

The dramatic arc of a feature film or a one-off television play is convenient for the scholar attempting archetypal readings. As found in mainstream productions, the form is dominated in most instances by the norm of an opening status quo that is disturbed, thereby obliging the main characters to act in order to resolve the resultant difficulties in order to reach closure in an altered status quo. In leading characters toward solving their problems, this structure maps readily onto their attainment of a new staging point on the route toward individuation. In contrast, an open-ended series, running over as many episodes and seasons as its commercial success warrants, may lack (or at the very least complicate) the definite resolutions that one-off dramas make possible. The open-ended series may seem more like life to the extent that the principal characters may not achieve lasting development. The psychological peaks and troughs that they touch as a result of the dramatic action in any one episode are seldom inhabited for long – with the effect that anxiety and uncertainty may be prolonged. It follows that the great catharses that spectators (and, alongside them, Jungian screen analysts) enjoy after sharing vicariously the movie hero's seemingly final triumph over adversity, are less common in series TV drama.

*House* displays elements of both the one-off and the series formant. This becomes clear after every calamity, and nowhere more than in the break up of his original team, as we shall see.

*Deep into the text*

In almost every episode of *House*, a visual device first seen in the Pilot plunges us into the heart of the matter. It recurs episode after episode in a succession of variants appropriate to the medical condition of whatever patient Gregory House's team of experts is diagnosing. Typically cued when the patient suffers a sudden reversal, these sequences comprise shots that penetrate the body, rushing into sites of crisis so deeply that physical form recognisable by lay members of the audience is all but lost to the eye. Sometimes we can make out an organ, like the fatty pulp of a sickly beating heart; sometimes we encounter the cellular nature of the body, watching for example,

the swirl of red corpuscles in the bloodstream. However, there are occasions when we go so deep that to the untrained eye we seem to be engaging with the psychoid (the hypothetical quasi-mystical zone where physis and psyche blend – a zone the possible existence of which Dr House would deny to his last breath).

The use of medical imaging technology (with data screens visible on set) seems at first to guarantee the plausibility of these vivid invasions of the body. Dramatically insistent, these ‘insights’ grab our attention and (except for medical staff) stimulate the imagination of viewers. However, many such episodes are enhanced or entirely generated by computer, and some are endowed with elements of fantasy in the process. Even a layman cannot miss that the colour-saturated register is fantastic when, for example, platelets the size of green saucers pulse down the veins accompanied by sinister, quasi-musical electronic whooshes (of a kind the body does not produce). Repeated deployment of the device eventually distances interpretation from naturalism and any claim that we are watching nothing more than an accurate representation of bodily processes.

### *1. The complex armature around which House is wound*

These sensuous, noisy dives into the interior call attention to themselves as one of the show’s master metaphors – the bewildering search for health and clarity within. The dramatic shock they deliver can cause excitement in viewers when experienced in a complex and evolving narrative context that typically features firstly, the physical ailment of the patient; secondly, crises in the relationships among the principal members of House’s team; and thirdly, turmoil in the psyche that he so resolutely denies possessing. Broken strands of quick-fire dialogue triggered by those interlocking crises run across each other as team members argue concurrently two topics (say a diagnostic problem and personal relationships between members of their group) with no apparent connection. The effect is augmented by crosscutting between scenes of action that carry the several arenas of narrative forward. Thus House might be holed up reluctantly in the walk-in clinic ridiculing a hyper-anxious parent by hinting that her infant has serious problems; in the lab two of his team discuss their boss’s appetite for humiliating people while always being right in his diagnoses; House reveals that the infant has a common cold but at that moment the hospital manager Cuddy bursts in to rebuke him for his attitude to another case; meanwhile a

critically ill patient suffers a seizure as a consequence of being mistakenly diagnosed; we zoom into the liver where something indistinct bubbles ominously. Sequences as intense as this present the viewer with a story-telling complexity that, not unlike the old poetic form, invites quasi-allegorical textual analyses through their invocation of a tightly interlocked weave of inferences.

## 2. *Entertainment versus facts*

At the viewer's point of entry, where storyline and character development register, the patients' sicknesses are signified. Since the first focus of the show *must* be to entertain (inevitable with a series that needs to satisfy Fox's ambitions to maximise ratings), events such as swift plunges into the body or fracturing relationships between the team of doctors are a convenient starting point from which to engage with crisis for patients, doctors and viewers.

