In-House Thinking and Writing
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It's almost obligatory for academics—at least, the uncool, non-cultural studies kind—to profess that they watch very little television. It's certainly true in my case, although I live in a family of devoted (though critical) television watchers. My writing about television has therefore provoked some scepticism on the home front, but they are reassured that it is a passing fancy.

I'm still not quite sure how I came to watch House, M.D. It was sporadic at first, but then became routine for some time. I vividly remember the first episode I caught: I saw only the opening, and promptly turned it off. Since the episode opened with a convict on death row, I thought it was a program about prison life along the lines of Oz, perhaps, and that "House" was a reference to "The Big House." Later, as the seeds of this paper germinated, and I decided to watch several seasons' worth of the program on DVD, it was to that prison episode that I kept returning in order to illuminate my major points. The best way to follow the illustrations in this article would be to rent the second season of House, M.D., and watch the first episode, "Acceptance." I will, however, attempt to summarize the scenes I analyze.

Neither of the points I raise is astonishingly new, but here I have a chance to make them to an audience that is broader than usual. The first point is a call to resist the continuing pressure from those outside the field of writing studies—colleagues, students, and the larger public—who persist in thinking that we are physicians of a sort, to whom struggling writers can and should be referred for diagnosis, treatment, and cure. The second point is that writing is the best way we know to promote critical thinking in ourselves and our students. If we are to be dubbed physicians, however, like Hippocrates' successors we have to promise first to do no harm.

It isn't writing per se that I analyze: save for a few, un-medically legible words on House's whiteboard, writing as text doesn't make much of an appearance in House, M.D. But the intellectual activities he carries out are practices well known to rhetors. Rhetors practice and teach the art of using language wisely and well, first to explore a subject, and then to make a case for an audience or reader. The word "writing" is shorthand for the entire process of exploration, development, and articulation. Quite often the process uses activities that don't look much like writing; activities like conversation, reading, dreaming, or walking the dog can all work to get the thinking done. Most of the time, however, the best way I know to think is to apply bum to seat and pen to paper. As E.M. Forster is supposed to have said, "How do I know what I think until I see what I say?"

Here I must pause to acknowledge my great debt—our field's great debt—to Aristotle and classical rhetoric. The first canon of classical rhetoric is what we generally call "invention," from the Latin word for discovery, though Aristotle would have used the Greek term heurikes. I prefer the Greek, because the word "invention" has strayed from its Latin meaning ("coming upon") and now carries the connotations of fabrication, fiction, making up. Aristotle was much more down to earth than that: the first part of making a case, he said, is to identify what are the best available means of persuasion.

I was struck some time ago by the results of a poll in the British Medical Journal that asked its readers to rank a short list of medical breakthroughs. Sanitation was deemed the greatest medical advance of modern times. Halfway down the list, ranked number eight of fifteen, was "evidence-based medicine." I couldn't decide if it was more reassuring or frightening to read the following description:

As the name suggests, evidence-based medicine involves making use of the current best evidence (such as research), combined with a doctor's clinical experience, to make decisions about patient care. The term was coined in the early 1990s and the concept has been evolving ever since. (Picard)

And here I thought that the medical revolution that Dr. Lydgate brought to the fictional town of Middelmarch in the mid-nineteenth century was precisely this same evidence-based medicine. That, however, is an acknowledgement of my secret life as a Victorianist. Those Victorians turn up in the darndest places—after all, the debt that House owes to the deductive, evidence-based reasoning of Sherlock Holmes is clear. My point, however, is that evidence-based problem-solving is what Aristotle and his rhetorical successors developed a very long time ago, even if Holmes, House, and his ilk have come to it more recently.

For an example of this type of problem-solving, let's turn now to Dr. House in action. Early in "Acceptance," House asks his superior for permission to take on the case of a convict named Clarence, whom he bluntly calls "death-row guy." The prisoner has just been brought to the hospital with puzzling cardiac symptoms. Not surprisingly, a cardiologist has been assigned to the case; he will, House knows, "explore all the usual options for why a guy's heart starts beating so fast, it pumps out air instead of blood."
House, meanwhile, has already reviewed the case and concluded that "there are no usual options." That doesn't mean the puzzle has no solution, only that it has been framed incorrectly.

