

“YOU’RE ORANGE, YOU MORON!”:
The use of impoliteness strategies in the American TV-series
House M.D.

Bachelor’s thesis
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May 5th 2010

JYVÄSKYLÄN YLIOPISTO

Tiedekunta – Faculty Humanistinen tiedekunta	Laitos – Department Kielten laitos
Tekijä – Author Melina Laitinen	
Työn nimi – Title ”YOU’RE ORANGE, YOU MORON!” The use of impoliteness strategies in the American tv-series <i>House M.D.</i>	
Oppiaine – Subject englanti	Työn laji – Level Kandidaatintutkielma
Aika – Month and year toukokuu 2010	Sivumäärä – Number of pages 25 sivua + 1 liite
Tiivistelmä – Abstract <p>Ihmisten välistä kommunikointia määrittävät tietyt säännöt, jotka eivät ole synnynnäisiä, vaan jotka opimme kasvaessamme. Esimerkiksi kohteliaisuus on ilmiö, johon törmäämme lähes päivittäin erilaisissa sosiaalisissa tilanteissa. Olemme kohteliaita antaaksemme itsestämme hyvän kuvan, luodaksemme toimivia ihmissuhteita ja säilyttääksemme ne. Kohteliaisuuden vastakohta, epäkohteliaisuus, ei myöskään enää nykypäivänä ole lainkaan harvinainen ilmiö, ja siitä syystä sitä tulisi tutkia aivan kuten kohteliaisuuttakin.</p> <p>Television katselu on jatkuvasti lisääntynyt ja ohjelmatarjonta monipuolistunut. Vanhat konseptit eivät enää riitä, vaan on keksittävä jatkuvasti uudenlaisia ideoita, jotta sarjasta tulisi menestyvä. Vuonna 2004 Yhdysvalloissa alkoi uudenlainen, mustaa huumoria hyödyntävä sairaaladraama <i>House M.D.</i>, jonka päähenkilö tohtori House on äärimmäisen tyly ja epäkohtelias, ei vain työtovereitansa, vaan myös potilaitansa kohtaan. Sarja on saavuttanut suuren suosion ympäri maailmaa, ja tärkein syy menestykseen on epäilemättä tohtori Housen persoona ja tapa kohdella ihmisiä.</p> <p>Tämän tutkimuksen tarkoitus oli selvittää millaisia epäkohteliaisuusstrategioita tohtori House sarjassa <i>House M.D.</i> käyttää ja miten hänen potilaansa epäkohteliaisuuteen reagoivat. Tutkimusaineisto koostui yhdeksästä lyhyestä keskustelusta tohtori Housen ja hänen klinikkapotilaidensa välillä. Nämä keskustelut ovat sarjan ensimmäisen kauden kuudesta ensimmäisestä jaksosta. Syy juuri näiden keskustelujen valitsemiseen oli se, että tohtori House ei mielellään työskentele klinikalla, vaan keskittyisi mieluummin vaikeampiin diagnostisiin tapauksiin. Tästä syystä tohtori House on klinikkapotilaitansa kohtaan erityisen töykeä.</p> <p>Analysoin aineiston käyttäen Jonathan Culpeperin laatimaa viittä eri epäkohteliaisuusstrategiaa, jotka ovat Penelope Brownin ja Stephen C. Levinsonin viiden kohteliaisuusstrategian vastakohtat. Etsin keskustelupätkistä esimerkkejä jokaisesta strategiasta. Tutkimustulokset osoittivat, että yhdeksässä keskustelupätkässä tohtori House käyttää eniten strategioita 1 ja 4, eli joko sanoo suoraan, tai käyttää sarkasmia. Pienen aineiston perusteella on kuitenkin mahdotonta tehdä yleistyksiä siitä, mitä strategioita hän eniten sarjassa suosii, koska jaksoja on tehty jo yli 120. Yllättävää oli huomata, että potilaat eivät yleensä reagoi tohtori Housen epäkohteliaisuuteen, vaan joko jättävät sen huomiotta, tai eivät ymmärrä sitä lainkaan.</p>	
Asiasanat – Keywords politeness, impoliteness, impoliteness strategies, House	
Säilytyspaikka – Depository JYX	
Muita tietoja – Additional information	

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1. INTRODUCTION

Almost every day we interact with other people either face to face, via phone, or an e-mail. There are certain rules that concern social interaction and we learn these rules as we grow up. Politeness is one such rule. In English, for instance, the word ‘*please*’ is usually added to all kinds of requests. When one is talking to a person they do not know well, it is appropriate to address them as *Mr* or *Mrs Williams* instead of *Jack* or *Mary*. The conditional form in a request *could you open the window, please?* is always more polite than the indicative form in *can you open the window, please?* By being polite we establish good social relationships with other people, which help us in creating friendships, getting jobs, and simply giving a good impression of ourselves. Nevertheless, the opposite phenomenon of politeness, impoliteness, is something that has not gained nearly as much scholarly attention as politeness has, although it has become more and more frequent in today’s social interaction.

The goal of this thesis is to examine different impoliteness strategies in the American TV-series *House M.D.*. The analysis is qualitative and its focus will be on verbal impoliteness, although non-verbal impoliteness cannot be ignored in some cases. Additionally, I will take a brief look at the hearers’ reactions to impoliteness. The reason for me to choose this topic was that there have not, to my knowledge, been similar studies conducted on the impoliteness phenomenon in TV-series. I chose this particular series because *House M.D.* represents a whole new kind of genre in television and it has become extremely popular all over the world. Although there have been many drama series related to hospitals and doctors, in all of them doctors are representing what can be called a ‘typical doctor’: a doctor who is polite and thoughtful towards their patients. These kinds of hospital dramas have not been humorous, whereas *House M.D.* often makes its viewers laugh and, very often, the humour is created specifically through impoliteness.

First, in Chapter 2, I will introduce some of the politeness theories, as well as impoliteness theories, that have been created during the past few decades. In the end of Chapter 2 I will have a brief definition for a good doctor as well, since the thesis deals with an impolite doctor. In Chapter 3 I will explain how the data was gathered and the method of analysis.

After that I will present the results, and finally discuss and conclude the findings and suggest some ideas for further studies.