Understandably, the diagnosis and treatment of patients at the fictional Princeton Plainsboro Teaching Hospital (PPTH) is the somewhat obsessive focus of actual medics. On the website *Polite Dissent* run by a family practitioner 'Scott', much commentary dwells on the fictional team's accuracy in diagnoses and treatments. While on balance the series is quite well regarded for its drama, debates over the fictional doctors' practices go to and fro, sometimes for years.<sup>1</sup>

An early case arose when 'Scott' complained of the *Pilot* (1:1) that the hospital seemed to have no technicians and, implausibly, the doctors have to run their own lab tests ('Scott', 2004a). He returned to the theme after Episodes *Maternity* (1:4) (2004b), *Fidelity* (1:7) (2004c) and *Histories* (1:10) (2005), and was by no means alone among those blogging. The contrary view was eventually expressed by 'Sara' (2007) who argued that the lab scenes are too important dramatically for bit-part players to take the technicians' roles: they provide the young doctors with an opportunity to debate their diagnoses and complain about their boss. Not drawn to arguments about dramatic necessity, however, 'Scott' revisited the fictional violation of medical practice three years after introducing the topic, citing regulations with confidence.

There are strict Federal guidelines (CLIO) over who can run which tests, and the doctors wouldn't be qualified to run the tests, and the hospital labs could lose their credentials for letting them. ('Scott', 4 January 2008)

Although they are obsessed with creating intricate case histories for the patients that will be hard for House's team to diagnose, concern with medical accuracy has, however, never held more than a peripheral appeal for the show's producers. Indeed that appeal diminished as the seasons passed. Executive producer David Shore (who came up with the initial idea) recalled that originally the show did not focus on people.

The series was sold to Fox without the House character as part of the initial sales pitch. The show was sold as a crime/ police procedural, but instead of bad guys, the germs were the suspects. (Shore in Frum, 2006)

Shore soon realised that this would become dull after a few episodes because, as he put it, germs don't have motives like humans – they just do what they do. He concluded that it would benefit the show if he left the medical puzzles to specialist writers while devoting his attention as a lay scriptwriter to character development and byplay.

I am interested in the story turns that aren't really medically motivated. I am more interested when House does something outrageous – and everyone knows it's outrageous – than just discussing medicine in a way that only a doctor would find interesting. (Shore in Frum, 2006)

The tension between character-based dramatic situations and mysteries generated by life-threatening conditions that challenge understanding contributes to the *noir* flavour of the series and hints that much lies hidden beneath the surface.

Whenever House thinks it might help trace the source of an infection, he despatches members of his team to break into patients' abodes. In actuality hospital doctors never enter, let alone invade patients' homes, a factor that caused one contributor to *Polite Dissent* to refer with irony to such an incident in *Histories* (1:10).

What I found interesting about this one is how the medical team that specialized in breaking into houses handled a homeless case: They found her tarp-covered

box in an alleyway and poked through it, then they found her former address and broke into that ('Saint Nate', 2005).

Breaking-in may violate medical practice but it adds dramatic tension (and reveals the divergent physical conditions of the hospital's New Jersey patients in the supposedly classless society of the USA). It is also a device that reveals how the series' seeming naturalism has a role in luring spectators and giving them the illusion of being in a 'real' world. But the main function of such incidents, like so many others in *House*, is to add entertaining suspense, as in playful *noir*. Are the doctors acting unlawfully? Will they be caught in the act? Are they in danger?

The fictional and fantasy elements incite us to pursue links into spheres of inquiry deeper than the show's enjoyable entertainment. The desire to find out something of which we are kept ignorant is a primary motivator in dramatic entertainment and (given the unpredictable outcome of the team's interim diagnoses) a constant structuring device in *House*.

#### *The Hospital Micro-World*

Scripts ingeniously juxtapose the micro realm of the hospital with the larger world beyond. It's not just that there is inevitable interaction between doctors and patients. There are episodes in which the predicaments of a bed patient and another in the walk-in clinic provide complementary angles on each other's problems. In addition, although they manifest differently, similar issues may face members of House's team. At first, because we are more puzzled than House's diagnostic team by incoming patients' conditions, lay viewers see the latter from an objective, rather than the subjectively engaged point of view with which we view the doctors. Because the personal histories of the team develop over many episodes, we tend to feel involved with them.

*Fidelity* (1:7) provides a fine example. The hospital admits Elise, unable to get out of bed for several days, who seems to exhibit symptoms of depression. However, after extensive testing, during which time she almost dies, her illness turns out to be trypanosomiasis – African sleeping sickness. Since Elise has never travelled to Africa, the eventual diagnosis reveals that there must be an undisclosed personal issue within

the marriage. House believes that her husband has had an affair and communicated the disease to her, but he denies it resolutely.

Meanwhile, a kindergarten teacher attends the walk-in clinic complaining of breathlessness: Mrs Campbell has had her breasts spectacularly augmented as a gift to her spouse, but tests have revealed no problems with the implants. Apprised of this, House does a Sherlock Holmes, deduces that her husband has high blood pressure and is secretly mixing his medication into her food in order to reduce her sex drive. As the suggestion that she should take a lover comes to his lips, House finds a tangential insight gripping his mind. He associates the idea of a lover with his other patient, Elise. When he confronts her with his realisation that she must have had the affair, she has to admit the truth to save her lover from dying, and that destroys her marriage.

