19. The (Many) Functions of DISEASE Metaphors in the Medical Drama TV Series *House, M.D.*

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ABSTRACT

The corpus under scrutiny is constituted of the first two seasons of the American TV series *House, M.D.*, in which 118 metaphorical expressions were identified following the procedure that was established by the Pragglejaz group (2007), the *MIP* (*Metaphor Identification Procedure*); these expressions were then classified according to the source domain which is used to conceptualise the target domain disease, following the theoretical framework of the Conceptual Metaphor Theory. The results show that the most productive conceptual metaphors are THE SICK BODY IS A BROKEN MACHINE/OBJECT (29 occurrences), THE SICK BODY IS FOOD/DRINKS (21 occurrences), A DISEASE IS A PERSON (20 occurrences), HAVING A DISEASE IS FIGHTING A WAR (19 occurrences), and, to a lesser extent, A DISEASE IS A JOURNEY (5 occurrences), DIAGNOSING A DISEASE IS PLAYING A GAME (6 occurrences), and A DISEASE IS AN ANIMAL/A MONSTER (4 occurrences). All these metaphors have different, sometimes overlapping functions which are analysed in the discussion section. They are mostly used to explain or vulgarise medical discourse for the viewers. Naturally, due to the taboo nature of disease, they also fulfil a euphemistic or dysphemistic function depending on which character is using them, which often leads to a humorous interpretation for the viewers. Finally, they often contribute to the characterisation of the protagonist and the series.

KEYWORDS

Functions; *House, M.D.*; medical TV series; metaphor; X-phemisms.

Introduction

In recent years, linguists have become interested in studying the language of TV series and medical dramas are no exception; *House, M.D.* (Fox, 2004-2012) in particular has received significant attention in the field of pragmatics. The series focuses on the life of Dr. Gregory House, a misanthropic diagnostician who heads the diagnostic department of Princeton Plainsboro Hospital and solves a new medical mystery each episode with the help of his team. Several papers have focused on humour, sarcasm, irony, (im)politeness or metaphor in the series (see for example Dynel 2012a, 2012b, Tabacaru 2019, Terry 2019a), as the protagonist is known to be an asocial, sarcastic character. However, few studies have focused on medical discourse in the series, although disease, treatment and medicine constitute the main conversational topics. This chapter focuses on medical discourse, and more precisely on DISEASE metaphors, which are overwhelmingly present in *House, M.D.* due to its nature as a medical drama. More specifically, I present the results of the study of a corpus composed of the DISEASE metaphors found in the first two seasons of the American series *House, M.D.* It is based on two previous studies, Terry (2019a) and Terry (2019b), in which I studied metaphors and their functions in a larger TV series corpus that included *House, M.D.* The objective in this chapter is to focus exclusively on *House, M.D.* and on DISEASE metaphors and to further investigate how they contribute to the characterisation of the protagonist and the series.

I firstly briefly define the theoretical framework and then present the corpus and the methodology adopted. The last part is devoted to the study of the corpus, in which I continue my reflection on the functions of the metaphors in *House, M.D.*

Theoretical Background: DISEASE Metaphors

The objective of this first part is firstly to define the theoretical concepts that are necessary to the study of metaphor, and secondly, to give an overview of existing studies on DISEASE metaphors.

Definitions and CMT

The preconceived idea according to which metaphor is a mere ornament has long been swept away by studies on the subject, and in particular by the Conceptual Metaphor Theory (henceforth CMT), which was introduced in 1980 by Lakoff and Johnson in their landmark study *Metaphors We Live By*. Their claim is that metaphor is ubiquitous in everyday life and is embedded in human cognition (1980: 3).

This view is not entirely incompatible with previous studies on metaphor which focused on its literary, argumentative, rhetorical, explanatory, or even humorous functions; however, these traditional approaches failed to account for the pervasiveness of metaphor. The fact that thought is essentially metaphorical explains why metaphor is ubiquitous and which it can have so many functions in discourse. CMT therefore accounts for the frequency of metaphorical occurrences in language and discourse and the semantic links between different linguistic metaphors, which traditional studies have not been able to do (Deignan 2005: 3-4):

> Although it can seem an obvious way to explain metaphor, the decorative approach runs into some problems. In particular, it does not explain the widely observable fact that many metaphors, both novel and conventional, are semantically related to each other […] The decorative metaphor also failed to account for the frequency and ubiquity of metaphor.