2. THEORISING POLITENESS AND IMPOLITENESS

2.1. Politeness

Politeness is a complex concept that many researchers have studied and tried to define for several decades. It has been studied both in the fields of pragmatics and sociolinguistics. Many of the studies carried out in the recent years are based on the work of Penelope Brown and Stephen C. Levinson, whose book *Universals in language usage: politeness phenomena* was first published in 1978 and later reissued in 1987 with a new introduction and bibliography with the new name *Politeness: some universals in language usage*. However, there had been earlier work on politeness already before Brown and Levinson's book, completed by for example Erving Goffman in the 1950s, Paul Grice and Robin Lakoff in the 1970s, and Geoffrey Leech in the 1980s. From these, especially Goffman and Grice were those who had most influence on Brown and Levinson's politeness theory. (Watts, Ide, Ehlich 2005:1-3).

Brown and Levinson (1987) define politeness as a universal feature of language use, which means that every language has its own ways to express politeness. They argue that politeness is rational behaviour to all humans and that everyone has a positive and a negative face, a concept which I will explain in more detail later in Chapter 2.3. Richard J. Watts (2003) heavily criticises Brown and Levinson's (1987) politeness theory, which includes five different strategies that the speaker can use in order not to offend the hearer anyhow. Watts (2003) notes that firstly, there is no mention of the ways in which the hearer might react to these politeness strategies, therefore the emphasis is only on the speaker. This in turn can be seen as an attempt to exercise power because it is only the speaker's interests that are considered. Furthermore, it seems that a speaker would have to do a great amount of work in order to choose an appropriate strategy. Moreover, Brown and Levinson's model does not take into a consideration the fact that more than one strategy could be chosen. (Watts 2003:85-88).

Watts (2003) not only criticises Brown and Levinson but questions the concept of politeness entirely. He states that the definitions for “politeness” which have been offered earlier do not, in point of fact, correspond to the definition that native English speakers have for it. Each person defines the adjective ‘polite’ very differently. Politeness does not merely concern linguistic expressions but all the behaviour which is considered to be socially and culturally appropriate in any given social activity: how we act towards each other in general. For example, respectfulness, helpfulness can be considered to be polite behaviour, and polite language may include utterances such as “*thank you*”, “*sorry*”, or “*sir*”. However, some people might find this kind of polite behaviour and language hypocritical, insincere, or distant. According to Watts, the term ‘*polite*’ cannot, however, cover all this. (Watts 2003:1-2).

Watts (2003:9) has taken a viewpoint that the focus of a politeness theory should be the fact that (im)politeness is a term which has always been struggled over and will always be so. He makes a difference between first-order and second-order politeness. First-order politeness refers to “the ways in which the members of a social group conceptualise (im)politeness as they participate in socio-communicative verbal interaction” and second-order politeness, by contrast, focuses merely on polite language. According to Watts (2003:27), first-order politeness is what a theory of linguistic politeness should focus on. He concludes as well that first-order impoliteness is universal because it is “an area of discursive struggle in social practice in every society and in every language” (Watts 2003:263). Therefore he does not abandon Brown and Levinson’s idea of politeness being a universal phenomenon.

2.2. Impoliteness

Although there have been several attempts to theorise politeness, the opposite phenomenon, impoliteness, has not gained nearly as much attention. Richard J. Watts (2003) includes impoliteness in his attempts to theorize politeness. He points out that the greater focus on politeness instead of impoliteness could be considered quite surprising because it is specifically impolite behaviour that is more likely to be commented on in verbal interaction (Watts 2003:5). He suggests that impoliteness is a notable form of social behaviour because it objects the acceptable and appropriate behaviour (Watts 2003:18). However, he does not

actually separate impoliteness from politeness because he uses the term (*im*)*politeness* throughout his book *Politeness*.

Allan and Burridge (2006) examine impoliteness, as well as politeness, from a viewpoint of taboo language and as it interacts with orthophemism (straight talking), euphemism (sweet talking), and dysphemism (speaking offensively). According to them, people censor their language by default in order to be polite and because they want to enhance the well-being of themselves and others. (Allan and Burridge 2006:1-2). Politeness is connected to different factors, such as context, place and time, and what is polite is at best pleasing to an audience. This follows that what is offensive, is impolite or *dysphemistic*. For example, in the word group *toilet* (an orthophemism), *loo* (a euphemism) and *shithouse* (a dysphemism), the latter word choice is most likely considered to be the most offensive or dispreferred choice and these kinds of expressions might also be called *tabooed expressions*. (Allan and Burridge 2006:30-32).

Jonathan Culpeper (1995) builds an impoliteness framework similar to Brown and Levinson's (1987) theory of politeness. He uses earlier definitions of politeness to define impoliteness - the use of strategies that are designed to cause social disruption instead of maintaining social harmony - and then points out that there have not been studies that focus comprehensively on the impoliteness phenomenon and its theories, although researchers such as Lakoff and Penman have studied confrontational discourse along with their models of politeness.

Culpeper (1995) makes a distinction between inherent impoliteness and mock impoliteness. Both Leech (1983:83, as quoted by Culpeper 1995:350) and Brown and Levinson (1987) have written that some acts, for example orders, threats, or criticisms are inherently impolite and unavoidably threaten the hearer's face. According to Culpeper (1995), this kind of inherent impoliteness concerns only acts that draw attention to another person's anti-social activity. As an example he mentions the sentence "*Do you think you could possibly not pick your nose?*". It draws attention to another person's activity which is not acceptable in our (if in any) culture and the inherent impoliteness rises from the fact that the question does not show concern towards the hearer's positive face and inevitably damages it. (Culpeper 1995:351-352).

Mock impoliteness by contrast, remains on the surface. It is not intended to be offensive and it is understood merely as bantering. An example of bantering is “you silly bugger”, which can be uttered by a host whose guest has arrived late at a party because of a misunderstanding. Banter is also known from an American language game of especially black adolescents known as “playing the dozens” where people compete against each other with insults:

Iron is iron, and steel don't rust,
But your momma got pussy like Greyhound Bus.
(Labov 1972:302 as quoted by Culpeper 1995:353.)

Impoliteness in both cases is not meant to be offending and the hearer knows it because the insults are clearly untrue. This kind of mock impoliteness can even show solidarity and reflect and foster social intimacy (Leech 1983, as quoted by Culpeper 1995:352). Furthermore, the closer the relationship, the less important politeness is. Close friends can be impolite towards each other because they understand it is not meant seriously. This is why one has to be careful with bantering if it is targeted towards people who are not very close to oneself. (Culpeper 1995:352-353).

