Doctor-Patient Interaction in an American Medical Television Series

A study of statements, questions and commands in House M.D

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Abstract

This study investigates doctors’ and patients’ usage of three speech functions; namely statements, questions and commands in the American medical drama series House M.D. Furthermore, the study investigates interruptions between doctors and patients. The aim of the study was to ascertain whether the claim that doctors practice power over patients can be verified. The data comprises transcripts of 16 video recorded sessions of doctors and patient interacting where the material was personally collected and analyzed. In their interactions, doctors were found to dominate in making statements, asking questions and uttering commands. In addition, it was detected that the doctors’ and patients’ way to communicate differed given the fact that doctors are trained in their roles as doctors while patients are not. However, both interactants were found to perform the different speech functions similarly. The study also revealed that doctors interrupted more as compared to patients. Furthermore, gendered interruptions were found in the data, all of which came from male participants and it was concluded that the findings could be linked to the social and cultural roles of the participants. Overall, it was concluded that there exists a power relationship between doctors and patients.

KEYWORDS: Commands, doctor-patient interaction, interruptions, questions, speech functions, statements
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1. Introduction
For centuries, doctor-patient interaction during medical consultations has been depicted in a way that suggests that doctors practice power over patients (Pilnick and Dingwall, 2011:1374; Barnett, 2006:15). This observation is generally associated with Parsons due to his interpretations of medical practice in the late 1930s and 1940s (Pilnick and Dingwall, 2011:1374). In Parson’s view, the medical institution is a normative mechanism of a social system which helps those who suffer from illness and returns them to their typical “work-related contributory capacities” (Heritage and Maynard, 2006:352). The asymmetry emerges thus where doctors are placed in the authoritative position since they possess the knowledge to help patients recover or heal (Barnett, 2006:15). It is worth mentioning that previous realistic studies of consultations indicate an existence of asymmetry between doctors and patients (Pilnick and Dingwall, 2011:1374). However, ten Have (1991:2) stresses that asymmetry in doctor-patient interaction is basically of two kinds: firstly, there is an asymmetry of topic, in that it is the patient’s condition that is under review, rather than the doctors. Second is the asymmetry of tasks in that, in order to establish the possible courses of action, it is necessary for the doctor’s work of diagnosis of management to involve questioning, investigating and decision making. This means that even though patients primarily initiate the encounter as they select the practitioner to consult and further decide at what occasion it is that they should visit a doctor, patients naturally lose this initiative once the doctor’s questioning takes over. Therefore, it is important to point out that the interactional dominance from the doctors’ side is not always and entirely problematic given that there might be good organizational explanations for what appears to be medical dominance (ten Have, 1991:2; Pilnick and Dingwall, 2011:1378).

Even though there does not seem to be a lot of previous studies on doctor-patient interaction, it is believed that a profound ideology that naturally places the doctor in an authoritative position in society does exist. For that reason, the study will investigate how doctors indicate that they are in the authoritative position by studying the doctors’ and patients’ usage of speech functions in the American medical drama series, House M.D. An illustration of an interaction between a doctor and a patient in House M.D is presented in (1).

(1) **John**: Hello, is anybody out there? I think there's a problem in here.

**Dr. Foreman**: What's wrong?

**John**: What do you mean what's wrong? You don't smell that?

**Dr. Foreman**: Nothing smells, John. (House M.D, Season 3 episode 16)
The speech functions which are found in (1) are questions and statements. It is assumed that the power-relationships between doctors and patients will be noticeable as the institutional setting is of an asymmetrical dyad (Ainsworth-Vaughn, 1998:76).

1.1 Aim, Scope and Research Questions

The aim of this paper is to ascertain whether the claim that doctors practice power over patients can be verified. In order to obtain the aim, an observation of how speech functions and interruptions are carried out between doctors and patients in one American medical drama series, namely, *House M.D* will be made. An American medical drama series refers to a television program in which an event’s focal point is on a hospital, an ambulance or any other medical environment (Wikipedia).

The paper focuses on three basic speech functions namely: statements, questions and commands. Speech functions are related to power since a person’s choice or avoidance of particular linguistic forms construe the role which is presented in an interaction, this consequently contribute to the creation of the context (Thompson, 2009: 154). Additionally, the three functions are closely associated with particular grammatical structures where statements are normally expressed by declarative clauses, questions by interrogative clauses and commands by imperative clauses. However, in Thompson’s view, the form-function pairings noted above do not always hold (Thompson, 2014: 48).

This research will examine how doctors in the medical drama series *House M.D* communicate with patients and vice versa. The research will therefore study a limited number of transcripts of the series episodes. In order to fulfill the aim, the following areas and research questions will be covered in the paper:

1. Who takes on which of the three major speech functions?
2. Do doctors and patients make different structural choices in performing the same speech function (for example, how do they ask questions)?
3. Is there any “oddness” present in the interactions (especially in terms of initiating the conversations and giving responses)?
4. Are there any interruptions occurring and if so, are they linked to gender?
5. In what ways can the findings be linked to the social and cultural positions of the interactants?
2. Theoretical background/ Previous research

This section provides a presentation of the theoretical background which is relevant to the study. To begin with, a presentation of speech functions is provided and thereafter a presentation and discussion of previous studies on doctor-patient interaction is presented.

2.1 Speech functions

Normally, in communicational interaction, the interactants recognize the type of action which is performed by the speaker by means of the utterance (Yule, 2010:133). This means that in most cases, speakers are aware of how other speakers intend them to interpret what is being said. Actions such as informing, questioning and commanding are described with the term *speech functions* where the definition of a speech function is “the action performed by a speaker with an utterance” (Yule, 2010:133). To clarify, every spoken utterance has a form, i.e. an utterance might be a declarative, an interrogative or an imperative, and the forms have different functions. Statements are typically expressed by declarative clauses; thus, one can say that declarative clauses are used chiefly to convey information (Thompson, 2014:48). It is suggested that the most common types of sentences are declarative statements (Charles and Jerry, 2008). On the other hand, questions are typically expressed by interrogative clauses, which are used chiefly to request information. Finally, commands are typically expressed by imperatives clauses, which mean that imperative clauses are used to request action.

