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VISUALIZING THE CHAOTIC BODY IN POPULAR CULTURE

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ABSTRACT

The proliferation of traumatized bodies on screen is matched by the proliferation of body studies in the humanities and social sciences. The interest in the body has exploded among a number of fields of study and is a staple in visual culture. What is happening in contemporary representation and spectatorship of pain and ‘ruined bodies’? What is the relationship of contemporary visuality, the ruined body, and the social? Finally, what is the mode of selfhood deployed in contemporary visual culture and how is it related to other discursive-institutional realms of practice?

In this dissertation I consider three fictional visual texts that elucidate particular institutional realms within which the body is centrally figured; these texts are the medical drama *House M.D.*, the first three films of the horror series *Saw*, which draws heavily on religious discourse and iconography, and the forensic investigation drama *Bones*. The purpose is to consider the ways in which these texts represent the practices of each realm as well as the visualization of the body itself and the model of the self and the social deployed in each. I am proposing that these texts are not just symptomatic of cultural concerns, but that they help to articulate and constitute these concerns by incorporating and articulating them with other regimes of knowledge and representation. Moreover, as the literature on visual media, science, and culture has shown, the visual conventions developed and deployed in one arena of inquiry are rarely, if ever, unaffected by developments in other arenas of knowledge and culture nor do they remain in in the ‘originating’ realm of practice but become quickly entangled in or create new nodes with other institutional-discursive realms. I conclude in the final chapter by arguing that the use of open bodies in contemporary visual culture -- a characteristic of all three analyzed texts and others -- can be read through the notion of the grotesque body, and I will discuss the ways in which each text’s treatment of the grotesque body reflects broader socio-cultural shifts. I also consider some of the themes that emerge across the texts, which I suggest, are symptomatic of broader cultural concerns. Each text privileges the body as a means of knowing the other and cultivates an attitude of awe toward
an authority figure who is a master of reading the body and its visual artifacts. I argue that this privileging of the body in popular culture is one cultural manifestation of an emerging challenge to dialogic and confessional practices in other realms. I then consider the implications of this for our notions of subjectivity by placing the challenge to confession alongside the implications of another conceptual recuperation in the texts studied here, that of the indexical property of the image. Bringing together two trends documented by a number of scholars, I suggest that visual mediation of the body may soon become a dominant means of understanding the self and others and speculate on some of the implications of this for contemporary modes of self making, the possibility for communication and cooperation, the limits of surveillance practices, and the nature of evidence in several (legal, medical, interpersonal) settings.
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Chapter One: Opening the Body

In 2002 BBC’s Channel 4 broadcast a public autopsy performed by Gunter Von Hagens, the man behind the Institute of Plastination in Heidelberg and the globe-traveling show of plastinated corpses called BodyWorlds (Carvajal, 2004). Two years later Channel 4 began a regular series called Anatomy for Beginners, which broadcast the dissection of human cadavers in a German lecture theater. The accompanying website for Channel 4 describes the episodes as “Lessons” and links to the dissections of the various bodily systems. Around the same time as it began broadcasting Anatomy for Beginners, the British channel also began advertising for a donor for its newest show, at first titled Dust to Dust, which would broadcast the decomposition of donor’s body after death (Hoggart, 2005).

I begin with these examples because they encapsulate in distinct but not totally
dissimilar ways the key concerns to be examined in this dissertation: historical understandings of the body, in particular the traumatized body, the visual mediation of the traumatized body, and the sociopolitical implications of particular understandings of the body. The existence and popularity of televised autopsies are not isolated examples. The U.S. has picked up a number of reality TV shows that have originated overseas and has created its own original televisual offerings that centrally feature the wounded or degraded body, whether it is through the graphic depiction of torture in television and film (Alien, 24, Hostel, Hostel II, the Saw films, Grindhouse, Wolf Creek, Captivity), through the reality TV games of pseudo-torture and bodily humiliation (Wipeout, Fear Factor, M-1C, Survivor), through dramas focusing on body trauma (the CSI series, Bones, House M.D, E.R, Grey’s Anatomy) or through cable networks true-crime shows (Xtreme Forensics, 48 Hours, Snapped). Contemporary visual culture in the U.S. is awash with dead, dying, and degraded bodies.

Sociologist Bryan Turner (1996) has argued that the body has become the means through which late capitalist societies in the West thematize political, moral, and social tensions and concerns. In addition to Turner’s theorization that we are a ‘somatic society,’ Nikolas Rose (2001) has argued that at a time when the idea of the individual has been attacked, dismantled and declared dead, our ‘selves’ are being addressed as never before and our selfhood is primarily understood through the body. If, as these two scholars suggest, our social concerns are expressed and addressed through the body, what do contemporary representations of the body suggest about these concerns? More specifically, what does the proliferation of wounded open bodies in popular visual culture suggest about these concerns?
In a recent article published in *CSMC*, Sue Tait discusses the spectator positions taken up by fans who post on the site Ogrish.com, a website that posts uncensored footage of all manner of violent death and mutilations. One fan’s comment about a particularly gruesome video segment caught my attention. It read: “I love this clip, it’s really great. Guess it was my first gore video I ever saw in my life on Ogrish. I was like turning white and felt like puking. Yeah those were the days. It brings back the memories” (Tait, 2008, 102). I begin with this quote not to retrod the well-worn debate about the effect these types of images have on viewers, that is, either numbing or arousal. Rather, I begin with this quote because it gets at a theme that will be explored in this dissertation through different media and in different settings. As in the case of the above fan who reconstructs fondly the past youthful self reacting authentically to raw images, how are contemporary forms of visual culture – including the portrayal of torture and bodily violations in popular media and the use of digital technologies to visually display or even enter the body -- reflecting and co-constituting our notions of otherness and authenticity, and how is the body being configured in these forms of visuality?

One theme that will be explored throughout this project is the way in which the bodies of others are offered as a means of access to truth about the world. The spectatorship of ruined bodies as a means of access to truth is a theme in Ogrish fan comments. Tait notes that, “members of Ogrish have frequently claimed to value the site’s access to the ‘real’” (104). Several fans’ comments illustrate: “I want to know what really goes on in the world; I come here to see what Big Brother doesn’t allow me to; I want my world view to reflect facts not wishes . . . I want to see the real world, not the censored shit on TV” (Tait 2008 104).
In addition to themes of realness and truth in users’ comments are themes of authenticity of experience. Another fan asserted:

...some clips will give me experience and knowledge, some will teach me lessons, some I will see as humour, some I will find upsetting. My reasons for being an Ogrish user is because I feel poking your head in the sand and blocking out what really goes on in the world is a coward’s way out...during hard times it can make me feel fortunate--I’ve still got my life (104-105).

Tait notes of the comment above and others like it, “several posters similarly explained their use of the site as a means to make them feel better about their own circumstances or to remind them that life is fragile” (105). This comment contains both themes of truth and authenticity; graphic images of death serve as evidence of the real world and as a reminder of authentic being.

The linkage of these types of images to authenticity/truth works on several levels, some of which are represented in the Ogrish.com comments. First, bodily and emotional responses to images of suffering and death are presumed authentic and often serve as a marker of the authenticity of the spectator/witness. Second, visual displays of the violated or ruined body become a link to the real world and authentic being in a period of time when death has been removed from both the public and domestic spheres. Finally, the visual display of the dead and violated body is seen as a means of access to the truth as it is evidence of the specific means of bodily destruction (and of the guilty party) in medico-legal institutional practice and in popular representations of such practices including televisual dramas.

I suggest the comments Tait gathers indicate some of the complex ways in which
contemporary forms of visuality and spectatorship configure the body’s relationship to truth, authenticity, and the real. Furthermore, I suggest that these forms of visuality and modes of spectatorship are implicated in broader sociopolitical and new technological processes. They are implicated in how we view the individual, the possibility for communication and cooperation, the limits of surveillance practices, and the nature of evidence in several (legal, medical, interpersonal) settings. Several of these implications will be explored in the dissertation project.

The Fullness of Mediated Reality and the Cultural History of the Body

Why is the search for authenticity in the body important for the modern context? Mark Andrejevic (2003) has noted that reality TV, a hugely popular genre of televisual entertainment, is increasingly engaging in torture-like activities. He further argues that such characteristics of reality TV have occurred along with what Zizek (1999) calls the ‘retreat of the big Other,’ and what Lyotard (1984) famously diagnosed as the waning of modernist metanarratives that ground experience in universally understood meaning and assume a definable distinction between appearance and reality. Andrejevic suggests that these forms of entertainment are popular in part because even though viewers realize the shows are contrived they still elicit real emotion from both the viewers and the participants being watched. He argues that the popularity of shows like Survivor is correlative to the waning of metanarrative because it promises “direct access to the fullness of reality” to savvy viewers (2003, 7). The fullness of reality thus collapses into the contrivance of reality TV. Andrejevic argues that even though viewers are aware of this many take this promise at face value. He writes: “in the face of the decline of the big
Other the efficacy of the symbolic order is displaced by the desire for direct sensory evidence: for a direct experience of reality,” even though ‘direct experience’ remains thoroughly mediated (8).

The problem, argues Andrejevic, is that this results in a cynical conservatism that dismisses imagined alternatives to the status quo as naïve idealism. Instead of emancipation from hegemony, we are left without modernist narratives that help us imagine an alternative to the logic of advanced capitalism. What we are left with, he argues, is the tribalism of Survivor (Andrejevic, 2003).

Andrejevic’s discussion points to some of the ways visual culture and popular entertainment are implicated in political subjectivity, though not in the ways approachable through the “standard model” of ideology critique because of the paradoxes of the savvy subject position and the complexity/contradictions of the images themselves (2003, 2). In fact, the poverty of communication theories in understanding some widespread contemporary visual practices is implied by both Andrejevic’s and Tait’s work. While new forms of spectatorship and visual modes of representation on the Internet and television suggests the confluence of visual culture and affect in ways that invite terms like gore-porn, as Tait and film scholars (Pinedo, 1997; Shaviro, 1993) have posited, there is more going on in this confluence than the likening to pornographic titillation and numbing suggests. In fact, Tait (2008) argues that the “porn” designation elides much of what is going on and can be applied in so many ways that it is both too vague and too specific. She writes, “the metaphor of pornography. . .can be used to refer to war or violence itself, the culture which produces monstrous acts and practices, the representational process (as reductive, objectifying, or tainted by a profit imperative), the
spectatorial position necessitated by graphic images (or their repetition), or the apathy or appetite of viewers” (2008, 95). In addition to the term’s vagueness it also masks “what it is about looking at suffering that is not like pornography” (96). She argues for the retirement of the ‘porn’ designation in considering the spectatorship of violent footage and mutilated bodies. If not pornography, then, what is happening in contemporary representation and spectatorship of pain and ‘ruined bodies’? What is the relationship of contemporary visuality, the body, and our notions of otherness (political and otherwise)? Finally, what is the mode of selfhood deployed in these forms of visual culture and how is it related to post 9/11 discourse?

The waning of metanarrative, though occurring over a long period of time (and by no means homogeneous spatially or temporally), is the cultural landscape onto which several social, political, and technological elements have emerged or come together. These elements include: the increased investment in surveillance; the emergence of digital visual production technologies; post-9/11 security and safety priorities; and the emergence of new outlets for non-professional visual media. This is not to say that this era is a radical break from earlier modes of representation of the open/traumatized body. In fact, one theme emphasized in this dissertation is the concordance of modern images with enduring tropes. The confluence of a number of these recent elements have resulted in forms of visual culture and spectatorship that have been shaped by historical processes but also take particular forms that current theorizing has yet to fully capture.

Along with the waning of metanarrative described by Lyotard (1984), other long-term historical changes have helped to shape contemporary representations of the body. Several scholars have traced the history of the body and have noted that our conceptions
and experience of the body have undergone shifts that respond to and help to constitute broader sociopolitical changes. Norbert Elias (1978) calls these shifts in individual subjectivity sociogenic in that they are partly produced by the numerous changes in social organization in Renaissance Europe. Contemporary cultural products manifest and co-constitute shifts occurring in our notions and experience of subjectivity and in this project they will be explored through a historicizing lens.

This attention to the historical conditions that shape contemporary cultural products includes the symbolism of the grotesque body. Mikhail Bakhtin’s (1984) work on the grotesque body is important in understanding contemporary open bodies. Bakhtin has traced the symbolism of the grotesque body in the Renaissance period as well as the changes that occurred in grotesque symbolism as a result of broader social changes occurring during this same period. I will also draw on Ian Burkitt’s (1999) discussion of the body in relation to the grotesque that has argued that shifts in socio-political organization and our notions of time have radically altered the symbolism of the grotesque body, celebrated during the carnival in the Renaissance period.

My set of concerns for this project can be summarized as an interest in visuality and the body and the sociopolitical work of contemporary visual representations of the body. But this attention to contemporary representations of the body is not only a matter of attending to the sociopolitical work of particular representations it is also about our understanding of the body and our subjective experience of it as well. As literary scholar Simon Dentith suggests, understanding the historical representations of the body “has important implications for the way we understand the historical consciousness of it [the body]” (p. 82). Dentith here cites Laurie Fink, a critic who has used Bakhtin’s (1984)
notion of the grotesque body in her work on medieval mystical writing. Fink has noted that,

[O]rdinarily we attribute to the body an a priori material existence without consideration how our experience of our bodies is organized by cultural representations of them. Such representations are not universal but have historical specificity (quoted in Dentith 1995 p. 82).

This sentiment, seemingly a commonplace after the work of sociologists of the body and the influential accounts of Foucault (1978), I think bears repeating. Part of the goal of this dissertation is to explore the historical conditioning of the current cultural landscape, specifically representations of the open body and our notions of the body generally. Therefore, the historicity of bodily representation and understanding is something I will attempt to highlight throughout this study of contemporary representations of the open body. I hope to do this by attending to historical shifts in representations and understandings of the body and their co-constitution of the socio-political realm.

Mediation, Interiority, and the Public/Private Split

Both Andrejevic’s work on reality television and the comments and spectator positions Tait (2008) notes on Ogrish.com seem to verify literature scholar Joel Black’s (2002) argument that our sense of what is real is “determined, conditioned, and mediated as never before by movies and the other recording media” (p. 111). He looks at film broadly not as just entertainment but as a documentary medium that thoroughly saturates our environment. He writes: “it used to be that only movies were on film; now the whole
world is. More than ever, visual technologies seem intent on striving for what Kracauer called 'the status of total record''; that is, in our visualized society everything must be recorded (2002, p. 4). Quoting novelist Don DeLillo, Black argues that the twentieth century is "the filmed century" (p. 1). And, drawing on Katherine Hayles and Friedrich Kitler, Black contends that

The new recording media…have forced a fundamental critique of literature and the other representational arts, showing them to be grounded in ‘the analogue technologies of print culture’ and to be dependent on ‘a depth model of interiority’ and on ‘relations of resemblance between the interior and surface’ and ultimately between mind and soul (p. 3).

Black here suggests that shifts in visual media have altered our conception of representation itself and have highlighted the interconnection of representational media and our views of interiority. This interconnection will form one theme of this dissertation and will be explored throughout.

Black (2002) also argues that in this media-saturated environment where everything must be filmed, the boundary between the public and private spheres has been obliterated. Black argues that what was previously hidden and intimate now shows up on public screens. He spends most of his book, The Reality Effect: Film Culture and the Graphic Imperative, discussing the ways in which fiction and reality seem to interconnect with one another, such as the David Cronenberg film Crash and Princess Diana’s death. Black finishes his book detailing the ways in which film and reality reflect one another and arguing that films have become our dreams and the private “mass-mediated dreams
of certain troubled individuals become our waking nightmares” (p. 221).

Mark Seltzer suggests much the same; that in our mass mediated culture it is increasingly difficult to distinguish the boundaries between public and private. He writes:

There is, crucially, a basic shift from the 'private' writing-down systems of the typewriter or gramophone (the discourse network of 1900) to the public and mass media reproduction and witnessing of private interiors and wounds (the discourse network of 2000). These are the disintegrations of the distinction between inside and outside and between private and public—the opening of private interiors to mass witnessing—that define the trauma spectacles of the pathological public sphere (pp. 287-288).

I am less interested in the Seltzer quote above for the specific content but for the logic it illustrates. What Seltzer suggests is that our media forms are interconnected with our understanding of nature of the public/private split in terms of our bodies and our shared space. In part what I will trace in this dissertation is this very logic and how it is manifest in contemporary culture (popular and otherwise). What is also apparent in Seltzer’s comments is the notion that mass media have shifted our experience of selfhood from something private to something that is public and that, in this transformation, mediated representations of the internal self come to stand for other elements of the external world. What I hope to do in this dissertation is to further historicize Seltzer’s remarks and suggest a slightly different way of considering the phenomena about which he is writing. The quote above is taken from a longer work on serial killing in modern American popular culture, but he points to a “disintegration of the distinction between inside and outside and between private and public . . .” which is also a “trauma spectacle”
that is a perfect manifestation of what he calls the pathological public sphere (pp. 287-8). What interests me about Seltzer’s comments is an unproblematized ahistorical assumption of the public/private split and his characterization of late twentieth century shifts in this split as pathological. A full engagement of Seltzer’s medicalization of contemporary public culture is beyond the scope of this dissertation, but suffice to say I find this approach to be limited.

Instead, I argue that these shifts may be better understood in a larger historical context that can shed some light on the processes that we are currently undergoing. As such, this dissertation touches on the construction of the public/private split through attending to histories of body, the privatization of which also helped to constitute the public/private split more broadly. Instead of discussing contemporary mediations of the traumatized body and the blurring of the public/private boundary they evoke through trauma spectacle, I discuss them, in part, through what I am calling transparent occultism, a term that is meant to capture the type of subject deployed in contemporary representations of open bodies, a subject that is both entirely public—made so through medical and scientific technology--and hidden/private---requiring expertise in properly reading the body to uncover what otherwise would remain hidden in plain sight.

The objects/texts for study were chosen for their focus on visualizing the body, their ‘reach’ or popularity, and their implication in specific institutional, social, and political discourses. As the contemporary era seems to be, in part, correctly characterized by Lyotard (1984), Zizek (1999), and others regarding the waning of foundationalist metanarratives (which include the appearance/reality distinction), I am interested in visual forms that are implicated in or co-constitute some discursive/institutional realm of
truth telling (institutions in which truth claims are made: medico-legal, juridical, religious). By engaging three contemporary, and popular, mediated texts -- texts that offer visualized representations of traumatized bodies as vehicles toward larger truths -- I hope to illustrate how these texts weave enduring historical threads into contemporary patterns.

This is not an exercise in judging the ‘accuracy’ of televisual and cinematic representations of the world, but it is an attempt to place these representations in a historical trajectory of particular institutional practices and discourses and to consider how these realms of representation inform one another and how they normalize or defamiliarize the practices they represent. The historical contextualization of these texts also includes attention to historical dimensions of the media forms themselves.

Chapter Summaries

As implied by the above discussion, one of the things this dissertation takes up is the construction of the privatization of the individual historically, a large component of Chapter two. Like Seltzer (1998) and Black (2002), I suggest that our vision of selfhood has been interconnected with media forms and broader shifts in the socio-political organization of society and how we experience and view the body. What were the conditions and consequences of the emergence of the Western privatized self? And what, if anything, is occurring now in the proliferation of open and wounded (i.e., chaotic) bodies in popular culture and art? What can the history of the body tell us about the constitution of the public/private split, how is this related to the monitoring of both self and other, and how does this relate to a desire for transparency? These are some of the
questions explored in Chapter two and throughout the dissertation.

The proliferation of bodies on screen is matched by the proliferation of body studies in the humanities and social sciences. The interest in the body has exploded among a number of fields of study and I will make use of a subset of this burgeoning field. I will not provide an exhaustive accounting of the history of the body but will draw on the work of a number of sociologists, historians, and other theorists of the body. Scholars such as Norbert Elias (1978), Mikhail Bakhtin (1984), Bryan Turner (1993), and Francis Barker (1995) provide a historical and sociological look at long term shifts in Western views of the body and concomitant shifts in our notions of selfhood, particularly from the Middle Ages on, and I will draw on each of these thinkers to contextualize and historicize contemporary representational and other institutional practices of the body.

As the visual mediation of the body has been important in our changing conceptions of the body and in controlling specific bodies, some of the work by scholars who have considered visual media in relation to knowing and controlling bodies will also be reviewed. Scholars such as Linda Williams (1989), Lisa Cartwright (1995), John Tagg (1993), and Alan Sekula (1989) have written on the development of photography and cinema and their deployment in medicine and policing as a means of knowing and controlling bodies. This work will be integrated into individual textual readings where appropriate. This material is not meant to serve as an exhaustive account of the history of visual media, but is meant to elucidate specific institutional uses of visual media as well as the historical interconnections between visual mediation and knowledge of the body, our experience of subjectivity, and the institutional realms in which this has been articulated.
Once the theoretical landscape is introduced I will consider three fictional visual texts that elucidate particular institutional realms within which the body is centrally figured. The purpose is to consider the ways in which these texts represent the practices of each realm as well as the visualization of the body itself and the model of selfhood deployed in each. Other factors that may influence the nature of texts -- including political economy and generic considerations -- are specific to those texts, and as such will not be included in the literature review of Chapter two but instead will be integrated as elements of the analysis in the case study chapters on each media text.

