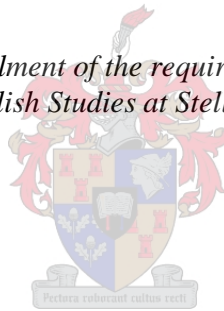


Global and Local Identities: Screening the Body (Politic) in the Medical Drama Series

by
Jan-Hendrik Swanepoel

*Thesis presented in fulfilment of the requirements for the degree Master
of Arts in English Studies at Stellenbosch University*



Supervisor: Dr Daniël Roux
Faculty of Arts and Social Sciences

March 2012

Declaration:

By submitting this thesis, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Jan-Hendrik Swanepoel

"

O ctej "4234

Abstract:

This dissertation investigates the medical drama series as a television phenomenon which foregrounds the body as central narrative device. By considering *House M.D.* and *Jozi H* as global and local manifestations of this genre, transnational, spatial and metafictional categorisations of the body are traced to reveal its nature as social spectacle, and meaning-bearing corporeal text. The body and its concomitant identities are exposed as continually and continuously screened inside, outside and, moreover, in relation to the hospital. As an institutional space, the hospital is (re)positioned in national and transnational discourses as nexus for personal and public, individual and societal, as well as local and global truths about the body (politic). Michel Foucault's understanding of the human body, its position as part of the larger body politic, and its control by the state is employed to foreground the bio-political classification of the (ab)normal body. Both the hospital, as space for healing, controlling and containing the body, as well as the body, as a corporeal and a psychic space itself, are signified as heterotopic spaces: part of, but also outside other places and bodies.

Opsomming:

Hierdie verhandeling ondersoek die mediese dramareeks as televisie-fenomeen wat die liggaam as sentrale narratiewe middel aanwend. Deur *House M.D.* en *Jozie H* as globale en plaaslike uitbeeldings van hierdie genre in oënskyn te neem, word transnasionale, ruimtelike en metafiksionele kategoriserings van die liggaam nagespoor om die aard daarvan as sosiale verskynsel en betekenisdraende liggaamlike teks te onthul. Die liggaam en sy verwante identiteite word aaneenlopend en aanhoudend beskou binne, buite en, verder, in verhouding tot die hospitaal. Die hospitaal as institusionele ruimte word (her)posisioneer in nasionale en transnasionale diskoerse as skakel tussen persoonlike en openbare, individuele en sosiale, asook plaaslike- en globale waarhede oor die (staats)liggaam. Michel Foucault se beskouing van die liggaam en die groter staatsliggaam, asook die staat se beheer daaroor beklemtoon die bio-politiese klassifisering van die (ab)normale liggaam. Sowel hospitaal, as helingsruimte, ruimte van beheer en inperkende ruimte, as die liggaam, as 'n materiële en 'n psigiese ruimte, word voorgestel as heterotopias: deel van, maar ook verwyder van, ander ruimtes, plekke en liggames.

Acknowledgments:

I would like to thank, in particular, my supervisor, Dr Daniël Roux, who put tremendous trust in me and my rather off-beat topic presented in this dissertation. Daniël agreed to supervise this project and trusted in my ability and, moreover, my work ethic to succeed in a very new field of study, namely the television series. My thanks are particularly due to him for our exploration and discussions on the complexities of my project, academia and their relation to life in general. Daniël's general and encyclopaedic knowledge informed a great deal of the conceptualisation unique to this project. He was simply the most supportive, endearing and patient supervisor I could possibly ask for.

My thanks are also due to the University of Stellenbosch and the Department of English for supporting me financially during the writing of this thesis – support without which this project might not have been possible.

Mr Riaan Oppelt, lecturer and Head Tutor Coordinator in the Department of English, contributed immensely in many ways to all aspects of my life over the last two years. I was privileged enough to work closely with Riaan as the Assistant Tutor Coordinator in the Department, allowing me the chance to give back, but also to learn from his work ethic, research and managerial skills. Riaan provided support and guidance on research and teaching fronts, enabling me to become a better researcher, teacher and person. His professionalism and professional support provided a steady base from which I could approach the writing of this thesis as well.

A few friends I would like to thank are, in no particular order, Jonathan Amid and Grant Andrews for academic and social support during my time as tutor at the University of the Western Cape, as well as Janka Steenkamp for taking my classes for a few tutorials so I could finish this thesis.

There are also a few mentors I would like to single out: Marius Swart as one of my readers, who constantly praised and supported me in embarking on this particular research project. His friendship, mentorship, guidance, patience and vision on academic, professional and social fronts often carried me through. In the same breath I would like to thank Elsabet Wessels for her support, friendship and unconditional acceptance of me into her and Marius' life – all

things which made the final stretch with some final touches to this thesis all the more bearable. My sincere thanks are also due to Pierre Pieterse for driving me to work, as I compiled test questions, marked essays and worked on my thesis to meet looming deadlines. I would like to thank him, in particular, for his level-headed and calm approach to life in general and for always providing me with necessary perspective when I needed some advice from outside the Ivory Tower, which in turn informed my approach to a lot of research I did within it.

To my family and family friends, namely my mother, Lizna Swanepoel and grandmother, Coritha Badenhorst, Dr Roelof Rossouw and his wife Mrs Verity Rossouw, I am truly grateful for both emotional and financial support and for believing in me when I might have had doubts myself.

Finally, my thanks go out to some of my senior colleagues: Prof Rita Barnard for showing an immense interest in my topic in 2010 already when I still had but a vague idea of the journeys I would undertake in researching it; Dr Dawid de Villiers and Dr Mathilda Slabbert for their great emotional and professional support and, in particular, for the outstanding education they afforded me: Dawid as my first-year and honours lecturer and Tilla as my second- and third-year elective lecturer; and Ms Jeanne Ellis, Senior Lecturer in the English Department, who showed a spontaneous interest in my teaching and research. I am also largely indebted to two other colleagues, namely Mrs Colette Knoetze, Senior Departmental Officer in the English Department, and Dr Shaun Viljoen, former Chair of the English Department, for their continued presence in the Department's corridors and their constant checking in and finding out how I was doing. Their blind faith that this thesis would come into being and be completed on time often carried me through.

I would, also, like to show my gratitude to God who worked miraculously through the people I single out in my acknowledgments, giving me insight, strength and love when these characteristics often escaped my exhausted mind and body.

Table of Contents:

Introduction:	6
Transnationalising Bodies: The Dialectic of the Global and the Local in the Screening Process	
Chapter 1:	17
Embodiment and Identity Construction in <i>House M.D.</i> and <i>Jozi H</i>	
Chapter 2:	81
Spatial Metonymy: (Re)positioning the Hospital in South African and American Television	
Chapter 3:	151
Framing Bodies: Capturing Global, Local and Transnational Identities in <i>House M.D.</i> and <i>Jozi H</i>	

Introduction:

Transnationalising Bodies:

The Dialectic of the Global and the Local in the Screening Process

In medical dramas such as *House M.D.* and *Jozzi H* the body lies at the core of all narrative exposition. These series employ medico-scientific, medico-administrative, spatial and metafictional categorisations of the body to reveal its nature as social spectacle and meaning-bearing corporeal text. They utilise bodies to emphasise their existence mostly within – but, importantly, also in relation to – the broader context of the hospital as a social institution. Against this backdrop, the medical drama identifies and deliberates corporeal and metaphysical meanings of the body. However, it goes further and traces the dissemination of these meanings deriving from the body itself. In other words, the body is revealed as both a material object and ideological subject. It is then the convergence of these two frames for understanding the body which is at once the common defining condition of the medical drama as genre. It is also the nature and form of this convergence that produce the specificity – the *texture* of a specific series, such as *House M.D.* or *Jozzi H*. This thesis seeks to show how these meanings and convergence are fabricated, maintained and embedded in the medical drama, accordingly highlighting the ideological manifestations of the body in the popular imagination and popular discourses. Its corporeal and metaphysical qualities are elucidated in particular. *House M.D.*'s and *Jozzi H*'s screening of the body results in a representation and dissection of the body as individualised subject and material object. The first kind of body is a character in the series' narrative, while the second kind of body is the material object scrutinised by doctors and other characters of the medical establishment. The medical drama is characterised by its collapse of these two different categories and understandings of the body.

Characters' identity construction therefore lies in their relations to the medical machinery of the hospital and its staff. Their subsequent understandings of the body locate and produce these identities as these are increasingly embodied by the characters. Corinne Squire supports the idea that identity is fundamentally embodied, as identity cannot stand apart from the individual's body. She suggests that the "materiality of the body, its physical and psychic reality, seems inescapable, and beguiling" (Squire 50), as "[t]he material is discursive [and] equally, [that] the discursive is material" (Squire 55). This notion of a reciprocal relation between the discursive and the material evokes Michel Foucault's notion of the body as a site of knowledge and power, as both an effect of power and the very place where power is produced. These types of ideological perspectives in language provide ways of knowing the body and signifying it. Medical language is thus one way of conferring the body with a certain identity, or identities, while Foucault's thinking about the body's relation to power and

knowledge informs something of the approach of this thesis, and is explored in some detail in the subsequent chapters.

Specifically with regards to the television drama, television provides a “public service”, or “cultural forum” for deliberating social issues, for making sense of the bio-political practices and the emergence, existence and representation of the subject. Horace Newcomb and Paul Hirsch point out that “[t]he conflicts we see in television drama, embedded in familiar and nonthreatening frames, are conflicts ongoing in [(American)] social experience and cultural history” (566). As television is a global form, largely influenced by America, South African television functions similar to its American counterpart. Newcomb and Hirsch continue to note that “we might see strong perspectives that argue for the absolute correctness of one point of view or another... “[b]ut for the most part the rhetoric of television drama is a rhetoric of discussion” (Newcomb and Hirsch 566). Television therefore becomes a way to consider and discuss bodies and the body politic at large. It is positioned to represent bodies relationally, and therefore represent the conflict between the normal and abnormal body.

House M.D. as a television phenomenon and medical drama is called a “medical mystery” by its network FOX Broadcasting Company (online), because of its foregrounding of bizarre medical conditions and diseases. However, its appeal and importance is anchored in its protagonist, Doctor Gregory House (House) – a rude, yet brilliant specialist who is also a cripple. This American series foregrounds an extremely rationalist approach to medicine in Western society with a key focus on the individual body, the body which is cared for and the body of the carer. It uses this relationship to reveal and deliberate (un)ethical treatment of patients. House typically ignores patients’ wishes in order to solve the medical puzzle at hand. He is consequently often opposed by his team and hospital administration because of his methods, but because of his brilliance they still look to him to solve the case. His personal narrative and his crippled body are used to reflect on the body, the mind and the interaction between these as screened specifically within the bounds of the hospital, the medical drama and television.

Jozi H, on the other hand, centres on societal narratives and the hospital as a converging space for Western and traditional African approaches to medical practice and the body. It screens the body in such a way as to foreground its identity as part of or perhaps at times even representative of the South African body politic at large. The doctor’s body is again

situated as a means for revealing and deliberating the carer's role in the hospital, as an institution intricately enmeshed with the world outside. This connection it establishes between the hospital and the world outside it, namely the city, Johannesburg at the centre, and the township on the periphery, is also in constant conversation with transnational narratives and cultural networks. Johannesburg Metropolitan Hospital is a renowned teaching hospital where many foreign doctors from America and Canada come to complete their residencies and to gain experience. However, they also explore and gain insight into local and global cultural and medical knowledges and discourses.

In works such as *Discipline and Punish, The History of Sexuality: Volume 1* and *The Birth of the Clinic* Foucault traces constellations of knowledges and discourses, especially regarding the body. The body is portrayed, not simply as physical phenomenon in need of healing, but a societal entity, a body part of the body politic at large, which needs to be controlled in order to create, in part at least, docile bodies (Foucault, "Right of Death and Power over Life", 261) for the effective functioning of society. Power and the execution of power are the foundation of this control of the body. However, Foucault sees power in a positive light, and not a totalitarian light, as it came to "[administer] life" (Foucault, "Right of Death and Power over Life", 261).

This bio-power or power over life has developed into two fundamental forms, assigning the body to two different spheres. The first of these centred on "the body as machine" (Foucault, "Nietzsche, Genealogy, History", 93). This means controlling the individual's body, "disciplining" it and consequently optimizing its capabilities (Foucault, "Right of Death and Power over Life", 262). Furthermore, an "extortion of its forces" and the corresponding advancement of its "usefulness and its docility" are paramount (Foucault, "Right of Death and Power over Life", 262). The body could then be assimilated into "systems of efficient and economic controls", significantly informed by an *anatomo-politics of the human body* (Foucault, "Right of Death and Power over Life", 262). This utilisation and disciplining of the (individual) body, specifically with regards to the medical drama, relates closely to control of the body through medical means, e.g. surgery and medication. However, at key instances in *House M.D.* and *Jozi H* the state itself interferes with these series' medical plots through its security services. The hospital's and medical staff's authority is undermined and unsettled through this introduction and assertion of sovereign national power over the body politic. The medical drama therefore becomes a nexus where, on the one hand, the disciplined

body, the institutionalised, scrutinised, individualised body, and, on the other hand, the sick body, as a population predicament, are represented. This particular television genre transcends mere representation of and reflection on the body as it naturalises the faultlines generated by the co-existence, in late modernity, of a state logic of bio-management and an institutional logic of discipline and surveillance, associated closely with the eighteenth century. This intersection of forces controlling the body is explained in more detail in chapter two where bodies are shown as subject to medical, cosmopolitan and security control.

Both *House M.D.* and *Jozi H* add to our understanding of the intersection of (bio-)forces as they topple our intuitive negative understanding of the body's surrender to invasive and pacifying control. They do this by showing that initial undesired execution of medical control, of medicating a patient or *body*, often aids a patient's healing and well-being. These treatments of the body necessarily influence identity and the process of identity construction in vastly different ways. In the first instance a forced, authoritarian, even totalitarian, execution of power over the body links closely to the idea of medical paternalism. Mark Wicclair in his article "Medical Paternalism in *House M.D.*" explores the paternalistic view of how patients' wishes are disregarded, particularly in *House M.D.*, and specifically by House himself (93). In the second instance, the focus is not merely on the forcefulness of this medical power, namely the undermining of the body's agency, but rather on positive outcomes for that body. This rationalist utilitarian perspective gestures towards the ends justifying the medical means. However, in a Foucaultian sense this is also done in order to situate the body to be of use for the state.

[W]e do not live in a kind of void, inside of which we could place individuals and things. We do not live inside a void that could be colored with diverse shades of light, we live inside a set of relations that delineates sites which are irreducible to one another and absolutely not superimposable on one another. (Foucault, "Of Other Spaces", 23)

This "set of relations" confers the contention that bodies become known amongst other bodies. However, Foucault provides a prolific outlook on this phenomenon by contending that this set of relations *actually*, and this thesis will show *actively*, demarcate, deliberate and define sites, such as bodies, asserting their differences. This then is also a core characteristic of Foucault's heterotopia and the body itself becomes signified and legitimated as heterotopia, or heterotopic site. However, a dialectic arises as bodies are signified and

identified in relation to other bodies of the body politic. Itamar Even-Zohar's polysystem theory provides a useful framework to contextualise this problem as he alludes to a system in which texts can be placed according to their canonicity (9). At the extremes we find the canon, representing texts adhering to norms legitimated "by the dominant circles within a culture", and the periphery, that which deviates from the norm, "rejected by these circles as illegitimate" (Even-Zohar 15). We can apply Even-Zohar's logic to the *body* as a text that is constructed and imagined in the medical series in order to contextualise bodies, doctor or patient, healthy or sick. This means that society and the hospital as heterotopic space are hierarchized according to this systemic hegemony and "the action of the norm" underlying the phenomenon of bio-power (Foucault, "Right of Death and Power over Life", 266). Zygmunt Bauman's reference to "'complete' people" (Bauman, *Identity*, 40), or "normal" people provides a contextual and conceptual framework for people adhering to this "action of the norm".

Medical dramas, in particular *House M.D.* and *Jozi H.*, are used to represent fictional, yet representative accounts of the normal and the abnormal, canonical and non-canonical body. In *House M.D.* Princeton Plainsboro Teaching Hospital (PPTH) and in *Jozi H.* Johannesburg Metropolitan Hospital (JMH) serve as backdrops for discussing the categorization of the body through which the norm is, similar to how the "complete people" are, screened, i.e. represented and examined. *House M.D.* and *Jozi H.* provide an excellent example of Foucault's contention that "[t]he investment of the body, its valorisation, and the distributive management of its forces [are] indispensable" (Foucault, "Right of Death and Power over Life", 263).

However, "[t]he investment of the body, its valorisation, and the distributive management of its forces [that are] indispensable" (Foucault, "Right of Death and Power over Life", 263) are complex as these processes have at their core a medico-scientific origin. Squire states that "[s]cience, which aims to discover the laws of the material world [of which the body is part]," finds the body's complexity endlessly challenging (50). "The body's accessibility" provides the platform for these challenges, or "strenuous tests" as she calls them, "and helps persuade the popular imagination of biological science's legitimacy" as "surely something we know so intimately and well must be an important focus of scientific study" (Squire 50). This is also

the reason why the medical drama, a genre popularising and spectacularising bodies on a global and local scale, is relevant today.

From a non-scientific, political perspective, concentrating on the manifestation and governing of social relations, extremely evident in *Jozi H*, but also *House M.D.*, “the body’s materiality guarantees the interests of particular social identities” (Squire 50). These identities are instigated by the experience of various politics and spaces considered, for example, as typically black, white, gay or feminist (Squire 50). The central idea here is that of “[l]ived bodily experience” which grounds “individual unity and identity, telling us, in a deep and incontrovertible way, who we really are” (Squire 50). Squire thus emphasises the fact that our experiences, and specifically our corporeal and metaphysical experiences accommodated in/on our bodies, serve as means through which our identities are constructed and mediated. With this, she alludes to “the notion of an embedded self”, a subjectivity and identity also particularly rooted in the body, which evidently invokes the mind component of the Cartesian dialectic. I suggest that this “embedded self” entails an “embodied identity”.

Judith Butler in her book *Gender Trouble: Feminism and the Subversion of Identity* discusses the performative nature of gender, and, even more fundamentally, the subject’s (embodied) identity itself. According to her theory people are faced, even burdened with performing their identity corporeally as well as metaphysically. I also show in my discussion of *House M.D.* and *Jozi H* the interrelatedness of these two mutually opposing, but simultaneously supporting components of the body as it is illuminated in the popular imagination and national consciousnesses. Butler explains the dynamic, yet coherent nature of the body when she writes that

[a]ccording to the understanding of identification as an enacted fantasy or incorporation, however, it is clear that coherence is desired, wished for, idealized, and that this idealization is an effect of a corporeal signification. In other words, acts, gestures, and desire produce the effect of an internal core or substance, but produce this *on the surface* of the body, through the play of signifying absences that suggest, but never reveal, the organizing principle of identity as a cause. Such acts, gestures, enactments, generally construed, are *performative* in the sense that the essence or identity that they otherwise purport to express are *fabrications* manufactured and sustained through corporeal signs and other discursive means. (Butler 136)

The “embedded self” referred to earlier, is thus a corporeal and discursive, or metaphysical, fabrication which is constantly (re-)produced by its performative nature. The body therefore continually performs identity like an actor plays a part in a play. However, the body is also the stage on which such a performance of identity takes place. Identity, or the “embedded self”, is also depicted against the backdrop of society, popular culture and mass media. It should then be noted that the “embedded self” is in some accounts a fictional unification of bodies and subjectivities that are multiple and fragmented” (Squire 50). This view relates closely to Foucault’s view of the subject (human being) as explained by Geoff Danaher, Tony Schirato and Jen Webb.

For Foucault, our notion of the ‘human being’ is not inevitable; it is historical. People do not have natural and unchanging characteristics. Rather, we are *produced out of a network of discourses, institutions and relations*, and always liable to change according to the circumstances. So, *although we think of ourselves as unified, concrete individuals* with certain unchanging qualities, in fact we are a number of different people... [emphasis added] (123)

Squire’s reading of the body is therefore inherently Foucaultian in design as she points toward a person’s “embedded self”, leading to a core being or identity. This identity is a “unification” of sorts consisting “of bodies and subjectivities” (Squire 123). Identity as a “unification” is therefore “fictional”, “multiple and fragmented” (Squire 123). Mention of the “fictional unification” implicitly refers to narrative and narrative construction of identity. *House M.D.* and *Jozi H* contribute to the screening of various identities related to particular corporeal and metaphysical screenings of bodies through their constructive serial narratives. Squire makes the Foucaultian point that “people are *produced*” from “a network of discourses”, constellations of communications in which knowledge is captured, produced and reproduced to uphold certain views of the body, subjectivity and identity that the unification of bodies and subjectivities is in fact “multiple and fragmented”. Danaher et al. explains that “although we think of ourselves as unified, concrete individuals with certain unchanging qualities” it is simply not the case because of our adherence to certain discourses. Chapter two and three shed more light on issues of shared identities through/in shared spaces and television as a metafictional medium which mediates these identities.

Deborah Lupton’s position in her book *Medicine as Culture* intersects significantly with Foucault’s understanding of the body as well, when she conveys the belief that bodies are

made rather than born (Lupton 22). If one considers the corporeal dimension of identity, Squire's argument that "the body's materiality is never as certain as it appears" (50) is important. The reason for this is firstly, on a physical level, that "the science of the body is perpetually under challenge, from science's own failures and its inherent scepticism, from external critiques of science's ulterior motives, and from descriptions of science as narrative, not truth" (Squire 50). "By far the most important insight," Lupton says, "is that which views the body and its ills not as universal biological realities but as a combination of discursive processes, practices and physical matter which have a symbiotic and symbolic relationship with the discourses and ideologies governing societal regulation" (51). Her "double reading" (50) of the body as material and discursive social entity links well to the constructedness of the body, the fact that it is "made", just like television series themselves are produced. They then also "produce" these bodies and represent their identities on-screen.

The medical drama, especially *House M.D.*, describes diseases through metaphors, such as plumbing, sports or war. This is done in the first instance to give audiences a handle on the medical plot, but, subsequently, to narrate illness and the (sick) body in order to undermine any deterministic scientific truth attached to it. House constantly states that "Every-body lies". With this he constantly refers to the fact that all people, usually patients, are liars, but also that bodies lie, namely that they mislead, hide symptoms/diseases and that illnesses may not necessarily run the expected medico-scientific course. "[O]ther *stories* [such as local and global narratives surrounding] the body compete with the scientific" [emphasis added] (Squire 50) narrative and intersect in the medical drama's story. Language's ability to describe and its ability to reveal truths about the body, through confession, are unsettled, and a foregrounding of television as not merely a dialogical, but specifically a visual medium becomes increasingly evident. The ways in which the body is known and the means through which it becomes known in the medical drama open up a concrete and discursive, corporeal and metaphysical platform for confessing truths. These confessions can be non-invasive, but they are indeed mostly invasive. It is not always merely the outside surfaces of patients' bodies that are exposed, but also the inside and intestines. Therefore the war metaphors, or metaphors of violence, so often used to make sense of illness and sick bodies as well as patient identities, ring true in the context of "coercive confession".

The following chapters constantly reflect on the body within the realm of television at large, but more specifically by considering the medical drama as a generic manifestation on-screen. Bauman points out in a study of society and globalisation that

[c]asualty departments and accident and emergency rooms become the favourite settings of dramas: nowhere else are lives sliced so thinly and the transience of luck and misfortune put so blatantly on display. (Bauman, *Society under Siege*, 164)

The need for control, or at least the preoccupation with categorising bodies and body politics on local, global and transnational stages can be better understood in light of this view. The relational, dialectical and interrelatedness of bodies, characters and viewers alike, are foregrounded as Anne McCarthy states that

“[L]ike all technologies of “space-binding,” television poses challenges to fixed conceptions of materiality and immateriality, farness and nearness, vision and touch. It is both a thing and a conduit for electronic signals, both a piece of furniture in a room and a window to an imaged elsewhere, both a commodity and a way of looking at commodities. It therefore makes sense that TV—understood as a particular form or mediation of inscription, speech, and images—should become a cardinal trope in diverse philosophical texts on modernity’s core problematic.” (McCarthy 93)

Television, therefore, simultaneously a form of art, communication and commodity becomes the epitome of twentieth, and now twenty-first century life, as it connects and transcends local and global locations with a continuous interest and awareness of its representations of local and global societies. These societies, at the macro level body politics and at the micro level (individual) bodies, are what afford television its narratives, its stories and its series, in particular. This thesis accordingly explores *House M.D.* and *Jozi H* as global and local manifestations, American and South African inspections, as well as particularly fictional explorations of the global and the local body and its relation, through the mediation of television, to its local and global body politics.

Chapter 1:

Embodiment and Identity Construction in *House M.D.* and *Jozi H*

On a literal and generic level, “the body itself has become a fetishized commodity, something to be attractively ‘packaged’ and offered for exchange,” writes Deborah Lupton (40). Actors’ bodies, for example Hugh Laurie’s body as site for the construction of Doctor Gregory House’s (House’s) body, are produced as popular cultural entities and become “fetishized commodit[ies]”, emphasised all the more by the television series’, especially the medical drama’s, global popularity.

“The appearance of the body”, Lupton explains, “has become central to notions of self-identity” (40). This is exactly where *House M.D.* differs from other medical series, as its central protagonist is not the popular medical series stereotype of the perfect, healthy doctor. Instead House’s body is flawed. He is a drug addict, a (pain) patient and he is cripple. Although he is rehabilitated in the beginning of season six, his disability remains a reality for the duration of all the series’ seasons, providing constancy to his heterotopic identity as outsider figure and (anti-)hero. House’s body becomes the embodiment of the rationalist principles underlying the modern hospital. Ironically enough, modern Western medicine had to sever scientific objectivity from affect in order to advance its ability to care for more people. House is therefore both an outsider supplement to the hospital system as well as its very condition of possibility underpinned by its rationalist ideologies. He occupies the space of dispassionate science at the centre of a research-based hospital. This liberates him to be a completely atrocious human being as his value is established entirely by his scientific ability. It is then this ability which is ultimately at the heart of the hospital, even more than a caring disposition towards patients. This faultline that opens up between medicine as science and medicine as caring profession in *House M.D.* is essentially what animates the series plot. House is an indispensable outsider to the inside of the hospital. However, he is also the outsider which makes the inside, rationalist ideologies of science, possible at all.

The paradoxical nature of his identity as doctor and patient also plays a key role. By foregrounding his disability the series deliberates the anxiety caused by the disabled body in contemporary (consumer) society (Lupton 42). House is, by Lupton’s logic then, “conceptually out of place” as he (his body) “does not function ‘normally’ or appear ‘normal’” (42). Commodity, consumer and popular culture seek to hide “the ‘real’” (Lupton 42), namely the ageing and disabled body, i.e. bodies that do not function or appear “normal” (Lupton 42). House’s body, paralleling that of his patients, is in a constant state of

emergency. It is constantly medicated, under medical restraint and signified as existing in a state of corporeal and psychological crisis or emergency.

Jozi H's conception of bodies follow logically on *House M.D.*'s primary focus on the individual and individual states of emergency within the hospital. The transnational co-production of *Jozi H* interpolates the body into the television realm in a completely different way from *House M.D.*. Similar to *House M.D.*, however, *Jozi H* does deal with the individual body in states of medical and social emergency. However, it goes further than its American counterpart by contextualising the body and showing it in various social and political spaces. Patients and arguably all bodies in the hospital as well as the body politic are therefore signified as existing in states of crisis and within the bounds of a subsequent (call for) control.

Bodies in states of crisis are inevitably isolated, corporeally or psychologically, personally or socially in contemporary culture, as they are constantly encountered in spaces outside mainstream culture, in "other spaces". Foucault contends in his lecture "Of Other Spaces" that we are faced with two types of heterotopias, of which the first is paramount to this study. This type falls under the rubric "heterotopias of crisis" and relates closely to the state of crisis or emergency referred to above. Heterotopias of crisis are "privileged or sacred or forbidden places, reserved for individuals who are, in relation to society and to the human environment in which they live, in a state of crisis" (Foucault, "Of Other Spaces", 24). Under conditions of crisis, we encounter the body as *other*, a deviation. The individual (body) is in a physical (and perhaps psychic) predicament and accordingly contrasted with the norm. This then brings about the need for healing and fixing it, though always in the form of control. In elderly homes or spaces of initiation (Foucault, "Of Other Spaces", 25) this constantly manifests as bio-power, a medical and social restraint of the body, physically and pharmaceutically.

As the heterotopia relates closely to this chapter's focus, it is essential to note some underlying principles of heterotopias which also illustrate the body itself as "other space". The first principle Foucault identifies is that heterotopias manifest in all cultures, or "human groups" as he calls them (Foucault, "Of Other Spaces", 24). The existence of the heterotopia is thus universal, but its specific conglomeration is not (Foucault, "Of Other Spaces", 24). This is also true for the human body. The body is the most fundamental part of any culture.

Through the body culture is maintained, conveyed and deliberated. A genealogy of the body is thus inherently a genealogy of culture and its subsequent discursive practices. An excavation of the prior necessarily involves an explication of the latter. The body's appearance can vary around the globe, according to race, sex, nationality and health, as clearly depicted in *House M.D.* and *Jozi H.*

The second type of heterotopia Foucault identifies which constantly replaces the first type, namely the heterotopia of crisis, is then the heterotopia of deviation (Foucault, "Of Other Spaces" 25). Individuals whose bodies deviate from the norm, for example the sick body deviating from the healthy, well-functioning body, are placed in these heterotopias, for example rest homes, psychiatric hospitals and prisons (Foucault, "Of Other Spaces", 25). But it is not just these places that are different, that are "other spaces". Again the body itself, as agent and space of this deviant behaviour, or simply corporeal and experiential psychological space of illness, becomes other by deviating from the norm and then subsequently becomes a heterotopic site itself. Consequently, a distinction between physical or architectural and corporeal heterotopic sites emerges. In the first instance, for example, the hospital is a place where deviant, sick bodies are treated. The body in effect inhabits this heterotopic "other space", while it is itself simultaneously transformed into a heterotopia by illness and by its very location in the hospital. It becomes split between its physical condition, one of distress, and its metaphysical condition, the subjectivity that the body both subtends and also seems to interrupt or hinder. The body *literally* becomes a space in the medical drama as it reveals its interior, and becomes inhabited by organs, illness and internal crisis. Patients are physically removed from society, because their ill bodies do not conform to the norm of health. Though doctors may be healthy they are also removed to care for these deviant bodies, adding another dimension to the body as "other space" of deviation.

The corporeal and the metaphysical preoccupations considered in *House M.D.* and *Jozi H* have a genealogy that can be traced back to Renè Descartes' conception of the mind-body duality. According to Descartes he had "a clear and distinct idea of [him]self in as much as [he was] only a thinking and unextended thing, [and he] possess[ed] a clear and distinct idea of body, in as much as it [was] only an extended and unthinking thing" (Descartes 54). House himself approaches the body in general, and his own body in particular, in this way. However, both *House M.D.* and *Jozi H* reflect on the Cartesian duality between body and mind. In some ways the duality is maintained as House, for instance, insists on the separation

between body and mind. He does this by constantly refusing to become involved in the patient's psychological world unless he can read it for physical symptoms. In other ways, however, both series insist on a strong connection between the body and the mind. The mind at some level then becomes a part of the body in these kinds of medical dramas. The existence of a doubled body prevails as the mind is both seen as a corporeal entity causing characters to act in certain ways because they are ill. The mind must therefore be healed before the body can be healed as seen in Doctor Russell Monsour's and House's psychosomatic symptoms. Paradoxically, the mind is also a representation of the part of a patient that is more than just a body, a metaphysical essence that doctors try to preserve by fixing the broken body that contains it.

The pilot episodes of *House M.D.* and *Jozi H* introduce two elements that are essential for the plots: first the body's fallibility and easy regression to a state of emergency and second the incessantly progressive struggle for and (often) attainment of a state of health. These series employ various medium-specific techniques to feature the body and its position in the hospital and the body politic as leitmotif to which all other secondary plot developments and themes are closely related. These techniques underpin the cinematic decisions, namely paradigmatic and syntagmatic decisions or the choices made regarding camera shots and angles and the weaving together of these shots into a larger visual narrative. These decisions regarding shots and sequences allow the series to foreground the body and its location within a particular space. Cinematic choices further play a crucial role in establishing a relation between doctors' bodies and patients' bodies within the heterotopic hospital space. These portray the extent of both their and patients' corporeal and existential difficulties and subsequent bodily anxieties. This accordingly undermines the emblematic notion that doctors should always be idealised as invincible on both professional and personal fronts. The doctor's body can be grounds for a productive narrative explication of illness, disability and psychosis. It is a productive explication as the deliberation of illness, disability and psychosis are all interrelated. When the body becomes affected or infected, it also affects or infects other bodies surrounding it because of its relational existence. House's psychosomatic symptoms and social maladies become palpable as his character is screened in a "set of relations that delineates sites [i.e. bodies] which are irreducible to one another and absolutely not superimposable on one another" (Foucault, "Of Other Spaces", 23). By following this logic, one must note the series' unique position to reveal physical and social dimensions of

the body on a local, global and transnational televised stage. This point is fleshed out more in chapter two.

The state of crisis or emergency House's body is constantly immersed in, becomes an historical, genealogical and essentially mnemonic map, even chart, signifying its brokenness and illness. It subverts clean-cut idealisation and societal norms and expectations of the body. In his particular case the state of emergency has an underlying mnemonic crisis. This mnemonic dimension, namely House remembering in a flashback how he lost full function of his right leg, adds another layer to his unhealthy, pain-stricken body. Therefore, besides the heterotopic nature of his being, his experiential crisis is a central concern. This typically manifests as his experience which he alleviates with an extremely strong, stubborn and rude personality as well as the abuse of narcotics such as Vicodin.

1.1.1



1.1.2



1.1.3



1.1.4



1.1.5



1.1.6



1.1.7



1.1.8



Already in these introductory moments House is identified as a doctor, although only dialogically and not visually because of his refusal to wear a lab coat. A communications studies scholar, Susan Barnett, accordingly concludes that he ignores, or subverts, hospital administration (61). Her conclusion simply rests on the notion that he does not want to be identified as a doctor. This is, however, only partly true. More importantly, he does not want to be identified as a patient-doctor. House states that “[p]eople don’t want a sick doctor” (“Pilot” 101), or a doctor whose body is, like his patients’ bodies are, in a corporeal, tangible state of emergency. Doctors are characteristically supposed to restore health, not be in need of healing themselves. They are idealised as untouchable, God-like figures bestowed with the ability to save lives against all odds. The television series with its inherent idealising approach, as suggested by Dan Graham (168), elucidates this belief, however ungrounded it may be. Doctors in medical dramas are therefore generally *healthy* healers. It is as if the white coat is the divide between the healer and those in need of healing. However, it also serves as divide between doctor and patient and identifies both healing agent and sick body in need of control. House’s dialectical nature, as patient-doctor, subverts this idealisation as it unsettles the “norm”, and in particular what society expects of a doctor’s body.

