

It's House's job to take on the medical puzzles no one else can solve. But sometimes, even House needs a consult. Here, psychologists Mikhail Lyubansky and Elaine Shpungin take on the biggest unsolvable puzzle of all—House himself.

PLAYING HOUSE

MIKHAIL LYUBANSKY AND ELAINE SHPUNGIN

Inside an outpatient psychological clinic . . .

Mikhail: [Entering Elaine's office, with a college student in tow] Hey . . . got your message about needing a consult. This is Jordan, a McNair¹ student I'm supervising this summer that I invited to sit in, if you don't mind. We went over confidentiality² on the way over, so we can get started immediately. What have you got?

Elaine: [to Jordan] I don't mind. Hope you find it interesting. [to Mikhail] Thanks for coming by on such short notice. You don't have to worry about confidentiality. This is an unusual situation. I got a call today from the editor of *BenBella*—you know,

¹ The national McNair Program is designed to identify and mentor exceptional college students from low-income backgrounds. The program is named after Ronald E. McNair, the son of an auto mechanic who went on to become an engineer, physicist, and *Challenger* astronaut.

² Psychologists are mandated to keep all client data and identifying information confidential, though exceptions are allowed for training and consulting purposes.

they put out those Smart Pop books you like. Apparently, they're doing an anthology and one of their expected contributors backed out at the last minute. They need a report with a psychological diagnosis and treatment recommendations for House by tomorrow afternoon. They sent over a chart.

Mikhail: A psychological diagnosis for a house?

Elaine: Not for a house, for Greg House. He's the main character of a television show called *House M.D.*, a kind of medical Sherlock Holmes specializing in infectious disease and . . . [looks at notes] nephrology who solves medical cases that no one else can figure out.

Mikhail: Yeah, sounds vaguely familiar, but isn't this whole thing a bit problematic? How are we supposed to diagnose a TV character we can't even interview, much less formally assess, not to mention that I haven't actually seen a single episode?

Elaine: I told you; they sent us his chart. [picks up a three-inch-thick binder stuffed to the limit] Everything they know about House is in here: summaries of all his cases, colleague comments, even transcript segments and photos.³

Mikhail: Good grief! You expect me to read all that?

Elaine: That's up to you. For what it's worth, it's great reading. Edelyn⁴ and I spent all morning discussing it. She says he meets criteria for Narcissistic Personality Disorder and Substance Dependence.

³ The premise is that everything from the TV show is in the chart, nothing more and nothing less.

⁴ Edelyn Verona is a professor of psychology at the University of Illinois in Urbana-Champaign, where she supervises doctoral students in their clinical work with clients diagnosed with personality disorders. She has written extensively on externalizing psychopathology, especially antisocial behavior and aggression.

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Mikhail: Great, you've already got a diagnosis. What do you need me for?

Elaine: Same reason I always need you: he's complicated. Nothing seems to fit just right. For example, DSM⁵ criteria specify that a person must have a grandiose sense of self-importance, *without* commensurate achievements.

Mikhail: So?

Elaine: So, he assumes he's always right and thinks the hospital and everyone in it should bend over backward to accommodate his hunches . . . *and* he just might be the pre-eminent diagnostician in the country.

Mikhail: Interesting . . . a narcissist with an accurate self-concept. Is that possible?

Elaine: Edelyn says it is, that high achievement is not unusual in narcissists with high intelligence. His arrogance, sense of entitlement, lack of empathy, and willingness to trample on others to meet his own needs are still all indicative of narcissism.

Mikhail: To meet his own needs or those of his patients?

Elaine: She said it didn't matter, that his behavior was inflexible, maladaptive, and longstanding, and that even when he supposedly wanted something for the patient, his attitude and demeanor conveyed that he thought that he was the only one who really knew what was in the patient's best interest.

⁵ DSM-IV is the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. It is the primary classification system of mental disorders used in the United States.

Mikhail: Ok, let's assume he has NPD. What was that about substance dependence?

Elaine: The substance is Vicodin,⁶ which he takes for chronic leg pain caused by an infarction in the thigh, but the substance dependence isn't the presenting complaint. If you believe the reports, he's a miserable SOB—a real ray of sunshine, if you know what I mean. Doesn't quite fit Vicodin dependence, even if you factor in NPD.

