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IMPOLITENESS STRATEGIES IN ‘HOUSE M.D.’

Abstract

The research to be presented focuses on the *impoliteness strategies* used by the main character in the TV series “House, M.D.” and the *responses* to them, as well as the potential reason(s)/intention(s) behind *impoliteness use* as indicated by (Culpeper 1996) and (Culpeper, Bousfield and Wichman 2003). The data comprised transcripts from Season 1, episodes 1-20, broadcast on Fox TV in 2004-2005, taken from <http://twiztv.com/scripts/house>. This paper argues that, following Leech’s (1993) conception of *irony*, which is the same as Culpeper’s conception of *sarcasm*, the latter being a pervasive feature of Dr House’s conversational style, he does not overtly conflict the Politeness Principle but, according to Partington (2007), tries to be interesting, memorable and show alignment with the hearer. Thus he seems to try to preserve, in a way, social harmony by not causing great damage to his interlocutor’s face but allowing him/her to arrive at the offensive point of his remark via an implicature. Furthermore, in the context of the hospital setting, although he has the *legitimate power* and *the expert power*, in Spencer-Oatey’s (2000) terms, to be direct he opts for indirectness. Regarding *intentions*, his use of *impoliteness* towards his trainees might be compared to army training (Culpeper 1996), while his being *impolite* with his patients to the American adversarial legal system (Lakoff 1989). Lastly, the responses of Dr House’s interlocutors, mainly his trainees, which gradually escalated in impoliteness, are in line with the consequences of *workplace incivility* (Anderson and Pearson 1999).

Keywords

Impoliteness strategies, positive impoliteness, negative impoliteness, sarcasm/irony, intention, power relations, workplace incivility.

1. Introduction

The aim of this paper, is to investigate the *impoliteness strategies* used by the main character in the TV series “House, M.D”, towards his boss, friend and colleague, trainees and patients, and the *responses* to them. A secondary aim is to try to account for the potential *reason(s)* these strategies are used in the given context, namely a hospital setting, using the framework of impoliteness suggested by

Culpeper (1996) and Culpeper, Bousfield and Wichman (2003). The rationale behind selecting this particular fictional character who according to the television series producers:

[...] solves mysteries where the villain is a medical malady and the hero is an irreverent, controversial doctor who trusts no one, least of all his patients. [...] devoid of bedside manner [...] (has an) acerbic, brutally honest demeanour. His behaviour often borders on antisocial [...]. An infectious disease specialist, he thrives on the challenge of solving medical puzzles in order to save lives.
<http://www.fox.com/house/about/>

was to investigate how such a character enjoyed great worldwide popularity despite his antisocial manners/impolite behaviour and whether the setting played any role. This was investigated by identification and analysis of the main character's impoliteness strategies, and the responses to them, both made up of grammatical or lexical items, not taking into account the role of prosody as suggested by Culpeper, Bousfield and Wichman (2003) or the (Greek) viewers' interpretations of the analysis carried out. At a second level of analysis, the character's intentions for employing impoliteness were accounted for, taking into consideration the notion of *power* in Spencer-Oatey's (2000) terms, as well as an adaptation of Watts' (1991) account of power.

2. What is impoliteness?

A crude generalisation would be that *impoliteness is the opposite of politeness*. In other words, behaviour that promotes social disharmony instead of social harmony. Researchers in the area of impoliteness, as noted by Locher and Bousfield (2008), are not unanimous on what impoliteness *really is*. For the purposes of this paper, I will adopt the definition of impoliteness proposed by Culpeper (2008: 36), "Impoliteness, as I would define it, involves communicative behaviour, intending to cause the 'face loss' of a target or perceived by the target to be so."

Key to this definition is that, whether an impoliteness act is defined as such, it depends on the speaker's *intention* and the hearer's *understanding of the speaker's intentions and their relationship*. In other words, an impolite act does not qualify as such, unless the hearer has perceived it as face damaging, and a seemingly non-face threatening act, might be qualified as an impolite act if the hearer has perceived it to be so, regardless of whether the speaker has intended it to have this effect or not. This leads to the reasons why people employ impoliteness.

3. Why employ impoliteness?

Culpeper (1996: 353-355) accounted for several reasons why people are impolite. The most obvious one is a personality trait (Infante and Wigley 1986). Others include situations where there is an imbalance of power, and the more powerful participant chooses to be impolite, or impoliteness may be employed in cases where there is a conflict of interest, and it is not in a participant's interests to maintain the other's face. Other reasons might involve the achievement of a long-term goal by using a short-term impoliteness strategy, as can be claimed is the case in the use of impoliteness in the army training camp, as exemplified in the same article. Alternatively, as reported by Lakoff (1989), impoliteness may be employed as a means to achieve a particular goal, by attacking the other's face, as is the case with the American adversarial legal system, where it is assumed that direct confrontation will elicit the truth. Lastly, regarding impoliteness in equal relationships, evidence determining the factors leading to its occurrence is inconclusive, partly because, as Culpeper (1996) points out, the term intimacy is a vague one. He quotes Birchler, Weiss and Vincent (1975), who have indicated that impoliteness may occur in extremely intimate relationships as there is: "[...] more scope for impoliteness: one may know which aspects of face are particularly sensitive to attack, and one may be able to better predict and/or cope with retaliation that may ensue" (Culpeper 1996:354). Although Culpeper considers this quite absurd, I believe that it might be the case, depending on personality however, that, the more intimate the relationship, the more impoliteness one employs viewing the relationship as a power game and him/herself either as the powerful participant achieving goals in his/her agenda or as achieving long term goals. This is an area that could benefit from further investigation.

4. Power and impoliteness

A recurrent key notion in **all** the above accounts, is *power* either as an exact word repetition or in its synonymous, in context, forms, thus a definition of how power is perceived and will be used for the purposes of the present paper, would be useful at this point. The definition I endorse is an adaptation and combination of how Spenser Oatey (2000) and Watts (1991: 60) perceive power:

An individual A possesses legitimate and expert power if s/he has the freedom of action to achieve the goals s/he has set for him/herself, regardless of whether or not this involves the potential to impose A's will on others to carry out actions that are in A's interests, to which the others may not object.

In the framework of this analysis, and based on the above definition of power, Dr House possesses *legitimate power* over his boss, trainees and patients by virtue of his status as a diagnostician and infectious disease specialist, and over his trainees by virtue of his role as the head doctor-trainer. By virtue of his expertise, he possesses *expert power* over his boss, friend and colleague (with whom he has collaborated in several medical cases), trainees and patients. Thus, the relationship between Dr House and his conversational participants is an asymmetrical power relationship, with Dr House being the one in power, even over his boss, by virtue of his expertise, and all the other conversational participants being in a less powerful position. As the setting is a hospital, we could claim that *institutionalised power* is also involved. Although as Culpeper (2008) notes, not all power asymmetrical relationships involve impoliteness: there are cases where institutional norms legitimatise impolite discourse, without this meaning though, that it is neutralised. Previous research on real life professional or semi-professional institutionalised settings, army training (Culpeper 1996), courtroom discourse (Lakoff 1989; Penman 1990), doctor-patient discourse (Mehan 1990), "workplace" discourse (Anderson and Pearson 1999; Schnurr, Marra and Holmes 2008) indicate that, to a greater or lesser extent, institutionalised power asymmetrical relationships, involved impoliteness that was used for a *purpose*. In other words, the ones possessing *legitimate and/or expert power* used it to achieve the goals they had set for themselves in the framework of their institutional role. What this paper examines, is whether Dr House uses that power, how the less powerful react, and for what purposes he employs impoliteness. Alternatively, in Culpeper's (1996) and Culpeper, Bousfield and Wichman's (2003) terms what linguistic impoliteness strategies Dr House uses, the responses to them and his intentions.

5. Impoliteness strategies

Culpeper (1996: 356-358) suggests a framework of impoliteness built against the politeness strategies of Brown and Levinson (1987) detailed below:

Bald on record impoliteness – the FTA is performed in a direct, clear, unambiguous and concise way in circumstances where face is relevant [...] in [...] cases [where] face is at stake, and, more importantly, it is the intention of the speaker to attack the face of the hearer.

Positive impoliteness – the use of strategies designed to damage the addressee's positive face wants.

Negative impoliteness – the use of strategies designed to damage the addressee's negative face wants.

Sarcasm or mock politeness – the FTA is performed with the use of politeness strategies that are obviously insincere, and thus remain surface realizations.

As he claims, his understanding of sarcasm is close to Leech's (1983) conception of irony, namely:

If you cause offence, at least do so in a way which doesn't overtly conflict with the PP [Politeness Principle], but allows the hearer to arrive at the offensive point of your remark indirectly, by way of implicature. (1983:82)

At this point, I would like to note that Culpeper's understanding of sarcasm as a close synonym of irony, with which I totally agree, indicates an effort on the part of the speaker to withhold impoliteness, a factor significant when accounting for his/her intentions. Although outside (im)politeness theory, Eisterhold, Attardo and Boxer (2006: 1240) argue along similar lines, claiming that it is impossible to differentiate, on theoretical grounds, between irony and sarcasm (used interchangeably in their paper). The view of the nature of *irony/sarcasm* they use, following Attardo (2000), and which I will use in this paper, is *irony as a trope* based on the notion of simultaneous inappropriateness (with regard to impoliteness) and relevance (with regard to intentions).