Conversely, Thompson claims that the natural form function-pairings noted above do not always hold (Thompson, 2014: 48), as mentioned previously. In other words, there exist no one-to-one correspondence between the form and functions. Three different types of utterances from House M.D are illustrated in (2), (3) and (4). While the intended function for utterance (2) is to declare information, the intended function for utterances (3) and (4) is to interrogate and to influence the behavior of the addressee for the latter.

(2) This Novocain will numb you for the lumbar puncture. (House MD, Season 1 episode 19)

(3) What did the test show? (House M.D, Season 1 episode 19)

(4) Open your mouth. (House M.D, Season 3 episode 16)

In terms of power, studying speech functions might help to determine the relationship of individuals. Different communicational structures will be used by individuals in order to express their social relationships. Specifically, an individual’s choice or avoidance to utter a
specific speech function might have to do with whether or not they consider themselves to be in position to utter such a speech function.

The following section continues with the explanation of the different speech functions. To begin with, as it might already be known, any stretch of language that functions to give information to the addressee is called a statement (Thompson, 2014:48). Statements usually express an individual’s opinion on a specific issue. However, statements as individual entities cannot define the functions of a communication. Rather, it is in the relation between two or more responses which defines the functions of a communication (Watzlawick et al 1974:117). This means that one statement alone cannot establish a relationship of the interactants, rather, the response of the interactional partner is necessary in order to categorize the message which is being given (Watzlawick et al 1974:117).

Secondly, in Thompson’s view, questions in speech are “Janus faced” as not only do they signal lack of knowledge on the speaker’s part, but control the response of the other interactant to a greater or lesser extent (Thompson, 2009:141). However, it is possible to express questions by the use of different structures (Thompson, 2009:143). For example, \textit{wh-questions} begin with a word or phrase that is interrogative where the majority of \textit{wh-questions} (with the exception of the word \textit{how}) begin with \textit{wh-}. Furthermore, in \textit{wh-questions}, the interrogative word represents a missing piece of information that speakers wishes hearers to supply them with (Greenbaum and Nelson, 2009:106). An example of a \textit{wh-question} is illustrated in (5):

\begin{enumerate}
    \item Dr. House: Where are your parents?
    \item Maria: We live in Chicago. I’m here with my coach. (House MD, Season 1 episode 19).
\end{enumerate}

Another category of questions is \textit{tag questions}. In tag questions, the hearer is invited to respond in agreement with the speaker (Greenbaum and Nelson, 2009:106). Thompson suggests that tags are used for different purposes, one of which is to seek for confirmation (Ghadessy, 1999:111). An example of a tag question is shown in (6):

\begin{enumerate}
    \item Mary: I have something else, don’t I?
    \item Dr. Foreman: “Something’s causing your symptoms. We’re gonna keep you here overnight…” (House MD, Season 1 episode 19).
\end{enumerate}
Moreover, there are yes/no questions. Often, in yes/no questions, the expected answer is usually yes or no. However, it is possible to answer such questions in other ways (Greenbaum and Nelson, 2009:106). An example of a yes/no question is illustrated in (6):

(7) **Dr. Forman:** Anything else we can get you?

**Mary:** No thanks (House MD, Season I episode 19).

As mentioned previously, there are different ways which can be used in order to express questions. In this paper, the questions which were found will be categorized in three different groups: “yes/no questions”, *wh*-questions” and “tag questions”.

Finally, any stretch of language of which the intended function is to influence the addressee’s behavior in some way is called a command (Thompson, 2014:48) Often, commands are seen as face-threatening acts, especially if the command is uttered by a person who does not possess the social power to give commands (Yule, 2010:135). However, while interactions in asymmetrical dyads in which there is a difference between the two interactants are examined (such as doctor-patient consultations (Thompson, 2009:142)); it is demonstrated that doctors utter command because they are responsible when it comes to the patient’s health. This in turn gives them the permission to do so (Ghadessy, 1999:109).

According to Watzlawick et al, communications have contents and relationship aspects, meaning that a communication conveys information as well as imposes behavior (Watzlawick et al 1974:51). This means that, in all communications, the participants seek to define their relationship to each other. In the same way, each and every interactant respond with their personal definition of the relationship. On the other hand, this definition may in turn confirm, reject or modify that definition which was offered by the other person (Watzlawick et al 1974:132-133). For instance, doctors might naturally use speech functions which are associated with power while addressing patients. On the contrary, patients might avoid using speech functions which might be considered to be authoritative while addressing doctors. Such is the case here given that doctors’ roles permit doctors to utilize such authoritative functions. This way, the doctor’s and the patient’s definition of their relationship becomes successfully modified. On the other hand, the definition of a relationship might be rejected by an interactant: a patient might choose to use an authoritative language while addressing the doctor, which surely exceeds the ideological norms of the doctor patient-relationship. In short, it can be concluded that rules which are initially hypothesized from empirical consistencies in the actions of the interactants are literally rules that are recognized by individuals since individuals are aware of that they should follow such rules as a moral obligation (Benwell and
Stokoe, 2006:91). This in turn contributes to an individual’s choice or avoidance of particular speech functions.

Thompson suggests that doctors are by definition trained in their role as experts, on the contrary where patients are not (Thompson, 2009:153). Moreover, in Parson’s view, medical professions treat patients according to certain technical standards of treatment that are generalized where they create a specific technical way to give medical care and treat patients, without being emotionally involved with them. Parson also suggests that doctors make sure that the patient’s welfare is placed above their own personal interests (Heritage and Maynard, 2006:352).

Given the fact that no one-to-one correspondence between the form and functions exists, the study will in turn have to examine the grammatical structures of the sentences and their intended functions. This means that a sentence might have two different functions, even though it only appears in one form. Thompson points out that it is likely for doctors to avoid structures which acknowledge lack of knowledge. Instead, they use structures that force patients to collaborate with the doctor’s agendas in order for patients to provide appropriate answers (Thompson, 2009:146-147).