In stills 1.1.1 to 1.1.8 Doctor James Wilson and other doctors walking through the corridor are all wearing white doctor’s coats, while none of them limps or shows any sign of disease. Wilson is holding a patient file in his hand as he and House are walking side-by-side. House is in many ways, in this instance even *visually*, the very *opposite* of his colleagues. As he is limping, he holds on to and pushes down on his cane, which clearly mirrors Wilson’s patient file. Ironically enough at the end of the scene it turns out to be House’s new patient’s, Rebecca’s, file. Wilson is walking normally without any sign of illness or limping. The presence of House’s cane is, however, emphasised and contrasted with Wilson’s file. This fundamental difference then also foreshadows and lays the foundation for the difference in their personalities and identities. These differences then influence their views of patients and patients’ bodies held by the obnoxious House and his best friend Wilson, an ever-caring oncologist.

It is particularly important that House is contrasted with other doctors (visible in their white lab coats down the corridor) in the same way he is contrasted with Wilson, as stated earlier. House’s reluctance to wear a coat as well as his limp and cane mark him, in other words his body, as “other (space)” in the hospital space, namely Princeton-Plainsboro Teaching

Hospital (PPTH). He is neither just a doctor, nor just a patient, but, instead, he is both. Here then a patient-doctor dialectic emerges as the viewer is told that he is a doctor (his body is in a position to heal other bodies), but his patient identity is visually foregrounded as it is corporeally inscribed on his body. However, his professional and personal identities often effect a parallel corporeal inscription on his body when he believes he could not solve a case and when he experiences psychosomatic symptoms in “Cane and Able” (302). The onset of these symptoms occurs when House believes that he failed to cure his patient in “Meaning” (301). Here the psychic reality effects a doubling of the state of crisis his body is submerged in, as he is by the nature of his disability and accompanying Vicodin addiction in a state of crisis. This perhaps adds a third, not merely a second level of crisis. It is on (this) kind of dialectical operation that the entire *House M.D.* rests. House’s character “houses” opposing identities through his varied experiences as doctor, friend and patient, resulting in his heterotopic existence and a doubling of states of crisis or emergency and even exception.

A crucial point to note is that House is easily bored by cases which do not pose an intriguing, seemingly impossible puzzle for him to solve. Furthermore, whenever his work influences his life negatively by either boring him or causing him stress, it seems that he constantly regresses to increased Vicodin abuse. Just after Wilson presents “his cousin’s”, or rather Rebecca’s, case to House, House is seemingly bored and says “Wilson’s cousin” “doesn’t like the diagnosis... [and that he] wouldn’t either. Brain tumor. She’s gonna die. Boring” (“Pilot” 101). House is clearly disinterested and annoyed by Wilson and he particularly likes the fact that the patient cannot talk, unlike Wilson who is hassling him. He walks away after giving his abrupt diagnosis and prognosis, but Wilson starts reciting Rebecca’s chart information such as protein markers, a measure for cancer, which are all normal. Here the materiality of the body, Rebeccas’s body specifically, becomes tangible as Wilson instigates the discursive nature of the body by using (medical) language to convey the information on the chart. The chart is itself a material, yet discursive representation of Rebecca’s body, a document which in fact confines her actual body. House glances at the chart and alludes to a greater American concern, namely the state of their healthcare and the incompetent organisations responsible for patients’ medical care, as it was an HMO lab that did the tests and that “you might as well have sent it to a high school kid with a chemistry set” (*Pilot* 101). This as well as House’s reluctance to take the case is evident throughout stills 1.1.1 to 1.1.8.

1.2.1



1.2.2



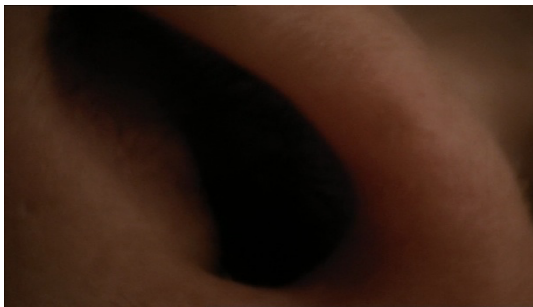
1.2.3



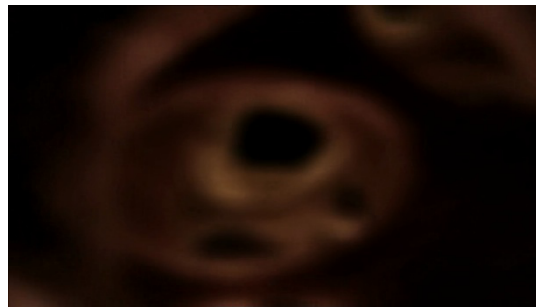
1.2.4



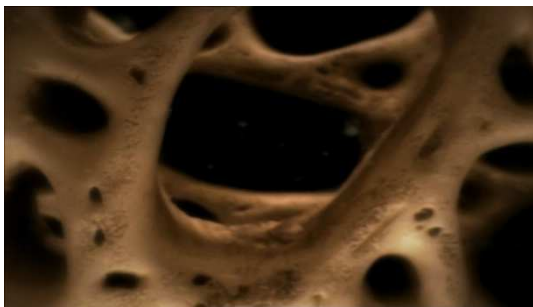
1.2.5



1.2.6



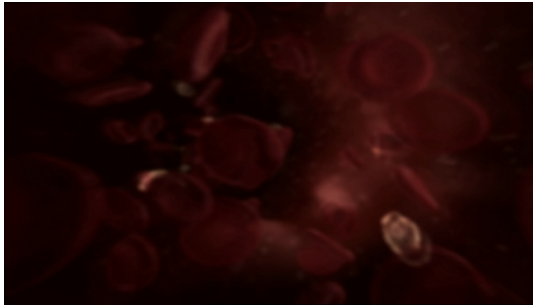
1.2.7



1.2.8



1.2.9



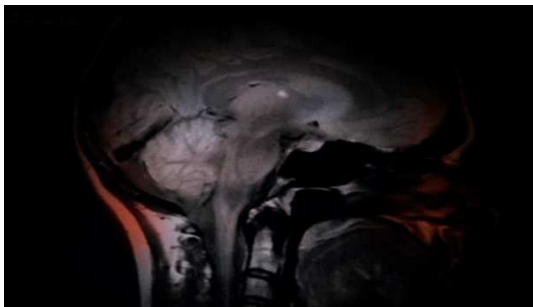
1.2.10



1.2.11



1.3.1



1.3.2



1.3.3



1.3.4



Immediately after House's and Wilson's conversation Rebecca is shown in her hospital bed, with medical equipment and monitors attached to and surrounding her, transforming the room into a medico-scientific space of control. The lighting is subdued as the room is mostly hulled in dark shadows, but with bright late-afternoon or early-morning sunlight illuminating Rebecca's face. This clearly emphasises her as the focal point of the shot. A high angle shot further stresses her vulnerable position while she is lying in her bed unconscious. The camera immediately moves closer, or perhaps approaches, while being lowered, towards her from her feet. Furthermore, fade-in is used to join the initial shot with a closer shot moving in from her left side. After this grand cinematic movement, Rebecca's body is exposed through technological, yet constructive fictional means as the "camera" takes an endo-nasal approach to representing and invading her body's internal complexities and visceral materiality. The movement of the camera effects an ever-more intimate revelation of Rebecca's body as the length of her body is initially shown in a long to medium shot with the camera moving closer, revealing the upper-half of her body in a medium shot. Eventually her face is shown in close-up, extreme close-up and then detail and extreme detail shots focusing specifically on her nasal tract, after which the "camera" enters her nose bathoscopically, exposing her nasal tract and airway and delving deeper into her body. When taking the correct and final diagnosis of her condition, namely a tapeworm in her brain into account, it is noteworthy that her body is exposed from the inside exactly in the above manner, in effect exposing her brain where the actual problem lies. In the final still above then the white spot-like images are in fact representations of tapeworm larvae which corresponds with Chase's X-ray diagnosis at the end of the episode.

Through this technological invasion the audience is given the platform to inspect the body, allowed *le regard*, Foucault's modern medical gaze, in its most intense and revealing contemplation and deliberation of the individual's, Rebecca's, body. An unfathomable means of exposition and explication of the body through a previously unprecedented expanse open to the medical and television gaze, in both instances permitted by a camera, cinematic and mock, allows for this cavernous exploration of Rebecca's body. The television medium through its cinematic qualities is thus able to reveal the surface, the outside of the body, but to expose what is below the surface, below the skin, that which is hidden underneath it, as is also evident in the following stills of MRI representations of Rebecca's body.

Stills 1.3.1 to 1.3.4 eventually form part of *House M.D.*'s credits in the beginning of each episode. The first still reveals only a Magnetic Resonance Imaging (MRI) representation of Rebeca's brain and brainstem. This image immediately reminds of Descarte's belief that the body and the mind are linked through the pineal gland, situated in the brain (Descartes online). Regardless of the truth value of this Cartesian belief, it is important to take into account the brain's function as part of the body. The brain is part of the Central Nervous System (CNS) which consists of the brain and spinal cord (Moore and Dalley 38). The CNS, and therefore also the brain, "integrate and coordinate incoming and outgoing neural signals" and "carry out higher mental functions such as thinking and learning" (Moore and Dalley 38). *Dorland's Illustrated Medical Dictionary* defines the brain's functions as including "muscle control and coordination, sensory reception and integration, speech production, memory storage, and the elaboration of thought and emotion" (249). What *House M.D.* then suggests is that the body and mind form a dialectic of experience. Both poles of this process influence each other. Stills 1.3.1 to 1.3.4 employ the brain to signify the corporeal body, while House and his diagnostic analysis of the body references the mind, the rationalist approach informed by social and cultural ways of thinking and knowing the body, to curing the physical body.

The above sequence of shots which each in turn fades into the next, firstly evoke themes of rationality, science, biological science, and medical science specifically because the brain is represented in the form of an MRI. The MRI is scrutinised by medical doctors in a medical series, namely by House and his team, in a medico-scientific way, while this sequence also foregrounds existential and social themes, namely the body as emotional and experiential unit. Simultaneously, one could suggest that there is an interplay, an interaction in this particular sequence, as in a myriad others in *House M.D.*, between the body as subject and the body as object. The audience sees a still, emotionless representation of body matter screened, after which an actual human being, House himself and specifically his head and face with strikingly scrutinising and alert blue eyes are revealed through fade-in. This technique itself could indicate the dual nature of the body, reflecting on and representing the (non-)possibility of clearly, once and for all, delineating "the two" dimensions of the body into categories of subject and object. This imaging technology adds a further inside-outside dimension to the body, medical practice and the series' or (fictional) television's depiction of these. It problematises what we may see on the surface and reveals something more, on a physical and corporeal level, for example brain matter or intestines. On a different, ideological level,

however, it deliberates and reflects on the possibility of invading the body, the prospect of intruding on a subject's most intimate corporeal reality and being.

Inherent to this inside-outside interplay/dichotomy is then also a modernist concern in which minor, lesser known, narratives of the body (representative of, but also as the smallest parts of the body politic), are centralised and foregrounded in accordance with the doctor's symptomatic gaze, instead of the well-known grand narrative, namely the canonical and the visible, that which is visible to the naked eye. The fictionalised, dialogic and cinematic representation of bodies in the medical series allow this genre of television to provide a detailed, entertaining, yet informative and subtle deliberation of the body. It is then especially television's episodic nature which allows this careful explication of narratives and representation of bodies.

1.4.1



1.4.2



1.4.3



1.4.4



1.4.5



1.4.6



1.4.7



1.4.8



1.4.9



1.4.10



1.4.11



1.4.12



1.4.13



1.4.14



1.4.15



1.4.16



1.4.17



1.4.18



1.4.19



1.4.20



1.4.21



1.4.22



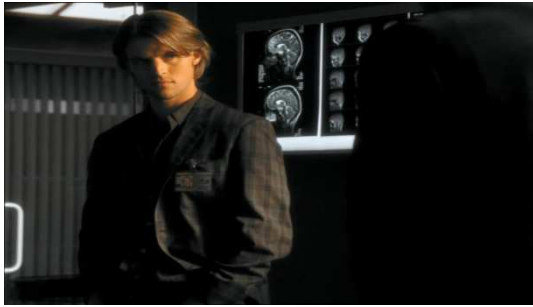
1.4.23



1.4.24



1.4.25



1.4.26



1.4.27



1.4.28



1.4.29



1.4.30



1.4.31



1.4.32



1.4.33



1.4.34



1.4.35



1.4.36



1.4.37



In this scene, stills 1.4.1 to 1.4.36, House and his “team of overqualified doctors [who are] getting bored” (“Pilot “101), as described by Wilson in the previous scene, are seen in their corporate office environment. The Department’s name, Department of Diagnostic Medicine, is indicated in white letters on the office’s transparent glass door as seen particularly in “Control” (114) (in which Edward Vogler, the new chairman of PPTH’s board of directors, enters House’s office). The initial diagnosis denoted in the stills above, though, takes up only a few minutes of the episode. Shot-reverse-shot, or the instantaneous cutting from shot to shot, and the transferring of focus from character to character in mostly medium close-ups and extreme close-ups, effect a tangible propinquity amongst the diagnostic team. It illuminates the nature of their interaction and the embodied power dynamics of knowledge and seniority between House and his team. More importantly, however, one should note that the *actual* person, the body which provides grounds for this diagnostic deliberation is not corporeally present, but rather through technology in the form of MRI images which House inspects in still 1.4.1 in the same way a detective such as Sherlock Holmes would scrutinise evidence.

These MRI representations of Rebecca’s body also introduce the scene by fading in and dissolving House’s head over the MRI image, shifting focus from the MRIs to House’s head as discussed earlier. This shift also indicates a shift in ideologies and identities informing and associated with views of the body, specifically the patient’s body, in this case particularly Rebecca’s body. The MRI representations prove to be more than mere representations, they in fact become both a materialisation and an extension of the (corpo)real body, excluding diagnosis based on a symptomatic reading of the body in its full (textural) textuality. The representations of these add to the texture of the body, the textuality of it, transcending its tactility, but also abandoning it, exposing the body to other bodies’ scrutinizing judgments, both medical and social. However, the denotations derived from Rebecca’s symptoms are not simply proposed diagnoses, but largely confessions which are forced from and forced upon her sick body as House and his team seek to map out and make meaning of her mystery illness.

What David Shore, the creator of *House M.D.*, therefore aims to do, is to construct and simultaneously reflect on the body as a topological space, and perhaps more specifically provide a topography of Rebecca’s body, a fact also evident from the dialogue in the scene. In the accompanying dialogue Foreman instigates the diagnosis by suggesting, quite vaguely,

that “[i]t is a lesion” that caused Rebecca’s symptoms. He makes this denotation by *reading* the MRI. House reacts in keeping with his characteristic sarcasm and mockery by equating Foreman’s diagnosis to identifying an island in the middle of the ocean, as “the green thing in the bigger blue thing on the map” (“Pilot” 101). He “was hoping for something a bit more creative” indicating that, but also reflecting on the fact that diagnosis, or the process of understanding the (malfunctioning) body, occurs on multiple levels.

Diagnosis, an inherent analysis and process of knowing the body, is not a simplistic process, but rather sophisticated and multi-dimensional. The body emerges as text that can be analysed and interpreted. It comes to the fore not merely as a physically, corporeally present body, but also through external representations in a secluded space, a removed space, such as the one depicted in this scene which is void of Rebecca’s actual body. This body or “portrait of disease” (Foucault, *The Birth of the Clinic*, 15) is then read, at first in isolation, forcing a confession onto/from it in the form of medical jargon. It is then identified and signified in terms of what it is and what it is not, how it deviates from the normal, healthy body and how it conforms to its characteristics. The Sartrean notion that “one must become what one is” (Smith 81), is also invoked here as one can do so through confession, by confessing one’s inner-most corporeal and rationalist conviction not just about the present, but also about where one is heading.

Foucault suggests that the juridical mechanism, a symbolic manifestation of the law, consists, as Victor Tadros explains, of two main parts simultaneously producing truth and legitimising “the operations of law today” (87). The first is especially important as it links with Foucault’s work in *The Birth of the Clinic* in which he deals specifically with ways of observing the body and simultaneously ways of controlling and curing it. The first feature is that of investigation which provides the basis of “the truth of the act”, thus introducing into the law, better understood here as the panoptic notion of surveillance and control and not strictly a legal phenomenon, what Foucault terms “an authoritarian search for truth” (Foucault quoted in Tadros 87).

Underlying this apparatus of power is confession, constituting the very core of the production of truth in Western societies (Foucault, *The History of Sexuality*, 58). According to Foucault, the individual, and particularly the individual *body*, used to be “vouched for by the reference of others and the demonstration of his ties to the commonweal (family, allegiance,

protection)” (Foucault, *The History of Sexuality*, 58). In the confession, however, the individual (body)

was authenticated by the *discourse of truth* he was able or *obliged* to pronounce concerning himself. The *truthful* confession was inscribed at the heart of the procedures of individualization by power. [Emphasis added] (Foucault, *The History of Sexuality*, 58–59)

The act of confession, or perhaps more correctly a behavioural ideology instigated by confession, as truth-producing and truth-revealing behaviour means that “we [the West] have [...] become a singularly confessing society” (Foucault, *The History of Sexuality*, 59). Foucault accordingly made the claim that it plays a role in various facets of society, for example “justice, medicine, education, family relationships, [...] love relations [and] in the most ordinary affairs of everyday life” (Foucault, *The History of Sexuality*, 59). This is evident in the reality reflected in the television series, a fictionalised, yet still confessional space in which truth(s) about bodies, specifically the truth about Rebecca’s, House’s and other patients’ bodies are simultaneously produced and screened. This ties in closely with the act of “one confess[ing] one’s crimes, one’s sins, one’s thoughts and desires, one’s *illnesses and trouble*; one goes about telling, with the greatest precision, whatever is most difficult to tell” [emphasis added] (Foucault, *The History of Sexuality*, 59). Confession becomes a spectacle, as illness seems to emerge as something that by definition needs to be revealed through confession. This is done corporeally and ideologically, visually and dialogically, privately and publically through the spectacularising nature of popular culture of which television series such as *House M.D.* and *Jozi H* form part.

A crucial characteristic of confession, besides its inherent individualisation of the subject, is that if one does not confess freely, one is forced to do so (Foucault, *The History of Sexuality*, 59). In the aforementioned scene, as already indicated, House and his team, at first arbitrarily, attempt to force a nosological confession from Rebecca’s body, or at least from representations or extensions of her body and accordingly in fact *extract* a confession from her, from her (individual) body, as can be done “through either violence or threat; it is driven from its hiding place in the soul”, namely the most unreachable corporeal place (Foucault, *The History of Sexuality*, 59). Two things should be noted here: firstly, the notion of coerced corporeal confession, a method characteristic of House and his poor bedside manner and, secondly, the idea that confession is something hidden. Foucault suggests it is buried as deep

as the soul (*The History of Sexuality*, 59), which also reintroduces the mind pole of the Cartesian dialectic, in the sense that “soul” refers to the individual’s social existence and emotions.

One could argue that both the corporeal and rationalist as well as existential concerns of this chapter are underscored by the occurrence of (bodily) confession(s), of Cartesian confession(s). These are particularly pertinent in the medical context and therefore to the discourse of truth on which rationalist medicine, embodied by House specifically, are based. In this case it is significant of the diagnostic process, which accentuates the dissemination of meaning concerning Rebecca’s body in this scene. Confession is no longer experienced as an effect of power, but has become embedded in our beings, our bodies, ‘that truth, lodged in our most secret nature, “demands” only to surface; that if it fails to do so’ it is because of ‘a constraint that holds it in place, the violence of a power weighs it down, and it can finally only be articulated at the price of a kind of liberation’ (Foucault, *The History of Sexuality*, 60). House understands this inherent revelatory nature of confession and constantly browbeats and tricks his patients, and physically their bodies, into confessing truths that might save their lives. Therefore “[c]onfession,” Foucault rightly states, “frees, but power reduces one to silence; truth does not belong to the order of power, but shares an original affinity with freedom”, though its production is saturated by relations of power, ever-evident in the patient-physician relationship (Foucault, *The History of Sexuality*, 60). If a “true confession” is made by the patient on a corporeal or dialogical level, it could eventually assure freedom in the sense of discharge from hospital and medical constraints as this kind of confession then also leads to health.

The spatial relations between the characters are significant and play a crucial role in establishing and signifying, confessing, their identities. At first all the characters are standing, but eventually House is standing in front of them like a teacher. Chase remains in a standing position, though closer to his colleagues. Mirroring House’s maverick character, he is also not wearing a lab coat, something perhaps signifying his characteristic appeal to House. House faces them as they look upwards at him. This lower angle shot positions him as authoritative figure as he is the only one shown in the same shot as the MRI images of Rebecca’s brain and brain stem at first, as seen in still 1.2.1. As already indicated House is not wearing a lab coat like doctors usually do: instead, he is wearing a black t-shirt under a grey coloured collar shirt with a black jacket and grey trousers. His clothing as well as his

physique and his characteristic unshaven face with grey stubble and his dark hair are contrasted, even engulfed by the bright exterior sunlight shining from the windows behind him through the white vertical blinds. This technique emphasises his authority further as the sun shines from the window constantly emphasising his length and centrality in the frame.

Even before the shot-reverse-shot nature of this sequence becomes evident, the *mise-en-scène* of the shot is constructed so that House's body mirrors the MRI. This in itself already positions him to "eliminate humanity from the practice of medicine" and to rather focus on external representations of the body, or at least corporeal characteristics of the body, "illnesses" not "patients" ("Pilot" 101), effectively severing the body from the mind. House is clearly identified as someone more interested in the medical puzzle than the feelings and humanity of the patient. He is not willing to "[speak] to the patient first" as Foreman suggests they do. Instead, he indicates that one becomes a doctor to "treat illnesses" and that "treating patients is what makes most doctors miserable" ("Pilot" 101). Therefore he does not seem to mind being near representations of her body. Social, spoken confession to symptoms and lifestyle choices are overshadowed by the diagnostic team's preoccupation with strictly corporeal confession over which they have a certain degree of medico-scientific control. Ironically enough, House is a miserable character, and his statement in still 1.4.9 that "treating patients is what makes most doctors miserable" ("Pilot" 101) is also a metatextual comment on himself and his own body. He then obviously adheres to his own belief that "everybody lies" ("Pilot" 101).

At this point the episode "Three Stories" (121) in which House gives a diagnostic lecture about three patients, each presenting with leg pain, becomes important. One of these case studies is a suspected drug addict with an aneurism leading to an infarction in his leg. It eventually turns out to be House himself. This metatextual technique allows for the inclusion and deliberation of House's own situation. The patient representing House refuses amputation of his leg and elects a bypass around the obstruction, risking chronic pain and possibly death. Stacy, House's partner at the time, uses her proxy (the legal right to make decisions that affect someone else's body) by asking that some of the muscles be removed. Students respond to this undermining of the patient's authority in diverse ways.

1.5.1



1.5.2



1.5.3



1.5.4



1.5.5



1.5.6



1.5.7



1.5.8



In still 1.5.1 House is approached panoramically through a tracking shot with the camera moving closer in on him. He is clearly in his own world, reliving, but also reflecting on and experiencing his hospital stay and illness. Television and its treatment of narrative temporalities and undermining of temporal linearity underpin this episode. The viewer periodically gets glimpses into House's memory of the cases he lectures on as well as his memory of being a patient at PPTH through flashbacks and a fictional merging of the narratives dealing with the three case studies. This mnemonic level is sustained in the present of the episode in still 1.5.2 where House is sitting down with his head lowered, facing the ground while the only prop present within his reach is his cane, which is leaning against his damaged leg. However, he is not holding on to it as he does throughout the rest of the episode (and series): instead, he seems to be absent-mindedly preoccupied with his hands, another popular sign of mnemonic reflection. While the students Caring, Rebellious and Keen are disagreeing about whether the medically and ethically correct protocol was followed, House keeps to himself. Only when Rebellious states, as House does in the pilot, that "[t]he patient's an idiot" ("Three Stories" 121), a shimmer of a smile breaks over his face. He lifts his head and replies that "[t]hey usually are" ("Three Stories" 121). With this statement he concludes the lecture suitably, as this is ultimately the reality he deals with every day on personal and social, private and public, as well as corporeal and intersubjective levels. House's own body, his damaged leg, and his mind, evident in his inability to agree to amputation to live pain-free, are constant reminders of these facts.

1.6.1



1.6.2



1.6.3



1.6.4



In stills 1.6.3 and 1.6.4 the propinquity and nature of House's and Stacy's relationship are clearly depicted in her tight grip on his tube-invaded arm, emphasising his patient identity and uncharacteristic frailty. Evidently House is known through Stacy who makes the same decision she believes he would have made in a different scenario. This view problematises the ethics of her conduct. Logically she is acting in accordance with House's own ethical views, but this clearly leads back to a questioning of his ethics as well as her own. Solving the diagnostic puzzle and saving the patient's life are House's main objectives regardless of his abuse of power to ensure the results. In "Three Stories" (121) then House reflects on his identity as patient and that even he, the world-renowned diagnostician Doctor Gregory House, makes senseless decisions in accordance with the patient position. However, his decision also marks his identity as a self-pitying anti-hero. If it was one of his patients he would have approached the situation differently as Stacy explains.

Stacy: If this were any other patient, what would you tell them to do?

House: I would say it's their choice.

Stacy: Wha...?! Not a chance! You'd browbeat them until they made the choice you knew was right. You'd shove it in their face that it's just a damn leg! You don't think you deserve to live? You don't think you deserve to be happy? Not let them cut off your leg? [Both are near tears.] ("Three Stories" 121)

After this piece of dialogue dramatic irony reigns and underscores House's powerless position as the audience knows that after he has been put in a chemically induced coma, Stacy will use her proxy to undermine his authority, as he has none in his unconscious state, which also removes his mind and impaired reasoning from opposing medical action, leaving the corporeal component of his body open for treatment. One necessarily wonders whether House is more afraid of making the safe call by allowing them to amputate his leg, or whether

he is afraid of being happy, pain-free, both in body and mind. His body clearly exists in a state of immediate corporeal emergency as he allows his body, metonymically alluded to through his leg, to become the site of pain and punishment.

The body, specifically Rebecca's body in stills 1.4.1 to 1.4.37 is implicitly considered as being invaded by illness, personified by House in keeping with the series' detective narrative style as "suspects" ("Pilot" 101). The word choice specifically links well to the notion of the power relations embedded in the relations between Rebecca's doctors and herself; the healing (agents) and her sick body(ies). Rebecca's body can further be said to signify a sanctuary sheltering these "suspects" which caused her inability to talk as well as her seizures, itself a physical public confession of her body's malfunctioning, but simultaneously incapacitating her and becomes symbolic of her (body's) inability to make a "truthful confession". An inherent irony is evident as Rebecca's body, which is in need of healing, is also home to the "suspects" which deprive her of her health and exercise power over her. This causes an inability to confess the truth. Here the traditional view of science as being infallible seems to be supported, though the audience later finds out that the corporeal body, and the technological representation of this corporeality can lie and deceive. House's statement that "[e]very-body lies" should therefore be understood on two levels: first, that everybody lies, as in all people lie, and second, that every body lies, in other words that every body hides symptoms or illnesses.

An important focus of this chapter is also to establish an ecology of the body, both of the patient *and* the clinician. This scene in particular lends itself to a discussion of this mapping out of the body, for the ecologising and broader contextualisation of the body in another realm of representation, as both subject and object. A contemplation and deliberation of the age-old existential question of what it means to be human, what it means to exist, and in particular how we (should) exist, is foregrounded in this scene, in particular through House's view of humanity. As Foreman suggests in this scene, House is "trying to eliminate the humanity from the practice of medicine" ("Pilot" 101). House confirms this understanding when he replies that "[i]f you don't talk to them they can't lie to us, and we can't lie to them. Humanity is overrated. I don't think it's a tumor", and immediately returns to the medico-scientific stance, the rationalist approach typically associated with House. However, this strictly material and scientific view proves only partially true as the viewer finds out towards

the end of this episode when Rebecca challenges House on his own disability, his own bodily defect. Squire's assertion that other narratives should be foregrounded as the (medico-) scientific one has proven to be fallible clearly emerges.

For Foucault the patient *is* the disease and thus his nuances and modulations are central in diagnosing him/her, or rather his/her disease. Although House shies away from work, as can be seen in the introductory scene above, as rationalist physician he is specifically intrigued by these "nuances". Wilson presents Rebecca's case and gets House to take it by stressing the nuanced, unique nature of her (unknown) disease ("Pilot" 101). She tested negative for all cancer proteins, has no family history of cancer, did not respond to radiation treatment and there were no environmental causes ("Pilot" 101). House affirms that this is indeed an odd presentation by stating that "[s]he's 29. Whatever she has is unlikely" ("Pilot" 101). This entices House enough to take the case. Finally, after his uncompromising statement that "[h]umanity is overrated" he bluntly, without further ado, returns to the differential diagnosis: "I don't think it's a tumor" ("Pilot" 101). This again shows his preoccupation with the disease as a unique manifestation. Protocol rendered no answer and science itself, therefore also fails and unsettles the viewer's idea of the truth and the possibility of truth regarding the unknown illness.

House M.D. can easily be understood to merely foreground a strictly scientific approach to medical practice. Though this is partially true and contrasts it with traditional medical drama series, it also foregrounds a biopsychosocial approach to medicine at times. In this sense, the series in fact reflects on ways of knowing the body rather than merely suggesting that the body is a machine. Nonetheless, it keeps introducing the idea of the body as a kind of mechanical object in order to reflect on and deliberate that which underlie the body's existence. The biopsychosocial approach is a postmodern approach and entails a focus on the patient, but not merely in terms of disease. A. Biderman, A. Yeheskel and J. Herman in their paper "The Biopsychosocial model – have we made any progress since 1977?" explain it as

a way of understanding how suffering, disease and illness are affected by *multiple levels of organization*, from the societal to the molecular. At the *practical level*, it is a way of understanding the *patient's subjective experience* as an *essential contributor to accurate diagnosis*, health outcomes, and humane care... Among the pillars of biopsychosocial clinical practice [are] selfawareness, empathic

curiosity, and using the physician's emotions to assist with diagnosis and forming [clinical] relationships [Emphases added] (380).

This definition of the biopsychosocial model aligns with Rich et al.'s description of postmodern medicine. The patient is granted authority. The doctor-patient encounter is no longer top-down, but instead an equal relationship. However, despite House's self-awareness when visiting Rebecca he still returns to his team and Wilson, clearly stating "[n]o treatment". His team, who usually opposes House's browbeating of patients into treatment, ironically enough, opposes House in this instance. House is merely interested in solving the diagnostic puzzle. Now that he has done so "[his] job is done here" ("Pilot" 101) and he refuses to force Rebecca to take the medication.

House's limp, marking his deviant "other" body, is constantly emphasised by the complete silence about it. His recurrent (ab)use of the painkiller Vicodin throughout the pilot especially, but also the series as a whole, further focuses the audience's attention on his identity as a patient. The truth about his disability, however, only becomes apparent, ironically enough, in a conversation with his patient, Rebecca, at the end of the episode which is captured in the following stills in which House visits her for the first time in a half-hearted attempt to convince her to accept treatment.

1.7.1



1.7.2



1.7.3



1.7.4



1.7.5



1.7.6



This is a crucial scene in *House M.D.* as it establishes certain core characteristics of its title character. First of all House fulfils his doctor role, although somewhat brusquely, when explaining why Rebecca should accept treatment. His rhetoric and bedside manner is lacking as he insults Rebecca by calling her “an idiot” (“Pilot” 101). However, the directness of this statement paves the way for Rebecca to be similarly forthright. Ironically enough it is through her, his *patient*, that House is also portrayed as a *patient* himself. She openly asks him “What made you a cripple?” (“Pilot” 101). At this point a full body shot, slightly low angle to include the cane completely, shows House hesitating. He is clearly taken aback and looks vulnerable under both Rebecca’s and the audience’s gaze. Although this highlights that he is in fact a patient, his (medical) explanation shows his medical insight, and again emphasises his identity as a doctor.

After this explanation and his statement that he “wished [he] was dying” (“Pilot” 101), Rebecca identifies core aspects of his character. From her last speech it is evident that House “hides” in his office, because he is self-conscious, and ashamed, of what people will think of him (“Pilot” 101). Although muscle death ranks amongst the worst pain imaginable, House’s statement that he “hoped [he] was dying” (“Pilot” 101) conveys this characteristic self-pity. This trait manifests throughout the series. Rebecca’s clever recognition of this trait is evident when she *tells* House that he “feel[s] cheated by life” and seeks to “get even with the world” (“Pilot” 101). She effects their relationship through connection on a patient level by asking House why *she* should fight her illness. She continues by asking what makes her better, more worthy to live, than House. His reply reinforces her accusatory comments. However indirectly, he admits to being “scared” and warns her that she will turn into him if she is too (“Pilot” 101). House pathetically equates his unhappy, painful life to (Rebecca’s) death. Rebecca’s challenging stance throughout this scene highlights House’s patient identity. Even though House has made the correct diagnosis, emphasising his identity as doctor, he is other because he is also a crippled (pain) patient.

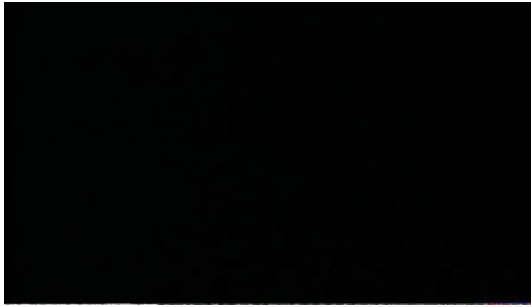
Whereas *House M.D.* foregrounds mostly an individualistic preoccupation with the body and complicated, rarely heard of diagnostic complications and extraordinary diseases and conglomerations of diseases, *Jozi H* goes a step further as it is more concerned with the body in an additional relational state of emergency. The nature of its production entails a constant awareness of the body as part of a transnational and social network. Identity becomes embodied through characters’ fictional, yet once again authentic experiences through suffering, various states of corporeal, existential and national emergency and incarceration. The body in crisis is in some ways a normal consequence of the general state of crisis that prevails outside the hospital, rendering the hospital at once exceptional and normal. It is forced to be open to the South African body politic and the conditions, medical and social, typical of the world outside in a way seldom required from PPTH. These points are more closely explicated in chapter two which deals specifically with the spatial and microcosmic notion of the hospital as metaphorical and metonymical space by considering the body as cornerstone.