I am proposing that these texts are not just symptomatic of cultural concerns, but that they help to articulate and constitute these concerns by incorporating and articulating them with other regimes of knowledge and representation. Moreover, as the literature on visual media, science, and culture has shown, the visual conventions developed and deployed in one arena of inquiry are rarely, if ever, unaffected by developments in other arenas of knowledge and culture nor do they remain in the ‘originating’ realm of practice but become quickly entangled in or create new nodes with other institutional-discursive realms. Indeed, we as analysts miss much when we analyze one arena of visual culture to the exclusion of the others. This is not to suggest that these forms of institutional knowledge and practice solidify into an edifice of domination, but that these different institutional discourses may support, undermine, or partly transform one another.

Chapters three through five each engage a different fictional media text in light of the above concerns. Chapter three is an exploration of the televisual text *House M.D.*, a medical drama on the Fox network. Through a thematic exploration of *House M.D.* I will discuss the show’s representation of the body, its relationship to truth, the meaning(s) of
pain, and the implications of these for social relations, our notions of self, and the therapeutic endeavor that seeks to redress violence. In this chapter I argue that the logic of the show and the world view of its protagonist merge in the series’ presentation of the hermeneutic process. The subject disappears while the process of reading the body’s truth—conflated with the truth of the self—is highlighted throughout. In fact, the mystery of depth is replaced by a miraculous reading of the medicalized surface. Depth is an effect of the body’s inscriptions to be read off the surface of the body and its dispersed textual artifacts. In *House* (and in other shows as well) identity is no longer of primary interest; it is merely a byproduct of the primary process of interpretation. The process of interpretation is important, and authority to interpret the body rests largely with Dr. House, the embodiment of medical authority. The focus on reading of the body is replayed in other genres, like the horror film, which I discuss in chapter four, where one’s pain becomes the prism through which the entirety of the self is read.

Chapter four engages the popular *Saw* film series, critiquing them through the lens of the public anatomy theater. In this chapter, I consider how the twin conditions of (1) our relationship to our own bodies, that is, the denial of sight of our own interiors and (2) our idea (inherited from the Greeks) of truth as something hidden, located in the body of an Other, are reflected in representations of open bodies in contemporary horror films. In *Saw*, these elements are integrated with new technological capacities for ‘seeing inside,’ which has the potential to alter our ideas of the body and human interiority shifting how we relate to one another. In this chapter I draw on the first three *Saw* film texts, critical responses to the films, and the discourse of both the creators and fans of the films from several media sites (the official *Saw* fan forum website, other websites, and
DVD interviews). The *Saw* trilogy, I will suggest, can be read as a contemporary expression of magical thinking expressed through the structure of the anatomy theater. This magical thinking is related to the use of revelation and concealment which Michael Taussig (1999) links to shamanism. I will consider the implications of the magical thinking in *Saw* for critical and political subjectivity.

In chapter five I will turn my attention to contemporary forensics dramas, with particular attention to the Fox network drama *Bones*. I will spend some time discussing representations of the corpse in contemporary forensic drama and suggest that *Bones* requires a different kind of theorization than has been generated for the forensics drama *CSI* and its spin offs, one that can help elucidate the forensic imagination more broadly. This different theorization generally moves from psychoanalytic accounts through which most body genres are theorized, to a socio-historical account that draws heavily on the work of Norbert Elias (1978) and Mikhail Bakhtin (1984). Finally, I will suggest that these dramas articulate a profound desire for transparency, which incorporates elements from popular nineteenth century physiognomic and sentimental discourses and their implications for policing. Through these theorists I will argue that contemporary forensic dramas reformulate historical discourses that have come together in this particular formulation because of long-term shifts in the symbolism of the body along with anxieties generated by contemporary socio-political instabilities.

Finally, I will conclude in the final chapter by arguing that the use of open bodies in contemporary visual culture -- a characteristic of all three analyzed texts and others -- can be read through the notion of the grotesque body and will discuss the ways in which each text’s treatment of the grotesque body reflects broader socio-cultural shifts. I will
also consider some of the themes that emerged across the texts, and I would argue, are symptomatic of broader cultural concerns. In each text the body is privileged as a means of knowing the other. I argue that the privileging of the body in popular cultural texts reflects an emerging recognition of the limits of confessional practices in popular and in other realms. I then consider the implications of this for our notions of subjectivity by placing this emerging challenge to the efficacy of confessional practices in certain realms of experience alongside the implications of another conceptual recuperation in these texts, that of the indexical properties of the image. Bringing together two trends documented by a number of scholars, I suggest that visual mediation of the body may soon become a dominant means of self-making in a visually saturated environment.
Chapter Two: The Open Body, Its Symbolism, and History

This chapter will focus on the scholarly literature in three interconnected areas of cultural practice that will be brought to bear on the current study of the representation of open bodies. This literature includes socio-historical studies of the body and its representation, including the grotesque body; historical-critical studies of visual technologies and their use as representational strategies of corporeal control; and studies of contemporary media culture that consider the relationship between mass media forms, the body, and epistemology.

One aim of this chapter is to establish a brief history of the body and the historical articulation of the body’s representation with broader cultural and bodily practices. More specifically, this chapter will also map out some of the sociological and historical literature on visual media and the body to contextualize contemporary representations, practices, and cultural imaginations of the body as something individual, privatized, closed off from the outside world, and equivalent to one’s identity. One last goal is to lay the groundwork for considering contemporary representations of exteriorized bodies—literally opened through physical wounding and representationally opened through visual displays of the body’s interior—in relation to the historical processes that have constructed the body as both sign and mask, how these processes have contributed to the conditions for contemporary representations of wholly exteriorized transparent bodies, and the implications of this for our models of the self and modes of self making.

Foucault’s critical attention to the ways in which the body is acted upon by forms of power has contributed to a burgeoning literature that looks at the ways in which the body has become an object for the application of regimes of knowledge. The application
of regimes of knowledge to the body has given us an unprecedented degree of control over our bodies; but as Shilling observes, as a result of the techniques of control “we are also living in an age which has thrown into radical doubt our knowledge of what bodies are and how we should control them” (p. 3). Developments in reproductive technologies, plastic surgery, sports science, artificial intelligence, nutrition, and prosthetics now make the body more fluid and variable—an object of options. This heightened degree of control also provokes heightened self reflexivity in individuals about what their body is and just what, if anything, it should be (Beck, 1992; Shilling, 1993). In fact, Shilling argues that “the more we have been able to control and alter the limits of the body, the greater has been our uncertainty about what constitutes an individual's body, and what is ‘natural’ about a body” (p. 4).

Indeed, Nikolas Rose (1999, 2001) has argued that we now live in the age of the “somatic individual,” in which the self is discovered or developed through manipulations of the body:

Selfhood has become intrinsically somatic—ethical practices increasingly take the body as a key site for work on the self. From official discourses of health promotion through narratives of the experience of disease and suffering in the mass media, to popular discourses on dieting and exercise, we see an increasing stress on personal reconstruction through acting on the body in the name of a fitness that is simultaneously corporeal and psychological. (2001, p. 18)

Rose provides examples such as dieting, body piercing, cosmetic surgery, and tattoos as illustrative of the many corporeal means by which individuals attempt to remake their subjectivities.
Rose also notes that the growth of technology has allowed for the possibility of somatic identities (such as being a survivor of breast cancer). Our concept of health has become more intertwined with risk mentality, “as statistical prognosis offers a rational basis for adapting behavior: you may feel well now, but lose weight, and your future morbidity may decrease” (Heyes, p. 5). Those writing on the somatic individual also note how these trends increase pressure on individuals in wealthy technologically advanced countries to self-monitor their bodily identities, relating their bodily identities to their inner selves and their goals for self-management and development (Heyes, 2007; Rose, 2001). And as Cressida Heyes points out, these “experiments with subjectivity” are not politically neutral (2007, p. 6). They are caught up in discourses of normalcy that equate individuality with conformity, and for women these are especially tied to exercise routines, dieting, cosmetic surgery, and makeovers. Heyes notes that our visually saturated culture is replete with these messages and argues that “despite the relationality of our age, we seem more than ever to act as if (even though we may not believe that) one’s outer form reflects one’s virtues” (2007, p. 5). Indeed, Heyes here points to what will be a theme of the dissertation, the re-emergence of an ultimately physiognomic ideal across a number of cultural spaces both popular and official. Such a re-emergence is grounded in historical trends of constructions of the body in Western society.

**The Body: Elias – Bakhtin – Barker**

First, I would like to look to theorists who will provide some guidance in a longer historical view of the practices and views of the body since the Middle Ages. Many of
these changes are important in providing the context in considering contemporary representations and practices of the body as they represent the conditions that helped form the context of contemporary representations. Moreover, there is a general consensus that some of these changes are intensifying and becoming global in late twentieth and early twenty-first century culture.

The study of the body has undergone rapid expansion, and scholars from a number of fields have contributed to our understanding of the construction of the body. Indeed, the profusion of interest in the body in the sciences and the humanities suggests the body has become a site where a number of academic and scientific concerns have converged. It would be prohibitive to review every theory of the modern body that has emerged, and as such, I want to highlight those most relevant to the concerns of the current study.

Sociologists of the body have argued that the socioeconomic shifts in Western culture have helped to produce changes in the status of the body. These shifts, it is argued, emerged in post-feudal Europe, but have, in the twentieth century, become intensified and increasingly global in their impact (Shilling 1993). These shifts and their effects include industrialization and the numerous co-constitutive institutional changes that have their own histories, an increase in the degree of control the nation state and the medical profession have been able to exert over the bodies of the populace, and a decrease in the power of religious authority to control and regulate bodies (Shilling 1993, p. 2). As the power of the Church over bodies has declined, then, science has given us unprecedented control over our bodies. All of these changes, Bryan Turner (1992) argues,
have resulted in a "somatic society," a body-centric form of social understanding, which he describes as,

a social system in which the body . . . is the principal field of political and cultural activity. The body is the dominant means by which the tensions and crises of society are thematized; the body provides the stuff of our ideological reflections on the nature of our unpredictable time (1992, p. 12).

Shilling refers to the position of the body in popular culture as reflective of an “unprecedented individualization of the body” (1993, p. 1, emphasis in original).

Sociologists (Giddens, 1991, 1992; Shilling, 1993; Elias, 1978) argue that the individualization of the body is one trend that emerged in early modernity and has intensified in the late twentieth century. In the sixteenth century, “the individual body is freed from its dependence on an external power (i.e., the Church) and the body is defined by the activities in which it engages” and the way it appears to others (Wegenstein 2006, p.4). The body has become “a project of the self;” a manner of self making and self presentation (Wegenstein 2006, p.4).

A Brief History of the Body

Two theorists in particular provide an important history of the contemporary body, so to speak, in that they explore the shifts in views and practices of the body that remain in place, and in fact have been undergoing intensification in the recent decades. Norbert Elias (1978) and Mikhail Bakhtin (1984) have produced important complementary accounts of the shifts in views of the body, bodily practices, and the meaning of these shifts historically. Both of these scholars can help contextualize the
mediated texts in the dissertation. Bakhtin focuses on changes in views and dominant representations of bodies from the Middle Ages into the Renaissance. Elias focuses more specifically on changes in views of the body and bodily behaviors like table manners.

Bakhtin’s work on the grotesque body speaks directly to the representation of open chaotic bodies in popular culture and in the texts I have chosen to analyze. Bakhtin’s (1984) well-known work on Rabelais traces the gradual decline of the popularity of the grotesque body which was replaced during the Renaissance period with the “closed” body of classicism, which stresses the closed smooth surfaces of the body: the skin, the musculature, and the face and the eyes. The closed rationalized Cartesian body emphasizes its completeness, its finished nature. Michelangelo’s “David” is an exemplar of this closed classical body (See Figure 1 below). In contrast, the grotesque body is a body that is “not separated from the rest of the world. It is unfinished . . . transgresses its own limits” (1984, p 26). The grotesque body, then, emphasized its openness. Bakhtin writes:

\[c\]ontrary to modern canons, the grotesque body is not separated from the rest of the world. It is not a closed, completed unit; it is unfinished . . . transgresses its own limits. The stress is laid on those parts of the body that are open to the outside world, that is, the parts through which the world enters or emerges from it, or through which the body itself goes out to meet the world. (p26)

As such, notes Bakhtin, the grotesque body emphasizes the “apertures or convexities . . . the open mouth, the genital organs, the breasts, the phallus, the potbelly, the nose. . . .” (1984, p. 26). Bakthin suggests that this grotesque body is an unfinished creative body that is never complete but is always in process (1984). (See Figures 2 and 3 below).
Figure 1: Michelangelo’s David: classical closed body. Source: The Art File. 
http://www.the-artfile.com/ArtFile/artists/michelangelo/david.shtml

Figures 2 and 3: Image from Gargantua and Pantagruel by Rabelais Source:  
The grotesque body was also a symbolic body and an aesthetic expression of an attitude to life that underlies the carnival (Dentith 1995). It was connected to a view of cyclical time in which death and birth formed the points in the ongoing process of birth, death, and renewal. Bakhtin argues that there was a tendency to mark this in grotesque bodies by presenting two bodies in one; one “giving birth dying, and the other conceived, generated, and born” (Bakhtin 1984, p.26). The symbolism of birth and death are thus brought together to form a significant manifestation of the grotesque.

Bakhtin (1978) argues that the symbolism of the grotesque shifted with the social and political changes occurring in the early modern period. One of these shifts is a change in the official culture of church and state and the gradual retreat of the nobility from participation in carnival. Also altering the popularity and symbolism of the grotesque is a shift in artistic expression as a result of a shift from a conception of biological life as a collective phenomenon to a conception of life that focuses on the individual body of bourgeois subject (Dentith, 1995). Prior to the seventeenth century, Bakhtin argues, folk art is not private, but is based on an attitude to life that is founded on the biological continuity of the body of the people (Dentith 1995, p. 80). In fact, he suggests that the successive transformations in the grotesque are a reflection of this cultural change. He spends some time on Romantic writings which display great interest in the grotesque but have made it private and subjective; it is focused on the biological individual not the biological life of the collective (Bakhtin 1984, p. 36-52).

Along with this, Bakhtin posits, there was a decrease in the cultural acceptance of ambiguity. One manifestation of this in our era is the disappearance of pregnant crone
imagery, as it has lost the meaning it had for medieval people. The pregnant crone imagery mixes both fertility and decay and is an image with symbolic potential specific to a cyclical view of time, for example, the notion that death contains birth and vice versa. Ian Burkitt, drawing on Bakhtin and Norbert Elias, argues that this is, in part, a result of shifts in the perception of time during the Renaissance. The perception of cyclical time shifted to a linear perception of time in which death and life were no longer linked but were opposed to one another (Burkitt, 1999). As a result, both Bakhtin and Burkitt argue, the grotesque body was stripped of the positive dynamic aspects of its symbolism. Bakhtin argues that the symbolism becomes static, both poles of life and death become separate and still, which he describes as a degeneration of the grotesque:

> In the process of degeneration and disintegration the positive pole of grotesque realism (the second link of becoming) drops out . . . What remains is nothing but a corpse, old age deprived of pregnancy, equal to itself alone; it is alienated and torn away from the whole in which it had been linked to that other, younger link in the chain of growth and development. (1984, p. 53)

Burkitt draws on the work of sociologist Norbert Elias to explain the loss of the particular symbolism of the grotesque body, and Bakhtin’s own work complements Elias’ as they both touch on the individualization of the body in early modernity and its implications for subjective experience. It is thus Elias’ historical sociology of the body to which I turn.

Norbert Elias, in his work *The Civilizing Process*, focuses on the changes in manners that occurred during the Renaissance period, and proposes that they resulted from social and political transformations. Elias notes how during this period of time there was a decreasing threshold for the acceptance of the public display of bodily activities
such as spitting, farting, blowing one’s nose, etc. Not only did acceptance for these behaviors lessen but rules for table manners circulated, in particular regarding the eating of meat, behavior in the bedroom, and aggressive behavior, with thresholds for shame and embarrassment around these activities increasing (1978).

These shifts, notes Elias, were sociogenic in that they were a result of social and political changes occurring during the Renaissance era. Elias argues that the changes in bodily behavior are related to the emergence of the state and its monopolization of the means of violence (1978). As the authority of the state grew, the spaces of society became pacified, with individuals no longer socially authorized to use violence to settle problems or otherwise influence others’ behaviors.

This relates to both physical behavior and even affective states (or rather public display of affective states). The medieval individual was not only under increasing bodily restraints, but one’s emotional display was also undergoing increasing restraint (1978). Burkitt notes also that the differentiation of emotion increased along with the restraint in display, which operated at the level of the body in two ways: “First, a finer modulation of emotion meant that people had to be continually conscious of their bodily gestures or facial expressions, so as not to do anything to offend another person; this also meant being attuned to the minutiae of gestures and expressions in others, in order to gauge more accurately their feelings and responses” (p. 50-51). What Elias shows is the ‘psychologization’ of emotion, that is, emotion is moved from the public aspects of social interaction to an inner plane hidden from view (1978). Second, control of the body became important in another way: through the control of bodily functions that might give offense. Elias discusses how certain acts (sex acts, urination, and defecation) were
removed from public space and became strictly limited to certain chambers of the house (1978). What emerges, then, is private space; the private space of the house and the body.

With the emergence of the private space of the body, there emerged an investment in revealing what lay hidden in it: “[t]he demands to observe people in a more psychological fashion also focus individuals on each others’ eyes and faces in the search for looks, expressions and gestures” (Burkitt 1999, p. 51). As individuals had new restraints on emotional display the primacy of observation in social interaction emerged (Elias, 1978). The body of the other becomes a signifying surface that both expresses and conceals. Elias (1978) therefore argues that the discipline of psychology “did not begin solely in the disciplinary institutions of the eighteenth and nineteenth centuries” but “can trace its roots back to the courts of the absolute monarch” and the way in which people had to observe themselves and others more closely (Burkitt, p.55).

Individuals come to read not only others’ bodies but one’s own body also becomes an object that is observed. Burkitt writes of this shift, “this does not simply mean that the bodies of others become the objects for psychological observation, but that our own bodies are also experienced as such” (p. 52). Burkitt here links the practices elaborated by Elias to the practices or ‘techniques of self’ that form elements of the networks of power that Foucault later analyzes. What Burkitt rightly reminds us of is that, in conceptions of power like Foucault’s, behavior is regulated through the notion of the ‘norm.’ Through the norm and techniques of the self individuals learn to apply the corrective mechanism of the norm to themselves and others. This self-other regulation between individuals is why Foucault talks about power as something that is not top down, but is a system of relations, both horizontal and vertical that works through the individual. The individual
becomes the means through which power is enacted; the individual is a node in a network of power. This is why Foucault (1982) claims that the modern state, as it began to develop around the eighteenth century, is one that did not form above people, but integrated them into its very structure, being concerned with individualizing people as much as totalizing the state formation.

Elias and Bakhtin, Burkitt argues, also help to explain a gap in Foucault’s notion of subjectivity. Why are individuals willing to make themselves the subjects of discourse? This is something, Burkitt claims, Foucault has not adequately explained in his theory of ethical self formation. Foucault argues that ethical self formation is the means by which individuals make themselves subject to the demands of a discourse by becoming the subject of a statement of discourse (likely a normative statement) through an ethical discursive practice--the practice of confession is an important example of this for Foucault. Burkitt argues that Foucault does not explain why individuals are so willing to engage in this process, and that the histories conducted by Elias and Bakhtin help explain this by demonstrating that “the discourses that claim to reveal the truth about the self emerged in the eighteenth and nineteenth centuries as writing and speech became the primary modes of expression of the embodied self” (1999, p.55). This, he argues, occurred because of the concomitant loss of the self’s symbolic functions—its symbolic content being demoted to mere bodily functions—and the rise of language as the primary means of self expression (1999). Burkitt points to the rise of popularity in diaries and autobiographies among the bourgeoisie during this time to claim that the constitution of the self is accomplished through the act of writing. The narrated self then becomes the source of its own truth and the world around it (but outside of the self all knowledge
remains in doubt).

Indeed, Francis Barker (1984) describes how the body has become progressively more hidden, constructed less as a public spectacle and increasingly constituted in a way that inserts protective layers between the private body and public space. At the same time the self retreats even further, becoming primarily expressed through texts. Barker traces the subordination and dismemberment of the body in Jacobean drama, published diaries of Pepys, Milton’s *Areopagitica*, and Rembrandt's painting of the public anatomy of Dr. Tulp.