Indeed, as Kövecses (2002: 4) explains, conceptual metaphors allow speakers to conceptualise one domain in terms of another. A conceptual metaphor takes the form CONCEPTUAL DOMAIN (A) IS CONCEPTUAL DOMAIN (B), where (A) is understood through (B). These conceptual metaphors are to be distinguished from linguistic metaphors, which are metaphorical terms or expressions that derive from a CONCEPTUAL DOMAIN (B) generally referred to as the source domain (CONCEPTUAL DOMAIN (A) is the target domain). For example, consider the following common linguistic metaphors: "You have to fight this disease", "She won the battle against cancer", and

"The treatment was really aggressive". These are three linguistic realisations of the same conceptual metaphor, HAVING A DISEASE IS FIGHTING A WAR. Systematic correspondences are established between the source and target domains (Kövecses 2002: 6), which implies that elements of the source domain are projected onto the target domain:

> What does is mean exactly that A is understood in terms of B? The answer is that there is a set of systematic **correspondences** between the source and the target in the sense that constituent conceptual elements of B correspond to constituent elements of A. Technically, these conceptual correspondences are often referred to as **mappings**.

For instance, in HAVING A DISEASE IS FIGHTING A WAR, the target domain is HAVING A DISEASE and the source domain is FIGHTING A WAR; the main element in the target domain is the disease, which corresponds to the enemy in the source domain, but the opponent may in turn be the patient, the doctors, or the drugs. The ubiquity of these linguistic metaphors makes it possible to identify the existence of the underlying conceptual metaphor, of which the linguistic realisations vary.

It should also be noted that the source domain is generally more abstract than the target domain (Semino 2008: 6):

> Cognitive metaphor theorists emphasise that target domains typically correspond to areas of experience that are relatively abstract, complex, unfamiliar, subjective or poorly delineated, such as time, emotion, life or death. In contrast, source domains typically correspond to concrete, simple, familiar, physical and well-delineated experiences, such as motion, bodily phenomena, physical objects and so on.

It is not surprising that concrete, very precisely defined, and familiar domains should be used to conceptualise abstract or complex domains insofar as metaphor makes it possible to understand one concept through another concept. DISEASE is a vast, complex domain that can be difficult to understand without resorting to metaphors because it would require extensive medical knowledge; additionally, despite recent medical progress, science and healthcare professionals can still not exhaustively explain the way all diseases, treatments, or the human body work. A source domain such as FIGHTING A WAR can help accurately describe the experience patients undergo and help healthcare practitioners communicate with their patients.

The existence of these systematic correspondences between the source and target domains implies that only certain elements of the source domain are projected onto the target domain. However, several source domains can be used to conceptualise the same target domain; for example, DISEASE can be conceptualised via the source domain WAR and the source domain JOURNEY, among others. The target domain will therefore be conceptualised differently depending on the source domain used, since each source domain allows certain aspects of the concept to be highlighted or hidden (Kövecses 2002: 80). In the examples cited above, the conceptual domain WAR will *a priori* rather allow to highlight the violent dimension of the disease, as well as the notion of courage, whereas the source domain JOURNEY will rather allow speakers to highlight the duration of the disease, as well as the different stages that it implies.

Degree of Lexicalisation

Conceptual Metaphor Theory can also prove useful to distinguish between lexicalised and creative metaphors; for Kövecses, classifying metaphors according to their degree of lexicalisation is a means to justify the anchoring of a metaphor in everyday use (Kövecses 2002: 29). Many linguists have established relatively classifications which include different degrees of lexicalisation, including Lakoff (1987), Goatly (1997), Deignan (2005: 36-47), Crespo Fernández (2008: 98), Semino (2008: 19), or Dancygier and Sweetser (2014: 35), to name a few. Although there are fine distinctions to be made in the degree of lexicalisation, in this chapter, I merely distinguish between lexicalised metaphors (in which the metaphorical expression is no longer considered as such, as in *seizure* in (1), or is widely used by speakers) and creative metaphors (which are the result of a new association, for example that of DISEASE and BASEBALL in (2)):

1. HOUSE: "29-year-old female, first **seizure** one month ago, lost the ability to speak. Babbled like a baby. Present deterioration of mental status." *(House 01x01)*
2. HOUSE: "Senator Gary H. Wright of New Jersey had childhood epilepsy. He took phenytoin. That drug, with the Epstein-Barr virus, is associated with common variable immunodeficiency disease. T-cells down, B-cells down, it keeps you from forming enough antibodies. See, antibodies are basically **your defensive line**. And your brain is **like the quarterback**. And then the fungi are **like blitzing linebackers,**

> **plunging up the middle.** Your lungs are like… Okay, **you've got two quarterbacks**…" *(House 01x17)*

In this extended metaphor (2), the disease is conceptualised as a baseball team, and the body as the opposite baseball team. It does not *a priori* correspond to any existing conceptual metaphor although it relies on personification. Nevertheless, this creative linguistic metaphor contains numerous details and involves other conceptual domains. The correspondences are not evident and may be difficult to retrieve for the speakers as House tries to make them explicit for the co-speakers to understand but fails to do so.