2.2 Previous research on questions in doctor-patient interaction

According to Eggly et al (2006), individuals have studied question-asking during doctor-patient interactions as a communicative strategy to collect information. Furthermore, question asking has been studied as an indicator of how active the interactants are during medical consultations (Eggly et al 2006:2975) where research on question-asking between doctors and patients reveal that doctors ask more questions than the patients (Ainsworth-Vaughn, 1998:78; Pilnick and Dingwall, 2011:1375). Ainsworth-Vaughn suggests that medical appointments will be viewed in terms of the interview genre where one individual takes on the role of questioning while the other individual passively answers (Ainsworth-Vaughn, 1998: 75). For instance, in her analysis of 21 family practice consultations, West found that 91 per cent of the total numbers of the questions were initiated by doctors. On the contrary, only 9 per cent of the questions were asked by patients (Ainsworth-Vaughn, 1998:78).

Ainsworth-Vaughn’s (1998) statistics results, on the other hand, demonstrated that patients asked a rather high percentage of questions. In this study, 838 questions were asked in total and although doctors asked 61.3 per cent of the questions, patients asked 38.7 per cent (Ainsworth-Vaughn, 1998:89). In addition, Thompson’s study which consisted of 19 consultations reveals that doctors dominated over patients (Thompson, 2009: 146). Due to the
results which were found in her study, Ainsworth-Vaughn argues that medical appointments do not entirely belong to the genre of interview (Ainsworth-Vaughn, 1998:89).

Moreover, the illness which patients suffer from might play a role in a patient’s input in the doctor-patient interactions. For instance, Szasz and Hollender proposed three basic models of the doctor-patient relationship (models of active passivity, guidance-co-operation and mutual participation) where they detected that:

the extent to which patients will be passive recipients of medical expertise and authority will vary with the character and severity of their illness, whether it is severe and requiring physically intrusive intervention (such as surgery), or chronic and only necessitating unsupervised self-medication (diabetes or hypertension, for example).

(Heritage and Maynard, 2006:353)

In detail, the activity-passivity and guidance co-operation models are primarily doctor centered where the doctor is in authority. On the contrary, the mutual participation model places greater emphasis on patient-centered medicine (Kaba and Sooriakumaran, 2007:60).

Furthermore, a positive relationship between how frequent patients ask questions and the amount of information that is exchanged between doctors and patients has been demonstrated. More specifically, the research indicates that the frequency of question asking by patients is an important sign of level of patient participation in the interactions where the participation is connected with patient-centered communication (Eggly et al, 2006:2975). Another finding is that it is more likely for patients who participate more actively in the doctor patient interactions to experience positive outcomes than those who do not; this by asking questions stating issues etcetera (Eggly et al, 2011:63). However, studies suggest that ‘Black’ patients are more likely to ask fewer questions compared to ‘White’ patients (Eggly et al, 2011:67) while older patients are found to ask fewer questions compared to younger patients (Eggly et al, 2006:2982; Eggly et al, 2010:64). This suggests that the demographic characteristics of patients’ are likely to influence the variation in which patients ask questions during medical consultations. It is also known that some patients prefer to bring along companions to medical consultations, while the rest does not prefer it. Yet, previous research indicate that the companions of the patients help patients to gain more information from doctors as they actively participate in the interactions where they ask questions, express their concerns about the patients and give their opinions etcetera. For instance, Eggly et al (2006) illustrates that when patients were accompanied by companions to oncology settings, patients
companions asked more questions compared to the patients themselves (Eggly et al, 2011: 64).

2.3 Previous research on commands in doctor-patient interaction
Studies on commands seem to support the overall conclusion, while commands in medical interactions are mostly uttered by doctors, they seem to be “dispreferred” when uttered by patients (ten Have, 1991: 2). For instance, a study which focused on a set of consultation between a doctor and his patients was conducted by Thompson (Ghadessy, 1999:107) where the results revealed that the doctor used imperatives with all the patients. More precisely, patients were instructed by the doctor on not only what they should do for treatment but also what they should do in the consultations (Ghadessy, 1999:109). A number of patient imperatives were also detected in the consultation: surprisingly, these were uttered by the same patient. Thompson emphasizes that the interaction of the patient concerned differed in tone, compared to the other interactions in that the roles of the interactants were displayed as equally distributed (Ghadessy, 1999:110), (which in this case could be connected to Szasz and Hollenders’ model of mutual participation, (Kaba and Sooriakumaran, 2007:60). However, Thompson concluded a probable explanation; the patient’s illnesses were already well established and the patient was a regular attender at the surgery. Overall, in Thompson’s data, the doctor’s and the patients’ role in the interaction were defined in a rather predictable way due to the doctor’s frequent way to issue commands and the patients’ recurrent way to avoid them (Ghadessy, 1999: 110).

2.4 Previous research on statements in doctor-patient interaction
According to Barnett, patients are more likely to interrupt doctors with statements and clarifying comments (Barnett, 2006:31). As it has already been mentioned, researchers consider that it is likely for patients who participate in doctor-patient interactions by making statements (among others) to experience positive outcomes of their medical visits (Eggly et al 2011:63).

2.5 Previous research on interruptions in doctor patient interaction
Despite the widespread stereotype of women as the talkative sex, most of the research evidence points the other way. In accordance with Holmes (2013), studies indicate that whether it is a same sex or cross-gender interaction, men interrupt their conversational partners more than women (Holmes, 2013:311). Specifically, researches on doctor-patient interaction reveals that both doctors and patients interrupt each other during medical consultations where doctors interrupt patients more than what patients interrupt doctors (Pilnick and Dingwall, 2011:1375). For instance, various gender-based communication
patterns in doctor-patient interaction were discovered by West (1984) where it was observed that the communicational patterns were strongly connected to dominance and subordination (Heritage and Maynard, 2006:360). Explicitly, West (1984) found that female doctors were interrupted by patients more often compared to male doctors (Ainsworth-Vaughn, 1998:56). Another research indicates that male doctors interrupt patients more in comparison to female doctors; female patients are interrupted by doctors more than male patients. A contradicting study revealed that patients interrupted doctors more than the reverse (Barnett, 2006:24). In this view, Barnett (2006) claims that males’ use of conversational interruptions has been explored as a form of dominance. (Barnett, 2006:25). Even so, it is suggested that there is a demonstration of a decline in the gendered differences in doctor-patient interactions (Barnett, 2006:25).