Mikhail: Let me see that chart. [reads for a few minutes] Sorry, I don't see the mystery. Miserable, carmudgeonly, irritable, middle-aged guy with no life outside of work: classic depression or dysthymia, typical of people with NPD. Tell BenBella he needs anti-depressants.

Elaine: I don't think so. He doesn't fit the DSM criteria for MDD.⁷

Mikhail: Are you sure? He seems to have at least some of the symptoms, and his colleagues are so convinced that. . . .

Elaine: Of course, I'm sure. Half the clients we serve here have depression. This guy doesn't. He might be sad and irritable, but he's not anhedonic,⁸ and there's no evidence of significant weight or appetite change, sleep problems, fatigue, indecisiveness, feelings of worthlessness, or suicidal ideation. He's not depressed.

Jordan: You can tell from the chart that he has a healthy appetite?

⁶ Vicodin is a combination of hydrocodone bitartrate (an opioid) and acetaminophen (Tylenol).

⁷ Major Depressive Disorder.

⁸ Anhedonia is a marked decrease in interest or pleasure in almost all activities.

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Elaine: Actually, I can. According to the chart, he likes his food—and his patients' food—and seems particularly fond of his friend Wilson's cooking. Also, there are dozens of pictures in the file, and there's no noticeable weight change over a several-year period. Incidentally, he's a real cutie.

Mikhail: [sarcastically] There's a clinically relevant point. . . . What about suicidal ideation and preoccupation with death? Didn't his chart say he rides a motorcycle to work every day, despite his leg condition? Seems like a death wish to me. And the way he taunts patients and their family members . . . it's just a matter of time before one of them shoots him.

Elaine: One of them did shoot him. It's in the chart. But you're way off and you know it. House is *not* suicidal. He's just a risk taker. Not the same thing. In fact, if anything, his attitude toward death is pretty healthy. He isn't in denial about the fact that everyone will die but believes that life is worth living.

Mikhail: Okay, fine, he's not clinically depressed. This also rules out dysthymia, since it's basically just depression that's less severe but more chronic. Here, give me that piece of chalk. What are the differentials?

Elaine: Well, House is not your typical guy. We should consider *atypical* depression.

Mikhail: Interesting idea . . . MDD With Atypical Features.

Elaine: [picking up her DSM] Well—he's got the "long-term extreme sensitivity to perceived interpersonal rejection."

Mikhail: What are you talking about? According to the chart, the man couldn't care less about what others think of him. He seems to be the rudest, meanest, most inappropriate . . .

Elaine: . . . most politically incorrect. . . . All true, but look at his relationship with Stacy. He was totally devastated when she left him and was obsessed with getting her back for five years.

Mikhail: So?

Elaine: So, he actually cares *more* about what people think of him than most people.

Mikhail: How's that?

Elaine: Look—if he is sufficiently mean and rude to others, then he can attribute his lack of intimate interpersonal relationships to the fact that he deliberately pushes people away. Otherwise, he might have to deal with the possibility that they may reject him—the way his dad did—and that possibility is too painful for him to handle.

Mikhail: Ookay. . . .

Elaine: Don't you see? That actually makes him *more* sensitive to rejection than most of us, since most of us are willing to take the chance of being rejected for the possibility of being accepted and loved.

Mikhail: I see what you're saying, but you can't have it both ways. If he took the breakup so hard, then he must have been willing to risk rejection in order to be with her.

Elaine: But that was more than five years ago, possibly before all these symptoms emerged. You really have to read the full report. More than five years after she left him, House actually managed to win her back—despite the fact that she was married. After spending some time with House,

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she decided to leave her husband in order to be with House—with no expectations that House change in any way. You'd think he'd be all over that after pining after her for five years, but no. He told her that their relationship was bound to fail again and that she should stay with her husband. He rejected her, because he was too scared that things wouldn't work out and she would find him inadequate—again. He'd rather take the chance of never being with her than the chance that she would reject him!

Mikhail: Very interesting theory, but it's only relevant if he actually meets the other criteria.

Elaine: True, true. Let's see . . . in addition to the interpersonal oversensitivity, he'd also have to have "mood reactivity"—the capacity to be cheered up when presented with positive events—and the presence of at least one of the following: increased appetite or weight gain; hypersomnia; or leaden paralysis. He doesn't have atypical depression either.