So much for the patients in this episode, but within the hospital's micro society, House taunts his friend Dr Wilson for sporting an uncharacteristically smart outfit, charging him with trying to seduce a nurse. Although Wilson denies it, his infidelities to his wife are an open secret between the two men, so doubt hangs in the air.

Meanwhile, the back history of junior doctor Allison Cameron has been emerging over a number of episodes with House trying to deter her from what he regards as a professionally unsafe tendency to become emotionally empathic with her patients. Under his probing, Cameron admits to having formerly been married to a man who contracted cancer. House calculates that she must have known it was terminal when she married him. In a later episode she will confess to having been attracted to a friend while her husband was dying – but not giving way to temptation. Thus this one episode *Fidelity* (1:7) contains all or segments of no less than four stories about married love, each placed to reflect varying lights on the others.

The centre ground of these interlocking stories is, as ever for good as well as dubious ends, the eponymous hero. We move with him into the next sphere of our inquiry.

### *Dr Gregory House*

House's colleagues rightly accuse him of being rude, defended and lonely. None of them misses his intellectual brilliance; but his energy is no less compelling. From the

first, he perceives life through a darkened but sharply focused lens, a high-definition vision that colours the show's universe. His mantra is, 'Everybody lies!' Sure enough, events often prove him correct.

Thanks to sharp writing, repartee provides one of the show's dependable pleasures and House's mindset is initially accessed via a sardonic wit so perfectly targeted that a Metaphysical poet would enjoy its diamond edge. Endowed with a brilliant mind embellished by encyclopaedic knowledge of the body and its ailments, he is formidably equipped as a diagnostician, relishing challenges from anyone bold enough to counter his opinions. Indeed, such is his delight in the thrust and parry of debate that he often turns on individuals who have agreed with him and unwisely let their guards drop. Having built near impenetrable defences against his own chronic physical and mental pains, he ridicules, in order to toughen, those colleagues who lack equally strong barriers.

Like everyone else in his world he lies (sometimes drawing attention to it). So although he argues that he wants to keep his distance the better to diagnose people without being distracted by their deceptions and emotional entanglements, when the suffering of a patient does move him, his face reveals his failure to hide pain behind the mask of a rational man. This occurs, for example, when in *Autopsy* (2:2) he is touched by the bravery of a nine year-old cancer victim who insists on painfully extending her life because her mother needs her.

Fleeting glimpses of patients' bodily malfunctions complement (the instant before he denies them) occasional insights into House's psyche. Notwithstanding his emotions and plenty of evidence that contradicts him, he derides as New Age vacuity claims that the mind might have powers independent of the brain's rational or mechanical functions. For House, the unconscious does not exist, a resistance so monomaniacal that thoughts of repression inevitably loom.

House is best reckoned as a delicious monster, dedicated to accurately diagnosing his patients yet willing to inflict aggressive injury in doing so. His conflicted personality is high-wired across the juxtaposition of extreme oppositions that his character often

generates: black comedy switches to pathos; humour fights despair; romance, cynicism and betrayal swirl around him. Nor can caustic wit conceal the disjunction between his Holmesian, rapier-sharp powers of deduction and (at its worst when driven by doubt and addiction) occasional dogmatic insistence on diagnoses that are wrong.

House's passion for his vocation has a quasi-mystical origin. In *Son Of A Coma Guy* (3:7), Gabriel, a coma patient whom he has recalled from the sleeping dead, asks him why, when he obviously hates people, he chose to become a doctor instead of going into research. Forced to speak honestly by the other's refusal to accept smartass backchat, House recalls being in Japan when fourteen and taking a friend to hospital after an accident. His friend caught an infection and the medics did not know how to treat it. So they brought in the janitor, a Buraku (one of Japan's untouchables) for whom the medical staff had no time except when they needed him. Nor did this man bother to ingratiate himself with the doctors. However, when the latter could not resolve a case, they summoned the janitor because his medical opinion was always right. Through this man's example House had found his calling; he also adopted the stance of an outcast although, unlike the Buraku, not one by birth.

Though yearning for love and human warmth, House has become an outsider to defend himself against physical and emotional hurt. Pain makes it easier to snarl at people than to treat them tenderly. As the series develop, evidence of his past accrues. He is not the unchanging rock he pretends, but has been altered by suffering. *Three Stories* (1:21) and *Honeymoon* (1:22) reveal this when Stacy, the only woman he once loved, asks his help on behalf of her husband. Mark's changed behaviour tells her that he is sick, but other doctors have failed to diagnose him. House, still anguished that she left him and married the other man, refuses, confessing to Wilson that that part of him wants Mark to die – so that either he can be with Stacy again or she should suffer.