House's junior colleagues Cameron, Chase, and Foreman (CCF for short) have already learned a great deal from him. In the subplot of this episode, Cameron asks House to help her find another diagnosis for a woman with terminal cancer. She is sympathetic to the patient, and asks House to help her "at least brainstorm for other ideas." House, however, writes on his whiteboard not possible alternatives, but the five stages of dying identified by Elisabeth Kubler Ross, the last of which gives the episode its title. "Go tell Cindy whatever-her-name-is that she's dying," he says.

If House were not determined to shut Cameron down before she started, we would be able to see her brainstorming at work. Brainstorming is an early stage of the critical thinking that writers do (or the writing that critical thinkers do) on a whiteboard, in an idea tree, or in free-writing. It's what scientists do when they identify various hypotheses to account for a phenomenon they have observed, before they decide which is promising enough to be subjected to experimentation and the challenge of replication. If we want to help develop critical thinking in our students, however, telling them to brainstorm is no more useful than telling them to think critically. In response to this vague kind of instruction, "How?" is a fair question we must be prepared to answer.

House illustrates a strategy for sorting through an array of facts or observations. His diagnosis has been proven accurate, but he begins to think not just about the symptoms of the man shackled to his bed in the recovery room, but about the behaviour that put the patient in chains in the first place. Clarence has committed four murders, each with a different but identifiable motivation.

House is thinking not just about symptoms, but about behaviour and the motivation behind it. "Everything we do is dictated by motive," he remarks, when trying to see the pattern in the motivations that provoked Clarence to commit four murders. Jealousy led to the murder of the girlfriend who was cheating on him, revenge to the death of the inmate who attacked him first, and retribution to the murder of an abusive prison guard. But the fourth murder remains "an anomaly." "Doctors love anomalies," says House.

Patterns are the first thing we need to discern if we are to make any sense of our experience. Thinking critically transforms the appearance of randomness and chaos into at least an illusion of pattern and, consequently, control. Discerning patterns is not a mechanical practice, but it is not entirely mystifying either. We can prompt ourselves to seek out common patterns by turning to classical rhetoric, which is very clear about what possible patterns there might be. Aristotle called them topoi (topics), where distinctive kinds of questions arise and can be addressed. "Definition" is such a topos: what exactly is something? What category does it belong to? What are its subcategories? What logical principles are we employing in this classification system? Classification is a major intellectual enterprise; the taxonomy of modern biology grew out of a couple of centuries' worth of modifying, rejecting, and redesigning classifications, as more and more living things were discovered. Taxonomy is not just tidy housekeeping, or a quaint use for dead Latin; it takes us to the questions of what's essential, what's ignorable, what's central, and what's peripheral.

Definition takes us promptly to another, related topos: "comparison." How are things similar? How are they different? To what degree? Once we look at things side-by-side, we explore the topos of "relationship." This topos asks questions of antecedence and consequence: What is cause and what is effect?

As the episode progresses, House consults CCF while working out his diagnosis. "What's the differential?" is his most common question. In differential diagnosis, the physician brainstorms various possible causes for each symptom, and weighs the probability that any of them is the real cause. A differential diagnosis requires both definition and comparison to identify possible causes and eliminate the most unlikely. In Clarence's case, Chase points out an odd finding in the convict's blood work, and House challenges him to identify in which whiteboard column the finding belongs: "Is it the result of the tachycardia or a cause?" It's the topos of cause and effect.

A cautionary word here. One of the problems with having a neat system to help us think, such as that ofttopoi, is that we can start to forget that they are just descriptions of the ways we do things. Descriptions may be great, but I get very nervous about prescriptions, and that's not just from excessive exposure to medical dramas. Prescriptions are what somebody else thinks will be good for a given set of circumstances, but I may have a conflicting opinion. I get particularly nervous when the prescription has been derived from a description: when "the way things are" (description) is turned into "the way things must be" (prescription). It's a very easy slide from one to the other, and the results are often not pretty. Aristotle's observations about what seemed to work on stage turned into the neoclassic rules of the dramatic unities. By these standards, Shakespeare is a lousy dramatist.