Disease *Metaphors and their Functions*

Few studies have focused on the different source domains used to conceptualise DISEASE; one of the most comprehensive studies conducted on the topic was a project entitled "Metaphor in end-of-life care", which aimed to study the metaphors used by patients and carers in palliative care in the UK (at Lancaster University). The research team collected a corpus of over 1.5 million words. They found that metaphors of war and violence can be positive or negative – i.e., euphemistic or dysphemistic – depending on the nature of the correspondences between the domains (Semino, Demjén, and Demmen 2016: 17, Semino et al. 2017); for example, HAVING A DISEASE IS A JOURNEY metaphors can be positive or negative, based on the correspondences that are established between the two domains. Semino, Demjén, and Demmen (2016: 9) also mention other source domains that can be used to conceptualise DISEASE ("machinery, sports, animals, fairground rides, and so on"), although WAR/VIOLENCE and JOURNEY remain the most frequent.

The linguistic occurrences deriving from DISEASE conceptual metaphors can have different functions in discourse. Most studies on the functions of DISEASE metaphors focused on their X-phemistic function. Disease is, like death or sex, a taboo domain because of its close connection with religion and the human body (Terry 2019a). Allan and Burridge (1991: 173) note that the historical reason for the existence of this taboo is that many diseases could not be cured in the Middle Ages – not even through atrocious treatments – and that these diseases were therefore considered as divine punishments. The persistence of this taboo in our contemporary Western societies can be explained by the close link between disease and death, insofar as incurable diseases that inevitably lead to death are among the most tabooed;

this is for example the case of cancer. Thus, the mention of disease or any other taboo topic often involves the use of X-phemisms – that is, euphemisms, dysphemisms, or orthophemisms. Euphemisms are defined by Allan and Burridge (1991: 11) in the following words:

> A **euphemism** is used as an alternative to a dispreferred expression, in order to avoid possible loss of face: either one's own face or, through giving offense, that of the audience, or of some third party.

Euphemisms allow speakers to preserve their face and to avoid offending their co-speakers; it is very often resorted to in order to mention the taboo domain DISEASE as it allows speakers to conceal unpleasant characteristics of the taboo. An orthophemism is the neutral term that refers to the taboo (Burridge 2012: 66); it is often the technical or scientific term in the case of the domain of disease. Lastly, a dysphemism is a term that is considered offensive by co-speakers (Allan and Burridge 1991: 26), that is to say a term that does not hide the most unpleasant characteristics of the taboo domain DISEASE. There is a continuum between these three types of X-phemisms: an overused euphemism is likely to become a dysphemism when it becomes contaminated by the taboo domain. Metaphor is the preferred means to create X-phemisms (Crespo Fernández 2011: 54), and this for two main reasons: firstly, metaphor is the most productive word-formation process in English (Jamet 2010: 7-12); secondly, thanks to the highlighting-hiding principle, it allows speakers to emphasise or conceal some aspects of the taboo.

Other studies have been conducted on the metaphors used to refer to DISEASE or ILLNESS and their functions. These include studies in terminology such as Oliveira (2009) or Faure (2012); Oliveira (2009: 24), for example, focuses on terminological metaphors in the field of cardiology, which are used to name new medical concepts or conditions, but which are lexicalised and part of the medical jargon. They can also be dysphemistic for patients, who do not always understand them.

Finally, a few studies have focused on the potentially humorous function of DISEASE metaphors (notably Demjén 2016: 24); Dynel (2012), as for her, worked on humorous metaphors in *House, M.D.*, but without restricting her analysis to DISEASE metaphors.

