his attempts to deal with human interaction and emotions without pharmaceutically induced numbness. House’s struggles to alleviate his pain and his unhappiness—neither he nor the audience is ever fully aware whether these are separate conditions—are traced loosely in the cumulative narrative.

By the time “Three Stories” aired (twenty episodes into the first season) in May of 2005 and finally explained the origin of the lead character’s primary character trait, *House* had established itself as a bona fide hit. The series benefited from airing during a post-*American Idol* timeslot, when the reality competition returned in January of 2005, but even this most enviable of lead-ins might not have been adequate to make such a contrary leading character so popular. Greg House remains the least conventionally heroic lead character to motivate a successful broadcast drama, although such flawed characters have been prevalent in recent years in the more niche-targeted storytelling space of original cable dramas.
House's personal misanthropy functions as a guiding ideology of the series, which stems from his requirement that his team of diagnosticians work from the assumption that “everybody lies.” House encourages his team to dismiss medical histories reported by patients and instead sleuth through their homes to uncover the truth or think of things patients may be unwilling to tell doctors.

“Three Stories” begins exceptionally, but not in a way that informs viewers just how significant the exception will become. It opens in the middle of a conversation between House and chief of medicine, Dr. Lisa Cuddy, in a way that violates the well-established pattern of opening episodes with a non-regular character experiencing a medical emergency. The conversation in Cuddy’s office establishes that a fellow doctor is ill and that Cuddy needs House to replace him and lecture on diagnostic medicine to a class of medical students. House characteristically tries to refuse, but accepts a release from doing clinic hours—an activity he finds distasteful due to the mundane ailments he encounters—in exchange for agreeing to lecture. House leaves Cuddy’s office and finds a woman named Stacy, who we learn is his ex-girlfriend, in need of his diagnostic skills for her husband. Despite its atypical inclusion of regular characters, this pre-credit sequence offers two obvious potential patients—the ill doctor whom House must replace and Mark, husband to Stacy—although the deviation from the usual location external to the hospital suggests a greater break with conventional form could be occurring as well. A viewer could reasonably presume the still-young series was varying its conventional start, but the opening of “Three Stories” offers the ultimate misdirection, as the episode eventually reveals that the conversation between House and Cuddy involves the case of the week.

After the opening credits, House begins his lecture to the medical students. He poses that there are three patients with leg pain and asks the students to diagnose the cause, as he gradually builds the stories of the patients. Although the series rarely uses techniques such as dream sequences, flashbacks, or imagined alternate realities, this episode eschews the realist techniques that normally characterize House by portraying characters whose conditions and embodiments shift each time House retells their scenarios. The cases begin as that of a farmer, golfer, and volleyball player, but House rewrites their histories and attributes each time he elaborates on the cases to the students, making “reality” difficult to discern. The actor playing the farmer (a middle-aged man) also appears as the volleyball player at first as well—although House describes the volleyball player as a teen girl. The golfer is actress Carmen Electra as herself, yet Doctors Foreman, Chase, and Cameron are interjected into the cases in a manner suggesting the scenario is real. Eventually three distinct actors embody the possible leg pain patients (none of whom are Electra) as House works through possible diagnoses, treatments, and consequences with the room of students.
Beyond the context of the lecture, this episode’s inclusion of three different patients is uncommon, as the show usually features just one case. This unusual number of cases further confounds viewers’ efforts to understand what is “really” going on, which isn’t made clear until the episode is two-thirds complete. After multiple diagnoses and treatments of the farmer and volleyball player, House reveals the patient who began as a golfer, and is assumed to be a drug-seeker, has teak-colored urine. He offers a few additional indicators of the possible condition to the dumbfounded students when Dr. Cameron, a member of his diagnostic team, suggests “muscle death.” House berates the students for not thinking of muscle death, while explaining that none of the man’s doctors thought of it either, and that it took three days before the “patient” suggested it was muscle death. The episode then cycles back through vignettes in which the farmer and volleyball player are diagnosed and their doctors inform them that their legs may have to be amputated. When the episode turns back to the golfer/drug seeker/muscle death patient, Cuddy appears as the doctor. She delivers the news that amputation may be necessary. The scene transitions back to the lecture hall where House explains that an aneurism caused the muscle death, and a camera pan of the audience reveals all of House’s team, Doctors Cameron, Foreman, and Chase, now seated in the back row, hanging on every detail. Foreman mutters, “God, you were right, it was House,” and the scene cuts to House in bed as Cuddy’s patient.

The remaining fourteen minutes of the episode shift to a more reliably realist style, although they do cut back and forth between flashbacks of House’s treatment and his account of the tale to the class. In these scenes, the audience learns that Stacy was his girlfriend at the time of the aneurism, that House refused amputation—the better way to resolve the issue—and demanded a bypass to restore blood to the leg. But as Cuddy predicted, the pain was so great that he needed to be placed in a medical coma until the worst of it had passed. Stacy waited until
House was in the coma and, as his legal health-care proxy, allowed further surgery to remove the dead tissue. House's ongoing chronic pain results from the extent of the muscle removed in this subsequent surgery and the delayed diagnosis.