Withhold politeness – the absence of politeness work where it would be expected.

Culpeper (1996: 357-358) goes on to suggest a provisional list of output strategies for positive and negative politeness detailed below:

Positive impoliteness output strategies:

Ignore, snub the other – fail to acknowledge the other's presence

Exclude the other from an activity

Disassociate from the other– for example, deny association or common ground with the other

Be disinterested, unconcerned, unsympathetic

Use inappropriate identity markers – for example use title and surname when a close relationship pertains, or a nickname when a distant relationship pertains.

Use obscure or secretive language – for example mystify the other with jargon, or use a code known to others in the group, but not the target.

Seek disagreement – select a sensitive topic

Make the other feel uncomfortable – for example do not avoid silence, joke, or use small talk

Use taboo words – swear, or use abusive or profane language

Call the other names – use derogatory nominations.

Negative impoliteness output strategies:

Frighten – instil a belief that action detrimental to the other will occur

Condescend, scorn or ridicule – emphasise your relative power. Be contemptuous. Do not treat the other seriously. Belittle the other.

Invade the other's space – literally or metaphorically (e.g. ask for or speak about information which is too intimate given the relationship).

Explicitly associate the other with a negative aspect – personalize, use the pronouns "I" and "you".

Put the other's indebtedness on record

Culpeper, Bousfield and Wichman (2003: 1549-1550) discuss how *indirectness*, being associated with the bald on record substrategy in Brown and Levinson's politeness framework, instead of promoting politeness, can increase impoliteness. Their basic argument, built around Leech's (1983) idea that in some cases indirectness can increase politeness, is that, depending on context and subject to cross-cultural variations, *indirectness* may be more impolite than directness.

Since, as already mentioned in Section 2 above, and pointed out by Culpeper, Bousfield and Wichman, what qualifies as *impoliteness*, and more specifically in this case, whether indirectness in the form of *sarcasm/irony*, qualifies as impoliteness or not, is determined by context, namely the hearers' reactions.

A further impoliteness strategy Culpeper, Bousfield and Wichman (2003:1559) identified in their data was to 'challenge' (negative impoliteness strategy) the other speaker, usually by means of a *rhetorical question*. Furthermore, they claim that the utterances that have the directness of bald on record are the most difficult to interpret as being polite, impolite or something in between. Last but not least, they point out that impoliteness does not simply arise from one particular strategy but can be used in combination with other strategies, *termed multiple strategies*.

6. Responses to impoliteness

Culpeper, Bousfield and Wichman (2003: 1562-1568) detail the strategies available to recipients of face threats or attacks, citing Labov's (1972) and Harris, Gergen and Lanaman's (1986) studies as well as reflections on their own analysis. When faced with an impoliteness act, recipients have the option either *to respond* or *not respond*. If they decide to respond, they can *accept* (by apologizing for instance) or *counter the attack*. If recipients counter the face attack, they can use either *offensive* or *defensive strategies*. *Offensive strategies* counter face attack with face attack, the pattern referred to by Harris, Gergen and Lanaman (1986), such as the impoliteness strategies referred to by Culpeper (1996). *Defensive strategies* counter face attack by defending one's own face, the pattern referred to by Labov (1972), and they seek to deflect, block or otherwise manage the face attack. Examples of *defensive strategies* include:

Direct contradiction

Abrogation – abrogation of personal responsibility for the action or event caused the interlocutor to issue the face damaging utterance in the first place by switching either social or discursal role

Opt out on record – attempts to seal “off” the FTA

Insincere agreement

Ignore the implied face attack – particularly used as response to sarcasm

They go on to claim that the aforementioned strategic groupings are not mutually exclusive, as offensive strategies have, to some degree, the secondary aim of defending the face of the respondent and defensive strategies of offending the speaker, therefore clearly context determines the options available to interactants.

7. The data

The data comprises transcripts from Season 1, episodes 1-20, broadcast on Fox TV in 2004-2005, that were taken from <http://twiztv.com/scripts/house>. Fifty-three extracts were selected, comprising 171 sequences-dialogues between Dr House and his patients, boss (hospital administrator, Dr Cuddy), his three trainees (Foreman, Chase, males and Cameron, a female doctor) and his colleague and friend Dr Wilson. All extracts relate to the hospital setting, namely, they have to do with medical and not personal issues, as choosing the latter would probably indicate just a personal trait, while in a professional setting, as already mentioned, impoliteness may be employed for a purpose. All extracts include impoliteness conversations initiated by Dr House himself and not other conversational participants. Impolite interactions where Dr House collectively addressed his trainees, where the pattern of conversation was one addressing a group, were not included. The reason was that, as impoliteness strategies addressed no one in particular, attributing responses to individuals would not fulfil the criteria of one-to-one extended impoliteness adjacency pair. Cases, though, where these conversations became “personal”, i.e. a trainee responded to a “collective” impoliteness strategy and Dr House continued by addressing him/her in person, instead of the whole group, were included in the sample as these constituted extended impoliteness adjacency pairs. In addition, it should be noted that as non-responses, were thus considered the cases where the respondents chose to remain silent or were made to remain silent because the other interlocutor left the room. All other cases, where there was any kind of response, were accounted for. In total, the following number of impoliteness exchanges was quantitatively and qualitatively analysed:

Dr House and Dr Cuddy: 72 exchanges

Dr House and Dr Wilson: 12 exchanges
Dr House and Dr Foreman: 57 exchanges
Dr House and Dr Cameron: 14 exchanges
Dr House and Dr Chase: 32 exchanges
Dr House and Patients: 156

In the sections to follow, I will present the data analysis findings and comment on their significance, before drawing general conclusions on Dr House's impoliteness strategies and intentions. Firstly, qualitative differences in the impoliteness strategies and responses to them that were used by all the parties involved, will be discussed, and representative examples will be presented. Then quantitative analysis results will be presented and discussed.

8. Analysis

8.1. Qualitative remarks

Before detailing the impoliteness strategies used by each conversational pair and trying to account for the reasons behind their use of impoliteness, it is worth mentioning that the conversational participants in our data used all impoliteness strategies and responses to them identified by Culpeper (1996) and Culpeper, Bousfield and Wichman (2003). These were used either in isolation, or as multiple impoliteness strategies, in a single sentence.

8.1.1. Dr House and Dr Cuddy

Dr House and Dr Cuddy, within the institutional setting of the hospital, have an unclear power relationship. Typically, as the Administrator of the hospital, Dr Cuddy is Dr House's boss, thus having *legitimate power* over him. Nevertheless, as he is an infectious disease specialist/diagnostician possessing *expert power* it can be argued that he also has *legitimate power* over her by virtue of his status, and the power struggle is inevitable. When addressing Dr Cuddy in an attempt to make her do something, Dr House uses mostly *sarcasm* and multiple impoliteness, including *negative impoliteness strategies*, designed to damage her negative face wants, namely to be independent and not be told what to do. In turn, Dr Cuddy's responses are offensive and show a parallelism of the strategies Dr House uses to the same effects, as the following extracts indicate:

A

1. House: Get a court order. Unless you want to see someone killed by sheer irrationality.

Bald on record + negative impoliteness – frighten

2. Cuddy: Maternal instinct is always irrational. That doesn't mean it's wrong.

Defensive/

3. House: Actually, that's the definition.

Offensive/sarcasm

4. Cuddy: It doesn't mean she's mentally incompetent.

Defensive/deflect

5. House: She's risking her son's life based on a teenager's claim that he washed something. How mentally incompetent can you get?

Offensive – bald on record + negative impoliteness – rhetorical question

6. Cuddy: That's a brilliant legal argument.

Offensive/sarcasm

7. House: Listen, have your Harvard law dog whip up some high-grade, legal-sounding psycho babble. "Temporary insanity brought on by acute panic distress syndrome," I don't care. We have to give him the hydrolase.

Offensive – bald on record + negative impoliteness – ridicule + bald on record

8. Cuddy: Her only sign of mental illness is that she disagrees with you.

9. Some would consider that a sign of sanity.

Offensive/sarcasm

10. House: Not the kid, let's ask him. Oh, I forgot we can't. He's dying.

Defend/block + sarcasm

B

Cuddy: You want me to put Hank Wiggen on the transplant list.

1. House: He needs a new kidney. I was thinking the kidney people might have some.

Sarcasm

2. Cuddy: Well, they like to save them for people who have how do I put this- kidney problems.

Offensive/sarcasm

3. House: He's a professional ballplayer, brings joy to millions. Do you really want to be known as the hospital that sent him home to die? [Puts a fist down on some papers on her desk]

Offensive/negative impoliteness – explicitly associate the other with a negative aspect + negative impoliteness – invade the other's space

4. Cuddy: That's a great idea, we can be the hospital that killed two people. The guy who deserved the kidney, and the ballplayer we bumped up the list when we weren't even sure what was wrong with him.