Mikhail: [skimming the chart] Says here he's suffering from chronic pain due to nondiabetic thigh muscle infarction. How about Mood Disorder Due to a General Medical Condition?

Elaine: Nope. It only fits when the mood disturbance is considered to be the direct *physiological* consequence of a general medical condition. Far as I know, a thigh infarction has no effect on serotonin levels. Doesn't work.

Mikhail: Addiction to Vicodin could cause Substance-Induced Mood Disorder. That could explain all his symptoms, including the sadness, irritability, low social functioning, mood changes. . . . On the other hand, those are pretty rare side effects of Vicodin use. Besides, we'd have to

get him off the stuff long enough to be able to tell if there is any change.

Elaine: The chart indicates a week off the Vicodin, on a bet, with subsequent worsening of the dysphoria and irritability—which is pretty impressive given his usual state of churlishness.

Mikhail: All right, let me think a minute. He is irritable on Vicodin and even more irritable off of it. That means the increased irritability has to be due to either Vicodin withdrawal or to the chronic pain.

Elaine: Or to neither one—if his symptoms emerged prior to the infarction. Unfortunately, the chart's not clear on that. Apparently House told Wilson that he's been "alienating people since [he] was three."⁹

Mikhail: Yeah, I'm sure those early memories are highly reliable. What do his colleagues say?

Elaine: Cuddy seems to agree with House.

Mikhail: They were in the same preschool playgroup?

Elaine: They don't go that far back, but she reported that House was the same miserable SOB before he and Stacy first got together. On the other hand, Wilson claims House did change. He actually insists he did. So, we can't rule out either substance-induced Mood Disorder or pain-induced Mood Disorder.

Mikhail: Sure wish we could wave a wand and make his pain

⁹ "Detox" (1-11).

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go away so that we could see if either the pain or the pain meds are the cause.

Elaine: [waves a pencil like a wand] Voila!

Mikhail: What does that mean?

Elaine: You're holding the chart; feel free to read some of it. When House was shot, he was placed into a ketamine-induced coma, which apparently can "reboot" the brain, thereby successfully eliminating severe chronic pain in many patients. When House recovered from the surgery to remove the bullets in his neck and abdomen, the pain in his leg was gone, and in the two months following surgery, he took up jogging and skateboarding. More to the point, he returned to work with a new attitude and demeanor: still sarcastic, but without the mean edge.

Mikhail: Okay, so why are we still having this conversation?

Elaine: Bad luck. The treatment is only effective about 50 percent of the time. House wasn't in the lucky half. As the pain came back, he started using Vicodin again, and the surliness and irritability returned.

Mikhail: . . . bringing us back to the same place as before. There's something we're missing. Let's call it a day and talk again tomorrow afternoon. In the meantime, I'll see if I can get through the chart.

That next day, back at the Psychological Services Center . . .

Mikhail: [walking through Elaine's door with Jordan] You were right . . . fascinating reading. We've been chasing the wrong symptoms.

Elaine: And "hello" right back at you.

Mikhail: Yes, yes, hello. . . . The misery and irritability are masking the real problem.

Elaine: Which is?

Mikhail: The people around him. House is perfectly happy, but they're all miserable.

Elaine: You think House is happy? This I've got to hear.

Mikhail: Well, the easiest thing would be to give him Ed Diener's Satisfaction with Life Scale¹⁰ or some other measure of happiness. We can't do that, unfortunately, but we *can* compare House to people identified by researchers as "happy." According to the research, happy people are characterized by several specific traits: extraversion, strong social networks, high self-esteem, high senses of optimism and personal control, and flow.

Elaine: Strike one on the extraversion. House certainly isn't a "people person."

Mikhail: True, he's not an extrovert. But he's not really an introvert either. Besides, I remember reading somewhere that extraversion only accounts for about 8 percent of happiness. He doesn't seem to have a strong social network either, so that's strike two. But he's clearly got all the rest.

¹⁰ Ed Diener, a social psychologist at the University of Illinois, has been studying happiness and subjective well-being for more than twenty-five years. His Satisfaction with Life Scale has been translated into over a dozen languages and cited by more than 1,000 journal articles. It is available at <http://www.psych.uiuc.edu/~ediener/SWLS.htm>. According to Diener, who was kind enough to consult on this essay, people who love their work but don't care much about their interpersonal relationships (like House?) are generally low on positive emotions (which doesn't say anything about their negative emotions), but sometimes report high life satisfaction.

