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**PATIENT’S UNRELIABLE NARRATION IN THE MODERN CINEMATIC
DISCOURSE**

The present article analyzes the corpus of anamnestic data in terms of their narrative reliability. The material of the research is the American television medical drama House, M.D. In a number of episodes, the underlying diagnosis cannot be established either because patients lie about a possible source of the disease or do not disclose a particularly important fact. The unreliability of patient’s account can significantly obstruct the process of establishing diagnosis and treatment. The possible impeding factors of doctor-patient communication are as follows: the patient’s ignorance of the significance of earlier diseases, treatment or taken medicine; conscious concealment of certain information, e.g. alcohol abuse or infidelity; physical inability to provide the necessary information. In case when patient’s account cannot be relied on, the doctor must enhance his/her narrative proficiency in order to discern and detect the signs of fallibility. The patient’s fallible or biased perspective is deciphered via the application of Paul Grice’s principle of cooperation. The signs of deviant narration can be found when the patient violates the maxim of quality (the narrator lies or contradicts himself/herself), the maxim of quantity (the narrator provides excessive information or, on the contrary, fails to mention something), the maxim of manner (the order of narration is disrupted, or it contains ambiguity) or the maxim of relation (the narrator provides irrelevant information). The degree of compliance with Gricean conversational maxims discloses the underlying nature of doctor-patient communication and thus facilitates the process of diagnostics and treatment.

Keywords: *unreliable narrator, conversation maxims, cinematic discourse.*

Ненадійна нарація пацієнта у сучасному кінодискурсі

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У статті досліджується нарративна ненадійність анамнестичних даних на матеріалі сучасних американських кінотекстів (телесеріал “House, M.D.”). Проаналізовано ситуації порушення пацієнтами принципу кооперації Г.П. Грайса (максими якості, кількості, способу та релевантності). Дослідження нарративної ненадійності під час збору анамнестичних даних розкриває глибинні механізми комунікативної ситуації “лікар – пацієнт”, оптимізує процес діагностики та лікування.

Ключові слова: *ненадійний наратор, конверсаційні максими, кінодискурс.*

Ненадежная наррация пациента в современном кинодискурсе

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В статье исследуется нарративная ненадежность анамнестических данных на материале современных американских кинотекстов (телесериал “House, MD”). Проанализированы ситуации нарушения пациентами принципа кооперации Г.П. Грайса (максимы качества, количества, способа и релевантности). Исследование нарративной ненадежности во время сбора анамнестических данных раскрывает глубинные механизмы коммуникативной ситуации “врач – пациент”, оптимизирует процесс диагностики и лечения.

Ключевые слова: *ненадёжный нарратор, конверсационные максимы, кинодискурс.*

Problem definition and its association with scientific and practical tasks.

Medical history is a complex of verbal practices by means of which the isolated events and facts, scattered in time and space, are logically interwoven as a single coherent story which promotes effective diagnostics and treatment. Medical history includes a standard set of data formed during the last century [6, p. 21]: the main complaint, history of present illness, history of surgeries, allergies, family history,

social history, review of symptoms, physical examination and development of treatment plan. The patient explains what forced him/her to seek medical care (“main complaint”), reports the sequence of events and personal experiences associated with the disease. Thus, patient’s narrative can significantly optimize the communicative situation: the doctor determines how and why a person became ill, and then selects the appropriate strategy and tactics of treatment. Case history contextualizes past and current symptoms, inscribing the patient’s story in a network of pathophysiological processes.

Analysis of recent research and publications on the subject. The fact is that patients do not always provide consistent and authentic information as to their illnesses. Therefore, physicians must possess a certain degree of narrative competence which implies “the ability to recognize, perceive, interpret and influence the narrative of another person” [1, c. 69]. Each narrative can be regarded as communicative cooperation, and therefore the unreliable narrator may be interpreted as a cancellation of communicative agreement which is performed through the violation of Gricean conversational maxims [5, p. 133]. Hence, the textual signs of deviant narration can be found when the narrator violates the maxim of quality (“be truthful; do not give information that is false or that is not supported by evidence”), the maxim of quantity (“be as informative as you possibly can; give as much information as is needed, and no more”), the maxim of manner (“be as clear, as brief, and as orderly as you can; avoid obscurity and ambiguity”) or the maxim of relation (“be relevant; say things that are pertinent to the discussion”) [5, p. 130-134]. Thus, case histories and illness narratives can be considered in terms of complying with maxims of quality, quantity, manner and relation which can significantly promote the process of establishing diagnosis and treatment.

The aim and materials. The aim of the research is to examine patients’ narrative unreliability in terms of Paul Grice’s principle of cooperation. That is to say, our objective is to investigate how exactly patients violate the postulates of communication. The material of the research is the corpus of transcripts of the

American television medical drama *House, M.D.* In the analyzed cinematic discourse, patient's lie relates to the diagnosis and thus significantly obstructs the process of treatment. As a matter of fact, Dr. House's credo is "Everybody lies": in many episodes it is impossible to establish diagnosis either because patients refuse to tell the truth or do not disclose a particularly important fact. As a consequence, the patient is misdiagnosed and treated with medications assigned for the misdiagnosis which usually causes further complications. As a rule, "Everybody lies" assumption guides the physician's decisions and diagnoses: "I don't ask why patients lie, I just assume they all do <...> I've found that when you want to know the truth about someone that someone is probably the last person you should ask" [8]. His distrust often leads the team to the underlying cause of symptoms.

The principal data of the study. Upon a closer view, Dr. House's patients most often violate **the maxim of quantity** by failing to disclose some facts that they thought were unimportant or too embarrassing. For instance, they fail to provide information about their previous diseases or surgeries. In episode *Damned If You Do*, a nun does not mention that she had had an abortion before she took her vows:

Foreman: On her medical history she didn't mention any surgery.