Topoi are best used as tools, to help us unpack what we know, and identify what questions to ask when we don't know. They are not well used when they are prescribed as an end in and of themselves. I therefore
urge my colleagues to figure out the *topoi* that are most relevant to their own discipline, to model explicitly when and how they can be used to think through problems, and how their students can apply them. We have all encountered student texts that are a thicket of incomplete sentences, tangled phrases, misused words, fragmentary ideas, and convoluted expression. Our first impulse is often to send those students to the writing centre, or to whatever remedial or developmental or supplementary instruction can be identified for them. "Come back when you can write," is the implicit message.

Like House distinguishing cause from symptom, we need to clarify what's cause, what's correlation, what's coincidence. What if writing is not the cause of students' difficulties, but the symptom? Why is the sentence unclear? Not necessarily because the students don't know what a sentence is, but because they haven't a clue what they're trying to say, or they don't see much point to the exercise. Here is one of the advantages of having students write informal pieces, whether in blogs, writing journals, inksheds, or postings to WebCT bulletin boards. The same students whose formal papers are gnarled and knotted can post fluent responses to prompts or even achieve eloquence in a different rhetorical situation. Let's not merely treat the symptoms, when the cause goes unaddressed.

We'll return to this point, but first a disclaimer. As a rule, I refuse to apply medical metaphors to writing matters. It's only in deference to House that I indulge in them. Like Mike Rose, I think that metaphors of diagnosis and remedy are less about pedagogy than about politics. Is it coincidence or a matter of cause and effect, do you think, that university anxiety about "standards" and "literacy" reaches its vociferous peak whenever different populations come knocking at its gates? Women, feminists, working-class and part-time students, returning veterans, people of colour, people of different abilities....

The scene in which House tries to distinguish between cause and effect is noteworthy for more than the topoi involved in differential diagnosis. At one point, Cameron approaches the whiteboard to erase the word 'heroin.' "Don't do that," snaps House. Cameron asks rather sourly whether he has some special "House theory explaining heroin use despite the negative test." "No," says House, and explains, "Only I get to write on the board!"

It's petty tyranny—typical over-the-top House. A little later in the episode, Cameron acknowledges that she works for the best diagnostician in the country: he doesn't have to protect his whiteboard in order to assert his authority or superior knowledge. Claiming the board as his territory is just an exercise of sheer power, putting the subordinate in her place because he can—the same kind of politics I've referred to above. Cameron can't get her concerns heard; likewise, non-traditional students may be at the university, but heaven forbid they should have any influence on what is talked about. The hand that wields the marker (those who write the curricula) define what counts and doesn't count as knowledge. I take some comfort in the fact that House's marker is erasable!

Finally, in this scene there arises a difference of opinion between House and CCF. The younger physicians assert that their job is to not to make sure Clarence can bounce his grandchildren on his knee, but to get him "healthy enough to go back to death row." Though House gets in a dig at Cameron ("I thought you cared about patients"), he only cares about the problem. Obviously Clarence is in an unusual situation; it is not every day that American doctors are called upon to save a dying man in order to send him back to death row. Does treatment then constitute cruel and unusual punishment? What are the ethics of using valuable hospital resources to this end? At this point in the story, however, House is resistant to any ethical context. As Cameron says fifteen minutes later, "All that matters is your stupid puzzle."

We're going to move from classics into linguistics now, with a soupçon of physics. Tagmemics is another way we can help students learn to think critically by invention. Tagmemics is a term from linguistics that describes the analysis of language systems in three ways: stable, changing, and as part of larger systems. In 1970 (this is modern by rhetorical standards), Young, Becker, and Pike set out a chart to help writers focus on their subject by thinking about it first as a particle, second as a wave, and third as a field.

To see a subject as a particle is very like using the *topos* of definition: What are the characteristics of this subject? What, for example, is "green sickness"? What are its symptoms? What are its causes? What is the prognosis for sufferers?

To see the same subject as a wave is to look at its possibilities of changing over time or geography: Is the green sickness of Elizabethan times the same as the green sickness Victorian doctors diagnosed? Is it the same as anorexia nervosa a hundred years later?

Finally, to see it as a field is to put it in a larger context: to what issues is this subject related? What is the relationship between anemia and green sickness? Between girls' physical health and society's anxiety about their sexuality? About the pressures on girls in a changing society?