It is also interesting to note that other studies have not focused on the functions of metaphors *per se* but on the debate surrounding their use in

medicine. Sontag (1979, 1988) rejected the use of metaphors – and more particularly WAR metaphors such as HAVING A DISEASE IS FIGHTING A WAR – to conceptualise DISEASE. Sournia (1997: 98), Reisfield and Wilson (2004: 4024), or Ogien (2017: 67-69) have a more nuanced approach. They believe that these metaphors are necessary insofar as they would be difficult to replace and can be useful to both caregivers and patients, as they constitute a means that helps physicians to explain diagnosis to patients, who can then better apprehend it.

The functions of metaphors mentioned in this subpart, which were mainly retrieved in non-fictitious corpora, seem to be present in *House, M.D.* as well. However, the metaphors in a TV series also endorse other functions, such as the popularisation of medical English. In the next part, I will show that metaphors in the corpus seem to occupy in turn different functions, which often combine.

Analysis of the Corpus

Corpus and Results

The corpus is composed of the first two seasons of *House, M.D.* The metaphorical occurrences were manually collected following the protocol established by the Pragglejaz group (2007), the MIP (Metaphor Identification Procedure). A total of 109 metaphorical occurrences were found in the corpus and grouped according to their source domain. The results are shown in table 1.

The results show that the most productive conceptual domains are MACHINE/OBJECT, FOOD AND DRINKS, PERSON, and WAR/VIOLENCE. The pervasiveness of some conceptual metaphors in the corpus is not surprising: this is notably the case for HAVING A DISEASE IS FIGHTING A WAR (19 occurrences) and HAVING A DISEASE IS A JOURNEY (5 occurrences), which have received much scholarly attention in non-fictitious corpora. Additionally, the frequent resort to the domains OBJECT and MACHINE and to personification can be explained as well as we tend to resort to more concrete source domains, to things we know, in order to conceptualise concepts that are more abstract or thing that we do not know. The resort to other conceptual domains, such as GAME, is however slightly more surprising and those metaphors fulfil specific functions in the corpus.

Conceptual domain	Conceptual metaphor	Number of conceptual metaphors	Total
MACHINE / OBJECT	(PART OF) THE SICK BODY IS A BROKEN MACHINE/OBJECT	23	29
	THE MIND IS A MACHINE	2	
	A TUMOR/DISEASE/SYMPTOM IS AN OBJECT	4	
FOOD AND DRINKS	(PART OF) THE SICK BODY IS FOOD	19	21
	AN ORGAN DONATION IS A HARVEST	1	
	DRUGS ARE DRINKS	1	
PERSON	A DISEASE/BACTERIA/TUMOR IS A PERSON	8	20
	A DISEASE/BACTERIA/TUMOR IS A SUSPECT/CULPRIT	8	
	AN ORGAN IS A PERSON	4	
WAR / VIOLENCE	HAVING A DISEASE IS FIGHTING A WAR/VIOLENCE	19	19
JOURNEY	A DISEASE IS A JOURNEY	5	5
GAME	A DISEASE/DIAGNOSIS IS A GAME	3	6
	PATIENTS ARE PUZZLES	3	
ANIMAL	A DISEASE IS AN ANIMAL	3	4
Miscellaneous	Difficult to link to a conceptual metaphor	5	5

TABLE 1

Conceptual domains, conceptual metaphors, and number of occurrences.

The Function of the Metaphors in the Corpus

Metaphors in *House, M.D.* fulfil several functions that are often combined and that I shall attempt to identify in this part, relying on Terry (2019a) and Terry (2019b).

They all essentially serve the popularisation of scientific medical discourse – medicalese – which is too specialised to be accessible to the viewers, who are not, for the majority of them, trained physicians. The alternation of specialised discourse and metaphors allows the viewers to understand diagnoses and treatments thanks to the resort to simple concepts and it also allows them to become oblivious to their ignorance in the field of medicine. Therefore, many occurrences in the corpus have a basic **explanatory function**, as the three following examples:

(3) WILSON: "The plan is basically to... **Reboot** your daughter. **Like a computer. We shut her down then restart her.**" *(House 02x02)*

(4) FOREMAN: "Could be amphetamines."
HOUSE: "Or a bacteria **lunching** on his heart; or cardiomyopathy or some other very bad thing. He needs an EKG." (*House 02x12*)

(5) CUDDY: "It worked! There's a clinic in Germany, they've been treating chronic pain by inducing comas and letting **the mind basically reboot itself.**" (*House 02x24*)