According to Brown and Levinson's (1987) theory, politeness is based on the mutual vulnerability of face. Moreover, Leech (1983 as quoted by Culpeper: 1995:350) claims that confrontational communication is “rather marginal to human linguistic behaviour in normal circumstances”. However, Culpeper demonstrates that this, in fact, is not true. There are situations when this vulnerability is unequal and motivation to cooperate in order to maintain each other's face is reduced. Participants may have unequal power statuses, or they may have a conflict of interests. It follows that one can be freer to use impoliteness. Culpeper (1995) mentions court situations as an instance: the prosecutor is able to use impoliteness in order to provoke the defendant who then might be annoyed and lose their control. (Culpeper:1995).

2.3. The concept of *face*

2.3.1. Negative and positive face

Face is a central concept in studying linguistic politeness and it was originally introduced by Erving Goffman in the 1960s and later Brown and Levinson (1987) derived it for their politeness theory. Goffman's (1967, as quoted by Brown and Levinson 1987) definition of politeness suggests that "politeness is *socially motivated linguistic action* consisting of participants' mutual interactive efforts to support and maintain each other's face (public self-esteem)". Brown and Levinson (1987) use the term MPs, Model Persons, who are wilful and fluent speakers of a natural language, having two properties which are rationality and face. They define *face* in the following way:

negative face: the want of every 'competent adult member' that his actions be unimpeded by others.

positive face: the want of ever member that his wants to be desirable to at least some others. (Brown and Levinson 1987:62.)

In addition, a face can be lost, maintained or enhanced and it is in everyone's interest to maintain each other's face. The shared knowledge of people's face is also universal. (Brown and Levinson 1987:61-62).

2.3.2. Face-threatening acts

In relation to the concept of face, Brown and Levinson (1987:65-67) introduce the term FTA, a face-threatening act, which sometimes cannot be avoided. In fact, the purpose of politeness is to soften face-threatening acts because it is in everyone's mutual interest to do so (Brown and Levinson 1987:59-60). A face threatening act is a speech act (such as a warning or a threat) that can damage the hearer's positive or negative face (Brown and Levinson 1987:61). Threats to a negative face are actions by which a person indicates that they do not intend to avoid impending one's freedom of action. Examples of these are orders, advice, and warnings. Threats to a positive face are actions which indicate that a person does not care about the addressee's feelings or wants. Examples of these are criticism, disagreements, and mention of taboo topics.

According to Brown and Levinson (1987:68), any rational agent wants to avoid FTAs and therefore uses certain strategies to minimise the threat. When a person is about to perform an FTA, they have to estimate the degree of the face threat involved. The less imposition of the act and the less powerful and distant the other person is, the less polite one has to be.

Culpeper (1995:356) has summarised Brown and Levinson's list of five strategies for doing FTAs:

- 1) *Bald-on-record strategies*: the FTA is performed 'in the most direct, clear, unambiguous and concise way possible' (Brown and Levinson 1987:69).
- 2) *Positive politeness* – the use of strategies designed to redress the addressee's positive face wants.
- 3) *Negative politeness* – the use of strategies designed to redress the addressee's negative face wants.
- 4) *Off-record* – the FTA is performed in such a way that "there is more than one unambiguously attributable intention so that the actor cannot be held to have committed himself to one particular intent" (Brown and Levinson: 1987:69). In other words, perform the FTA by means of an implicature (Grice, 1975)
- 5) *Withhold the FTA*.

(Culpeper 1995:356.)

In turn, Culpeper (1995:356) lists opposite impoliteness strategies equivalent to Brown and Levinson's strategies. Their purpose is to attack the hearer's face instead of trying to save it. The strategies are:

- 1) *Bald on record impoliteness* – as in Brown and Levinson's strategy, the FTA is performed as clearly and boldly as possible, but the difference is that Brown and Levinson's strategy is a *politeness* strategy in situations where the threat to the hearer's face is small.
- 2) *Positive impoliteness* – the use of strategies designed to damage the addressee's positive face wants.
- 3) *Negative impoliteness* – the use of strategies designed to damage the addressee's negative face wants.
- 4) *Sarcasm or mock politeness* – the FTA is performed with the use of obviously insincere strategies.
- 5) *Withhold politeness* – the absence of politeness in situations where it is expected.

(Culpeper 1995:356.)

These five strategies and their sub-strategies I will use as the basis of my analysis.

2.4. A good doctor and the research questions

Because the target of this study is a fictional doctor, it is necessary to define what is expected of a typical doctor. In many cultures, politeness is heavily related to certain groups of people, from whom politeness is expected and required. Especially when people are in interaction with each other in official contexts, it is not acceptable to act rudely. Doctors are one such group. There are ethical rules for the doctors concerning doctor-patient interaction.

The Finnish Medical Association (Saarni 2005:15-17) has stated that a good doctor always appreciates their patients' wishes and gives enough information for them so that they could decide on the treatment. Doctor-patient relationship should be equal companionship and cooperation between two morally autonomic adults. The trust ought to be mutual and based on either non-verbal or verbal agreement and it is not gained through the academic degree or status but through showing a real interest in the patient and acting openly. There is a humanistic and intellectual stage in each doctor-patient relationship. Whereas intellectual stage means the analytical approach and expertise, the humanistic stage means the effort to understand a person's inner thoughts and them being unique personalities. Therefore a doctor is a distant expert and a close, understanding person.

The research questions of this thesis are:

- 1) What kinds of impoliteness strategies does House use?
- 2) How do the patients respond to House's impoliteness?

3. DATA AND METHODS

3.1. About *House M.D.*

House M.D., titled only as "*House*" in Finland, is a television drama series on the American Fox network. The pilot episode was aired in the USA in 2004 and the sixth season of the series started in September 2009. In 2008 the series was in distribution in 66 countries and it has an audience of over 80 million people, which makes it one of the most popular TV-series at present. The series has been honoured with several awards, including three Emmy Awards and two Golden Globe awards. (*House M.D.* homepage, n.d.).

The events take place in the Princeton-Plainsboro teaching hospital in New Jersey, where Doctor Gregory House solves medical mysteries together with his team consisting of three younger doctors. In each episode there is one complicated main case which the doctors focus on. Unusual about the series is that House is not what a typical doctor is assumed to be, but rude and unsocial. He takes painkillers for his injured leg, sometimes even in front

of his patients. It is Doctor House's behaviour and questionable decisions that cause conflicts between him and his employees, as well as with the patients and their families.