As public dissection and its visualization will form one significant aspect of this study, Barker’s attention to Rembrandt seems worth considering here. Barker spends a chapter discussing Rembrandt's painting of a public anatomy and argues that it is significant in how it represents the act of dissection. He points out that the doctors’ gazes are not on the body of the man being dissected (Aris Kindt, who had only six hours earlier been hanged for robbery) but are on the anatomy text foregrounded in the lower right hand corner. Barker also notes that the representation of the anatomy does not accurately portray the reality of the dissection process or the body being dissected. The musculature is incorrect according to position of the arm and the process of dissection is inaccurately depicted—anatomies began with the viscera not the limbs due to their rapid process of putrefaction. Barker points these aspects of Rembrandt’s because he argues that it represents a process that was occurring during the seventeenth century.
Specifically, these elements of the public anatomy reveal important elements of the transformation of conceptions of the body during this period. Barker argues that during this period of time, the body is transformed into a private body that slides beneath discourse. His chapter on the body in Jacobean drama and its relation to cultural attitudes of the time is worth quoting at some length. In it he argues that the images of the body in Jacobean theater represent a sensibility of the body that is significantly different from our own. He writes that these images are not the product of a single dramatist but that they are systematic, that the “visibility of this body in pain...is formed across the whole surface of the social as the locus of the desire, the revenge, the power and the misery of..."
this world” (1984 p. 23). These images, which represent a view of the body prior to its
construction by disciplinary discourses, Barker argues, have lost their symbolism for us.
He writes:

The proliferation in the dramatic, philosophical and political texts of the period of
corporeal images which have become dead metaphors for us -- are the indices of a
social order in which the body has a central and irreducible place. . .the glorious
cruelties of the Jacobean theatre thus articulate a mode of corporeality which is
structural to its world. . .it none the less represents a generalized condition under
which the body, living or dead, is not that effaced residue which it is to become,
beneath or behind the proper realm of discourse. . .(p. 23)
The body thus disappears beneath or behind language, and the highly visible body is
made private, gendered, and embarrassing (Barker, 1984). As such, the body no longer
signifies as it once did. Its symbolism has been effaced by a realm of professional
discourses that alter its meaning. Barker suggests much the same as Bakhtin does in his
account of the shift away from the body as a symbol of collective live to a privatized
body that refers only to an individual life.

Barker (1984) argues that Milton’s Areopagitica helped constitute this shift. He
notes how, in this work, Milton articulated a notion of individual conscience which
interiorized conflicts and dynamics, previously seen as belonging to the social word, as
something belonging to subjectivity. Barker goes on to argue that the distinction between
public and private realms is part of the new bourgeois discursive regime, the defining
feature of which is “the in situ control. . .of the newly interiorated subject” (p. 52).
Discourse plays an important role in this process as it is now not only possible to narrate
the outer world from an inner place, and to reflect on others as Other, but Barker argues, “it becomes a possibility and a duty to reflect on oneself” (p. 53). This is legitimized through Descartes who, by emphasizing the responsibility of the reader in *The Discourse on Method*, constitutes the self-scrutinizing subject as part of the legibility of the *Discourse* itself (1984). Metaphors of subjective interiority thus bring along with them a duty scrutinize the contents of one’s innerness.

To summarize, these scholars provide a brief history of the modern body and its symbolism and lay the theoretical groundwork for understanding the place of the body, in particular the open body, in representational culture today. This work demonstrates the increasing privatization, individualization, and monitoring of the body in early modernity, enabling the conditions out of which contemporary representations and logics of the body form. Indeed, I will suggest that contemporary representations of the body cannot be fully accounted for without understanding this "prehistory" of the body and how our taken for granted assumptions about the nature of the body and self have been shaped by sociopolitical circumstances.

**Visualizing Bodies/Knowing Bodies/Policing Bodies**

I would like to consider Barker’s noting of Foucault (1978) and his discussion of confession as a primary means of subject making in the West. Foucault focuses on the use of confession in ethical practices, its use in Christian practice being the exemplar, but he also highlights its use in a number of institutional and discursive spaces including judicial, therapeutic, medical, educational, and familial. Confession, Foucault argues, “has spread its effects far and wide” (p. 59). It is, he writes, “one of the West’s most
valued techniques in producing truth” (1978, p. 59)

Foucault’s discussion of confession also indicates how these institutional realms incorporate confessional practice. Religion is the exemplar of an institution that relies on confessional practices in corporeal management and self management/making, policing where confession is a key element in the operation of the juridical system (so much so that there is a long history of forced confessions through torture), and medicine -- although less obviously reliant on confession -- uses patient histories as one confessional form that helps give doctors control over the body. But while each institutional space historically has relied on some form of confessional practice they have rapidly incorporated new visual technologies as tools to monitor, display, and manage the body. The three texts used as case studies in this study were chosen in part because they represent three different institutional realms -- medicine, religion, and policing -- that have as their purpose the management of the body. What does the popular representation of these institutional realms suggest about the interplay of confessional practice and the deployment of the visual--two techniques discussed by Foucault but never explicitly brought together in a consideration of the ways in which they might support, erode, or transform one another? To help contextualize these questions, I will first provide some historical background on the incorporation of visual techniques into policing and medicine. I will focus more specifically on visual techniques in the different chapters -- such as how religious rhetoric connects to medicine in chapter four where I discuss the visual rhetoric of the public anatomy. But to explain how this literature contributes to the larger argument, in the section below I will focus on visual techniques in medicine and policing.
Just as Barker suggests that the management of the body of the populace moved
away from control through violence toward control through discourse, scholars writing
on visual media note the ways in which they have also been used to manage the populace.
Indeed, as these scholars argue, visual media circulate in and are given particular
meanings, including what John Tagg calls “evidential force,” in the institutional settings
in which they are deployed. The work of Tagg (1993), Alan Sekula (1989), Lisa
Cartwright (1995), and Linda Williams (1989) take up the deployment of photographic
and cinematic images in nineteenth century science, medicine, and other state institutions
in the management of the body of the populace, through the representation and
measurement of bodies. While Tagg and Sekula focus on the use of the photograph in
policing bodies, Cartwright and Williams position the deployment of cinematic images in
medicine and popular media as processes of corporeal control. Each of these scholars, in
one way or another, trouble the set of distinctions between professional and popular
discourses and science and pleasure, particularly as they relate to representations of the
body.

Following the critical archaeologies of Foucault, Lisa Cartwright (1995) addresses
the intersection of scientific and cultural practices that construct the body in the modern
West. She writes:

One of my primary claims is that the cinematic apparatus can be considered as a
cultural technology for the discipline and management of the human body, and
that the long history of bodily analysis and surveillance in medicine and science is
critically tied to the history of the cinema as a popular cultural institution and a
technological apparatus (p. 3)
Cartwright’s (1995) genealogy demonstrates the ways in which visuality in art and science has helped to shape views of the body. Her work shares with the work of Tagg and Sekula, whose work I will review briefly below, the claim that “conventions of visuality in techniques of knowledge and power emerge across disparate and apparently unrelated cultures and contexts” (p. xiv). As such she argues for an interdisciplinary approach to the history of science. Indeed, she suggests that no adequate history of science can be accomplished within one disciplinary framework. More important for my purposes, Cartwright compellingly argues that scientific knowledge and scientific subjectivities are enmeshed in a broad range of cultural and representational practices and that to do the history of science is to examine these practices in seemingly unrelated contexts. Cartwright points to the early cinematic studies of bodily movement as representative artifacts of the range of cultural and representational practices as they functioned as important intertexts between professional and popular representations of the body (1995).

Cartwright’s work speaks to my concerns in this dissertation, as she explores the mutual implication of art and science in views of the body and efforts to surveil, measure, and control it. She demonstrates the interplay between professional and popular realms of discourse and representation in our understandings of the body.

While Cartwright’s work on the scientific-cinematic visualization of the body is important in considering the interrelationship of art and science in views and practices of the body, Linda Williams (1989), on whom Cartwright draws, argues that an admixture of the desire for scientific knowledge, sexual desire, and the pleasure of screening death, have always contaminated cinematic practice. Linda Williams’ influential study of
pornographic film begins with Edward Muybridge’s late nineteenth century photographic studies of human bodies in motion. She starts with Muybridge because she locates the emergence of the modern western pornographic gaze within the construction of new forms of body knowledge and not within a tradition of erotic art (1989). Thus, Williams suggests that the display of the body on screen or on the dissecting table is neither purely scientific nor purely pornographic.

Williams (1989) points out that the scientific and erotic gazes have operated in tandem historically, and that the control over bodies enacted through technology is also made pleasurable through technology:

…the specific and unprecedented cinematic pleasure of the illusion of bodily motion emerged partly as a by-product of the quest for the initially unseeable ‘truths’ of this motion . . .So, if Muybridge’s first audiences came simply to learn the new truths of bodily motion, they stayed to see more because this new knowledge was also infused with an unsuspected visual pleasure. The appeal of seeing first horses and then humans trotting obligingly across the walls of his lecture hall was thus never purely scientific. (p. 39)

The implication of visual media in the scientific study and the pleasure of seeing the body is highlighted by Williams who argues that the desire to see and know more about the mechanics of bodily movement underlies the invention of cinema. Williams’ point is that the admixture of the desire for knowledge of the body and the pleasure of seeing the previously ‘unseeable’ is not only present from the beginning of cinema but was part of the reason for its emergence.

The use of photography and its descendants in policing the social body have been
usefully discussed by Alan Sekula and John Tagg. Sekula (1989), for instance, has examined the advent of photography in nineteenth century France and traces the relationship of photography with practices of physiognomy and the emerging science of criminology. He demonstrates how photography and physiognomic discourse worked together to produce the criminal body.

Physiognomy is the science of reading the character of a person by reading their physical features, particularly the features of their faces. Physiognomic ideas predate their popularization in the eighteenth and nineteenth centuries, but were popularized by the writings of Swiss-German clergyman J. C. Lavater. Lavater’s writings proved so popular, in fact, that he became one of the most famous men in Europe even before he finished publishing his prolific work on physiognomy (Land, 2008).

Physiognomy was institutionalized in policing where photographic methods were seen as particularly appropriate for the study of anatomy and morphology, on which physiognomy rested (Cartwright, 1995). Physiognomic ideas, through the related sciences, anthropometry and phrenology, and the advent of photography, were used in policing and cataloguing the criminal class. Bertillon’s system of anthropometry incorporated some of Lavater’s ideas as did Cesare Lombroso in his study of criminal faces (Stafford, 1993).

John Tagg also discusses the history of photography, its use in policing, and its relationship to working class bodily practice. Tagg has noted that the photographs' evidential force is a complex historical outcome and is exercised by photographs only within certain institutional practices and within particular historical relations (1988). In his study on the use of photography in several nineteenth century institutions Tagg argues
that photography operated as a strategy of bodily control. Tagg notes how photography and the “professionalized discourses of the new social sciences”—anthropology, criminology, medical anatomy, and so on—were addressed to scientific peers and circulated within specific institutional settings and practices (1993 p.11). Furthermore Tagg argues that the subjects of these photos and discourses (the working classes, the criminal, the poor, the sick, etc.) were constituted in this structure of vision and discourse as objects of knowledge. He writes, “[s]ubjected to a scrutinizing gaze, forced to emit signs, yet cut off from command of meaning, such groups were represented as, and wishfully rendered, incapable of speaking, acting, or organizing for themselves” (1993, p. 11). Photographs and discourses were used together by authorities to constitute new subject positions and to categorize and catalogue the social body.

Tagg’s description, considered along with Cartwright’s and Sekula’s work on visual practices, can be applied to the visual practices described in this dissertation. I argue along with Cartwright that both popular and professional visual practices are enmeshed with one another and help to constitute their objects of study in the popular and professional imagination. Indeed, the constitution of a passive subject “cut off from the command of meaning” of the kind Tagg describes, I will show, is an underlying theme in a number of popular culture representations of the body. Importantly, the mediated texts studied for the dissertation are symptomatic of (can be linked to) what Andrejevic (2003), as noted previously, points to as a naïve positivism in popular culture. His point can be linked to Heyes’ suggestion of the operation of a cultural physiognomic ideal, to professional culture (such as forensic science) and to the work of Sekula (1989), Tagg (1993), and Cartwright (1995) through their faith in the indexical property of the
photograph.

Relying on this faith in the indexical property of the image, the twin production of knowledge and pleasure in the spectatorship of filmic bodies suggests why, as Joel Black (2002) has argued, that late twentieth century America manifests a desire to see, and, more precisely, to film everything. Black argues that this desire, what he calls the graphic imperative, is derived from cinema. Taking his cue from Linda Williams and others who have followed her work, Black writes that although the charge of pornography is often made against film and other arts, they are engaged in the same interpretive endeavor as the sciences. Moreover, he argues, film and documentary media have “pride of place in the scientific arsenal of truth technologies” (p. 30-31).

Black is rearticulating Cartwright and Williams' earlier discussed points as well as what their arguments have implied or explicitly stated regarding film’s status as a documentary medium. Film, and I would extend this to visual media generally despite the attacks on visual indexicality, is an epistemologically privileged medium. In addition, the distinction between entertainment/pleasure and science/knowledge cannot be strictly maintained as its evidentiary force holds in both realms of spectator experience. This documentary force of film grants it the powers of both pleasure and knowledge. And despite the fact that there have been widespread assaults on the principle of indexical truth, visual media retain traces of this power. And, as I hope to have shown above, this power is rarely politically neutral.

Each of the theorists above have demonstrated the ways in which the visualization of the body is often, if not fundamentally, tied to efforts to know (and control) the body in some way. This control may be of “dangerous” bodies by the police, it may be control
of “sick” bodies by medicine’s representatives, or it may be the control of the meaning of bodies by middle and upper middle class patrons of art, the police, and medicine. Visualization itself is a type of control, that, as Williams has shown, is made pleasurable in itself. Finally, what all of these authors demonstrate is the resolute entanglement of scientific knowledge, representational practices, and subjectivities in a range of cultural and representational practices; or in other words, they all demonstrate how promiscuous bodily representations and knowledges are. Visual techniques of knowing the body have permeated the social body as thoroughly as confession.

In this chapter I have covered several areas of theory that touch in some way on the body, its visualization in media, the changes in how we think about and experience the body, and the implications of these for our views of the self, others, and the constitution of the social world. I hope to have shown how visual media and notions of the body have been interrelated, including the ways in which visual imaging of the body has helped to produce new types of people (i.e., the criminal).

In this chapter I also have considered the symbolism of the grotesque body and the shift or loss of this symbolism as a result of larger socio-political changes. The open bodies of contemporary culture can usefully be read within the historical framework of grotesque symbolism, and contemporary representations of the open body, I will argue, can be partly attributed to shifts in this symbolism. In addition, the shifts in this symbolism tell us something about the contemporary construction of the body. Rose’s notion of the somatic self and Turner’s notion of the somatic society suggest the importance of representations of the body for discerning the tensions and concerns operating within contemporary society, how the body is being (re)configured in
contemporary thought, and how this translates into specific views of subjectivity and concomitant practices of the self. The work of Rose and Turner, considered along with the work of Joel Black, Mark Seltzer, and Mark Andrejevic, I will argue, suggest something about the contemporary construction of the body and self in a highly mediated and surveilled society. I will return to this in the concluding chapter of the dissertation.

The more specific aims of this chapter were to consider the constitution of the body in early modernity as both sign and mask in several ways (privatization, individualization, socialization, interiorized) and to lay the groundwork for a consideration of contemporary open bodies as operating under a similar kind of logic, a logic I will later suggest is one in which the body as sign and mask turns toward a paradoxical subject-body that is both wholly transparent and occult. This paradoxical subject/body exemplifies a number of the themes I have covered in this literature review and draws them together through the privileging of the body and its observation over confessional practice in gaining knowledge of the other, the faith in the indexical property of the visual image, and the identification of the self with the mediated and disbursed body (the media artifacts of the disbursed body). I will explore these themes which are interwoven throughout the mediated texts I examine in the chapters to come. And it is to the texts themselves that I now turn.
Chapter Three: *House M.D.*, the Body in Pain, and Spectacular Hermeneutics

Medical dramas have been a genre staple for primetime television since at least the days of *Dr. Kildare* and *Ben Casey*, but continuing with *Medical Center*, *Trapper John MD*, *Chicago Hope* and *ER*. One commonality of the main characters in these programs is their able bodies and patient-centered bedside manner: they themselves model good health and show great concern for the physical -- and the psychological -- well-being of the patient. This is, however, decidedly not the case with the most popular TV MD of the new millennium, the self-medicating, rude and misanthropic -- even arguably torturous -- Dr. House.

Through a thematic exploration of the Fox television program *House M.D.* I will discuss the show’s representation of the body, its relationship to truth, the meaning(s) of pain, and the implications of these for our notions of the self and social relations and the therapeutic endeavor more generally, especially as it is installed in legal proceedings that seek to redress violence. For this case study I viewed the first two seasons of the series on DVD and watched twenty-six more episodes from seasons three and four and seven episodes from season five. I conducted a general theoretically informed thematic analysis for this and each of the case studies to follow. In each I paid particular attention to the body’s visualization, whether and how this was related to the model of selfhood deployed, what these representations of the traumatized body say about its symbolism, and how the representation of the open body reflects contemporary political, social, and moral concerns.
Several aspects of the show make it an interesting case study for the project at hand. The show is predicated on diagnostic medicine, which foregrounds medical technology in imaging the body’s insides as a means of creating knowledge about the body and the patient. *House. M.D.*, similar to other programs such as *CSI* and *Bones*, relies on visual technologies in solving the puzzle around which the narrative is built. The body is made visible through a variety of medical technologies and its signs are produced and dispersed through these technologies. In addition to this, *House M.D.* employs medical knowledge in an exploration of pain that is unlike other medical dramas’ representations of pain. The body (in particular the body in pain) in *House M.D.* is the central occupation of the narrative, and it is around the body in pain that the paired oppositions certainty/doubt and body/speech occur. In *House* these oppositions exist in relation to one another and represent a way of seeing the human being and the social world. *House M.D.* fully conflates knowledge of the body and knowledge of the self, which is related to how the show represents speech, as something that is opposed to knowledge of the body. Speech is a regime of deception and false knowledge—speech can only deceive. The body is privileged as the foundation of true knowledge— not simply of disease but of the truth of self.

First I will introduce the show by providing some background on it including information on its reception and popularity. Then I will discuss the role of pain in the series as it is an important theme, especially in the first three seasons of the series. Next I will discuss the visuality of the series and the way in which the body is dispersed through the visual technologies of medicine (x-ray images, MRI’s, CT scans, etc) and the way in which the series relies on the visual artifacts of the body. Related to this I will discuss
how the diagnostic process is analogous, particularly in dramatizations of medicine, to the process of interpretation and how this process itself is represented in the series. The interpretive process is particularly important in *House M.D.* because of the privileging of the body as a source of knowledge, in this case the visual artifacts of the body and the digitalized signs of the body. Speech, especially the speech of patients, is dismissed as a source of knowledge and this carries over to a generalized pessimism regarding the possibility of communication between individuals even, or especially, those who are in close interpersonal relationships. I will also consider how this pessimism toward speech as an act of understanding is directed also at professional forms of speech that are therapeutic in nature and how *House M.D.*’s representation of professionalized therapeusis aligns with academic critiques of therapeutic speech in international human rights trials. Finally, I will consider the body/speech opposition in *House M.D.*, the series’ presentation of visuality, and its thematization of the interpretation of the body’s signs to speculate on a theme I call transparent occultism that appears across a number of contemporary popular media texts.

*House M.D.*

*House MD* premiered in 2004 and through its first five seasons was one of the highest-rated fictional programs for the Fox network. It is also syndicated on cable television on the USA network, on local US television stations and throughout much of the world (South Africa, Ireland, UK, Finland, Spain, Singapore, Netherlands, Korea, Canada, Chile, Japan, Norway, Hungary, Greece, Russia, Italy, France, Czech Republic, Estonia, Poland, Romania, Slovakia, and Australia) (2009, IMDb.com). The show is set
in the fictional Princeton-Plains Hospital, a well-funded teaching hospital. The show’s protagonist, Dr. Gregory House, is a doctor who specializes in differential diagnosis, that is, diagnosing a patient by means of deduction from his or her symptoms. Thus, the show is a type of medical sleuthing show wherein the entire episode focuses on the diagnosis of (usually) one patient as the central narrative. In this investigative aspect, *House M.D.* is similar to series like *CSI*. Indeed, the show’s creator claims that it was originally intended to be a *CSI*-type show, but where “the germs were the suspects” (Frum, 2006).

Each episode begins with the patient’s admittance to the hospital and the rest of the narrative centers around Dr. House and his diagnostic team’s efforts to determine (and treat) the cause of the patient’s symptoms. This process is almost always made more difficult by the fact that the patients under House’s care are lying about their histories or symptoms. In fact, the deceitfulness of patients, and people in general, is a significant theme in the series as a whole. I will return to this theme later in my analysis, as it is a critically important theme of the show and my analysis of it. But for now I would like to turn to Dr. House himself.