In real life interactions – that is to say, outside the fictional world –, vulgarisation is needed in doctor/patient interactions (as in example (3)), but not in doctor/doctor interactions. The constant use of metaphors on-screen participates in the process of making the medical content available to the recipients (the viewers) but does not necessarily reflect real-life interactions. Some metaphors also have a **didactic/persuasive function** close to the explanatory function since they allow House to explain a diagnosis by guiding the interlocutors' thinking with more or less success:

(6) HOUSE: "You wake up in the morning, **your paint's peeling, your curtains are gone, and the water's boiling**. Which problem do you deal with first?"
FOREMAN: "House!"
HOUSE: "None of them! **The building's on fire!** We treat her symptoms, she dies, we find the cause, she lives. That tick is an IV drip of poison, we unhook it, she'll be fine." *(House 02x16)*

However, explanatory and didactic functions have a better chance of immediate success if the association between the two domains is not new, as in (3), (4) and (5). Indeed, extended, creative metaphors in *House, M.D.* usually remain incomprehensible for a long time because the association of the source and the target is incongruous (Dynel 2012a: 87-88), but maybe not as much as purely scientific talk would be. They ultimately allow the characters and the viewers/recipients to understand the meaning, as in (6), in which the paint peeling, the curtains and the water boiling stand for the symptoms while the building being on fire stands for the cause, that is to say, the disease.

Extended, creative metaphors in *House, M.D.* also tend to have a **humorous function** for the viewers – and this is the case of example (6). Dynel

(2012a: 102) identifies several factors that contribute to the humorousness of creative metaphors in *House, M.D.*, including the discrepancies between the source and the target domain (that is to say, the incongruity of the association of the two domains in creative metaphors) and the difficulty to retrieve the correspondences between the two domains. However, for humour to be interpreted as such, several conditions have to be met. Firstly, the incongruity must be resolved (Suls 1972), which means that the recipient has to ultimately understand which correspondences are projected from one domain to another. Secondly, the violation must be benign (McGraw and Warren 2010) – that is to say that the context must be interpreted as safe. This explains why at inter-character level, the metaphor in example (6) is not interpreted as humorous: the characters often do not understand the metaphor, they are under pressure as they need to save their patients' lives, and they are most of the time overtly denigrated and mocked by House; things are different for the viewers (Dynel 2012a: 108):

> [U]nlike characters preoccupied with serious medical cases, viewers do not directly experience the gravity of the situations in which metaphors are produced, perceiving the medical problems as enthralling detective riddles which are bound to be resolved at the end. Listening to film discourse from their privileged position, viewers may be preoccupied with the problem at hand, but they do not feel threatened […] This is why recipients can appreciate the humorous effects of diaphoric metaphors as such.

Dynel (2012a: 102) concludes that the humorousness of such metaphors is reinforced by communicative strategies.

Additionally, as disease is a taboo topic, DISEASE metaphors can have an **X-phemic function** (which may in turn participate in the humorous dimension). In *House, M.D.,* they tend not to be euphemistic, which is not very surprising as the majority of them are used by Gregory House, a character described as misanthropic and cynical by his colleagues (67 occurrences out of 109, or 61%). A lot of them tend to be dysphemistic (a dysphemism being the offensive counterpart of a euphemism), especially those which rely on the conceptual metaphor THE SICK BODY IS FOOD GOING BAD. This is the case in example (7):

> (7) FOREMAN: "Maybe we should just biopsy it."
> HOUSE: "She's **a fridge with the power out**. We start poking around inside, **the vegetable goes bad**. No offence." *(House 02x14)*

This metaphor, in which the patient's body is conceptualised as a fridge and their organs as rotting food, is dysphemistic because it is dehumanising and has negative connotations; however, the viewers, who are not part of the fictional world, do not interpret the situation as threatening but as humorous, because it is a benign violation at their level. This pervasive use of dysphemistic metaphors also participates in the characterisation of House.

Indeed, **characterisation** is also one of the functions endorsed by the metaphors in the series. Dysphemistic metaphors are mostly resorted to by Gregory House and they tend to dehumanise patients by conceptualising them as FOOD (8) or OBJECTS (9).

> (8) HOUSE: "Well, obviously not that mild. This keeps up and his hand will **literally be dead meat**. His hand is connected to his arm, his arm is connected to… I'm not sure, but I bet it's important." (*House 02x03*)

> (9) HOUSE: "See, that'll sound much better in court. Okay, go tell our human **pincushion** we'll be sticking him one more time." (*House 01x17*)

This is very defining of House's character as he systematically refuses to add a human dimension to his work as a diagnostician; by way of example, he refuses to meet his patients to focus on their disease. On the other hand, he often conceptualises DISEASE/BACTERIA/TUMORS as PEOPLE in personifications; although these metaphors evidently fulfil the aforementioned functions, the fact that people should systematically be associated with negative domains such as these ultimately negatively reflects on them in House's metaphors. This contributes to depicting him as a misanthrope, as in (10), as he repeatedly uses problematic relations or concepts that do not reflect well on humanity.