Furthermore, studies have revealed that doctors’ first interruptions are made after only 15-20 seconds. As a result, patients tended to be more cooperative when doctors allowed them to finish their telling before they were interrupted. When they are not being interrupted, patients are found to truncate their comments and only speak of relevant issues in the consultations. (Fritzsche et al 2014:34)

3. Material and method
This section provides a presentation of the material that was utilized for the study and a description of the method which was used for the analyses. Furthermore, the limitations of the study will be discussed.

3.1. Material
This research is based on data from House M.D, an American medical drama television series centered on the professional and personal life of Doctor Gregory House: a maverick doctor whose specialty is diagnostic medicine. In order to solve the puzzling cases which are represented to him, Dr. House uses the help of the doctors on his team (IMDb). The show’s original run was November 2004 to May 2012 (Wikipedia). In terms of episode length, each episode was 45 minutes long. The reason behind the choice to study television series instead of real life situations is that it is difficult to obtain data on “real life” interactions. Thus, it should be noted that the investigated interactions are scripted and only reflects the scriptwriters’ ideas of how doctor-patient interactions are carried out. Specifically, the categories that will be studied in the paper are: statements, questions and commands together with their corresponding grammatical structures; declaratives, interrogatives and imperatives. The choice of material is likely to affect the results for the reason that it is only the
scriptwriters’ idea of how doctors and patients interact. This paper is a qualitative study, which takes aim at intensely comprehend and analyze textual material.

3.2 Method

Three different episodes of the medical television series House, M.D were randomly chosen for this research. Hereby, 16 different sessions involving doctors talking to patients were chosen where the ongoing interactions between the interactants were transcribed. Subsequently, all the interactions were read through where the intended functions of the sentences were decided. After that, the sentences and the different functions were counted on the basis of the following: any stretch of language whose function was to give information was counted as a statement. Any stretch of language of which the function was to elicit information was counted as a question, as well as any stretch of language with a rising intonation at the end of the clause was counted as a question. Finally, any stretch of language of which the intended function was to demand actions was counted as a command. There were 267 sentences altogether. In entirety, six doctors (five males and one female) and four different patients (three males and one female) were involved in the interactions. The patients involved in the study were of the ages between 12 and 50 years, all of whom were ‘White’ patients (Eggly et al 2011:64). Also, three of the patients’ companions were present during the time when some of the consultations took place. In the results, the companions input in the conversations have been included but are not discussed in detail, which means that the focus of the paper will rely on the doctors and patients interaction.

A limitation of this study is that the size of the primary material is small. Specifically, as there was no archived material of the television series House MD, the collection of material had to be done by the author personally. This made it very time-consuming and is one of the reasons behind the limitation of the material. Accordingly, the issue of the limitation of the material impedes the possibility to take an extensive view of the actual situations. Even so, it is believed that most medical scriptwriters study the behavior of real life doctors and patients and therefore have knowledge of how doctors and patients communicate. For instance, some researchers theorize that the spoken dialogues in most television shows and movies, which are normally scripted, represent the spoken language to a great degree. Furthermore, Professor of Corpus Linguistics, Mark Davis also finds subtitles from informal Television shows and movies to represent the informal everyday talk rather well (Corpus of American Soap Operas, 1990). This indicates that even though these are no real life situations, there is a possibility that the depiction of the interactions are likely to be similar to real life doctor-patient interactions.
4. Results and discussion

The following section provides the results of the research questions along with a discussion of the results.

**Table (1) Speech Functions in the American Medical Television Series, House M.D**

<table>
<thead>
<tr>
<th>Speech functions</th>
<th>Frequency</th>
<th>Doctors (%)</th>
<th>Patients (%)</th>
<th>(Patient’s companion) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declarative statement</td>
<td>170</td>
<td>90 (53%)</td>
<td>63 (37%)</td>
<td>17 (10%)</td>
</tr>
<tr>
<td>Interrogative question</td>
<td>55</td>
<td>28 (51%)</td>
<td>23 (42%)</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>Imperative command</td>
<td>24</td>
<td>17 (71%)</td>
<td>7 (29%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td>249</td>
<td>135</td>
<td>93</td>
<td>21</td>
</tr>
</tbody>
</table>

As illustrated in Table (1), there appears to be a certain degree of difference in the frequency of the doctors’ and patients’ usage of the three major speech functions, namely, declarative statements, interrogative questions and imperative commands in the collected data as a whole. The results reveal that in the television series of House M.D, doctors dominated in all three speech functions.

**4.1. Who takes on which of the three major speech functions?**

Of all the speech functions which were found in the data, declarative statements were those which were mostly used both by doctors and patients, as it is illustrated in Table (1).

Specifically, 170 declarative statements were found in the data where 53 per cent were uttered by doctors whereas 37 per cent were patient statements, (the remaining 10 per cent was used by the patients’ companions). Even though no prior research on statements was found, it surprisingly appears that declarative statements were used to such a high extent in the consultations as declarative statements are probably the most common type of sentences (K12reader). It was concluded that doctors utilized the highest number of declarative statements since they had to be very detailed most of the time as they informed patients on the ongoing situations. This in its turn ended up in many statements. An example of how doctors would explain cases to patients is illustrated in (8):

(8) **Dr. House**: “Pregnancy cause all kinds of chemical and biological changes in a woman’s body. Or a girl’s body, as the case may be. In extremely rare cases, everything goes haywire. It’s called TTP. Blood starts clotting like crazy, clogs the vessels in your brain and kidneys. Red blood cells end up getting shredded
as they squeeze past the clot like a fat guy in a crowded bar. I’m sure you know what that’s like…” (House MD, Season 1 episode 19).

Patients did not use as many sentences at a time while they were communicating. They rather utilized one-two sentences at a time, which clearly affected the results.