Dr. House is described by the show’s promotional material as a “misanthropic medical genius” and a “medical Sherlock Holmes” (Eggerton, 2006). These comparisons point to the way in which Dr. House’s powers of observation and profound grasp of medical knowledge are foregrounded in each episode. Dr. House is never wrong in his final diagnosis, but this final correct diagnostic determination is often arrived at after several misdiagnoses during the course of the episode. The patient is treated with medications appropriate for the misdiagnosis (sometimes purposefully) which frequently makes the patient even sicker. Yet, these misdiagnoses help Dr. House and his team
eventually arrive at the correct diagnosis. Also important to mention here is Dr. House's caustic nature. He is rude, arrogant, and insensitive. His attitude toward administration—he treats hospital administrators as enemies at worst and obstacles to his practice at best—is typical of the hero-doctor in the medical genre (Turow, 1989). His attitude toward patients is more distinctive. Dr. House refuses to see patients in the outpatient clinic the hospital operates and of those who are admitted to the hospital or otherwise come to him for treatment, he chooses which cases he will accept. His attitude toward patients is dismissive; he spends as little time as possible with patients because he believes they cannot be trusted to be honest about their histories.

**The Representation of Pain in *House M.D.* and the Medical Profession**

*House M.D.* contains a recurring meditation on pain—the pain of patients and the pain of Dr. House. The portrayal of pain is in fact an extraordinary characteristic of the program.

Dr. House, we learn in the very first episode, is in constant chronic pain. In contrast to the medical dramas of the 1990’s which, Jacobs (2003) notes, are primarily concerned with the immediacy of trauma and its treatment, *House M.D.*, through its representation of Dr. House’s chronic pain, incorporates long-term illness into a genre that has largely focused on acute illness and trauma. This focus on long-term illness may be a reflection of the aging of the baby boomer population and general trends in health care in America, as chronic illness and pain management concerns have taken hold in American health care in the past few decades. This is a point to which I will return.
House M.D. is also different from other medical dramas in that it represents what most do not: the administering of medical tests and the pain they cause. That is not to say that other medical dramas do not show their patients in pain. Rather, I suggest that in House M.D., unlike other medical dramas, pain is most often associated with medical procedures rather than with illness and that this medical pain is more often and more intensely shown than in other medical dramas. For these reasons, I argue that House M.D. might be considered a meditation on pain, including medical pain.

The Pain of Dr. House

As mentioned, House M.D. thematizes pain through the character of Dr. House himself. Dr. House, we learn very early in the series, is in constant chronic pain due to an injury to his thigh which necessitated the removal of part of his thigh muscle. His pain is represented or referenced in some way in nearly every episode. I say nearly every episode because some episodes make no reference to his pain, but these are rare. As will be developed, Dr. House’s pain, unlike the patient’s pain, is thematized largely around the dualism of certainty and doubt. In fact, there is a duality represented in the distribution of pain among the characters of the show and in the status accorded to that pain. I will begin by reviewing the status of Dr. House’s pain then will move to a consideration of pain and power.

Dr. House’s pain is a recurring theme although many episodes make no mention of his pain and do not show Dr. House exhibiting behavior that we interpret as pain behavior. Someone who is not a regular viewer of the series at first could be completely unaware of this aspect of Dr. House’s character if he or she began viewing the show at a
random point in time. However, regular viewers of the show are encouraged to assume that his pain is constant, given its representation throughout the series.

House’s pain is represented in several ways. First and foremost, it is represented in his use of a cane to walk, which he does with a limp. Second, it is sometimes noted in passing either by House himself or by one of the staff members of the hospital in which he works, and in some episodes it is signified through his frequent consumption of pills, which regular viewers know is the pain medication Vicodin. And sometimes his pain and his efforts to control it is a significant plot element or is the focus of an episode. The viewer rarely witnesses Dr. House grimacing in pain, but some episodes have focused on his use of Vicodin and his always-forced efforts to curb his Vicodin use, which, as discussed below, trigger explicit discourse about Dr. House's state of pain.

The portrayal of Dr. House's pain contrasts with that of his patients. Visually and narratively the pain of the patients is realistically portrayed: visual close ups on patient’s faces enhanced by their gasps and cries signal the reality of their pain. However, narrative elements generate conflicting interpretations of House’s pain. First, we don’t often witness Dr. House grimacing in pain or making other overt gestures indicting that he is in pain. Several episodes occur in which there is no explicit representation of his pain (beyond his limping gait) or his use of prescription painkillers (through dialogue or action). On the other hand, several episodes represent House’s pain through his use of painkillers, through the dialogue of others or his own snide comments, or his attempts to go without painkillers for various periods of time for various reasons. But those episodes that have had represented House’s pain in some way often also contain representations that generate uncertainty about the status of House’s pain. Other characters have
expressed doubt or unawareness that House is in pain or suggest that his pain is not as
great as he would like them to believe. Most specifically, at least two episodes have
focused on House’s attempts to go without Vicodin and each episode suggests that the
pain Dr. House experiences when he is not taking pain medication is related as much to
his withdrawal from the painkillers as from the pain in his leg (the injury for which he
uses Vicodin).

There are, however, a few instances where viewers are encouraged to reflect on
the reality of House’s physical pain (beyond its absence in some episodes). But the
episodes that question the status of House’s pain in some way are also the episodes that
most explicitly show us House’s pain. One such episode from season two, titled "Skin
Deep", focuses not only on the question of the realness of House’s pain, but also
examines its possible effect on his medical judgment.

After the episode’s opening scene, it cuts to Dr. House waking up that morning,
immediately reaching for his leg, moving slowly to the edge of his bed, and pausing to
rub his leg. Cut to a long shot of Dr. House sitting on the edge of his bed with his head
down rubbing his leg. When House tries to stand we see his leg immediately buckle as he
catches himself on the bed so that he does not fall to the floor. This early scene represents
House’s pain as an intense chronic pain and it cues the viewer to believe in the intensity
of House’s pain. The chronic nature of House's pain is established early in the series
history, but rarely is the intensity of House’s pain represented in his movement or facial
expression. This episode is one of the few that have represented it through bodily failure
(his leg failing) and overt ‘pain-behavior’ by Dr. House.
During the course of this episode, we are given verbal and visual reminders of House’s pain—close-ups of his extremely tight grip on his cane as he hunches over in pain and a second event of leg failure while he is engaging his team in a diagnosis discussion. Verbal references to House’s pain abound and form a subplot regarding the effects of House’s pain on his medical judgment and his ability to properly diagnose and treat the patient.

However, in this episode there are two scenes that seem to shed doubt on the status of his pain in some way. Approximately halfway through the episode Dr. House enters the office of the hospital administrator, Dr. Cuddy, and asks her to administer a syringe of morphine to his spine. Cuddy initially refuses, telling him to take more Vicodin if he’s in so much pain. House responds by saying that the Vicodin is not enough. Through the episode we learn that both Dr. House’s best friend, an oncologist Dr. Wilson, and Dr. Cuddy believe that House’s pain is in his head. Dr. Cuddy does not want to administer morphine to him, first, because of her belief that House’s pain is psychosomatic, and also because she believes House is addicted to his pain medication. Dr. House is only able to convince her to give him a shot of morphine when, in desperation, he drops his pants to reveal the disfigurement in his leg shouting “What about this? Because I swear I remember there being a thigh muscle here!”

Near the end of the episode Dr. House returns to Dr. Cuddy’s office asking for another shot of morphine. Cuddy asks him when his pain started to return. When House responds she speculates about the timing of the return of his pain shortly after Dr. House’s successful diagnosis of his patient. House begins to argue that the two events are unrelated when Cuddy tells House that she injected him with a placebo. We are led to
believe through this and other textual elements that House’s pain may be at least partly psychological. But the intensity of House’s expressed pain throughout the episode and in the early scene described above suggest that House’s experience of pain, psychosomatic or not, is very real.

Several things are suggested in the representation of House’s pain and are reiterated in other ways in the series. First, is the quandary of interpretation that pain presents to those who are not experiencing pain, a situation ripe for violence, which scholars like Elaine Scarry (1989) and Page Dubois (1991) have explored. As these scholars have noted, it is in this gap of experience and knowledge that practices like torture can be both imagined and put into practice. It is this gap in medical practice, in the gap between patient and doctor, where medical practice is open to charges of violence, which I will elaborate below.

This gap between the knowledge of pain for the individual in pain and the observer of another’s pain is also explored in Dr. Cuddy’s and Wilson’s unwillingness to provide stronger pain medication for Dr. House even though he is clearly experiencing pain. Their justification for their refusal of his requests for more pain medication is their uncertainty about the cause of House’s pain. But their refusal to provide Dr. House pain medication, as the scene above suggests, represents their ability to reduce Dr. House to the status of abjection. The imagery of the scene in Dr. Cuddy’s office strikingly portrays the degradation of House as he pleads for painkillers. House removes his clothing -- he removes a primary symbol of humanness -- and stands partially undressed, exposed, displaying his wound in a desperate attempt to obtain painkillers from Dr. Cuddy.
This scene, as a startling portrayal of a theme that runs through the show, suggests that it is not simply the infliction of pain in political torture that reduces the individual to a thing, but that preventing someone’s release from pain is an act of degradation similar to that of torture. There is a similar movement in the destruction of language that Elaine Scarry (1989) describes in her work on torture and the removal of Dr. House’s clothes which suggests that abjection is a state into which we may be forced. This may simply reflect the relationality of abjection, something obvious in its conceptualization but too often lost in discussions that express it as a static property inherent in particular things or persons. This may be partly due to the ahistoricism of psychoanalytic discourses, but abjection is not the property of some thing. It is a relation dependent on the particular political and social arrangements of a system. As such, it is a state into which anyone may be placed—although this has historically been heavily gendered and raced. Our treatment of/response to others’ pain may simply be the most obvious phenomenon in which the passage to abjection may occur. Dr. House peels off this symbolic ‘civilized’ body and humanness to reveal the traumatized body beneath that reminds us of our status as bodies that will one day return to object/abject status. In this, House’s display is a movement toward the abject.

The staff’s refusal to provide painkillers to Dr. House and Dr. Cuddy’s use of a placebo brings us to a related conundrum of the ‘realness’ of pain and the socio-political implications thereof. One political-symbolic boundary fundamental to the construction of the socio-political world is that of the boundary demarcating the real from the unreal. The boundary between real and unreal takes on a particular urgency when it is used to demarcate the status of one's pain.
The term ‘real’ has several meanings, the most common of these meanings are relevant to this discussion. The first listed definition of the term real in the *Oxford English Dictionary* is “actually existing as a thing or occurring in fact; not imagined or supposed” (2005). The second listed definition is “not imitation or artificial; genuine” (2005). The definition of the term creates a dichotomy between existence and imagination that pain, and especially so-called psychosomatic pain, troubles. House’s pain is both real and unreal depending on which aspect of its reality we focus on. If, as Dr. Cuddy suspects, Dr. House’s pain is all in his head then House’s pain is, by this definition, not real as it suggests his pain is imaginary. However, that Dr. House’s pain can be observed in his wincing, the buckling of his leg, and his verbal expressions of pain suggests that House’s pain exists as a fact in his body and in his experience. And House’s verbal and physical expressions of his pain demonstrate that it is very real to him. The authenticity of Dr. House’s pain is also indicated by the fact that, as in the episode "Skin Deep" discussed above, Dr. House is alone and not performing pain for an audience.

This and other episodes generate an interpretive crisis in House’s pain, and this crisis is repeated again and again in medical settings across the country. It can be seen in the medical treatment of pain, in patients with chronic pain and in those patients’ who experience pain with no ‘observable’ illness or bodily damage. In the medical setting interpretive crises lead to treatment decisions that may dismiss or undertreat a patient’s pain. A related and reoccurring motif, as the scholarship on pain has suggested (Morris, 1991; Fordyce et. al., 1978), is that pain is notoriously immune to language and attempts to determine its quality and intensity. Pain’s intractability to attempts to measure it is a recurring theme in pain management and in *House M.D.*
This is reiterated in an episode that focuses on Dr. House’s addiction to Vicodin. Dr. Wilson (Robert Sean Leonard) is threatened with jail time after an investigator discovers a Vicodin prescription forged by Dr. House using Dr. Wilson’s signature. Dr. Wilson, House’s friend and colleague, refuses to tell the investigator that Dr. House has forged his signature. Dr. House later in the episode is desperate for Vicodin and asks Cameron, member of his team, to write a prescription for him. She refuses.

Cameron: You’re taking too much.

House: What’s the right amount? Write a prescription for the right amount.

[Cameron says nothing and looks exasperated] No answer? That’s because we’re having the wrong debate. You don’t want to write a prescription cause you’re afraid you’ll end up like Wilson. Tritter [a detective angry at House] wants to win by giving pain. Do you really want to be a part of that? As a doctor how do you do that?

[Cameron gives him her prescription PMS medication to hold him over].

Finally, the difficulty of measuring pain and House’s own understanding of pain is also illustrated in his willingness to prescribe and give painkillers in a higher dosage than the rest of his medical team. This of course is made ambivalent by the show’s treatment of House’s own addiction to pain medication.

This uncertainty of pain to the observer, in this case the doctor, leads directly to a politics of pain care. The medical and political status of pain reflects the distribution of power in medical and American culture. The statistics of pain management in the U.S. are telling. In 1977 Joann M. Eland and Jane E. Anderson published a study showing that
over half of children between four and eight years old who had major surgery—including amputation—were given no pain medication for post operative pain (cited in Morris).

The treatment of children’s pain has not improved much over the last three decades. In one study published in 2003, 65% of children younger than 2 years old went without pain medications and 48% of older children up to 10 years went without pain medication in emergency room visits for broken bones and second and third degree burns (Alexander and Manno, 2003). Gender bias in pain assessment and treatment has a long history in medicine and it remains the case today. Hoffman and Tarzian (2001) report that physicians may assume that either women can handle more pain or that they are exaggerating the level of pain they experience. Another study found that “women are more likely to be given sedatives for their pain while men are more likely to be given analgesics (Calderon, 1990). Finally, in one study of patients with chronic pain, female patients were more likely than their male counterparts to be diagnosed with histrionic disorder, excessive emotionality, and attention-seeking behavior (Fishbain et al, 1986).

Both race and socioeconomic status are correlated with the experience of pain. According to the National Center for Health Statistics, adults who did not graduate from high school had more migraines, neck and back pain than those with more education, while adults in poor and near poor families had experienced more migraines, neck, and back pain than those in families that were not poor (2006). In addition, according to the National Pain Foundation, African Americans experience impairment from chronic pain at higher rates than other racial groups (Martinez). Doctors are not certain about the reasons for the racial disparity in pain impairment, but speculation includes historical racism and disparities in resource distribution (Martinez). As David Morris (1993) notes,
“Greek and Roman philosophers had far less to say about pain than about pleasure. In these slave owning aristocratic cultures, pain belonged almost by default to the lower classes” (161). Indeed, the American experience with pain seems to belong most disproportionately to the poor and those others who in Greek culture (women, children), were not slaves, but existed in a state somewhere between slavery and citizenship.

Pain and its alleviation are both inscribed by power. In House M.D. the power to release someone from pain is just as powerful a form of control as torture. In an episode from season five titled "Birthmarks," Dr. Cuddy drugs House so that Dr. Wilson can abduct and force House to attend his father’s funeral. Once House awakens in Wilson’s car and realizes what has occurred, he reaches for his Vicodin, but does not find it. After searching his pockets House is surprised to find out that his painkillers are no longer in his pocket.

House: You took my Vicodin? [Wilson takes a prescription bottle out of his pocket opens it and gives one pill to House. House is displeased. ] One? So, the Vicodin is my leash. One'll take the edge off but won't give me enough relief for an escape back to Plainsboro.

Dr. Wilson has taken House’s Vicodin to keep him cooperative at least until they reach their destination.

Another example in which House’s reliance on pain medication is used as a form of power over him occurs in a series of episodes during season three. The episode titled “Fools for Love,” begins a series of episodes in which police detective Michael Tritter
(David Morse), who Dr. House has treated poorly during clinic duty, tries to prosecute Dr. House’s Vicodin use as a way to punish him. After Dr. House refuses to apologize to Tritter for the way he treated him, Tritter launches an investigation into House’s Vicodin use threatening to jail him and strip him of his medical license. These episodes also force Dr. House to go without his pain medication for long periods of time which we see creates intense pain for House.

**Pain and the Patients of Dr. House**

Dr. House also engages in withholding pain medication on occasion to get what he needs or wants from patients. There are several occasions where House withholds morphine or some other pain treatment in order to question a patient. In the episode "No Reason," a man comes to the hospital and shoots Dr. House—he is the husband of a former patient who has subsequently committed suicide after House revealed her husband’s infidelity to her. House and his shooter end up in intensive care where House has access to his shooter’s medical equipment (House’s shooter was in turn shot by hospital security). When House realizes that the man who shot him is in his room, he goes to the man’s bedside and turns down his morphine drip. When the man begins to wake up and moan in pain House begins to question him. Another episode shows Dr. House waking a boy from a chemically induced coma because he has received second and third degree burns over two-thirds of his body. House wakes him, over the protests of the head nurse.
[House enters the sterile room where three nurses are rebandaging the boy’s wounds after having cleaned them.]

House: I need to wake him up.

Nurse: You can’t wake a burn patient to play twenty questions! It’s torture!

House: Wake him up.

Nurse: He will be in extraordinary pain. . .

House: [Interrupting the nurse and shouting] God you’re good; you’re putting me to Sleep! He won’t remember anything. I know he’s going to be in pain! I know you disapprove! I’m his attending! Wake him up!

When the head nurse hesitates, House takes a syringe and injects it into the boy’s IV drip. The boy wakes up and almost immediately is screaming in pain. He can barely speak while House attempts to question him about any symptoms prior to the accident that resulted in his burns. House gets only a brief sentence of largely unintelligible words before putting him back into a coma. Later in the episode House returns to the boy’s room to wake him up again. One of the doctors on House’s team rushes to stop House from doing this when he realizes what House has gone to do. House only aborts his plan when he sees a mark on the boy that gives him an idea as to what caused his accident making it unnecessary to wake the boy.

This particular episode is a negative example of what is a fairly common practice in the series. The search for the truth of an illness—almost always linked to saving the patient’s life—always trumps the pain inflicted on the patient during the process. In the search for an answer to the question of the body’s dissolution, nothing is forbidden. This search also often involves intentionally making the patient sicker. Several episodes
include purposefully treating a patient with inappropriate medications or somehow trying to exacerbate a patient’s symptoms in order to diagnose them.

In one episode the normalized medical infliction of pain is moved more explicitly to the realm of torture. Titled “Who’s Your Daddy?” the episode focuses on a sixteen year old female patient named Leona, who has convinced a college friend of House’s that the friend is her father. House’s friend has brought her there hoping House can help her, but House doesn’t believe her and thinks she is trying to con his friend. During the course of the episode House begins to think Leona has an autoimmune disease that makes her hallucinate when she is in pain. House’s theory is not certain and, as in several episodes, his theory must be tested. These tests are often are dangerous to the patient. In “Who’s Your Daddy,” the test is torture.

Leona is placed on the bed of a PET scan tube, and she is positioned so that the scanner can make images of her brain. Dr. Foreman and Leona’s father, Crandall, are in the observation booth where the PET scan images are displayed. Dr. Foreman is monitoring the display so that he can monitor her brain for signs that she is hallucinating. After assuring Leona that the test won't hurt at all, he ties her down to the bed and jams a needle into her finger. She cries out in pain, and in the booth, Crandall angrily asks House why he did that. Dr. Foreman, who is in the booth with Crandall, explains to him that it's just a simple test. Foreman, watching the PET display of her brain, tells House that she did not have a hallucination. House then asks Leona why she's lying about Crandall being her father. Leona says that her mother told her that Crandall is her father. House then jabs the needle into her leg. Leona screams in pain. Crandall yells at House to leave her alone. But House continues, sneering at Leona and getting very
close to her face while he tells her that he knows that she is lying to Crandall. Leona is crying, panicked, and trying to free herself from the straps keeping her tied down. Dr. Foreman tells House to stop the test, but House continues. He grabs Leona's finger and sharply pulls it back while accusing her of trying to con Crandall. We see from a point of view shot that breaking her finger has finally produced the hallucination and the confirmation House was seeking. "She's hallucinating!" Foreman says. As Leona screams in fear and pain, House looks pleased with himself. Later, a junior member of Dr. House’s team accosts House.

Cameron: She's lost everything and you're breaking fingers. A new low.

House: Diagnostically she needed to be hurt. I wanted to hurt her. Win-win. What I didn't consider was the threshold to trigger the hallucinations. Otherwise, I'd have done the finger bending first instead of stabbing her twice. That was cruel.