3.2. Gathering the data

I had a few options to study the impoliteness strategies in the series: either to focus on the conversations between House and his team members, House and his boss, Doctor Lisa Cuddy, or House and his patients. I decided to choose the last option because the clinic patients are the ones House dislikes most. The clinic duty is an obligatory part of his job but he would not want to work at the clinic at all because he would want to focus on his main cases which are challenging and interesting. Therefore he is most impolite towards the clinic patients. In addition, the patients are complete strangers to House and thus the rules of politeness could be expected to be even stricter.

With the help of a *House M.D.* DVD and the English subtitles available in the Internet I transcribed nine extracts that are all short conversations between House and his clinic patients. Patients represent different kinds of age-, gender-, and social groups. The extracts are all from the six first episodes in season one. In total, there are dozens of conversations between House and the clinic patients in all the six seasons so the data had to be narrowed down. I began going through the episodes from the beginning of the series and stopped after I had enough data for the purposes of a bachelor's thesis. Therefore, within the scope of this study it was simply not possible to go through and analyse them all. The full list of the transcribed extracts is provided in the Appendix.

3.3. The method of analysis

I analysed the data by going through each of the transcribed extracts and finding all the cases when doctor House says something that can be considered impolite. Then I categorized all the cases according to Culpeper's strategies of impoliteness. The five strategies and their sub-strategies are:

1) Bald on record impoliteness

2) Positive impoliteness

- *ignore, snub the other*

- *exclude the other from an activity*
- *disassociate from the other*
- *be disinterested, unconcerned, unsympathetic*
- *use inappropriate identity markers*
- *use obscure or secretive language*
- *seek disagreement*
- *make the other feel uncomfortable*
- *use taboo words*
- *call the other names*
- *etc.*

3) Negative impoliteness

- *frighten*
- *condescend, scorn or ridicule*
- *invade the other's space*
- *explicitly associate the other with a negative aspect*
- *put the other's indebtedness on record*
- *etc.*

4) Sarcasm or mock politeness

5) Withhold politeness

I decided to allow a certain instance of impoliteness to fall into more than one category because they sometimes overlapped. It could have been possible to examine Brown and Levinson's (1987) list of politeness strategies as well, and see which rules House breaks, but since Culpeper has created a list of impoliteness strategies corresponding to Brown and Levinson's list, it was clearer and more logical to base this study on his list.

4. DATA ANALYSIS

Most conversation extracts have several instances of different kinds of impoliteness strategies but for the sake of clarity, in each category only the strategy in question is underlined. Additionally, I refer to doctor House only as "House" because that is how he is called in the series.

4.1. Bald on record impoliteness strategies

Impoliteness work, where the speaker does not try to save the hearer's face but insults them very clearly, can be found on several conversations between House and a patient. In the

first example, a middle-aged man has come to see a doctor because his skin is the colour of orange. In the middle of their conversation House takes a couple of pills:

Example 1 (Season 1, Episode 1):

House: Painkillers.

Patient: Oh, for you. For your leg.

House: No. 'Cause they're yummy. You want one? Make your back feel better.

Unfortunately, you have a deeper problem. Your wife is having an affair.

Patient: What?

House: You're orange, you moron. It's one thing for you not to notice, but if your wife hasn't picked up on the fact that her husband has changed colours, she's just not paying attention. By the way, do you consume just a ridiculous amount of carrots and mega dose vitamins? Carrots turn you yellow, the niacin turns you red. Find some finger paint and do the math. And get a good lawyer.

Instead of telling the patient what is matter with him, House decides to go further in his diagnosis and interfere in the patient's personal life by telling the man that his wife has been unfaithful and reasons his conclusion. He does not try to soften his words but says it very directly. He even insults the patient by calling him a moron.

In another conversation House has a patient, a woman in her forties, who has come to see a doctor because of strangely coloured mucus.

Example 2 (Season 1, Episode 3):

House: And yet, here you are. What happened? Paramedics took a week to respond to your 911 call?

Patient: You're not a very nice doctor, are you?

House: And you are very bad at whatever it is you do.

Patient: You don't even know me.

House: I know you're gonna get fired. That's why you got the new glasses.

That's why your teeth are sparkly white. You're getting the most of your health insurance while you still can.

Patient: I might be quitting.

House: If you were quitting, you'd have known that last week when your snot was still pale goldenrod. You're getting fired.

When the patient says that House is not a nice doctor, House decides to answer back rudely and goes into analysing the patient's life even if it should have nothing to do with the reason why she has come to see a doctor. He states that the woman is not good at her work and that she will be fired and then provides reasons why he believes this will happen.

In the next example House's patient is a young girl who is in the examination room with her mother. House enters the room:

Example 3 (Season 1, Episode 6):

House: Well, good news. The lab says it's not strep, so we're done.

Mother: Wait a second.

House: No, really not strep. The boys in the lab, sure, they're hard drinkers, but they're pros, you know. Plus, your kid actually has none of the symptoms for strep. It was quicker running the test than arguing with you. My point is, go!

Once House says that they are finished and the mother tries to ask further questions, House interrupts her by saying that it really is not a “strep” in question, as he already once said. Then he becomes mean and tells that the “boys in the lab” are professionals although they drink a lot and then he insults the mother by saying that he did not want to waste time arguing with her and tells her to go without using any politeness strategies that are expected from a doctor. At the end of the extract he even yells at the mother and uses a particularly annoyed and angry tone of voice.

4.2. Positive impoliteness strategies

Positive impoliteness was not as easy to spot because it includes such a variety of different kinds of strategies, many of which are connected to other than verbal expressions. However, the following kinds of instances were found in the extracts:

Example 4 (Season 1, Episode 1):

House: No. 'Cause they're yummy. You want one? Make your back feel better.

Unfortunately, you have a deeper problem. Your wife is having an affair.

Patient: What?

House: You're orange, you moron.

This piece of conversation is from the same extract as Example 1 above. Culpeper (1995) has listed *calling other people names* as one kind of positive impoliteness output strategy, therefore calling a patient moron could also be placed in this category.

In the following case in point the patient is a teenager who is standing in the examination room looking very uncomfortable:

Example 5 (Season 1 – Episode 3):

House: How're you doing?

Patient: Okay.

House: Great. I'm doing good, too. I get to knock off an hour early today. You know why? Because I kissed my boss's ass. Do you ever do that? I think she just said yes 'cause she wants to reinforce that behaviour. Wants me to kiss a lot of other people's ass, like she wants me to kiss yours. What would you want? A doctor who holds your hand while you die or a doctor who ignores you while you get better? I guess it would particularly suck to have a doctor who ignores you while you die.
 Patient: I should go.