Offensive/sarcasm

5. House: Everything else is related to the Addison's.

Defensive/deflect

6. Cuddy: The test for Addison's was inconclusive.

Offensive/bald on record

7. House: The test for Addison's is always inconclusive.

Defensive/deflect

8. Cuddy: Why do we do it at all? We should just ask you. [tries to take a paper from under House's fist; he doesn't budge. She gives him an irritated look.]

Offensive/sarcasm

9. House: You're not putting him on the list. [Moves his hand, Cuddy takes paper]

Offensive/bald on record

10. Cuddy: Your powers of deduction are breathtaking.

Offensive/sarcasm

11. House: You take a perverse pleasure at turning me down.

Offensive – negative impoliteness – explicitly associate the other with a negative aspect

12. Cuddy: It's what I live for. Once in a while, though, try to ruin my day. Ask me something I can say 'yes' to. [House leaves]

Offensive/sarcasm

As mentioned before, the numbered exchanges in both extracts, exhibit a parallelism in the impoliteness strategies and responses used, thus maintaining an "equal" and a "balanced" impoliteness conversation. Dr House tries to use his *expert power* to achieve his *professional aims*, and in this struggle over *legitimate* power, both parties try to save their negative face; not be told what to do, and at the same time damage their interlocutor's negative face. It is also worth noting that Dr Cuddy, in her responses apart from using *sarcasm and multiple impoliteness strategies involving negative impoliteness* as he does, she also uses *bald on record* strategies that are, in a sense, justifiably used by someone in her position.

8.1.2. Dr House and Dr Wilson

Dr House and Dr Wilson rarely collaborate on medical cases as their specialty is different but in the few cases they do, Dr House's behaviour is somewhat different from the one encountered so far:

A

1. Wilson: Solid non-cystic mass on the left ovary. Five by three centimetres, central necrosis. The only question is whether she dies in two months or three.

Foreman: Oh, God.

Wilson: You were right. There's nothing we can do for her here. Might as well put her back on the street.

2. House: Unless it's not cancer.

Bald on record

Chase: Oh, you're joking.

3. House: Well, hard not to. Nothing funnier than cancer. But what if it's a tuberculosis? She's living out on the streets, breathing all kinds of crap 24/7. The odds are she's got TB, why can't she have a nice benign growth to go with it?
Offensive (sarcasm addressing Dr Chase) negative impoliteness – rhetorical question

4. Wilson: A solid mass *on* her ovary. Ovarian cancer's way more likely.
Defensive/block

5. House: You're right. It's not even close. Start her on INH, Rifampicin and Streptomycin.

Defensive/block – ignore

Cameron: But that's the treatment for a tuberculoma.

This extract is an example of group diagnosis, where more than one interlocutor is involved, but as indicated at the beginning of this paper, analysis was carried out only regarding exchanges where Dr House addressed in an impolite way **only** one participant, and not the whole group. The numbered sentences involve the impoliteness exchange between Dr House and Dr Wilson. This started in A.2 where Dr House uses a *bald on record impoliteness strategy* to challenge Dr Wilson's diagnosis in A.1 Dr Wilson's silence can be regarded as *not responding to the impoliteness move*, giving the floor to the next speaker (Dr House). He takes the floor given by Dr Wilson, and in A.3, after briefly responding to Dr Chase's *bald on record* statement/challenge with a sarcastic comment, Dr House challenges Dr Wilson's diagnosis by means of a rhetorical question, a negative impoliteness strategy. To this impoliteness technique, Dr Wilson responds by means of a defensive strategy, blocking the challenge, as indicated by the use of "on" (emphasis in the original transcription indicating speaker emphasis). To this, Dr House in A.5 offers a statement that seems to indicate agreement, by the use of "You're right. It's not even close", but in reality it is a concealed offensive strategy, by means of actually ignoring the counter challenge in Dr Wilson's statement in A.4. That this is the case is evident by Dr Cameron's question in the next turn, indicating that, despite Dr House's "agreement" with Dr Wilson's diagnosis, he is asking his trainees to give the patient medication for **his** speculative diagnosis – tuberculosis – thus simply pretending to agree with Dr Wilson. The next example presents a similar case.

B

Foreman: We've looked at everything else.

1. Wilson: Did you look at her breasts?

2. House: Pff. Men.

Sarcasm + positive impoliteness – make the other feel uncomfortable

3. Wilson: Could be paraneoplastic.

Defensive/deflect

4. House: She have any family history of breast cancer?

Offensive – positive impoliteness – ignore the other

Cameron: Her mother died of it.

House: [to Foreman] The brain, but not the brain. Clever, huh?

In B.1 Dr Wilson is trying to offer “differential diagnosis”, which Dr House sarcastically jokes about, commenting on the chauvinistic wording of the diagnosis and not the diagnosis itself. To this *multiple impoliteness strategy*, Dr Wilson responds by defending his own (professional) face, deflecting the joke and offering an appropriately worded medical explanation for his suggestion in B.1. To this, Dr House counter-responds by ignoring him (positive impoliteness) and asking the rest of the group, indicated both by who responds, and by the fact that Dr House next addresses Dr Foreman and **not** Dr Wilson, whether there is any likelihood Dr Wilson’s statement in B.3, might be true.

The next example exhibits an equally impolite exchange, with Dr House employing positive politeness and Dr Wilson’s sarcasm as a response.

C

1. House: And your cousin doesn’t like the diagnosis. I wouldn’t either. Brain tumour, she’s gonna die, boring.

Positive impoliteness – be disinterested

2. Wilson: No wonder you’re such a renowned diagnostician. You don’t need to actually know anything to figure out what’s wrong.

Offensive/sarcasm

3. House: You’re the oncologist; I’m just a lowly infectious disease guy.

Offensive/positive impoliteness – disassociate from the other

4. Wilson: Hah, yes, just a simple country doctor. Brain tumours at her age are highly unlikely.

Offensive/sarcasm

Based on the above analysis, it seems that when it comes to institutional matters, Dr House, despite his friendship with Dr Wilson, exercises his *expert power*, threatening his friend’s positive and negative face wants; in other words, Dr Wilson’s needs to be respected as a doctor and as a person. This seems to confirm Bircher, Weiss and Vincent’s (1975) claim regarding the use of impoliteness in intimate relationships, indicating that it is possible that the more intimate the relationship, the more targeted the impoliteness moves might be, and that this may well be extended to professional environments. This of course is open to debate and further research would verify or contradict this claim.

8.1.3. Dr House and ‘Ducklings’

When inviting his trainees to offer ‘differential diagnosis’, or when challenging their diagnoses, Dr House uses slightly different impoliteness strategies towards

each of his trainees, but the majority of the impoliteness strategies he uses are both his 'favourite' impoliteness strategies, namely sarcasm and negative impoliteness, as well as positive politeness, as exhibited in the following sections.

8.1.3.1. Dr House and Dr Foreman

A

1. House: So, when I said, no psych meds, I'm just curious which word didn't you understand?

Negative impoliteness – scorn

2. Foreman: The Haldol had nothing to do with the bleed. You know that. I used it purely as a chemical restraint.

Defensive/deflect/block

3. House: Oh, great, well, that's good to hear. So she won't experience any of those pesky little side effects you get when your motives AREN'T pure.

Offensive – sarcasm/word play

4. Foreman: Those side effects are so rare!

Defensive/deflect

5. House: Passing out, increased confusion, depression, that's not gonna happen. That's not gonna screw up our diagnosis, cause you just used it to restrain her. I'm so relieved!

Offensive – negative impoliteness – frighten + sarcasm

6. Foreman: She spit in my face!

Defensive/deflect

7. House: It must have been so frightening for you.

Offensive/sarcasm

8. Foreman: What was I supposed to do? Tie her down?

Defensive/deflect

9. House: Yeah! Anything but give her drugs. That's basically my point!

Offensive – negative impoliteness – scorn

In the first extract, Dr House uses *negative impoliteness and sarcasm* to dispute Dr Foreman's decision to disobey his orders regarding a patient's treatment. In other words, he uses impoliteness to reinforce both his *expert and legitimate power* and damage his trainee's want to act independently, as this would be detrimental to the patients. Dr Foreman responds to these impoliteness strategies by trying to defend his own face, thus minimising his face loss.

B

[Cut to Rebecca, into the nose, and up the blood stream. Cut to House looking through an MRI of Rebecca's head.]

Foreman: It's a lesion.

1. House: And the big green thing in the middle of the bigger blue thing on a map is an island. I was hoping for something a bit more creative.

Sarcasm + negative impoliteness – scorn

2. Foreman: Shouldn't we be speaking to the patient before we start diagnosing?

Offensive – positive impoliteness – seek disagreement

In the last extract, Dr House uses a *multiple impoliteness strategy* in B.1 to challenge Dr Foreman's possible diagnosis. To this, Dr Foreman, in B.2, responds by using an offensive strategy (positive impoliteness). Aware of Dr House's practice not to talk to patients, as he believes they all lie, so he and his team are capable of reaching conclusions on their own, Dr Foreman responds to Dr House's challenge of "unimaginative" medical practice by seeking disagreement, or in other words, by challenging his trainer's way of practising medicine. In the next example, he directly and explicitly attacks Dr House.