The deliberate infliction of pain and Dr. House’s pleasure in the scene is explicit enough that the writer recapping the scene for the website *Television Without Pity* vehemently condemns what she has seen:

I think there is a loser here, and it's the audience. I definitely lost some of my respect for this character and enjoyment of the show built around him, that's for sure. It's one thing for a guy to be an asshole and make fun of people. That's fine with me. It's quite another when he assaults children for "diagnostic" reasons and enjoys the hell out of himself while he does so. (Sara M. for Television Without Pity)

The website reviewer’s negative reaction to the scene suggests the realistic way in which *House M.D.* dramatizes pain. That this viewer has apparently not had a problem
with the other scenes in which the doctors purposefully inflict pain on patients to
diagnose them speaks to the simultaneous normalization and defamiliarization of medical
violence on *House M.D.*

These examples bring me to the treatment of pain and its articulation with
violence in *House*. What is notable in House is the series’ treatment of themes of pain
and torture. The link is often explicitly made between the practice of medicine and
torture, as in the scenes described above. House’s team sometimes explicitly states this
link, and are concerned about the way in which medicine and torture sometimes look
quite similar. Dr. House, however, has only one goal, and that is diagnosing the patient’s
illness. He will pursue any means of doing so, which often involves lying to a patient or
the patient’s family, coercing them into accepting a treatment (that may kill them), or
purposefully inflicting pain on them. Manipulation or coercion is a frequent mode of
interaction between House, his team of doctors, and the patients they treat. A motif of the
series is House’s willingness to gamble on a patient’s life because he believes he is
right—which he, always, is. In the pilot episode, Dr. House is twice compared to the
Nazi doctors who performed inhumane medical experiments on concentration camp
inmates.

While House’s team has concerns about the links between medical practice and
torture, the team of doctors on House’s team represent different attitudes to this link. Dr.
Foreman (Omar Epps) is the only African-American doctor on the team. Dr. Foreman’s
relationship to medical ethics is more complex. He has ethical qualms about House’s
approach to medicine but becomes increasingly concerned that he is becoming like
House. During season three, after inflicting excruciating pain on a young boy during a
medical procedure, Foreman resigns from the team. Dr Allison Cameron (Jennifer Morrison) is the member of House’s team who frequently raises questions about the ethical implications of their treatment strategies. Dr. Cameron is the only female on House’s team through the full-length of the first five seasons and this gendering of ethical considerations should be noted. This also works according to the series logic, in that ethical considerations are almost always obstructions to the discovery of the truth. The two show characters that most frequently create obstructions via their ethical stances are female; Dr. Cameron and Dr. Cuddy. Neither Cameron nor Cuddy are ideal types; each one participates in unethical practices, but each one has also disrupted House’s methods based on an ethical stance. In these characters gender and ethical responsibility are conflated as impediments to truth. I will return to this below. I would like first to turn to visuality, the dispersal of the body in medical imagery in House M.D., and how the exteriorization of the body’s interior is related to a fundamental mistrust of speech.

**Visuality and the Dispersal of the Body in Medical Technologies**

The coalescence of photography and the sciences of the human have been explored in Chapter two, and the visuality of medical science is highlighted in House MD. Martha Gever has written on the use of digital imagery in the CSI series and similarly argues that the proliferation of digital imagery on television may indicate “shifts in visual culture signaling the advent of a new way of seeing, a new visual culture” (Gever, 2005). The influence of the visual style of CSI can be seen in House MD in its frequent use of digital imagery to take the spectator inside the body. In House this digital imagery is presented alongside more traditional imaging technologies of medicine,
including the x-ray, the MRI display, the microscope, the tiny camera inserted into the body during medical procedures, and other devices used to decipher the body’s clues.

The use of imaging technology in medicine and the process of their medical interpretation is an instance of what Fetveit (2002) calls an image discourse. Fetveit argues that rather than talking about images it is better to talk about image discourses. This is Fetveit’s reworking of Tagg and Lister into a view of photographic practices as “fundamentally based upon existential features involving the iconical/indexical relation to the prefilmic but also as strongly invested with conventions” (120). Fetveit holds on to the existential features of images, while also noting that they are heavily dependent on discourse for their meaning. Thus, Fetveit, Tagg (1993), and Lister (1995) make the now familiar claim that images are always produced and interpreted within specific discursive and institutional practices/knowledges.

The use of images in *House* is grounded in medicine as a unifying discourse and the body of the patient as a unifying existential feature. But the use of images is also dispersed among several medical discourses (neurology, immunology, infectious disease) and as these discourses are represented by the medical team. Each team member makes interpretive guesses according to his or her specialty, and their willingness to step outside their own specialties in interpreting the images is hinted at as a reason for their places on House’s team. But the overarching reaffirmation of medical discourse as a whole is never undermined.

The rearticulation of medical discourse and the medical gaze are important features of the series. *House M.D.* incorporates medical discourse into the show, not simply in the use of medical terminology, but in its rearticulation of medical research in
its narrative elements. Medical discourse is used in *House* to motivate plot elements--
including sub-plots not always related to the patient of the episode’s narrative focus. 
Although the logic of the narrative always leads to the truth of the disease, the process of 
diagnosis itself and the interpretation of images are continually highlighted in *House*.

**Visuality and the Diagnostic Process**

*House* is structured around the hermeneutic/diagnostic process, its form, its 
impasses and, as noted above, its variable structuration by particular discursive regimes 
or language games. But this structuration of interpretation operates alongside the 
portrayal of a bounded openness of the hermeneutic process.

Each episode focuses on the doctors’ attempts to interpret the symptoms of a 
patient and to interpret the test results—frequently images—in order to properly diagnose 
the patient. Vision—extended through medical technology—is highlighted as a mode of 
knowledge, and the doctors frequently rely on imaging to make the diagnoses. The 
process of diagnosis through imaging occurs and it often takes the whole team to interpret 
the images of the body. The struggle over the proper interpretation of the body’s imagery 
occurs frequently as the evidence of illness or injury is very difficult to see or is 
ambiguous. This difficulty is sometimes due to the imaging technology itself and it is 
sometimes due to the disciplinary blindness of a particular diagnostic approach. Because 
of the difficulty of the interpretation of the images, the doctors frequently do not come to 
the same conclusion based on the visual evidence. Several scenes occur in which the 
team argues over the correct interpretation of their imaging results or in which only one 
doctor sees an anomaly and must take pains to point out and convince the other doctors
that the anomaly is actually there. This is also articulated in Dr. House’s unwillingness to use full body scans to diagnose illnesses. This, it turns out, is because the full body scan will catch several ‘abnormalities’ on nearly every individual. The image is too difficult to interpret appropriately and quickly. The expertise of the medical team is required to appropriately read the images and diagnose illness. A diagnosis is a result of a reading of the body’s surface and its visualized interior and applying medicalized interpretative frameworks to the visual technology. The visualization and reading of the body reveals the truth of disease, and almost as often, the truth of the self.

“Everybody Lies” But Their Bodies Tell the truth

One of the more interesting narrative features of *House M.D.* is its representation of selfhood and the social body. There is some evidence to suggest that this model of selfhood and the social is emerging more broadly in popular culture—a point to which I will return below—but for now I want to suggest that *House* exaggerates and mystifies the ‘disappearing subject’ that Martha Gever has noted in modern television procedurals.

Martha Gever, writing on the *CSI* series, notes that, “victims and criminals alike are portrayed as transparent creatures whose every secret is revealed by means of resolute scrutiny. . . . the paradigmatic self proposed by *CSI* also entails the *disappearance* of the subject, a self rendered so transparent that it vanishes or remains perceptible only as the sum of inscriptions” (2005, 47). *House M.D.* mobilizes a kind of subject that is similar to that of CSI, which given the likely *CSI*-inspired origin of House, may be expected. Yet, *House* moves this model of the self to inform nearly every relationship on the show, and
like *CSI*, it implies a model of the social in its dramatization of medicine. This model is most extensively developed through the portrayal of patients and their families.

The model of subjectivity in *House* is portrayed in two ways; first the status of the body as the privileged site of the truth of selfhood; and second, family-patient relationships. Both of these portrayals stage the self as the sum of inscriptions, particularly as something produced through the interpretive process of reading surfaces. The self is something read off the body’s surface and the images of the body’s interior. The body is the privileged site of the production of truth; not only the truth of disease but the truth of the self. Here the display of the body’s interior replaces interiority itself.

Gever (2005) draws on Peter Brooks (2000) to argue that scenes of confessions “produce an illusion of depth in the televisual medium”:

As Peter Brooks (2000: 111) comments, ‘the practice of confession creates the metaphors of innerness that it claims to explore . . . the very notion of inwardness is consubstantial with the requirement to explore and examine it’ (2005, p. 455).

As Gever (2005) notes of *CSI*, there are few confessional moments in *House*; there are only confirmations of what the doctors already know, of what they have already read off the body and its technologically produced artifacts. The subject is no more than an effect of the hermeneutic process. The Foucauldian point is obvious, and I will return below to move beyond simply noting the self as a discursive artifact. For now, I want to move on to consider the other ways in which the subject, as Gever argues, disappears.

This, I argue, is also represented in the degradation of speech, in particular the speech of patients. In *House*, speech is dismissed as always misleading and manipulative.
Dr. House frequently states that “everybody lies” or that “patients lie.” That patients are always lying is, in fact, a premise of Dr. House’s occupational behavior, and this premise also informs his view of social and interpersonal relations. Dr. House avoids speaking to his patients when possible, preferring to see their charts and test results instead because they don’t lie. This view of behavior also comes to inform the viewer’s experience of the show’s narrative, as patients, in fact, almost always lie to the doctors, and it is almost always this ‘bad speech’ that hampers the teams’ attempts to treat the patient.iii

In an episode from season one titled, “Fidelity” a thirty-one year old woman is sleeping eighteen hours a day and if the doctors don’t figure it out the woman will die. After initial misdiagnoses of clinical depression and a brain tumor, the team narrows the possibilities to two illnesses, Rabbit Fever and African Sleeping Sickness (which she could have only contracted if either her or her husband has been unfaithful). Both treatments are very dangerous so the doctors need to figure out which one it is before they can treat her. They have to rely on the woman (when she is awake) and her husband for the information that will help them. Two members of House’s team talk with the couple separately asking each one if he or she has had an affair; both emphatically respond no. The doctors then begin treating her for Rabbit Fever, which of course makes the wife’s condition much worse (she goes into a coma). Based on this the doctors realize that she does not have Rabbit Fever but instead has African Sleeping Sickness, meaning that one of them did have an affair and lied to the team about it. After gaining the husband’s consent (they must do this because the treatment is so dangerous) they successfully treat the woman.
This episode is a particularly representative example as it demonstrates the ways in which the deceptive speech of the patient (lying about an affair) hampers the team’s efforts to treat her. In this case it nearly results in her death. This theme is recurring on the series and several other episodes although they may not be represented quite as centrally as the Fidelity episode did. For instance, in another episode titled “Cursed” the team spends nearly the entire episode trying to determine what is wrong with a young boy. After several misdiagnoses and a few more and less successful treatments, House realizes that the boy’s father has been lying about his job and the fact that he has traveled to Asia. House deduces this from the father’s story about his carpal tunnel syndrome, which House realizes is a lie, and the father’s claim of having found on the internet two possible illnesses, both endemic in Southeast Asia, that he believes his son might have. House confronts the boy’s parents telling them that if they do not tell the truth their son will die, demanding that the boy’s father tell him when he went to Asia, how long he was there, and where he stayed. The boy’s father was not an Air Force test pilot as he has told his son and had spent two years in India on a spiritual pilgrimage. Once House has this verification from the father about his time in Asia, his team successfully treats the boy.

In these ways the speech of patients (and their families) is problematized. Patients are frequently hiding something or are actively trying to deceive the doctors. But the patients’ bodies always (often through their reaction to medication) give them away.

**Interpersonal Relations: Knowing Others**

Patients in *House* not only lie to their doctors but they also lie to their spouses and their families. A recurring theme of the show rests on a model of interpersonal relations
that rejects the possibility of intimacy or at least the possibility of truly knowing someone. Several episodes have focused on a patient who has been unfaithful or whose spouse has been unfaithful resulting in an STD that threatens the patients’ life. The discovery of the STD is almost always complicated by the fact that the unfaithful party has not disclosed the indiscretion to his or her partner or to the doctors. In one episode the spouse was aware of his STD but told neither his wife nor the doctors.

Spouses who lie to their partners are a familiar sight on the show; some lie about marital fidelity, while other spouses lie to their partners about their lack of desire for children. These lies, again, complicate the doctors’ attempts to diagnose and treat, but they are also important in representing another aspect of *House M.D.*’s thematization of interpersonal relations. Given the general tone of the series (including the trust in visual evidence over oral discourse), the lies can be read as a profound pessimism about the nature of love and marriage.

In addition to the pessimistic portrayal of patients’ marital relationships, the dismissal of marital intimacy is reflected as well in Dr. House’s failed relationship and through the marital situations of the hospital staff. House cannot maintain a relationship himself and frequently makes statements such as, “all great marriages are based on lies” and “a couple with secrets? Shocker.” Similarly, none of the show’s characters are able to maintain a successful relationship. Only one doctor, Dr. Wilson, is married, but during the second season of *House*, Wilson’s marriage crumbles and ends in divorce.

The impossibility of true intimacy is reflected not only through the portrayal of marriage, but it is also reflected through the patients and through the interaction of Dr. House’s team of doctors. In addition to spouses and loved ones lying to one another
outright, *House* evidences a related theme regarding the impossibility of truly knowing another person (including your closest friends and spouse/partner). Several episodes have showcased a patient’s family or romantic partner as those who, throughout the course of episode, slowly realize that they in fact know very little about the individual who they believed they knew better than anyone else. The episode titled “Alone” focuses on a woman who for most of the episode lies badly injured and unconscious in the hospital after a building collapse. Her mother and boyfriend remain at her bedside even though the tests performed on her begin to reveal that she had lied to both of them about her desire for children and her alcoholism (her boyfriend leaves after tests revealed she had had an abortion, but he later returns to her bedside). House begins to suspect she is not whom they believe she is, and though he tries to tell her boyfriend and mother, they do not believe him, emphatically stating that they know the girl in the hospital bed is their loved one. House injects the patient with a drug to wake her up and asks her name revealing that she is not who they believed she was throughout the course of the episode. We learn that two girls about the same build and with the same hair color were brought in after the building collapse and the patient in the bed is actually the girlfriend of a boy who we saw earlier in the hospital hallway despondent because his girlfriend had just died. Neither the loved ones of the patient nor the other girl’s boyfriend were able to tell the difference between their loved one and a stranger. In this episode we are tempted to conclude that the body, even the body of a loved one, is only truly readable/knowable by those with medical expertise.

This theme, that we are all strangers to one another, is represented in numerous other instances that are not as dramatic as that above but suggest the same thing. The
model of intersubjectivity in House is tenuous at best, manipulative at worst. This may appear pessimistic, but I will suggest that this model has implications that are somewhat more complex and cannot be collapsed into a solipsistic, narcissistic view of the world. The body/speech opposition and the implications discussed are related to a broader implication of the body/speech opposition: the rejection of the therapeutic endeavor as it applies to speech.

**Therapeutic Discourse as Violence/Power**

Consistent with the program's distrust of speech as a means toward truth, a few episodes of House M.D. directly question the value of speech as a mode of healing. Contemporary approaches to trauma and violence nearly unanimously claim healing power in granting speech to those who have personally experienced violence. That speaking about one’s traumatic experiences heals is nearly an axiomatic truth in counseling and psychoanalytic circles. House M.D. troubles this view of healing speech. In an episode titled "One Day, One Room" from season three a young woman comes to the free clinic after having been raped and becoming pregnant. The young woman does not want to see a counselor or talk about what happened to her. But she wants House to be her doctor. House does not want to speak with the young woman because her case holds no interest for him. The fact that she was raped, he states, is not medically interesting. Cuddy orders House to talk with her, but she would rather talk about the weather than her experience. During the course of the episode the team of doctors argue about her refusal to talk about her rape.
Foreman: She wants to talk about the weather, talk about the weather. She wants normalcy. She wants to feel like the world didn't end.

House: Right. I'll tell her that everything went on without her. Babies were born, people got married. Thousands of people will remember the day she got raped as the happiest day of their lives.

Foreman: You might not wanna phrase it quite that way.

Cameron: You need to get her to talk about what happened.

Foreman: No, he doesn't.

Cameron: [to Foreman] Pretending it didn't happen...

Foreman: Wrong! Pretending this didn't happen is the best thing she could possibly do.

Cameron: [to House, firmly] She's gotta make this real.

Foreman: You know what we should be trying to make real or process? The few decent moments in our lives, not the crap.

Cameron: [getting mad] Maybe you're right! Except there's no way she can pretend this didn't happen, so she has no choice but to process it. [House considers this and goes to talk to her.]

Eventually she does tell House what happened to her, and this can be seen as a reaffirmation of the “speak your experience and you shall be healed” discourse. But House in the final scene suggests another view.

[Doctor's lounge. House and Wilson play a friendly game of Foosball. Cuddy enters. The guys continue to play foosball.]

House: [concentrating more on the game] She terminated it. She's been
discharged.

Cuddy: She's gonna be okay.

House: [eyes still on the game] Yeah, it's that simple. [Wilson looks at him, but says nothing. He returns his focus to the game.]

Cuddy: She's talking about what happened. That's huge. You did good.

House: Everyone will tell you... that that's what we gotta make her do. We have to help her, right? Except we can't. We drag out her story. Tell each other that it will help her heal. Feel real good about ourselves. But all we've done is make a girl cry.

Wilson: [more interested in what House is saying than the game] Then why did you...? [He takes his eye off the game. House scores.]

House: [finally looks up] Because I don't know. [Picking up his cane, he starts to leave.]

Wilson: You gonna follow up with her?

House: [collecting his jacket] One day, one room. [He puts on the jacket and exits.]

(LiveJournal, 2009).

Even those like Claude Lanzmann (1995), who claim that the horror of the Holocaust cannot and must not be represented, privilege the voices of survivor testimony. Lanzmann represents a view of representation that forbids visual representation of this limit experience of violence. But in an article on Lanzmann’s film Shoah, historian Dominick LaCapra (1998) has suggested that Lanzmann’s interviewing tactics at times
come close to exploitation in his quest for a vicarious identification with his interviewees. Lanzmann’s stance on visual representation and his use of verbal testimony points to the difficulties inherent in any attempt to represent another’s violent experience.

The extraction of another’s story of violence is a situation fraught with power dynamics that can be close to those of the originating violence. I am not suggesting that the psy- discourses or other therapeutic-restorative practices are equivalent to torture or rape. Like others, however, I wish to point out that there are relations of power inherent in these therapeutic practices in addition to a scientizing discourse that reinscribes pathology onto the individual who does not wish to partake in it. The problems in the extraction of another’s story, no matter how benevolent the intentions, has been made by others, recently by Alan Feldman (2004) who has discussed these dynamics in contemporary human rights discourse and testimonial. Feldman draws on Page DuBois’ work to argue that contemporary human rights practices in their deployment of a particular view of truth and their reliance on the body and story of the oppressed as a mode of reconciliation restage a relationship structurally similar to that of the torturer and victim.

I suggest that the trauma-aesthetic installs and smuggles into the human rights discourse a visual genealogy of witnessing and testimony-giving that sorts victim and witness into positions of hierarchical observation, compulsory visibility, and non-reciprocal appropriation of the body in pain. Within the formats of legal and traumatic realism, the act of testifying out of violence both exposes often hidden oppression, and ironically replicates the relational structure of that violence pathogenically. (Feldman pp.186;191)
The extraction of (an)other’s story, for her own good, replicates the structure of torture.

Feldman argues that in processes like the Truth and Reconciliation Commission process, the quest for rapid healing and a narrative that reaffirms the sovereign self, is, a process that elides its partiality while also pressing all narratives into a form suitable for Western juridical contexts.

Locked into the materiality of the violent particular, the victim of political terror cannot be deployed for moral edification, cannot be retooled into a commodity artifact for a marketplace of public emotions, until the biographical artifact itself is resituated in a framework of legal redress and/or psychic therapeusis. Yet it is in these dense political particularities and gross practices of atrocity that may never be redressed or therapeutically treated that the cultural and political logic of such violence can be encountered. Nevertheless, decontextualization is the first movement in the universalization of the narrative of victimage. We are told we cannot understand violence unless it is first legally processed or therapeutically exposed and treated. (p. 169)

This prompts one to ask whether this model does what its rhetoric suggests it is doing. This utopian rhetoric is usefully juxtaposed with the words of Saidiya V. Hartman who, in her book on American slavery, claims that redress is both morally necessary and inadequate: “The event of captivity and enslavement engenders the necessity of redress, the inevitability of its failure, and the constancy of repetition yielded by this failure”
(p.77). The necessity and futility of redress exemplifies the paradoxes of the therapeutic endeavor itself.

The futility of this therapeutic narrative is underscored by another episode of *House* titled “Emancipation” from season five, which problematizes both speech as therapy and speech as truth. The episode features a young woman who, we at first believe, has been raped by her father, and refuses to report him to the police. In a scene in which Dr. Remy "Thirteen" Hadley (Olivia Wilde) is trying to convince her to report her father to the authorities, the daughter claims that it will do no good and only stigmatize her (the same reason many women refused to testify in front of the South African Truth and Reconciliation Commission, see Feldman, 2004).