One of Culpeper's (1995) positive impoliteness strategies is to use taboo words. Although the patient is a teenager, it is not appropriate for a doctor to use expressions such as *kiss someone's ass*. Furthermore, it is not appropriate for House to tell about his personal problems with his boss when he should be trying to find out what is wrong with the patient.

4.3. Negative impoliteness strategies

Instances of negative impoliteness strategies were slightly more frequent than those of positive impoliteness. The following kinds of instances could be found:

Example 6 (Season 1, episode 1):

Patient: I'm tired a lot.
 House: Any other reason why you think you might have chronic fatigue syndrome?
 Patient: It's kind of the definition, isn't it?
 House: It's kind of the definition of getting older.
 Patient: I had a couple headaches last month, a mild fever. Sometimes I can't sleep, and I have trouble concentrating.
 House: Apparently not while researching this stuff on the Internet.
 Patient: I was thinking it also might be fibromyalgia.
 House: Excellent diagnosis.
 Patient: Is there anything for that?
 House: You know, I think there just might be.

In this example, the patient is a man who has come to the clinic because of constant tiredness. One of Culpeper's negative impoliteness output strategies is to *condescend, scorn or ridicule* which includes not treating the hearer seriously. The reason why all House's lines are underlined is that throughout the conversation House seems very disinterested in the patient and his tone of voice and facial expressions give an impression that he does not take the patient and his symptoms very seriously and is annoyed by the fact that the patient has been trying to diagnose himself according to the information found on the Internet.

A similar kind of example could be found in the following extract. Here, the patient is a young boy who has had troubles breathing. The boy is in the clinic with his mother, to whom House addresses the comments and questions.

Example 7 (Season 1, Episode 1):

House: Has he been using his inhaler?

Mother: Not in the past few days. He's only ten. I worry about children taking such strong medicine so frequently.

Patient: What happened to your leg?

House: Your doctor probably was concerned about the strength of the medicine, too. She probably weighed that danger against the danger of not breathing.

Oxygen is so important during those prepubescent years, don't you think? Ok, I'm gonna assume that nobody's ever told you what asthma is, or if they have, you had other things on your mind.

The mother has neglected her son's use of inhalator and this makes House scorn and ridicule her by suggesting she does not know how important oxygen in childhood is. Furthermore, he implies that the mother has had "other things in mind" during she has been informed about her son's condition.

The third example of negative impoliteness strategies is related to the same issue, but includes another kind of sub-strategy as well. House's patient is a baby whose mother is holding her in her arms. House is wondering why the vaccination dates are missing and the mother tells that they are not vaccinating the baby. To this, House replies:

Example 8 (Season 1, Episode 2):

House: Yeah. All-natural, no dyes is a good business. All-natural children's toys. Toy companies they don't arbitrarily mark up their frogs. They don't lie about how much they spend on research and development. The worst that a toy company could be accused of is making a really boring frog. You know another really good business? Teeny, tiny baby coffins. You can get them in frog green, fire-engine red, really. The antibodies in yummy Mummy only protect the kid for six months, which is why these companies think they can gouge you. They think that you'll spend whatever they ask to keep your kid alive. Want to change things? Prove them wrong. Few hundred parents like you decide they'd rather let their kid die than cough up 40 bucks for a vaccination, believe me, prices will drop really fast.

Mother: Tell me what she has.

House: A cold.

One of Culpeper's negative impoliteness output strategies is to frighten the hearer. Once House hears that the baby has not been vaccinated, he starts talking about toy companies and then he gets to his point by telling about another good business: baby coffins. He frightens the woman by telling her that if she does not vaccinate, her baby might end up in

one of those coffins as well. This, in fact, works. The mother is scared and asks frightened what is wrong with her baby.

4.4. Sarcasm or mock politeness

Sarcasm was the most frequent type of House's impoliteness strategies occurring in most of the extracts. The instances of sarcasm could be divided into two parts:

- 1) House's sarcasm is apparent both to the patient and the viewers.
- 2) House's sarcasm is apparent only to the viewers.

In Example 9, the patient is a man who has an infection in his knee. House is guessing where the wound came from and then starts speculating why the man has driven seventy miles to get treatment for a very harmless condition.

Example 9 (Season 1, Episode 2):

House: Not for family. Not for work. You drove 70 miles to a walk-in clinic. You passed two hospitals on the road. Either you've got a problem with those hospitals, or they have a problem with you. My guess is you've sued half the doctors in Maplewood, and the rest are now refusing to help you. It's ironic, isn't it? Sort of like the boy who sued wolf. You know, I bet we have a doctor here named Wolf. How perfect would that be? I'm gonna page him.

Patient: Okay. You know what? Thank you. I'm gonna find a doctor to take care of this.

House: I didn't say I wouldn't treat you. We'll drain your knee, run some lab work. Fix you up.

Patient: Why would you do that?

House: I'm a people person.

The two underlined parts are clearly insincere expressions. The patient can easily realise that House is annoyingly joking about the wolf because he has just accused the patient of not being honest and hiding something. Considering their whole conversation, it is clear to the patient that House, in fact, is not a people person. Here, the facial expression and the tone of House's voice, which is exaggeratingly joyful, reveal the sarcasm as well.

The next example is from the same extract than Example 3. A mother has brought her daughter to the clinic and is worried about her being overweight. House does not take her seriously and although he speaks to the daughter, he actually directs his words to the

mother. After mother accuses House not being fair, he continues by implying the reasons why the mother is so worried.

Example 10 (Season 1, Episode 6):

Mother: I just wanted to ask your opinion, Doctor. She's having a birthday party next week, and she's upset that I'm getting a sugarless cake.

Daughter: The other kids hate it.

House: This is why you're here.

Mother: Sugar is the leading cause of obesity in America.

House: You want a doctor to scare her about the dangers of sugar.

Mother: She needs to get her weight under control.

House: Well, you know, I feel sorry for those other kids, Wendy, who don't have a mom like yours - a mom who knows that sugar causes heart disease, appendicitis and athlete's foot.

Mother: That's not fair.

House: Oh, yes, it is. No, I get it. You want her to slim down a little so she can wear pretty clothes like yours. Love the bracelets. Hey, what about matching outfits?