We can add three more dimensions to the tagmemic chart by looking at particles, waves, and fields in terms of difference, variety, and distribution. Here, *topoi* and tagmemics intersect: difference invites
questions of comparison, variety invites classification, and distribution asks us to consider our particle, wave, or field in different populations or places.

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I'm not promoting tagmemics as the best way of promoting critical thinking at the invention stage of writing. In general, my students have struggled with it, perhaps because they make it far more difficult than it really is. I mention it here because it helps me identify one of the things that the writers of *House, M.D.* are doing in the episode I've been referencing. The program demands that the doctors look at Clarence not as a particle (a cluster of symptoms), not even as a wave (a set of behaviours over time), but as a field.

House wants to consider Clarence with detachment. But the television images insist that, whether contained in an exercise yard or attached by manacles to whatever piece of furniture he occupies, Clarence has not been excised from society. Shackled to his hospital bed, he is firmly embedded in a social system. We get to see reactions to the implications of that position, highlighted in true *House, M.D.* style through the Greek chorus of CCF.

From the beginning of the episode, House has been determined to consider Clarence as a particularly fascinating particle. CCF see the patient in a social context: he is a criminal, already sentenced to death and, as such, marginalized. Foreman questions whether there are better ways to spend their time. House responds, "What makes a person deserving? ... Tell you what, the three of you work on a list of what medical treatments a person loses based on the crime they committed. I'll review it when I get back." The list doesn't materialize, of course, but the point is made: where is a particular patient placed in a field of competing needs for scarce health resources?

There's always more than one field, however. How Clarence came to be a criminal does not interest Foreman, and he refuses to consider that his background is to blame. "It's bunch of crap," he says, "You can't blame society for the fact that you chose to become a killer." House's rudeness to his subordinates is not always gratuitous: his digs at Foreman because he's black ("Man knows prisons") and at Chase because he's rich ("When we've got a yachting question, we'll come to you") are reminders that we are always being judged, however unfairly, on our background. House won't let CCF or the audience draw easy conclusions, whether or not we are tempted to see Clarence as the unfortunate product of his environment.

Meanwhile, in the subplot of the episode, Cameron still struggles to get attention to Cindy, the patient whom the writers have portrayed as a sympathetic character in contrast to "death row guy." Again, Cameron is concerned with a particle in the field—not the minefield of causation this time, but the social network and support that Cindy does not have, when she is about to hear a diagnosis of terminal cancer. Cameron worries about the social void in Cindy's life: her parents are dead, she has no siblings, and an early marriage "didn't stick." Instead of beginning a new job, she is about to hear her own death sentence.

This case prompts us to raise critical questions about another kind of detachment: to what extent is the observer, interpreter, doctor, thinker, or writer also implicated in the field? Is objectivity even possible in critical thinking? Or is awareness of our own implication the best we can do? Eager to find an alternative to the diagnosis evident in the X-rays, Cameron orders repeat X-rays and turns to Wilson (the head of oncology at the hospital) when House disappoints her. Her activities show us two more invention strategies: replication and collaboration. My real interest in this subplot, however, is centred on particles and fields.

Wilson takes Cameron to task for making friends with the patient rather than delivering the bad news. "It's not your job to be her friend," he censures Cameron, "and it's not worth it. She feels better her final few days, and you're not the same, maybe for years." But Cameron can't adopt the detachment and objectivity that Wilson urges. Patients ought not to be treated in isolation, like mere particles, she avers. "A good person dies, there should be an impact on the world. Somebody should notice. Somebody should be upset."
Though we might want to look at this exchange as an example of "women are from Venus, men are from Mars," or as an example of different models of moral maturity à la Gilligan and Kohlberg, once again the classical rhetoricians were there first. This exchange shows us the special *topoi* that are involved in deliberative discourse. Wilson applies the *topos of utilitas*: he will weigh a course of action by asking "What is advantageous? What is expedient? What is useful?" Cameron's topos is dignitas: the questions she asks are "What is good? What is worthy? What is humane?"