Thirteen: If you report him you can get closure. Not addressing it won’t make it go away.

Patient: [Ironically] Exactly what do I need to do to make it go away? [implying a profound mistrust of the idea]

Thirteen: That’s not what I meant.

Patient: I addressed it. I got away from him. Reporting it will only label me.

Thirteen: It doesn’t have to define you.

Patient: It defines how you see me, that’s why you’re treating me with tranquilizers.

This exchange rearticulates therapeutic speech as a mode of healing. In the context of the episode, this rearticulation also involves speech as a mode of knowing. In a typical *House*-ian twist, the patient it turns out is lying about why she refuses to contact her parents, who could provide donor tissue to cure her illness. This episode once again
affirms the veracity of visual technologies in its undermining of speech. The patient is first found to be lying through anomalous brain activity in an MRI. House later deduces the nature of the lie based upon his observations of the patient's behavioral inconsistencies: the truth is she cannot face her parents after her infant brother drowned in a bathtub while she was supposed to be watching him. When she finally reveals this to House, his response is as follows: “You want someone to tell you that it was just an accident that it wasn’t that bad. Well it is that bad. There’s nothing you can do.” House tells her not to make it worse by allowing herself to die. I suggest that this speech from House along with the dialogue between Thirteen and the patient above and later in the episode, during which the patient implies that interpersonal understanding of another’s experience is impossible, rearticulates the deep pessimism toward therapeutic discourses, and in fact, speech itself as a mode of interpersonal understanding and knowledge.

As Feldman suggests, there are reasons to be cynical of the therapeutic utopianism of the psy- and trauma discourses, and these are related to their staging of the body in pain. These discourses can restage violence in the name of healing. While Feldman focuses on the extraction of memories of violence and their structural affinity to torture, I would add to that structure a discourse of pathology, shame, and guilt that is inscribed on the individual for either not wanting to talk about one’s memories, being unable to do so, or mistrusting the therapeutic ritual itself.

The desire or belief in the unified subject, what Alan Feldman calls the fetish of the subject, is particularly apparent in discourses that seek to redress violence. Feldman discusses this in the context of human rights discourse and practices, but I suggest it is relevant to all acts of interpersonal violence:
Violence is not only written into its content, but into the action of the biography’s endowment and receivership. These narratives of human rights violation are testimonials to the irreconcilable. They neither refract a unified speaking subject, nor readily lend themselves to unification and instrumentation from without, despite the many orderings and reductions applied to them by law, media, and medicine. The fetish of the subject position is what we often hope to morally salvage from the wreckage of political terror, and yet the rigidified subject position of the assaulted and aggrieved can readily serve as the ontological ground for justifying and replicating renewed violence. Human rights’ legal, therapeutic, and media publicity may reinstall the traumatized subject at the center of historical process, but this installation will not disinstall violence from history.

(pp. 194; 196)

*House* stages the imperative to speak as a function of the psy-discourses along with the possibility that the therapeutic endeavor itself simply repeats the violence in different modality. This is explicitly acknowledged in those episodes where physical violence has occurred.

This is consistent with the discussion of human speech as a subjective form and, therefore, untrustworthy or non-valuable. This distrust of speech is consistent with the "medical authority as the ultimate form of truth" theme as well. Again, we see that the only capable reader of the body/self is the medical expert. And it is important to note that this is specifically a bodily approach, the expertise of psychiatrists would be included only if it is neurological, that is if it addresses the brain. It also seems to counter the literature on patient doctor communication which argues that more two-way
communication is better medicine: in this sense, House's distrust of patient discourse (whether as diagnosis or as a form of healing) is a very reactionary model of medicine.

The Transparent Occultism of the Subject

The technologized vision of the medical gaze, as Gever notes of CSI, is “commended for its ability to make lives—individual and social—transparent” (2004 p. 460). In CSI this transparency solves crimes; in House it saves lives—though for Dr. House, saving lives is a secondary concern to diagnosing disease. In fact, Dr. House reminds his team, when they question his treatment of a patient, that they don’t treat patients they treat diseases. House M.D. may be, in some ways, staging a version of history without a subject. That is, the subject in House M.D. is entirely transparent and decidedly opaque—hidden. This is what I am calling the transparent occultism of the subject in House M.D.

The subject in House is the product of another’s interpretive act. House claims at one point; “We are what people think we are. He thinks I’m a cripple, so he treats me like a cripple,” a fairly succinct articulation of the openness of the hermeneutics of the body and the multiplicity of the hermeneutically produced subject. The hermeneutically produced subject is a product of another’s interpretative account of the signs of one’s body and is actualized through the interpreter’s actions toward the body it reads. This hermeneutics of the body, as the discussion above shows, is open and fraught with the possibility of violence. But, the alternative is speech, and in House M.D., speech can only deceive. If speech, at best, is a futile attempt to reconcile the irreconcilable and at
worst simply restages or engenders violence, then the interpretation of others’ bodies is the only means of orienting oneself to them. Interpretation of and action toward others’ bodies are the only realms of importance. For Dr. House the person isn’t so much a construct but is irrelevant in a way as the ‘person’ is an ephemeral concept that is reflected in the way one is treated by another. But what’s ‘real’ is how he treats me—the behavior produced.

The body is privileged not only through its images--it is privileged because it reveals the truth through its signs and symptoms—but it is also privileged in its actions. Several episodes include a plot element that highlights action over speech. As in the quote above, the actions of others toward Dr. House may result from a visual inspection that is not completely accurate, but their actions are real and produce a reality to which Dr. House must address himself whether it is derived from an accurate judgement or not. This is also subtly reflected in the dialogue between the young girl and Dr. Hadly, “Thirteen,” above in which the girl argues that the doctors’ belief that she has been raped has defined her for them and has resulted in a particular course of treatment for her (tranquilizers).

As one would expect of a medical drama, the process of reading the body is the focus of the series. And the logic of the show and the world view of its protagonist merge in the series’ presentation of the hermeneutic process. The subject disappears while the process of reading the body’s truth—conflated with the truth of the self—is highlighted throughout. In fact, the mystery of depth is replaced by a miraculous reading of the surface. This is not a postmodern play of surfaces, but there is an attitude in this that I would call gamesmanship. Dr. House and his team struggle to interpret the images, tests,
and other evidence correctly, struggle with one another to have their readings accepted and legitimized in the diagnostic process, coerce and manipulate the patient into accepting their diagnoses and treatments (always more than one during an episode), and finally take pleasure in the extraordinariness of the illnesses and their skill in diagnosing them.

Depth is an effect of the body’s inscriptions to be read off the surface of the body and its dispersed textual artifacts. In House (and in other shows as well) it is no longer of primary interest; it is merely a byproduct of the primary process of interpretation. This focus on the body’s reading is replayed in other genres, like the horror film, to be discussed in the next chapter where one’s pain becomes the prism through which the entirety of the self is read. But the preoccupation with the body and its truth is a theme in House, CSI, and other shows like The Mentalist, and Lie to Me. These series all appear to make a distinction between body and speech where speech always deceives and a visual examination of the body always tells the truth. These shows all participate in the spectacular reading of the body, a display that House M.D. continually restages.

A question for consideration in this is the simultaneous display of the transparent and the occult. There is a doubling in that the body made transparent requires appropriately trained eye—the medical gaze—in order to properly discern the body’s signs. Reading the body produces a hidden and transparent subject. Fetveit notes that with digital photography the loss of belief in the indexical property of photography, is also accompanied by a sense of lost connectedness with the world (2003). I suggest that this sense of loss extends to our experience of other people as well, only reaffirming--in the realm of visuality--a lost relation to the world and each other. This sense of loss, it
seems, is reflected (and shaped) by the phenomena that Andrejevic investigates in his book *Reality TV*--the savvy stance, the surge in reality TV strategies of torture-like activities, and its popularity with audiences. In a world thoroughly disenchanted—but at the same time feeling disconnected from reality—we have narratives, programs that provide “direct access to reality” through reality TV and through emotional experience and witnessing of reality TV participants suffering (physical and emotional). In fictional television—access to reality emerges in modes of visual culture like *CSI*, *House*, *The Mentalist*, and *Lie to Me*. The body—as a site of truth from which truth is read (sometimes by violence)—is the underlying premise of all of these fictional series.

The body as a site of truth relies on the visual display and dispersal of that body. The deep pessimism toward speech is not extended to the visual monitors of the body, from the heart rate monitor that signifies the heart, to the MRI, the PET scan, the X-Rays, and other visual devices that penetrate and display the body. As I have noted above, sometimes there is a problematization of the visual technology itself, as when in one episode House moves to a different monitor because an image is too pixilated or in another when his team discusses his distrust of full body scans. Yet, the overwhelming majority of the time, visuality as a technique of knowing is not problematized. House and his team rely on devices that have any number of layers of artifice or rendering between the body and its signs displayed on a screen. This trust of the visual as a means of knowing is relied on throughout. Visuality is key not only in the doctors’ use of medical imaging techniques but it is also key in the production of the drama itself as the series makes ample use of the so-called “CSI shot” which is the computer generated imagery that takes the viewer inside the body of the patient where we witness the effects of illness
on the body’s tissues or the effects of medication on whatever is the cause of illness. So, even though Fetveit (2002) discusses the loss of belief in the indexical property of photography, *House M.D.* relies on this indexical property of the image, including the digital image which is said to have accelerated this loss of belief in the indexicality of the image. In this way, it engages in an unproblematized recuperation of indexicality. This is an important theme to which I will return in later chapters as it relates to the work of the scholars I have discussed in Chapter two and as it is situated in relation to the model of the self that is thematized in *House* and what this suggests about contemporary notions of communication, surveillance, and social intercourse.

As I have noted certain themes seem to be emerging among a number of popular media texts right now, but one very popular media drama with which *House* shares aspects is another Fox program *24*. Both series feature a strong-willed male protagonist in search of the truth who use torture, break the rules, disobey the boss (whether a hospital administrator or Congress) and depend on surveillance technology. *House* may be reflective of some post-9/11 values not only in its characterization of the strong-willed hero who uses violence (legitimated by professional expertise or authority) and surveillance devices to uncover the truth he pursues relentlessly. Dr. House’s combination of attributes and motivations suggests he is a combination of Hawkeye Pierce, the rakish, witty, progressively-minded doctor from the seventies sitcom *M.A.S.H.* and Jack Bauer, the U.S. Counter Terrorism agent of the new millennium who misuses his authority, distrusts non-coerced speech and resorts to torture to gather the information he needs to combat terrorist threats. In *House*, the progressivism of Hawkeye Pierce is dulled, the sexism and boorish behavior heightened and used for laughs, and he
somehow remains very attractive and virile to smart powerful women on the series. Dr. House is also single-minded in his pursuit of the truth, in this case the truth of disease rather than the location of a terrorist cell or bomb. Dr. House, as noted above, will resort to the use of violence and often misuses his authority or undermines the authority of those who are meant as ethical checks on his methods in order to attain his objective. Those who haven’t seen an episode certainly must wonder how such a reprehensible character became so popular. As in 24’s Jack Bauer, it may be that post 9/11 sentiment is more accepting of surveillance and coercion as a part of the legitimate use of power and even not-so-legitimate uses of power if they mean the protection or saving of lives.

Pessimistic Philosophy and *House M.D.*

While the 1990’s is said to have ushered in a new kind of medical drama, apocalyptic in tone and dark in its recognition that doctors may fail due to limited resources such as on NBC's *ER*, *House M.D.*’s pessimism is more explicitly Nietzschean. That is, its pessimism is not primarily a social critique of resource distribution in healthcare -- Princeton-Plainsboro Hospital is a wealthy teaching hospital with the best doctors in the country. Rather, its pessimism is directed at our notions of therapeusis, rationality, and perfectibility. The tone of *House* is far from the tone of the medical dramas of the 1990s in which the doctor is a fallible human being struggling against limited resources and trying to make meaningful human connections (Jacobs, 2003). The wealth and prestige of the hospital seems to suggest an optimistic view of medical practice and society, but the pain, deceit, and misery of both doctors and patients in the most well funded medical institution in the country suggests otherwise. In *House*, the
possibility of intersubjective understanding and intimacy is rejected outright and the body in pain seems an apt metaphor for the social body implied in *House*. 
Chapter Four: The Saw films, Open Bodies, and Public Anatomy Theaters

“...a set of taboos (far stronger than those which have surrounded ‘indecent’ or ‘obscene’ material) prohibits the contemplation of one’s own body-core. . . .Modern surgeons or physicians are careful to shield, wherever possible, any possible sight of our own interiors when we become ‘patients’ (Sawday, 1995, p 12).

Jonathan Sawday argues that images of our body’s interior speak directly of our own mortality and that is why it is so unsettling to view them. Writer and surgeon Richard Seltzer writes “the sight of our internal organs is denied us. To how many men is it given to look upon their own spleens, their hearts, and live? The hidden geography of the body is a Medusa’ head one glimpse of which will render blind the presumptious [sic] eye” (in Sawday, p. 8). That we cannot see into our own insides and live, Sawday argues, is why we find the sight of the interior of others so compelling. He writes, “denied the direct experience of ourselves, we can only explore others in the hope (or the fear) that this other might also be us” (1995, p. 8). This seems a reasonable conjecture; and I wonder how this denial of sight of our own interiors is related to the Greek (and our) idea of truth as something hidden, located in the body of an Other. These twin conditions of our relationship to our own and others bodies suggests the power of the desire to see inside.

Seltzer’s use of the Medusa figure seems appropriate for its many connotations. First, there is the power of the gaze itself; Medusa’s gaze would immediately turn anyone to stone who dared return it. This, Sawday notes, is an image of a “traditional fear of gazing directly at the body-object, for in its depths it may conceal the source of the individual’s own dissolution” (1995, p. 8). Second, Sawday points to other versions of
the myth of Medusa wherein her body, after her decapitation by the hero Perseus, is
further dismembered and dispersed while retaining its power to kill but also to heal. Her
fragmented body is appropriated by male archetypes, the wandering hero, and the
surgeon healer, precisely because of its power (1995). Gender, more specifically a male
fear of the female body, is taken by many to be implied in the Medusa tale and has been a
theme of western civilization from the time of the Greeks onward (Sawday, 1995;
Shorter, 1982).

This fear of the female body is taken up in psychoanalytically informed theories
of cinema, which state that the cinematic structure of the image puts the audience in the
position of a heterosexual male. For instance, the camera moves slowly across a woman’s
body while rarely or never lingering over a male body in the same way. This forces all
viewers, women included, to inhabit the male gaze, which turns women into objects to be
viewed. Greatly simplifying, this way of looking at women, according to Freudian
thought, is based on male fears of the female body that are in turn based on castration
anxiety.

Given the longstanding taboos that are active around looking directly at the
‘body-object,’ operative also in looking at sexually explicit material, it seems
unsurprising that a recent spate of extremely graphic filmic depictions of open bodies
have been described as pornographic. These graphically violent media products have
created a stir among critics and moviegoers alike. Dubbed “torture-porn” by David
Edelstein, these media forms feature extended graphic depictions of torture.

I would like to consider, for the purposes of the present chapter, the twin
conditions of our relationship to our own bodies: the denial of sight of our own interiors
and our idea (inherited from the Greeks) of truth as something hidden, located in the body of an Other. How are these conditions reflected in contemporary representations of open bodies in contemporary horror films and how might new technological capacities for ‘seeing inside’ be altering our ideas of the body and human interiority and potentially shifting how we relate to one another?

The Saw franchise is the most visible and popular of the films that lead critic David Edelstein to coin the phrase “torture porn,” but films like Hostel, Hostel II, Captivity, Wolf Creek, Grindhouse, and others are similarly included in the category because of their extended and graphic depictions of torture. The Saw films are horror films that feature prominently bodily mutilation and dismemberment and thus might be considered part of the slasher subgenre of horror. That is, they feature bloody gory death prominently. Edelstein has picked up on a seeming profusion of bodily mutilation and torture in popular culture, indeed this profusion of bodies in pain was part of the impetus for this dissertation. Graphic realistic images of torture are occurring in a number of recent popular culture products like the television series 24 and Alias, and reality TV contests, discussed by Mark Andrejevic, have also been cited as evidence of this trend in graphically violent content. For this chapter I will focus on the Saw films as they have been extraordinarily successful not only in America but overseas as well. Much has been written about these films and the significance of their appearance after the attacks of 9/11/01 and the revelations of torture and humiliation of Iraqi detainees at the Abu Ghraib prison in Iraq.

The international appeal of the films suggests the interest in this type of visual culture cannot be explained simply as an American response to the September 11 terrorist
attacks, the subsequent war on terror, and the renewed debate on torture. These films likely tell us something about the current social, moral, and political climate, and I will in fact return to think about what these films might suggest about the ‘structure of feeling’ in contemporary culture. But for the purposes of this chapter, I would like to situate them through a different lens; one that shifts the temporal perspective slightly to consider potential historical forces and antecedents. For this chapter I will draw on the first three Saw film texts, critical responses to the films, and the discourse of both the creators and fans of the films from several media sites (the official Saw fan forum website, other websites, and DVD interviews).

After introducing the Saw films and some of the scholarship on the horror genre, I will discuss the visual and narrative rhetoric of the Saw films by situating them alongside a consideration of historical body theater, in this case the public anatomy. The popular exhibitions of dissected and opened bodies in contemporary culture suggests a re-emergence of the public anatomy theater currently being restaged in a number of cultural forms. From Gunther Von Hagens' activities (mentioned in the introductory chapter) to the open bodies on medical and forensics dramas, and reality TV, the open body holds fascination still. I will consider the visual rhetoric of the dissected body in Renaissance Europe and in contemporary horror by focusing on the visuality of the body in the so-called “torture porn” of the Saw films. Saw, I will argue, articulates a religiously inflected discourse of self-transformation through bodily mutilation. In this, Saw focuses on the body as a means to wisdom and self knowledge, a rhetoric that is also reflected in Renaissance anatomy texts. I will discuss the socio-political conditions out of which this
Renaissance rhetoric emerged and speculate on the contemporary conditions to which the reworking of this rhetoric in Saw responds.

**Horror, “Torture porn,” and The Saw Phenomenon**

The first Saw film was released in October of 2004 and was so successful that four sequels have been made thus far and a fifth is in production as of this writing. Shot for a budget of approximately $1.2 million (quite modest by Hollywood standards) the first Saw film earned more than $55 million at the U.S. box office (Box Office MoJo). International box office receipts added another forty-seven million dollars to the profit margin giving the film a $103 million return. Each subsequent Saw film has performed very well at the box office generating enormous profits for Lions Gate Studios. Though the budgets for the latest installments have blossomed to around $10 million each they have each brought in more than $100 million from combined domestic and international sales. The popularity of the series does not appear to be waning, unlike that of other extremely violent films like Hostel; its sequel, Hostel II, earned a fraction of Hostel’s earnings.

Critical reaction to the Saw films have been mixed but the continued popularity of the Saw franchise in American and International theaters suggests that the films’ success cannot be wholly explained as a response to the attacks of September 11. Gabrielle Murray, rightly I think, critiques this 9/11-centered view, represented by Ross Douthat’s observation that one “might note . . . a thread of imperial anxiety appropriate to an age of blowback and terrorist violence” (cited in Murray, 2008). Murray points to the media effects model as the primary conceptual model underlying this notion of violence in film,
but goes on to suggest that this link may be too facile and does not take into account other factors influencing film and other mediated content.

Though Murray may overstate her case, her claim should be noted. She argues that the general “logic of effect” informs conceptions of the relationship between current events and mediated content outside of the media effects model (2008). In other approaches to film and media studies there is a tendency to link current events with media content in a qualified manner that retains some of the “logic of effect” to which Murray draws attention. As Douthat’s comments above illustrate, this notion has occurred in critical appraisals of the latest horror films. But as Murray argues, “fictional cinema is a cultural object which is creative. It might exist, react to and reflect upon events in the world, but what it does best is create imaginary worlds. Like all art forms it is also capable of insightful social commentary. And, as a commercial product it must respond to the mood of changing milieus to maintain audience interest and survive economically” (Murray, 2008). Murray, rightly, draws attention to the way in which film as cultural artifact and commercial product must reflect the historical conditions in which it is made but cautions us against embracing too strongly a media effects orientation.

As a cultural artifact and commercial product, cinema surely helps co-constitute broader cultural, social, and historical discourses and imaginaries; but I would argue that the “torture-porn” trend should not be too hastily linked to the events of September 11 2001 or the current “war on terrorism.” The commercial nature of film, as noted above, helps to explain how film must somehow reflect the mood of its audience, but it also provides an economic logic of production that can be seen operating in the recent horror trend as well. Prior to the latest upswing in horror, Murray observes, the genre was
undergoing one of its cyclic declines resulting in “the overblown reflexivity of the *Scream* series (Wes Craven 1996-2000) and *Scary Movie* (Keenan Ivory Wayans 2000)” suggesting that the genre was played out (Murray, 2008). But with the success of films like the remake of *The Texas Chainsaw Massacre* (Marcus Nispel 2003) and *Freddy vs Jason* in 2003, the production of more explicitly gory horror escalated (Murray, 2008). This subsequent escalation can be partly understood in the logic of the film industry. Amid pressures from new media platforms and “diversifying audiences,” horror films are cheap to produce and had proven to be profitable again (Murray 2008). Murray further notes that this proliferation of extremely violent films from the U.S. was also influenced by the increasing popularity of Asian cinema featuring extreme violence and scenes of torture (Murray, 2008). The influence of Asian extreme cinema on these films and their popularity internationally suggests that, although they may reflect American anxieties, they cannot be wholly reduced to a reflection of the American experience of terrorism and public debates on torture.