You could be twins. [Gasps] She can't be your daughter. It's impossible! You look way too young. Happy birthday. Get the kid a damned ice cream cake.

After the mother accuses House not being fair, House continues his mockery by flattering the bracelets and suggesting them to get matching outfits. The sarcasm is enhanced by the exaggerated facial expressions, such as gasping and smiling.

Example 11 is taken from the same extract as Example 2, where the woman complains about the mucus. The patient's response to the 911-call question reveals that she understood the sarcasm. She is offended by House because she says that he is not a very nice doctor.

Example 11 (Season 1, Episode 3):

House: Your mucus was "pale goldenrod".

Patient: Last week, yes. Should I be worried?

House: Oh, yes. Very.

Patient: Really? I thought it was okay now.

House: And yet, here you are. What happened? Paramedics took a week to respond to your 911 call?

Patient: You're not a very nice doctor, are you?

By contrast, the other House's underlined comment *Oh, yes. Very* is an example of sarcasm that the patient does not understand. This is revealed by her answer *Really?* which shows that she thinks House is serious. The viewers, however, knows that this is not the case. The following example is an instance of this kind of sarcasm as well. Example 12 is from the same extract as Example 6, where a man complains about being tired all the time and has searched the Internet for different kinds of diagnoses.

Example 12:

Patient: I had a couple headaches last month, a mild fever. Sometimes I can't sleep, and I have trouble concentrating.

House: Apparently not while researching this stuff on the Internet.

Patient: I was thinking it also might be fibromyalgia.

House: Excellent diagnosis.

Patient: Is there anything for that?

House: You know, I think there just might be.

As the man thinks he is an expert on diagnosing himself with the help of the Internet, House decides to play along and agree with the patient. However, sarcasm in this extract is clear only to the viewers. Again, it is also House's tone of voice which reveals the sarcasm: the stressing is very strong and House does not speak in that way when he is serious.

4.5. Withhold politeness

The final category was the most complicated one because withholding politeness means instances of politeness that are not to be found in a conversation, something that, according to rules of politeness, should have been there but for some reason is not. This is to a great extent a matter of interpretation, but the following examples could be considered as instances of withholding politeness.

Example 13

House: Deep breath.

Patient: It's cold.

House: Has he been using his inhaler?

Mother: Not in the past few days. He's only ten. I worry about children taking such strong medicine so frequently.

Patient: What happened to your leg?

House: Your doctor probably was concerned about the strength of the medicine, too. [...] But the steroids, the steroids stop the inflammation. The more often this happens...

Mother: What? The more often this happens, what?

House: Forget it. If you don't trust steroids, you shouldn't trust doctors.

This example includes more than one case where it could be expected that a doctor ought to say something. For example, House does not warn the boy about the stethoscope being cold, which is what a doctor generally does when they have children as patients. Moreover, House does not answer to the boy's question about the leg but starts talking to the mother. In the end of the conversation, he realises something in his head that is related to an entirely different patient, ignores his current patient and quickly leaves the room.

5. DISCUSSION

5.1. The impoliteness strategies

In the nine extracts I transcribed, there were several cases of impoliteness strategies in each of them. It was not possible to count their exact number because defining where one case of impoliteness starts and where it ends was extremely difficult. However, some rough observations could be made based on the data analysis.

Bald on record impoliteness strategies were very frequent in the extracts. In Examples 1 and 2 he analyses the patients' personal lives by claiming that one's wife has an extramarital affair and the other is about to be fired. He might be right, but he does not have any certain information in either case. In Example 3, House wants to get rid of the patient and her mother because, according to the test results, there is nothing wrong with her. The reason why Doctor House might use this strategy to a great extent is that he is a very direct person. He does not try to hide his true feelings and enjoys being rude to other people. He has no interest to please other people and no need to be likeable. Patients are not his friends and it is likely that he will never meet them again; therefore there is no need to be polite.

Positive impoliteness strategies were much harder to find than bald on record strategies. Although House uses a great deal of taboo words in the series in general, there were only a few instances of these in the interaction between him and his patients: *moron* and *kiss someone's ass* in Examples 4 and 5. As was mentioned in the analysis, calling the patient *moron* overlaps with another sub-strategy of positive impoliteness, which is *call the other names*. Allan and Burrige (2006) have examined impoliteness through taboo language and these expressions clearly are dysphemisms, dispreferred language for a doctor. Among friends one could use these terms without being offensive, but in this context it is not suitable. Moreover, it should be noted that although Culpeper has listed ten different sub-strategies for positive impoliteness, House only uses a few of them. The reason for this might be that some of these sub-strategies involve excluding or ignoring the other person somehow, and this is not really possible in doctor-patient interaction. Moreover, House's impoliteness is mostly verbal and Culpeper's sub-strategies are non-verbal.

Negative impoliteness strategies were, again, slightly more frequent, although Culpeper (1995) has listed only five different sub-strategies, whereas there were ten positive impoliteness output strategies. Out of these five strategies, House used two: *frighten* and *condescend, scorn or ridicule*. Frightening is an effective way to make a point, especially when the frightener is a doctor, who has more knowledge about the discussed matter than the hearer. With the latter strategy he makes it clear that he finds his patient stupid and he is annoyed by the fact that he has to work in the clinic. This, nevertheless, is usually obvious only to the viewers because they have more knowledge about House and his opinions than the patients do.

Mock politeness, as Culpeper (1995) defines it, was not to be found in any of the extracts. However, sarcasm was the most frequent strategy and was found in almost each extract. In the analysis I decided to divide the instances of sarcasm into two: instances where the patient and the viewers both understand the sarcasm, and instances where only the viewers understand it. As is seen in Examples 11 and 12, the patient does not understand the sarcasm because they do not know House and expect him to act like a doctor usually does. However, the viewers know House better and can instantly spot the sarcasm. Interestingly, the viewers know a great deal of facts about House's behaviour after watching him merely a few minutes – some instances of sarcasm are found in the first episode of Season 1. This, however, can also be due to the fact there were plenty of commercials (in Finland and most likely also in the USA) on television promoting the show about an “exceptionally rude doctor”. Therefore the viewers already had some information about House even before the series had even started.

As was mentioned in the analysis, the final category, withholding politeness, was the most complicated one since it is about finding something that is not there. Considering House's character, it could be assumed that this strategy would be used by House to a great extent; therefore it was slightly surprising that there were not many obvious instances where politeness work is lacking completely. Nevertheless, most of the extracts do not show the part where House enters the examination room and meets the patient for the first time, so it cannot be seen whether he introduces himself properly with a hand-shake, for example. However, in some cases, like in Example 12, House leaves the room without saying anything because he has had an idea related to another patient of his and this might be considered as an instance of withholding politeness as well.