Immediately after Stacy's visit, House lectures on diagnostics, and sets the students a test. Three people present with leg pains. One will be near to death in two hours and one will be discharged for faking. They have to diagnose which is which. The filmmakers and House develop his *Three Stories* (1:21) in a scintillating play with

mock scenarios which shimmer with ever-changing dimensions, puzzling both his students and viewers. House deploys the same Socratic method that he uses with his team, searching for the right diagnosis by examining wrong ones while deploying logical deduction and lateral thinking. Characters in the three stories switch roles illogically to fit the students' mistaken hypotheses – a male victim becomes female; students in the lecture theatre disappear and reappear; and the more courageous among them advance wrong diagnoses that cause the death of one or other imaginary patient. As the plots thicken, House's colleagues join an increasingly rapt audience in the lecture hall, the mood intensifying as it becomes apparent that House himself is the subject of the final investigation, the patient whose leg pains brought him close to death.

In flashback we discover that House suffered a blood clot which was not diagnosed for four days. The consequent cell death in his muscles made amputation the only safe option, but House, in excruciating pain, refused to allow it although Stacy (then his devoted partner) tried to persuade him otherwise. But when House sought release from the terrible pain in a morphine-induced coma, she exercised her powers as his medical proxy to authorise the removal of dead tissue. Then, as he summarises for the students, because of the extent of the muscle removed, the use of his leg was severely compromised and he continues to experience chronic pain. He forbears to mention that he and Stacy subsequently separated, but his colleagues know that chronic physical and emotional pain have ever since cut him deep. His addiction to Vicodin painkillers enables him to cope with physical pain; and he blanks what must be a vivid inner life as part of his defence against emotional suffering, allowing only his love of music, the most abstract of arts, to pierce his inner being.

Given House's vocation and the evidence of his physical and psychological injuries, it is impossible to miss that he is a wounded healer. But how well does he fit the archetypal figure modelled on the doctor of Ancient Greek mythology, Asklepios? This offspring of the sun god Apollo and the mortal Coronis was an outsider from birth (like the Buraku). Snatched from the womb when his mother was put to death for infidelity to Apollo, Asklepios's liminal position was doubled by his having been educated in medicine by the centaur Chiron, half-man, half-horse. Thus his genealogy

centred him midway between the spiritual and animal elements of the human condition.

Although House's behaviour and isolation define him as an outsider, there are obvious differences between the Asklepian tradition and House's practice. The former was concerned for the well-being of the whole person, seeing the injuries of body and mind as interdependent so that effecting a cure demanded simultaneous attention to both (Hillman, 1988: 121-2). House is notoriously reluctant even to see his patients. Because of his own past suffering, Asklepios responded empathically to his patients' psychological needs, but House battles against any such intimacy. When one of his team argues in the *Pilot* (1:1) that they came into medicine to treat patients, House snaps back: 'Treating *illnesses* is why we became doctors. Treating patients is what makes most physicians miserable'.

It's not that he lacks intuition. The stolidly grounded 'Scott' admitted that he had problems with the way House arrived at his conclusions in the *Pilot*: 'There seemed to be no logic behind his deductions, he just seized on some minuscule fact and used it to concoct some untenable theory. That he turned out to be right in the end seemed more luck than skill' (2004a). But 'John' called him on this, arguing that some brilliant people reach insights by a quantum leap when they are doing something seemingly unrelated that takes their minds off the subject entirely. 'House does this many times in the upcoming series and it [is] part of the brilliance of his character' (2007).

John Beebe has noted that there is frequently a tension between those who combine intuition with thinking and those who combine it with feeling.

It has to do with the way rigor is routinely expected by the one with thinking and not attended to nearly so meticulously by the intuitive who combines with feeling. The one with thinking doesn't make the same intuitive leaps, because for him or her the steps have to all be established, as in geometry proofs... And it can shock the intuitive thinker as to what the intuitive feeler is willing to assert without proof. (Beebe, 2009)

Beebe argues that intuitive thinking can seem tedious and limiting to the intuitive feeler who has a powerful need to get a novel weighting of key ideas across and feels

a need to put their worth ahead of logic in so doing (*Ibid.*). House leaps to diagnostic conclusions employing the swift mental processes of an intuitive feeler.

Because his diagnoses are often extraordinarily astute, House's powerful intuition can seem magical. Taken in the context of his self-appointed status as an outcast and his erratic behaviour, it hints at shamanic inflation. Shamans often make a mental journey into a patient's body to confront the spirit that is making the individual sick. House does not confront the spirit, but he does visualise the imagined symptoms within patients' bodies – and of course we take those swift journeys (comparable to the shaman's out-of-body experiences) with him.