C

Foreman: Isn't the prognosis for Church-Strauss a bit grim?

Camaron: Yeah. Untreated only 33% of patients survive past a year; treated, five years.

1. House: Then I'd definitely suggest treatment.

Sarcasm

2. Foreman: If it was any other attending doctor, I'd say that he made a mistake and gave her too much epinephrine.

Offensive – indirectness

3. House: [pouring coffee] Saying you wouldn't say it was my mistake is saying it was my mistake.

Offensive - positive impoliteness – make the other feel uncomfortable

4. Foreman: Everyone screws up: your rule. I think you fit inside the subset of everyone.

Offensive/bald on record + sarcasm

5. House: I didn't screw up. [Foreman shakes his head.] Order a chest CT and start the sister on prednisone, 40 mg. TID.

Offensive/bald on record

In this extract, picking on Dr House's impolite sarcastic comment addressing the whole team in C.1, Dr Foreman in C.2 responds by means of using an offensive strategy, *indirectness* that is immediately picked up by Dr House in C.3, who in turn responds by actually spelling out Dr Foreman's indirectness in the previous turn – an equally offensive strategy. This provokes Dr Foreman's more direct offensive response in C.4; a multiple strategy involving bald on record and sarcasm. Dr House responds to it in C.5, by using a direct offensive bald on record strategy. The whole extract exhibits a parallelism in the impoliteness strategies and responses used, maintaining a "balanced" impoliteness exchange.

To sum up, when Dr House addresses Dr Foreman, he mostly uses sarcasm and negative impoliteness strategies to threaten his trainee's want to act independently, his actions unimpeded by others. Given their relationship, this is somehow expected. Dr Foreman, on the other hand, responds by mainly defending his own face, but he also responds to Dr House's impoliteness, by using offensive strategies – sarcasm and multiple impoliteness strategies – a somehow surprising fact given their unequal power relationship.

8.1.3.2. Dr House and Dr Cameron

A

Cameron: 16-year-old MVA victim. He's been in and out of the hospital for three weeks with internal bleeding, no one can find the cause.

1. House: Internal bleeding after a car accident, wow, that's shocking! [to pharmacist] Let me talk to shipping, I speak their language.

Sarcasm

2. Cameron: It's been three weeks

Defensive/deflect

House: [to Cuddy, who is at the clinic desk] Your hospital doesn't have my pain medication.

Pharmacist: Shipping says it's going to be an hour. [Cuddy comes to the phone.]

Cuddy: This is Dr. Cuddy, what's going on?

3. Cameron: The crash didn't cause the bleed.

Defensive/deflect

4. House: Right, the bleed caused the crash. Blood got on the road, it got all slippery. [to the room] Anyone here got drugs? [everyone looks at him, one clinic patient raises his hand]

Sarcasm

In this extract, Dr House in A.1 uses sarcasm to minimise the importance Dr Cameron attaches to a case, and by implication, her medical judgement regarding whether a case is difficult enough to be treated by him and his team. To this, Dr Cameron twice in A.2&3 responds by defending her face-professional judgement, offering two different reasons deflecting Dr House's impoliteness. In turn, Dr House in A.4 responds by reversing her last statement via a sarcastic comment that starts as an acceptance of her statement, but ends up in a ridiculous cause and effect statement. The same conversational pattern is presented in the extract below.

B

Cameron: She's been averaging 18 hours of sleep a day since her admission.

1. House: Clinical depression. Incredibly contagious. Every time I'm around one of them I get blue.

Sarcasm (word play)

2. Cameron: It's not clinical depression.

Offensive/bald on record

3. House: Great, you got it all figured out. You don't need me.

Offensive/positive impoliteness – disassociate from the other

4. Cameron: Three ER doctors, two neurologists and a radiologist have all figured out what it's not, we need to figure out what it IS.

Defensive/deflect

5. House: Well maybe if the above mentioned doctors were interested in my opinion they would have asked for it.

Offensive/sarcasm

6. Cameron: None of them are willing to subject themselves to you.

Offensive – negative impoliteness – explicitly associate the other with a negative aspect

7. House: No pain no gain. [gets in the elevator]

Sarcasm

What differentiates this example from the previous ones, is that Dr Cameron for the first time uses a bald on record offensive strategy to respond to Dr House's sarcasm in B.1 and a multiple impoliteness strategy in B.6 to respond to Dr House's offensive counter response in B.5. By mirroring the impoliteness strategies he uses, Dr Cameron maintains a "balanced" impoliteness conversation.

C

Chase: He's okay now, he can leave.

House: I'm not releasing him.

Chase: Because the brother doesn't want you to?

House: Or because he had an unexplained coma, which sounds better?

Chase: The haematoma caused the coma.

House: That's a catchy diagnosis, you could dance to that.

Foreman: I think Chase is right. It still should be evacuated, but it's not an immediate threat.

1. House: Cameron's my girl.

Negative impoliteness – ridicule

2. Cameron: I'd release him.

Defensive/block

3. House: Are you disagreeing with me because ?

Offensive/negative impoliteness – rhetorical question

4. Cameron: I'm disagreeing because that's my medical opinion.

Offensive/bald on record

5. House: Of course it is. But unless I've been named as the fourth part of the Axis of Evil, invaded and occupied, this is still not a democracy. He's staying. Send for Hepatitis serology and an autoimmune panel. [He enters the clinic.]

Offensive/sarcasm (metaphor) + bald on record

In this extract, after both the other trainees have disagreed with his opinion, Dr House turns to Dr Cameron in C.1, using the diminutive “My girl”, a negative impoliteness strategy, designed to threaten her want to act independently as a doctor, forcing her, thus, to agree with him. To this, in C.2, Dr Cameron responds by blocking his impoliteness, expressing her opinion that is different from his. In C.3 Dr House, counter responds by means of an offensive rhetorical question, that is responded to by an equally offensive bald on record statement in C.4. This inter-group conflict is “resolved” in C.5 by Dr House regaining his *legitimate power* to tell them what to do, by means of an offensive bald on record sarcastic statement addressing them all.

To sum up, when addressing Dr Cameron, Dr House mostly uses sarcasm but also positive and negative impoliteness, designed to threaten Dr Cameron’s want to be appreciated and her actions to be unimpeded. This is somehow expected, given their unequal power relationship. Dr Cameron on the other hand, surprisingly, considering the unequal power relationship with Dr House, apart from defensive strategies, uses frequently offensive multiple impoliteness strategies and bald on record offensive strategies to respond to Dr House’s impoliteness. In other words, apart from saving her own face, she directly threatens Dr House’s face.

8.1.3.3. Dr House and Dr Chase

A

Chase: He’s okay now, he can leave.

1. House: I’m not releasing him.

Bald on record

2. Chase: Because the brother doesn’t want you to?

Offensive/positive impoliteness – seek disagreement

3. House: Or because he had an unexplained coma, which sounds better?

Offensive/sarcasm + negative impoliteness – rhetorical question

4. Chase: The haematoma caused the coma.

Defensive/block

5. House: That’s a catchy diagnosis, you could dance to that.

Offensive/sarcasm

Foreman: I think Chase is right. It still should be evacuated, but it’s not an immediate threat.

This is the last extract analysed in the previous subsection, repeated here for ease of reference. In A.1, Dr House, with a bald on record impoliteness strategy, refutes Dr Chase’s medical opinion, that a patient can be released. To this, in A.2, Dr Chase responds by using an offensive positive impoliteness strategy, as he seeks disagreement with Dr House over the real reasons why the latter does not want to release the patient. Dr House responds to this in A.3, by means of an equally

offensive multiple impoliteness statement, involving sarcasm and negative impoliteness – rhetorical question. Dr Chase in A.4 defends his face, by blocking the impoliteness strategy, which leads to another offensive/sarcastic response from Dr House in A.5. This quite “balanced” impoliteness conversation is interrupted by Dr Foreman’s taking the next turn.

B

Chase: I know. Kid’s echo was normal, no sign of any vegetations on heart valves.

1. House: Never met a diagnostic study I couldn’t refute.

Sarcasm

2. Chase: And the antibiotics aren’t doing anything.

Defend/block – ignore

3. House: So, double the dosage. 70mg.

Offensive/bald on record

4. Chase: That’ll box his kidneys for sure!

Offensive/bald on record

5. House: Oh, you’re right. Save the kidney. The guy we transplant it into will be grateful.

Offensive/sarcasm

6. Chase: Also, I have an idea for his eye.

Defend/block – ignore

7. House: Nothing we can do about his eye.

Offensive/ bald on record

8. Chase: He’s got a clot in his retinal.

Defensive/block – ignore

9. House: Read the memo.

Offensive /positive impoliteness – ignore

10. Chase: If we remove some of the liquid from the eye itself, the Vitreous humour, it might make some extra room around the retinal artery.

Defensive/block – ignore

House: If the artery expands, the clot might move out on its own. That’s very creative. Why didn’t you mention this before?