> (10) CHASE: "Coma, vomiting, abdominal pain, Hep-C explains everything."
> HOUSE: "Except for the suddenness of the onset."
> FOREMAN: "What's wrong with the timing?"
> HOUSE: "**You get home one night. Your wife hits you with a baseball bat. Likely cause is the fact you haven't thanked her for dinner in eight years, or the receipt for fur handcuffs she found in your pants.** Sudden onset equals proximate cause." (*House 01x15*)

The fact that House should be the author of the vast majority of extended, creative metaphors actively participates in the characterisation of House as

a witty, creative, unconventional character. Beyond these functions, some of the conceptual metaphors also contribute to characterising the series and to distinguishing them from other medical dramas.

Conceptualising MAKING A DIAGNOSIS to Characterise the Series

In the corpus, there are six occurrences of A DISEASE/BACTERIA/TUMOR IS A SUSPECT/CULPRIT, a recurring metaphor that is introduced as early as the first episode:

> (11) HOUSE: "Differential diagnosis, people: if it's not a tumor what are the **suspects**? Why couldn't she talk?" (*House 01x01*)
> […]
> HOUSE: "There's never any **proof**. Five different doctors come up with five different diagnoses based on the same **evidence**." (*House 01x01*)
> […]
> HOUSE: "Patients always want **proof**, we're not making cars here, we don't give guarantees." (*House 01x01*)

This conceptual metaphor is regularly resorted to in the series, quite often in more creative, elaborated occurrences than (11):

> (12) HOUSE: "We assumed that the tumors were growing 'cos he's getting sicker, but he could have grown old and died and never known about them if he hadn't come here. We were looking for something; it's more or less in the right part of the brain. It's like **we found someone standing over a dead body holding a gun. We arrested them, didn't look any further. Well sometimes, people really do just stumble into a murder scene.**"
> […]
> WILSON: "What if it's not an infection?"
> HOUSE: "Were you not paying attention **when I was doing my murder scene metaphor**?"
> WILSON: "What if the tuberous sclerosis IS **guilty**? It **had the guns in its hands, it was standing over the...**"
> HOUSE: "It doesn't cause fever." (*House 02x19*)

All these more broadly participate in a detective metaphor in which the process MAKING A DIAGNOSIS is conceptualised as SOLVING A CRIMINAL CASE. Different correspondences are established between the source domain SOLVING A CRIMINAL CASE and the target domain MAKING A DIAGNOSIS:
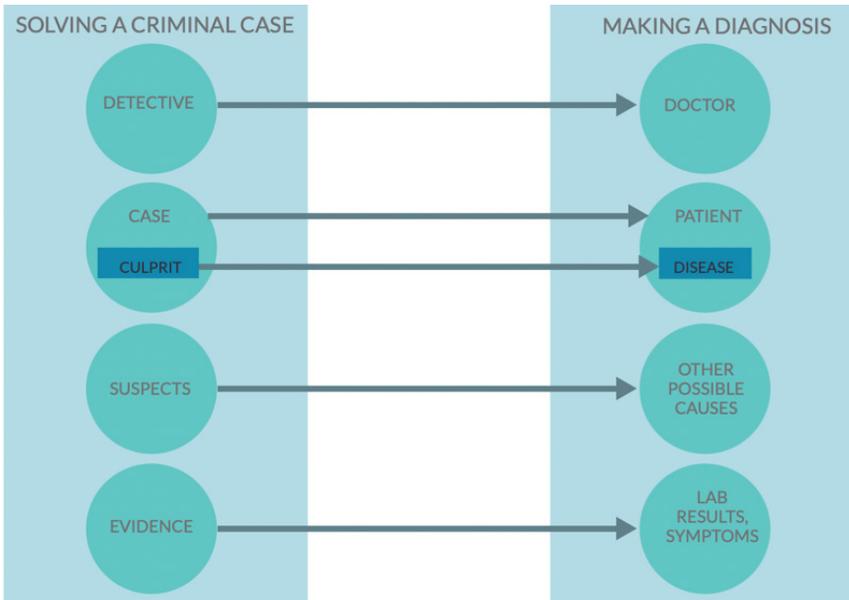
FIGURE 1
Correspondences in examples (11) and (12) (SOLVING A CRIMINAL CASE IS MAKING A DIAGNOSIS).