As mentioned previously, research reveals that during doctors’ visits, doctors dominate in question asking in comparison to patients (Ainsworth-Vaughn, 1998:75; Pilnick and Dingwall, 2011:1375). On the other hand, other research indicates that patients, similar to doctors, ask a high number of questions (Ainsworth-Vaughn, 1998:89). However, this study confirms the findings regarding both previous research, of all the 55 interrogative questions which were found in the data, 51% were asked by doctors while 42% were asked by the patients, (the remaining 7% were asked by patients’ companions). This means that, although doctors inquired the highest number of questions in the consultations, there were still no major differences between the numbers of questions which were asked by both interactants. This also indicates that patients, similar to doctors, are likely to ask a high number of questions.

Finally, as it has already been mentioned, studies on commands reveal that commands are typically uttered by doctors and are less likely to be employed by patients (ten Have, 1991:2). In this study, doctors utilized most commands, which unsurprisingly confirm the results of other studies. More specifically, of all the imperative commands which were found in the study, 71 per cent were uttered by doctors. On the contrary, only 29 per cent of the commands were patient-commands.

The fact that commands can be regarded as face-threatening acts if uttered by someone who does not have the authority to utter commands (Yule, 2012:135) might explain the major difference between the doctors’ frequent utilization of commands and the patients’ tendency to avoid uttering commands in the consultations. Even so, for some individuals, 29 per cent might be considered to be a high number of commands if uttered by patients. It is additionally worth mentioning that all patient commands were uttered by one patient (similar to Thompson’s results (1999) which were mentioned earlier (Ghadesy, 1999: 110). In contrast to Thompsons’ consultation, this study’s patient was not a regular patient at the hospital. In fact his symptoms were difficult for the doctors of House M.D to diagnose as they did not know the reason behind his illness. Furthermore, the patient was not only in major pain but also frustrated when the doctors answered the questions regarding his illness. Illustrations of patient-commands in the television series are shown in (9):
Bob: Please, take my socks off.

Dr. Chase: (to Maria) Wait, wait, wait. [Dr. Chase starts to remove Bob’s socks]

Bob: Aw! Stop, stop, stop!

Maria (Bob’s wife): What did you just scratch him with?

Dr. Chase: If there was an allergic reaction it would be on his back, not on his feet.

Bob: [Screaming] Ah, it’s burning! Please make it stop! (House M.D, Season 2 episode 15)

It was thus concluded that the patient’s commands were not particularly given in a way which reflects dominance. On the other hand, the Doctors’ commands were more likely to have the authoritative connotations, as illustrated in (10) where Mary is the patient:

Dr. Chase: (To Mary) “The vials showed blood in your GI tract. We need to find out where it’s coming from. You won’t feel it. I’m gonna numb the back of your throat and Dr. Foreman is going to give you a sedative. Open. [Mary opens her mouth, and Dr. Chase sprays her throat] Swallow. Now lay on your side for me. And… here we go’” (House M.D, season 1 episode 19).

This illustration exposes that the doctor exerted imperative commands as he instructed the patient on what to do, namely: open, swallow and now lay on your side for me. The illustration also reveals that the commands were given in a rather direct way which directly placed the patient in the subordinate place. Thus far, the doctor commanded the patient in an authoritative way which might be perceived as strained in accordance with the patient. This behavior is believed to be a part of the doctor’s job to utter commands given that his socially approved role allows him to do so (Ghadessy, 1999:109). However, the doctor’s actions are not viewed as face threatening. A patient in this situation might wonder why the doctor does not bother to use a more polite way such as ‘‘open your mouth now please’’ or ‘‘swallow please’’, only for politeness’ sake. The patient would, after all still comprehend the words of the doctor as commands.

As it has been mentioned earlier, Thompson (2014) indicates that the major speech functions with their form-functions do not always hold (2014:48). This fact is factual because individuals cannot always take statements at face value; an individual might say something, but mean something else (Watzlawick et al, 1967:36). The study reveals merely one instance
where the uttered sentence was concluded to carry two different functions. The incident is illustrated in the second last sentence in (11):

(11)  **John**: It's usually the worst on my palms and the bottoms of my feet. I get these, black dots all over.

**Dr. Cameron**: I don't see anything.

**John**: It comes and goes.

**Dr. Foreman**: You sure it's not just scrapes and bruises?

**John**: I know the difference between a rash and a bruise.

**Dr. Cameron**: *Sometimes it's harder than you realize to distinguish between the two. You obviously exercise*  

**John**: My problems aren't caused by my workouts (House M.D, Season 3 episode 16).

In the television series, the sentence was uttered as a statement because the last syllable of the final word in the sentence was articulated without a rising intonation. At the same time it might seem as if the utterance was pragmatically perceived as a question.

In addition to what has been mentioned regarding the study’s results of statements, questions and commands, the distribution of utterances within each category was further investigated. Although, the doctors are expected to have the highest number of all speech functions as they uttered more utterances compared to patients, it might be possible for the patients groups’ internal percentages of speech functions to be higher compared to the doctors groups’ internal percentages. Table (2) provides an overview of the distribution of group internal speech functions in the data.

**Table (2), the Distribution of Utterances within Each Category in House MD**

<table>
<thead>
<tr>
<th>Speech functions</th>
<th>Doctors</th>
<th>Patients</th>
<th>Patients’ companions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declarative statement</td>
<td>90 (67%)</td>
<td>63 (68%)</td>
<td>17 (81%)</td>
</tr>
<tr>
<td>Interrogative question</td>
<td>28 (21%)</td>
<td>23 (25%)</td>
<td>4 (19%)</td>
</tr>
<tr>
<td>Imperative command</td>
<td>17 (12%)</td>
<td>7 (7%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td>135 (100%)</td>
<td>93 (100%)</td>
<td>21 (100%)</td>
</tr>
</tbody>
</table>

In detail, a total number of 249 speech functions were found in the data. Of all the 249 speech functions which were found, 135 were uttered by doctors whereas 93 were uttered by patients (the remaining 21 were utterances uttered by the companions of the patients). When the
distribution of each group was counted, it was detected that the doctors groups’ internal percentages of statements and questions were lower in comparison to the internal percentage of the group of patients. While 67 per cent of all the utterances uttered by the doctors were declarative statements, 68 per cent of all the patients’ utterances were declarative statements. Moreover, the internal percentage of the group of doctors’ interrogative questions was 21 per cent, the patients’ percent of interrogative questions was 25 percent. On the other hand, the doctors’ group internal percent of imperative commands outnumbered the patients’: 12 percent in comparison to 7 percent for the latter.