As Murray’s comments above indicate, the *Saw* films and the extremely violent films of the last six years can be seen as intensifications and reworkings of the splatter film genre, a subgenre of horror. The rise of the splatter film, so named because of its emphasis on showing the destruction of the body through close-up shots of gore, blood, and body parts, was aided by a revolution in special effects technology in the mid to late 1960’s (Creed, 1996). Creed suggests that the realism with which the destruction of the body could be shown is important in the growth in popularity of the genre (Creed, 1996). But Creed also observes that contemporary horror film’s “obsession with the materiality of the body” is a displacement of contemporary fears and anxieties about the self (Creed...
1996 p. 143). Creed links these fears to psychoanalytic accounts of selfhood, most notably Lacan, for whom the unified and autonomous self is an illusion the individual struggles to maintain through the imaginative work of the ego (1996).

Creed argues that the body-in-process—between human and animal, living and dead, machine and human—is a dominant trope in contemporary horror. This monstrous body of contemporary horror, she suggests, always “turns on the definition of what it means to be human” (p. 149). She draws on Kristeva’s Lacanian-inspired notion of abjection to explain the monstrous nature of contemporary bodies in horror.

Contemporary horror, Creed argues, does not rely on carnivalesque oppositions between high and low, but instead relies on and subverts the opposition of inside and outside (1996, p. 149). Creed writes,

[...]his interplay between inside and outside implicates the entire body in the processes of destruction. Whereas carnival celebrated a temporary liberation from prevailing values and norms of behaviour, the cinema of horror celebrates the complete destruction of all values and accepted practices through the symbolic destruction of the body, the symbolic counterpart of the social body (1996, p. 149).

Creed (1996) links this aspect of horror to the abject by discussing how contemporary horror focuses on those aspects of the body that link the inside to the outside, and as such, are particularly threatening to the subjectivity of viewers. But it is important to note here, as does Creed, that viewers’ experiences of horror are complex, and recent film theorists, like Murray above, have critiqued theories of film spectatorship that posit a univocal reading of horror or reduce the viewer to either a position of sadism or masochism.
I suggest, like Creed, that these films are part of a broader turn to the body in theory and culture. They represent one of the more extreme manifestations of the renewed (or intensified) attention to the body occurring in scholarly and popular discourse begun in the last decades of the twentieth century. As noted in Chapter two, the body has received increased attention from scholars and those like Nicolas Rose (2001) have argued that the body has become the primary site for fashioning our selves. Rose, you might recall, has argued that the body has taken a central place in our construction of identity and is the privileged site for work on the self, that is, self-improvement projects are body projects (through diet, exercise, cosmetic surgery, sex reassignment surgery, etc). Bryan Turner has similarly argued that contemporary social, moral, and political concerns are primarily thematized through the body. Put simply, in contemporary culture the body has become a central site of for the negotiation of social, political, moral, and personal concerns.

As the last chapter discussed, the attention to the disintegrating and open body in contemporary media culture is undeniable, with television shows like the CSI series and spinoffs, ER, Nip/Tuck, Six Feet Under, Pushing Daisies, Grays Anatomy, House M.D., 1000 Ways to Die, and Dexter, not to mention the brutality of reality TV discussed by Andrejevic, and the medical shows on the Discover and TLC networks that present surgeries by real doctors. With so much attention to the body in media culture I suggest in the following section that these contemporary media might be usefully compared with an early theater of the body; one that profoundly influenced modern notions of the body—the public anatomy theater. That Gunther Von Hagan’s more recent and
popular traveling exhibit of plastinated corpses (*Body Works*) suggests that the public anatomy theater is an apt description of much of contemporary visual culture.

Others have noticed this trend in the larger culture as well. Performance studies scholar Amy Holzapfel has suggested that the anatomy theater has re-emerged in the performance art of artists like Orlan and in three recent performance art pieces, *To You, the Birdie!*, *Accidental Nostalgia: An operetta about the pros and cons of amnesia*, and the play *A Number* (2008). Holzapfel investigates these works and argues that they, like contemporary media, are consistent in their representation of the fragmented body (2008). Holzapfel, however, does not read this image of the body through psychoanalysis, but drawing on Wegenstein (2006), she notes;

what we see in our contemporary visual representations of the human body in pieces is the working out of centuries old battle between two concepts of the body . . . [the whole and the fragmented body], an ongoing struggle that arguably began with the sixteenth century’s medical investigation of anatomy. One of the major venues for the objectification of the fragmented, dissected human body was the public anatomy theater (2008, p. 3).

What might it mean to read contemporary media and performance as proliferating venues of the public anatomy theater? I hope to explore this question through an exploration of the *Saw* films as one contemporary reworking of the public anatomy theater. This return to the theater of the body places the series in a longer historical context than much work on "torture porn" and allows one to step back from claims that equate bodily destruction in horror with a blowback from American practices of torture after the September 11 attacks. Again, this is not to suggest that contemporary political
realities have no relationship to contemporary horror, but as I have argued, these representations of the body cannot be entirely reduced to these political activities. As the influence of the Renaissance practice of anatomy, through anatomy theaters, on the culture of the Renaissance and views of the person was significant, a comparison of the Saw films with these historical theaters of the body may help shed some light on similar dynamics, including the intellectual and cultural influences they both draw from and help co-constitute.

**Anatomy Theaters and the Domestication of Dissection through Representation**

Anatomy theaters emerged in Europe as early as the twelfth century and were first constructed as temporary structures. Anatomists were looked upon with suspicion and public hostility toward anatomists and dissection occurred sporadically throughout the history of its practice. But in the later sixteenth century, hostility toward anatomists decreased and public dissections became more frequent. In 1594 the first permanent anatomical theater was built at the University in Padua in Italy (Brockbank, 1968). Three years after the theater was established at Padua the second permanent theater was built in Leiden, Holland. After this other permanent theaters were built in European cities throughout the seventeenth century, including London, Prague, Bologna, Altdorf, Paris, and Uppsala.

Public dissections were well attended by students, the general public, and the elite. Elaborate rituals were established, in some instances music was played, and occasionally there were rooms off the dissection amphitheater where wine and food were served. In London, public dissections were followed by an extravagant dinner for which guests paid handsomely (Brockbank, 1968).
Anatomy theaters continued to be constructed in Europe through the eighteenth century and in America well into the nineteenth. As Hozapfel notes, these theaters were used "both to educate students and to satisfy the public’s interest in viewing the insides of both human and animal bodies. . . . the historic anatomical theatres were a unique form of visual media, a scope or lens through which the scientific practice of human anatomical dissection was presented as theatrical performance for paying spectators” (2008, p. 3;5). The public anatomy theaters became important places for performances of many kinds, both anatomist and otherwise, from carnivalesque celebrations of the body to formal displays of civic importance. The public anatomy theater and the practice of dissection itself greatly influenced Renaissance culture. Indeed, historian Jonathan Sawday (1995), whose work on the history of the Renaissance practice of dissection I will turn to next, characterizes the culture of Renaissance Europe as a “culture of dissection,” to indicate the profound influence dissection had on “all forms of cultural endeavor” (p. viii).

*The Body Emblazoned* (1995) is Sawday’s historical account of what he calls the Renaissance "culture of dissection." He uses this phrase because of the popularity of public anatomy theaters and the importance of dissection as a cultural metaphor. Sawday argues that the body and its dissection became a language of expression in several areas of culture (literature, poetry) and as a metaphor for the organization of knowledge. He writes “[p]artition stretched into all forms of social and intellectual life: logic, rhetoric, painting, architecture, philosophy, medicine, as well as poetry, politics, the family, and the state were all potential subjects for division” (Sawday, 1995, p. 3).

Sawday discusses pictorial representations of human dissection in the Renaissance and attempts by artists, some of whom were also anatomists, to place the
dissected body within a broader system of meaning through bodily posture (intertextual religious significations of which most viewers would be aware) and by placing the body in a landscape setting. These visual representations were attempts to ease public hostility regarding the dissection of bodies and the fact that anatomists' ‘specimens’ were often retrieved immediately after public executions amid a raucous and sometimes belligerent crowd of onlookers. Sawday notes how the practice of dissection was closely tied to public executions and the many rituals that developed were intended to ease public hostility. Sawday writes: “there was clearly a degree of loathing for those who came to the foot of the gallows in order to claim the dead for science. But, equally, these new investigators of the human frame were perceived as figures of great social importance and their studies soon became the focus of intense interest” (p. 59). The public execution and public anatomy theaters, Sawday writes, cannot be separated from one another until the later eighteenth century, when the shift away from public execution occurred. But prior to this shift, Sawday suggests that the representation of the anatomist and the process of dissection was a matter of some importance in the struggle over the public perception and tolerance of the anatomist and dissection.

One of the most unusual means by which the anatomists sought to assuage hostility toward their practice was visual representation of the live body participating in its own dissection (See figures 6 and 7).
These images from the sixteenth century show a group of men who seem to have flayed themselves alive. The first also shows the flayed man out for a stroll holding his skin in one hand and a knife in his other hand. The second group of men have peeled back their skin to show the viewer different elements of their anatomy. Sawday writes of the exigence that produced such odd visual representations of dissected persons:

It was the highly ambivalent and emotionally charged spectacle of public dissection of a criminal corpse which helped give rise to the artistic convention of depicting anatomical subjects as performing the act of dissection themselves. . . the anatomist himself, in the illustrations which formed such an important feature of the textbooks, allowed himself to be banished from the site of his labours. . .
the illustrations show us a corpse conspiring with its own demonstration, in order to confess the truth of the study which has been embarked upon (p. 113-114).

Dissected bodies, it seems, necessitated further domestication through representation because of the taboos against desecrating the dead and because of their association with the penal apparatus. Sawday draws on Foucault’s analysis of disciplinary power to suggest how the anatomical body in these images is a body that has become a partner in the procedures of its punishment and dissection.

Anatomists also drew on the language and imagery of philosophical speculation and Christianity to try to protect themselves from the periodic backlashes against them and the practice of dissection. So, in addition to the images in anatomy texts suggesting self-dissection and ‘living anatomy,’ these images were also contextualized in a Christian framework as a means of understanding the decay of humanity and its works (Sawday, 1995). Sawday writes, “the core of the self-reflexive gesture, which allowed the anatomized subject delicately to lift and peel back its own skin, lies in the doctrine . . . ‘Nosce te Ipsum’ [know yourself]. What the device of self-demonstration guaranteed was a literal interpretation of the searching, inward gaze recommended by philosophical self-examination” (p. 117).

In addition to drawing on the philosophical rhetoric to “know thyself,” the images and rhetoric of the anatomists drew on a tradition of Biblical images of Christ’s self-demonstration (and later self-dissection in the Baroque image of Christ’s sacred heart) that would have been consonant with audiences (Sawday, 1995). Through the visual devices discussed above, anatomists sought to link their work to Christian ideas.
Throughout the sixteenth and seventeenth centuries, in the texts of French, English, German, Venetian, and Dutch anatomists, the injunction that to know oneself was to know God was continually repeated. But those words—know yourself—also suggested a dramatic and convincing demonstration of the anatomists' skill in an alternative mode of representation. . . . To open the body of another was, . . . part of the process of achieving generalized understanding of the human frame and its creator's wisdom, but the words also led the enquiring human subject to a form of self-analysis” (p. 110).

In this the anatomist becomes a creator of knowledge of self and other. As Sawday notes, it is an irony of history that the period of the European Renaissance generally seen as the age of the construction of a unified sense of selfhood is also the period of time in which a network of practices and rituals operated to produce the fragmented body (1995). Indeed, that this paradoxical movement occurred historically may suggest that it was not merely a historical irony.

Sawday (1995) demonstrates how the dramatic growth in knowledge during this time is related to the practice of dissection. The method of partition emerged as a method in logic, rhetoric, painting, architecture, philosophy, and of course, medicine (1995). Fragmentation and knowledge during this time were linked, and it should not be surprising that this era was the period that began what Foucault later analyzed as the surveillance and disciplining of bodies within regimes of knowledge (Sawday 1995, p. 4).
Symbolism in Sixteenth and Seventeenth Century Anatomy Texts

In order to consider the similarities of the Saw films to the representations of Renaissance anatomy theaters it may help to explore the symbolism in the images in Valverde’s enormously popular anatomy text, the muscleman figure (Figure 1 above). This figure, as I have noted, has symbolic meaning in addition to (and possibly more important than) its functional use in representing anatomical information. Several meanings would have been apparent to viewers in the sixteenth century and those meanings derive from the similarities of the muscleman with religious and mythological images and themes. Historian Susan Wolf writes of the religious signs in the Valverdean muscleman: “when paired with the skin and knife motif, the contemporary sixteenth century viewer was clearly intended to recognize, in addition to the didactic model ['know yourself'], the double evocation of the Saint Bartholomew and the popular myth of Marsyas” (from http://www.bronwenwilson.ca/body.catalogue#susan). Wolfe notes that there is convincing historical evidence for the argument that Valverde’s muscleman was directly inspired by Michelangelo’s image of Saint Bartholomew in the fresco in the Sistine chapel (See Figure 8 below).
Drawing on other scholars of history Wolf notes that the symbolism of this image within Michelangelo’s fresco and as it relates to Valverde’s use of it suggests a few things. First, that “paramount is the use of the skin as a representation of the self, as well as the site of sins and evil humors located over a lifetime. . .and it is upon the skin that a man may be judged in the Christian tradition . . .” (Wolf, nd, unpaginated essay). Second, this symbolism suggests that judgment holds the potential for redemption: “the potential of salvation is generated by removing the skin, that cover of worldly sin, through the precursory act of flaying” (Wolf, nd. unpaginated essay). Michelangelo’s depiction can
also be seen as a manifestation of self-dissection since some have observed that the Saint Bartholomew figure resembles Michelangelo himself.

Wolf and Sawday (1995) also draw attention to the many works of art in Renaissance culture depicting Marsyas, another flayed figure from mythology (See figure 4 below). Wolf notes that the many images of Marsyas suggests its familiarity in Renaissance culture. Wolf and others (Sawday, 1995; Wind, 1968) argue that this Christianized Greek myth, repeated in Ovid’s *Metamorphoses*, would have also been read into the muscleman and his flayed skin. Wolf reviews a number of religious interpretations possible of the muscleman and claims that foremost is an interpretation that stresses purification and purgation via the stripping of the flesh. Drawing on Edgar Wind’s interpretation, Wolf writes “with Marsyas’ defeat his sheath of ugliness could be removed in order to *expose the beauty of inner truth.*” [emphasis added] (Wind, as cited in Wolf). Purification, truth, transformation, and redemption through torture and dissection were themes in popular Renaissance narratives and images of Saint Bartholomew and the Christianized Marsyas; which were then picked up and reproduced in Valverde’s hugely influential anatomy text (Sawday, 1995; Wolf, nd; Wind, 1968).
Saw and/as Public Anatomy Theater

These images had several meanings for its viewers in Renaissance Europe and Italy in particular. These meanings, I suggest, tell us something about (have been reworked in) the staging of the body in pain in films like Saw. Indeed, we might consider the Saw franchise as operating as a contemporary fictionalized reworking of the Renaissance anatomy theater.

The Saw films have at their center the character John Kramer, a serial killer nicknamed the Jigsaw Killer, who kidnaps individuals he believes have erred in some manner and therefore must be tested. Jigsaw “tests” his victims (he refers to them as
subjects) by placing them in deadly traps forcing them to choose between some kind of painful self-mutilation (often with symbolic value) or death. John is known as the Jigsaw Killer because he cuts or brands his unsuccessful (i.e., dead) subjects with the shape of a jigsaw puzzle piece. This, we learn in Saw II, is a symbolic act, as it demonstrates that the dead victim, according to Jigsaw, was missing something he deems important; in Jigsaw’s words, “a piece of the human puzzle—the survival instinct.” The films suggest that if an individual passes the test, he or she is transformed by the experience and is in some sense redeemed.

In Saw, the body is the site of the test (to test is the meaning of the Greek term for torture, basanos) and is the means of personal transformation. Bodily pain, disfigurement, dismemberment, and death are significant visual themes in the Saw films. In addition to these visual themes are narrative themes such as torture as therapy and game, transformation, and the truth of the self as manifest in the response to pain and dismemberment; indeed we can read Saw as a contemporary reworking of the self-dissecting figure of Renaissance anatomy theaters.

The Jigsaw character stages and monitors the theater of dissection in which his subjects are tested and dissected. Jigsaw is the anatomist who both reveals the truth of his subjects’ selves and offers them the opportunity of redemption through bodily mutilation. The Saw films’ representation of Jigsaw shares a distinctive element in the manner in which the anatomist’s relationship to dissection is represented: he is both orchestrator and overseer but is absented from participation in the dissection itself. Thus, the Saw films, in a sense, are slasher films without a slasher; that is, similar to the muscle-men in Figures One and Two, they present subjects who participate in their own dissections/slashing.
The rhetoric of self dissection is employed in the film (through visual and textual devices), but it is established in textual devices that presume and contest the characterization of Jigsaw as a serial killer. Though Jigsaw is considered a serial killer by the police, the news media, and presumably every one else, he provides nearly all of his victims with a chance for survival. In fact, Jigsaw’s intent, stated several times by different characters, is not to kill his victims but to “test” them by placing his victims in traps designed to kill them if they are not able to perform the actions required to survive. As I mentioned above, this almost always involves some form of self-mutilation (cutting off a limb or gouging out one’s eye) and sometimes involves killing or harming someone else (usually another individual also caught in one of Jigsaw’s traps).

The deaths of his victims then could be described as a form of voluntary self-destruction, since they were given the opportunity to survive the trap and failed to do so. And, indeed, this is how it is characterized by the protagonist in the first film, Dr. Gordon (Carey Elwes), himself caught in a trap and the character who provides the expository material on the Jigsaw character through a series of flashbacks. Dr. Gordon states that ‘technically’ Jigsaw has never murdered anyone. The contestation of his characterization as a serial killer is made again in Saw II by two characters, Jigsaw himself and Amanda (Shawnee Smith), a character who appeared in the first Saw film and was the only person (at that point) who had survived one of Jigsaw’s traps.

Xavier: What is this?

Amanda: It’s a game. He’s testing us. It’s Jigsaw.

Addison: Who’s Jigsaw?

Obi: A serial killer
Amanda: No he’s not. He’s testing us. He wants us to survive this. But you have to play by the fucking rules.

Xavier: I’m going to ask you again how do you know all this.

Amanda: Because I’ve played before.

The elision of Jigsaw from his crimes and from guilt in these deaths is a theme in the early *Saw* films and is picked up by fans of *Saw* on the official *Saw* website who take it upon themselves to organize and hold a mock trial to determine whether or not Jigsaw is guilty of murder. ix

Throughout the course of the first two films we learn that Jigsaw sees his victims as “subjects” participating in an experiment about the human race. We discover that Jigsaw chooses his subjects based on his observations of them and his judgment that they do not value their lives. If they survive their test they are congratulated for not being one of those who are “ungrateful for their lives.”

In *Saw II*, more information is given on Jigsaw’s motivations when he engages in a discussion with a police detective. Jigsaw and the police detective, Detective Matthews, are in a warehouse equipped with a panel of television monitors that display the interior of the house where Jigsaw has trapped several people (including the detective’s son). Detective Matthews (Donny Whalberg) is convinced by a police sergeant to talk to Jigsaw. Jigsaw introduces himself to Detective Matthews and explains the Jigsaw appellation was not his own but that media commentators nicknamed him ‘Jigsaw’ because of the branding of his ‘subjects.’ He explains that the brand was meant to be a symbol that the subject was missing “a vital piece of the human puzzle, the survival instinct.”
Jigsaw: Darwin’s theory of evolution no longer applies to this planet. We have a human race that doesn’t have the edge or the will to survive. [More discussion between Jigsaw and Detective Matthews follows where Jigsaw claims that Detective Mathews’ relationship with his son has changed because Jigsaw has placed him in a trap]

Detective Matthews: I’ve always loved my son. That’s never changed

Jigsaw: The knowledge of death changes everything. If I were to tell you the exact day and hour of your death it would shatter your world completely. I know. Do you know what it feels like to have someone sit you down and tell you that you’re dying? [Flashback to Jigsaw in waiting room in medical facility] The gravity of that; the clock’s ticking for you. In one second your world’s cracked open, you look at things differently, you smell things differently. You savor everything, be it a glass of water or a walk in the park.

Detective Matthews: The clock is ticking John.