Jozi H adheres to traditional medico-scientific notions and understandings of the body, a generic and thematic quality positioning it well for comparison with the American series

House M.D. However, as it is not purely, strictly speaking a South African series per se, a reality brought about by its inter-national and thus transnational nature through the co-production by South Africa's Morula Pictures and Canada's Inner City Films. An embedded dialectic of (global) Western and (local) traditional understandings, truths and discourses emerge and instigate a constant tension, but simultaneously a rich and totalising screening of the body. The audience observes a clear exemplification of the body's corporeality as well as its experiential and psychic facets on the television screen and how these are combined to form the body's identity. *Jozi H* imagines bodies, bodies in crisis, bodies in care and the body of the carer slightly differently from *House M.D.*, as these bodies move between inside and outside. The logic of interpretation becomes enmeshed with a logic of translation that extends beyond the body into the culture outside, linking it to the body politic, its problems, practices and experiences. These problems, practices and experiences are often diverse in nature just like the South African body politic. Slightly different from *House M.D.*, *Jozi H* shows that, amidst the logic of translation which is constantly needed in JMH, utterly incompatible understandings of the body and the treatment of the body still prevail.

Johannesburg Metropolitan Hospital (JMH), similar to PPTH, is also a teaching hospital, a place for the active deliberation and teaching of medical procedures and philosophies. The series depicts an inherent interplay between inside and outside spaces and places tying in with chapter two's discussion of the hospital's place in society. A crucial part of this interplay is important when making sense of the body in *Jozi H*. The process through which sick/injured patients, or damaged bodies, reach the hospital, is mediated through the motion of ambulances. This process epitomizes the body's state of emergency and active, though unintended, embodiment of this identity. *Jozi H* further employs a certain visual coarseness which is practically and theoretically extremely effective. It adds to or lends important truth-value to the representation of the everyday realities, treatment and views of damaged bodies in South Africa. Therefore, the more unrefined nature of the production allows for an authentic mirroring of the body's brokenness and frailty and its place within a larger societal space, locally, and transnationally, as seen in chapter two. Once again the body exists amongst other bodies and is signified in relation to, even in contrast to, other bodies.

1.8.1



1.8.2



1.8.3



1.8.4



1.8.5



1.8.6



1.8.7



1.8.8



1.8.9



1.8.10



Stills 1.8.1 to 1.8.10 are introduced with a black screen and audio consisting of a single high-pitched beep. In the subsequent medical context it clearly represents a heartbeat, followed by the series' creator's, South African producer Mfundi Vundla's name, as well as the series' title "Jozi H", as seen in still 1.8.2. While this frame is screened, a probing cacophonous orchestral sound emerges and is overlaid by electric guitar strumming and elongated bass notes. Cymbals and a loose snare drum, firmly played with brushes for a more lasting and penetrating sound, are foregrounded. However short the duration of this bar, its skilful composition ensures that it plays out as the frame fades out, therefore concluding the frame.

The "heartbeat" does not continue and as it is followed by the bar and subsequently the theme song of the same order, but with additional high-pitched xylophone sounds, traditional African percussion and an added track of looming sirens, *Jozi H* succeeds in communicating a sense of urgency and distress closely associated with the body's particular medical locatedness. This is especially conveyed by the ethnic sound which is subtly but conclusively linked to the body and its existential qualities and possibilities which are all the more emphasised by the beep that ceases to continue with the succeeding blaring sirens.

To return to the unadorned text shown in still 1.8.2, the font design, seemingly modern and simple, provides ample grounds for analysis. It gives the title a graphically trendy look, but at the same time it already points to a state of emergency, obviously of the medical system and physical environment, discussed in chapter two. However, more importantly it links to the body in a state of crisis as the font itself seems like it has been perforated with bullets. Furthermore, although it is white and not red like blood, it suggests a dripping of a liquid when looking closely at the letters "J", "z" and "i" linking to the violence enacted on the body. As gunshot wound victims are intermittently treated throughout *Jozi H*, one could easily relate the font representation to the series at large. The depiction of the "i" and

especially its misshapen and outsized dot inevitably draws the viewer's attention. On closer inspection the viewer realises that it represents some kind of architectural design or building, an observation sustained in view of the series' credits which is considered in chapter two in accordance with the credits' suitable stills.

The representation of the "H" should specifically be noted as its white colour is depicted against a red backdrop, indicating in the popular imagination a dangerous place which could potentially be hazardous for the body, and is closely associated with the red colour of blood the colour visible to the naked eye, itself already a lie as blood is yellow when magnified under a microscope, thus hiding its true colours. More than this even, it indicates, or rather establishes the degree of emergency which will be at play throughout the series as it signifies a helicopter pad with its large encircled capital H. It is a place for receiving patients flown in by helicopter and provides the injured body with instantaneous access to the hospital space and technologies of healing. It is not only the quickest way to reach the hospital through air travel, but the unwell body is effectively bestowed with the ability to become airborne through a clearly extraordinary measure and accordingly reaches the hospital faster. The helicopter becomes an extension of the body and aids its ability for self-preservation.

In still 1.8.5 a patient, the one presented in the following stills, is transported to JMH in an ambulance moving through Johannesburg with blaring sirens. This sound signals that traffic and pedestrians must make way for the ambulance to pass with its body in dire need of immediate medical treatment as seen in still 1.8.7. This outside advancement of a body in crisis is removed by a frame in which the hospital's name and the particular wing, namely the trauma unit, or E.R. (Emergency Room) as more commonly known in America, is indicated by the somewhat tautological sign "Casualty Emergencies" in still 1.8.4. It introduces the necessary contextualisation for immediate comprehension of the following scene shown in stills 1.8.6 and 1.8.7.

In these stills a man is shown running and screaming, clearly in pain, and even disoriented as he is seen standing in the door which frames his ignorance of what to do. It most obviously communicates his body's corporeal and accordant behavioural distress which is further signified by his running to the door and then his sudden halting in the doorframe. This framing alongside his incessant screaming and widened panic-stricken eyes mark him the subject of the shot and stress his body's deviation from other surrounding bodies and other

healthy(ier) bodies as he comes into contact with the unknown hospital surroundings. It also gives the audience the chance to see his injury as it is simultaneously isolated as part of his body in the frame. His black body is effectively highlighted as it is positioned centre stage against the white backdrop of the corridor wall. He is holding on to his left forearm which is gushing with blood because of his severed left hand which the paramedic is carrying in a plastic bag usually used for rubbish. This clearly points to the expendability and disposability of the body and concurrently ascertains the body's underlying material nature. This opens up the discursivity related to the body, as to how it happened, where it happened and why it happened, perhaps linking to the South African condition as one marked by emergency. It is somewhat unrealistic that his arm is still so exposed after his ambulance ride, but this directorial decision lends necessary conviction to the seriousness of his injury. The patient's body is in fact opened and exposed to social and hospital realities through the patient's experience of his immediate and immediately emergent personal realities/experiences.

Another important aspect evident in stills 1.8.6 and 1.8.7 above is that the patient's (hospital) experience, however unique and individual on corporeal and non-material or existential levels, is that he is identified amongst other people. Some of these include patients, bodies in crisis, while the hospital staff caring for these bodies is also included. The patient's body becomes known and is contrasted with people, other bodies idly strolling by 1.8.6. Others observe him from a safe distance as the man seems to keep the woman in an embrace of protection in stills 1.8.7 with stunned expressions, unable to hide their shock at his ordeal. The abruptness with which the camera captures all of this while panning from left to right almost masks this fact, but effective character proxemics induces the necessary emotional response from the audience. He is in the emergency room where he can receive the necessary medical care removed from other bodies, thus embedded in a state of exception.

As Doctor Michael Bellman (Mike) is running to the security gate crying out that "it's alright, it's alright" that the guards and nurses should "let [Vusi, the patient,] through" ("Beginnings" 101), the man is shown literally standing behind bars. This delineates and emphasises that the body needs to be, and simply is, controlled. Vusi's admission to JMH after Mike's order, becomes significant of this power over the body as the body is not allowed to reign free, but is literally policed by the security guard and doctor who in fact become gatekeepers, or bodies guarding the gate. As a doctor, Mike has more power and the guard adheres to his orders. Audiences come to comprehend the body as something in dire need of medical

control. The body's conformation to bio-politics is further evident as it relates closely to the larger body politic. Throughout this disconcerting scene, Mike calmly and assertively introduces himself and then immediately, although shouting to be heard over the hospital noise and the patient's desperate screams, keeps a clear head and orders an IV and oxygen for the patient. Thus, despite the emotive state of events and his anxiety, the focus lies on stabilising the physical body.

Gushing blood from the patient's arm is certainly the ultimate corporeal confession of injury and a verbal one is arguably overrated at this stage. However, verbal confession which usually takes the form of providing detailed family and personal medical histories is crucial in establishing an imperative prognosis and treatment procedures. South Africa's multilingual social reality therefore introduces the need for translators and interpreters in institutional spaces like the hospital and the court room. Without these language experts, communication between medical professional and patient is impeded and accordingly strains the confession process as the confessor and confessant experience an inability in encoding and decoding each other's languages. However, the presence of translators and interpreters in the institutional hospital space allows for a decoding of confessor and confessant messages to establish a clearer dialogue for knowing (patient) bodies. A patient's language influences his experience of an injury or illness and it influences his perception of it. Patient language also influence the control of the patient's body, through medical practitioners and through medical equipment and medication. This need for language to speak the body then hints at heteroglossia and diverse language codes, whether entirely different languages or merely the differences within a language and individuals' use of it. In *Jozzi H* these are represented easily in a multilingual context, while these cultural codes are more submerged in *House M.D.*

1.9.1



1.9.2



1.9.3



1.9.4



1.9.5



1.9.6



1.9.7



1.9.8



1.9.9



1.9.10



1.9.11



1.9.12



1.9.13



1.9.14



1.9.15



1.9.16



1.9.17



1.9.18



1.9.19



1.9.20



1.9.21



1.9.22



1.9.23



1.9.24



Immediately after Mike and his patient disappear from the camera's frame, Jocelyn Del Rossi, the Staff Nurse, asks Nomsa Mangoma, a trauma nurse and sangoma-in-training, whether she has seen Jenny (Doctor Jenny Langford), but Nomsa replies that "she hasn't arrived yet" ("Beginnings" 101). This alerts the audience to the fact that Jenny is somewhere else and not in the hospital where, one can deduct from Jocelyn's question, she is expected to be. Jocelyn then leaves through a similar security gate to the one mentioned earlier, but on the other side of the room, indicating her authority and clearance level to move through restricted and protected areas. Although security is intermittently invoked in *House M.D.*, the old-fashioned interior design with red face brick and worn, dilapidated outdated cream colour walls in *Jozi H* suggests an underprivileged neighbourhood typically associated with high levels of crime.

This interior is immediately contrasted with the exterior, Jenny's previously unknown location which is partially clarified in stills 1.9.17 to 1.9.24, and in particular stills 1.9.17, 1.9.19 and 1.9.22 to 1.9.24. Jenny is shown in a helicopter with the Vaal River in the background. The audience learns the river's identity when Jocelyn informs Doctor Zanemvula Jara (Zane) and other hospital staff of an "incoming newborn, born during the Vaal River floods" ("Beginnings" 101). Simon, the helicopter paramedic, informs Jenny that the baby's exposure time amounts to "at least four hours" ("Beginnings" 101). This lengthy response time perhaps suggests the South African medical system's inability to care for the South African body politic.

One can deduce that this tree-birth is a reference to the Mozambican woman, Sofia Pedro, who gave birth in a tree to her daughter Rositha on 1 March 2000 during the flooding of Mozambique's Save River. Mozambique's Third World character and the country's consequent inability to cope with natural disasters, the floods in particular, were reported by news agencies such as the BBC in articles such as "Born above the Floodwaters". This event received wide media coverage and deliberates the female body's strength and determination to survive and protect a newborn especially under the harsh, physically straining, circumstances depicted in this particular scene. Sofia Pedro, a young mother in her twenties similar to the fictional character in *Jozi H*, experienced three days' hardship as she was trapped in a tree from the Sunday to the Wednesday when she was rescued. Eventually a South African military helicopter, one of only two chartered by the Mozambican government came to her and other tree-refugees' rescue, as Greg Barrow recounts in "Eyewitness: Flying

over the Flood". Evident from this event is Mozambique's African identity which it shares with its neighbour South Africa. Both these countries deal with similar socio-political challenges, devastating social realities signified by an inability to care for their people. Both these countries are often marked by states of emergency, natural, political or individual tragedies impacting on the individual's corporeality and consciousness.

When returning to the aforementioned stills, the woman is seen with her baby after she has given birth, a slight adjustment to the original event which inspired the scene in which case Sofia Pedro's labour merely started in the tree, but has been exposed to a doubling of corporeal trauma, as she hangs onto and balances herself in the tree. She must by now experience muscular pain, fatigue and furthermore the pain and anxiety of pre-birth, giving birth as well as post-birth experience. An innate irony becomes evident as the psychoanalytic notion of libido, or life and death energy, manifests in this life-and-death situation. The notion of hope is accordingly invoked as the woman must have been clinging on to hope, on to the idea that help will eventually come, against the backdrop of her immediate experience of life after the birth of her baby. The body is shown in a larger state of emergency, or in more ubiquitous states of crisis, which plainly endow(s) it with a national identity, a national consciousness, imagination and discourse.

Her hope, in this case, however hopeless the situation might have seemed, is not unfounded, but is instead realised when rescue workers reach her in time to rescue her and her newborn baby in an air rescue operation, involving rescue services which includes tactical as well as medical support provided by Doctor Jenny Langford and Simon, the helicopter paramedic, who treat the baby on their trip to the hospital. First of all the woman's body, as productive reproductive space, secondly the tree as life-aiding refuge, and thirdly the helicopter itself emerges as a womb-like, procreative space and finally the hospital as healing/curing agent, all emerge as heterotopias of sanctuary and with a concomitant deliberation of and reflection on existence at these various narrative levels. A logical corporeal understanding of this dire situation is transcended through metaphysical means. The rational brain's functioning is overcome, in fact transcended, by an enduring hope, a state of mind which effects a state of corporeality and ultimately a state for survival and health for both mother and child.

The rescue mission of the baby itself, shown in stills 1.9.14 to 1.9.16, is effectively conveyed through clever paradigmatic and syntagmatic choices regarding the cinematography of the

scene. After Jenny is shown in an ambulance helicopter, the audience is granted her view and experiences her gaze of the red rescue helicopter, as is evident from her helicopter's wall on the right hand side of the shot. The rescue helicopter is introduced with a long shot, allowing the audience's gaze to include the flooding river with two trees and grass which form two separate and clearly visible island-like blotches in the middle of the shot, one of which provides refuge to the mother and her newborn baby. Here again the body's frailty and vulnerability in relation to nature's forces are introduced as the mother's fearful, yet hopeful, eyes stare up at the rescue worker hanging from the rope (stills 21 and 25 suggest). She holds out her baby in an attempt to meet the rescue worker's reach.

Shot-reverse-shot in relation to immediate quick zoom together with the pure speed of this zooming, a deliberate vérité technique to emphasise the naturalism of the shot, focus attention on the stranded woman's body as well as her baby's body and their exposure to the forces of nature. They are vulnerable and clearly in need of rescue as the tree becomes their only safety. An accompanying zoom sound, a one-dimensional sound ranging and progressing from low to high pitch stresses the speed with which the rescue worker approaches the woman and her baby from the air. It could further emphasise his movement and gliding down the rope. The shots (stills 14 to 26) are linked together with a common audio thread provided by the helicopter blades turning in the air which conveys the necessary sense of urgency. Eventually this also masks Jenny's voice as she shouts orders over the noise to the rescue worker to "bring the mother to Jozi Trauma". Back at her helicopter the sense of urgency remains as Jenny requests oxygen, in House's words "so important in those prepubescent years", and IVs from Simon to treat the baby.

When considering stills 1.9.7 and 1.9.9 to 1.9.11 in particular, the mother and her baby become enmeshed in the tree and its branches. Still 1.9.9 shows her holding her baby and gazing down at him, constantly keeping him in sight and keeping watch over him as the rescue worker nears, a fact evident in the shadow playing over the left side of the woman's face. One could argue that the implication in this scene is that the body is in a constant state of crisis since its birth, as both mother and child are exposed to various dangers, various states of emergency. Their bodies are in states of crisis that originates from their socio-political condition and, moreover, from its particular geo-location here. These states of crisis have a direct influence on the corporeal through the natural and medical and corporeal exterior and interior, for example drowning, hyperthermia and dehydration. These last two

are already significant of the baby's current condition as Jocelyn informs Zane and other medical staff at JMH.

In still 1.9.24 Simon ponders what to call the baby and suggests the impersonal name "Baby X", but Jenny smiles and names him "Moses" instead. This invokes the biblical character Moses introduced in Genesis, meaning "beginning", an Israelite leader, thus in fact becoming a "saviour" figure, another meaning of his name, perhaps referring to the original flooding of the "Save" River itself. The more obvious meaning, very appropriately though, is that Moses refers to someone being "drawn out of the water". Calling him Moses furthermore becomes a textual/dialogical reflection on his birth and more specifically place of birth. It could also be viewed as a reflection on child birth itself as the tree surrounded by water could be metaphorical of a mother's womb, or at the very least a womb-like space, implying a space/place of origin significant of growth, progress, whether in nature, or through nurture, and relates it back to the pilot's title, with an accordant emphasis and reflection on the series' beginning as well. The use of plural in the title, "Beginnings", can refer to the opening of the series' plot and the main body of narrative consisting of the constellation, interception and interpolation of narratives into this grand body of narrative. This grand narrative then foregrounds different patients, characters, diseases and concomitant socio-political concerns, addressed specifically in chapter two, through interlocutory means.

Although *House M.D.* usually has at least one scene which takes place outside the hospital in what Ian Jackman calls "the teaser", "the scene setter that comes before the credits" (xvii), setting up the case for House and his team to solve, *Jozi H* takes an entirely different (thematic) stance on interior and exterior, on inside and outside, and in particular the inside-outside dichotomy. It is in this interstitial interlocutory space that truths regarding the body (politic), rather than merely a corporeal mystery (containing lies and truths) as in *House M.D.* is established and deliberated, both visually and dialogically. The body is thus embedded in inside as well as outside spaces, and it comes to embody these as they assist in identifying and contextualising the body. There is however always a sense of emergency present in these spaces.

This visual explication and general deliberation of the body in crisis occurs in what we may refer to as heterotopias, whether inside or outside, but also in the interaction between these spaces, instituting the centre of Foucault's heterotopia. In *House M.D.* the audience is faced

with mostly close-ups and extreme close-ups and medium shots mostly of House himself, constantly foregrounding him as the central protagonist and narrative concern. However, in *Jozi H* the viewer is confronted with iconic shots and framing in the stills showing the rescue operation from beginning to end, from the river, the flight and the arrival at the hospital's helicopter pad and then to the inside of the hospital. Therefore, within the confines of a fictional realm through an artistic medium such as television, the body can be safely explored in all its corporeality, psychological existence, dualities and concomitant discursivity and truth. This is done without the *real* horrific discharge of blood, other bodily fluids, nor the personal experience of illness, injury, disability, becoming disabled, nor, most importantly perhaps, death of the body (politic) itself.

1.10.1



1.10.2



1.10.3



1.10.4



1.10.5



1.10.6



1.10.7



1.10.8



Still 1.10.1 appears right after the extremely fast-paced credits, which, as explained in chapter two, deals with the South African condition, or rather the South African national and everyday situation. It reflects and examines the fast-paced city life and urban realities, of among others the seemingly working classes of central Johannesburg operating at the heart of the city. Also found at the heart of Johannesburg are the ill/injured bodies, large buildings and, in particular, the Hillbrow Tower (a broadcasting tower), which marks the previous regime's preoccupation with the distribution of ideas and ideologies. Among these ideas and ideologies were alleged normative notions of Apartheid, including racial and concomitant class distinctions distributed by the Hillbrow Tower, the popular icon of Johannesburg. These physical landmarks are also depicted in intermittent sequences throughout the series in order to contextualise the body.

In still 1.10.1 JMH's face, front exterior, is shown. The large pillar-structure with the appropriately large signage of its name in the centre of the building, and of the shot, is imposing and forcefully impresses the hospital's importance on bystanders as well as audience members. Pedestrians walking past the hospital on the sidewalk as well as cars and the ambulance in 1.10.1 indicate a constant motion, an incessant moving around of bodies — the heartbeat of the city. This is not necessarily informed by individual choice, but could also be brought on by injury and lead to an externally controlled movement of the body. The old-fashioned exterior and the old ambulance are reflective of the old-fashioned interior already shown prior to the credits. From outside and inside then JMH is noticeably a typically state-funded facility, outdated and old and accordingly in stark contrast with the privately funded South African healthcare system and the first world medical industry depicted in *House M.D.*

The inside and outside of the hospital, or rather the leap from outside to inside through cutting is facilitated through an audio thread, both dialogical and through the theme which keeps playing from the credits and during 1.10.1 to 1.10.9 below. One cannot help but notice the similarity to other well-known medical dramas, for example *e.r.* Still 1.10.1, however, has a low, spacious and dramatic orchestral sound which fades into 1.10.2. However, the theme itself eventually diminishes into only the snare drum's high-pitched, yet probing sound providing a further link to corporeal states of emergency evident before and during the credits as well as here. The patient's life is in jeopardy, he could die and his heart, resonated in the aforementioned beat, could stop beating.

The soundtrack in the given sequence in fact completes the *mise-en-scène* and provides it with wholeness, characteristic of and made possible by the television medium itself. It adds to the evocative representation of the body's experience in its entirety. Mike's orders to Vusi within this context then indicate more than merely Mike's authoritative position as doctor. It transcends it, despite his orders and rhetorical questions which seem threatening at first. When one considers the nature of the situation and in particular the patient's increasingly weakened body brought on by an immense blood loss from his removed hand, Mike in fact acts in Vusi's best interest.

Mike: "...come on. Onto the stretcher. Sit down. That's it.
[Cut.] The more you struggle, the more blood you're gonna lose.
Alright? You understand? [Firm with a desire for comprehension, but somewhat rhetorical.]

[...]

Mike: Lie down! [assertive] Lie down. [while putting on gloves]
[From 2.3.2 to 2.3.3] ("Beginnings" 101)

Here "the medium itself," as McLuhan so rightly states, proves to be "the ultimate message" (345). The dialogue is crucial in establishing Mike's and Vusi's relationship to each other, but the camera captures and the screen provides the larger and finer details necessary for a full experience of and complete comprehension of the scene. The speed with which Mike and his colleagues, amongst others Doctor Gregory Nash (Nash) and Nomsa, manage to calm the patient and get Vusi to "theatre", could be read as a metatextual reflection on the narrative qualities of bodies. The "act" of fixing in this case Vusi's body in "scenes", and then finally also the actors involved in this process, namely the submissive patient and imposing medical personnel operating on Vusi are foregrounded. He is constantly under their authority through the invasion of his body with foreign IV bags, an oxygen mask which conceals his face, heart monitors and the continuous gaze to which his body is subjected. But again it is our gaze on the visual medium of television which emphasises and allows us to reflect on and deliberate the effect of our gaze on the patient and on the doctors. This occurs from a removed third box-like space to subsequently better understand *their* gaze and view of the patient. By *watching* the viewer gathers that they look concerned, angry, astonished, jovial and relieved at different stages of Vusi's hospital stay between intake and the end of surgery.

Rocky, the paramedic, shown in sequence 1.10 above, has brought Vusi to the trauma unit and assists Mike and his team in treating him. In 1.10.3 Rocky attempts to minimise the bleeding by asserting control over Vusi's body, and specifically his exposed arm. Later in 1.10.17 it becomes known that he cut off his hand as a requirement for muti. This word derives from Zulu, meaning medicine, and is generally used to refer to traditional African medicine (Labuschagne 191). Here already early on in *Jozi H* two fundamentally different and mostly opposing approaches and treatment practices in the form of Western and traditional African medicine are clearly contrasted. In this case Western medicine is used to reattach and heal what traditional medicine severed, namely Vusi's hand. Muti is introduced from a Western perspective, frowned upon by the American attending, Nash, describing it as the direct cause that endangers Vusi's life. Whereas Western medicine is interested in solving the puzzle and finding a cure, popular perceptions of African traditional medicine, muti, instead reveal that literal corporeal sacrifice, even murder, for the gain of someone or society, is often required.

Furthermore, it is not merely important to note the oppositional nature of Western and traditional medicine. It is true that the Western perspective here is dominant and admonishes muti and its utilisation of the body as a site for sacrifice, and accordingly its establishment of the body as a kind of (traditional) commodity. Although the body is indeed commodified on a global level, Western medicine itself is not guilty of this in this specific case as it is represented here by a non-profit, state-funded institution. However, Western and traditional ideologies and knowledges regarding Vusi's welfare – a concept that includes but extends beyond his physical welfare, incidentally – clash and the opposing nature of their treatment practices are clearly invoked here

Vusi's severed hand, which had been ritualistically buried, is brought in by Rocky from the outside, from "out there" so to speak – from what Western-normative ideologies, such as natural science, and therefore Western medicine, would categorise as the periphery. I suggest that muti is primarily introduced as the medicine of the "other", that which should be feared and abandoned, as suggested by Nash's astonishment when he asks with a tone bordering on repulsion in 1.10.18 whether "Black magic is still practiced in Joburg?" This anxiety is also figured in Bellman's overly professional tone in "It's a kind of black magic practiced in Joburg" masking the intensity of his facial expression in 1.10.19. Nash, the American senior surgeon on Vusi's case, struggles to reconcile this cultural practice's legitimacy with the

exposed arteries, seeping blood and bones of his patient's arm that compromise Vusi's life and use of his hand as seen in 1.10.3, 1.10.4 and 1.10.6. These are the visible and dire consequences evident to Nash's gaze, showing an unambiguous dread of the pointlessness, from his perspective, of the injury.

Vusi's maimed body tells a tale of African tradition and traditional medicine in particular, gruesomely depicted through the medium of the television screen. His body together with his endless screams bestow him an identity of victim which later becomes that of confessant and narrator as he tells Nomsa that he cut off his hand for the purposes of muti, revealing the more nuanced truth behind the seemingly pointless severed hand. Nomsa translates the reason for Vusi's severed hand when she sheds light on his immediate corporeal reality and contextualises the underlying cultural text when she reacts audibly offended by Nash's affront and disbelief by stating that "There is also muti that *cures*" [Original emphasis] ("Beginnings" 101). Nash's difficulty in comprehending this certainly sprouts from the reality of the severed hand evident in stills 2.3i and the difficulty of reattaching it in surgery in still 1.10.24.

Metonymically Vusi's hand is necessarily a signifier of his ability to perform an action, such as work, which is particularly closely associated with manhood in traditional black local cultures. The removal of his hand therefore signifies a loss of agency, and by extension manhood. Ironically enough, by "taking matters into his own hands", by *acting* as one would expect from an African male, he also "overplayed his hand" as he sacrificed his ability to work and diminished his capacity to remain a traditional patriarchal man, who would be able to control, for example inferiors such as women and children with "a firm hand". One faces an iniquitous circular logic when considering that his severed hand marks at first the process of severing it – significant of an active character taking matters into his own hands. Secondly, when the hand is buried, hidden and discarded the audience is pointed to a decrease in his agency as his active role as male is diminished with the loss of his hand. This identifies his inability to live up to his activeness as would have been previously possible with two healthy hands. These are both narratives physically inscribed onto his body, allowing his body to keep performing his prior lived experience, obviously informed by poverty as he cut off his hand in order to increase his clientele, which would ensure economic stability.

1.10.9



1.10.10



1.10.11



1.10.12



1.10.13



1.10.14



1.10.15



1.10.16



1.10.17



1.10.18



1.10.19



1.10.20



1.10.21



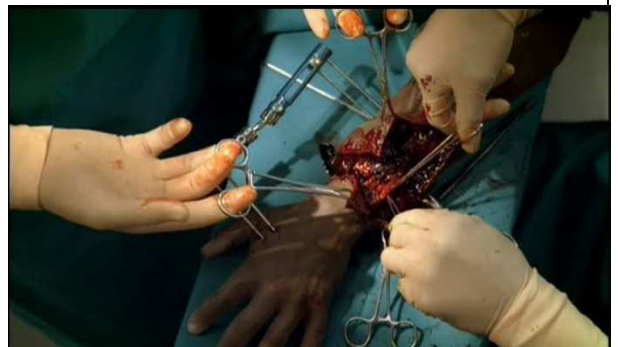
1.10.22









1.10.23



1.10.24



1.10.25	1.10.26
	
1.10.27	1.10.28
	
1.10.29	1.10.30
	

In 1.10.24 while Nash and his colleagues listen to R&B, Doctor Hirsh (Lizzy), a Jew, observes that the artist sings about Jesus to which the attending Nash optimistically replies with an “[a]men, this is healing music” [original emphasis] (“Beginnings” 101). A religious dynamic is introduced which as Nash obliquely suggests can have an influence in the (Western) healing process. However, the fact that Lizzy detects the religious nature of the song means that Nash’s specific belief that Christianity is a religion which is presupposed to cure the ill body does not go entirely unquestioned. Especially when Lizzy mocks his music and says that “[she] need[s] to take [him] out dancing [as] *that’s* healing” [original emphasis], a clear reference to the body’s sensual and sexual qualities when taking Lizzy’s exuberant behaviour and drug use into account, as shown in “The Children Are Our Future” (107). In

doing so, she not only derides Nash's music taste, but simultaneously undermines her own conservative Jewish background.

In this scene alone a transnational culture of sorts emerges as a black American male, white British male, black trauma nurse and sangoma-in-training as well as a white female Jewish doctor are brought together and united through Vusi's presence. They constantly frame him, identifying him as the main focus in the sequence. This is clear in 1.10.21 where he is flanked and further framed by Lizzy and Nomsa who provide the backdrop for the shot. It seems like this transnationality is primarily rooted in a corporeal state of emergency, namely that of Vusi's body. Their care for the patient and intense gaze on the surgical surface are the chief aspects connecting the team as their interest clearly lies in reattaching and healing the patient's hand, and by extension exerting a healing medical control over the body, a control which Mike at first believes is inadequate when he states that "[e]ven an optimist knows when to quit" ("Beginnings" 101) and turns his back on the surgical surface, but turns back and stands in awe in 1.10.27 and 1.10.28 when Nash calls him back and says "I got rhythm" ("Beginnings" 101), indicating that blood flow to Vusi's hand is restored. A clear comment is made with regards to Western medicine's legitimacy and success in treating the ill body. However, the body's resilience and vigour are also elucidated.

Before the hand is reattached, it is crucial to note that the surgery room is introduced as existing on another spatial level, in effect furthering the extent of inside experience in the hospital. In 1.10.20 the audience watches not only the screen, but through a window dividing them and other hospital personnel and patients from Vusi's body. The venetian blinds is a further indicator of this inside-the-inside private space. The surgery room becomes a more private space, isolating bodies suffering from immense trauma, trauma exceeding that of others in need of medical assistance. Still 1.10.20 then signifies Vusi as embodying a severe state of corporeal emergency, severe enough for physical and chemical (anaesthetic) isolation in the surgery room. His lived experience up to this point has been extremely emotive and physically and spiritually trying. However, here in the inside under the scrutiny of professionals' medical gaze emphasised by the constant presence of safety glasses to protect their eyes and gaze from being affected by any kind of seepage or spilling from the patient's body, which could not only compromise their health, but would have a dire effect on their immediate gaze, Vusi is open to, literally and figuratively, to a confining, yet private gaze.

Nash's gaze in particular is intensified by his use of special safety glasses with attached magnifying glasses which distorts Vusi's hand size in order to reveal more of, and increase Nash's view of the surgical surface. Light is further literally shed on the hand through the spotlight attached to Nash's head, especially visible in 1.10.23. This extension of his body increases the strength of his vision, concomitantly enabling him to take better control of the situation at hand so that he has an enhanced chance of practising Western medicine, which is primarily materially oriented, successfully. This materiality of the body in this extremely private, yet still medical space, is foregrounded while the experiential and psychic aspects of the patient and the effect the reattachment of his hand will have on his life, social standing, social consciousness and social conscience are disregarded. He has certainly not been in any position to truly argue with his medical team about the cultural significance this event, namely the Western surgery, will have on him and perhaps his family.

In 1.10.21 Mike is looking through his glasses at Vusi's hand while his face and mouth are further covered by a surgical mask to prevent the exchange of local bacteria from patient to doctor and vice versa. Their bodies are removed from each other on a molecular level. In the background, still in focus, but slightly blurred lurks the image of what Bellman sees on the monitor, a real-time, yet nonetheless foreign representation of the body, in particular Vusi's hand and the four hands working on it. 1.10.24 is a direct shot of this representation in which four hands are shown working on Vusi's one hand. This representation is less removed from the audience than the previous representation in which two screens, firstly the television screen and secondly the monitor screen, come into play. This viewing through screens and windows as previously discussed, depict the body primarily as something which can be confined and safely healed according to Western medical norms. It constantly invokes the body's materiality and compels the viewer to consider the body, its history, its injury, and its fallibility. However, most importantly, its transient nature is also introduced, while simultaneously contrasting it with its natural resilience and vigour.

To conclude the present scene, Vusi's girlfriend displays a naïve and an impulsive happiness when she thanks Nash with a hug and big white smile. He is visibly uncomfortable with this, and despite his initial smile keeps a professional distance. Nash is in the business, like House, to solve the case, not to deal with the loved ones. The girlfriend's joy could be attributed, though she is definitely not conscious of it in this scene, to the fact that Nash has restored her boyfriend to a complete and functioning man who can work with both hands, thus again

signifying society's expectations of the body, and particularly of the male body as a machine which should be in control of, and which should support women or children according to local patriarchal norms.