As Dean Edwards notes, shamans may use drugs to help free the mind to roam beyond the bounds of consciousness (1995: 2). House's increasing consumption of Vicodin causes him to behave so erratically it becomes the ostensible focus of a hostile police investigation and court case (Episodes 3:5 to 3:11). In common with some shamans, he manifests unpredictable behaviour: sudden, unexpected moves (both physical and tactical), mocking humour, a disposition to alternate between threats and gentleness, and unremitting rudeness painful for those who are its objects. Nor are his assaults exclusively psychological. For example, in *Meaning* (3:1), he terrifies a patient before stabbing her with a syringe. The procedure saves her life but is needlessly brutal.

House's ungoverned behaviour is never more evident than when, under the relentless pressure of the police investigation and crazed by his colleagues' refusal to let him have painkillers, he makes a wrong diagnosis in a particularly difficult case. It is no small matter because he sends his patient for an immediate double amputation. When Chase makes the correct diagnosis, and tries to prevent House performing unnecessary surgery his boss punches him for intervening (*Finding Judas* 3:9).<sup>2</sup>

Shamanism is focused on the transpersonal movement of the shaman's consciousness into higher or lower realms of consciousness and existence (Edwards, 1995: 7). When House visits the dark realms of disease in his imagination, it seems that he journeys not unlike the shaman into the lower world. There he exposes himself to the risk of spiritual contamination to which, in refusing to accept that psyche has an independent

existence, he lays himself open. This is ironic because, just as shamans balance knowledge of the lower with experience of the upper world via ecstatic trances which extend rather than eradicate consciousness, House's ecstasy in listening to and playing music seems to gain him entry into the higher world, negating his assertion that emotion is pointless.

Since the core shamanic function is to make a bridge between the worlds (Edwards, 1995: 4), the notion of secular shamanism is by definition unsustainable. House is stuck. He cannot dwell in an exclusively rational world, as his pain-ridden, unstable thrashing around shows. The alternative would be to recognise the psyche's powers, but that too he refuses. Nowhere is his enduring predicament clearer than *Top Secret* (3:16) when, asleep in his office, he dreams he is a Marine who loses a leg during combat in Iraq. Cuddy awakens him with the file of Sergeant John Kelley, a Gulf War veteran whom she has just admitted to hospital. In the dream, this very soldier has just saved House's life. Badly shocked, House (insistent rationalist to the last) devotes far less energy to the Marine's case than to proving that he himself had not dreamt a premonition. His alarm reaches such levels that he sends his team out under the pretence of researching Kelley's medical history but actually to relieve his intense anxiety by proving he has seen the soldier before. When it eventually comes, that 'proof' is that they must have been in the same room for ten minutes two years previously – the only occasion that Kelley dated Cuddy. This satisfies House's panicky need for a rational explanation by demonstrating his supposed residual jealousy – as if jealousy lives with a rational state of mind. However, the 'proof' does not account for the nightmare's drama, intensity and timing. The Marine, having saved House in his sleep, needs life-saving help from him, but the fearful doctor fails to act with the soldier's heroism, facing neither the other man's nor his own needs.

Despite House's insistence that the unconscious does not exist, in the course of four seasons, House lives through several incidents that urge the contrary. In *Three Stories* (1:21) he reported near-death visions but, asked whether he thought they were real, replied that he believed they were 'just chemical reactions that take place while the brain shuts down'. In *No Reason* (2:24) almost the entire episode consists in House's hallucinations after a would-be assassin shoots him. And in the linked episodes that

conclude the fourth season, *House's Head* and *Wilson's Heart* (4:15, 4:16), the story is narrated in large part through House's mind. The plot, concerning the two friends and the crash that kills the woman both love, is recovered through hypnosis, overdoses of medical drugs, dreams, surgical probing and a coma as House desperately scans his subconscious to find out how Amber disappeared while in his company. She and the other crash victims resolve the mystery by presenting themselves to House in fantasy.

As a delicious monster, House is both beguiling and rebarbative. A diagnostic genius (as befits the heir to Sherlock Holmes) he shows himself to be a cantankerous dogmatist when mistaken. Simultaneously deeply cynical and secretly tender, he has the soul of an angel when given wings by music yet, a self-denying outsider who manages only erratically to cope with the demands of friendship and love, wards off disappointment in human relationships. He is almost, but not quite the wounded healer, almost, but not quite the shaman. In sum, he is a typically mosaic incarnation of the trickster who, Jung says, shares some of the characteristics of the medicine man (1956: para. 457). As such House flickers with the light of powerful archetypal borrowings that he never fully or enduringly inhabits while he bewilders everyone (possibly including himself) with his coruscating presence. His character holds a fascination which, as realised in Hugh Laurie's performance, has endured through the show's five seasons. A conundrum that viewers no less than the characters try to solve, House is animated by one of the trickster's archetypal functions: he teaches by confronting people with the shadow. As Terrie Waddell puts it,