As demonstrated in both Tables (1) and (2), it seems that patients certainly participate in doctor-patient interactions. Both tables reveal that the patients involved in the study were active to a great extent, even if there is a difference between the numbers of statements, questions and commands uttered by doctors and patients, (a total number of 135 utterances for the doctors and 93 for the patients). As mentioned beforehand, research on doctor-patient interaction reveals that doctors frequently dominate in the doctor-patient interactions (Pilnick and Dingwall, 2011:1375). The revelation has perhaps a probable explanation to the findings in both Tables (1) and (2) that the patients who were involved in this study had illnesses which could be categorized as rather serious cases with bad news\(^1\) compared to less serious cases such as headaches, flues et cetera. This, in turn forced the patients to ask a high number of questions and utter more statements. The findings in Table (2) indicate that patients were found to utter more statements and ask more questions once the distribution within each category was counted group internally. It was concluded that the consultations in this study were rather patient centered in comparison to West’s study (Ainsworth-Vaughn, 1998:78).

Overall, it is concluded in the data that the sentences were declarative statements, interrogative questions or imperative commands (with the exception from example (11). Explicitly, in (11) the sentence was uttered as a statement as there was no rising intonation at the end of the clause. Yet, the answer which it prompted from the addressee was as though a question had been asked. This suggests that the sentence had two different intentions: to make a statement as well as to ask a question, although the question was not directly inquired. The sentence was however counted as a statement for the reason that there was no rising intention at the end of the clause.

\(^1\) Serious cases such as underage pregnancy, herpes as well as cases with nonspecific symptoms which later on turned out to be life-threatening
There were no difficulties in identifying the different speech functions in that, when the interactants used questions, there would be a rising intonation at the end of the sentence. Moreover, the statements were supposed to inform the addressee while the commands were addressed to command the patient to do as he or she was being advised to. Illustrations of how declarative statements, interrogative questions and imperative commands occur between doctors and patients in House M.D are illustrated in (12) and (13):

(12) **Mary:** What are you doing? *Interrogative question*

**Dr. Foreman:** I’m ultra-sounding your head. *(Declarative statement)* You’re still having seizures; this should help us figure out what’s going on. *Declarative statement* *(House M.D, Season 1 episode 19)*

(13) **Mr. Lambert:** It feels like I have to urinate, and then when I try to go… *(Declarative statement)*

**Dr. House:** Pull up your pants. [Mr. Lambert pulls up his pants] *(Imperative command)*

**Mr. Lambert:** It’s my prostate, isn’t it? *(Interrogative question)*

**Dr. House:** Nope, not your prostate. *(Declarative statement)* Herpes. *(Declarative statement)* *(House M.D, Season 2 episode 15)*

As illustrated in (12) and (13), it was not a difficult task to identify the different structures due to the way they were given and received by the interactants. It is without a doubt possible for doctor-patient interactions to differ from the scripted interactions which were collected as data for the study. Nevertheless, since these are television scripts, it is likely that the scriptwriters were concerned about being explicit of what the doctors and patients intended to express while communicating. It is suggested that the scriptwriters were intended to present the situations as clearly as possible so the audience could easily understand the meaning of the interactions.

**4.2 Do doctors and patients make different structural choices in performing the same speech function (for example, how do they ask questions)?**

The data consisted of questions from both interactants, as mentioned previously. All types of questions which were asked in the consultations are demonstrated in Table (3).
Table (3), Different Types of Questions in the American Medical Television Series, House M.D

<table>
<thead>
<tr>
<th>Interactants</th>
<th>Yes/No questions</th>
<th>Wh-questions</th>
<th>Tag-questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>21 (64%)</td>
<td>7 (39%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Patients</td>
<td>12 (36%)</td>
<td>7 (39%)</td>
<td>4 (100%)</td>
</tr>
<tr>
<td>Patients’ companions</td>
<td>0 (0%)</td>
<td>4 (22%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td>33 (60%)</td>
<td>18 (33%)</td>
<td>4 (7%)</td>
</tr>
</tbody>
</table>

As illustrated in Table (3), three different types of questions were found in the data, namely: *yes/no questions, wh-questions and tag questions*. To begin with, a total number of 33 yes/no questions were found in the data where 64 percent were asked by doctors. On the other hand, 36 per cent were asked by patients (patients’ companions did not ask yes/no-questions).

Secondly, of all the 18 wh-questions which were found in the data, 39 percent were found to be doctor-questions. Patients, similar to doctors asked 39 percent, (the remaining 22 percent were asked by the patients’ companions). Finally, four tag-questions were found in the data. It was discovered that all four tag questions were uttered by patients. As it might already be known, speakers frequently use tags because they seek for confirmation (Ghadessy, 1999:111). This basically means that patients utilized tags since they were uncertain on the fact of what they were uttering, which might explain the doctors’ avoidance of tags as they wish not to acknowledge their lack of knowledge (Thompson, 2009: 146-147).

In addition, an interesting observation was that, of all the questions which were found in the data, a few were statements which were uttered with a rising intonation at the end of the clause. Therefore, the interrogative structure made the statement function as a question. An example of such a question is illustrated in (14):

(14):  

**Mary:** *You’re gonna tell my parents?*

**Dr. House:** Someone should (House MD, season 1 episode 19).

If the interrogative structure would be eliminated in (14), the sentence would become a statement, namely that Mary *is* certain that Dr. House is going to inform her parents about the situation. The observation also confirms Thompson’s statement regarding the form functions, namely that the form functions do not always hold (Thompson, 2014:48).
No difference was found between how doctors and patients uttered statements. However, while the patients’ statements were largely about themselves, the doctors’ statements were about the illness of the patients and their treatment, as illustrated in (15) and (16).

(15) **Bob**: It was three days ago, my throat got really dry and my tongue felt like it was blowing up like a balloon. (House MD, Season 2 episode 15)

(16) **John**: “…Chewing tobacco, practically everyone in my unit did, but me. I was so paranoid about cancer.