1.11.1



1.11.2



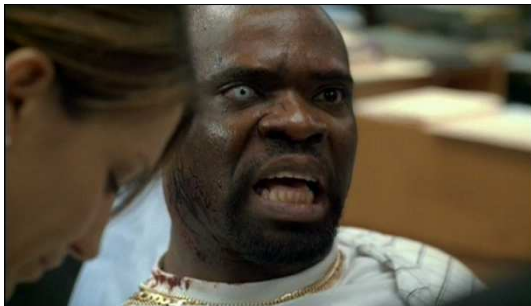
1.11.3



1.11.4



1.11.5



1.11.6



1.11.7



1.11.8



1.11.9



1.11.10



1.11.11



1.11.12



1.11.13



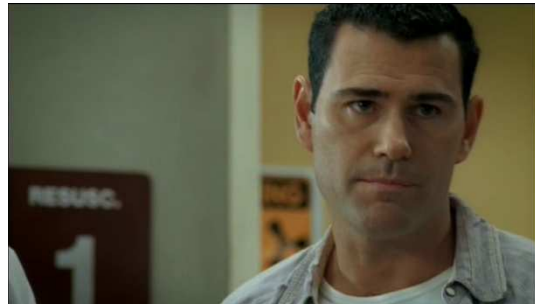
1.11.14



1.11.15



1.11.16



Stills 1.11.1 to 1.11.5 show a black man brought into JMH by police officers. A coloured detective is in charge while the patient is admitted being admitted by Jocelyn, the white staff nurse. 1.11.1 shows the man's feet chained to a gurney which immediately invokes the question as to why this man needs this kind of excessive corporeal restraint. Light is shed on

this as still 1.11.2 frames the middle part of a body dressed in blue uniform as traditionally worn by South African Police officers. The typical Z88 9mm pistol marks him as an officer of the law with the overarching motto to “serve and protect” (the South African body politic). This automatically conveys a sense of culpability associated with the restrained man. It would seem that he committed some crime, but he vociferously denies his guilt. In 1.11.4 he is surrounded by medical personnel, represented here by Jocelyn, providing a fitting medical surveillance of the patient within the confines of the hospital. However, police officers, representative of the state’s law and its power, provide a judicial control of the man’s body. Two state institutions, the hospital and the police, encounter each other here and have to negotiate the same (hospital) space. The outside world, mechanisms of state power, intrudes in the hospital space, unsettles and refuses the hospital’s autonomy, which relies strongly on its separation from the urban reality outside.

Therefore, the audience is presented with a representation of a criminal, someone who is physically restrained, in police custody, has a bullet in his brain, is believed to have been involved in the crime and finally seems like a conceited character in the way he threatens Jocelyn that “if [she] talks to [him], [he] swear[s]... [she’s] a bloody dead woman” and spits in Ingrid’s face, in stills 1.11.6 and 1.11.12. Furthermore his left eye seems to be diseased or injured as it looks uncannily blue with white hazy matter surrounding it in still 1.11.5. This together with the blood on his shirt and gangster-like golden chain make him appear as frightening as he is made out to be. His criminal history involves another legitimate murder accusation, as police officer, Abrams, says that “[t]wo years ago we traced a bullet to the guy’s leg to the deceased’s gun and we got a murder conviction on the guy” (“Beginnings” 101), but due to careless administration he was released on a technicality.

According to detective Abrams, in this present case, the man “ditched” the gun and therefore they need the bullet to convict him. The man responds to this by hissing at Abrams that he is “talking *kak*” [original emphasis] while raising his upper body and fighting the restraints. This use of foul language and disrespect of authority easily alienate him from the audience and medical personnel. In short, the notion that we judge people on their behaviour and appearances, their corporealities, and histories, their social interactions with and treatments of other bodies, are necessarily underscored. The reasons for this prejudice is clear when considering the visual and dialogical explication of this character who calls his nurse “a white bitch” (“Beginnings” 101), thus further alienating the audience through his misogynistic and

antagonistic behaviour. Again it makes it easier for the audience to believe Abrams' story that the bullet is all he needs to prove the man's guilt.

Again the body is controlled by authorities and disregarded in every sense as it is believed to be crucial in solving a felony. A confession is consequently forced from the body through brain surgery, one of the most dangerous procedures known to medicine, in order to excavate and reclaim the bullet in the patient's head. The body is signified as a site containing evidence, a physical, yet embodied truth, namely a bullet embedded in the brain, which Abrams, the detective with the court order in still 1.11.6, believes links the man to the crime he is investigating. Brain surgery to remove the bullet is therefore a legalised form of corporeal (medical) invasion. He deems the man's brain as the location of truth regarding the murder. Ironically enough, the truth, namely that he is innocent is also contained in his mind, but this does not suit Abrams' case narrative, as informed by the man's prior collision with the law.

One would suspect that medical control will outrank judicial control in the space of the hospital, but instead a court order is presented in still 1.11.6 which overrides the wishes of the patient, succinctly nullifying his sense of corporeal and psychic agency. What is revealed about the body in general in this sense is that it is open to extremely invasive procedures when it is believed to have compromised the life of others. The morality, in Foucault's sense, of this train of thought and the ethics or rules consequently guiding the behaviour are subsequently brought into question for the audience to consider and deliberate for themselves and, perhaps more importantly, to make the viewer aware of different treatments of the body. The rights of the criminal is further brought into question. The legal premise that one must be considered innocent until proven guilty is invoked and undermined in this patient's case, as exactly the opposite occurs in this instance. The body is therefore identified here not merely as something that needs to be controlled and needs to be under constant surveillance, but it also emerges as something which should be regarded with a degree of suspicion leading to premature conviction, thus assigning the body a wrongful identity of felon.

1.11.17



1.11.18



1.11.19



1.11.20



1.11.21



1.11.22



1.11.23



1.11.24



Here stills 1.11.17 to 1.11.24 show a representation of the man's brain in the form of computerised tomography scans, a type of x-ray, which not only provides a representation of the patient's brain, but more importantly reveals the location of the bullet which has penetrated the temporal lobe. Doctor Russ Monsour rightly states that the patient is "a lucky guy... another millimetre and there'd be undertakers standing here instead of us" ("Beginnings" 101). This view is supported by Doctor Zanemvula Jara (Zane) when he says that "it just missed the middle of the cerebral artery too" ("Beginnings" 101). Although an MRI would be the wrong protocol as it would have moved the bullet through its magnetic field, it becomes evident that a CT scanner is the most advanced imaging technology available to JMH's medical staff. It is the most advanced way, technologically speaking, through which the body can be known and its secrets can be revealed.

When considering still 1.11.21 the man clearly expresses that he opposes any invasion of his body as he furiously, but clearly states, "I don't want any damn surgery, you butchers" ("Beginnings" 101). Russ reacts to this, without even as much as looking at the patient, by suggesting to his colleagues, "Let's talk outside, shall we" ("Beginnings" 101). Again the body in question is entirely disregarded in the diagnostic process, confined to a room and further still confined to the hospital bed. Despite his history as criminal they should have paid more careful attention to his reasoning, as his voice, though exuberating with anger, is calm and collected. Ironically enough then, the only real secret turns out to be the location of the bullet. The patient's innocence is proven by the very bullet which was supposed to ensure his conviction. According to the police's ballistics the truth is that the bullet does not match the gun in question. The man's body, thus, in the end serves as the ultimate *embodiment* and confession of judicial truth.

Medicine is used to excavate judicial truths from the body in order to determine whether the body should be confined to a judicial institution. Therefore, the body is primarily not just a medical entity of which the health needs to be governed, but also a subject of the state's power. In *Jozi H* and *House M.D* both medical and judicial truths play a role in rendering bodies visible and intelligible while controlling and arresting them. Thus, as in Foucault's bio-politics, the body is the foundation of the body politic at large and is administrated accordingly, despite the disregard of medical and humanist ethics and legalities revealed in especially *Jozi H*. In short, the individual body becomes a body in a (national/social) system, a text among other texts with certain inscriptions and meanings. The nature of the body's

socio-political and socio-economic status is central to a type of Foucaultian, but perhaps more correctly Even-Zoharian understanding of the body and how it conveys meaning in a larger poly-system, here translatable as and conceived as the body politic. The coercive state mechanism is constantly foregrounded in *Jozi H*. The general state of emergency in the hospital space and the violence and crime marking the outside are mediated through bodies flowing through the hospital. Bodies are entangled with their locations, their local settings, namely the “other space” of the hospital as well as the urban and “other” township spaces outside. *House M.D.* on the other hand figures House as principle authority in the hospital, PPTH, while foregrounding his body and its heterotopic nature to reveal patient and doctor experiences and narratives. This American series captures and conveys rationalist and scientific approaches to the body in its representation of medical practice.

Chapter 2:

Spatial Metonymy: (Re)positioning the Hospital in South African and American Television

When dealing with a genre such as the medical drama, one is constantly faced with the existence, but more than that, the function of space on a generic level. In a certain sense, the television screen itself provides a space that organises narrative elements such as visual editing, dialogue and sound. In addition, of course, the medical drama invokes a particularly powerful narrative setting, namely the hospital. Despite the contained nature of the hospital space, it is also a location that allows for an encounter between the modern hospital as an essentially global institution and the local conditions that it is obliged to respond to. Moreover, the metropolitan and national spaces in which the hospital is located are by extension, and in relation to it, equally important. As an institution, the hospital is uniquely positioned in local and global discourses, both theoretically and practically, to deliberate the experiences, roles and existence of the body and body politic at large. In a society which is increasingly obsessed with technology, which includes medical technology, bodies are increasingly hospitalised and medicalised. The hospital as represented in television in the local *Jozi H* and the globally renowned American *House M.D.* serves as nexus for, and reveals, personal and public, individual and societal, as well as local and global truths about the relationship between corporeal and social identities.

This dissertation on the whole, and this chapter in particular, asks for a re-imagining of the hospital as more than merely a productive healing space. A need to (re)position, to re-place, hospital space so as to foreground Princeton-Plainsboro Teaching Hospital (PPTH) and, specifically, Johannesburg Metropolitan Hospital (JMH) as metonymical spaces for locutions constantly emerges. When we narrativise the hospital we are compelled to recognise the ways in which it mirrors the socio-political reality that it is a part of, but also in a sense to reflect on the nature and role of the hospital in relation to its social macrocosm, the sense in which it not only represents society outside the hospital, but also stands apart from it. It is therefore both inside and outside the world. A central focus also falls on the interstitial and interlocutory spaces mediating traditionally opposing spaces, for example inside and outside to show the interrelatedness of society's centre and peripheries, such as the urban centre and the township periphery. One such as mediating space is the corridor because of its significance in the conveyance of bodies, allowing them what Frédéric le Marcis would call "careers" as they progress in and out of the medical machinery of the hospital, Foucault's "curing machine". These interstitial and interlocutory spaces allow producers of the medical drama to show that the hospital, inside and outside, as well as central and peripheral spaces

do not exist in isolation. Instead, they mirror each other, they influence each other, and essentially form part of the same larger socio-political realm.

Both the hospital space and the medical series itself are metonyms of broader social spaces and concerns. Separately and in combination, they form a microcosm which represents issues of race, gender, the frailty of the body (politic) and the fallibility of those assigned to look after and organise it. In light of this the medical drama's unique position and relevance in deliberating these issues in the popular imagination of South African and American viewers become palpable. It brings together local and global imaginaries, ideologies and discourses. Though a study such as the present one is necessarily critical in its stance, my contribution to this wing of cultural studies seeks, firstly, to explore and, secondly, to suggest a way of reading popular texts such as *Jozi H* and *House M.D.* This is done against the backdrop of a broader cultural setting, informed globally and locally, within the larger field of transnational cultural studies.

House M.D. is set in a strictly fictional realm (as Princeton University's exterior is borrowed for representing PPTH. Interestingly enough PPTH is indeed a university hospital). Little attention is paid to this fact over the duration of the 7 seasons of *House M.D.* besides random references and the episode "Three Stories" (121) in which House gives a lecture on diagnostic medicine. However, he does so within the confines of the hospital. PPTH is, however, clearly set in an American town with occasional informative sequences of outside spaces removed from the context of the hospital in which upper-middle class and lower-middle class neighbourhoods are shown briefly. However, these brief moments are not generically defining, nor practically essential to the plot and concerns of the series at large. *House M.D.* rather deals with the hospital as a closed space for the production of truth, despite House's preoccupation with patients' personal lives and lifestyles to derive a diagnosis. That its central protagonist is the title character, lends further conviction that the hospital in *House M.D.* fulfils a different role than the hospital in *Jozi H*. As both series and protagonist are named "House", it is clear that the central focus will be on his character, and not so much on the space in which he functions. It is simultaneously evident that he is a doctor, practising a profession highly regarded in society. Despite House's general anarchism and reticence to do his job, the hospital seems to be the space where he is most at home, where he functions at his best, socially and professionally. Indeed, it becomes his "house", a place which, generally speaking, implies personal space, privacy and security. *House M.D.*

therefore foregrounds the narrative of the individual, much more than that of society, which is largely neglected in the series.

Jozi H on the other hand insists on locating its narrative explication of the individual body in a complexly figured social space. It constantly places the body in a relation with the body politic at large. The series' title already refers to the City of Johannesburg and the idea of the hospital as well as mobility/movement, as suggested in chapter one with regards to the helicopter ambulance. It (re)positions the hospital through the fictional JMH to become the nexus of personal and public, individual and societal, as well as emotional and political concerns of the transnational local. Though the series foregrounds various central protagonists, they are all relevant to the broader plot as they contribute diversely to the local context they share with each other and their patients. The narrative is therefore not exclusively driven by their personal interests and issues. Instead, it uses the personal to expose societal realities. The microcosmic and metonymical nature of JMH becomes increasingly important, firstly, as it is (re)positioned in the metropolitan space of Johannesburg, as indicated by its name. Secondly, it becomes important in relation to the various outsides of the hospital and Johannesburg itself, for example the streets marked by constant activity. Township and lower-middle class neighbourhoods on the periphery of the city's borders, far removed from the metropolitan and hospital itself, are simultaneously and constantly referenced both in the dialogue and in the visual composition of the narrative, and thus linked to them.

The periphery evoked in *Jozi H* conforms to a certain stereotypical notion of African urban space as "third world", diseased, and lacking. Achille Mbembe and Sarah Nuttall point out that

[a]nthropology, history, and literature have long seen Africans as fundamentally and even essentially rural creatures, while the African city itself has been perceived as an emblem of irresolvable crisis. For a long time, the task of scholarship has been to measure the process of assimilation to the urban environment and to assess the various ways in which the relationship between the individual and the tribal community is corrupted, reinvented, or maintained. (Mbembe and Nuttall 6)

Jozi H suggests an alternative by positioning the hospital, so it becomes a spatial metonym signifying the city and body politic of Johannesburg, and by extension South Africa — both key African constructs. It questions and suggests an alternative to what it means to be (South) African, to be someone living in (South) Africa. This is done through the transnational assemblage of bodies in *JMH*, ranging from America, Canada and Britain to rural and privileged South Africa.

Jozi H, in contrast to *House M.D.*, is set in the local cityscape of metropolitan Johannesburg, but with a clear connection to and constant awareness of the global, and by extension of globalisation. In their introduction to *Johannesburg, the Elusive Metropolis*, Mbembe and Nuttall suggest that “Johannesburg is the premier African metropolis, the symbol par excellence of the “African modern” (1). They further observe that Johannesburg “[a]s elsewhere in the global South, [...] has been shaped in the crucible of colonialism and by the labor of race,” and for this reason “[t]he African modern is a specific way of being in the world” (Mbembe and Nuttall 1). This “[w]orldliness”, according to Mbembe and Nuttall, entails not only “the capacity to generate one’s own cultural forms, institutions, and lifeways, but also [...] the ability to foreground, translate, fragment, and disrupt realities and imaginaries originating elsewhere, and in the process place these forms and processes in the service of one’s own making” (1). *Jozi H* set in Johannesburg simultaneously draws on and solidifies a certain stereotype of the African metropolis while it participates in the very reinvention of it. As a series it is slightly schizophrenic as it embodies these disparities. This realisation of identity and existence in these specific geographical, fictional and institutional settings are then also closely related to their respective surrounds, perhaps, following Mbembe and Nuttall, on a more universal level the global South, by definition locked in a relationship with the global as such. It suggests new discourses of race, class, and health service provision through spatial framing, thus establishing its own culture or cultural vision of egalitarianism and productivity. “Realities and imaginaries originating elsewhere” are simultaneously emphasised while translating, fragmenting and disrupting in order to undermine them,” suggesting a uniqueness to the city space in general, and the hospital space in particular as foregrounded in *Jozi H*.

In the same chapter Mbembe and Nuttall suggest that “the metropolis is the repository of possibilities for invention and utopian dreams” (22). Although *Jozi H* motions toward these “utopian dreams” as shown in my discussion below, the space of both the city and the

hospital should be understood in terms of a dialectic of sorts, as “[i]n many senses, there is no metropolis without a necropolis” (Mbembe and Nuttall 20). Though the metropolis is closely associated with “monuments, artifacts, technological novelty, an architecture of light and advertising, the phantasmagoria of selling, and a cornucopia of commodities, so is it produced by what [or rather who] lies under the surface” (Mbembe and Nuttall 22). This space “under the surface” – perhaps also on the periphery, for example the township even the public hospital – was “always [...] a space of suffering and alienation as well as of rebellion and insurrection” (22). “The underground,” as Mbembe and Nuttall call this space, “contributes to the larger metropolitan dialectic, as it is both a technological space as well as a space filled with social relations” (22) of both race and class. JM_H itself, a true heterotopia, forms part of this “underground” in *Jozi H* and becomes an integral pole of this dialectic with the city and its surrounds. The hospital is used as fixed beacon from where the inherent heterogeneous nature of the metropolis, Johannesburg and the transnational local can be considered. This is done through the constant deliberation of bodies in JM_H (Mbembe and Nuttall 20) on a corporeal, metaphysical and mnemonic level, as discussed later.

Issues of class and race, central issues deposited in South Africa’s past and present, are invoked in *Jozi H* (2006). It proves an extremely pertinent text in a post-apartheid milieu, twelve years after South Africa’s first democratic election. South Africans of all races and classes are given political voice, while foregrounding in particular those voices that were previously suppressed and ignored. These voices include those of black people, township citizens, the poor and, more recently, HIV/AIDS victims. As a global city, Johannesburg’s pertinence does not stop here, but rather conforms to Saskia Sassen’s model of global cities (quoted in Mbembe and Nuttall 3). She asserts that these “cities are nodal points for the coordination of processes of production, innovation, and accumulation on a world scale” (3). This view by Sassen should not only be read in economic terms, but simultaneously in social terms. It is not merely “a global marketplace for finance,” but rather “a city that has developed a capability to produce and practice global control” as Mbembe and Nuttall observe (3). *Jozi H*’s use of international actors while for the most part maintaining their actual nationalities, renders the production and the narrative transnational. It draws on the local, the global and a movement and/in space between these, or additional to these. It posits a dialectic of identities on both a local and global scale, allowing these to be excavated and dissected in the space of the hospital. If not employing the hospital directly to interpret and combine these, it uses the JM_H as the nodal point to refer to places outside. Throughout this

process the medium of representation, namely television, facilitates the process, screening the series for a local and global audience, while maintaining the hospital at the core of the narrative.

The hospital becomes both a microcosm of and metonym for Johannesburg, the city, and by extension South Africa and its local context at large, dealing with race, class, violence; political and personal relationships. It is therefore this spatial quality, or the use of space to illuminate these themes, that is central to this chapter. Foucault articulates the importance of space in our particular figuration of modernity when he says that “[o]ur epoch is one in which *space* takes for us the form of *relations among sites*” [emphasis added] (23). The hospital, medical series and our everyday movement in and through space confirm this view as we identify with or become identified with spaces. In the case of the hospital it is a real place that tangibly occupies space, it really exists and is a reaction to society’s needs (Foucault, “Of Other Spaces”, 24). It is “formed in the very founding of society” (Foucault 24). Furthermore it serves as

something like [a] counter-[site], a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted. Places of this kind are outside of all places, even though it may be possible to indicate their location in reality. Because these places are absolutely different from all the sites that they reflect and speak about, I shall call them, by way of contrast to utopias, heterotopias. (Foucault, “Of Other Spaces”, 24)

JMH is exactly such a heterotopia because of its “operational hub” (Mbembe and Nuttall 4) status as a public hospital in the global city of Johannesburg. It provides the necessary platform for multiracial, multinational, multicultural and multitechnological (Western opposed to traditional African) deliberation, contestation and representation of inside and outside, centre and periphery, as well as local and global. The hospital, though it can clearly be located at the centre of the city, remains “outside” of the spaces it combines and contrasts, as it “reflect[s] and speak[s]” about “sites” it is “absolutely different from” them. Metonymically speaking it becomes a space signifying and coalescing those other spaces, especially allowed by the television medium through its constant reference, both visual and dialogical, to various personal and political histories and realities. Television’s capacity to show some of these spaces which the narrative constantly draws on and represents signals the

city's cultural economy as it consists of both "skills, knowledge, security, machinery, and technology, but also of ideas, people, images, and imaginaries," (4) a point Mbembe and Nuttall take from Sassen and her views of the "global city" and "cities of the South" (4). Furthermore, Johannesburg, as major city of the South, embodies "cultural and ethnic heterogeneity, transnational flows of labor and capital, and uneven spatial and social development" (4). These are all noticeably foregrounded in *Jozi H*.

But this "cultural and ethnic heterogeneity" does not simply consist of "people" in the sense of the word, as quoted above, but moreover of "people as infrastructure" (Simone 68). Infrastructure is usually, as AbdouMalik Simone explains, "understood in physical terms" specifically in the form of "systems of highways, pipes, wires, or cable" (68). Simone further states that these are "modes of provisioning and articulation" that are seen "as making city productive, reproducing it, and positioning its residents, territories, and resources in specific ensembles where the energies of individuals can be most efficiently deployed and accounted for" (Simone 68). The hospital as a physical site, a tangible building with "various subordinate parts" (*OED* online), such as medical technologies, machinery and professionals, forms part of the city's infrastructure. However, it is far more than a physical site. Instead it is a space of care for, hope for and healing of diseased bodies and therefore contributes to making "the city productive, reproducing it, and positioning its residents, territories, and resources in specific ensembles where the energies of individuals can be most efficiently deployed and accounted for" (Simone 68). This point by Simone is clear when one takes his understanding of "people as infrastructure", or rather bodies as infrastructure, into account. He asserts that

[t]his process of conjunction, which is capable of generating social compositions across a range of singular capacities and needs (both enacted and virtual) and which attempts to derive maximal outcomes from a minimal set of elements, is what I call people as infrastructure.² (Simone 71)

In *Jozi H* JMh is seen to draw together people, bodies, from the city's sidewalks, to the townships and the middle-class white neighbourhood which Captain Botha, whose wife is admitted to JMh ("Fathers" 102), comes from. Thus, the hospital again brings together people from the centre as well as the periphery, people with private medical aids, such as Captain Botha, but also the marginal and the dispossessed. When keeping in mind that

infrastructure should enhance the city's functioning, caring for its people, ensuring their health, becomes critical to ensure their productivity and to render them part of the city's spatial operation. *People as infrastructure*, therefore, refers to people acting and collaborating within a social context, such as the city and hospital space according to their own (personal) needs, even though we are, as Simone argues, "inscribed with multiple identities" (79).

It is the flow of bodies, as they progress through the medical machinery allowing viewers from all walks of life representation that positions the hospital at the centre of global television. The hospital, similar to the city, but even more fundamentally, has as its core infrastructure bodies. Therefore the *logic* of the hospital supports the medium of television and the (medical) series in particular as it is a stable space with a constant flow of sick and healing bodies. This continuous shifting in the hospital population, and by that logic that of JMH, allows for the inclusion and deliberation of viewers of diverse demographics. Television is at any rate inherently continuous and continuing (Monaco 465), just like the ever-changing corporeal infrastructure of the hospital itself.

Television is able to represent spaces of control, such as the hospital, while simultaneously and uniquely employing them as articulated elements in a narrative of cause and effect. In the case of the medical drama the hospital functions as main setting and effects a joining together of bodies. However, this specific composition of/cross-section of bodies from the body politic is constantly transformed. This is effected through an uninterrupted current of bodies through the hospital as bodies enter and exit, hurt and healed, diseased and healthy; dead or alive. Some bodies stay longer than others, while the rest are constantly and often re-placed by others.

This notion of people as infrastructure, "distributed through the city" and increasing its productivity is theoretically true for any city, even the American city at the frontier of globalisation. However, *House M.D.* does not concentrate on, nor illuminates this aspect and function of the body, but rather focuses on the individual as a discursive entity within the confines of the hospital. The hospital, as a mostly confined medical and clinical space, simultaneously foregrounds individual relations, rather than becoming a metonymical hub of the American body politic at large. This is true for *Jozi H* as well. But while *House M.D.* scrutinises the individual, *Jozi H* goes a step further and simultaneously provides a contemporary account of the past and the present. It shows how fundamental people's

relationships and interactions are captured within the space of the hospital and its relation to the larger surrounding cityscape and nation-state. One should read this against the backdrop of Simone's belief that "people's activities in the city", and, thus, in the hospital as a part of and reflection of the city, should themselves be seen as infrastructure. This again emphasises people, namely the body politic, as infrastructure forming part of a larger system, an intricate convergence of people and activities. The functioning of the hospital with its people, including staff and patients, informs this view. At the very base of the hospital and Johannesburg, both African phenomena often marked by economical, socio-political distress and lack, in for example healthcare, the body becomes the only consistent element in the city's and hospital's infrastructure. In contrast, *House M.D.* institutes a commodity culture approach to material realities as its infrastructure is new, modern and, moreover, operational. The body, though still the foundation of the series is not the only consistent infrastructural element in the series. Instead, it is surrounded by modern, Western infrastructure which aids House and his team in treating patients. These disparities mark the diverse difference in the African and American material realities foregrounded by the series. *Jozi H* narrativises bodies in a visual and dialogical sense to show how diversity and merging of bodies provide the basis for Johannesburg as an African city.

These intersections, particularly in the last two decades, have depended on the ability of residents to engage complex combinations of objects, spaces, people, and practices. These conjunctions become an infrastructure—a platform providing for and reproducing life in the city [and life itself]. (Simone 68)

People, or "differentiated elements of society" when seen in an infrastructural light, are screened, and/or visually represented in *Jozi H*, and *JMH* in particular, and rightly "assume their own places and trajectories and become the vectors through which social power is enunciated" (Simone 69). As an urban space, *JMH* can be "imagined to be [a] functional [destination]" (Simone 69) in which the intricacies and complexities of relationships and welfare of the individual body, the body politic, as well as the nation, in a Jamesonian sense, are deliberated. Fredric Jameson states that "the story of the private individual destiny is always an allegory of the embattled situation of the public third-world culture and society" (69). *Jozi H* as a third-world text conforms to this notion of national allegory (69), as it depicts a contemporary perspective on the current South African situation. However, *Jozi H* merely uses this allegorical function as a starting point in order to gesture towards some kind

of social and societal solution for South Africa's body politic through acceptance and "[f]orgiveness" (113). It uses its transnational characters and plot to transcend the immediate local, represented by JMH. *Jozi H* starts off with representing Jameson's "embattled situation" of the city and hospital, but then transcends it to reach narrative closure in "Forgiveness" (113).

This dissertation, thus, wishes to go beyond what sociologists, such as Lindsay Prior, believe to be "the internal structure of buildings as much as the settlement of landscape which provided the foci of attention and it is inter-mural rather than extra-mural surfaces which constitute the planes on which sociology inscribes its analysis" (87). The present study, in contrast, wishes to bring out the Jamesonian nature of *Jozi H* as a third-world text/production. Such an approach is viable as the series is embedded in (South) Africa despite its global first-world connections and transnational features. Furthermore, with regards to identity on a national and individual scale "[the hospital's] changing architectural [form] [helps] in many ways to define the objects of therapy which were, or are, to be found within their walls (Prior 87). As early as 1963, Émile Durkheim and Marcel Mauss posited, in Prior's explanation, that "space and time were ultimately forms of social categorization (quoted in Prior 87). More importantly, however, "such categorizations expressed," in Durkheim's and Mauss' words, "under different aspects the very societies within which they were elaborated" (quoted in Prior 87). Space was, and I suggest is, therefore socially produced rather than naturally given (Prior 88), and therefore "an integral component of social life" (Prior 88). Space's containing nature means that society is contained in/by space, such as local and transnational spaces, a point Prior makes in her reading of structuralists such as Pierre Bourdieu (Prior 88). She elaborates on this view by stating that "[s]pace and society are not, therefore, two separate realms of reality but are intertwined in a single order of existence" (93). This allows for the dialectical and dynamic views of space, both centre and periphery, in *Jozi H*, and a simultaneous movement away from a deterministic structuralist perspective on space. Bodies, parts of the broader society, flow through these spaces, such as the interstitial JMH, to add to these dialectical and dynamic qualities of the hospital for example.

The importance of these views of space, and spatial politics in particular, should, with regards to this dissertation, be understood in relation to the phenomenon of television itself. Anne McCarthy in her article "From Screen to Site: Television's Material Culture, and its Place" suggests against a structuralist backdrop that "television [is a] form of writing across space,

as remote inscription that produces—and annihilates—places: the place of the body, the place of the screen, the place of dwelling” (93). Medical series (and *Jozi H* in particular) are structured around the body and the hospital respectively. These series foreground this unfixed, ubiquitous and ever-changing duality underpinning spatial politics and dialectics, between real and imagined, inside and outside; society and the individual. Furthermore it is able to do so easily through skilful editing and foregrounding of interceding and mediating spaces and bodies, such as the corridor, referred to in chapter three, and bodies of global descent. “[S]pace and society,” are clearly “intertwined” (98) as Prior suggests. Furthermore, with regards to television particularly, it is the “*ideology of liveness*” (McCarthy 98) that confers television’s capacity to construct two fictive spaces. These are, firstly, the space imagined on-screen and, secondly, “the familiar imagined space of the nation looking in on key sites” (McCarthy 98). This representation of space is embedded and produced through the medium’s generic-defining trait of ubiquity.

It is then also this spatial ubiquity that works in favour of the representation of space of and in relation to specifically the hospital (a generic feature of the medical drama). Emphasis is put on its local, global, but moreover its transnational functioning as television is not restricted to local space, but rather transcends boundaries. It does so through a cross-section of different, but specific nations such as the American and South African body politics. Michael Kearney sheds more light on the transcending of boundaries inherent to this transnationalism when he states that

[t]ransnationalism overlaps globalization but typically has a more limited purview. Whereas global processes are largely decentered from specific national territories and take place in a global space, transnational processes are anchored in and transcend one or more nation-states. (Kearney 548)

Television is a global medium and can also bring together specific spaces as Kearney explains here. According to him “transnational corporations operate worldwide, but are centred in one home nation [South Africa]” (Kearney 548). This nation, or body politic, is a central concern to this dissertation. Within this context [t]he “nation” in transnational usually refers to the territorial, social, and cultural aspects of the nations concerned” (Kearney 548). The transnational figuring of *Jozi H* is brought on by its co-production between Canada Inner City Films and Morula Pictures – two production companies embedded in two different

spaces, Canada and South Africa. However, the transnational nature of the series is secured through its embeddedness in one national space, namely Johannesburg, South Africa. At the core of transnationalism lies a renewed “resonance with nationalism as a cultural and political project” (Kearney 548). The different spaces in *Jozi H*, namely centre and periphery, hospital and city and the city and its surrounds are then constantly used to imagine the dynamic national space represented in the series.

As already indicated, the medical drama provides a finite, a contained space, as its utilisation of hospital space allows an interrogation of South African predicaments. This feature of television, and hospital space in the series, is closely associated with its thematic concerns, which in turn can be identified to a large degree by a series’ opening credits. These credits often, as is the case with both *House M.D.* and *Jozi H*, draw on specific relevant scenes from the series, but also reveal other (visual and auditory) information relevant to understanding the series, its thematic content and generic preoccupations. In the case of both *House M.D.* and *Jozi H*, but specifically the latter which is also the focus of this chapter, the reflection of space and the body (politic)’s place in relation to it are revealed in the credits. In other words, a (re)positioning of the hospital in the audience’s and (local and global) societies’ imaginations is already established in the series’ credits. It references and elaborates on the series’ content and themes, such as its dramatic nature as well as its foregrounding of the body, and subsequently the body politic. The body (politic)’s frailty, how identity is inscribed onto it, and how it is captured in a constant state of emergency are illuminated in the discussion of *Jozi H*’s and key scenes taken from the series. This is constantly, and especially, done with regards to its existence and treatment in the hospital space, or at the very least in space related to the hospital.

2.1.1



2.1.2



2.1.3



2.1.4



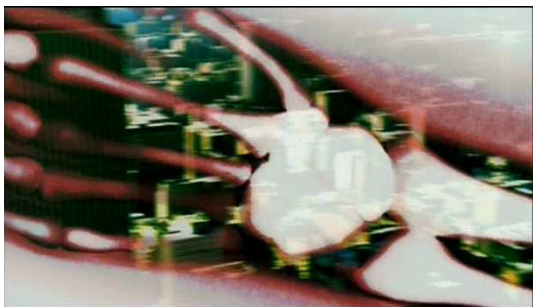
2.1.5



2.1.6



2.1.7



2.1.8



2.1.9



2.1.10



2.1.11



2.1.12



2.1.13



2.1.14



2.1.15



2.1.16



2.1.17



2.1.18



2.1.19



2.1.20



2.1.21



2.1.22



2.1.23



2.1.24



2.1.25



2.1.26



2.1.27



2.1.28



2.1.29



2.1.30



2.1.31



2.1.32



2.1.33



2.1.34



2.1.35



2.1.36



2.1.37



2.1.38



2.1.39



2.1.40



In the opening credits of *Jozzi H* the viewer is confronted with intricate mise-en-scène constructed of various shots of Johannesburg's city life. The very first shot of this sequence captures a pinnacle landmark of Johannesburg City, namely the Hillbrow Tower, built for communication purposes during Apartheid's heyday. The central theme of communication is accordingly introduced and maintained through this tower. The constant referencing of this tower between shots, through the use of shot-reverse-shot, links JMH to the larger city, and by extension to the world outside, thus transcending the walls of the hospital. It becomes a metaphor for the city, but additionally of the hospital's centrality in this larger space of the nation-state and body politic. The tower, and other towers mirroring it, constantly links the city to itself and to the world beyond, both to the local and the global. This instigates my reading of *Jozzi H* as a commentary on Johannesburg's and South Africa's history, as well as a comment on multicultural space itself. JMH, and by extension its fixed link to the city, namely the tower, is in fact an even playing field for bodies of all walks of life. Its institutional and public nature means that its core function is to care for South Africa's body politic, constantly alluded to by the tower linking it to the outside.

Hospital staff and patients undertake journeys inside and outside of JMH, and the heart of the city respectively. Johannesburg's "structures of consumption and spectacle[...], its cultural life, and economy had to be built from scratch, without any of the constraints that usually bind other cities so tightly to their ancient past" (Mbembe and Nuttall 17-18). The city's past is filled with tension, suppression and segregation since the discovery of gold and instigation of Apartheid. In South Africa today, this past remains a reality for the population as it is still remembered in the present. The journeys, inside and outside, thus lead to a rediscovery and (re)construction of childhood and other memories, bestowing the narrative with a mnemonic quality which seems to be largely lacking in most other medical series, such as *House M.D.* This additional mnemonic quality results in increased narrative authenticity. It creates interstitial and interlocutory spaces between past and present, grounding the present in the past, while deliberating and rethinking the past in the present. In this way an improved future is constantly re-imagined in *Jozzi H*. The unseen camera serves as a means to foreground social issues still felt by individual bodies and the body politic at large.