Chase: Well, I didn’t think of it before.

This extract is a quite representative example of the impoliteness exchanges between Dr House and Dr Chase. Dr House uses sarcasm (in B.1&5) to which Dr Chase responds by defending his face, blocking-ignoring the sarcastic statement in B.2&6. Dr House also, in B.7&9 by using offensive bald on record and positive impoliteness strategies, tries to cause damage to his trainee’s positive face want to be appreciated for his medical opinion. To these, Dr Chase responds, by deflecting/blocking, ignoring the sarcasm and continuing with what he wants to say. What stands out of this pattern, is Dr Chase’s response bald on record offensive response in B.4, a reciprocal response to Dr House’s bald on record impoliteness strategy.

To sum up, when addressing Dr Chase, Dr House uses mostly sarcasm but also bald on record and offensive negative impoliteness and positive impoliteness techniques, designed to threaten Dr Chase's want to be appreciated and his actions to be unimpeded, coupled by him explicitly being told what to do. Dr Chase is the only trainee on whom Dr House exercises, in full force, both his *legitimate and expert power* and the latter passively responds by just defending his face and rarely by counterattacking.

It seems that both Dr House and all his trainees engage in impoliteness conversations in their attempt to come up with the right diagnosis, using, in most cases, similar impoliteness strategies to the ones that preceded it/them??, as indicated by their responses. It seems that Dr House's use of various impoliteness strategies towards his different trainees depended on their responses to them; in other words, the more a trainee responded in an equal way, the less "traditional" impoliteness techniques Dr House used towards him/her. The example of Dr Chase is a case in point. Dr House's behaviour might be attributed to the sex or cultural?? origin of the trainees, but further analysis of this, is beyond the scope of this paper.

8.1.4. Dr House and patients

In the majority of cases, when Dr House talks to patients or their relatives, he is sarcastic or uses negative impoliteness strategies, but usually as a means to counter attack their doubts about his diagnosis. Thus, in a sense, he is impolite – or better, impatient with them – because they challenge his authority, *legitimate and expert power*.

A

1. House: I take it you never mentioned this during any of your prenatal visits.

Bald on record

2. Lucille: Prenatal? I'm not pregnant.

Defensive/block

3. House: Sorry, you don't get to make that call unless you have a stethoscope. Union rules.

Offensive/sarcasm

4. Lucille: I know when I'm pregnant, all right! I have six kids. That's why my husband had a vasectomy and we use condoms.

Defensive/block

5. House: Vasectomies can reverse themselves, condoms break.

Defensive/block

6. Lucille: Okay. [She hops off the table and gestures to herself.]? This is what a woman is supposed to look like? Okay, we're not just skin and bones. We have flesh. We have curves.

7. House: You have little people inside you. [Lucille grabs her purse and heads to the door.] Okay, okay, I'm sorry. I guess I must have just been brainwashed by the media, and all those years of medical training.

Offensive/bald on record + sarcasm

8. Lucille: Damn right.

Offensive/positive impoliteness – use taboo words

9. House: Let's see if I can find some antacids while the nurse gets some blood.

Offensive/positive impoliteness – ignore the other

10. Lucille: Blood, why?

11. House: The heartburn, gotta make sure it's not spreading.

Sarcasm

In this extract, there is an example of an extended impoliteness conversation, sparked by the patient's questioning Dr House's diagnosis/statement in A.2. Given the fact that Dr House "does not trust no one least of all his patients" and he has the *legitimate and expert power* to be more direct, it is "surprising" that he opts for indirectness and uses mostly sarcasm and not bald on record impoliteness strategies. Of equal importance is that his patients do not "comply" with the institutional/societal "expected" norms and respond by counter attacking him, using similar offensive strategies. The next two extracts exhibit this pattern.

B

1. House: You see, kidneys don't wear watches. Sure, gallbladders do, but it doesn't matter, cuz kidneys can't tell time. Steroid damage could take years.

Sarcasm(metaphor) + bald on record

2 .Lola: [shakes her head] No steroids. How many times does he have to tell you?

Defensive/block

3. House: I don't know. How many times did he lie about cocaine before coming clean with the league?

Offensive/negative impoliteness – ridicule + explicitly associate the other with a negative aspect

4. Hank: That is completely different.

Defensive/deflect

5. House: Oh, that's right, I remember. You never did come clean. The league was out to get you, they faked the blood tests, you had to get yourself a lawyer –

Offensive/negative impoliteness – explicitly associate the other with a negative aspect

6. Lola: If Hank says he never used steroids, that's the truth.

Defensive/block

7. House: That's too bad. Because our theory is that the kidney damage is caused by A, and everything else is caused by B. The beauty of this theory is that we can treat A and B. But if you add the kidney symptoms back into the mix, then we are looking at another letter altogether, one that is apparently not in the alphabet. Can???? fix the bones, no more baseball, no more breathing no more brain function.

Offensive/negative impoliteness – frighten

8. Lola: Get another explanation.

Defensive/block

9. House: Okay. Yeah. Think I've got one in my other pants. [starts to leave]

Offensive/sarcasm

10. Hank: Hold on. [House turns around] Five years ago, Bangor, Maine. My pitching coach had me on something, I never knew what it was.

Accept

11. House: And you never tried too hard to find out either.

Sarcasm

C

[Cut to the clinic, where House is performing an ultrasound on Sarah, a blond thirty something.]

House: You're not pregnant. [He hands her some tissues.]

Sarah: Well, I told you that. But there's gotta be some other reason I'm still spotting.

1. House: Sure. You were pregnant? Based on your hormone levels, you had a miscarriage.

2. Sarah: I haven't even been on a date.

Negative impoliteness – condescend

3. House: [charting] Right, since it's physically impossible to have sex without someone buying you dinner.

Offensive/sarcasm

4. Sarah: I haven't had sex since I split up with my husband. That was almost a year ago.

Defensive/block

5. House: Fine, have it your way. Immaculate conception.

Offensive/sarcasm

6. Sarah: Um, what do I do?

Negative impoliteness – rhetorical question

7. House: Well, it's obvious.? Start a religion.

Sarcasm

[He leaves.]

As mentioned above, it seems that, as patients cannot accept Dr House's diagnosis and have preconceived ideas of what may or may not be wrong with them, they "attack" him first and a circle of offensive/defensive strategies is the consequence for both parties. Mehan (1990), in the context of medical and not general practice examinations, makes a similar claim regarding doctor/patient interactions:

The parties in the conflict that I examined each operated within a certain frame of knowledge. They adhered to statements about the world whose validity could neither be confirmed **nor** !!!! disconfirmed. The doctors maintained their absoluteness in their belief in the patient's [...] illness, by denying, repelling and transforming evidence, which was contrary to their basic belief. The patient, too, used evidence

presented in opposition to his argument as further support for the efficacy of his position. (1990: 173)

Not all cases are the same though, as Dr House's sarcasm may be used to cajole patients as becomes evident in the following extract:

D

House: I sent you home.

Georgia: I came back. I took a cab so my son wouldn't try to chaperone us this time.

1. House: I'm sorry, but the fact that the sexual pleasure centre of your cerebral cortex has been over-stimulated by spirochetes is a poor basis for a relationship. Learned that one the hard way.

Sarcasm

2. Georgia: Look, Dr. House, these feelings **that !!!** I've been having. Is it all because of the syphilis?

Defend/block – ignore

House: Yes.

Georgia: Then here's the prescription you gave me. [House looks puzzled] Well, it's not like I'm going to infect anyone.

House: No, but it'll kill you.

Georgia: Well, you gotta go sometime. And I really don't want to play canasta for the rest of my life. I? I like feeling sexy again. And making a fool out of myself with handsome young doctors.

3. House: Do you think I would have given you this if it would stop you from flirting with me?

Negative impoliteness – rhetorical question + sarcasm

4. Georgia: But if I'm cured?

Defend/block – ignore

5. House: The spirochetes will die off. But the little pieces of your cerebral cortex that have been destroyed won't grow back. You're brain damaged. Doomed to feeling good for the rest of your life.

Bald on record + positive impoliteness – use taboo words + sarcasm

6. Georgia: Oh! Oh thank you! [Leans to kiss him]

Defend/block – ignore

House: Georgia!

Georgia: When I stop being contagious, I'll come back for a check-up. [Mega-wink]

House: Yeah

8.2. Quantitative remarks

Qualitative analysis reinforced the initial hypothesis that Dr House would employ *impoliteness*, probably stemming from his *power*. Although, as already discussed in the previous section, he uses slightly different impoliteness strategies depending

on the other interlocutor, the main impoliteness strategy he employs is *sarcasm*. The majority of his interlocutors maintain an “equally balanced impolite conversation”.

More specifically, as illustrated in Chart 1 below, when conversing with his boss (Dr Cuddy) over whom he has mainly expert power and secondly legitimate power, Dr House uses sarcasm as his main impoliteness strategy (35%), and, secondly multiple impoliteness strategies (25%). Although this is not the most socially appropriate means of addressing one’s superior in hierarchy, it could be argued that this is somehow legitimised by Dr House’s *expert power* that gives him an almost equal status to Dr Cuddy, thus granting him *legitimate power* as well.