The ability to 'trip up' the psyche through wily behaviours, unconscious slips, lapses, moral ambiguity, or foolery enables trickster to alter perceptions and consequently initiate personal and collective change. (2006: 29)

### *House and his team*

Writing 'A Review of the Complex Theory', Jung noted the paradox that, while in commonplace parlance people refer to having complexes, in a more important sense complexes can have us. This hypothesis, he added, threw serious doubt on the assumption that individuals have unity of consciousness and supremacy of will since at times the complex has greater energy than our conscious intentions. He said 'a

“feeling-toned complex”... is the *image* of a certain psychic situation which is strongly accentuated emotionally and is, moreover, incompatible with the habitual attitude of consciousness’ (1948: para. 201). A characteristic of complexes is that they may constellate, or bring into association, a number of fragments each of which possesses a high degree of autonomy – rather as if the bearer of the complex had more than one mindset. ‘These fragments subsist relatively independently of each other and can take one another’s place at any time...’ (1948: para. 202).

Jung’s description invites the comparison of House’s team to a constellation of autonomous fragments or sub-personalities who amplify elements of their leader’s psyche. This is a viable proposition because the trickster can be seen as a leaky holding vessel, a form of the shadow that has a tendency to split. Trickster’s sub-personalities do indeed fly apart, as when he takes off a bit of his body that may take on a semi-independent existence (see Jung, 1956: para. 472). This is analogous to the way House’s team members break away from him at the end of Season 3.

In that season, House, as ever caustically urging his team to be more inventive in differential diagnosis, vindicates his trickster behaviour thus: ‘How are you going to learn to swim unless I take off your floaties and throw you into shark-infested waters?’ (*Whac-A-Mole*, 3:8). Albeit not a full account of his motivations (he enjoys bullying too), helping his junior colleagues gain medical knowledge and deeper insights into themselves should make them better doctors. It is his justification for treating them abrasively: the trickster as teacher. His quasi-parental impact shows when they start mirroring him. Later, not unlike growing teenagers, they contest his dominance.

Each junior takes on a different aspect of House’s personality. Dr Robert Chase begins as a *puer*, the adult who has not grown out of boyhood. In this he echoes House’s disastrous relationship with his own father, whom the world-famous physician believes he has disappointed (*Daddy’s Boy*, 2:5). Through the first two seasons Chase responds to the logos facet of House’s personality. More a follower than a leader, he finds it hard to refuse even when House asks him to do something unethical (‘Awi’, 2006a). Paradoxically his dependency is underlined when Vogler, a

wealthy businessman, takes over the hospital and sets about cost cutting – a programme that House does his best to sabotage. Afraid for his job, Chase rats on House to Vogler in *Role Model* (1:17). In effect he merely switches his affiliation temporarily to the more powerful man. That a recurrent pattern is in play becomes clear when Chase's father, a renowned auto-immunologist, arrives unannounced at the hospital (*Cursed*, 1:13). The son has not forgiven his father for abandoning him aged fifteen to care for an alcoholic mother. Challenged by House, Chase lies that he doesn't hate his father, but (mirroring House's coping mechanism) just ignores his existence to suffer no more disappointments. Although they achieve a wary reconciliation at the visit's end, the old man conceals that he has a cancer and dies a few weeks later never having shared that truth with Chase.

House has become a surrogate father, a distinguished medic replacing the other, always-absent one. Despite his many failings, House does not abandon the young doctor, making a powerful, sometimes shocking impact on him. After Chase resists his boss's crazy order to perform a double amputation and House fells him, Chase whinges to Wilson, 'I got it right. And I told him. And it didn't matter' (*Finding Judas*, 3:9). He stages a walk out but comes back without mentioning House's behaviour – confirmation of his *puer* nature.

It shows again when he accepts Cameron's proposal that they share uncomplicated sex until either of them falls in love with someone else (*Insensitive*, 3:14). Yet notwithstanding his readiness to be led, he matures. He never betrays House again after the Vogler incident although the cop Tritter threatens to destroy Chase's career unless he testifies to House's drug abuse (*Finding Judas*, 3:9). And as the relationship with Cameron continues, he falls in love with her, finding the courage to tell her and even remind her periodically in case she should develop similar feelings. Nevertheless he remains House's 'son'. When the team believe that House has inoperable brain cancer, Chase hugs him and weeps, sharing closeness his natural father denied him (*Half-Wit*, 3:15).