House: She had one [8].

Furthermore, the patient in *Damned If You Do* violates **the maxim of manner** (which postulates "clarity, brevity, consistency"): the woman admits that she used different kinds of birth control but fails to mention about her intrauterine device. Instead of this, her account moves to theological issues:

Augustine: When I was 15, I was on every kind of birth control known to man, and I still got pregnant. I blamed God. I hated Him for ruining my life, but then I realized something. You can't be angry with God and not believe in him at the same time. No one can. Not even you, Dr. House [8].

As a result, final diagnosis is "Allergic reaction to copper IUD".

By contrast, in episode *Cursed*, the narrator violates the maxim of quantity by providing excessive information. The patient's father concealed the fact that he

had traveled to Asia for an extended period of time. When his son develops strange symptoms, the father violates the maxim of quantity by mentioning two very rare conditions usually unknown to common people:

Jeffrey: There are all these weird diseases that can cause a rash. What about leishmaniasis and filariasis? [8].

Thereby, House guesses that father's knowledge is indicative of his personal experience of living in Asia:

House: You mentioned two obscure diseases to Dr. Chase. They didn't fit then, but now they kind of do. How'd you know about them?

Jeffrey: I read about them on the internet.

House: So, what'd you search for? "Diseases from Asia that don't match my son's symptoms"? You heard about them in Asia [8].

It is necessary to observe, that in cases when the patient is physically incapable of direct communication, the so-called "heteroanamnestic" account from relatives is possible. In some episodes, relatives are ignorant of certain facts pertaining to the patient. In *Distractions*, it is revealed that the patient in coma concealed the habit of smoking. The teenager tried to quit with the help of antismoking medications which caused serotonin syndrome. Therefore, parents cannot provide exact information:

House: Does your son smoke?

Doug: I'd kill him.

House: So, he talks to you about sex, crack, anything except cigarettes. He has a cigarette burn on his wrist, also a fading nicotine stain between two fingers. Bad news, your son has a filthy, unhealthy habit. Good news, he's trying to quit. No-smoke meds are antidepressants. Crappy ones you can get over the internet are loaded with whatever antidepressants they can get cheap [8].

In *Detox*, the patient's family neglects to mention that their pet cat died. It turns out the cat died of the same problem that was affecting the patient:

House: Who's Jules? Any mention of her in the medical history? <...> There's no Jules in the history.

Dad: Our cat. Does this matter? <...> Jules is dead.

House: You have a dead family pet, and you never mentioned it? Nice family history [8].

The maxim of quality is also violated by patients quite often. For instance, in *Sports Medicine*, the patient repeatedly denies using steroids, but the source of the problem lies in his heavy use of marijuana:

*Hank: I am clean, man, no steroids, **no nothing** [8].*

As one can observe, the narrator uses the unconventional form of double negation (“no nothing”) which is indicative that he is eager to conceal something else apart from steroids.

In episode *Daddy’s Boy*, the diagnosis is delayed when the patient’s father lies about his occupation, because in such a manner he hopes to receive better treatment. Thus, final diagnosis is “Radiation poisoning”:

House: You lied.

Ken: What are you talking about?

House: You told us you owned a construction company, not a salvage yard. The piece of metal that you gave Carnell was from an industrial device used to test welds [8].

The maxim of relation is violated by U.S. senator and presidential candidate Gary H. Wright (*Role Model*). When asked about a scar on his tongue, the senator gives an excessive account far from the point of conversation:

Foreman: Open your mouth, please. [Senator Wright does, and there’s a nasty scar on his tongue.] That’s quite a scar.

Senator: When I was six, I fell off the swings and bit my tongue. Couldn’t talk right for the longest time. Lots of teasing. But, you know, it just made me fight harder, speak up for those who can’t.

*House: Yeah, yeah, yeah. Tongues heal too fast. **Your political consultants have written you a nice story.** In a tight race the lispers alone could put you over the top [8].*

As one can easily observe, the patient provides information which is not necessary in the context of medical examination. It immediately suggests that this is a learned story, made up for electorate.

Moreover, the patient provides irrelevant information when asked a simple and direct question about his childhood epilepsy. In fact, the violation of communicative maxim of relation almost costs him life:

[Cut to the Senator's room. House enters, places his cane at the foot of the bed, then removes the Senator's breathing mask. All of the Senator's speech is compromised because of his stuttering and gasping for air.]

Senator: Hey!

House: You didn't fall off the swings when you were eight.

Senator: Six!

House: Ever.

Senator: Give that back!

House: Uh uh. We have to talk. You had an epileptic seizure. That's how you bit your tongue.

Senator: I haven't had a seizure since I was –

House: What medication did you take?

Senator: No seizure since I was six. No drugs since I was ten!

House: Yeah, that's it. Don't worry about what the question is, don't worry that you're starting to feel dizzy, just stay on message.

Senator: [frantic now] My mother used to call it physofin –

House: Phenytoin?

Senator: Yeah! [House places the breathing mask back on the Senator's face.] Okay, okay, you're okay, it's okay. Everybody lies [8].

Research findings and challenges in the examined area. Thus, as the analyzed discourse explicitly displays, patients tend to violate the four conversational postulates, with prevailing frequency of maxims of quantity and quality. Patient's narrative unreliability during data-collecting interview inevitably makes it impossible to establish correct diagnosis and prescribe proper treatment,

thus impeding the process of recovery and even endangering patient's life. Therefore, the physician's narrative competence plays a key role in deciphering the anamnestic data. The application of Gricean principle of cooperation is a productive way to disclose patient's narrative fallibility and thus to enhance the process of diagnostics and treatment.

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