Jozzi H's South African context is visually portrayed in the credits' (superimposed) colour scheme corresponding directly to the South African flag's colours. The South African national flag symbolises exactly what JMH, and therefore *Jozzi H*, succeeds in doing, namely

to bring about and inform “[a convergence of diverse] elements within South African society” (*South African Government Information: National Flag* online). The flying flag in 2.1.10, in particular, crosses over in form and colour from frame to frame, and links the body (politic) and the hospital, and therefore the body and the body politic. By using the television medium to its fullest by drawing on the endless possibilities in the editing process, of including and excluding visual information, this connection is established and constantly reasserted. As the credits remain unchanged throughout the series, and are also episodic in nature, it allows this ideological thread to be sustained.

On a spatial level, the credits deal with mostly three important spaces. Firstly, it deals with the outside, namely the inner-city of Johannesburg and its busy streets and intersections, especially evident in stills such as 2.1.5, 2.1.11, 2.1.12 2.1.26 and 2.1.33 to 2.1.36. Secondly, it speaks to the national space of South Africa through the use of the national flag and the recurrent use of its colours throughout the credits. Finally, and most importantly, it puts a central focus on the hospital space through a conventional establishing shot in the tradition of Hollywood continuity editing from the outside.

JMH itself is shown in stills 2.1.3 to 2.1.7. It is positioned towards the right of the frame and balanced on the left with the city’s network of roads and intersections, while the arterial road runs diagonally across the frame. Ideas of the body, blood flowing through its arteries and by implication the active and living body are consequently invoked. This notion is put in writing in stills 2.1.26 and 2.1.27, as they vividly represent the word “LIVE” and the symbol of life itself, namely, fire at the heart of Johannesburg. The series quite explicitly articulates the hospital space and its functioning in terms of the city at large. It calls upon the viewer to read the hospital, or inside, in relation to, but also through the depiction of the city’s, the outside’s, functioning. The body is also signified in two spaces simultaneously, namely the outside city space and inserting an MRI representation from the hospital space, emphasises the spatial dialectic and signification of the body (politic) in different spaces. Spaces are converged in these frames to form an interstitial and multilayered map to (re)position and highlight the hospital for deliberation and understanding of our bodies in (transnational) societal space, especially in a local context.

A (re)positioning of the hospital in the larger cityscape and its relation and service to the body politic, is achieved by means of foregrounding it through low camera angle and visibly and visually illuminating it through the effective use of the television medium. McLuhan's view that "the medium is [in fact] the message" aids this view, as it is the medium itself contributing to foregrounding the hospital. *Jozi H*'s foregrounds both a transnational approach to the body and space in the credits, while maintaining its local orientation. This is evident when the Canadian actress Sarah Allen's name is screened over the South African flag, revealing the series' transnational and local core. As the hospital forms the backdrop of this shot, it is foregrounded as a heterotopia, an "operational hub" through which the local (the city; South Africa) can be read, as it is read through the city as well. The series proposes a different reading in which the hospital functions alongside, but also outside, the local itself. The hospital's metonymical quality, regarding its reflection and link to larger societal space, is secured and emphasised through the metonymic nature of the montage itself, depicting the hand and referencing the body and body politic. However, its synechdochal nature is also evident in the specific representation, linking it to the hospital itself.

If the medical drama is structured around the hospital, as *Jozi H* is structured around JMH, it must also show how bodies reach the heterotopical, removed space of the hospital. Diseased or injured bodies do not simply appear from thin air. Throughout the credits, and series as a whole, visual and dialogical reference is made to bodies' journeys from the outside to the inside of the hospital. These journeys as shown in the credits, drawing specifically on scenes from the pilot, "Beginnings" (101), are officially facilitated by ambulance or helicopter. The body in motion on its journey through the inner-city to the inside of the hospital is necessarily marked as dependent when transported by emergency services. Due to an immediate state of corporeal emergency, the hospital becomes the nexus for, while revealing, personal and public, individual and societal, as well as local and global truths about corporeal and social identities.

The patient's corporeal state of emergency evident in medical space, such as the inside of the ambulance and hospital, is contrasted with everyday activities. This *leitmotif* functions to move the "hospital" space through the city, constantly contrasting the state of emergency inside with the turmoil of traffic, pedestrians and vendors visible in the streets. Despite this proximity of the ambulance to, despite its becoming part of, the outside metropolitan space, it remains removed from it. The ambulance never stops once its corporeal cargo is on board.

For this reason it is an extension of the hospital's heterotopic reality. It is a space in, but also removed from, the city, despite it being in motion. It illuminates an extraordinary network which consists of Johannesburg's ordinary spaces and events to show how ordinary spaces and events are intricately linked. They become, despite their ordinariness, components of an extraordinary, local and global, and specifically transnational connection through the use of montage. This technique, according to Monaco, "creates a third meaning out of the original two meanings of the adjacent shots" (240).

The flag in 2.1.10 suggests a direct foregrounding of the local, namely the South African context at large, in relation to the confining hospital building of JMH. Still 2.1.11 is conceived in 2.1.10 in the form of a superimposed colour shadow, and, almost like a baby at birth, fully revealed to the world, and the viewer, in 2.1.11. A transcendence of the confined body in JMH is seemingly taking place. A freeing up of the body is suggested, though done according to universal categories through the preservation of the mother's and child's anonymities, discussed below. Finally, on a generic level, they are still captured in the frame of which the *mise-en-scène* was constructed.

The ideology *Jozi H* portrays is simply one in which the poor, or lower middle-classes, can also have access to necessary high-tech medical care. In addition, it attempts to de-racialise medical care, and on a socio-political level to allow people of different races, classes and localities access to the same resources. The hospital accordingly conforms to modernist ideals through a gesturing towards development in South Africa's treating approaches of the body (politic). Despite the hospital's convergence of different spaces and people, it legitimates, humanises and naturalises modernity's ideals of hierarchy and teleology.

Furthermore, one should keep in mind that a series' opening credits are used to identify themes and to deliberate episodes and scenes in the actual narrative. This is true for still 2.1.17 as well. The man and the cranial representations invoke episode three, namely "The Chosen" (103). In this *Jozi H* episode, a black man is diagnosed by Doctor Russell Monsour (Russ), one of the emergency room doctors, with a brain tumour, causing intracranial pressure, in turn inducing blindness. Russ diagnoses him as terminal, but Nomsa, a trauma nurse in the emergency room, agrees to treat "the snake in his head [which is eating his eye]" ("The Chosen" 103). As a sangoma-in-training she eventually uses *muti*, traditional African medicine. Russ is slightly provoked at first when he confronts Nomsa stating that "[f]or

someone who's just been told he's gonna spend the rest of his life in darkness, he seems pretty happy" ("The Chosen 103). Nomsa poses a rhetorical question in return, asking Russ "[if] someone tells you the world is gonna end tomorrow, [is he] bound to believe them?" ("The Chosen" 103). Shortly after this point, Russ is directly confronted with "an other" culture, one vastly different from his own primarily Western culture. He eventually joins Nomsa for the ritual, outside the hospital, in a ghetto-like space with a traditional market for medicines and traditional ingredients. As Russ is a neurosurgeon and Nomsa a sangoma-in-training, Western and traditional practices are brought into conversation, and are shown to both inform a South African medical discourse. Nomsa becomes his spiritual guide, guiding him through the city where his past is visually introduced through flashbacks. As a Canadian doctor working in South Africa within the confines of JMHS, he is already a transnational figure. However, Russ becomes a vessel for expanding the transnational discourse around which *Jozi H* is created when he enters the cityscape and experiences his past vividly. He remembers his initiation into the American Indian culture, and also his concurrent persecution because of his mixed descent. Russ's ancestry consists of both the white and American Indian races. His body subsequently becomes the joining of another traditional culture with Western culture. Nomsa recognises these two opposing poles in him. In still 2.1.17, we see how important thematic elements of this particular plot, set in a South African context, are anticipated. The black man is screened in parallel with Western medical representations of the cranium. Seeing that the human brain is found in the cranium, the notion of knowledge, knowledge production and different paradigms of knowledge is alluded to. What *Jozi H* reflects, as early as the pilot's opening credits, is the diversity in and contrast between traditions, discourses and spaces.

The local, South Africa and consequently the country's body politic are represented as the baby, born in a Vaal River tree, arrives in helicopter in stills 2.1.22 and 2.1.23. This is again a clear reference to the floods in Mozambique in 2000, as indicated in chapter one. As *Jozi H* is particularly preoccupied with the notion of birth, new life and the preservation of life in general, this removing of the child from the helicopter could be seen as the child literally being removed from the helicopter's cavity. The child is initially protected in his mother's womb, and then born, escaping a nurturing, secure space. He is then taken into the helicopter's medical space, and stabilised in the style of Western modernity, and now again re-born into the world just to be taken into the enclosed space of the hospital for the final stretch of his journey to healing.

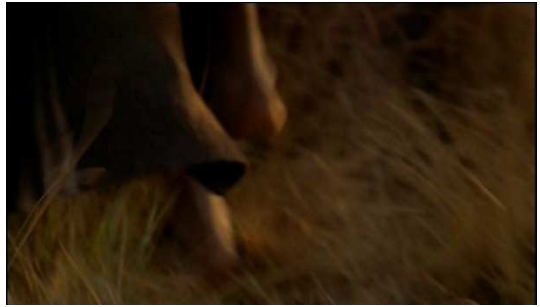
In the final two stills, namely 2.1.39 and 2.1.40, which correspond to the opening stills, namely 2.1.1 and 2.1.2, above bring the credits and *Jozi H's* thematic and spatial concerns full-circle. When watching the credits in real time, the viewer observes how the sun rises and sets over Johannesburg. This fast forwarded screening of sunrise to sunset is indicative of temporality, the beat of the city, again invoking the body, and specifically the heart's rhythm. The city, the country and the body (politic) are all subject to time. Again television contributes to, reinforces and reflects on temporality as it makes the simultaneous representation of different spaces in a single frame possible. It does not merely enable this representation of spatial convergence, but also strengthens it through television's unique episodic nature added to its visual representation. The city, its defining and significant landmarks alongside the hospital are represented as forming a metropolitan network, one through which bodies are dispersed, according to Simone's logic people are in fact part of the city's infrastructure, and allows the city and society at large to function as every-body assumes certain roles within the network of this material cityscape.

This landscape functions as a text which can be read and interpreted. Television and the camera add to this reading as they provide the viewer with various (chosen) angles and perspectives on a familiar space. Writers, producers and directors all contribute to this process as they decide what the key focus, main theme or *leitmotif* of the series will be. Already from the credits this is clear, namely that the hospital and city function within a South African context, specifically that of Johannesburg. When one then considers the few opening scenes of *Jozi H's* pilot, the series, and by extension the hospital, is further positioned in a transnational landscape of healthcare, tradition, past and present, private and public, and by implication local and global.

2.2.1



2.2.2



2.2.3



2.2.4



2.2.5



2.2.6



2.2.7



2.2.8



2.2.9



2.2.10



2.2.11



2.2.12



2.2.13



2.2.14



2.2.15



2.2.16



2.2.17



2.2.18



2.2.19



2.2.20



2.2.21



2.2.22



2.2.23



2.2.24



2.2.25



2.2.26



2.2.27



2.2.28



2.2.29



2.2.30



2.2.31



The use of location in *Jozi H* incorporates more than merely a representation of the hospital and the surrounding cityscape. Instead, the series draws on settings removed from these spaces, though still illustrating a connection with the aforementioned. This technique is especially valuable when the series reflects, and reflects on, typical South African issues and traditions which occur outside of the hospital and city. When considering the above sequence of stills from the episode entitled “Rites of Passage” (110), the viewer is confronted with an entirely different space. This space, the bush, itself, as the hospital, is removed from other spaces. In several black cultures pubescent boys are still sent to the bush to be initiated into manhood. These young men undergo their “bush circumcision”, or circumcision rite (Vincent 86) either at legal or illegal circumcision schools (Vincent 80).

Louise Vincent in an article entitled “Cutting Tradition: the Political Regulation of Traditional Circumcision Rites in South Africa’s Liberal Democratic Order” investigates Western individualist ontologies’ influence on circumcision rites in South Africa. Her account of this practice is in line with this dissertation’s concern as she pays close attention to the South African body politic and its diversity. Within this network of social intricacy, the use of rituals is useful to secure and maintain a sub-culture’s identity as Vincent suggests that

[r]ituals are commonly identified as mechanisms contributing to social order in all societies, maintaining the organisation of groups into hierarchies, specifying the performance of roles linked to factors such as age and gender, renewing group unity and a means for the transmission of values across generations. (Vincent 77)

For this reason, despite the state’s suggestion and doctors’ call for “medicalised circumcision” (Vincent 81), traditional circumcision is still practised in several black cultures (Vincent 77). Vincent correctly, though implicitly, identifies the two opposing spaces brought into the discussion of circumcision rites today as considered here in *Jozi H*. On the one hand there is the bush with its strictly traditional practices and, on the other hand, it is opposed by the modern hospital. According to Vincent

[t]he modern hospital with its chemical smells, white walls and white-coated functionaries is a stark physical embodiment of the ideals of modernity: rationalism, cleanliness, predictability and the application of orderly scientific procedure. But these ideals are not universally acclaimed. (Vincent 81)

This “modern hospital” is therefore well-aligned with South Africa’s own view of itself. As Vincent puts it, after the instigation of democracy in 1994 South Africa saw itself as a “modern and ‘civilised’ country” (Vincent 85). Furthermore, South Africa was perceived as “de-racialised” mostly because of its “adoption of a liberal, rights-based constitution, a public political discourse of individual freedom and autonomy” (Vincent 85). In a Western sense, these are all relevant and noble ideals and views, but these are informed by a “western, liberal individualist ontology”, which is actively resisted by traditionalist practices, such as circumcision.

With the above ideologies at play, circumcision schools must be legally registered and must adhere to a set of criteria determined by the state. These criteria encourage safer circumcision to prevent “the re-use of instruments without cleaning or sterilisation, the use of blunt instruments and a lack of appropriate hygiene mechanisms” (Vincent 80). The state’s regulation, however, is not a manner of doing away with these practices entirely, but simply to inform these practices in order to prevent the spread of “infection[, ...] venereal disease and HIV” (Vincent 80). Some traditional leaders, as the National House of Traditional Leaders’ spokesperson Sibusiso Nkosi, respond to the state’s concerns by admitting that some of these practices “‘claim the lives of our innocent children . . . making a mockery of our culture’ and bringing ‘shame and doubt’ on traditional practices” (Vincent 87). Others, however, represented by the Congress of Traditional Leaders of South Africa, do not feel the same way (Vincent 87). Their resistance to the state’s regulation is almost obscure. As women are not allowed to be part of the circumcision process in any way, and women were in fact involved in structuring the state’s laws regulating it, these leaders unequivocally oppose state regulation (Vincent 87). They believe that this undermines the entire rite of passage to manhood, which, according to them, may not involve women at all.

Within a South African context consisting of diverse views informed by Western and traditional ontologies on the legitimacy of culture and cultural practices, state regulation of something as sacred as circumcision causes undue turmoil and disagreement amongst people. South African doctors suggest that the circumcision ritual be done in a hospital with the necessary medical equipment to ensure the boys’ safe passage to manhood (Vincent 82). As a boy must exhibit physical strength and fitness to gain his community’s respect (Vincent 82), this can understandably not be achieved in a 20-minute hospital visit with anaesthesia (Vincent 81).

When considering the hand patient in chapter one, the notion of labour or action, closely associated with manhood, is introduced in *Jozi H*'s narrative. Patriarchal values still enjoy considerable cache across large parts of the population. They emphasise the body's material vigour, while disregarding other ideologies of humanity and equality, or as Vincent suggests "western, liberal individualist ontolog[ies]" (81). *Jozi H* weighs these up against each other while showing the virtues of both. However, as it is primarily a hospital drama, it foregrounds the futility of the suffering if this process is not properly managed. The intersection of two diverse worldviews is foregrounded in this scene with "Minelli" and his friends above. However, more than that, a space is opened up to reveal and to deliberate the nature of this intersection in the hospital. The boys may be treated in a Western space with Western medicine, but they refuse to be touched by female staff in accordance with the circumcision tradition. Western medicine's intervention in the treatment of the boys' bodies signifies its superior position on a material level in the medical hierarchy. However, on a social level, the boys still maintain their beliefs regarding, for example, the interference by women, through either touch or sight. The legitimacy of Western medicine, and the hospital in particular, is foregrounded in these stills, as "illegal circumcision" (*Jozi H* online) leads to tragedy and Western medicine is called upon to save the boys. On a corporeal level, Western norms prevail, while traditional practice is rendered redundant, futile, and ultimately even fatal.

As one can see in the above stills from "Rites of Passage" (110), fatality and bodily harm induced by this traditional circumcision are often unregulated practices. The rite of passage to manhood is to be harsh at best and fatal at worst. However, it is this very possibility of death which plays into the traditional requirement of corporeal vigour. To be accepted into manhood and gain agency and respect in their community, these boys must exhibit the aforementioned vim and vigour. However, one of the boys collapses after two weeks in the bush. Stills 2.2.1 to 2.2.6 reveal this utter corporeal exhaustion and breakdown. Hereafter, the boys are picked up by a bakkie (truck), which takes them to JMH, in stills 2.2.7 and 2.2.8. An undermining of tradition takes place here in a way, as the boys do not show the necessary physical strength during their time in the bush. In fact, they bail out, because they fall ill. Further irony manifests in 2.2.9 to 2.2.24 as they are brought to the (Western) hospital to receive medical attention for hyperthermia and serious injuries to their genitalia. The irony lies in the fact that the ritual has not been completed yet, and that they are, therefore, not yet men. Despite physical hardship, or perhaps abuse because of the unlawful practice of being

continuously beaten over the back with a stick revealed in this episode, evident in still 2.2.20, the process had to be aborted. Doctor Ingrid Nyoka (Ingrid), in particular, sheds light on the unlawfulness of this specific instance of the ritual when she asks “Is this still legal?” (“Rites of Passage” 110). Zane, himself a circumcised black African man shouts that she should not “touch [the patient, as this] was one of the most empowering experiences of [his] life. You learn to trust each other; to take responsibility; to survive in the harshest reality” (“Rites of Passage” 110). However, Ingrid challenges this when she asks whether it was “[a]s harsh as this one?” (“Rites of Passage” 110), to which Zane merely responds that “[t]hese are marks of manhood” (“Rites of Passage” 110), accordingly ignoring the illegality of the actual reason for the boys’ arrival at JMH. No women are allowed to touch them either as they are still in the process of becoming men, though this process will not be completed by all of the boys, as Russ’s patient seen in 2.2.13 to 2.2.16 eventually dies shortly after ceasing in still 2.2.24.

Russ’s patient and Francis Jara (King), Zane’s brother, are shown and contrasted in stills 2.2.25 to 2.2.31. The reasons for their arrival are vastly different, but equally important. Different spaces sporadically converge in this episode as states of emergency are brought into dialogue with states of security. The boys’ journey reveals something about the public spaces in South Africa, home to criminals and abusers. King, a criminal by trade, has been attacked in prison and is brought to JMH for medical care. The boys, in contrast, are brought to JMH because of physical abuse through tradition. By screening these patients from vastly different realms of South African life alongside each other in the same episode, the series succeeds in showing that the body is vulnerable in different spaces, whether in a traditional space which is supposedly securing strength, rigour and manhood, or whether it is in a prison, which is supposed to protect its inmates from further harm. The fundamental issue for *Jozi H* is simply that the effect of corporeal abuse, no matter the space, results in the same journey for the body, one directly leading to the hospital. The hospital is then again foregrounded as a place for deliberating social issues and practices. It illustrates injustices committed against human bodies, with a clear sense that some of these could have been prevented if the country’s laws were abided by.

Jozi H does not simply represent the dire consequences of an illegally performed circumcision ritual gone wrong to no avail. Instead, it employs it to make allusion to similar rituals elsewhere in the world. The hospital becomes a boiling cultural cauldron as the local comes into contact with the global and accordingly becomes a truly transnational space. In

Nomsa with her trauma nurse and sangoma identity the series finds a nexus to mediate different perspectives of the body inside and outside the hospital. In this way she becomes pertinent in merging, or rather oscillating between, the Western medicine she practises inside JMH and other (medical) traditions. At first Russ questions her promise to help the old man with the brain tumour, but eventually he goes with her to observe the process for himself, as referred to earlier and can be seen in the following sequence of stills. These stills eventually lead to a significant bond through which Nomsa becomes his spiritual guide, assisting him in dealing with his past, and by extension his present. She helps him to deal with where he is from and where he is now.

Jozi H is therefore specifically a medical series structured around the hospital but also its medical staff. In this series the body is understood as being part of different spaces simultaneously, and it draws specifically on this narrative quality to contemplate issues such as different traditions and modernities. Medical staff in the medical series typically use their personal narratives to make sense of the dire everyday realities of sick bodies and a deteriorating healthcare system to distinguish, to perceive a glimpse of hope and to instil some hope where there might otherwise not have been any. In this case the focus on the body becomes extremely self-reflexive and metafictional as Russ starts falling ill and ultimately suffers from a state of clinical depression. He is a neurosurgeon whose brain is malfunctioning. This is ironic as he is the healthcare professional who is in fact supposed to cure other people from disease and injury.

The bond between Russ and Nomsa, which lies at the core of *Jozi H*, is utilised effectively when he shares with her his difficulties with sleeping and his general melancholy. She advises against medication such as anti-depressants. Nomsa believes he must face his past. Russ's troubles are set in motion in the following stills, emphasising his own history and initiation into manhood. This serves as another link to the global, drawing *Jozi H* further into a generic transnational map of existence and experience, without losing site of its current context. It consciously and effectively represents Johannesburg city life and Russ's journey to become increasingly part of the South African context, leading to his encountering his own (past) experiences. In the following stills he takes the first step towards accepting his past in order to eventually make peace with it in "Love in the Time of AIDS" (112).

2.4.1



2.4.2



2.4.3



2.4.4



2.4.5



2.4.6



2.4.7



2.4.8



2.4.9



2.4.10



2.4.11



2.4.12



2.4.13



2.4.14



2.4.15



2.4.16



2.4.17



2.4.18



2.4.19



2.4.20



2.4.21



2.4.22



2.4.23



2.4.24



When considering *Jozi H*'s internet homepage, the synopsis of "The Chosen" (103) delineates Russ's experience in the episode quite clearly. "This episode," as the homepage states, "deals with coming to terms with one-self in the context of cultural backgrounds and the beliefs of others" (*Jozi H* online). In the above stills, Russ trots over the busy street of Johannesburg Central towards Nomsa on the opposite sidewalk. He asks her if hospital management knows that she is "actively soliciting clients in the hospital" to which she replies that he "said there was nothing [he] could do for [the old man]" ("The Chosen" 103). Russ's true objective for approaching Nomsa as she is waiting for her bus/taxi to take her to the ritual space becomes clear in his response. He tells Nomsa to show him when she helps the old man, "unless [she] has something to hide" ("The Chosen" 103). Nomsa allows him to go with her, but feels strongly about three things, namely that he "should get rid of the thing [stethoscope] around [his] neck, [his] superior attitude and [that he should] say nothing" ("The Chosen" 103). In almost all representations of medical practice the stethoscope is what separates doctors, or medical staff, from other people and traditions. The removal of the stethoscope erases his status as a doctor on a visual level. By telling Russ to leave it behind, Nomsa effectively strips him of his doctor identity and more importantly his ability to act on his Western medical beliefs. Already at this early point in *Jozi H*, Nomsa sees Russ for the (constructed) human being he is, hiding behind a profession and Western medical discourse. She forces him to leave his acquired set of Western beliefs and observe the traditional healing process unbiased, free of influences from his medical training and hospital context. In stills 2.4.4 to 2.4.8 and stills 2.4.12 and 2.4.13 Russ follows Nomsa into a lower-class, ghetto-like space of the city. As they walk through this alley with informal vendors selling various traditional *muti* (medicine) ingredients, another vendor puts a *knobkierie* into Russ's hand. He takes a firm hold of it and swings it determinedly as if it were a habit. This action immediately invokes vivid flashbacks of, his childhood, his grandfather and his own initiation rite into the American Indian culture. Ironically the vendor offers the cane to Russ as a tool "to see where [he is] going" ("The Chosen" 103).

In stills 2.4.6 and 2.4.14 a definitive contrast is drawn between the outside, with the conventional white light shining in from the street at the end of the alley, and the market inside the alley. Russ and Nomsa enter from there, a space outside, closer to the Western tradition, before they are immersed in this darker space where the old man will be treated by Nomsa with traditional *muti*. Russ's process of remembering, the emergence of his suppressed past, comes to the fore, as they become immersed in Nomsa's space of healing.

As already mentioned, in still 2.4.8 Russ swings the cane and, as his memory is triggered, a scene from his childhood is evoked and represented on-screen with a dissolve shot. The viewer is, therefore, included in this process of remembering. Towards stills 2.4.9, 2.4.10 and 2.4.11, the scene is clearly depicted and Russ is shown fighting an older man, presumably his grandfather, in a field. Russ's troubled facial expression becomes clear in still 2.4.12 and he declines the offer to buy the cane. However, the door to his memories has been opened and he instantly sees an apparition of an American Indian walking towards and then past him in still 2.4.13. The American Indian man is dressed in traditional clothing, has long pitch black hair and wears a traditional necklace. As Russ fends for his body in still 2.4.11, the history and memory of corporeal and psychological trauma removed from his current spatio-temporal position are traced through his body. This is particularly evident when he swings the cane, a physical action jiggling his memory through corporeal action.

Two aboriginal traditions, African and American Indian, are brought into direct contact with each other, with the purpose of illustrating the dialectic between these and the Western belief system. Both Nomsa and Russ become vessels for uniting these opposites and showing that they are not entirely delineated and removed from each other, but that they rather contribute to a larger local, global and specifically transnational landscape of culture. It is specifically the mnemonic quality of the narrative, namely that of Russ's memory and his personal narrative, that is utilised to explore larger concerns of cultural practices. It also shows that these practices can be deliberated, rethought and reinterpreted in different spaces.

Spaces from nearby and from afar come into contact through the medium of television. In Russ's and Nomsa's journey, flashbacks, fade-ins and constant close-ups of Russ's troubled facial expression are effectively employed to show that traditional non-Western cultures exist around the globe and, just like Western cultures, form part of transnational landscapes and spaces, particularly in the hospital and through television. However, again it is the heterotopical hospital which connects these different spaces through various characters' personal narratives, histories and memories. In this sense, *Jozi H* becomes cunningly didactic as it exploits production possibilities of the television medium and accordingly its representation of the hospital space, cleverly including certain characters, professionals and patients. This shows the metonymical nature of space in *Jozi H* and specifically its representation of JMH makes unlikely, but plausible connections to understanding crises of personal and public, local and global histories with relations to modernity. The hospital

becomes a performative space in which historical trauma and culture are increasingly and incessantly presented.

2.5.1



2.5.2



2.5.3



2.5.4



2.5.5



2.5.6



2.5.7



2.5.8



2.5.9



2.5.10



2.5.11



2.5.12



2.5.13



2.5.14



2.5.15



2.5.16



However, the hospital, though fundamentally the most important setting in *Jozi H*, does not exist in isolation. The series therefore makes productive use of space by including spaces outside which links it to it in some way, either through common characters, or through an interdependent cause-and-effect relationship between inside and outside. Nomsa becomes a spiritual guide, in the true sense of the word. She guides Russ into the depth of the bush so he can undergo a ritual and reach self-understanding. She leads him into the bush in still 2.5.1, despite his exhaustion and anxiety, signifying his particular state of mind. Nomsa constantly turns back to prompt him to keep up with her. Russ's difficulty, evident from an unintentional reluctance, better described as an inability, to keep up with Nomsa, starkly contrasts his strong physique. This is especially evident in stills 2.5.3 and 2.5.4 where Nomsa is well ahead of him.

In 2.5.4 she is shown clearly on a bush path waiting for him, allowing him some time to catch up to her. The path is surrounded by trees, bush and wild grass, effectively framing it with Nomsa and Russ on it. It emphasises their journey into the bush. Still 2.5.2 and 2.5.5 show the fiery river in flood and then Nomsa and Russ crossing it, in turn. Its river, and its water specifically, serves as a divide between Russ's past and his present. Water seems to function to represent a repressive barrier to memory. Therefore, Russ must become immersed in it to be cured from his troubling past. This is both a symbolic and literal experience and ritual as seen in stills 2.5.15 and 2.5.16, a point I discuss later.

The spiritual retreat depicted here takes Russ to an old sangoma. This man seen in still 2.5.8 is blind and, therefore, "sees" Russ without being blind-sighted by his physical strength and power. Linking closely to chapter one, Russ's body is shown to exist on two levels. Firstly, it exists on a physical level radiating his power, but, secondly, it alludes to his psychic existence eliciting memories and experiences that cause him to physically collapse and fall ill in JMH. These two ends are not mutually exclusive, but rather intricately intertwined with the same body. The one influences the other directly in this psychosomatic encounter.

The healing process starts with the invocation of Russ's grandfather, presumably the man he saw in the form of an apparition in the alley. In still 2.5.10 the sangoma tells Russ that "[he] had walked away from the things that would have given meaning to his life" ("Love in the Time of AIDS" 112). He further conveys a message from Russ's grandfather, namely that "[his] tribe longs for [him]" ("Love in the Time of AIDS" 112). A cultural connection which

transcends spatio-temporal constraints is clearly communicated in this scene. At this point Russ stops resisting his past and the healing process can continue.

Throughout these stills jump cutting is used to move between the hospital with its own states of emergency and healing to Russ and Nomsa on the periphery of South African civilisation. The hospital remains the centre to which everything in *Jozi H* is constantly connected. Furthermore, the outside or periphery of the bush is not simply contrasted with the inside of JMH in Johannesburg Central, but rather shown as functioning bilaterally. They represent similar spaces of healing and life, but according to different traditions. The hierarchy and categories remain the same, but the spaces change. The use of fire in the city and in the bush, as seen in the opening credits and here in stills 2.5.11 to 2.5.13, reinforces the link between these spaces. As fire is symbolic of life itself, it becomes representative of city life and traditional life. Moreover, it becomes symbolic of Russ's life and his health, as he reclaims health in stills 2.5.15 and 2.5.16 after walking into the water. The red remedy he pours over himself also mirrors the fire. The drumming and chanting in Russ's head as he replays the sangoma's message from his grandfather, emphasises the significance of this ritual for him. Again, *Jozi H*'s preoccupation with birth is evident as Russ is spiritually reborn in the water. Just like Moses, as discussed in chapter one, he gets a second chance on life, though not simply on a physical level. The renewal is fundamentally a spiritual one.

2.6.1



2.6.2



2.6.3



2.6.4



2.6.5



2.6.6



2.6.7



2.6.8



director of photography
Milan Podsedly, CSC

2.6.9



2.6.10



2.6.11



2.6.12



2.6.13



2.6.14



2.6.15



2.6.16



As indicated above, there is a fundamental preoccupation with birth, and, therefore, childbirth and its complications. This is evident throughout “Beginnings” (101), which constantly invokes the possibility of life beginning and ending, or more literally the possibility of the body itself coming into being and ceasing to exist in particular spaces. In the 2.6 sequence above, the audience is introduced to Nash and his students during rounds. The woman in this scene is pregnant with twins. Her body, in particular her womb, is home to two young bodies, which inevitably have different requirements from that of only one body. Nash rides them for answers and mockingly shoots them if they are wrong. This links well to the scene concerning the “criminal” discussed in chapter one and King discussed earlier, as these both appeal to gun violence. In this scene, however, Nash approaches from behind the curtains, premeditated like a predator, moving behind it from 2.6.1 to 2.6.2. His persecutory behaviour is somewhat ironic as he attempts to teach his students about the complication of this woman’s pregnancy, namely that “blood supply to the uterus is about a third of what it should be to support twins” (“Beginnings” 101). However, he only tells them after still 2.6.12 in which he “shoots” Doctor Sofia with a loud onomatopoeic “BANG” (“Beginnings” 101). She becomes his second “victim” after the male doctor in still 2.6.6 and 2.6.7. This scene reminds one of a computer game. It seems that Nash understands more of the local context than he might think with his casual employment of mock violence in JMH. Nash, as an American doctor who works in JMH, thus embodies *Jozi H*’s transnational narrative, which emphasises that narratives of violence and revenge are not emblematic only in South Africa, but, rather, that these are global phenomena, present in the first-world and the third-world.

However, the possibility of the present “game”, as *Grey’s Anatomy* also calls it in its pilot, centres on Western medicine in a context where the patient has a diagnosis as she has access to the necessary medical technology such as ultrasound. Doctor Moroka, however, enters, from the same place from behind the curtains as Nash, which in itself signifies his character’s authoritative identity. His opening statement, namely “[h]ow would we help this woman in the rural context?” (“Beginnings” 101) is met with unadulterated silence. Firstly, it is interesting that Moroka, a black surgeon and decorated war hero in the struggle against Apartheid, asks this question in relation to a white woman. On the one hand he breaks down the stereotypes concerning the centre and the periphery, or in other words the canonical (white) body and the peripheral (black) body. On the other hand he introduces the everyday realities to which most South Africans are exposed, namely what he refers to as “the rural

context". Moroka, specifically because of his past, is aware of the different spaces that constitute South Africa and in which the body politic is dispersed.

He mocks the students slightly by responding on their silence with "[s]o we're all gonna be big city doctors then?" ("Beginnings" 101). Most importantly he points out that the body does not only require help in the hospital space, but that bodies also exist and need the same care for the same complications outside the confines of the hospital. Understandably a student replies that "she would not have a diagnosis" in the rural context, but Moroka proposes an imaginative context in which she does. The final idea, and arguably the best idea, is to send her to the hospital, but Moroka suggests that they cannot because of a shortage of beds, indeed a reality of South African public healthcare. Before a way of caring for the "rural body" is suggested, Nash is paged to Vusi's surgery and excuses himself by telling Moroka that he (Moroka) is "way better at the Africa part than [he is] anyway" ("Beginnings" 101). What Moroka mainly does, is to renew the hospital's relevance in South Africa. It becomes a learning space in which its characters, such as Moroka, draws on personal experiences to teach a new generation of doctors, so the hospital becomes more involved in the larger medical discourse in Johannesburg and South Africa, instead of becoming redundant. More importantly, they allow the (public) hospital to function metonymically in order to reveal and make sense of bodies and traditions in different spaces, rural and privileged, inside and outside JMH. This is initially done in this sequence with Nash's use of violence embedded in the popular imagination to link these aforementioned spaces.

Evident in the following stills is the hospital's (re)positioning, and moreover inclusion, in narratives of violence. It again becomes a metonymical space joining these narratives from outside in and with the hospital. This is evident in Zane getting shot because of his brother's need to punish "Strawman" (*Josi H* online) for informing on him to the police. Zane attempts to protect King and gets shot. Furthermore, a clear link with the violence committed against Jenny's body through stabbing her with a syringe filled with blood is further established through the use of the spectacularised and popularised fear of HIV/AIDS. It also shows that the fear and disease of this syndrome are not racially bound to black people or even Africa. The hospital converges these narratives as illustrated in the discussion of the following sets of stills.