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Elaine: So, you're conveniently going to ignore the two traits that don't fit your theory?

Mikhail: It's like depression and NPD. He doesn't need to have all the traits to qualify. Every trait just increases the probability. Self-esteem and personal control go together, so let's start there: Happy people like themselves.

Elaine: He's narcissistic, of course he likes himself. But you make a good point about personal control.

Jordan: I'm sorry to interrupt, but I don't see how doctors can possibly feel like they're in control. It seems to me that House can't really control anything—not whether the patient responds to meds, not even whether the patient lives or dies.

Mikhail: No, no . . . it's not whether he *can* control the events in his life—it's whether he *feels* like he can. Seligman¹¹ and his colleagues demonstrated that people who believe that what they do makes no difference are more likely to experience learned helplessness and eventually depression. In contrast, happy people tend to feel in control. They feel empowered to make decisions and act on them, because they believe that they have the ability to affect the world around them. Furthermore, when they have failures—as we all do—they attribute them to some external event, not to some internal flaw. House *believes* he has the ability to affect his world, to figure out what is making patients sick, and, in so doing, save many lives. The fact that illnesses are somewhat unpredictable and that he is sometimes wrong, or even makes a patient worse, does not detract from his

¹¹ Marty Seligman is a professor of psychology at the University of Pennsylvania. He is most well known for his theory on learned helplessness and his contribution to and promoting of the fledging field of Positive Psychology.

sense of personal control, because he attributes these failures to circumstances external to himself.

Elaine: Like, “everyone lies,” so he didn’t have the right information. . . .

Mikhail: Or the administration got in his way. . . .

Elaine: Or it was his team’s fault. . . . But isn’t there such a thing as too much confidence, or too high a sense of personal control? I mean, the guy seems to think he can solve any medical case that presents itself in the hospital, and is so confident in his abilities that he usually starts treatment before even confirming his diagnosis with tests!

Mikhail: Exactly, but his pride and confidence are both well-earned. I know his colleagues accuse him of thinking he’s God, but his supreme confidence is not delusional. In fact, if you look carefully, you’ll even find a little humility.

Elaine: You’ve got to be kidding. He’s narcissistic, remember?

Mikhail: I’m completely serious. Cuddy said she once asked House how it is that he always assumes he is right, even when everyone else disagrees. Know what he told her? He said, “I don’t. I just find it hard to operate on the opposite assumption.”¹² This means the confidence is at least partly strategic—which, incidentally, points against narcissism—and it lets him do his job better than anyone else. And I’m sure you noticed that he tries to instill that same confidence in his diagnostic team—you know, stand up for what you believe is the right thing to do. . . . Anyway, let’s keep going. People with high self-esteem have a strong moral

¹² “Pilot” (1-1).

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code and low prejudice. . . .

Jordan: Okay, so that's strike three. I read part of the chart this morning. This Dr. House seems like he does whatever he pleases whenever he pleases with no regard for anyone or anything, certainly not any rules. Isn't that what an anarchist is, someone who has no ethical or moral code? I think Dr. Foreman called him that.

Mikhail: "Anarchist" is sometimes used to describe a person who disregards social norms and the influence of authority, but you can disregard these and still have a strong moral code. There's a clear and consistent pattern in House's behavior, an ethical hierarchy in which the patient's life comes first, followed by the patient's health, and then by the patient's quality of life. He pisses people off because his ethical code has no place for his colleagues' feelings and no value for rules, guidelines, and regulations designed to protect the hospital and its doctors. You may not agree with his ethical code, but he certainly has one, and he clearly thinks it's superior. For example, when Foreman became deathly ill and turned into a patient instead of a colleague, House's entire attitude toward him changed. He was willing to do whatever it took to figure out what was wrong, and he was furious that Cuddy wanted to follow CDC guidelines and not let him perform an autopsy on the dead police officer who had the same condition, for fear that the condition might be contagious.

Elaine: Okay, I'll accept that *he* thinks he is more ethical than others, even if I don't, but there's no way even he can believe he is less prejudiced.