Although this conceptual metaphor is fruitful in *House, M.D.*, it is rather creative and specific to the series, and its function is to participate in the construction of *House, M.D.* as a "generic hybrid of medical and criminal/detective drama" (Armbrust 2012: 2). The main character, Gregory House, is inspired by Sherlock Holmes (which was specified by the creator of the series, David Shore), and this connection is particularly visible in the structure of the episodes, as underlined by Armbrust (2012: 2), who compares it to *CSI*:

0. Teaser, in **which a victim is murdered / a patient develops symptoms** that typically lead to a collapse. Generally, the show's recurring characters are not present at this initiating event, and the opening credits succeed the teaser, that is hence also referred to as a "cold start".
1. Act one, in which (after the opening credits) **the detectives arrive at the crime scene / the patient arrives at the hospital and the experts begin their investigation into the identity of the murderer / the nature of the illness** underlying the symptoms. This act typically ends in the negation of all the hypotheses initially entertained: **the first suspect is innocent /**

the medical case is more mysterious and life-threatening than assumed, which often manifests itself in graphic bodily displays of new symptoms.

2. Act two, in which **the search for an explanation of the current situation begins anew**; and ends again in the negation of the hypotheses.

3. Act three, which repeats the same steps to the effect that at the end of the third act, **imminent death looms over the patient** and the doctors seem further away from a solution than ever before.

4. Act four, in which **the crime is finally reconstructed / the correct diagnosis is discovered**, **the murderer is arrested / the patient is treated and healed** (or, in rare cases, diagnosed as terminal and informed that no treatment is possible).[1]

This conceptual metaphor is however in competition with – or completed by – six other metaphorical occurrences that all rely on the source domain GAME. House likes to play games – and above all, solving puzzles, that is to say medical mysteries – before the patient dies, as his friend Wilson indicates in *01x06*:

(13) FOREMAN: "I thought he liked rationality."
WILSON: "He likes **puzzles**."
FOREMAN: "**Patients are puzzles**?"
WILSON: "You don't think so?"
FOREMAN: "I think they're people." (*House 01x06*)

(14) WILSON: "You know how some doctors have the Messiah complex, they need to save the world? **You've got the Rubik's complex, you need to solve the puzzle**." (*House 01x09*)

(15) CAMERON: "Then why did you sedate her? If she wasn't going to tell, if she was never going to do the right thing, why bother knocking her out? This isn't about them, if she talks, if she does the decent thing, then you don't get to **solve your puzzle, your game's over, you lose**." (*House 02x18*)

This metaphor is elaborated differently from MAKING A DIAGNOSIS IS SOLVING A CRIMINAL CASE: the domain A PUZZLE contains different pieces that correspond to the symptoms and the lab results, and the puzzle is the patient; the doctor is the player trying to reassemble the pieces. The metaphor is partly
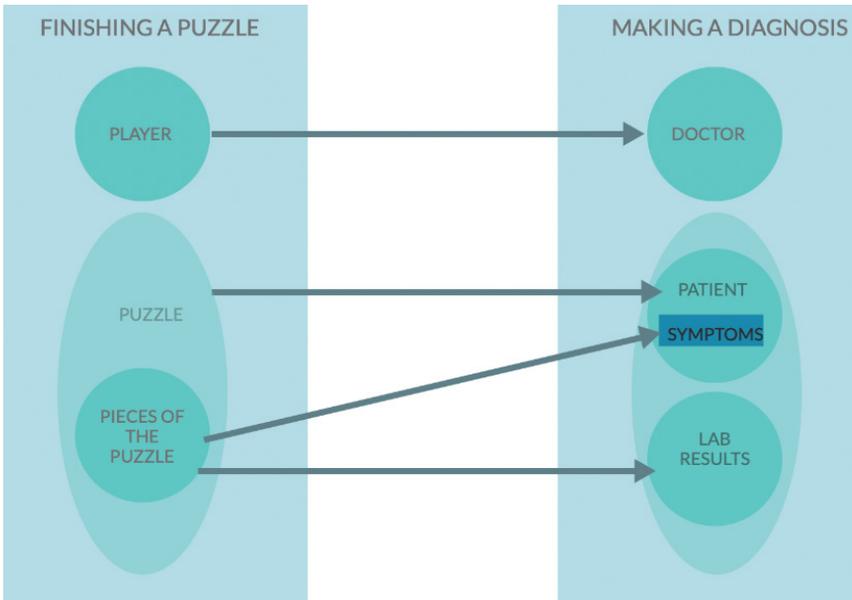
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[1] Emphasis is mine.