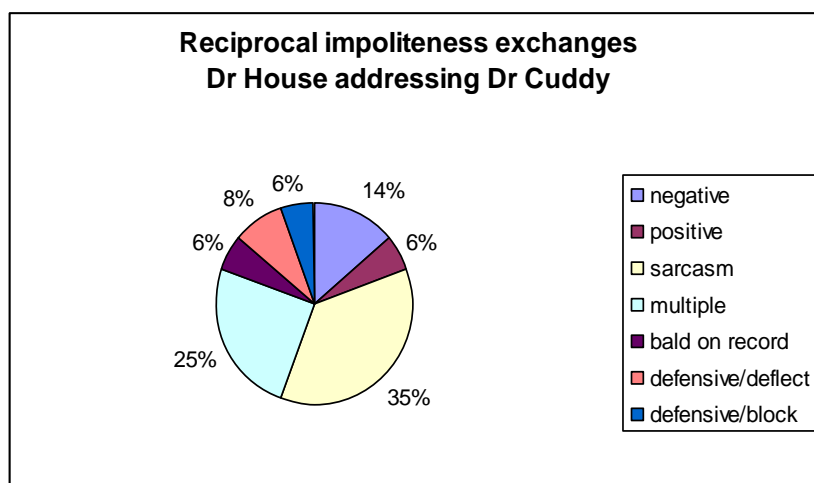


Chart 1

Dr Cuddy, on the other hand, responds to Dr House’s impoliteness strategies in an equal manner, maintaining thus a “balanced impolite” conversation, using a variety of offensive and defensive responses to Dr House’s face threatening acts, as seen in Chart 2. The response strategies she uses mirror his sarcastic impoliteness (19%) and try to reverse their “equal” status, by using bald on record impoliteness (14%) and/or deflecting/blocking his impoliteness (14% and 22% respectively). Dr Cuddy’s use of sarcasm/irony as a response to sarcasm/irony, although in the popular series and not in natural occurring extended discourse, seems to contradict Eisterhold, Attardo and Boxer’s (2006: 1240) claim that “[...] multi-turn ironical exchanges are relatively rare and the majority of ironical utterances go unnoticed.”

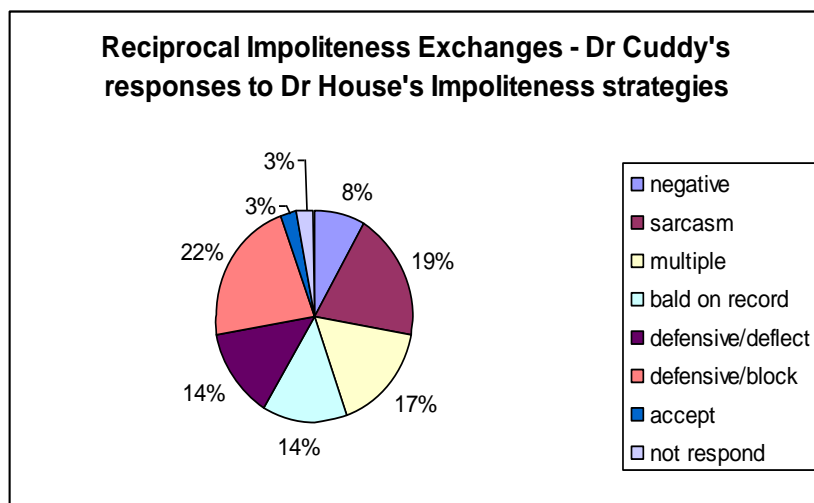


Chart 2

Quite surprisingly, as evident from Chart 3, since Dr Wilson is his friend, when addressing him on medical issues, Dr House uses mostly *positive impoliteness* strategies (30%), designed to damage the addressee's positive face wants as well as *negative impoliteness* (14%), multiple impoliteness strategies (14%) and bald on record impoliteness (14%). In other words, Dr House, despite their friendly relationship, addresses Dr Wilson, or responds to his impoliteness, in ways that threaten the latter's wants to be appreciated and his actions to be unimpeded. As already argued in section 7.1.2 above, this seems to confirm Birchler, Weiss and Vincent's (1975) claim regarding the use of impoliteness in intimate relationships, transferred here into professional encounters.

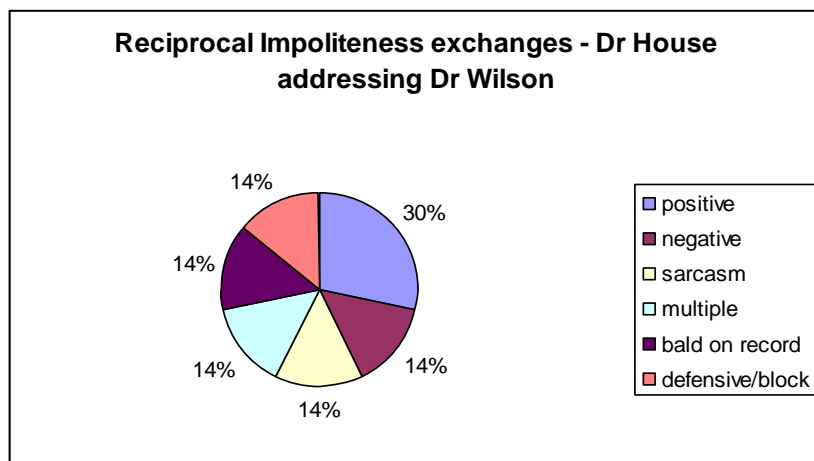


Chart 3

As evident by Chart 4, Dr Wilson's responses to Dr House's impoliteness strategies are qualitatively different, not causing damage to his friend's face. He mostly uses his friend's "favourite" impoliteness strategy (sarcasm 29%) to respond to Dr House's impoliteness strategies, a covert impoliteness technique, defensive strategies, (block 14%, deflect 29%) or chooses not to respond (14%).

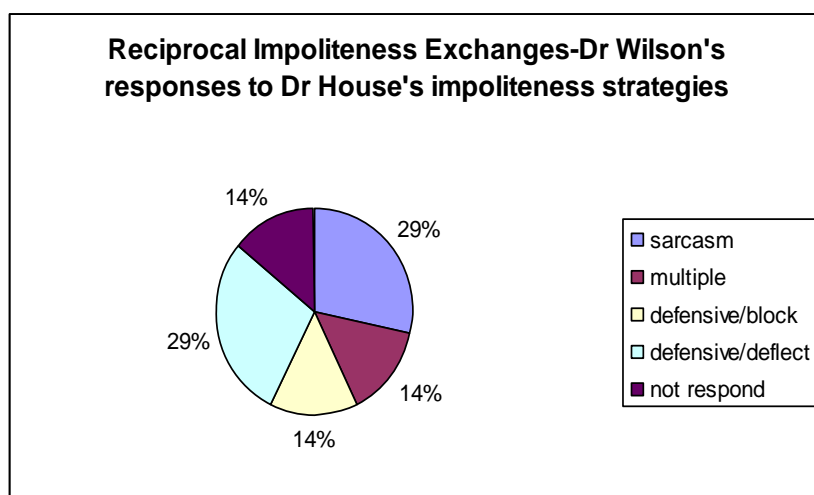


Chart 4

When Dr House addresses one of his male trainees (Dr Foreman) he mostly uses sarcasm (35%) and secondly negative impoliteness strategies (21%), as seen in Chart 5 below. Although Dr House has the *legitimate and expert power* to use direct impoliteness, i.e bald on record, towards his trainee he mostly opts for indirectness. One may expect Dr House's use of negative impoliteness strategies to threaten his trainee's want to act independently, in other words, his want to have his actions be unimpeded by others, given their relationship.

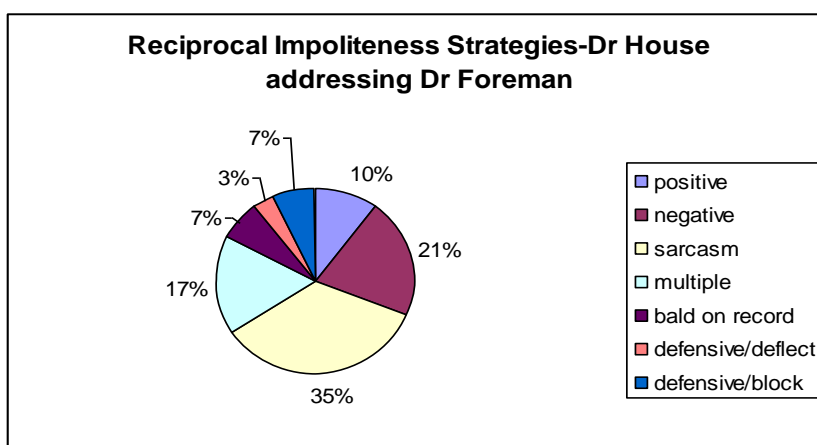


Chart 5

Dr Foreman, as evident from Chart 6 below, responds by mainly defending his own face (28% deflect, 28% block). Although statistically insignificant, it is important to note that Dr Foreman also responds to Dr House's impoliteness by using offensive strategies, sarcasm (12%) and multiple impoliteness strategies (12%), a somehow surprising fact given their unequal power relationship.