Jordan: I was wondering about that too. I saw that he called

Dr. Foreman “Blackpoleon Blackaparte”¹³ and wouldn’t let him write on the board because it was a *whiteboard*. And he makes sexual comments about Dr. Cuddy . . .

Elaine: . . . and called Wilson in for a consult—for possible breast cancer—in order to show him an attractive set of boobs.

Mikhail: And yet, he’s still not prejudiced. First of all, he insults and pokes fun at almost everyone he comes in contact with. Secondly, his use of racial¹⁴—not racist—humor in the presence of people of color suggests a comfort and familiarity with race and racial dynamics. His barbs are always directed at individuals, not groups, and his overall behavior suggests that he tends to evaluate people based on their abilities, not group membership. His colleagues understand this. They may be annoyed, but they don’t seem to be especially offended by his comments. At one point, Cameron even tells him to stop pretending to be a misogynist, when he is, in reality, a misanthrope.

Elaine: Glad you cleared that up . . . wouldn’t want to misdiagnose him.

Mikhail: Actually, I think he just pretends to be misanthropic because it gives him license to do what he wants. I realize he frustrates and exasperates his colleagues, but he also knows how to get along with them on a professional level. Until he fired Chase and Foreman and Cameron quit, he seemed to have productive working relationships with just about everyone in the hospital with whom he had to interact on a regular basis. Sure, not everyone likes House, but that isn’t the point. The point is that he likes himself.

¹³ “Deception” (2-9).

¹⁴ Racial statements merely acknowledge the existence of race and racial categories. In contrast, racist statements are intended to denigrate one group or elevate another.

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Elaine: Okay, so he has high self-esteem and sense of personal control—but that's only two of the six characteristics of happy people, and he already has two strikes against him. So far, I'm sticking with either drug-induced misery or NPD.

Mikhail: No problem. Fifth characteristic of happy people: optimism. I think I've already convinced you that House is confident in his diagnostic abilities, but his optimism extends to many other domains. He obviously believes that the treatments he prescribes will work. In fact, he is generally optimistic about his ability to beat the odds—both in horse racing and in the race against death. He also demonstrates this trait in his dealings with his boss and his colleagues. He is optimistic that he can get away with shorter hours, fewer cases, and an unusual interpersonal style—without losing his job.

Elaine: Yeah, but what about Stacy? Where is his optimism there?

Mikhail: True, he does not seem optimistic about changing himself. But he pursues Stacy for a long time against the odds, which demonstrates confidence, good self-esteem, a sense of personal control—and optimism. At the end, when she offered herself to him and he turned her down . . . he might have been running away from interpersonal rejection as we talked about earlier, but turning her down was also a way for him to be in control. He wasn't willing to just let things take their course. He had to take control, even when doing so was painful for both him and Stacy. I'm not saying he's always optimistic; I'm just saying that it's hard to argue that he does not demonstrate high levels of optimism and personal control in most things most of the time.

Elaine: Hmmmmm.

Mikhail: Great. The last characteristic of happy people is that they go with the flow.

Elaine: Well, there's your third strike. You just said yourself that he's not willing to let things take their course, and I'm not sure I've met anyone who insists on going *against* the flow more. House is like a salmon, always trying to swim upstream.

Mikhail: Nice metaphor, but I'm talking about Csikszentmihalyi's flow.

Jordan: Chicks sent you what?

Mikhail: Mihaly Csikszentmihalyi. He's the psychologist who invented the concept of flow. Did you see his interview in *Wired* magazine?

Elaine: Do I look like I read *Wired*?

Mikhail: Hold on . . . I think I have it here somewhere. [rummages for a while in some piles of paper and journals on the floor] All right, here we go. Let me find the page. Okay. Here. He describes flow as "being completely involved in an activity for its own sake. The ego falls away. Time flies. Every action, movement, and thought follows inevitably from the previous one, like playing jazz. Your whole being is involved, and you're using your skills to the utmost."¹⁵

Jordan: Like when you're on a date with someone and everything just clicks together and is effortless . . . and you are so totally in the moment that you look up and you can't believe that it's already evening. . . .

¹⁵ Geirland.

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Mikhail: Seeing someone new, Jordan?

Jordan: Ummmm. No, I was just speaking hypothetically.