Dr Allison Cameron starts her career with House as the soft member of the team. Since House lacks or represses access to the feminine, she seems to some viewers like

a perfect fit for him, as the very image of Jung's gentle, submissive *anima*, a woman tender-hearted with suffering patients and yearning for House's love. Her history fits that archetypal role: before joining the team, she had compassionately married a man whom she knew was dying of cancer. This tendency to self-sacrifice continues in her new post: when the tyrannical Vogler orders House to fire one of his team, it is she who offers to resign (*Role Model*, 1:17). Her motives reflect her dominant personality traits of that time: firstly, to save her colleagues and, secondly, to protect herself because she can deal with her feelings for House in no other way.

As one blogger noted, 'Cameron is a better doctor than people give her credit for, often being the one to solve the problem, but doing so very quietly and being overlooked' ('Awi', 2006a). She lacks support because House scorns her softness in order to toughen her, and her colleagues do not come to her defence. Another blogger mentions that at this point Cameron is an adolescent of sorts, always amazed at the vicious things some patients do ('advance', 2007).

However, Cameron grows too. Exploited by Foreman when he publishes without due credit her medical findings, she learns anger. She begins to lie like everyone else in the team, though not as successfully. More importantly, by Season 3 she has learned how to say no, refusing to give way to House when she knows she is right (*Meaning*, 3:1). She also begins to ask for what she wants. As we saw, she coolly propositions Chase for sex (he being, she says, the last person she would fall in love with) (*Insensitive*, 3:14), but this suggests her emotions are not fully matured. The point is accentuated when the team suspect House is dying. Chase is not the only one to kiss him. In a scene of passion *and* calculation, Cameron does so fervently, House responding before pulling from her housecoat the needle with which she meant to draw blood for testing. 'A little whorish,' he says, 'to kiss and stab!' Some weeks later Chase tells Cameron that he feels love for her. But she doesn't want that: 'It was fun – that's it. And now it's over' (*Airborne*, 3:18).

Although Cameron once modelled the sweet anima, the *puella*, still a virgin in spirit, drawn Persephone-like into the underworld by her husband's dying, she is no longer that type. Nor would seeing her as Jung's anima-figure in its reversed, potentially

destructive infamy be other than a travesty. Rather, her character represents the development of a young professional woman experiencing evolving archetypal energies. If formerly ruled by her Persephone nature, her premeditated seduction of Chase marks the arousal of her inner hunter, Artemis (see Bolen, 1985: 46-74, 197-223). She has by the start of Season 4 fulfilled three of the four tasks that Jean Shinoda Bolen ascribes to the myth of Psyche, learning (i) to sift what truly matters from the insignificant; (ii) to gain and use power without losing compassion; and (iii) to say no when necessary. Yet she longs for the relationship (that she cannot find with Chase) to summon her inner Aphrodite and complete her engagement with life (1985: 258-62).

The team's neurologist Dr Eric Foreman is not cast in the role of archetypal black shadow despite House's fondness for drawing attention with deliberate political incorrectness to his African-American race and juvenile criminal record. Rather, as the episodes pass we find a dangerously ambivalent feature of Foreman's personality growing more dominant. It derives from House: the doctor as all-powerful hero and omniscient demi-god (Awi, 2006b). When Hermes the trickster rules House, his ungoverned 'heroism' urges him to act preposterously: for example, after diagnosing a patient with a tapeworm, he takes on the role of surgeon, opens her belly and extracts it (3:14). Foreman, however, appears not to have registered that House is a trickster, and as such not a true, dependable hero.

Foreman's governing deity was never Hermes but Hephaestus (the Roman Vulcan), evident in his resolute dedication to his craft (see Bolen, 1990: 219-50).

A Hephaestus man is an intense, introverted person. It's difficult for others to know what is going on in his depths or for him to express his feelings directly. He can become an emotional cripple, a smoldering volcano, or a highly creative productive man. (Bolen, 1990: 228)

Foreman shares these characteristics. Perhaps the painful absence of his mother through her creeping dementia has deprived him of emotional succour. When he breaks with his girlfriend on Valentine's Day (*Insensitive*, 3:14), she describes him sadly as preferring a rational discussion to sharing emotions. He can be brutally self-interested, publishing without acknowledgement a paper based on Cameron's work, a

betrayal he refuses to acknowledge for a long time. His focus, as an inventive medic whose life outside the hospital matters comparatively little to him, is always on his work.

Of all the juniors, Foreman makes the most decisive break from House, emphasising that he does not want to turn into his former boss. However, his mentor's influence has tainted him: in his new post he defies hospital regulations while treating a patient, believing he knows best. As a result he loses the job and no hospital other than PPTH will employ him. In mythological terms, he has failed to become an Oedipal hero by slaying the dragon parent. So he finds himself trapped with his House whom he has failed to break free from (*97 Seconds*, 4:3; *Guardian Angels* 4:4).