**Dr. Wilson**: Well, if it's parotid cancer it's very treatable if diagnosed early. (House MD, Season 3 episode 16)

As it is observed in (15) and (16), the patients would tell their doctor about their situation. On the contrary, the doctor (illustrated in (16)) would focus on the patient’s illness and treatment.

Furthermore, doctors as interactants were found to issue most commands where the commands were perceived to reflect power. In contrast, the patient-commands were observed not to be associated with power, (illustrated in (9) and (10)). For this reason, among others, doctors were placed in the authoritative position.

### 4.3 Is there any oddness present in the interactions (especially in terms of initiating the conversations and giving responses)?

In the consultations, initiations from patients were largely about themselves; they would describe their symptoms to the doctor, how they experienced the problem et cetera. On the other hand, initiations from doctors were mostly about the patients’ health, medicine and treatment. The responses from patients were such responses that might have forced an individual to pity the patient and therefore respond in a way which might be perceived as comforting. The doctors’ responses, however, were not given with the intention to comfort patients. Rather, doctors did not seem to be interested in comforting patients, their main concern was to cure the patient. The doctors’ responses were therefore neutral. An illustration of how doctors would respond to patients is shown in (17):

(17) **John**: My mom had cancer, which is why I know that diagnosing cancer early means before there's any serious symptoms. [He spits into a basin.] Certainly tastes like a pretty serious symptom you know?

**Dr. Wilson**: We'll know more after the test.
Parson suggests that doctors treat patients according to specific rules. Furthermore, they remain unemotionally involved with patients (Heritage and Maynard, 2006:352). This seems reasonable since the observation can be applied to the doctors of House MD. Precisely, in (17), the doctor was observed to remain unemotionally involved with the patient since he does not bother to further comment on that which was said by the patient. Moreover, the doctor’s reply carries a message which suggests authority in that it is not necessary for him to be polite and supportive. It is partly for this reason that the interactions in House M.D were perceived to become rather asymmetrical. Also, as doctors are trained in their role as experts (Ghadessy, 1999:109) where they are expected to act in a particular way while patients are by definition not specifically trained as patients, it results that doctors and patients interact differently to a certain degree. Thus, it was concluded that doctors treat patients according to certain rules, as Parson suggested (Heritage and Maynard, 2006:352).

4.4 Are there any interruptions occurring and if so, are they linked to gender?

A number of interruptions were detected in the study. Table (4) shows the frequency of interruptions in the chosen data of House M.D.

Table (4), Interruptions in the American Medical Television Series, House M.D

<table>
<thead>
<tr>
<th>Interactants</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>6</td>
</tr>
<tr>
<td>Patients</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
</tr>
</tbody>
</table>

As previously mentioned, studies discovered that both doctors and patients interrupt each other during consultations (Barnett, 2006:23-24). Additionally, doctors take the lead to dominate in interrupting in comparison to patients (Pilnick and Dingwall, 2011:1375). Moreover, gendered interruptions have been depicted in previous studies (Barnett, 2006:24; Heritage and Maynard, 2006:360). In this study, however, only a few interruptions were identified, all of which were uttered by one doctor and one patient. Illustrations of the doctors’ interruptions are shown in (18) and (19):

(18) Mr. Lambert: (…) Look, this is impossible; I’ve been married for 20 years.

Dr. House: Had any sex in those 20 years?

Mr. Lambert: Yes, of course –
Dr. House: (Interrupting) Then that’s how you got it. (House M.D, Season 2 episode 15)

(19) Mary: It wasn’t like that.
House: Of course not. You wanted it.
Mary: Yeah, I did. He turned out to be a jerk, but-
House: (Interrupting) Actually, under New Jersey law the term is ‘felon’.
(House M.D, Season 1 episode 19).

Contrasting to the doctors’ interruptions are the patients’ interruptions which are illustrated in (20):

(20) Bob: (Scratching his skin) Do something!
Dr. Cameron: Okay, stop scratching, we’ve gotta look at it-
Bob: (Interrupting) I can’t- it’s just driving me crazy!
Dr. Cameron: You’ve gotta stop scratching maybe-
Bob: (Interrupting) Stop, stop, make it stop! Make it stop!
(House M.D, Season 2 episode 15)

When comparing the types of interruptions which were uttered by doctors and patients, it was concluded that the interactants’ interruptions were perceived very differently. While the doctors’ interruptions could strongly be associated with dominance in acknowledging that it was the doctor who had knowledge about that which was being discussed illustrated in (18) and (19), the patient could not help himself from interrupting since he was in major pain (illustrated in (20)). Thus, the patient’s reaction was some kind of a spontaneous effect. Therefore, the patient’s interruptions were concluded not to be displayed in terms of dominance. Barnett states that, whenever there is interruption from the doctor’s side researchers claim a display of dominance (Barnett, 2006:23) and as is well known, whenever there is dominance in a relationship, the relationship becomes asymmetrical.

According to Barnett (2006), studies have explored males’ use of conversational interruptions as a form of dominance (Barnett, 2006:25). An interesting issue is that both the doctor and patient that interrupted are of the male sex, although, as stated before their interruptions were concluded to have different intentions. As previously mentioned, studies find male doctors more likely to interrupt patients in comparison to female doctors (Barnett, 2006:24). On the other hand, patients are demonstrated to interrupt female doctors more often compared to male doctors (Ainsworth-Vaughn, 1998:56). In this view, the study’s results seem to agree with previous studies on interruptions in doctor-patient interaction. In this
study, the female participants did not perform interruptions, whether doctors or patients and it was concluded that the doctors’ interruptions in House M.D indicated that they had more power compared to the patients.

4.5 In what ways can the findings be linked to the social and cultural positions of the interactants?

The findings of the study can be linked to the social and cultural positions of the interactants due to the fact that, generally, doctors are viewed as highly dominant owing to their Medical knowledge (Barnett, 2006:15). For this reason, the main idea that patients are passive becomes over generalized and a stereotype which in its turn might become a self-fulfilling proficiency where doctors naturally takes on the authoritarian position (Ainsworth-Vaughn, 1998:75) whereas patients act in the “complementary” role. For example, in House M.D, doctors were rarely questioned by patients as they made statements regarding the illness of the patient: which is reasonable as doctors are expected to have the right knowledge. More specifically, (21) illustrates how patients never questioned doctors:

(21)  
**Dr. Foreman:** Feeling okay?  
**Mary:** Yeah.  
**Dr. Chase:** You should be, your platelet count’s up.  
**Dr. Foreman:** How’s your neck? (House M.D, Season 1 episode 19).