5.2. Patients' responses

As Brown and Levinson have stated (1987), it is everyone's mutual interest to save another person's face. Culpeper (1995), on the contrary, has pointed out that there are situations when this is not the case. As Watts (2003) criticises, Brown and Levinson (1987) do not focus on the hearer in their politeness theory and therefore there is no mention of the possible hearer reactions. Whether a mutual interest or not, however, it could be assumed that a person whose face is threatened and damaged should be offended by the person who damages it.

This does not apply in most of the instances when House is being impolite towards his patients. In point of fact, there were only four instances in the extracts when the patient stands up for themselves or show signs of being hurt by House. They can be found in Examples 5, 9, 10, and 11. In Example 5, the teenager is puzzled by House's sudden outburst and thinks he should go. In Example 9 the patient gets frustrated by House's accusations and tells him he will find another doctor. In Example 10 the mother says that House is not being fair saying such things to her daughter, and in Example 11 the woman with strangely coloured mucus tells House that he is not a very nice doctor after he has told her she will be fired.

In most cases the patients do not answer to House's impoliteness in any way. They either are not given a chance to do so because House leaves the room, or then they answer what is wrong with them or their children. Some patients do not even understand House's sarcasm. I think that it is very unlikely that the responses would be so mild if it was a real-life situation in question. After all, it should be kept in mind that *House M.D.* is a fictional series which has a written script; therefore the patients' reactions are not genuine and spontaneous.

6. CONCLUSION

In this thesis I have analysed conversations between Doctor House and his clinic patients by using Culpeper's (1995) list of impoliteness strategies corresponding to Brown and Levinson's (1987) list of politeness strategies. Based on nine short extracts it is impossible

to make any generalisations, but it would seem that bald on record strategies and sarcasm are the impoliteness strategies that House uses most frequently. I have also taken a brief look at the patients' responses to House's impoliteness and it could be noticed that most of the patients completely ignore House's impolite, sometimes extremely insulting, remarks. However, due to the fact that the patients are actors in a series, it is impossible to analyse the truthfulness of their reactions.

Due to the small size of a bachelor's thesis I have only been able to scratch the surface of *House M.D.* and all the impoliteness strategies that are used in the series, whose sixth season is now aired in the United States. For further studies one could examine the newer seasons of *House M.D.* as well and compare them to the first season to see if there are any changes in the impoliteness strategies. One could also examine the differences between the interaction between House and his patients and House and his colleagues.

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APPENDIX 1: Extracts of *House*

Extract 1 (Season 1 – Episode 1)

Patient: I was playing golf and my cleats got stuck. It hurt a little but I kept playing. The next morning I could barely stand up. Well, you're smiling, so I take it that means this isn't serious. (House pops a couple of pills) What's that? What are you doing?

House: Painkillers.

Patient: Oh, for you. For your leg.

House: No. 'Cause they're yummy. You want one? Make your back feel better. Unfortunately, you have a deeper problem. Your wife is having an affair.

Patient: What?

House: You're orange, you moron. It's one thing for you not to notice, but if your wife hasn't picked up on the fact that her husband has changed colours, she's just not paying attention. By the way, do you consume just a ridiculous amount of carrots and mega dose vitamins? Carrots turn you yellow, the niacin turns you red. Find some finger paint and do the math. And get a good lawyer.

Extract 2 (Season 1 – Episode 1)

House: Deep breath.

Patient: It's cold.

House: Has he been using his inhaler?

Mother: Not in the past few days. He's only ten. I worry about children taking such strong medicine so frequently.

Patient: What happened to your leg?

House: Your doctor probably was concerned about the strength of the medicine, too. She probably weighed that danger against the danger of not breathing. Oxygen is so important during those prepubescent years, don't you think? Ok, I'm gonna assume that nobody's ever told you what asthma is, or if they have, you had other things on your mind. A stimulant triggers cells in your child's airways to release substances that inflame the air passages and cause them to contract. Mucus production increases, the cell lining starts to shed. But the steroids, the steroids stop the inflammation. The more often this happens...

Mother: What? The more often this happens, what?

House: Forget it. If you don't trust steroids, you shouldn't trust doctors.

Extract 3 (Season 1 – Episode 1)

Patient: I'm tired a lot.

House: Any other reason why you think you might have chronic fatigue syndrome?

Patient: It's kind of the definition, isn't it?

House: It's kind of the definition of getting older.

Patient: I had a couple headaches last month, a mild fever. Sometimes I can't sleep, and I have trouble concentrating.

House: Apparently not while researching this stuff on the Internet.

Patient: I was thinking it also might be fibromyalgia.

House: Excellent diagnosis.

Patient: Is there anything for that?

House: You know, I think there just might be.

Extract 4 (Season 1 – Episode 2)

Mother: No formula. Just mommy's healthy, natural breast milk.

House: Yummy.

Mother: Her whole face just got swollen like this overnight.

House: Mm-hmm. No fever. Glands normal. Missing her vaccination dates.

Mother: We're not vaccinating.

House: Think they don't work?

Mother: I think some multinational pharmaceutical company wants me to think they work, pad their bottom line.

House: Mmh. May I?

Mother: Sure.

House: Yeah. All-natural, no dyes is a good business. All-natural children's toys. Toy companies they don't arbitrarily mark up their frogs. They don't lie about how much they spend on research and development. The worst that a toy company could be accused of is making a really boring frog. You know another really good business? Teeny, tiny baby coffins. You can get them in frog green, fire-engine red, really. The antibodies in yummy Mummy only protect the kid for six months, which is why these companies think they can gouge you. They think that you'll spend whatever they ask to keep your kid alive. Want to change things? Prove them wrong. Few hundred parents like you decide they'd rather let their kid die than cough up 40 bucks for a vaccination, believe me, prices will drop really fast.

Mother: Tell me what she has.

House: A cold.

Extract 5 (Season 1 – Episode 2)

House: It's infected, with a really big hole, like you stuck a nail in it to relieve the pressure.

Patient: I wouldn't do that.

House: Although the wound is irregular. It's not cylindrical. It's shaped like a triangle. So, not a nail. Steak knife?

Patient: Wife's nail file.

House: Nail file. Yeah. Pain will make you do stupid things. Something to take the edge off?