FIGURE 2

Correspondences in examples (13), (14) and (15) (finishing a puzzle is making a diagnosis).

dysphemistic because it suggests that the patient and their disease are not taken seriously, and there is a discrepancy between disease and puzzle. Finally, to further define House as a witty character, all metaphors for the action of making a diagnosis do not rely on solving a criminal case or finishing a puzzle; some of them can be even more creative and are entirely isolated occurrences that rely on analogies used once, as in this last example:

(16) FOREMAN: "But we can't biopsy his spleen. Respiratory distress? His platelets are 20 and dropping, his blood won't clot worth a damn."
CAMERON: "There's got to be another way to diagnose hairy-cell."
WILSON: "No, his bone marrow's indeterminate, spleen's the only way to go."
HOUSE: "**You know, when the Inuit go fishing, they don't look for fish.**"
WILSON: "Why, Dr. House?"
HOUSE: "**They look for the blue heron, because there's no way to see the fish. But if there's fish, there's gonna be birds fishing.** Now, if he's got hairy-cell, **what else are we gonna see circling overhead?**"
CHASE: "He should have all sorts of weird viruses." (*House 01x17*)
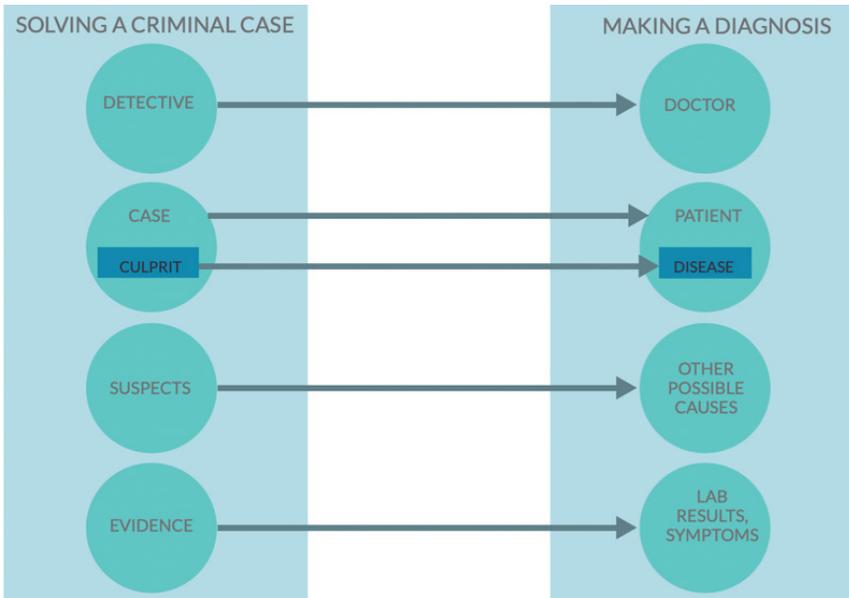
FIGURE 3
Metaphorical correspondences in example (16).

Beyond allowing a conceptualisation of MAKING A DIAGNOSIS, this metaphor is also representative of interactions in House (Dynel 2012); House is a witty character who resorts to metaphors and finds the diagnosis, while the other characters translate the metaphor in medical terms and collaborate with House. This allows the viewers to understand the diagnosis and to feel comfortable thanks to the familiar construction of the interaction.

Conclusions

I hope I successfully showed that the most used conceptual domains in the corpus for DISEASE were MACHINE / OBJECT, FOOD AND DRINKS, PERSON, WAR / VIOLENCE, JOURNEY, GAME, and ANIMAL / MONSTER; some of them are commonly used conceptual domains, while others are creative occurrences. In the vast majority of them, the conceptualisation of DISEASE is a means to popularise medical discourse, and these metaphors also have different functions which can overlap: explanatory, humorous, X-phemistic, or they may contribute to the characterisation of the characters and of the series as

a whole. Creative and extended metaphors in particular tend to have a role beyond mere conceptualisation and vulgarisation as they are particularly salient and tend to serve characterisation and humour.

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IN THE MEDICAL DRAMA TV SERIES *HOUSE, M.D.*