Mikhail: Right . . . so, hypothetically, you know what he means. And get this, Csikszentmihalyi says that the possibility of experiencing flow is maximized when we confront difficult challenges that engage our highest level of skills. Admit it; it sounds just like this House guy. Based on my recollection, I'd say he experiences flow practically every day.

Elaine: I suppose it's possible.

Mikhail: Of course it is, and to experience flow, at least for that period of time, is to be happy. For House, this means a lot of happiness indeed. So, we got self-esteem, control, optimism, and flow. As Meatloaf would say, "four out of six ain't bad." Convinced?

Elaine: Look, I hate to burst your bubble, but your argument only holds up for his professional life. As long as you completely ignore his personal relationships, or how he feels when he's not working, you might be right about him being Mr. Happy. But if you consider him when he's not at work, he is as miserable as everyone says he is!

Mikhail: Come on, no one is happy all the time. Happy people can't feel sad or frustrated or angry?

Elaine: Yes, they can, but these are usually linked to life circumstances and daily stressors. And, as you know, happy people usually cope with such stressors by confiding in friends or family members, not seeking escape by calling a prostitute, betting on horses, or resorting to juvenile pranks, such as sticking a sleeping friend's finger in a bowl of water. He doesn't even have friends, besides Wilson.

Mikhail: Nothing wrong with having one good friend. That's more than many men have.

Elaine: Fine, but he has no romantic partner and has either lost or pushed away the only woman he's ever been in love with.

Mikhail: That could count as a "life circumstance or daily stressor."

Elaine: Stop interrupting. He also has no meaningful outside activities or hobbies.

Mikhail: What—gambling and whoring aren't worthy activities?

Elaine: Very funny, but House himself describes them as temporary distractions from being with himself—just like the pranks he plays on Wilson, and the bets he makes with his colleagues on things like patient paternity status. His life outside his work is empty, and these are all just pathetic attempts to fill rather than fulfill himself.

Mikhail: Gorky¹⁶ said: "When work is a pleasure, life is a joy."

Elaine: Yeah, well, Gorky never met this guy, or he would have said, "When work is a pleasure, use it as an escape from your miserable life!" Come on, look at the evidence. You know how almost none of the MDD symptoms applied to House? That was only because work was part of the equation. Remove work-related activities, and House has both depressed mood and anhedonia. Add in the lack of interpersonal relationships and his lack of optimism about anything outside of work, and he meets DSM criteria for either MDD or dysthymia.

¹⁶ Maksim Gorky was a Russian author and playwright.

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Mikhail: First of all, the DSM doesn't work that way. We can't just pretend his high-functioning areas don't exist and make a diagnosis based only on the low-functioning ones. Secondly, we don't know as much about his home and personal life as you seem to think. The chart, the interviews with his colleagues, the summary of his cases—all focus mostly on his work. Maybe he has interests we don't know about. Maybe he has more friends. Besides, House isn't completely bereft of activities that he enjoys. I think his bike brings him significant pleasure, and I think he enjoys playing the piano, even if it's a melancholy type of playing. He also likes playing video games and watching TV—and although you may not approve of television as a “fulfilling” pastime, there is a lot of good stuff out there.

Elaine: Like *House M.D.*?

Mikhail: Exactly! Anyway, my point is that we really don't know how he spends most of his time outside of his work or how much he enjoys his own company—maybe quite a bit.

Elaine: Maybe not at all. Did you see what he pulled in order to keep Wilson from moving out?

Mikhail: That just shows he liked having Wilson live with him, not that he doesn't also like being by himself. If anything, it supports my theory that House enjoys a lot of different things. Even the pursuit of Stacy, which Wilson interpreted as House being emotionally devastated, may have been for House a somewhat enjoyable activity—another challenge to overcome, another puzzle to solve. Not to say that he did not feel emotional and physical pain when he turned her away—but his rejection of Stacy could simply mean that it was the hunt rather than the catch that was so appealing.

Elaine: Okay. But you can't argue that he has healthy personal relationships outside of work.