2.7.1



2.7.2



2.7.3



2.7.4



2.7.5



2.7.6



2.7.7



2.7.8



2.7.9



2.7.10



2.7.11



2.7.12



2.7.13



2.7.14



2.7.15



2.7.16



2.7.17



2.7.18



2.7.19



2.7.20



2.7.21



Here, at the beginning of “Brother’s Keeper” (104), Zane’s brother, King is shown obstructing the path of Simon’s ambulance. King’s total disregard for authority, humanity and life, is clear in stills 2.7.2 and 2.7.3. He acts as if he is the “king of the city”, living outside and above the law in a state of exception. However, there is some inherent irony in King’s obstructing the ambulance’s route to the “casualty entrance” (“Brother’s Keeper” 104). This is clear in still 2.7.21 where his “friend” (Strawman) is taken to the hospital in the same ambulance. King is further shown as he casually lights a cigarette in still 2.7.2. He returns Simon’s outrage at him, “[j]y’s mal! [You’re crazy!] If my patient doesn’t make it, it’s on your head!” (“Brother’s Keeper” 104), with an indifferent gaze, after which he casually drops the cigarette and blows out a last lungful of smoke. He consciously disrespects Simon and his cause to save a life. Despite his indifferent stance, he has come to the hospital because one of his people was shot as can be seen in stills 2.7.16 to 2.7.18.

Shortly after King enters the hospital, he tracks down his younger brother Zane, who attempts to avoid him, unsuccessfully. *Jozi H* draws a stark contrast between Zane’s world, namely the hospital, and King’s world, namely the unlawful city spaces controlled by his gang. King comes to Zane, as he needs Zane to see “a friend” of his “seeing that [Zane’s] head is filled with all that expensive education” (“Brother’s Keeper” 104). Light is shed on the episode’s title as it becomes clear that King was Zane’s keeper, supporting him financially through his studies. This point is clearly alluded to on *Jozi H*’s homepage (online). Inherent irony lies in King’s comment that he “would rather die out on the street than in a place like this”, namely the hospital, since he does, in fact, eventually die in JMH. The reason for his contempt regarding JMH, or the (public) hospital, lies partly in his identity as a gang leader. He needs to be in control, but he is not in control of events in the hospital. The brothers’ filiation is employed to strengthen the different spaces colliding and intersecting with each other at this point in *Jozi H*. King asserts power outside the hospital, while Zane is a senior surgeon asserting power inside the hospital.

In stills 2.7.10, 2.7.12 and 2.7.19 automatic guns suggest the nature of King’s rule on the streets. Specifically in still 2.7.19, Zane reaches for his cell phone, which is quickly answered by guns being drawn on him. A link with the Hillbrow Tower is once again invoked, as the cell phone is indicative of communication. It becomes a way to literally “call” for help and initiate the body’s conveyance to JMH. It is exactly this regulated space which King wants to avoid, as his operations do not adhere to official, nor legal, regulation. In still 2.7.15 Zane

tells King that the man needs an ambulance. Shortly after this Strawman's one lung collapses, which Zane re-inflates using a pocket knife and a cocktail straw. At this point he has become submerged enough in King's space to see to it that Strawman is taken to JMH in stills 2.7.20 and 2.7.21 shortly after on his suggestion. However, Zane tells Simon that he, Simon, "found him on the side of the road" ("Brother's Keeper" 104) to prevent unnecessary questions for himself, Simon and, mostly, King. Gunshot wounds (GSWs) must be reported by law, and Strawman suffers from multiple gunshot wounds, which would make his case all the more serious, and, therefore, Zane chooses to avoid questions. The viewer clearly sees how two vastly different spaces, with two different sets of rules, infiltrate each other, as Zane, from the hospital space, helps King's "friend" outside the hospital, but inside a space controlled by King. After this Strawman, an image of gun violence so typical to South Africa, enters the regulated space of the hospital. This interplay between, or blurring of, spaces paves the way for acts of violence committed outside the hospital, to get a holding inside the regulated space of the hospital. This is all the more palpable when Zane gets shot in "Crush" (106) and the hospital actively becomes the "operational hub" referred to earlier in this chapter. Its metonymical function as representing realities inside from both inside and outside is reaffirmed. Discourses of healing and discourses of violence and destruction are shown to intersect, relating to the larger South African nation-state's challenges of amnesty and healing in relation to reinforcing disparity and inequality.

2.8.1



2.8.2



2.8.3



2.8.4



2.8.5



2.8.6



2.8.7



2.8.8



Television's ability to establish a dialogue between inside and outside spaces means that the outside violence, a reality on Johannesburg's streets, is brought into the confines of JMH. King has learned that Strawman informed on him to the police, and demands to know what he told them in still 2.8.1. Though Strawman is asleep and cannot answer any questions, King's frustration and defencelessness against the law are evident when he puts his gun against Strawman's head to extort information in still 2.8.1. The two spaces and narratives of violence and caring or healing, respectively, intersect as King's gun is contrasted with the oxygen tube attached to Strawman. Technologies of violence and death are contrasted with technologies of healing and life in this still.

However, the medical plot is entirely undermined in stills 2.8.2 and 2.8.3 when King resists Zane's intervention in his extortion plans. As Zane is supposed to be in control of the hospital space, but fails, the hospital becomes a metonym of a culture of violence and revenge informed by and originating on the outside of JMH. The police officer in the corridor, guarding the informant, attempts to subvert King's power after the man is shot in cold blood in still 2.7.5. The hospital is penetrated by the outside and its hostility, as its functioning as a space of care is subverted. This is also evident to a lesser degree, but just as importantly, in a scene from "Beginnings" (101) where Nash teaches his students, as discussed above. Throughout their discussion of the particular patient, an underlying narrative of violence and persecution, as is common to some popular cultural forms such as television and film, is clear as he "shoots" them when they get a question wrong. They need to be punished, at the very least, and, preferably, be eliminated from "the game".

In the following sequence of stills taken from "Brother's Keeper" (104), the everyday reality of HIV associated closely with Africa, becomes a reality for the Canadian Jenny. In this sequence *Jozzi H* again proves its transnational structure and functioning. Notions of corporeal invasion through the deliberate spreading of a disease, invokes notions of biological warfare, the infecting of the body against one's will for the sole purpose of doing harm. This is a clear sustaining of the previously mentioned narrative of revenge which still irks South Africa today. This "attempt" at "infecting" Jenny occurs publicly. Raising doubt about her HIV status in this way is one step away from, if not entirely, HIV infection in the popular consciousness. Ironically enough Jenny is also "infected on television" when taking the viewer's point of view into careful consideration. Through jump cutting the series succeeds here to establish the parallel existence of the global and the local, especially through

television's ability to jump between characters in different spaces with an intense emphasis on detail. Specifically the variation and distinct use of medium and close-up shots allow the series to tell a story of love in parallel to revenge, the everyday and stability in parallel to personal trauma and corporeal emergency.

In still 2.9.4 Jenny is on her cell phone and connected to her mother country, Canada, as her ex-husband informs her that their son refuses to take his medication. She is firmly grounded in JMH, but her transnationality becomes increasingly apparent here as she deals with issues on a local and a global scale, both personal and professional. Shortly after this communication with her ex-husband, she is physically assaulted in still 2.9.7. However, the important thing with regards to the hospital space itself, and its representation in *Josi H* through television, is that the attack on Jenny does not occur in isolation. Instead, it forms part of a larger local, global and especially transnational narrative fabric. The local here is firstly represented by the hospital space of JMH itself, but reinforced through the inclusion of Thabani, the hospital vendor with a shopping cart. This provides an important link to the public city space outside signified amongst other things for informal trade. Thabani is an authentic Jack of all trades as Nash obtains his services to pick up his American girlfriend, Lisa, at the airport in stills 2.9.2 and 2.9.3. Another transnational connection is established here as the local comes into contact with the global, clearly evident when Lisa and Nash greet each other in JMH in still 2.9.5. It is then after this that Jenny gets the call concerning her son.

After checking on her patient in still 2.9.6, Jenny is confronted with the woman who stabs her in still 2.9.7. This relates closely to Jenny's involvement in the rally against HIV/AIDS in the township where she was captured on national television with healthy, uninfected children with her. She mistakenly used them as examples of children who were infected with HIV. The woman shown in still 2.9.7 is the mother of one these children. She angrily explains her action to Jenny as security arrives to take her into custody in still 2.9.10. Pointing furiously and accusingly at Jenny, she tells her, "[y]ou infected my child on television for the *whole* country to see. You said she's HIV positive, but she isn't. You ruined our lives, and now it's your turn" ("Brother's Keeper" 104). The stigma associated with HIV/AIDS is clear from the mother's accusation. However, her revenge against Jenny in the hospital highlights an interplay between centre and periphery, city/hospital and township. She brings her hatred to

the inside of the hospital. It forms part of a larger national discourse of health, but moreover revenge to right some wrong committed in the past against oneself or one's group.

Jenny is easily established as the central focus in stills 2.9.6 to 2.9.13. The *mise-en-scène*, in particular, is constructed in such a way that she becomes the focaliser. Even though the viewer observes Jenny for most of the scene, he/she also inhabits Jenny's gaze and view of the woman who stabbed her in still 2.9.10. In the series itself, shot-reverse-shot is used to depict Jenny's experience of the incident. Through blurring and shallow focus the medium shot of the woman, which allows a visual contextualisation of her in the hospital and its mechanisms, contributes to the claustrophobic representation. The very nature of *mise-en-scène* is unsettled in stills 2.9.9 and 2.9.10, as everything *in* these shots is not clear. They do, however, as already mentioned, sketch Jenny's point of view for and convey her experience to the viewer. This includes clear disorientation induced by an acute experience of corporeal and emotional trauma, as she struggles to deal with what just happened. Her trauma is increased by the fact that she realises she has been injected with blood. While she is aware of the medical implications, the popular imagination also plays a key role in her reality, as the woman explains to her – "[y]ou infected my child on television for the *whole* country to see," and, accordingly, "ruined our lives" ("Brother's Keeper 104).

Blood in the popular imagination is always suspected of being infected with serious diseases such as Hepatitis or, more often, HIV, until it is scientifically proven to be safe and uncontaminated. This fear of infection is also clear when considering Jenny's expression and general state of paralysis after she is stabbed. The mother and her child, and by extension their family, suffer because people believe they are infected with HIV, though, she says they are not. The notion of truth and the construction of truth are foregrounded. These are also central issues in *House M.D.* This sequence with Jenny and the mother's statement show that beliefs and what people imagine to be true, are really all that matter. The body can hide the truth, and television can (re)construct and/or (re)affirm it, whether wrongfully or rightfully. However, this is all done in accordance with conferring the hospital its metonymical function as it is (re)positioned in the cityscape and larger South African (and American) context to deliberate other spaces outside the hospital. Narratives of violence and revenge typical to these spaces are included and represented in *Jozi H.*

2.9.1



2.9.2



2.9.3



2.9.4



2.9.5



2.9.6



2.9.7



2.9.8



2.9.9



2.9.10



2.9.11



2.9.12



2.9.13



2.10.1



2.10.2



2.10.3



2.10.4



2.10.5



2.10.6



2.10.7



2.10.8



2.10.9



2.10.10



2.10.11



2.10.12



2.10.13



2.10.14



2.10.15



2.10.16



An appropriately, yet sentimentally titled episode seven, namely “The Children are our Future”, takes the viewer from the hospital to the township and township graveyard. Again jump cutting establishes this constant movement between different societal and non-societal spaces. The hospital, already established as “an other space” or heterotopia, is physically still at the centre of societal space in the City of Johannesburg, for example. The township, as mentioned earlier, contrasts the cityscape and by extension the hospital, as it is on the periphery, outside the normal, Western cityscape. Jenny and Sipho, both doctors, attend the funeral of a girl who died of HIV/AIDS in JMH. This shows their investment in humanity, transcending site-specific conventions of centre and periphery. However, a crucial difference between these two characters should not, and cannot, be ignored. Jenny is a white woman with a sick child from Canada, a first-world Western country. Sipho is from the township, as is evident from his close relationship with the children in still 2.10.11. The hospital, however, again underlies this narrative, as it is there that these characters met and work. Here, though, in a similarly “other space”, Jenny and Sipho become romantically involved.

Still 2.10.1 shows the simple, yet natural, act of holding hands. In this context, and at this stage in the series’ plot, signalling more or less the halfway mark, this simple act indicates the possibility of healing, hope, and reconciliation. *Jozi H*, in particular, therefore, does not merely gesture towards a dialogue between various centres and peripheries. Instead, the series draws these nationalities, the local and the global, the hospital and the graveyard, life and death, city and township all together through a transnational and cross-racial relationship between Jenny and Sipho. Race and place of origin do not play any role in the humanity of these two characters; the humanity which *Jozi H* attempts to convey to its transnational/international audience.

By bringing the hospital, graveyard and park into conversation through jump cutting and shot-reverse-shot, spaces of healing/life, death and new life are all brought into an interdependent relation with each other. *Jozi H* encourages a holistic approach to life and space, as it contemplates South Africa’s past and present, and in effect represents a present gesturing towards a brighter future. It suggests harmony and safety as Sipho embraces Jenny in still 2.10.15. King’s arrest in still 2.10.16, though seemingly contrasting this idyllic scene, supports the general train of thought of security. However, *Jozi H* also critiques the local authorities’ inability to protect its children, and by extension its future if one keeps the episode’s title in mind. This is particularly evident, as a child who died of HIV/AIDS is

buried here, serving as the ultimate proof of “our” inability to protect our children. However, a better future is imagined in still 2.10.11. This still captures the stereotypical television representation of what resembles the typical nuclear family, which according to Dan Graham constitutes television’s main subjects (168). Finally, various discourses of power intersect in the 2.10 sequence above. Medical discourse is brought into dialogue with social discourses of family, society and work through Jenny and Sipho. Simultaneously the official discourse of the state and its laws intersects with that of other grand narratives, such as religion in stills 2.10.2 and 2.10.5 where the priest holds his hands to the heavens. In this way a triangle of power distribution is established in order to show their interconnectedness and, specifically, that the hospital is foregrounded, deliberated and (re)positioned as lens to view both centre and periphery in the medical drama, even on the outskirts of Johannesburg.

2.11.1



2.11.2



2.11.3



2.11.4



2.11.5



2.11.6



2.11.7



2.11.8



2.11.9



2.11.10



2.11.11



2.11.12



2.11.13



2.11.14



2.11.15



2.11.16



2.11.17



2.11.18



2.11.19



2.11.20



2.11.21



2.11.22



2.11.23



2.11.24



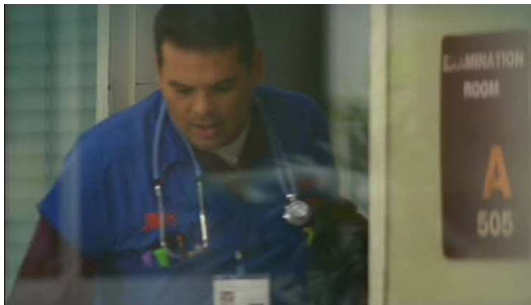
2.11.25



2.11.26



2.11.27



2.11.28



2.11.29



2.11.30



2.11.31



2.11.32



This sequence of stills spanning over the two final episodes of *Jozi H* “Love in the Time of Aids” (112) and “Forgiveness” (113) indicates the pain and vulnerability of bodies as they are signified in and through space. It is also these individual bodies which serve as function for understanding the larger South African condition, including its inherent transnationality, largely indicative of a local and global relationality in space. This is, however, done through the hospital, JMH in particular. It proves to be ever-increasingly metonymical in this way, allowing viewers to perceive a society at large, though within the constraints of a fictional realm. Television as a medium does not only enable the depiction far removed from the series’ main setting, namely JMH and to a degree Johannesburg with its surrounds, but it is also to establish a constant interplay between spaces outside, inside, domestic and hospital.

Though Ingrid and Captain Johan Botha seen in still 2.11.1 do not get along well at first, he assists her in finding her father’s body. Like her he opposed Apartheid but “worked from the inside” (“Fathers” 102). He offers his help to find Ingrid’s father at the end of episode 12. In still 2.11.1 they are at an old policeman’s house, a black man who knew Ingrid’s father. He arrested him “many times, sometimes for his own good” (“Love in the Time of Aids” 112). Captain Botha himself tells Ingrid at the hospital before coming to this man, that her father “got up some pretty powerful noses, with black and white” (“Love in the Time of Aids 112).

True to its overall structure, *Jozi H* takes the viewer to the periphery of cosmopolitan existence. In this case it does so by conveying the viewer visually to deserted old mine dunes on the outskirts of Johannesburg. This landscape depicted in the 2.11 sequence above shows a mass burial site in which bodies were, literally, hidden away from public consciousness. Only selected individuals knew that these bodies were once part of the body politic at large, and of the body politic at all. These individuals, such as Ingrid, did not necessarily know where these bodies were concealed, and erased from the grand narrative of South Africa. This is also symptomatic of South Africa’s history with oppression and concealment of truth from its people – a people today, in theory as well as in practice, increasingly comprised of a multiracial demographic and a diversified class demographic.

In this sequence, however, the body is literally excavated and shed light upon in clear daylight. Furthermore, it illustrates the functioning and rendering of this peripheral space as archaeological site. The viewer and archaeologist, or perhaps the viewer as archaeologist, become familiar with a concealed truth, a buried body, or at least remains of a buried body.

These remains, namely the bones or skeletons of bodies are that which give structure to it, that which determines its shape and size. Furthermore, an unambiguous deracialisation of the body takes place here, as all bones are white, perhaps indicating a fundamental truth about the relation(s) between people of different races. In this archaeological space racial identities of bodies become redundant. They are effectively rendered as such specifically within this space, which is also linked through the television medium to the hospital, as I explain later.

The archaeological site and its excavated finds are to the archaeologist like the hospital and its sick bodies are to the doctor. The archaeologist, however, in contrast to the doctor, excavates and accordingly reveals the core of the body, its fundamental structure. By writing this into *Jozi H*, a contemporary South African body politic, obsessed with truth and reconciliation, is allowed access to its past and future. Interestingly, the process of excavation continues at this mining dune, but the mining component, and accordingly the wealth production associated with it, rather lies in a (re)discovering of the body and (its) past, and by extension the contemporary body politic's future, enabled through the notion of forgiveness. Though the doctor does something similar to the archaeologist within the space of the hospital, the difference lies in the fact that he deals with the body's living state, increasingly emphasised by the reference to "LIVE" in the credits and the pilot. This state of living necessarily leaves the body exposed in various spaces, as seen above, and, thus, it can quickly regress to a state of emergency in which the body cannot simply "LIVE" without assistance. In such cases, the body becomes known in a medico-scientific sense in the hospital itself. It is examined for truth according to symptoms it elicits, and then diagnosed and treated within the hospital. It is this preoccupation with the body, and, in particular, its locatedness in space, whether the hospital, graveyard, or mass burial ground here, through which the body's identity is realised, both historically and socially. It is then these identities that are brought to the surface.

By identifying the remains of bodies, people such as Ingrid's father can be identified as having been buried on the periphery, away from their relations and the city. Their identities as outcasts are accordingly confirmed. Through the process of excavation itself, however, these bodies are re-identified and written into South Africa's historical and present narratives. The cataloguing of and re-membling of these bodies at this point in *Jozi H* directly lead to what the episode's title suggest, namely "forgiveness", whether it is the act of forgiving or state of forgiveness one experiences from being forgiven. Towards the end of this sequence

in stills 2.11.24 to 2.11.32 the convergence of different spaces, with a constant return to the hospital, allows the emergence of the theme of unity on a visual level. By using television and its filmic ability to weave different images into and over each other through fade-in, the hospital, archaeological site, domestic sphere all intertwined and important interlocutory spaces for South Africa, its body politic and its diverse dispersion of identities along race, class, tradition and, above all, space contribute to the aforementioned theme of unity.

As indicated earlier, this chapter asks for a re-imagining of the hospital space in society, and particularly South African society at large. It shows how the Western hospital, in this case JMH in *Jozi H*, entertains ideals particularly associated with Western modernity and technology. However, by this standard it is no different from the American hospital represented in *House M.D.* Its fundamental difference and significance lies in its convergence and combining of various different identities and spaces within and moreover through the heterotopic hospital space. JMH is, though at the centre of Johannesburg and metropolitan life, also entirely removed from it, rendering it a space for the deliberation of and reflection on South African spaces and healthcare as well as traditions influencing these. This reflection is cinematically established and re-established throughout *Jozi H* through constantly referencing and visually depicting the Hillbrow Tower. This symbol of communication serves as instigator of dialogue between and linking of various central and peripheral spaces, as discussed elsewhere in this chapter. However, the hospital's significance further lies in what Simone would suggest as "people as infrastructure" (68). It is then these people from different spaces that come together in and through JMH. The hospital space can therefore metonymically reflect on and allow cultural and ethnic, local and global as well as central and peripheral existence and heterogeneity.

This chapter also shows how various bodies pass through the hospital and spaces outside which are associated with it, continuously and continuing. Television's nature is reflected in this process as it is itself ever-continuous and -continuing. Finally, space, specifically the hospital space, but also the outside spaces associated with and deliberated in relation to it, proves to be "an integral part of social life" (Durkheim and Mauss quoted in Prior 87). In other words, there is a constant dynamic and dialectic use of space in *Jozi H* which (re)positions the hospital in the popular imagination. In short, the hospital is a metonymical space for the diverse societal space at large. It therefore becomes an "operational hub" (Mbembe and Nuttall 4) as it provides a stable and necessary platform for the consideration,

acknowledgment and drive for multiracial, multinational, multicultural and multitechnological concerns throughout the body politic in a post-1994 democracy.

Chapter 3:

Framing Bodies: Capturing Global, Local and Transnational Identities in *House M.D.* and *Jozi H*

Television is, at its very core, a medium through which fictional and non-fictional entertainment and information are distributed. In many cases, the meaning of the word “television” itself, namely “seeing from a distance”, can be utilised to reclaim this main claim to fame, which traditionally enables the medium to reach both local and global audiences. As already considered in chapter one, the medical series employs the human body as the foundation of all its narrative explication, dialogically, but, even more notably, visually. Scenes or even shots in *House M.D.* and *Jozi H* which are not constructed around the body/bodies either implicitly or explicitly are few. There might, arguably, be none such scenes or shots, as even the brief absence of the body in the frame indicates an implicit presence (elsewhere) and therefore an implied presence. The reason for this is simply that the medical drama deals primarily with the human body in all its states, such as emergency, pain, health, death and life.

The body is constantly framed in particular ways in accordance with generic conventions, so that it becomes the spectacle which television stages. This staging of the body occurs through television’s unique ability to screen it to local and global audiences. This might seem like merely a traditional cinematic technique, but television’s episodic nature and merging of genres in one forum, namely diverse programming on particular television channels, and, moreover, on/in the television box itself, allows the foregrounding of the body as an inherently “watched”, or spectacularised, corporeal entity. Television produces the body into a spectacle and then sells it to global audiences, similar to cinema, but also different in key respects. The distinctiveness of television in this regard lies in the fact that the same product, for example a series, is constantly sold and resold, allowing its particular spectacle, or collection of bodies (actors), to be developed in through the genre of comedy, drama, or in this case the medical drama. This approach to the body through television as a medium and the medical drama as a genre informs this broadcasting of “images and sounds [which] are viewed in homes”, as Corner (4) suggests. Viewers can relate more easily, and more often or simply continuously, to the everyday realities which television brings into the private space of the home through its focus on providing information.

In *House M.D.* this is done in such a way as to foreground an individualist ontological approach to existence, emphasising a Western, rational reflection on the human body within a Western hospital. The body as spectacle is mostly a fetishised commodity, screened to be watched, subsequently becoming a product which is sold for profit. *Jozi H* on the other hand,

though not discarding House's approach to medicine and life in general as a whole, stresses a more collective and subsequently contextual reading of the body. Its spectacle nature is still prevalent, but it is also screened in diverse ways and settings in order to inform both local and global audiences, specifically South African and Canadian audiences, of the body as vessel and nexus of Western and traditional African and American Indian cultures. Again, this is done episodically and with a clear and unique emphasis on informing audiences about South African healthcare and cultural belief systems while entertaining them with a fictional narrative and medical plot.

While *House M.D.* is almost entirely shot inside Princeton-Plainsboro Teaching Hospital (PPTH) without any real hint at a need to transcend the hospital walls, *Jozi H* constantly takes the viewer to the outside, as indicated in chapter two. Besides these overarching approaches to representation, both these series showcase intrinsic metafictional qualities, used to frame, re-frame and de-frame the body. These are respectively used to contemplate and elucidate societal realities as well as individual realities, or rather realities of the self. These are especially illuminated through specific use of the camera and editing techniques such as fade-in in *Jozi H* and walk-and-talk in *House M.D.* Camera movement and angles as well as the bending and interruption of narrative time are also utilised to express the plot's themes. Furthermore, *Jozi H* takes a more contextual a view of the body as something that is always embedded in the social matrix of the hospital, body and space, whereas *House M.D.* increasingly focuses on the individual body, and ultimately that of House. The framing of bodies in both series is paramount as it creates an awareness of the constructedness of television narratives, and moreover poses questions to our expectations of television conventions. Both series deviate from the traditional generic form of the medical drama. Both explore and employ documentary techniques to capture a renewed awareness of temporality, as time is of the essence when it comes to bodies in crisis. The confining ability and informational quality of television, in a news-like, documentary sense, are shown to be as much a part of the fictional series as of more factual genres such as news or documentaries themselves.

House M.D. and *Jozi H* give fictional accounts of medical practice in two diverse contexts, namely America and South Africa – clearly referencing the first-world and the third-world. The interplay between fictional space and real space is constantly related to the viewer with the body at the centre of narrative explication. Television as narrative medium with its

particular technical qualities becomes particularly valuable in this representational process of bodies in the medical drama. The genre and its preoccupations are constantly in dialogue with the medium relating them to the viewer. James F. Weiner in an article “Televisualist Anthropology” describes a world view which has become, and increasingly is, actualised, or rather “materially translated” on-screen (Weiner 202). This “totalising picturing”, as he calls it, informs “[the] emergence of subjectivity itself” (Weiner 202). Weiner understands this process by way of Heidegger’s claim that “to represent means to bring what is present at hand before oneself as something standing over against, to relate it to oneself, to the one representing it, and to force it back into this relationship to oneself as the normative realm” (Heidegger quoted in Weiner 202). At the core of this description of representation, specifically visual representation, lies an inherent dialectic. In the context of television it gestures towards a relationship, a dialectical process, between viewer and television image. The viewer, in fact, comes to bear witness to representation(s) on-screen, and becomes complicit in and integral to television’s representational process. In this process, Weiner argues, that television is constantly employed “as a useful and powerful medium of representation and self-representation for [(non-Western)] people” (Weiner 201-202). Television is therefore “well-positioned to capture social life, regardless of the degree of fictionality of the related genre, and its concealments, the gaps in knowledge, and the turnings-away that make nescience a positive component of social knowledge” (Weiner 200-201). It is, however, in these fissures that television, and this study in particular, is interested. Foucault notes in his historical study *The Order of Things* with regards to the process of representation and its relational quality that

the order of natural beings are established and revealed in so far as there established between [...] visible individuals [...] systems of signs which make possible the designation of representations one by another, the derivation of signifying representations in relation to those signified, the articulation of what is represented, and the attribution of certain representations to certain others. (Foucault, *The Order of Things*, 221)

This rather elaborate description of the relational nature of “natural beings”, subjects or simply human beings or (individual) bodies, introduces a logic central to the nature of television, and specifically television representation. If television represents social life, of and in whichever form or genre, it does so in relation to reality. It becomes part of the chain of signification, or representation, as it becomes a means to represent and ratiocinate the

framing of bodies on-screen. In the last phrase of the quotation Foucault picks up on the inherent relational, or rather interrelational, quality of the representational process itself. He gestures towards an “attribution” or acknowledgment of “certain representations to certain others” (221). If one considers the preceding two sets of parentheses, it relates to the very nature of television as it is indeed a medium which “[signifies] representations in relation to those signified” (221). In short, when applying this logic to the series, the viewer is not just included in, but also becomes an integral part of the representational process as he/she stands in relation to the screen and the bodies television broadcasts. This process itself is recounted by employing metafictional elements, informing, representing and deliberating, firstly, the relationship between viewer and television, and, secondly, between characters through the interpolation and capturing of television screens in the television frame or box at home to make the viewer aware of his/her relation to the screening process.

Metafictionality, though central to both *House M.D.* and *Jozi H*, is not merely a reflection on the television series’ representational processes, but also its unique use of and interrogation and contestation of temporalities. A defining characteristic of the medical drama is then a central preoccupation with and search for truth within a given timeframe. This exploitation of and exploration in time occurs within the series, which is also “[t]he basic unit of television” (Monaco 541). Television, and specifically the medical series, emerges with an increased awareness and representational introspection through the screening of cameras and televisions episodically.

However, the use of metatelevision in *House M.D.* and *Jozi H* is not uncomplicated as the two series use this technique to set in motion and rethink different representational and informational accounts. From an author’s or producer’s perspective, metafictionality in these series is employed to sustain and accentuate the series’ thematic content, for example individualist ontologies and the diversifying and transnationalising of identities on a local and global stage/screen. These understandably inform audience expectations. Viewers become increasingly aware of time, of their act of watching and, moreover, what he/she is watching, and, finally, where or from where he/she is watching. It calls the viewer’s attention to the represented realities and, by implication, their possible consequences. Viewers, as previously mentioned, bear witness, and, more importantly, are called upon and made aware of their acquiescence in the construction of this spectacle. *House M.D.* confronts its viewers with its title character watching another American medical programme, namely the soap *General*

Hospital. This allows for the deliberation of House's own position within the institutional space of PPTH, but also the search for medical truth in *House M.D.* itself. *Jozi H* on the other hand challenges its viewers with a more hands-on news-reporting approach with its account of an HIV/AIDS rally in Alexandra.

In relation to the aforementioned constructedness of television representation, Weiner further notes that

Westerners inhabit a thoroughly specularized as well as spectacularized society, a world in which the "tendency to make one see the world by means of various specialized mediations... naturally finds vision to be the privileged human sense" (Weiner 199)

The suggestion here is three-fold as Westerners reside in the instability induced by the conjectures surrounding our society, especially the representation of this society. Weiner goes further to describe this society as "spectacularized", invoking the very definition of "spectacle" (*OED* online), referring to "curiosity" and "admiration". In other words, we become enthralled with what the Latin root *spectare* suggests, namely "to view, watch" (*OED* online). We therefore find ourselves inhabiting a global space with "a tendency" to represent and then deliberate it through "specialized mediations", of which television is one of the most prominent today.

John Corner's account of television supports this view as it "has now become an integral factor of everyday modernity in both its public and private aspects and of a newer, interdisciplinary spirit in the arts and social sciences" (4). This "spirit", or rather paradigmatic approach, has necessarily emerged as a reaction to "the challenge of television's multi-aspectual character as well as by its social importance" (Corner 4). Television is therefore well-positioned as "a specialized [medium]" to represent, reflect and rethink existence relationally by tracing both private and public spheres. Furthermore, it does so not only through the utilisation of space, but also time and its various temporal constituents through flashbacks, real-time and episodic portrayals. Corner suggests that defining characteristics of television are "its electronic, visual, and mass/domestic" qualities (4). According to him "they give the present communicative profile of television a reach which transcend other media (including current application of Information Technology) and lie at the heart of so many arguments about television's power" (Corner 4). He notes that television

“is an industrialized way of managing time and space in the production and circulation of recorded images and sounds” which are then “‘broadcast’ and [mostly] viewed in homes” (Corner 4). This brings about a collision, or conjuncture, between public and private spaces and time/temporalities. It does so immediately and retrospectively as television’s time continuum allows for histories and narrative pasts to be brought into the present on-screen narrative, but also into the viewer’s *viewing reality* or *viewing present*. It is, however, exactly these narrative and temporal collisions and invasions which situate television at the centre of popular culture and by extension interpolate it in national culture, such as American culture or South African culture. As a global medium, television necessarily allows these cultures to intersect and interact to form local, global and transnational cultures, discourses and identities.

3.1.1



3.1.2



3.1.3



3.1.4



3.1.5



3.1.6



3.1.7



3.1.8



3.1.9



3.1.10



3.1.11



3.1.12



3.1.13



3.1.14



3.1.15



3.1.16



3.1.17



3.1.18



3.1.19



3.1.20



3.1.21



3.1.22



3.1.23



3.1.24



3.1.25



3.1.26



3.1.27



3.1.28



3.1.29



3.1.30



3.1.31



3.1.32



3.1.33



3.1.34



3.1.35



3.1.36



3.1.37



3.1.38



3.1.39



3.1.40



3.1.41



3.1.42



3.1.43



3.1.44



3.1.45



3.1.46



3.1.47



3.1.48



3.1.49



3.1.50



3.1.51



3.1.52



Jozi H, as already mentioned, is embedded in its local context and shows a constant awareness of local healthcare and health issues. However, it also contextualises these and views them in a global television discourse through its transnational linkage secured by its Canadian co-production roots. These issues are explored, similar to *House M.D.*, through the use of metafictionality, a reflection and inclusion of the medium through the use of metarealities. The notion of television as a “cultural forum” (Newcomb and Hirsch 563) and its deliberation of local and localised narratives and histories, as discussed in chapter one and two, underlie the foregrounding and centralising of the body through an incessant obsession with it as spectacle in these discourses. It is constantly done through reference to the television medium itself in relation to the body and its treatment in the medical drama. Stills 3.1.1 to 3.1.45 show Doctor Jenny Langford (Jenny) on a journey to a nearby township, namely Alexandra (Alex). Though *Jozi H* does employ walk-and-talk to establish a sense of emergency and urgency with regards to the body in crisis, it is mostly used to establish the urgency with which patients are brought into the hospital through its corridor and not as a narrative technique to signify moments of diagnosis. However, this experience of temporality is also established with regards to and in relation to the outside of the hospital. Its relation to and functioning in relation to this outside and, moreover, periphery of even the outside itself,

a further removal from the hospital's inside, instigate and mediate alternative societal/contextual(ising) temporalities.