In (21), the patient did not comment on Dr. Chase’s statement, which suggests that she trusted the doctor’s judgment. The doctor also controlled the interactions by asking the “right” questions in order for the patients to speak only of that which was relevant during the consultations. For this reason, the interactions became rather asymmetrical for not only did the doctors have the right knowledge, but also the power to cure the patient and the right to ask anything they wished to ask. On the other hand, patients did not have this advantage, which most naturally placed doctors in the higher position, as compared to the patients.

Furthermore, ‘Black’ patients are found to ask fewer questions in comparison to ‘White’ patients during medical visits (Eggly et al 2011:64) and younger patients are found to ask more questions compared to older patients (Eggly et al, 2006:2982; Eggly et al 2011:64). The patients which were involved in this study were only ‘White’ patients, however, these were both young and old patients (between the ages of 12 and 50 years) where question-asking between them varied. While three patients were found to ask approximately the same amount
of questions, the fourth did not ask any. Instead, the patient’s companion was found to ask questions in his place. This suggests that patient’s companions are likely to help patients gain more information from doctors, as previous research has proposed (Eggly et al 2011:64). In the study, the youngest patient inquired the highest amount of questions, which also confirms previous research that young patients are more likely to ask more questions than older patients (Eggly et al, 2011:64).

5. Conclusion

The aim of this study was to ascertain whether the claim that doctors practice power over patients could be verified, this by observing how speech functions and interruptions are carried on between doctors and patients in the American medical drama series House M.D. The speech functions which were investigated were statements, questions and commands together with the three corresponding grammatical structures; declaratives, interrogatives and imperatives. Five research questions were addressed. Due to the choice and limitation of the material, the results are unsuitable for a generalization of doctor-patient interaction in general. However, some researchers theorize that most spoken dialogues (which are usually scripted) in television series and movies represent the spoken language rather well (Corpus of American Soap Operas; 2001). This suggests that, although the study’s primary material is transcripts; it is likely that the interactions are similar to real life doctor-patient interactions.

The first question examined which of the interactants took on which of the three major speech functions. It was detected that doctors dominated in the usage of all three speech functions, which confirm the results of previous research on questions (Ainsworth-Vaughn, 1998:78; Pilnick and Dingwall, 2011:1375) and commands (ten Have, 1992:2; Ghadessy, 1999:109) in doctor-patient interaction. There appear not to be any previous research on statements in doctor-patient interaction. However, Barnet suggests that patients are more likely to interrupt doctors with statements and clarifying comments (Barnett, 2006:31) during medical visits.

Later on, the distribution of utterances within each category was investigated (group internally), it was detected that the patient groups’ internal percentages of statements and commands were higher than the doctors’. In other words, it was only on imperative commands where the doctors groups’ internal percent exceeded the patients’, which indicate that the interactions in the study were rather patient centered and could furthermore be connected to Szasz and Hollenders’ mutual participation model of the doctor-patient
relationship (Heritage and Maynard, 2006: 353). Overall, the results suggest that doctors claimed power by dominating in the interactions.

For the second question which investigated whether there was any oddness present in the interactions, it was found that the interactions would appear to be odd since doctors are trained in their role as doctors (Thompson, 2009:153). They treat patients according to certain technical rules (Heritage and Maynard, 2006:352), while patients are not trained to be patients (Thompson, 2009:153). Also, the ways in which doctors responded to the patients’ questions and statements et cetera, indicated that doctors were in the authoritarian position.

The third question examined whether patients and doctors make different structural choices in performing the same speech function where it was detected that both interactants performed the different speech functions similarly. However, even though the different speech functions were uttered similarly, the messages which the doctors’ utterances carried were considered to be more powerful, as compared to that of the patients’. Therefore, doctors were considered to be more powerful than patients.

The fourth question investigated whether there were any interruptions between the interactants. In this study, doctors were perceived to have the highest frequency in interrupting, which shares the same illustration as the previous studies regarding interruptions between doctors and patients (Pilnick and Dingwall, 2011:1375). It was also concluded that the ways in which doctor’s uttered commands were likely to be strongly associated with dominance, as compared to the patients’ way to utter commands. However, worth mentioning is that all the interruptions which were found in the data were performed by one male doctor and one male patient, which also confirms previous research that male participants interrupt their conversational partners more in contrast to females (Holmes, 2013:311). In this study, females did not interrupt their conversational partners.

Finally, the fifth question examined whether the findings in the study could be linked to the social and cultural positions of the interactants. As a result, the findings were linked to the interactants’ social and cultural positions given that their roles differed. Specifically, it was suggested that the doctors roles authorized doctors to issue commands, ask questions (ten Have, 1991:2; Ghadessy, 1999:109) etcetera which created asymmetry in doctor-patient interactions.

Overall, the study’s results complement previous knowledge regarding doctor-patient interaction given that doctors and patients are aware of which roles they are expected to represent during medical consultations. The study’s findings indicate that there exist a power relationship between doctors and patients where the social power relationship is reflected in
the interactions. Doctors were found to be in the authoritarian position at all times while patients were placed in the lenient position, which might suggest that doctors practice power over patients. At any rate, it should be necessary for the doctor to help the patient recover from illness, given the fact that it is the doctor’s work to involve questioning, examining and making decisions (ten have, 1991:2). Consequently, the doctors’ role places patients in the inferior position.

The included material of this study was transcripts of television series, which makes it difficult to take account of the doctor-patient interactions in reality. For that reason, recommendations for further studies would be to use real life interactions in order to find results which might be considered as more reliable. Further recommendations would be to use data with both male and female doctors as well as male and female patients as it might affect the results. In addition, the personal collection of the material was time consuming, it is therefore recommended to use archived material if possible.
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