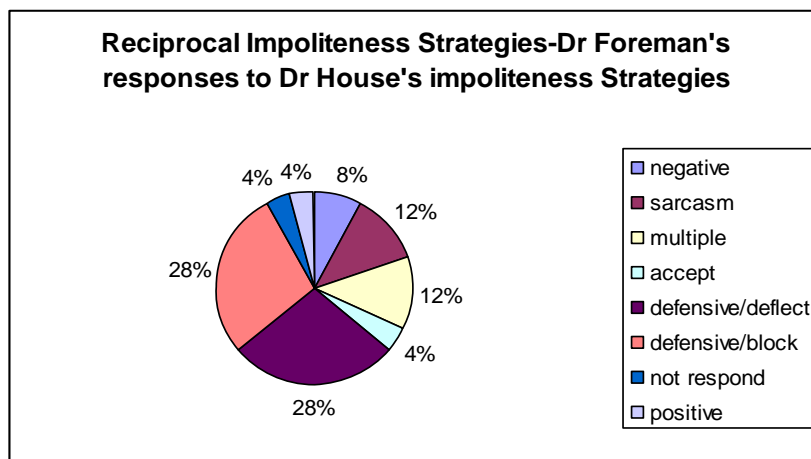


Chart 6

When addressing his female trainee (Dr Cameron), Dr House mostly uses sarcasm (43%) but also positive (14%) and negative (14%) impoliteness, designed to threaten Dr Cameron's want to be appreciated and her actions to be unimpeded. (See Chart 7 below.) This is somehow expected, given their unequal power relationship.

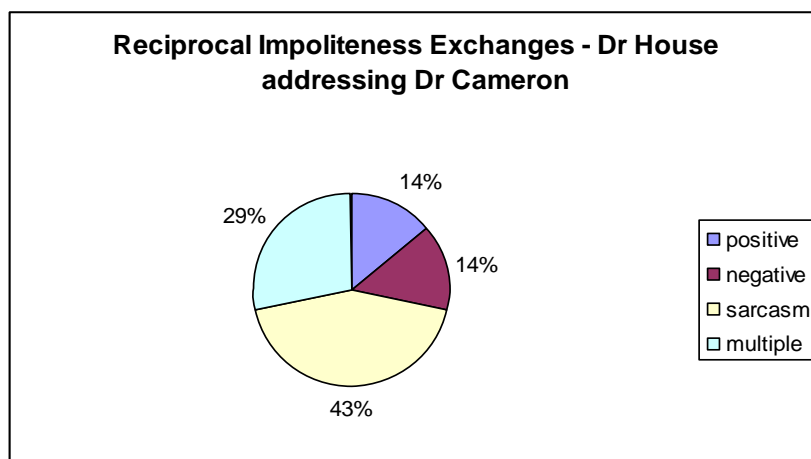


Chart 7

Dr Cameron, surprisingly enough, considering the unequal power relationship with Dr House, uses offensive multiple impoliteness strategies (37%) and bald on record (37%) and offensive strategies (25%), as seen in Chart 8, to respond to Dr House's impoliteness and less defensive strategies (25%).

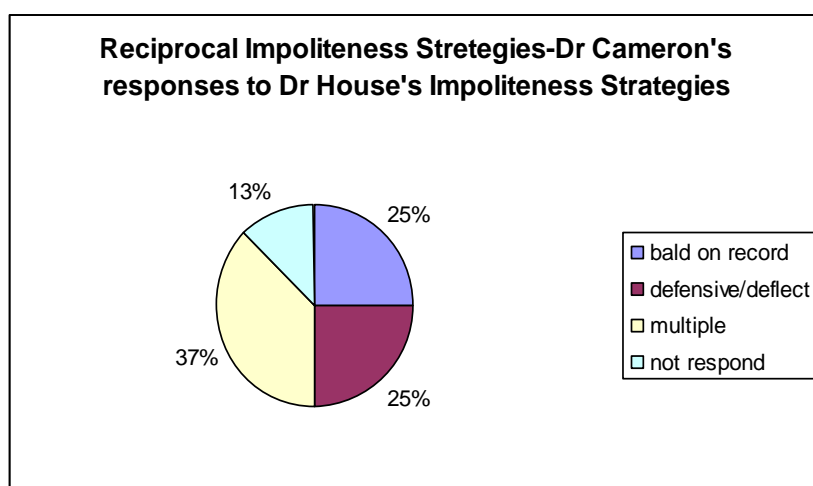


Chart 8

Lastly, as evident from Chart 9 below, when addressing his second male trainee (Dr Chase), Dr House uses mostly sarcasm (37%) but also bald on record (19%) and proportionally equally negative impoliteness and positive impoliteness strategies (both at 13%). It is important to note that Dr Chase is the only trainee towards whom Dr House uses so many direct bald on record impoliteness techniques, that double the effect of his use of positive and negative impoliteness strategies. Given their unequal power relationship, Dr House's use of strategies designed to threaten Dr Chase's want to be appreciated and his actions to be unimpeded is somehow expected.

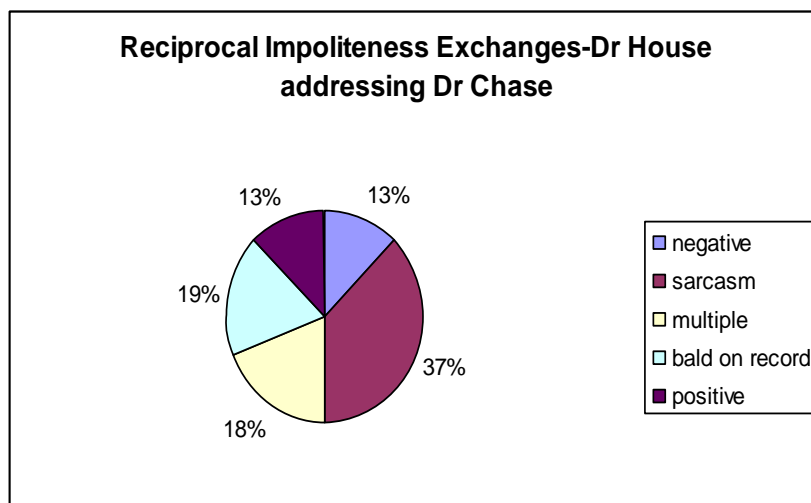


Chart 9

Dr Chase, in return, as seen in Chart 10 below, mostly responds to his superior/trainer's impoliteness by defending his own face, blocking/ignoring Dr House's sarcasm (76%).

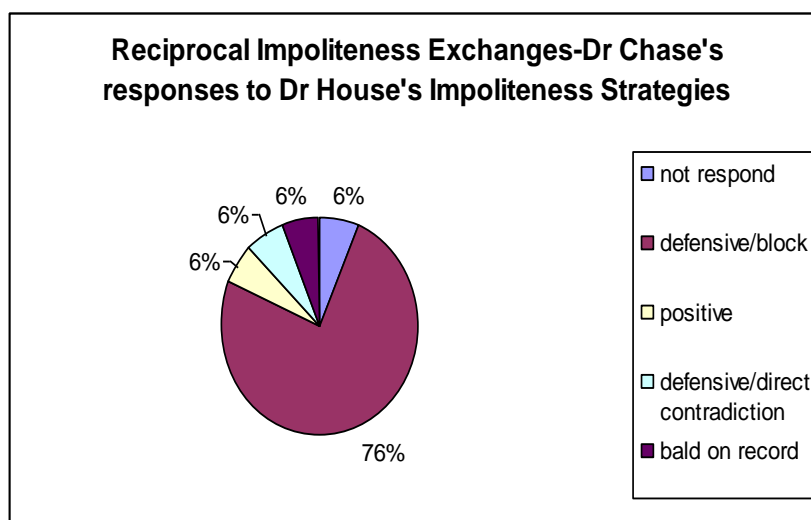


Chart 10

When addressing his patients or their relatives, as evident from Chart 11 below, Dr House, mostly uses his “favourite” impoliteness strategy, sarcasm (47%), and secondly multiple impoliteness strategies (17%). Although Dr House has the *legitimate and expert power* to use direct impoliteness, (i.e. bald on record is used only at 14%) he mostly opts for indirectness.