Jenny, a Canadian doctor, has transnational and increasingly local roots in *Jozi H* as she moves across and between spaces. This is exemplified when she is on duty and expected to be in JMH, while travelling through the city to Alexandra where she joins Siphon on an HIV/AIDS rally for children, referred to in chapter two. In stills 3.1.1 and 3.1.16 the viewer finds an effective context shot, which depicts some of the everyday realities, such as loitering, unemployment and poverty, visible on Alexandra's roads, as represented by this road seen from Jenny's point of view. Jenny's journey from inner-city, metropolitan Johannesburg with its streets surrounded by expensive skyscrapers, starkly contrasts Alexandra's streets with its contiguous shacks and decaying buildings. The importance of Jenny's journey lies not only in the physical journey itself, namely the places, buildings and people she passes, but also how quickly she gets to Alexandra. The removal according to the time it takes to get from the city to the township, or merely from one social reality to the next, as the camera tracks Jenny en route, is significant as the short duration of only a few minutes illustrates just how thin the membrane delineating these realities, these spaces, are.

More importantly, the township is a vastly different world from the one she is used to in first-world Canada, central Johannesburg and eventually the farm with its big farmhouse where she lives with her son. It takes only a few minutes to reach the heterotopic township space, removed from the rest of Johannesburg's society. Jenny's journey is overlaid by kwaito music with a strong beat and a continuously repeated staccato chant. This plays out with lyrics commanding its listeners to "put [their] hands in the air now" and that they should "sing together" in stills 3.1.17 and 3.1.18 ("Fathers" 102). As Jenny gets out of her car to join Siphon in the protest, especially evident in still 3.1.20 where a woman hands out activist flyers, the background music reaffirms their cause.

The HIV/AIDS rally links well to the notion of revolution, the idea to push for change and specifically better healthcare in informal settlements such as Alexandra. "Day One" by Sarah Slean plays in the background as the ministry of health's delegate completes his public address and the scene plays out in still 3.1.35. As the camera takes a long, slightly wide angle shot to include the audience as well as a big palm tree towards the right and the setting sun towards the left, Slean's words "[be] still my lion heart/A revolution ready to pounce/The

passioneers up and out of the house/... Day one/Day one” (Slean online) can be heard. The reference to utopia in still 3.1.35 cannot be ignored as the lyrics suggest that this is the first day of “[a] revolution”, a change which will come about in the improvement of the treatment of HIV/AIDS in informal settlements like Alexandra, especially for children. This theme of hope, this theme of a change for the better, or at the very least the hope for the possibility of better healthcare, is further emphasised through effective mise-en-scène and framing to include traditional symbols of utopia, namely the palm and sunset. These allude to the possibility of better healthcare through the clear reference to an oasis. The minister of health is right at the centre of the frame under the protection of the palm tree with his colleagues towards his left. However, despite his promises of the state’s investment in this project by relating that the state has “to work together with [their] community to ensure that they [the state and the community] succeed in this noble endeavour” (“Fathers” 102) of providing healthcare for HIV positive people, in particular children.

To return to the context shots evident in stills 3.1.1 and 3.1.16, one must note the use, once again, of a slightly wide-angle lens and the employment of a long shot with a great depth of field. Image of the road here also reminds of the hospital corridor in a way as this mid-shot with high depth of field shows bodies streaming/flowing through it. The road, like the corridor, refers to a clearly defined route, planned, leading to a previously determined and set location, taking a set amount of time. This view of one of Alexandra’s many roads connecting to the main road gives the viewer’s Jenny’s, and the camera’s perspective on the town. More importantly, the viewer is included in the movement as this representation is in fact a moving image. The viewer is taken/invited into the screen, journeying with Jenny and afforded a sense of entry as the camera moves with Jenny into the township, following her car’s movement while also tracing what she sees. As the road tapers upwards, from occupying the entire frame’s width at the bottom, to mark the bottom third of the frame, where Jenny finds herself on a main road crossing it, it constantly contracts into an increasingly narrower street. It further draws the viewer into the motion as Jenny and the camera are on the move, merely passing this street, despite the clarity and detail of the shot.

The sense of motion is created specifically by the camera’s movement and the subsequent blurring of pedestrians in stills 3.1.2 to 3.1.8, but especially stills 3.1.2 and 3.1.3. This is, again, a representation of what Jenny sees and experiences, but moreover what the producers of *Jozi H* wants their viewers to see and to experience. The medium itself with its visual

effects, editing and use of the camera is key to conveying Jenny's journey, the pace and the space of it in this particular scene. Her body's absence makes way for the viewer to embody her, to interpolate his/her body into Jenny's space, corporeally travelling with her, becoming immersed in the space of her body, of the camera, the cameraman, but simultaneously becoming a voyeur and spectator, becoming part of and becoming aware of his/her role in the signifying process as well as that of the camera's and the medium's themselves. The absence of Jenny's body, the de-framing of it in a manner of speaking, in fact re-frames it and re-positions it behind the camera's lens through a traditional point-of-view shot. However, the televisionness lies in the choice of this shot to inform the viewer of the dire realities and lack of medical care in the township as he/she now sees it from the perspective of a first-world doctor. This construction of political awareness in the viewer, first-world or third-world, is developed over the duration of *Jozi H's* thirteen episodes as it influences Jenny's credibility in the hospital. It is further constantly invoked through events relating to HIV/AIDS in the series as a whole, for example when Jenny is injected with blood and when she treats the HIV-infected HIV/AIDS activist Laura Shields ("Love in the Time of AIDS" 112).

Stills 3.1.2 to 3.1.8 all provide the viewer with important context, reaffirming the representation of a dilapidated informal settlement, itself a South African reality. Buildings' corrosion is evident in stills 3.1.4 and 3.1.8 with their worn away paint and old white paper posters hanging in tatters against these walls. Throughout these stills the littered streets of Alexandra support the notion and observation of a frayed place experiencing immense poverty. However, despite these informational shots, showing the viewer unfamiliar with the dire realities and context of Alexandra, and similar places, people are constantly captured walking, remaining unstill. This current of bodies running uninterrupted throughout Alexandra is, therefore, captured as they are moving, but also while Jenny and by extension the viewer are observing these bodies while they are also in motion. Even when capturing Jenny directly in the frame as in still 3.1.9, and still 3.1.12, in portrait form through a medium close-up, the camera is able to frame her movement as the sun's reflection plays on her car's windscreen and, especially, its a-pillar towards the left of the frame. The car's frame itself is further used to frame Jenny. After this a shot from the inside of the car traces Jenny's view of the road, taking the viewer into the car as the dashboard is now included in the shot, creating the feeling that one is travelling with her in the passenger seat as seen conveyed through the camera's perspective on the driver's side in still 3.1.10. It is as if the viewer is taken on a tour of the township with Jenny as guide, though she herself maintains the identity of traveller.

However, as Jenny travels deeper into Alexandra before reaching the protest, stills 3.1.11, 3.1.15 and 3.1.16 sketch the lower socio-economic location she is traversing and which strongly contrasts her new French car, a Renault Mègane sedan, seen in still 3.1.15. This particularly suggests a connection between these spaces and resources. The silver sedan with its white Canadian female doctor is in contrast with the barbed wire around the edge of “Pat’s Tavern”, presumably to counter vandalism. Moreover, Jenny and her gleaming new car is put in conversation with the rest of the context with shacks, littered streets and animals, such as goats, constantly walking the streets in still 3.1.11.

3.1.6 and 3.1.13 show taxis, an important means for Alexandra’s residents to move beyond their local realities to work in the city: Johannesburg or elsewhere. However, it is important to note that they can move and travel away from their home, just like Jenny is moving into it. Therefore, moving and stationary taxis convey the possibility of travel and movement, of travelling into the city for either work, hospital care or any other reason. When Jenny reaches the protest site where the minister eventually gives his speech, the viewer can see in the background, behind Sipho, the local clinic and the palm tree in still 3.1.17.

This sequence takes a metafictional turn at still 3.1.18, creating awareness of television as a medium in *Jozi H*. Jenny and Sipho are walking towards the middle right of the frame towards the palm tree. On their right is the local clinic and on their left are shacks and dilapidated houses at the top of the frame. Towards the bottom of the frame, but still on their left, the viewer sees fellow protestors with flyers as well as a news crew with a cameraman and interviewer. The positioning of this camera at the very bottom and left of still 3.1.18 already gestures, points towards, the scenes it will later capture, amongst these the minister’s address to the community in still 3.1.34. More importantly, however, the camera captures Jenny and places her amongst healthy children from the township while she is unaware of her mistake when she calls for help for HIV/AIDS treatment for *these* children. Sipho sets Jenny up as he allows her to assume that these children at the rally are HIV positive. He does not correct her assumptions as he wants a first-world paediatric surgeon to endorse the views of his organisation, PACA, and gain increased national publicity and exposure for their cause. However, this national exposure and publicising of a lie, namely that the children are HIV positive, leads to a mother of one of these children to attack Jenny in JMH to take revenge and instil doubt regarding Jenny’s HIV status, as discussed more fully in chapter two. Jenny’s

action alienates them in their space and the mother's action others Jenny in her hospital space and work environment.

Yet another news crew is interviewing and filming the minister of health's wife in a formal dark blue dress alongside other delegates in black suits and sunglasses, one even with a briefcase. All of this, and especially the government officials' formal dress, signifying wealth, is emphasised through the series camera's quick-zoom moving in from a long shot to a medium shot. However, what makes television so useful further is the fact that it can narrate various sub-plots simultaneously while it constantly calls upon the viewer to position himself/herself in relation to the settings of these sub-plots as they signify particular locations with site-specific realities, for example the inside and outside, centre and periphery, the hospital, Metropolitan Johannesburg and the township. The viewer interprets and relates to these locations differently as a relation between the viewer's location, from where he/she is watching and contributing to the signification process is established and changes with the narrative's progression. Previous to this scene then is Jocelyn's and Ingrid's admission of a transvestite shown in still 3.1.19. Therefore, sexual notions of identity and sexual orientations and identity production are foregrounded while protests for better HIV/AIDS treatment are foregrounded in the very next scene. Another protestor distributes flyers in still 3.1.20 before moving over to the news crew in still 3.1.21, reemphasising television's informative nature in relation to its entertainment function.

Children are present throughout this sequence of stills, especially in 3.1.22 to 3.1.24. Despite their presence, they seem uncertain of the reason for their presence at this rally as all of them stare searchingly into medium distance, but constantly away from the camera, of which they seem blissfully unaware. Still 3.1.24 shows the contrast between the powerful government officials in their suits and the little children in front. The clear power dynamic is further conveyed as the camera zooms out quickly from a medium shot to stop in this medium long shot. Again the presence of Western medicine in the form of the nurse in her white outfit and white ambulance are present opposite the palm tree's thick trunk. As the camera is hand-held, evident through its staccato quivers, brought on by the speed with which it is moved to capture the entire scene from government, protestors to the children. The painting itself in still 3.1.24 is clearly a call for medical support as the nurse and ambulance are both in the street. The ambulance seems to be turning upwards into a representation of one of Alexandra's streets with its adjacent shacks. A white government official is standing in front

of the tree while his colleague and the children in the foreground are also in the right half of the frame. This could indicate that there is still more need for change as this powerful white man, truly seems out of place. The nurse and ambulance are isolated in the left half while the painting's shacks are shown in the right of the frame as well as in the background, behind the officials. An indication is thus given that the dire realities and living conditions of Alexandra remain unchanged, regardless of the government's promises in still 3.1.29 and 3.1.31 where the minister in still 3.1.24 eventually addresses the community.

It is then also the aforementioned power dynamic which Sipho, Jenny and their fellow protestors have come to overthrow. They do this, as shown through the constant inclusion of flyers in stills 3.1.25 to 3.1.28 before the ministry of health's address in still 3.1.29 by informing the community of their cause and fight for better HIV/AIDS care for children in particular. In stills 3.1.29 and 3.1.31 the government official assures the community that "government has set out policies" for "the prevention and treatment" of HIV/AIDS. Despite these promises he is greeted with mixed reactions. Some members of his audience welcome him with applause while others jeer at him in absolute distrust and distaste.

However, this scene is about much more than the information passed between government and community, between the forces of power and the people of the periphery. It is not merely about an attempt to establish this crucial dialectic. Instead, it showcases and deliberates truth(s) and the possibility of attaining truth, and even the timely insight and understanding of truth. As Jenny meets the little girl, Confidence, in stills 3.1.32 and 3.1.33 her fate is sealed when the lie that Confidence and her friends are HIV positive is captured. Television's ability to transcend time and place, to broadcast something happening in one place to another, is clearly visible and manifests clearly at still 3.1.46 where Jenny is shown on the hospital's television. Her doubts, evident in still 3.1.30, regarding the minister's promises are voiced on national television in still 3.1.46. As Jenny picks up Confidence to sit on her leg, she states that "[t]he minister has made a lot of promises, he's patted himself on the back, but what *these* children need is sustained access and care [to medical treatment and anti-retroviral medicine] before it's too late" (emphasis added; "Fathers" 102).

It is the power of television, the camera's ability to guide people to certain judgments and beliefs that is Jenny's downfall. What is said on the news is easily perceived as being true, especially if the source is a foreign paediatric surgeon. For this reason "*these*" children are

perceived as being HIV positive and are accordingly alienated in their community because of the strong social stigma associated with HIV/AIDS. Jenny is entirely ignorant of the fact that these children are not infected, as Sipho told her prior to the rally that they will be “spotlighting the kids, making sure they are on the government agenda” (“Fathers” 102). She rightly takes this to refer to HIV infected children, but she fails to check her facts at the rally itself where she encounters healthy children. The construction and constructedness of the narrative and informing of dialogue are evident in Sipho’s neglect to refer to whether children will be present, and if they are indeed present, whether they will be HIV positive or not. He leaves this up to Jenny to assume, and she understandably makes the wrong assumption, spreading an untruth over national television.

On a more technical level, one cannot ignore the occurrence of frames within frames. Most obviously Jenny is framed by the television set on the viewer’s screen, illustrated specifically in still 3.1.46. However, this image is itself framed by the metal casing. This invokes the prison as some people, or some bodies, of society, or the body politic, are kept in while others are kept out. These might include the confinement of what is perceived as AIDS victims inside the screen. The hospital staff and spectators, or viewers, are observing this broadcast with mixed responses. Some congratulate Jenny for her courage to speak up on national television, while others disagree with her contribution to spectacularising AIDS victims. Central to this scene and particularly this shot is then *Jozzi H*’s use of metafiction, the capturing of a body on one television, only to re-present it on yet another screen for the viewer at home. The viewer is included in still 3.1.46 as he observes the broadcast with the hospital staff and Jenny, evident in stills 3.1.47 and 3.1.48. The windows and the window frames in the background of the frame support the notion of being seen through and within a frame. This, together with Jenny’s confinement to the screen and additional encasement by a metal frame, is in dialogue with the actual screen we, the viewers, see. This awareness of a transcendence of space and time, a representation of an outside, peripheral space and repetition through television’s use of time and reflection on it through the possibility and linearity of the narrative become evident in this still as Jenny herself watches and listens to what she had said earlier that day. She does so already in still 3.1.46 where she is not included in the frame in “real-time”, though her body, her presence is suggested as the viewer embodies her point of view. It is therefore this ability to conflate temporalities and shed light on (un)truths by invoking and representing the recent or distant past, which makes television so useful for metafictional reflection on everyday realities embedded in the representation of

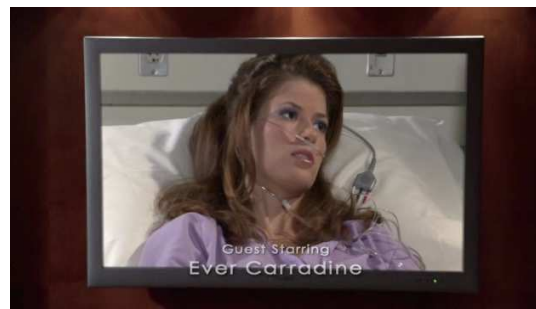
society at large. It can be immediate in its approach by broadcasting an event that just occurred or it can broadcast an event, for instance the production of a series, much later.

Jenny is indeed doing her residency in a public (South) African hospital to gain experience in paediatric surgery. She has travelled around the globe and is even making preparations for her disabled son's arrival from Canada. Her global, first-world roots are undeniable, and her reason for coming to South Africa to gain experience even more so. Leonard confronts Jenny in still 3.1.50 after the panning camera shows him chasing after her. He asks her whether she is "swopping res for a township shack?" ("Fathers" 102), as she was supposedly looking for a place to stay. The television in still 3.1.46 then not only transcends space in this instance, but is, especially in this case, well and uniquely positioned to reveal the truth about Jenny's whereabouts, exposing her lie. Leonard contrasts himself with Jenny by stating that he is "committed to this team [of hospital staff]" and subsequently missed his daughter's "swimming qualifiers" ("Fathers" 102). After he informs Jenny that the patient she referred to on television, and on which she based her initial participation in the rally, had a roundworm which caused a bowel obstruction and subsequent infection. This patient, Zeni, was not infected with HIV/AIDS. Jenny's entire speech on television becomes recast as a lie, as none of the children she referred to were HIV positive. Finally, in still 3.1.52 Leonard sheds more light on Jenny's identity as a foreign doctor when he tells her, "[y]ou know the saviour complex usually withers and *dies* within a couple of weeks of our visitors being here, but you, you must be going for some kind of record" [original emphasis] ("Fathers" 102). This narrative exploration is brought on through metafiction and drama which position Jenny's body at the centre of the lie. The medium once again allows for the framing and explanation of (multi)cultural and (multi)national narratives of the body's, and in this case Jenny's body's existence.

3.2.1



3.2.2



3.2.3



3.2.4



3.2.5



3.2.6



3.2.7



3.2.8



3.2.9



3.2.10



Instead of capturing (multi)cultural and (multi)national concerns as in *Jozi H*, *House M.D.* employs television's metafictional qualities to explore individuals' identities as the series typically foregrounds individualist ontologies without relating it to the local conditions surrounding PPTH. It employs a reflection on the medium and screening process in order to show individuals' experience and relation to the body, and, moreover, the abnormal body. This is again done by making full use of the medium's capabilities and cinematic techniques. These include camera movement and angles as well as the bending and interruption of narrative time. In this way fictional character histories which inform the present narrative realities are invoked and depicted. All of this, especially through an ongoing process of making the viewer aware of the medium, becomes increasingly more evident with a capturing of bodies in frames and frames-within-frames. These might include doorframes, camera frames, framing of cameras, framing of bodies with cameras, framing of bodies on-camera and on-screen. The primary connection between the metafictionality of the medical series lies in the interrogation of our perceptions of our own bodies, but in the case of "Ugly" (407) also our treatment and prejudices towards the abnormal body. It stages the abnormal body as an object in need of fixing so that it can conform to the norm, the ideal, perfectly formed body. However, besides these metafictional devices, *House M.D.* also employs the longest running hospital programme on American television, namely *General Hospital*. This is evident in stills 3.2.1 to 3.2.7 in which House watches it on a flat-screen television in the prenatal lounge ("Babies and bathwater" 104). House watches this soap in the pilot already in stills 3.2.8 to 3.2.10. The medium's self-reflexive nature is thus introduced and (re)introduced.

House actively watches and engages with the television representation and uses his medical knowledge to pre-empt the narrative. He casually walks past the screen, eating his yoghurt on his way to relax and watch his soap. Two hospital narratives intersect at this point, both seemingly deliberating and contextualising the other, with the viewer at home observing

House as viewer, thus informing our, the viewer at home's, perspective on what is happening on-screen. It calls for an awareness of television as a medium of representation, but also for an awareness of our own relation to the medium as well as *how* and *that* we view ourselves. We are confronted with the reality of human life in spectacle form, spectacularised and visually scrutinised. As J.T. Caldwell suggests "*television image itself [consumes] television images*" (italics in original; 147). Fay Ginsburg suggests elsewhere that, with regards to cinematic and video texts, and by extension television, we should consider these texts as "mediating object[s]" in the same way as we would "look at a ritual or a commodity" (quoted in Weiner 200). She further explicates this thought by explaining that "its formal qualities cannot [then] be considered apart from the complex contexts of production and interpretation that shape its construction" (200). These texts, including television at large, but specifically series such as *House M.D.* and *Jozi H*, "embody in their own internal structure and meaning the forms and values of the social relations they *mediate*, making texts and [contexts] interdependent" (200). Marshal McLuhan sheds more light on these contextual workings of television when he says that

[t]he TV image, that is to say, even more than the icon, is an extension of the sense of touch. Where it encounters a literate culture, it necessarily thickens the sense-mix, transforming fragmented and specialist extensions into a seamless web of experience. (McLuhan 1973: 358) (Corner 9)

It is useful to see this form of image and imaging as an extension, or even enhancement, of our senses. However, McLuhan might be pushing too hard when he suggests that the television image is a unifying representational phenomenon merely when "it encounters a literate culture". On a purely generic and technical level the possibility of "a seamless web of experience" could indeed emerge, but that which it represents, that which is captured in this web might gesture towards a fragmented web of experience as a means to negotiate and frame social life in literate *and* illiterate cultures, locally and globally. It cannot be any different when one takes Williams' assertion that television, and the television image itself by extension, is "positioned within both state and commercial spheres" (quoted in Corner 9). Television is therefore an extension of our experiences, senses, experiences through senses, space and, moreover, time — private and public, body and body politic, local and global, national and transnational.

Another crucial aspect of television is, as Corner explains, that it “cannot exist *non-institutionally*” (Corner 12). The very nature and foundation of television is that it is institutionally based. Corner asserts that “television has become installed in most modern societies in terms of an institutional ecology—major national corporations, networks, international corporate giants, small independents, local stations” (Corner 12). He speaks mostly to overseas, American and European, markets, though most of the aforementioned characteristics are discernible in the South African television industry as well. This institutional quality further opens up television to dealing with “what was previously considered private [and] has [since] become open for public debate (as for in a whole range of issues concerning sexuality” (Corner 13). If one considers “sexuality” here as a means to indicate the private, one could justly argue that an ecology of temporality is called into being in which not only spaces, but also time is signified by its private, and publicised nature. Again, the metafictional quality of television becomes pertinent in deliberating this institutional web of existence and representation. The public is domesticised, while the private is publicised. Both these categories are democratised and presented to both global and local audiences with considerable transnational linkages.

This ubiquitous nature, in which television infiltrates existence and popular cultures globally, in particular through a sub-genre of drama in this study’s case, is explained better by Raymond Williams in his study *Television: Technology and Cultural Form*. He asserts that

[i]t is clearly one of the unique characteristics of advanced industrial societies that drama as an experience is now an intrinsic part of everyday life, *at a quantitative level which is so very much greater than any precedent as to seem a fundamental qualitative change*. [emphasis added] (Williams quoted in Monaco 564)

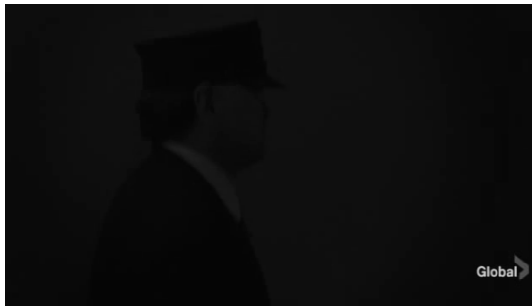
James Monaco further explains that television drama, specifically because of its episodic nature, is “seamlessly integrated into our lives—and dominates most of them” (Monaco 564). It is therefore through this media culture, of which television is one of *the* central media, that the body and the preoccupation with the body are increasingly heightened and spectacularised. In order to understand the underlying characteristics of this obsession with this television spectacle of the body, an epistemic reading of the medical drama is productive to reveal the body’s embeddedness in the popular imagination, and by extension the medium itself.

The publicisation and spectacularisation of the human body is particularly evident in *House M.D.* and *Jozi H.* These defining qualities of these two and other medical series are showcased uniquely in *House M.D.* House himself has a deviating and ill body, which is ever-present on-screen. His body, however, is on the whole framed and understood in terms of his patients' bodies and their illnesses. The following set of stills taken from a slightly off-beat *House M.D.* episode "Ugly" (407) depicts the careful (re-)consideration and (re-)examination of the ill body through framing. This examination of the body is done through the act of watching, Foucault's *le regard* even, but moreover the camera's act of and ability to watch, frame and record images of bodies for viewers (elsewhere) to see. In this specific episode House and his new team (fellows and Foreman) are confronted with a teenage boy, Kenny, with an enlargement on his forehead. Stills 3.3.1 to 3.3.40 trace his journey from his arrival on the train station to his presence in the operation room in PPTH.

"Ugly" (407) begins with a conductor on a train station, his image faded in from an entirely black and silent screen. Though the image never reaches a high lighting key, the thematic and generic importance of the black and white representation becomes palpable as it marks the documentary-making narrative of the episode. The mise-en-scène epitomises a train station, a place signifying either the beginning or end of a journey, in some cases even both. For this reason the very opening scene of this episode interpolates a theme of voyage and passage, especially for House's patient. These notions are evident from the documentary-like nature of the episode at large with the camera crew walking with the talking actors, hence the filming technique "walk-and-talk" which House himself invokes later in the episode when he says "[c]ome on, let's go for a walk." ("Ugly" 407). He then reaches for the crew's hand-held microphone, pulls it down to his mouth while looking straight into it and, subsequently, straight at the viewer. This in itself includes the viewer, giving the impression that House is indeed explaining this filmic technique. He accordingly reflects on the production of the episode itself when he further states that "[w]alks look good on camera. They give the illusion of the story moving forward" ("Ugly" 407). Though this is true, it is merely a partial explanation of the importance of walk-and-talk in "Ugly". By allowing their character to speak up like this, *House M.D.*'s producers and writers allow for an intrinsic metafictional quality to emerge, calling upon the viewer to reflect on the medical genre and medical practice, but more importantly asking the viewer to interrogate the underlying ideologies of these and his/her own understanding and treatment of the individual body. House's team

follows him. His team's constant awareness of the imposing camera and crew distract them from the differential diagnosis, and House leads them to a private space, the MRI room, without the imposing camera. This expression of the camera's imposition on the body, both the body in care and the carer's body, is a commentary and critique on the spectacularisation and fetishisation of the body, especially the abnormal and sick body, the body which should be protected inside the private space of the hospital. It therefore comments simultaneously on the medical drama itself, on *House M.D.* in particular, as well as Western society's and television's exposure of the body to the world.

3.3.1



3.3.2



3.3.3



3.3.4



3.3.5



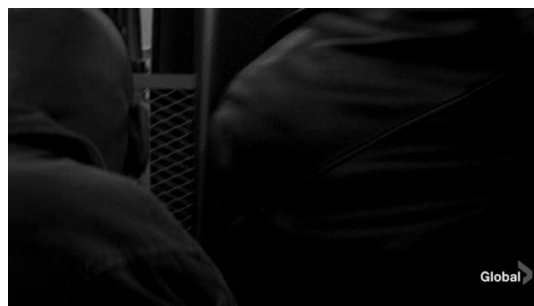
3.3.6



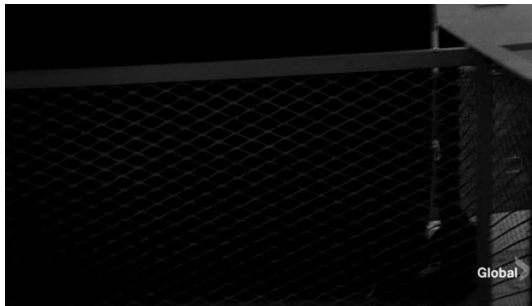
3.3.7



3.3.8



3.3.9



3.3.10



3.3.11



3.3.12



3.3.13



3.3.14



3.3.15



3.3.16



3.3.17



3.3.18



3.3.19



3.3.20



3.3.21



3.3.22



3.3.23



3.3.24



3.3.25



3.3.26



3.3.27



3.3.28



3.3.29



3.3.30



3.3.31



3.3.32



3.3.33



3.3.34



3.3.35



3.3.36



3.3.37



3.3.38



3.3.39



3.3.40



Here in stills 3.3.1 to 3.3.8 the viewer is confronted with the real-life significance of television through metafictional narrative elements and subsequent framing, re-framing and de-framing of bodies. This opens up a space for introducing the patient, Kenny, in still 3.3.13 below. The documentary camera, depicting black and white picture throughout the episode, is itself on ground level and eventually amongst the crowd, at first focuses on the conductor/train driver from behind. It frames his body with the train both in the fore- and background, and thus in relation to his uniform he is identified as either a conductor or a train driver. This short sequence with the conductors' continued presence throughout stills 3.3.1 to 3.3.4 suggests the presence of authority and fixity which railway services typically conform to and embody. The use of a train station as starting point for "Ugly" is extremely constructive as railways, subways and trains ascribe to certain universal ideas.

Amongst these are a fixed schedule with fixed times, and fixed routes, leading to predetermined destinations. Moreover, it embodies the idea of movement, in House's sense, but according to a fixed route, starting at one location at a specific time and ending at another predetermined location. Furthermore, trains envelop bodies on their various journeys. It is also significant that it has a constant flow of bodies. One such current of bodies is visible in these stills. However, most of these bodies do not stand out in any particular way as they fade into a crowd of what may be perceived as "normal" bodies. Against this backdrop then the framing of the patient in still 3.3.13 and his introduction to the viewer are all the more pertinent, as he stands out from the crowd with his deformed head. This deformity which submits him to corporeal otherness elicits fear in the little girl, Jenny. She screams at the top of her lungs, uncontrollably, involuntarily in a state of hysteria. She is alarmed at what she perceives as something strange, and therefore something to be feared, demonstrating her, and by extension other people's, inability to deal with the unknown, the unfamiliar and in particular the corporeally alien other, constantly framed and followed by both documentary and series cameras. He is depicted in black and white and colour, respectively. An intense and continuous use of walk-and-talk allows *House M.D.* to create the impression of narrative progression through movement while invoking a temporal element central to the narrative journey. This links well to movement of trains, as they depart and arrive, according to predetermined times and completing their journeys within a fixed and specific timeframe. Furthermore, different trains necessarily have to run according to their various schedules as their routes and times are interdependent. One train must depart to free up space for another to arrive at the same platform. There is, therefore, a necessary order and rhythm to the station,

which is somewhat similar to *House M.D.*'s diagnostic process, the series' script in general, and "Ugly" in particular.

The train's horizontal lines running slightly diagonally from left to right towards the back in stills 3.3.3 to 3.3.5 add to the walk-and-talk effect of the body in motion, preserving the sense of journeying towards something and, more importantly, also away from something. This becomes tangible as it manifests in the girl's shock and uninformed, purely instinctual reaction to this deformed body. Kenny wants the surgery, and has travelled here and to PPTH in still 3.3.40 in an attempt to leave these reactions and judgments from people behind, confining it to the darkness represented in the opening shot, in still 3.3.1. However, this process of correcting his deformity is, like the opening setting of the episode suggests with its railway *mise-en-scène*, the journey. This includes both the travelling to the hospital and Princeton, the physical journey with its inclusion of physical locations. It also includes Kenny's medical journey, both the reconstructive surgery and his underlying condition of Lyme disease, as well as his psychological journey to healing, all conforming to a set timeline. Darnell, the director of the documentary, sheds light on the temporality of healing when she asks Kenny in still 3.3.25 "[t]hirty-six more hours. How do you figure that, Kenny?" ("Ugly" 407). She is represented in colour through the series camera itself.

This documentary aspect of this episode introduces what Monaco calls "metareality", as the documentary filmmaker and her ideas become "part of the event" (430). In this case metareality is in fact a type of metafiction, also calling for a renewed awareness of the fictional nature of *House M.D.*, the series and television at large, similar to that of *Jozi H* discussed earlier. The viewer is first confronted with the series camera's colour frame in still 3.3.25, capturing Kenny's and Joe's backs in the foreground as they are walking towards, but also with, the documentary camera, Darnell and her crew. Still 3.3.26 shows Kenny with an informed response, namely that "[t]omorrow at this time, I'm scheduled for surgery. It's a ten hour procedure, throw two in it for prep, thirty-six until I'm just another face in the crowd" ("Ugly" 407). Though he does show a knowledge of the operation itself, his sense of time to become just "another face in the crowd", not implied entirely literally, but also invoking emotional and social belonging, is somewhat skewed as House later explains that the surgery "will only change [his] face, not what it has made him" ("Ugly" 407). House thus expresses that Kenny's past filled with emotional scarring induced by his deformity and all the

subsequent prejudice and harassment will remain, despite his new physical appearance. Ironically enough, it is merely this tangible level Darnell is interested in for her documentary.

The notion of walk-and-talk then furthers this attentiveness to metarealities in the series. Walk-and-talk also relates well to metareality when considering Monaco's view of the "moving camera" which has "an inherent ethical dimension" (230). This can occur in two ways, both evident in the episode under discussion. In line with the series' nature and its foregrounding of character more than plot, "the centrality of the subject", or the centrality of the character, is "strongly emphasize[d]" (230) as Kenny, in particular his deviating body, is framed and accentuated in the opening stills 3.3.1 to 3.3.39, but also for the duration of the episode. Therefore the camera, Darnell and her crew follow Kenny to record his journey and his experiences towards a more normal, less deformed body. Secondly, the moving camera also has the ability to change the subject as is evident in stills 3.3.6 to 3.3.10 and 3.3.11 to 3.3.13, from Joe to Jenny and from Jenny to Kenny, respectively. I would suggest that it can also change the subject through depicting it in a certain way from a specific angle, framing it in a particular way and employing a particular lighting key. In short then, the specific mise-en-scène and the moving camera's framing of the body within it, determines largely how the viewer at home, but also the documentary's viewer in the fictional space of the series will view and understand Kenny. These two groups of viewers are presented with vastly different realities and plotlines as is evident in the discussion of still 3.3.3.

To return to the present set of stills, "the centrality of the subject" as well as the changing of the subject in all its forms, transpire through mostly the documentary camera's panning, though also the series camera in stills 19 to 20 and 23. This is continued in a walk-and-talk to maintain a capturing of the movement and framing of the body in motion through an uninterrupted representation and flow of images of subjects on the station. This allows *House M.D.*'s producers to maintain the tempo and pulse of the journey, for Joe and Kenny, as well as a sense of emergency, for Jenny. The switching between metarealities, documentary and series, occurs through shot-reverse-shot. It changes not only perspectives to include and exclude the documentary camera from documentary representation to series representation, respectively, but also through the simultaneous addition of colour to the frame, clearly signifying the viewer's perspective. This is now solely determined by that of the *House M.D.* crew and not by the fictional documentary crew. The question of truth, reality and what these actually comprise, arises vividly throughout *House M.D.* and "Ugly" (407) in particular. The

construction and constructedness of these are constantly revealed through capturing, screening and framing the body at different levels of representation, both at (meta)real and (meta)fictional levels. The documentary within the series in “Ugly”, therefore, illustrates how people treat, see and deal with the abnormal body in the hospital, in this case then Kenny’s body. Television’s ability to incorporate various modalities, fiction, metafiction and mock- or metareality facilitates the process of questioning which David Shore, creator of *House M.D.*, aims at with his series.