Beyond the idiosyncrasies of this particular episode, House's treatment of character development is uncommon in a number of respects. First, it is most curious that the series waits until nearly the end of its first season to explain the origin of House's chronic pain. A conventional way to compensate for building the series around such a disagreeable protagonist would be to add layers to the character, to explain the origin of his pain, and/or to give it a cause that would warrant and justify the subsequent suffering and attitude that results. Consider how CBS's The Mentalist (2008–present) explained the steady agitation of its less-than-personable protagonist as a result of the murder of his wife and daughter. This backstory is explained multiple times in the pilot and reemerges constantly throughout the series so that new or occasional viewers thoroughly understand the personality traits of the character and see how the exceptional tragedy he experienced justifies his focused search for the killer.

Instead of following such conventional explication and reiteration, the first season of House offers little explanation for House's physical or psychic ailments until this episode. The unconventionality of this strategy of under-explanation is furthered by the degree to which future episodes of the series do not recall House's origin story to audience members who missed this particular episode. Such recapping is easily and unobtrusively performed in other series by recalling crucial background details when new cast members are added. For example, in this case a new doctor could be informed of why House needs a cane by another character. Each episode of House introduces a new patient and in most cases provides a moment where House's poor bedside manner could be explained as a result of his chronic pain, including some details of its origin. However, the series does not recall this episode, or the information imparted in it again until late in season seven. In the interim, an entirely new group of doctors have become House's primary team, and the series never depicts them inquiring about House's pain or another character explaining the limp.

It is also notable that this crucial origin story is told in such a convoluted manner. Viewers do not realize they are being told House's story until they are deep into it, and even once Foreman makes clear the significance of the story, the preceding deviation from realist narrative and inconsistent blending of three different stories make it difficult to identify what parts of the previous narrative of the golfer/drug seeker were real. Moreover, why confuse the story by suggesting the patient could be a drug seeker? Viewers know House as a drug addict, but he would not have been before the injury. The significance of the episode's more complicated techniques becomes clear if one considers the narratives and narrative techniques not
chosen: House could have directly explained the incident in telling another character why he and Stacy broke up; the classroom technique could have been retained with just one case; all three cases could have been used without the constant variation in situations. These “easier” ways of incorporating the same information suggest the choice of complex techniques was deliberate.

The episode provides an explanation for House’s devotion to his guiding mantra that “everybody lies,” a crucial component of his character’s psychology, in two different ways. First, the audience and lecture hall of medical students see that diagnosticians must face unreliable information from patients through House’s repeated and varied presentations of the patient’s situations and ailments. Patients, even when not trying to confuse a diagnostician, change their stories and omit vital details in ways that require physicians to reconsider everything they thought they knew. The deviation from realist storytelling illustrates to the viewer how diagnosticians might also feel that they don’t “know” anything. With the things thought to be certain and true proven false, the episode appears to allegorize House’s view of the world and justification for his conviction that everybody lies. The episode also depicts House’s betrayal by Stacy, providing insight into his general distrust of people outside of diagnostics. Stacy acts in what she believes is House’s best interest once he is comatose and defies his expressed treatment desire. His insistence upon the medical possibility of maintaining the leg and his life appears irrational—at one point she asks if he’d cut off his leg to save her, which he acknowledges he’d do—but his faith in medicine proves wise. The suspicion with which House regards self-disclosures begins to make more sense in the context of this tale in which his closest confidant betrays his clearly expressed desires.

The writers of House, including, notably, series creator David Shore, who penned this episode, use unconventional techniques to provide more than the morsels of character development commonly offered in each episode, thus helping to compel the audience to take an ongoing interest in the series beyond the short-term gratification of seeing the case of the week solved and whether the doctors are able to save the patient. But despite this structural variation, the episode perpetuates the general beliefs and outlook of the series.

The question for the critical analyst, then, is what is the consequence of this unconventional treatment of character? Throughout most episodes and seasons, the origins of House’s bizarre actions are commonly attributed to “House being House.” This phrase, used most often by those who have a long relationship with House, such as Doctors Wilson and Cuddy, refers to House’s monomaniacal and socially unacceptable behavior, often to suggest that abnormal behavior is consistent with what characters can expect from him. Some characters know his story, which is presented as a defining cause of his behavior. Yet knowing the origin of House’s injury does not change how his team approaches him. Moreover, other characters
who join later and never learn the truth do learn how to “treat” House nonetheless. To handle the situation of House—to deal with a friend and coworker who suffers constant pain—it makes no difference whether that pain originated from a rare infection, a stabbing wound, or an aneurism. The series’ handling of House’s truth thus affirms the series’ principle that understanding a history doesn’t help understand an illness—knowing why House has pain doesn’t help in dealing with or helping him. “Three Stories” illustrates the need to look beyond plot structure in assessing the simplicity or complexity of narrative and character. Although the staid features of episodic structure might allow for repetitive act structure and enforced conclusions, this episode illustrates the creative possibilities in character development and series outlook that can still be incorporated.

NOTES

1. Episodic shows have an industrial advantage because their ability to be viewed out of order and haphazardly yields larger audiences and thus license fees in syndication.


4. Ibid., 49.

5. Just as this essay was completed, House aired episode 807, “Dead and Buried,” in which it disregarded its usual opening structure for no apparent narrative reason.

6. For example, audience members could hardly shun House if his pain resulted from an injury suffered while saving a child or performing some other similarly heroic act.

FURTHER READING