Patient: Yeah.

House: Cheers. So, you have family here in Princeton?

Patient: No.

House: Here on work?

Patient: No. Why are you...?

House: Does your penis hurt?

Patient: No. What? Should it?

House: No. Just thought I'd toss you a really inappropriate question. Your lawyer's gonna love it.

Patient: Why would I want to sue you? I want you to treat me.

House: You're from Maplewood, New Jersey, right?

Patient: Yeah.

House: Now, why would you drive 70 miles to get treatment for a condition that a nine-year-old could diagnose? It's the free-flowing pus that's the tip-off.

Patient: I was in town.

House: Not for family. Not for work. You drove 70 miles to a walk-in clinic. You passed two hospitals on the road. Either you've got a problem with those hospitals, or they have a problem with you. My guess is you've sued half the doctors in Maplewood, and the rest are now refusing to help you. It's ironic, isn't it? Sort of like the boy who sued wolf. You know, I bet we have a doctor here named Wolf. How perfect would that be? I'm gonna page him.

Patient: Okay. You know what? Thank you. I'm gonna find a doctor to take care of this.

House: I didn't say I wouldn't treat you. We'll drain your knee, run some lab work. Fix you up.

Patient: Why would you do that?

House: I'm a people person.

Extract 6 (Season 1 – Episode 3)

Patient: It was yellow.

House: It was?

Patient: It's not anymore.

House: Well, that's a shame.

Patient: I thought that might be a problem, so I brought you this.

House: Your mucus was "pale goldenrod".

Patient: Last week, yes. Should I be worried?

House: Oh, yes. Very.

Patient: Really? I thought it was okay now.

House: And yet, here you are. What happened? Paramedics took a week to respond to your 911 call?

Patient: You're not a very nice doctor, are you?

House: And you are very bad at whatever it is you do.

Patient: You don't even know me.

House: I know you're gonna get fired. That's why you got the new glasses. That's why your teeth are sparkly white. You're getting the most of your health insurance while you still can.

Patient: I might be quitting.

House: If you were quitting, you'd have known that last week when your snot was still pale goldenrod. You're getting fired.

Patient: I just don't like being told what to do.

House: I can get you in for a full body scan later this week.

Patient: Thanks.

Extract 7 (Season 1 – Episode 3)

House: How're you doing?

Patient: Okay.

House: Great. I'm doing good, too. I get to knock off an hour early today. You know why? Because I kissed my boss's ass. Do you ever do that? I think she just said yes 'cause she wants to reinforce that behaviour. Wants me to kiss a lot of other people's ass, like she wants me to kiss yours. What would you want? A doctor who holds your hand while you die or a doctor who ignores you while you get better? I guess it would particularly suck to have a doctor who ignores you while you die.

Patient: I should go.

House: You think it's gonna come out on its own? Are we talking bigger than a breadbasket? Because, actually, it will come out on its own. Which for small stuff is no problem. It's wrapped up in a nice, soft package, and plop. Big stuff, you're gonna rip something, which, speaking medically, is when the fun stops.

Patient: How did you...?

House: You've been here half an hour, you haven't sat down. That tells me its location. You haven't told me what it is. That tells me it's humiliating. You have a little birdie carved on your arm. That tells me you have a high tolerance for humiliation. So I figure it's not haemorrhoids. I've been a doctor 20 years. You're not gonna surprise me.

Patient: It's an MP3-player.

House: Mm. Is it, is it because of the size, or the shape, or is it the pounding bass line?

Patient: What are we gonna do?

House: I'm gonna wait.

Patient: For what?

Extract 8 (Season 1 – Episode 4)

Patient: My joints have been feeling all loose, and lately I've been feeling sick a lot. Maybe I'm over-training. I'm doing the marathon, like, 10 miles a day, but I can't seem to lose any weight.

House: Lift up your arms. You have a parasite.

Patient: Like a tapeworm or something?

House: Lie back and lift up your sweater. You can put your arms down.

Patient: Can you do anything about it?

House: Only for about a month or so. After that it becomes illegal to remove, except in a couple states.

Patient: Illegal?

House: But don't worry. Many women learn to embrace this parasite. They name it, dress it up in tiny clothes, arrange play dates with other parasites.

Patient: Play dates?

House: It has your eyes.

Patient: But that's impossible.

House: Well, I assume you weren't getting your period. Maybe that should have given you an inkling.

Patient: But I'm on this birth control implant.

House: Yeah, I know. I saw the scar on your arm.

Patient: And my doctor said I might not get any periods at all if it was working.

House: Mm-hmm. Interestingly enough, you also don't get any periods if it isn't working, which is why you were supposed to get regular pregnancy tests.

Patient: Oh!

House: I'm gonna send a nurse in here to schedule your prenatal care. You're due in about five months, so start planning the shower.

Patient: Um, Doctor? Please, me and my husband wanted to have a kid soon, but, oh, God, like four months ago, we had this really big fight. He moved out I did something stupid.

House: One-night stand?

Patient: Ex-boyfriend.

House: Well, I'll schedule you a paternity test too.

Patient: I can't let my husband know.

House: Does the old boyfriend look like your husband?

Patient: Yeah.

House: Then just have the kid. He'll never know. The most successful marriages are based on lies. You're off to a great start.

Extract 9 (Season 1 – Episode 6)

House: Well, good news. The lab says it's not strep, so we're done.

Mother: Wait a second.

House: No, really not strep. The boys in the lab, sure, they're hard drinkers, but they're pros, you know. Plus, your kid actually has none of the symptoms for strep. It was quicker running the test than arguing with you. My point is, go!

Mother: I just wanted to ask your opinion, Doctor. She's having a birthday party next week, and she's upset that I'm getting a sugarless cake.

Daughter: The other kids hate it.

House: This is why you're here.

Mother: Sugar is the leading cause of obesity in America.

House: You want a doctor to scare her about the dangers of sugar.

Mother: She needs to get her weight under control.

House: Well, you know, I feel sorry for those other kids, Wendy, who don't have a mom like yours-- a mom who knows that sugar causes heart disease, appendicitis and athlete's foot.

Mother: That's not fair.

House: Oh, yes, it is. No, I get it. You want her to slim down a little so she can wear pretty clothes like yours. Love the bracelets. Hey, what about matching outfits?

You could be twins. [Gasps] She can't be your daughter. It's impossible! You look way too young. Happy birthday. Get the kid a damned ice cream cake.