Although House's diagnostic team falls apart at the end of Season 3, Cameron and Chase do not try to leave PPTH but self-assuredly take new positions in the hospital. Nevertheless in Season 4 everything has changed in that all three former juniors now have minimal commitment to House. Chase and Cameron have grown into their own orbits; Foreman's failure to break away leaves him resentful of his former boss and psychologically stuck.

House now sets about constructing a new team of doctors from forty hirelings in a knock-out process that hilariously parodies *The Apprentice* and displays his familiar erratic and autocratic mannerisms, intensified by messianic zeal. As one fan blogged, 'his teams are not based on who the best "diagnosticians" are, but which personalities provide the best sounding boards to *his* personality... House needs to hire people who complement his quirks' ('McDee', 2007). To judge from these developments, he is repeating his earlier behaviour with the first team but ever more compulsively.

Jung noted in his work on the psychology of the trickster figure that 'the "making of a medicine-man" includes, in many parts of the world, so much agony of body and soul that permanent psychic injuries may result' (1956: para. 457). This is true of House. At the heart of our allegory lies the core of this physician's melancholy. Trapped by its relentless insistence on performance, trickstering denies him the progress toward individuation that two of his protégés have made. As trickster he oscillates endlessly

between high peaks and deep troughs, like a shooting star out of control, but the benefit is others', not his. For House, the trickster complex obscures the self.

## References

- 'advance' (2007), Comment (6 April) <http://politedissent.com/archives/1604> accessed 14 July 2009.
- 'Awi' (2006a) Comment (6 April) <http://politedissent.com/archives/1184> accessed 14 July 2009.
- (2006b) Comment (19 April) <http://politedissent.com/archives/1193> accessed 14 July 2009
- Beebe, John (2009), Contribution to The International Association of Jungian Studies Online Discussion Forum (18 April) [iajstdiscussion@iajstdiscussionlist.org](mailto:iajstdiscussion@iajstdiscussionlist.org) accessed 19 April 2009.
- Bolen, Jean Shinoda (1985), *Goddesses in Everywoman: A New Psychology of Women*. San Francisco: Harper and Row.
- Bolen, Jean Shinoda (1990), *Gods in Everyman: A New Psychology of Men's Lives and Loves*. New York: Harper Perennial.
- Edwards, Dean (1995), *Shamanism General-Overview*. <http://deoxy.org/shaover.htm> accessed 3 April 2009.
- Frum, Linda (2006), 'Q&A with 'House' creator David Shore,' *Macleans* (14 March) [http://www.macleans.ca/culture/entertainment/article.jsp?content=20060320\\_123370\\_123370](http://www.macleans.ca/culture/entertainment/article.jsp?content=20060320_123370_123370) accessed 27 December 2008.
- Hillman, James (1988), *Suicide and the Soul* (Dallas, TX: Spring Publications).
- 'John' (2007), Comment (12 October) <http://politedissent.com/archives/388> accessed 29 December 2008.
- Jung, C. G. (1948), 'A Review of the Complex Theory,' in *The Structure and Dynamics of the Psyche, Collected Works 8*.
- (1956), 'On the Psychology of the Trickster Figure,' in *The Archetypes and the Collective Unconscious, The Collected Works, 9, 1*.
- 'McDee' (2007), Comment (24 October) <http://www.politedissent.com/archives/1783#comment-189942> accessed 4 May 2009.
- 'Saint Nate' (2005), Comment (17 February) <http://politedissent.com/archives/560#comment-3203> accessed 12 March 2009.

'Sara' (2007), Comment (16 July) <http://politedissent.com/archives/469> accessed 30 December 2008.

'Scott' (2004a), *House M.D.*, Episode 1 'Pilot,' in *Polite Dissent* (19 November) <http://politedissent.com/archives/388> accessed 29 December 2008.

----- (2004b) *House M.D.*, Episode 4 'Maternity,' in *Polite Dissent* (7 December) <http://politedissent.com/archives/426> accessed 30 December 2008.

----- (2004c) *House M.D.*, Episode 7 'Fidelity,' in *Polite Dissent* (28 December) <http://politedissent.com/archives/488> accessed 30 December 2008.

----- (2005) *House M.D.*, Episode 10 'Histories,' in *Polite Dissent* (8 February) <http://politedissent.com/archives/560> accessed 31 December 2008.

----- (2008), Comment (4 January) <http://politedissent.com/archives/396> accessed 29 December 2008.

Waddell, Terrie (2006), *Mis/takes: archetype, myth and identity in screen fiction* (London: Routledge,).

---

<sup>1</sup> Occasionally patients who have suffered from a condition featured in an episode contribute to the Polite Dissent website opinions drawing on their own experiences and understanding of relevant diagnostic methods and treatment.

<sup>2</sup> These escapades fall so far outside the pale of behaviour acceptable in a medical practitioner, they remind viewers, since House is not struck off the register for misconduct, that this series' story world is not concerned with social realism.