The episode continues its exploration of the complexities of particle and field. We recognize that Foreman, like Cameron, is not detached. He doesn't just argue against the hypothesis that the criminal is the victim of society or that race is a dominant factor, he is himself the counter-example. But by the end of the episode, we see that House's diagnosis of Clarence's rage (he has a tumour on his adrenal gland) is Foreman's new diagnosis of Clarence's criminality. After successful surgery, Foreman speaks to House, and once again, House doesn't make it easy:

FOREMAN. So what now?
HOUSE. Clarence goes back to death row.
FOREMAN. Just like that?
HOUSE. He's cured.
FOREMAN. That tumour caused random shots of adrenaline which obviously led to the rage attacks that made him become a murderer in the first place.... We could testify in Clarence's appeal.
HOUSE. ... You wouldn't even consider the notion that Clarence's social upbringing was responsible for what he became, but now you're sprinting to the witness stand to blame everything on a little tumour.
FOREMAN. A person's upbringing and their biology are completely different.
HOUSE. Yeah. You only overcame one of them. ... Removing that tumour puts a stop to those random shots of adrenaline. It doesn't absolve him.
FOREMAN. You want him to be executed?
HOUSE. That's not what I'm saying.

Before concluding, there are a few more aspects of critical thinking, invention, and writing strategies in *House* that I want to highlight.

First is the critical question of "what's not there?" What's not on the whiteboard when the case is being discussed? What is being overlooked, excluded, or discounted as insignificant? House is forever sending CCF to investigate the patient's environment, because that information is not in the case when it presents. Only when Chase investigates Clarence's cell do we discover what caused the cardiac event that brought Clarence to the hospital, though House is the one to figure it out. House habitually follows that first critical question: *what's being omitted?* with its corollary, *what is the significance of the evidence we've hitherto overlooked?* Chase describes the cell full of office supplies; House sees their significance, and diagnoses attempted suicide by copier toner.

Second, I want to remind us that television is not life, and medical diagnosis is, overall, an inadequate metaphor for the intellectual projects we undertake as learners and teachers in the university. When House diagnoses Clarence's tumour on the adrenal gland through the process of the differential, he exults, "It's perfect; it explains everything," and the medical treatment confirms the diagnosis satisfactorily.

I've talked about the challenge of diagnosis as problem-solving but, in doing so, I've oversimplified the process. As this episode clearly shows, what we do with "death row guy" extends far beyond medical diagnosis, no matter how perfect. Likewise, writing is not only a puzzle to entertain us and reinforce our own sense of cleverness. Writing is action: it has goals, effects, and ramifications, and we must teach to that too. That's why we teach "strategies" rather than prescriptions or rules or formulas.

A MadTV parody of *House*, MD ends with this speech by a resurrected patient:

Let me see if I understand the premise of this show. I come in here sick; you give me medicine and I get worse. Then you give me different medicine and I get better. Then I get worse and I die. Then at the last minute you save me and I'm so grateful that when you insult me I'm okay with it because you saved my life. Is that about it?

Lots of people will tell you yes, that's about it, that *House*, M.D. is utterly formulaic and predictable. They might concede it's a part of the perverse charm of the show. But I would argue that, though that might be true in Season One (and here we are looking at *House* as a wave, not a particle), by the opening of Season Two, the show is framing that formula in such a way that the audience has both the satisfaction and closure of diagnosis, and a problem that demands, challenges, and resists interpretation.

By Season Three, *House* moves into even more interesting territory by blurring the lines between problem maker and problem solver. In one episode, Foreman, confident in his erroneous diagnosis, orders a
treatment which kills his patient. This is an iatrogenic disorder: illness, even death caused by medical
treatment. Iatrogenic disorders violate the very first clause of the Hippocratic Oath mentioned above: first,
do no harm.

Recall my description of student prose as knotted and gnarled? When a student presents with this set of
symptoms, we need to resist the temptation to diagnose a case of illiteracy and prescribe remedial English.
Instead, let’s explore other possible interpretations: that the prose reveals ideas that are still in the process
of being worked out, or that invention has been cut short by a deadline or short-circuited by some
misunderstanding. Another possible interpretation is that the symptoms we discern and deplore in our
students’ writing are iatrogenic. To what extent might student writing problems be caused by our
assignments? By our inadequacies of explanation and demonstration, even our own incomplete
understanding of the role that writing plays in the critical thinking we claim to cherish? (Musgrove)

Well, that’s stuff for another episode, if not another whole season.

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