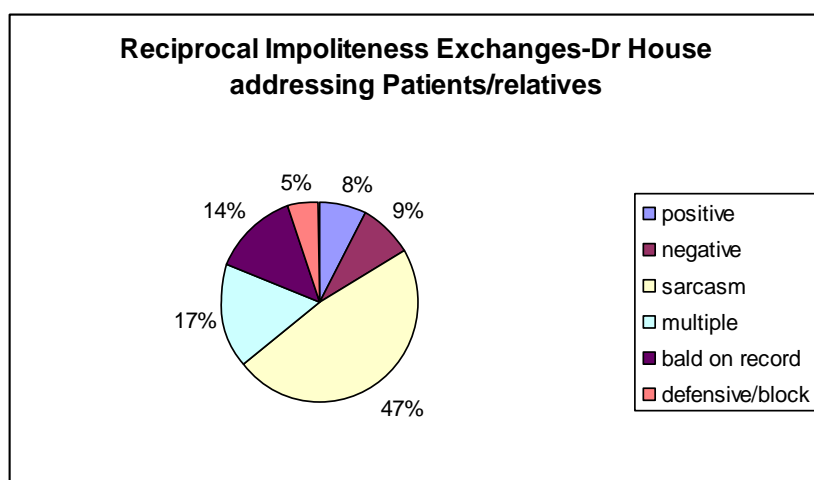


Chart 11

Dr House’s patients, as seen in Chart 12 below, respond by mostly defending their face, deflecting and blocking/ignoring his sarcasm (61% and 5% respectively). What is significant, though, is that in the minority of the rest of the cases (10% in total), patients have the “expected” behaviour of less powerful people-not respond (5%), accept (5%), and in the majority (24%) they use offensive response strategies – sarcasm, bald on record, multiple, positive and negative impoliteness, towards Dr House’s impoliteness strategies. Once again, this fact is somewhat surprising, given their unequal power relationship.

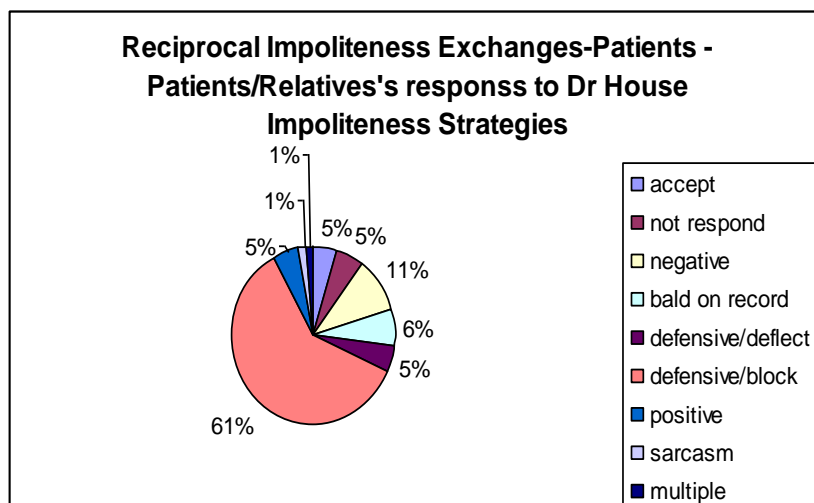


Chart 12

To sum up, quantitative analysis of the data revealed that, within the institution of a hospital setting, where Dr House has both *legitimate and expert power*, when conversing about institution-related (medical) issues with various less powerful interlocutors, he employs impoliteness, which could be argued is sanctioned by the institutional setting. In this framework, the type of impoliteness strategies used is important, as it may be indicative of intentions; in other words, how and for what reason (s) impoliteness is used and towards whom.

Dr House uses mainly *sarcasm*, an impoliteness technique designed to cause the least possible damage to the hearer's face, "allowing him/her to arrive at the offensive point of [the] remark indirectly, by way of implicature" (Leech 1983: 82). Given the institutional and power framework within which this impoliteness technique is employed, I would argue that this covert impoliteness technique used, verging, arguably, on the point of non-impoliteness, is used in an effort to protect his interlocutors' positive face needs. This could benefit from further research, but it seems to comply with Partington's claim that:

[...] speakers use irony to be interesting, memorable or [...] communicate to the hearer that they share some of his wants by intensifying the interest of his own contributions to the conversation." (2007:1566)

Quantitative analysis of the hearers' responses, on the other hand, reveals that the great majority of them perceived Dr House's sarcasm as impoliteness and responded using a variety of offensive and defensive techniques, rarely

withholding politeness, as the “expected” power institutional conventions would dictate. This again seems to reinforce Partington’s (2007: 1567) argument: “Irony does not simply hold up a mirror to some folly, vice [...] it shapes it [...] wraps and exaggerates it to serve a speaker’s argument.” In our case, it is the speaker’s intention and the hearer’s response to it.

9. Conclusion and implications for further research

Despite the fact that the data sample was limited to the first 20 episodes of Season 1 and the main character’s impoliteness strategies, as well as those of his interlocutors in the hospital setting, might have changed to maintain the viewers’ interest, certain conclusions can be drawn regarding the research aims of this paper.

The first aim of this paper was to investigate the *impoliteness strategies* used by the main character in the TV series “House, M.D”, towards his boss, friend and colleague, trainees and patients and their responses to these impoliteness strategies, within the institutionalised setting of a hospital.

Dr House himself employed *sarcasm* extensively, in Culpeper’s (1996) terms, as an impoliteness strategy provoking similar responses from all his interlocutors. Following Leech’s (1993) conception of irony, which is the same as Culpeper’s conception of sarcasm, one might claim that since this is a pervasive feature of Dr House’s conversational style, he does not overtly conflict the Politeness Principle, but, according to Partington (2007), tries to be interesting, memorable, show alignment with the hearer. Thus, in a way, he seems to try to preserve social harmony by not causing great damage to his interlocutor’s face but allowing him/her to arrive at the offensive point of his remark via an implicature. Furthermore, in the context of the hospital setting where there are unequal structural power relations, although Dr House has the *legitimate power* and the *expert power*, in Spencer-Oatey’s (2000) terms, to be direct, he opts for indirectness, thus not overusing his power.

Since all of Dr House’s interlocutors responded to his impoliteness strategies, first of all they qualified them as such, strengthening the idea put forward by Culpeper (2008) and Bousfield (2008) that an impolite act qualifies as such, by the hearer’s interpretation; in other words, an impolite act is impolite if the hearer perceives it as such. A second observation was that, given the unequal power relationship between Dr House and his interlocutors, the fact that half of them, except for Dr Wilson, Dr Chase and patients, responded by using impoliteness themselves, challenged and/or tried to reverse this power relationship.

More specifically, Dr Cuddy, the hospital administrator, by using impolite responses towards Dr House, tries to challenge the latter’s *legitimate power*,

supposedly given to him by his *expert power*, and to maintain her own *legitimate power*. Dr Foreman, a trainee doctor, by using impoliteness towards Dr House, challenges the latter's *legitimate power and expert power* over him. Alternatively, as Culpeper (2008) claims, he might be doing it because he wants to gain status within a less powerful group by challenging someone with markedly more social institutional power than himself. Dr Cameron, another trainee doctor, by using impoliteness towards Dr House, challenges the latter's *legitimate power and expert power* over her and at times, by using bald on record impoliteness response strategies, wants to completely reverse the power roles.

Dr Wilson seems to maintain a "friendly" attitude in his responses to Dr House's impolite strategies, not wanting to threaten his friend's face, and simply saving his own. Dr Chase, the third trainee, seems to move along similar lines, not wanting to directly confront his superior/trainer but "respecting" the one having more social institutional power, he simply saves his face. The same seems to be the case with Dr House's patients, although the fact that they engage in long indirect impoliteness conversations with him is indicative of their challenging both his *legitimate power and expert power* over them.

The secondary aim of this paper was to account for the possible reasons Dr House is impolite, the *intention* behind his behaviour, besides his personality trait.

Depending on his interlocutors, he seems to have different reasons and purposes for employing impoliteness. When conversing with his boss, although in a seemingly less powerful situation than her, he employs impoliteness as, usually, there is a conflict of interests and it is not in his interest to maintain the other's face. To achieve his instrumental/institutional interests he employs sarcasm, negative impoliteness strategies, tries to attack back at Dr Cuddy when she attacks him, and/or defend his face.

In situations where he is the more powerful participant, such as when he converses with his trainees and/or patients, he employs impoliteness for different reasons. Since he is the leader of a team of doctors who have come to work with him and are trained by him, his reason behind employing impoliteness seems to be to achieve a long term goal, namely to train and empower them to think in multiple ways when diagnosing. Regarding his behaviour towards his patients, it seems that his reason is the fulfilment of a particular goal; to make them give him facts that are important in order to reach the correct diagnosis. The first might be compared, in terms of *intentions*, to army training (Culpeper 1996) while the second to the American adversarial legal system (Lakoff 1989).

Despite being beyond the scope of this assignment, of equal importance is that the responses of Dr House's interlocutors gradually escalated in impoliteness. This mostly applies to his trainees, as Dr Cuddy and Dr Wilson had the same conversational behaviour throughout the episodes analysed. The fact that all three trainees become more and more impolite to Dr House might be attributed to

Anderson and Pearson's (1999: 466) claim that "workplace incivility can spiral, beginning with one party's perception of an incivility and reciprocation with a counterincivility." In other words, the specific trainees became impolite themselves towards Dr House and among each other after observing how impolitely the heads of medicine behaved to one another. It might be worth researching if doctors' training in real life and not in a TV series involves similar impoliteness techniques and what impact this might have on doctors themselves.

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