“You set it out there and what people take from it is up to them. I never come to a scene and say they might be happy or they might be sad in this scene. What they decide about life and what they take from the thing as a whole is completely up to them. I want to set them up and ask certain questions and have them thinking about it afterwards. But as they are going along on that ride, *I know exactly where they are on the roller coaster at any given point and after they get off the roller coaster, what they make of it that’s up to them.*” [emphasis added] (Shore quoted in Jackman 259)

Shore refers here to his overarching goals when producing the series. However, he hints at two important aspects of television when he alludes to the notion of knowing “exactly where [his viewers] are on the roller coaster at any given point” in the episode, while leaving the final judgment and meaning-making process up to them, as “everybody looks at everything through their own prism” (Shore quoted in Jackman 252). There is then a technical and narrative process which helps viewers on their journey through an episode, but this occurs according to a certain cinematic and television language. Dorian Harris, one of *House M.D.*’s editors, asserts that “[t]here is a language to the way things are shot [...] and there is a language of editing” (quoted in Jackman 226). This language, or perhaps more aptly visual representation, is evident in “Ugly” with its constant interceding of documentary images in order to advance an awareness of the medium and ways of seeing and framing the body, foregrounding the body as the very foundation of the series as a whole. The medical series is uniquely positioned to reveal physical and social dimensions of the body to a global audience, especially in *House M.D.*’s case, particularly in its treatment of the body deviating from the norm because of illness or because of another corporeal or psychological abnormality. The medical drama with its utilisation of metafictional elements is well-positioned to reflect on the constant commodification and subsequent fetishisation of the body by society and attempts to make viewers aware of this process. It interrogates the ethics

underpinning the treatment of bodies and simultaneously the treatment of television and popular culture's exploitation of the individual's body.

Stills 3.3.17 to 3.3.24 show Kenny walking towards the subway away from the station. The key characteristic of these stills are the inclusion of the documentary camera and crew. The camera and crew are captured in colour while Kenny and Joe are also included, but clearly as the documentary's subjects, as their positioning in front of the documentary camera suggests. The crew, Joe and Kenny are taken up by the pace and emergency of patrons on the station platform, offering it another dimension, which is the liveness of television with which so many television critics are obsessed, amongst others Corner himself. Viewers at home are included in this process as they are also looking through the documentary camera's lens. However, an increased awareness of the fact that the narrative playing out on-screen is under construction and has been/is being constructed allow the viewer to consider the camera included in stills 3.3.19, 3.3.20, 3.3.23 and 3.3.25 in such a way as to ultimately become aware of the series camera itself.

The same logic of construction and constructedness then applies to this main fictional narrative. The camera is effectively flanked by a woman in the foreground holding her white-and-blue train tickets which point towards the camera, while Kenny's blue hoodie and his growth do the same. Furthermore, the blue line on the train's side runs through Kenny's head and over the cameraman's head as well as the camera, thus framing this technology further at the centre of the frame. Kenny's growth also forms a vector with the cameraman's exposed right hand, again emphasising and centralising the camera's prominent position in the frame. Though the emphasis here is mainly on the camera, it is included in the frame to deliberate its relation to other bodies in the series camera's frame. Finally, the fetishisation inherent to television and the camera is conveyed through the various gazes in stills 3.3.19 and 3.3.20, that by Jenny, Joe, the cameraman himself, though from behind and through the camera, women in the fore- and background of the stills directed at the camera, but also Kenny. This accentuating of the camera in the frame leads the viewer to ask what the camera "sees". In this case then it is Kenny, a deformed teenage boy, or simply someone who is, as House suggests, "ugly" ("Ugly" 407), also appropriately the episode's title.

The camera maintains its prominent position in still 3.3.25 as it follows Kenny on his journey to the hospital in a walk-and-talk. Camera is still seen by camera, the viewer's identity is

simultaneously and constantly doubled as he becomes a viewer of the process of documentary-making as well as the larger episodic plot. A contestation against or interrogation is launched into who is watching who and who is being watched. The interplay between black-and-white and colour continues and adds perspective to Kenny's journey. As the documentary team pays for his medical care and reconstructive surgery, they are permitted to record his journey to and treatment in PPTH. This journey is transmitted by superimposing a duplicate image of the actual recorded image onto it. In this way Kenny and Joe are shown both in the fore- and background towards and in stills 3.3.33, 3.3.34 and 3.3.35. However, a blurring of documentary and series perspectives is evident as the camera crew is also captured in the frame in stills 3.3.28 to 3.3.30. Colour is subtly added to the frame in support of this, though more so in the background with the PPTH building emerging in colour from the background of the frame especially in stills 3.3.37 to 3.3.38. Joe is increasingly moved out of the frame so Kenny's superimposed, faded in image is enlarged and foregrounded over PPTH itself eventually in stills 3.3.35 to 3.3.37. Kenny's body is thus already put in dialogue with the hospital by depicting it in the same frame before moving to a framing of the hospital on its own in still 3.3.39, and eventually a crossing over into the hospital's operation room with Kenny awaiting his surgery.

This transference, movement between and convergence of spaces, though a key characteristic of visual media such as television and the series in particular, coalesce with a transference, movement and convergence of temporalities as well. Kenny's journey is effectively articulated, through the use and combination of dissolve and fade-in with walk-and-talk. It is as if Kenny is walking over into the hospital as he is superimposed onto it, while he is faded out to make way for the sole inclusion of the hospital building in the frame whence he is shown inside the confines of this very building, and moreover isolated in its operation room in still 3.3.40. His journey to a reconstructed body in an attempt to attain a more normal physique is from the very beginning of the episode associated with a set time-line, namely thirty-six hours. Disease and the treatment of disease and other corporeal deviation typically cause bodies to be taken to the hospital as they must all be treated within a given time for specific results. Temporalities and spaces are fluid in *House M.D.* as they are bended through dissolve and fade-in, literally superimposing them onto and fading them into each other. It is also in this gap, or rather transition from one space and time to another space and time that Kenny's journey from the station to the hospital takes place, and is deliberately and visibly

signified. He moves from one cultural space with its prejudice and drama to the institutional space of the hospital with its culture and drama. However, the body is central to both realms.

3.4.1



3.4.2



3.4.3



3.4.4



3.4.5



3.4.6



3.4.7



3.4.8



3.4.9



3.4.10



3.4.11



3.4.12



3.4.13



3.4.14



3.4.15



3.4.16



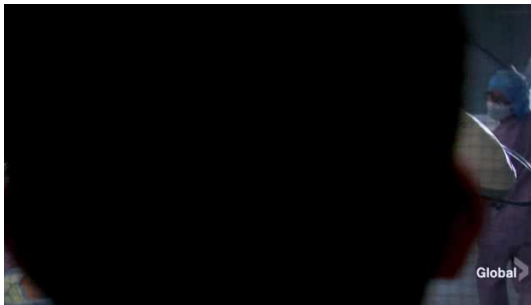
3.4.17



3.4.18



3.4.19



3.4.20



3.4.21



3.4.22



3.4.23



3.4.24



3.4.25



3.4.26



3.4.27



3.4.28



3.4.29



3.4.30



When the viewer is then taken into the hospital and operation room he is confronted with Kenny covered in blue surgical draping and his exposed growth. This scene, though specifically about Kenny and his health in particular, also deals with the effect of the intrusion of the camera in an intimate and private space such as the operation room. It is especially important when considering the temporality of this scene, as Kenny eventually experiences cardiac arrest, while he is there for reconstructive surgery. This theme of exterior appearance versus inner/internal health, beauty in contrast and relation to corporeal well-being, is constantly traced throughout this episode, especially in light of the time required and the necessity to address something like cardiac arrest. When the body falls into a state of emergency, it requires an immediacy of medical action which is in strong contrast with the abundance of time available to undertaking reconstructive surgery – obviously without taking

emotional and social influences on the patient into account. Despite these concerns, however, Chase is interviewed in stills 3.4.1 to 3.4.16 when Kenny's cardiac arrest immediately interrupts it. The pace and temporal quality of the scene takes a rapid turn. The documentary quality is slightly undermined as the "liveness" of television which Corner refers to comes to light. The camera now captures, still within the fictional realm of the episode and *House M.D.* at large, an unexpected live event in stills 3.4.16 to 3.4.30.

To return to the earlier stills in this sequence, one should note the inclusion of screens in the background of stills 3.4.3 and 3.4.4. The framing of the body within hospital monitors after being captured by operation room cameras adds a reflexive nature and self-consciousness to the film-making process. The viewer can interrogate the very nature of the production of visual media, in this case that of documentary-making, but moreover television production and representation. Following these stills then is Chase in stills 3.4.5 to 3.4.12 as he is interviewed by Darnell. He comes across as extremely self-conscious in front of the camera as he almost never looks at it directly. He ignores it for the most part and constantly attempts to fill the entire frame, or at least attempts to look bigger and more self-confident in stills 3.4.5 to 3.4.9 especially. This unnatural stance for Chase and his increased awareness of his body as he is standing with his hands on his hips in a mock-cowboy stance, an attempt at gaining some size in the frame, ironically enough undermines his intentions of looking bigger and by extension he looks less self-assured. His eyes, despite their over-focusing, are less focused here, as he attempts to appear in control of this interview through his constant effort to stand up straight and enlarge his body in the frame together with the straining of his eyes.

The monitors included in stills 3.4.7 and 3.4.8 are basically flanking Chase's head and are thus positioned at both his and the viewer's eye-levels. Kenny's presence, or at least the presence of his body, is accordingly maintained, though he is not directly framed. Instead, he is framed by the operation room cameras and accordingly in the present frame indirectly as the monitors are included. This is particularly evident as the scene progresses towards still 3.4.15. When Chase does look at the camera in still 3.4.11, he looks slightly frightened, extremely self-conscious as he looks at the camera looking at him and recording him. These screens, or rather monitors, are in fact used to "monitor" the patient. They also allow the documentary viewer as well as the series viewer to do the same.

The use of a high-angle shot in still 3.4.13 is effective in establishing the larger context for the series viewer at home, reminding of the fictional nature of *House M.D.* and the nature of the operation room with all its medical equipment. It also succeeds in doing this through the superimposed reinforcement of the window through which the shot is taken, again conveying a sense of removal from the viewer, adding a voyeuristic quality to the scene, as the viewer at home becomes aware of viewing these events, but also that these are in fact all part of a constructed narrative. Actors and documentary crew actors as well as the camera, subject and technology are all incarcerated. Following this is an awareness of the camera crew shown to invade this space. This becomes increasingly evident as Kenny crashes and Chase orders the crew to leave in stills 3.4.23 and 3.4.24 without any sense of his previous self-consciousness and insecurity. He becomes entirely focused and takes command of the emergency at hand. The medical emergency and machinery take control without allowing the camera's invasion to distract from Kenny's body. In stills 3.4.23, 3.4.24, and 3.4.31 to 3.4.33 Chase gives the order that someone should "[g]et that damn camera out of here" ("Ugly" 407). A total disregard of the camera and protection of the patient's dignity and life are foregrounded, underlining and capturing the patient's importance in the hospital space. This repeated direct order by Chase also calls for a de-framing of the body in the sense that it should not be ever-open to scrutiny and subsequent television or media spectacularisation.

In still 3.4.25 the documentary camera with an extended microphone is positioned at the centre of the frame. The large lens of the camera occupies a substantial part of the frame. These aspects as well as its black body against a mostly lighter backdrop emphasises its presence. All of this helps to stress its invasion of an extremely private medical space. The documentary camera, though not the camera per se, is foreign to and out of place in this space. It is then to this that Chase speaks when he orders it to be taken out. It is strongly contrasted with the medical equipment, monitors and the film crew's scrubs. *House M.D.* constantly, and once again here, raises questions of ethics. Invading a patient's privacy like this is clearly not ethical conduct when following Chase's lead.

Attention is refocused on the medium and its constructedness once again in still 3.4.30 when the viewer sees Chase using paddles to bring Kenny back to life. The film's grain is almost visible through the slightly pixelated representation. This kind of representation provides the viewer with a more realistic, almost sensory experience as the fabric of clothing and skin, or rather materiality and corporeality are more tactile. The tangibility and "liveness" is

conveyed in stills 3.4.31 to 3.4.33 as the camera quickly moves towards Chase to include his face as he orders that it should be removed from the operation room. The speed with which the camera moves and Chase's unadulterated and calculated expression that it must be removed, work to further establish the sense of emergency and urgency present at this point in this scene. It lends authenticity to the narrative. After this still, Chase gives the final order for the camera to be removed, after which a hand blocks its view and the scene ends as *House M.D.*'s opening credits starts before moving into Cuddy's office with the documentary crew, House and his team all present.

3.4.31



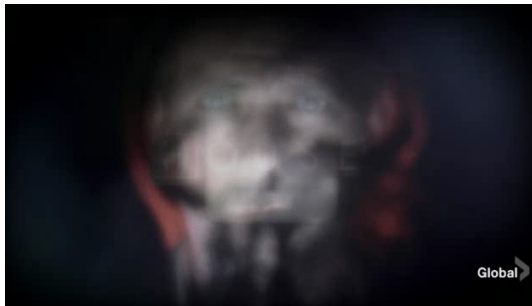
3.4.32



3.4.33



3.5.1



3.5.2



3.5.3



3.5.4



3.5.5



3.5.6



3.5.7



3.5.8



3.5.9



3.5.10



3.5.11



3.5.12



3.5.13



3.5.14



3.5.15



3.5.16



3.5.17



3.5.18



3.5.19



3.5.20



3.5.21



3.5.22



3.5.23



3.5.24



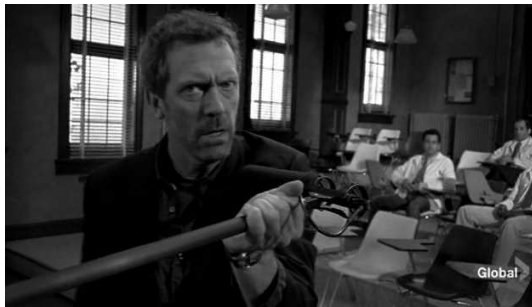
3.5.25



3.5.26



3.5.27



3.5.28



After the opening credits the viewer is taken into Cuddy's office where she summarises the abovementioned scene's proceedings and refers to Kenny's "unexplained cardiac arrest" while he was actually admitted for a "reconstructive procedure" ("Ugly" 407). House idly and bizarrely responds to this by merely saying "[g]ood" ("Ugly" 407), in agreement with what Cuddy is saying, though an inappropriate word choice, as it is in fact not "good" when a patient goes into cardiac arrest. Cuddy is flabbergasted by this indifference and subsequent insensitivity as she repeats "[g]ood?" ("Ugly" 407) in question form, almost in a whisper while she is frowning. House realises his insensitivity and corrects himself by saying "I mean, go on" looking towards Cuddy, but immediately refocuses his attention on the documentary camera. Chase explains Kenny's current state in a forced, over-articulated manner in still 3.5.5, namely that he is "on a pacing wire. It's the only thing keeping his heart going" ("Ugly" 407). House initially stares straight into the documentary camera, bored and disinterested, but responds to Chase with "Yeah, we know. We're doctors" to which Chase says his explanation was "for them" ("Ugly" 407), for the film crew.

Again Chase's previously mentioned self-consciousness surfaces before the camera. Chase is addressing the camera more than Cuddy or anyone else in the room, and is accordingly chastised and told to "be himself" by Darnell. This will ultimately lend authenticity to the

documentary in a naturalistic sense. The metafictional narrative re-emerges the documentary reality within this *House M.D.* episode, as one narrative or one story is taking place in another narrative or story.

House constantly plays with the camera and mocks the film-making process when he says he will see the crew again after he has saved Kenny's life and that he has "a warm bath waiting" ("Ugly" 407). Though he is hyper aware of the camera and is not self-conscious like Chase. Typical to his rationalist approach to medical practice he is more concerned about how it affects their ability to reach a diagnosis. In stills 3.5.11 and 3.5.12 House realises that they are following him, as he clearly experiences the camera's intrusion into his practice. He then states in still 3.5.15 that he "became a doctor because of the movie *Patch Adams*" ("Ugly" 407), further mocking the camera, but more importantly distracting it from his irritation with it, so he can deceive its crew sufficiently to get them outside. The viewer experiences dramatic irony as he knows House is a rational scientist, almost always only interested in solving the medical puzzle at hand. This is in stark contrast with the film *Patch Adams* with Robin Williams playing a philanthropic doctor, Patch Adams, dressing up as a clown to bring joy to patients' lives in the hospital space. Interestingly enough this very film is itself based on the life of Hunter Doherty "Patch" Adams adding yet another level of fictionality to the episode.

House skilfully draws on American popular culture, but simultaneously also, quite ignorantly, invokes the actual life of an American doctor who is effectively his polar opposite and nemesis. Finally, House tells the crew to go ahead so they can "back-up" and shoot him from the front when he exits Cuddy's office. He further suggests that they could "lower [the camera] down" in order to make him "look more powerful" ("Ugly" 407) in still 3.5.16. After this Darnell and her crew exit and House quickly shuts them out and complains to Cuddy. House constantly shows an understanding of the fictional and constructed nature of the medium and of the possibilities and effects the camera offers. The viewer is simultaneously made aware of these aspects as his/her attention is on the central protagonist of the series, namely House himself.

Stills 3.5.21 and 3.5.22 show a double framing of House by the camera and Cuddy's office door windows. Cuddy refuses to suspend the camera crew's privileges. House retaliates in still 3.5.23 by suggesting that their conversation was "[p]rivate [as Cuddy] waxes her

moustache once a month [and] sometimes gets some pretty gnarly ingrown hairs” (“Ugly” 407). By tricking the cameraman House uses the camera to his own advantage, namely to put Cuddy centre stage, instead of himself and his team.

These comments, regarding *Patch Adams* and Cuddy’s moustache, themselves indicate a crucial difference between *House M.D.* and *Jozi H. House M.D.* is structured around individual characters and their individual goals, for example House and Kenny in “Ugly” (407). In this case, the writers of the series use humour as a vessel to convey House’s personal vendetta against Cuddy and the documentary crew who unsettle his normal differential diagnosis. Stills 3.5.26 to 3.5.28 show House fetching his team to move to a more private location for the differential. However, in order to reach the MRI room with its strong magnetic field where no metal objects are allowed (see still 3.6.11 and 3.6.12). Besides the metal equipment the crew might be using, the magnetic field will effectively wipe everything they record and everything they have already recorded. Again, however, House tricks the documentary crew into believing that they are trailing him to some informative effect, particularly when he talks their language. In still 3.5.26 House finds out that Foreman, effectively his watchdog and conscience, is in the bathroom and cannot go to tell on him to Cuddy. House then immediately tells his team “[g]ood. Come on, let’s go for a walk” (“Ugly” 407), after which he grabs the microphone in still 3.5.28 saying that “[w]alks look good on camera. They give the illusion of the story moving forward” (“Ugly” 407). This nonchalant comment, despite its mock drama, shows House’s awareness of the effect of a moving camera, of the use of walk-and-talk. He constantly uses this technique, throughout all eight seasons, when he walks the hospital’s corridors with his team doing a differential diagnosis while walking. This conveys the sense of emergency and urgency present in the hospital, particularly with regards to patient bodies in crisis, also discussed in chapter one.

3.6.1



3.6.2



3.6.3



3.6.4



3.6.5



3.6.6



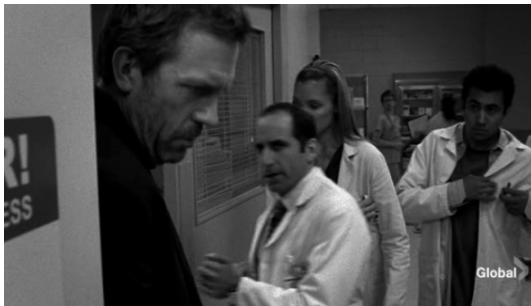
3.6.7



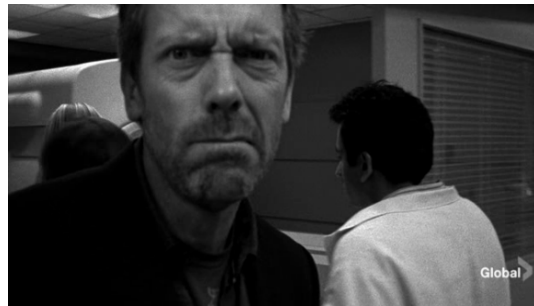
3.6.8



3.6.9



3.6.10



3.6.11



3.6.12



3.6.13



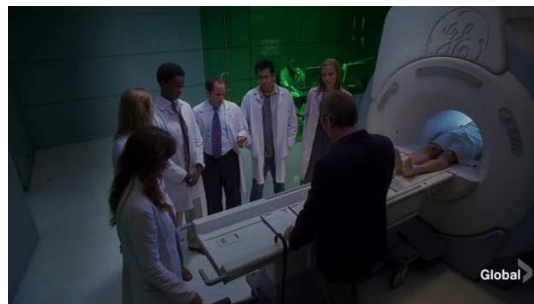
3.6.14



3.6.15



3.6.16



Stills 3.6.1 to 3.6.8 show the typical, even topical, House walk-and-talk through the hospital corridors. Besides the temporal possibility this technique offers, namely a progression in time, narrative, plot or as House puts it “of the story moving forward”, the possibility it lends the medium, of television in particular, though film too, of conveying this sense of movement House refers to. Movement, though time-bound according to journey time, but also pace, is equally bound to space, as discussed in-depth with regards to *Jozi H* in chapter two. *Jozi H* is explored in terms of the possibilities of television as a visual medium in its depiction and deliberation of space.

3.7.1



3.7.2



3.7.3



As already mentioned, *House M.D.* foregrounds individual characters’ narratives without any larger societal contextualisation, nor inclusion of the body politic or aspects concerning the body politic at large. Instead, Darnell explore House’s history and relationships. Wilson has great fun with her by informing the crew that House is a practising Wiccan, but with Cameron she succeeds in finding an additional authenticity for her narrative. Cameron, being the emotionally aware character she is, clearly still has a great affection for House, despite their failed date in “Love Hurts” (120) and her relationship with Chase. Darnell’s interest in House is informed specifically by his status as attending physician on her subject’s, Kenny’s,

case. She asks Cameron how it was to work with House to which Cameron spontaneously replies that “No... no. I... I love Doctor House” (“Ugly” 407) in still 3.7.1. Darnell finds this intriguing as “that’s something [they] haven’t heard” (“Ugly” 407) in still 3.7.2. Cameron, preoccupied with a patient in the emergency room, looks up in a daze in still 3.7.3, almost as if she were just realising what she said about loving House. She appears unsettled, confused, thoughtful and sentimental all at the same time when she tries correcting herself with “I mean...” losing her thread and then asking “[w]hat did you ask me again?” (“Ugly” 407). Darnell repeats her initial question brusquely and asks Cameron once more “why she left” (“Ugly” 407) to which Cameron once again fails to respond sensibly. Instead, she responds with “I loved... being around him. Professionally. You know... he was always... stimulating. Not... in an erotic sense of the word” (“Ugly” 407). Darnell obviously struck a nerve when asking Cameron whether she left because “House treat[ed] [her] as badly as he treats his current fellows?” (“Ugly” 407). Despite Cameron’s awareness that is indeed “a loaded question”, even before still 3.7.1, she still falls prey to the camera’s devices and ability to unsettle and record, especially if its source/subject is as sincere and sentimental as Cameron.

3.8.1



3.8.2



3.8.3



3.8.4



3.8.5



3.8.6



3.8.7



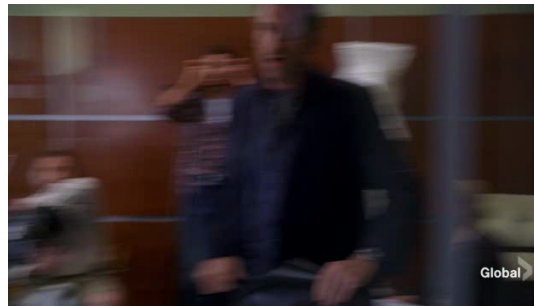
3.8.8



3.8.9



3.8.10



3.8.11



3.8.12



3.8.13



3.8.14



3.8.15



The scrutinising gaze of the camera remains evident here during yet another walk-and-talk (still 3.8.1) in which Taub argues with House about the diagnosis. This is the primary argument regarding Kenny's diagnosis in the episode, as Taub believes Kenny is merely suffering from increased intracranial pressure while House believes its juvenile rheumatoid arthritis which House wants Taub to treat with steroids. Taub, however, is dissatisfied with this as steroids will weaken Kenny's immune system and subsequently delay the reconstructive surgery until it is strong enough for an operation. However, despite Taub's strong contention that House is wrong, he caves in stills 3.8.2 when House asks if he "really want[s] to lose [the] argument in front of the camera?" ("Ugly" 407), simultaneously reminding the viewer of the camera's presence in relation to the black and white image. The character proxemics and framing of Taub's and House's bodies are crucial in still 3.8.2 as House literally towers over Taub, looking down at him as he challenges him to lose the argument in front of the camera. Taub's frustration is palpable through his facial expression and frowning, but his powerless position is equally emphasised. In still 3.8.3 House once again looks straight at the camera, totally disregarding Darnell's orders that they should not do this. He is clearly aware of the edge the camera gave him, but is similarly annoyed with its presence. However, House's gaze, or glare perhaps, cannot be simply understood to be directed at the documentary camera. It is also directed at the series camera itself, again

calling for a rethinking of the metafictional functioning of *House M.D.*. However, perhaps, more importantly for this study specifically is that House is also looking directly at the viewer, including the viewer in the action, but, moreover, also rendering the viewer complicit as an intruder in his case and in the medical plot in particular.

However, when Taub has to inform the father of the steroid treatment, he undermines House's authority in 3.8.5. This betrayal is calculated as Taub looks at the camera in still 3.8.7. Though he looks slightly uncertain of what he is about to do, his actions are calculated and considered. Here the camera serves as a validating instrument for his undermining of House's orders. He draws his power from the camera's presence and House's absence, as he can now call the shots in front of the camera without House challenging and overpowering him. This initially gets him fired by House just before still 3.8.9 where Cuddy revokes this dismissal and warns him to stay away from Kenny and his family. Cuddy, however, is merely interested in the publicity value of the documentary and tries to maintain good appearances by not dismissing a doctor during the case. Television's and the media's ability to influence perceptions through their wide reach and spectacularisation becomes a reality at this stage.

This tête-à-tête Taub has with House continues and makes way for House to reflect further through the dialogue on the narrative structure of television, the series, *House M.D.*, and this episode specifically. In still 3.8.11 and 3.8.12 House informs Cuddy that they are seeing her, the hospital administrator, with the head CT scan in order to "[skip] three scenes" as Taub "is gonna say that there's evidence of an anomaly, [he's] gonna say [Taub's] wrong, [Taub's] gonna go back to the father, and [they'll] all end up here" with Cuddy ("Ugly" 407). Regardless of the underlying differences in medical opinion between House and Taub here, which are still the same as earlier in the episode, it is again the levels of representation and the possibilities of televisual representation that are explored in stills 3.8.13 to 3.8.15 where Cuddy sides with House, but maintains authority by ordering him to stay out of Taub's personal life. Therefore, both House and Taub are slightly humiliated in front of the camera in still 3.8.15. Both stand towards the left of the frame looking equally taken aback by Cuddy's orders. The inclusion of the documentary camera in the colour (series) shot, still 3.8.13, reminds the viewer of its presence, but also of its power and intrusion into the professional lives and diagnostic and treatment process.

Television then as an informational and entertainment medium is well-positioned because of its technical and generic possibilities to contribute to contemporary modernities and popular cultures on local, global and transnational levels. Its ability to frame bodies in order to narrate and screen character identities is what situates it at the zenith of popular modernities. Medical series, in particular *House M.D.* and *Jozi H*, add narrative depth to this framing of bodies as it puts the bodies of both patients and medical staff at the very core of the scrip. By considering *House M.D.* and *Jozi H*, the centrality of bodies is further established by focusing on various states to which the body can conform, for example medical/corporeal states of emergency, as in Kenny's case, or alternatively ideological states of emergency, especially in Jenny's case. These states are further explored through television's inherent metafictional nature and reflection on its own production of images, especially by including news and documentary narratives and representing these through the inclusion of camera and television screens.

This constant use of metafictional screening of the body effectively interrogates society's views of the deviating bodies as it draws the viewer into the screening process and calls upon him/her to become aware of, firstly, society's treatment of the (ab)normal body and, secondly, his/her own attitude towards it. The viewer therefore becomes an integral part of the meaning-making process in television. Television's ability to narrate truths or lies regarding the deviating or healthy body is simultaneously interrogated in this chapter to illustrate how the viewer is constantly confronted with the body as individual subject and the body as societal object. A societal and contextual reading of the body in *Jozi H* is contrasted with a more individualist reading of the body as fetishised object and spectacularised commodity in *House M.D.*, while these paradigms are constantly deliberated and rethought through interaction with the viewer and involvement of the viewer in siding with House or Taub, or Leonard or Jenny, all within the heterotopic space of the hospital.

Bibliography:

Anderson, Douglas M. (Ed.). *Dorland's Illustrated Medical Dictionary*. 31st Edition. Philadelphia: Saunders, 2007.

Barrow, Greg. "Eyewitness: Flying over the flood." Sunday, 27 February, 2000, 20:58 GMT <<http://news.bbc.co.uk/2/hi/africa/659144.stm>>.

Bauman, Zygmunt. *Identity*. Cambridge: Polity Press, 2004.

Bauman, Zygmunt. *Society under Siege*. Cambridge: Wiley-Blackwell: 2002

"Born above the floodwaters." 2 March 2000. *BBC News*. 30 December 2010. <<http://news.bbc.co.uk/2/hi/africa/659144.stm>>.

Butler, Judith. "Subversive Bodily Acts." *Gender Trouble: Feminism and the Subversion of Identity*. London: Routledge, 1990. 128-141.

Corner, John. *Critical Ideas in Television Studies*. Oxford: Oxford University Press.

Descartes, René. "Descartes: Meditations on First Philosophy." *The Philosophical Writings of René Descartes*. Cambridge: CUP, 1984. 1-62.

Evan-Zohar, Itamar. "Polysystem Theory." *Poetics Today* 1.1/2 (1979): 287-310.

Foucault, Michel. "Of Other Spaces". *Diacritics* 16.1 (1986): 22-27.

Foucault, Michel. *The Foucault Reader*. "Nietzsche, Genealogy, History." Ed. Paul Rabinow. New York: Pantheon Books, 1984. 76-100.

Foucault, Michel. *The Foucault Reader*. "Right of Death and Power over Life." Ed. Paul Rabinow. New York: Pantheon Books, 1984. 258-272.

Foucault, Michel. *The Foucault Reader*. Ed. Paul Rabinow. New York: Pantheon Books, 1984.

Foucault, Michel. *The Order of Things*. London: Routledge, 1989.

Foucault, Michel. *The Will to Knowledge: The History of Sexuality: 1*. London: Penguin Books, 1998.

Graham, Dan. "Video in Relation to Architecture." *Illuminating Video: An Essential Guide to Video Art*. Eds. Doug Hall and Sally Jo Fifer. New York: Aperture, 1990. 168-177.

Grey's Anatomy. "Pilot." ABC. TouchstoneTelevision and ShondaLand Productions, 2005.

"hospital." *New English Dictionary* 2nd edition. 2011. OED. <<http://www.oed.com/view/Entry/88724>>. Web 3 July 2011.

House, M.D. Fox. Heel & Toe Films, 2004-2010.

Jackman, Ian. *House M.D.: The Official Guide to the Hit Medical Drama*. New York: HarperCollins, 2010.

Jameson, Frederic. "Third World Literature in the Era of Multinational Capitalism." *Social Text* 15 (1986). 65-88.

Jozi H. SABC. Morula Pictures and Inner City Films, 2007.

Kearney, M. "The Local and the Global: the Anthropology of Globalism and Transnationalism." *Annual Review of Anthropology* 24 (1995): 547-565.

Labuschagne, Gerard. "Features and Investigative Implications of Muti Murder in South Africa." *Journal of Investigative Psychology and Offender Profiling* 1: 191-206 (2004).

Le Marcis, Frédéric. "6: The Suffering Body of the City." Trans. Judith Inggs. *Johannesburg: The Elusive Metropolis*. Eds. Sarah Nuttall and Achille Mbembe. Wits University Press: Johannesburg, 2008. 170-193.

Lupton, Deborah. "Chapter 2: The Body in Medicine." *Medicine as Culture*. London: Sage Publications, 1994.

Mbembe, Achille and Sarah Nuttall. "Introduction: Afropolis." *Johannesburg: The Elusive Metropolis*. Eds. Sarah Nuttall and Achille Mbembe. Wits University Press: Johannesburg, 2008. 1-33.

McCarthy, Anne. "From Screen to Site: Television's Material Culture, and its Place." *October* 98 (2001): 93-111.

McLuhan, Marshall. "Myth and Media." *Daedalus* 88.2 (1959): 339-348.

Monaco, James. *How to read a film: The World of Movies, Media, and Multimedia – Language, History and Theory*. New York: Oxford University Press, 2000.

Moore, Keith L. and Arthur F. Dalley II. *Clinically Oriented Anatomy*. 4th Edition. Philadelphia: Lippincott, Williams and Wilkins, 1999.

"National Flag." 27 June 2011. <[http:// www.info.gov.za/aboutgovt/symbols/flag.htm](http://www.info.gov.za/aboutgovt/symbols/flag.htm)>.

Newcomb, Horace and Paul M. Hirsch. "Television as a Cultural Forum." *Quarterly Review of Film Studies* 1 (1983).

Prior, Lindsay. "The architecture of the hospital: a study of spatial organization and medical knowledge." *The British Journal of Sociology* 39.1 (1988): 86-113.

Simone, AbdouMaliq. "People as Infrastructure: Intersecting Fragments in Johannesburg." *Johannesburg: The Elusive Metropolis*. Eds. Sarah Nuttall and Achille Mbembe. Wits University Press: Johannesburg, 2008. 68-87.

Slean, Sarah. "Day one." 24 September 2011.
<www.songmeanings.net/m/song/3530822107858508258/>.

"spectacle." *New English Dictionary 2nd edition*. OED. 2011.
<<http://www.oed.com/view/Entry/186057>>. Web 5 July 2011.

Squire, Corinne. "AIDS panic." *Body Talk: The material and discursive regulation of sexuality, madness and reproduction*. Ed. Jane M. Ussher. London: Routledge, 1997. 50-69.

Vincent, Louise. "Cutting Tradition: the Political Regulation of Traditional Circumcision Rites in South Africa's Liberal Democratic Order". *Journal of Southern African Studies* 34.1 (2008): 77 – 91.

Weiner, James. "Televisualist Anthropology: Representation, Aesthetics, Politics." *Current Anthropology* 38.3 (1997): 197-236.

Wicclair, M.R. "Medical Paternalism in *House M.D.*" *Medical Humanities* 34 (2008). 93-99.

Williams, Raymond. *Television: Technology and Cultural Form*. New York: Schocken, 1975.