Mikhail: Why do they have to be outside of work? House's work involves constant interactions with people. He and Wilson share meals together, talk about their love lives, joke, consult on real and imagined cases for each other, and even have interchanges about their friendship (like what it means for House to borrow money or for Wilson to lie on House's behalf). Although House spends a lot of time reading and thinking, he spends even more time in dialogue with his team. These people know each other well. They're comfortable with each other. They even seem to grudgingly enjoy each other's company. Maybe they are not intimate in the classic sense of the word, but their interactions include teasing, disagreements, rivalry, and personal disclosures about pretty personal stuff: parental and spousal deaths, difficult family relations, spousal infidelity, serious illness.

Jordan: But Dr. House shows no support or empathy for these people when they go through hard times!

Mikhail: Yes and no. He wouldn't score very high on an interpersonal warmth scale, and he doesn't exude caring, like Cameron. But he is very observant of the people who are close to him, picking up on signs of distress that most good friends would not: the absence of a favorite piece of jewelry, the presence of a colorful new tie or ironed shirt, a teary eye after a routine patient interview. One can argue that attention to detail and curiosity about people's inner life is an expression of caring. I mean, would you really argue that he does not care about Foreman or Cameron—does not care about them as people, about what happens to them? Do you think *they* would honestly say he does not care about them? I'm not saying he'd win any friendship

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contests or that his interpersonal relationships are the paradigm of emotional health. I'm just not convinced he's as miserable and lonely in his personal life as you make him out to be.

Elaine: Look, this is all fine and good, but “happiness” is not a clinical diagnosis. And if everything is so great in his life, then why did he fire Chase and get abandoned by Cameron and Foreman? If you ask me, he's in crisis.

Mikhail: You make a fine point. House is hard to diagnose because he is a clinical enigma, but in some ways, the fault is with the DSM itself, because it insists on discreet diagnostic categories when most people might be better described using dynamic, multidimensional traits. That said, I still maintain that, beyond some possible narcissistic features, there is nothing wrong with House. It's everyone else around him who has the problem.

Elaine: Well, that's great. But we still need a diagnosis, and it would be nice to include some treatment recommendations too. I mean, what are we going to suggest, anti-happy pills?

Mikhail: Ok, so what would *you* recommend?

Elaine: Well, the basic treatment for practically all adult psychological problems—regardless of whether they actually meet diagnostic criteria—is talk therapy or psychotherapy. As you know, outcomes for people who engage in therapy are quite good overall. Eighty percent report improvement.

Mikhail: That may be true, but you know how that silly light bulb joke¹⁷ goes.

¹⁷ How many psychologists does it take to change a light bulb? One—but only if the light bulb wants to change.

Elaine: Yes, yes. Psychotherapy works, but only if the client is committed to change or growth. But it's not that cut and dry. There is precedent for successful therapy with clients who are mandated to undergo treatment, by a judge, for instance.

Mikhail: I like the way you're thinking. Tell BenBella that our recommendation is mandated therapy for everyone.

Elaine: What are you talking about? What everyone?

Mikhail: Psychotherapy. Group therapy for all the people who have a problem with House. Isn't that what you were recommending?

Elaine: What??

Mikhail: Well, I thought we agreed that, despite his irritability and grouchiness, he is basically a happy guy with high self-esteem, a sense of control over his life, optimism, flow, and . . .

Elaine: . . . and Narcissistic Personality Disorder. What's your point?

Mikhail: My point is that House isn't really unhappy. And even if he's narcissistic, which I'm not convinced that he is, NPD, like many personality disorders, isn't really treatable. This means that the current crisis can't be resolved by treating House, which, in turn, means we need to treat those who experience distress when interacting with him and help them better cope with their feelings and reactions. Given the number of people involved, given that they all have the same basic concern—although from slightly different angles—and given that there is already a psychologist at the hospital who works in the group therapy modal-

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ity, the most cost-efficient and effective recommendation would be for all of them—and any members of his future team—to undergo group therapy together.

Elaine: You want me to tell BenBella *that . . .* that we think that House is relatively happy, that he may or may not have NPD, which isn't treatable in any case, and that the rest of the hospital staff should seek treatment in order to be able to coexist with him?

Mikhail: Yep, that about sums it up.

Elaine: And you think they'll buy it?

Mikhail: I have no idea. My diagnosis and treatment recommendations are right, but people aren't always ready to hear what's right. You can lead editors to a manuscript, but you can't make them publish it. [gathers things] As House might say, do whatever you think is right. I'll see you later. [walks out]

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