Jigsaw: But most people have the luxury of not knowing when the clock’s going to go off. And the irony of it is that it keeps them from really living. It keeps them sleepwalking, it keeps them drinking that glass of water but never really tasting it.

Detective Matthews: You can still fix this, John.

Jigsaw: I’m not fixable. But can we fix you? I’m not fixable; I’ve had cancer.

Detective Matthews: You use cancer as an excuse for what you do.

Jigsaw: No, cancer is not what started my work. It was the moment I decided to end my life that started me in my work and brought meaning to it. [Flashback of
Jigsaw crashing his car] I had literally driven myself to suicide and I had failed. My body was not strong enough to fight off cancer cells, but I had lived through a plunge off a cliff. [Flashback to Jigsaw emerging from a car crash pulling mangled metal out of his abdomen]. I was amazed to find myself alive, and I was determined to spend the rest of my days testing the fabric of human nature. Do you understand Eric?

Detective Matthews: You have a chance to do something now.

Jigsaw: Those that do not appreciate life do not deserve it.

Jigsaw describes his killing and mutilating people as a mission to test and change (implicitly save) the human race. Jigsaw’s characterization of his ‘work’ is also supported by the film’s narrative arc itself. For instance, we learn that Amanda is grateful to Jigsaw for testing her and saving her life. Additionally, we are led to believe, through the narrative’s characterization of Dr. Gordon’s strained relationship with his family and what appears to be its transformation during the course of the film, that at the end, his relationship with them will be restored as a result of surviving the trap (part of the trap was placing Dr. Gordon’s family in danger). The same can be said of Detective Matthews’ relationship with his son, though we do not see their reunion because Detective Matthews, in attacking and forcing Jigsaw to take him to the house where his son is being held, has failed his own test and is placed in a new trap by Amanda, now an apprentice of Jigsaw.
The Rhetoric of Self-Dissection in Saw

The Saw films, in presenting torture as transformational, deploy much the same rhetoric as the Renaissance anatomy texts. Indeed, the rhetoric of the film can be described as a rhetoric of self dissection. As I have already noted, there is an elision of Jigsaw’s responsibility from the scenes of death and mutilation. Several characters, including Jigsaw, elide his participation in murder and mutilation, thereby restaging the absent anatomist and the self-dissecting individual. But the notion of self-dissection is not simply a means of distancing the anatomist from his work but it operates on both a literal and metaphorical plane. As discussed above, self-dissection as a visual trope not only was an attempt to shield anatomists from hostile backlash (which occurred sporadically), but was also an expression of how dissection may have been perceived (and how anatomists attempted to cultivate that perception) by the societies in which it was being undertaken. The visual symbolism suggested that dissection was a means to knowledge of oneself, God, and his universe through the knowledge of the mysteries of the human body.

The film’s narratives also suggest that victims of Jigsaw’s traps do indeed discover their true selves through mutilation and torture, including their own willingness to inflict pain on themselves or others in order to survive, their capacity for inflicting cruelty in revenge, or their true feelings for their families.

The discovery of the true self is a theme in the discourse of the film’s producers, actors, and fans.

It had an idea that, to me, hits everybody at the core. Anytime a movie can say to you, “what would I do if I were in that situation?” Would you cut your foot off?
What would you do? Anytime you hit at a primal emotional human core you’re gonna bring people out. Geoff Hoffman, Producer, from the Saw DVD commentary

I think of it as a twisted morality tale. He’s a guy who tortures people and in the process of torturing and bringing them to the brink of killing them he gets them to appreciate their own lives. Cary Elwes, actor, from the Saw DVD commentary

The thing with the Saw series is there is a definite psychological impact that not a lot of horror flicks had. Many of the victims were inflicting this pain onto themselves and therefore, I felt made it more personal. Posted on October 25 2007 on Cinetopian

The psychological aspects of the narrative meant that it really defined itself as a narrative (with a distinctive puzzle and point of epiphany for the viewer as well as the characters) rather than an exercise in torture porn. Posted by Stef on October 27 2007 on Cinetopian

Saw not only makes you think about the movie, but turn your critical thinking upon yourself. As long as it keeps up with that, I’m a happy Jette. From House of Jigsaw website message board.

How might we understand the above fan claims about learning from Saw? Fans discourses of “epiphanies” and self-directed critical thinking suggests some kind self-dissection may be elicited in some viewers of the films. What types of self reflection may
Saw help to evoke for these fans--one’s willingness to inflict pain on themselves or others, one’s ‘true’ feelings for friends or family, one’s appraisal of life?

Redemption through Torture

The themes of purification, truth, transformation, and redemption through torture and dissection that were themes in the Renaissance anatomical images recur repeatedly in the Saw films. Themes of redemption are encouraged as Jigsaw uses the term ‘salvation’ in at least one of his recorded messages for his victims (I will take up the heavily mediated methods of Jigsaw below) and sees himself as a teacher. In the final scene of Saw II we learn that Amanda, a survivor of one of Jigsaw’s traps, is grateful to him for saving her life. During the course of the film, Amanda appears to be a potential victim caught in the trap with the other characters, but as the final scene makes clear she is actually an accomplice of Jigsaw having become an apprentice to him after she survived the first trap. Amanda leaves a tape for Detective Matthews, who has been drugged and placed in a trap, in which she (and Jigsaw) narrate her redemption:

Amanda’s Tape for Detective Matthews: You don’t remember me but you changed my life

[Earlier we learned that Detective Matthews planted evidence to send Amanda to jail]. You don’t know the things you lose when you’re locked away. The second time someone changed my life I was guilty. [Flashback to her in Jigsaw’s trap] But my life was saved that day. I found myself a father, a leader, a teacher. [Flashback to Amanda cutting herself. She is sitting on a bed in a room with
jigsaw-he walks over to her and lifts her head in a caring gesture. Jigsaw says to her, “you must meet death in order to be reborn.”] The audience hears Jigsaw’s voiceover as he speaks through the tape recorder.

Jigsaw’s Voice: What is the cure for cancer Eric? The cure for death itself, the answer, is immortality, by creating a legacy. By living a life worth remembering you become immortal. So now, we find the tables are turned.

Amanda’s Voice: It is I who will carry on John's work after he dies. And you are my first test subject. Now you are locked away helpless and alone.

The rhetoric of salvation is explicit. Amanda’s torture has saved her life. The transformation of the self--its purification through torture--is the overriding theme in several character arcs, not only in Amanda’s story but also Dr. Gordon’s and, we are led to believe, Detective Matthews’ too, if he survives.

This theme is also figured visually. In a particularly gruesome death, the imagery of the crucifixion is explicit (See Figure 10).
Figure 10: The Rack device from Saw III. Source saw.ugo.com/images/traps/the-rack.jpg

Figure 11: Saw IV subject. Source: Saw III DVD. www.dvdactive.com/.../saw-iii-directors-cut.html

In these images we see the self-dissecting subject. On the left is the Valverde image shown earlier. In Figure 14 above, Michael holds a scalpel to his eye after he realizes the only way to unlock the device that will kill him otherwise is to remove the key that has been surgically inserted behind his right eye.

The rhetoric of purification through torture along with other elements of the narrative suggest that Jigsaw is a kind of ‘priest’ or spiritual guide. This is nearly explicitly acknowledged in Saw VI’s promotional posters below, with the phrase “Trust in Him” and “I am still among you” as the only other text on the posters that is not production credit copy.
Such visual tropes and transcendent values are not unique to Saw films, but are also found in other horror or grisly dramas featuring morally ambiguous characters. Figure 10 above (on the left), for example, has similarities to the scene in 1991's *The Silence of the Lambs* where Hannibal Lecter escapes. This scene is designed to show the terrible power he has: using the body of a disemboweled guard, Lecter creates a horrific visual spectacle of his prison that is designed to awe (and ultimately distract) the other guards. The crucifix iconography clearly relates to the nearly magical-religious power of characters like Lecter and Jigsaw. I will note here as well the connections of the antagonist in *Saw* to other, recent horror film "villains" like Lecter (who mostly attacks
and eats the boorish and rude) and Showtime's Dexter (the serial killer who kills other serial killers), all with definable and consistent (if repugnant) moral codes. Contemporary horror seems to be one media genre in which magical and moral authority is established and celebrated—even though it is established in the character of the serial killer who knows more about you than you do.

**Authenticity/Realness/Bodily Response**

The linking of emotional-physiological reactions to an authenticity of self or character has a long history, and I would like to consider the ways in which critical and audience discourse about the *Saw* films link the films’ realness/authenticity with the physiological reactions of their audiences. The psychological distress created by these mediated spectacles is also bodily distress; reviewers and fans frequently refer to the bodily responses these forms evoke. That the *Saw* films (and horror more generally) can evoke a bodily response is something that seems to be highly valued by horror audiences. This visceral reaction is noted by several reviews of *Saw*.

. . .It's the kind of terror that really has nothing to do with the plot, which, by the time it's been fully carried out, is as twisted as your stomach. . . . By this point, the movie has likely won your dread . . . as long as "Saw" stays in that big, nasty bathroom, all we need to believe is the knot in our stomachs. Wesley Morris

The very graphic autopsy scene is incredibly realistic; may be hard to watch for the heavy-stomached. Posted by Miranda on CineTopia

A noticeable gasp, even from a room of people who've seen it before, accompanies the harrowing "needle-pit" scene. YES. We have our first
involuntary wince and groan from the horror-hardened audience. Donnie Wahlberg's self-inflicted ankle-snap. I do feel a bit sick, but it's probably down to the gin. James Armstrong, The Guardian UK

The final quote above comes from a reviewer in England who attended an all-night showing of all five *Saw* films back to back (an annual occurrence on Halloween weekend organized by the British Film Institute in London) and reported his experience in the *Guardian UK* newspaper. The intrepid reviewer notes:

6:00 am During the break, people stagger around outside, smoking, red rings around their eyes. It's light outside now, and everyone looks ill.

9:15 am *Saw V* finishes to whooping and applause, as much directed at ourselves and each other for making it through this bizarre, masochistic exercise in sleep deprivation and rampant fandom above logic and reason. It's hyperbole of the most obscene kind to suggest a parallel between one of Jigsaw's grotesque tortures and the cosy [sic] "ordeal" we've voluntarily put ourselves through in the last 12 hours, but the idea of showing the *Saw* films in such an arduous way, on Halloween of all dates, is somehow fitting. James Armstrong Guardian UK

These final comments are suggestive about how we might think about the bodily aspects of spectatorship. Film scholars writing on horror have noted that bodily response is an important part of fans’ attraction to the genre. And it is for this same reason that horror (and other ‘body genres’ like melodrama) is dismissed as a disreputable genre because they privilege the degraded half of the mind body split (Pinedo, 1997).
To consider the place of viewers’ bodily experience while watching Saw, I would like to return to consider Gabrielle Murray’s article and other scholarship on the staging of bodily pain in recent ‘torture-porn’ films. She suggests, rightly I think, that the bodily experience for viewers of this media fare is relevant in any consideration of its popularity. This is not an argument for catharsis per se but it does suggest that audiences want an experience that “brings [them] into the moment, back to the body, to the senses, allows this sense of immediacy and intensity” (2008). Rather than an experience of catharsis, Murray argues, audiences want a sense of immediacy and intensity that is dependent on the body. Murray, through Susan Buck-Morss, reminds us of the original meaning of “aesthetics:”

“Aisthitikos is the ancient Greek word for that which is ‘perception by feeling.’ Aisthesis is the sensory experience of perception. The original field of aesthetics is not art but reality—corporeal, material nature. As Terry Eagleton writes:

‘Aesthetics is born as a discourse of the body.’ It is a form of cognition, achieved through taste, touch, hearing, seeing, smell—the whole corporeal sensorium”

(cited in Murray 2008).

It is only in the modern era, Buck-Morss notes, that aesthetics came to be defined differently. Murray draws on Buck-Morss and others to suggest that it is not simply sadism, voyeurism, or masochism that draws audiences to these films. Murray is writing against much of gaze theory, which assumes that films align audience members with a mode of looking that seeks to posses an other. She writes: “The audience’s experience of identification and projection is a complex one that involves perception of the world and a diffuse, shifting array of positions of engagement, affectations and identification-
projection” (2008). Murray argues that the sensory experience provided by extreme films like this can “radically alter” audience members’ subjectivity, describing it as an almost ecstatic experience (2008).

Dean Lockwood (2009) starts from Murray’s call to shift from ‘effects’ to affect and focuses on the ecstatic bodily-affective experience while viewing extreme films. Drawing on Shaviro (1993) and Deleuze (1991), he argues that extremely violent films like Saw serve as an allegory of becoming or self-transformation, not only in their narrative content, but also, as viewers experience them. Lockwood argues that viewing such a film can interrupt one’s sense of self and open the possibility to become something other than what one previously imagined oneself to be. That is: We lose ourselves and are captured in a “forced, ecstatic abjection before the image” (1993, p. 48). This is a transformative experience. The subject is “made more fluid and indeterminate” in the process (1993, p. 52).

Lockwood and Patricia MacCormack (2005), both writing on the affective dimensions of violent films, have aligned this process with masochism, but have defined it in line with Deleuze’s conception of masochism as contractual in nature and as “a form of openness, a sacrifice of signification. . . and not as a repetitive pattern of pain” (Lockwood 2009, p.46). This openness to the sacrifice of one’s signification and the potential dismantling of “the normal limitations and accepted self-definitions of the subject” is, Lockwood writes, the “utopian impulse” of torture porn (2009, p. 46). But Lockwood, smartly, notes that this process is not entirely unproblematic. He writes of movies like the Saw films that they “may intimate new becomings, inviting the spectator to assume the sacrificial and introjective identity of the tortured, but this is consistently
short-circuited because the slick disorientations and fragmentations with which their images assault the senses are, in fact, all too familiar” (2009, p. 47).

Lockwood is pointing to tension within the horror genre, the positive potential for new becomings that exists alongside their possible collapse into the familiar experience of hypercommercial packaged modes of experience and identification. Yet, Lockwood in an attempt to finish optimistically, ends with an instructive sentence in his consideration of Saw and films like it. He writes, “[f]oregoing moral stances, we might also engage affirmatively with the capacity of horror cinema to elicit an authentic encounter, the eruption of something new” (p.48).

In his invocation of the “authentic encounter” Lockwood articulates a movement to truth or authenticity that seems to underlie considerations of the bodily-affective responses to horror cinema. That is, these analyses tend to articulate bodily-affective responses to horror as modes of authenticity, authentic experience, or otherwise suggest some relation of the true (self?) with the experience of viewing bodily destruction. This can be seen in the postings of fans of (the now defunct) Ogrish.com that Sue Tait gathered, as an undercurrent of Saw fan postings, and as an element in emerging theoretical readings of body horror like those of MacCormack and Lockwood. The appeal to the body as the means of access to a true or authentic encounter runs through fan discourse as well as academic readings of the horror genre.

So what can we make of this seeming inability to leave the games of truth behind, especially when dealing with the body? We might pause to remind ourselves of Page Dubois’ (1991) discussion of our inheritance of the Greek legal-philosophical view of truth as located in the body (of the other) hidden waiting to be pulled out. Is it the case
that, even in our ‘savvy stance,’ we cannot be free of this articulation of body/truth? Is the body the last (and first) holdout of truth?

The Body, Torture, and the Justificatory Invocation of Truth/Authenticity

We might examine one way the body, truth, torture link is made in fan discourse. For this, it is instructive to consider the discursive juxtaposition of other extremely violent films like Hostel with the Saw films. In general in review and fan discourse there has been condemnation of Hostel’s brutality and excessive violence. Though reviewers like Edelstein categorize Saw as one of several examples of torture-porn, fans of Saw do not see the Saw films this way. A recurring theme in fan discourse regarding this distinction between Saw and other films like Hostel is the narrative of purpose behind Jigsaw’s killing. In fact a common theme in fans’ discourse about their enjoyment of the Saw films is its purposive torture and its ability to make the viewer think.

“The saw franchise is great. It’s not like your typical slasher flick. You actually have to think about what you’re watching.” Posted on Cinetopian on October 25 2007

The term ‘senseless violence’ is what began the decline of the previous generation of horror. When Saw came around, the acts of cruelty made sense to the viewer and the victim. It had a purpose.” Posted on October 26 2007 on Cinetopian

He’s basically a messenger. Enjoy every day you live, respect the fact that you are able to live and do something with your life. Producer from Saw DVD interview
That’s one of the things that attracted us to the film immediately. That it was trying to say something that it did have a theme. That it did have a moral message despite the smears of blood throughout the bathroom and everywhere else. Geoff, producer from Saw DVD interview

That Jigsaw tortures for a reason is a recurring theme from fans (and the films directors, actors, and producers). It is also the reason that Saw fans distinguish the Saw franchise from other films like Hostel or Wolf Creek.

Fans’ appreciation of Jigsaw’s purposive infliction of violence can be read as their appreciation of the film narrative; fans frequently distinguish Saw from other slasher films because of narrative complexity of the Saw films (at least relative to other horror films). Certainly this cannot be discounted, as the Saw narratives frequently end with a ‘reversal’ or other revelation that recasts the entire narrative arc. Each film also builds on the previous film and by Saw IV, some fans have remarked that they had to re-view the earlier films in order to understand the later film’s early plot development. Many of the fan comments about the “intelligence,” “brilliance,” and “ingenuity” of the films seem attributable to this quality of the Saw narratives.

But this willingness to indulge torture for a purpose can also be read as a manifestation of a willingness to accept the use of violence by an authority figure. As I discussed in the previous chapter regarding Dr. Gregory House’s medical torture, rarely is Dr. House’s torture of patients or his displays of sadism negatively judged by fans contributing to the show’s online fan sites. The appeal of these characters—that Jigsaw is an appealing character is clear based on the many fan comments discussing their
fondness for him—seems to suggest something about the way in which these films cultivate empathy for the authoritarian figure. We are encouraged to identify with Jigsaw (and Dr. Gregory House) in part because he himself is in pain and is disabled in some way, but our identification with him is also partly based on his cleverness and motivation.

So, might fans’ attraction to Jigsaw (and Dr. House) also suggest something about the films’ cultivation of our attitudes toward authority? Jigsaw is not the authority figure that Dr. House is, but I would argue that the Saw films present Jigsaw as an almost magical figure. Jigsaw is portrayed as possessing almost magical knowledge (of his subjects) that grants him power and authority. His precognition of his subjects’ reactions to his games gives him all of the power in the Saw films, while also suggesting that the victims of his games have some freedom to choose. Jigsaw is also presented as one who has endured and been purified through his own test of survival. Jigsaw has a charismatic quality that grants him authority.¹

Attitudes to authority in American culture have undergone a dramatic shift in the past half century (Gallup, 2009). Stanley Milgram’s experiment on obedience to authority in 1963 yielded the striking results that a majority (80%) of ordinary people were willing to inflict pain on another person out of obedience to authority. Since Milgram’s experiment a number of social changes have occurred, including a general decline in trust accorded to institutions and several social justice movements like the Civil Rights and Queer rights movements. These changes suggest that Americans would be much more averse to obedience of authority. The most recent repetition of Milgram’s experiment was conducted by a researcher at Santa Clara University (Milgram’s experiment has been rerun a few times—though with differences due to ethical constraints
included after Milgram’s study). Forty-five years after Milgram’s experiment found that a surprising number of people would, in fact, inflict pain on another out of obedience to authority, Jerry Burger partially repeated it to determine whether anything had changed. Burger’s results were nearly identical to Milgram’s. Seventy percent of his participants administered the 150-volt shock and had to be stopped. That is a slight decrease in the percentage of people willing to administer the shock in the original experiment but not enough to be statistically significant (Burger, 2009).

Though there has been a decline in trust accorded to all social institutions across the board, Americans seem as ready as ever to inflict pain on others out of obedience to authority. It may be unfair to make the link (after all Saw is a fantastical fictionalized account of a serial murderer), but Burger’s findings and some of the critical and fan responses to Saw reflect similar attitudes of concession to an authority’s claim on the legitimate use of violence.

**Transparent Occultism**

I would like to return to a theme from the previous chapter, as it appears to be operating in the Saw franchise and, as I have suggested is an emerging theme in popular culture more broadly. I am calling this emerging theme transparent occultism, the idea that others are simultaneously masked and transparent. I suggest that the Saw franchise thematizes a transparent occultism of the body/self in a few ways. A promotional poster for Saw V dramatizes this thematic rather grimly.
Figure 16: A promotional poster for *Saw V*. Source:
hatimesblogs.latimes.com/herocomplex/horror/

The poster shows a man standing in profile from the chest up. He is bare chested and his gaze is directed in front of him and away from the viewer. The most remarkable thing about the image itself is that the man in profile is wearing a mask of another man’s face. The mask is made of skin and is the face of John Kramer, the Jigsaw killer. The poster itself is a remarkably literal portrayal of what I’ve been calling transparent occultism, a theme underlying the *Saw* franchise, the creative deployment of which is the source of several fans’ attraction to the films.
Transparent occultism in the first three *Saw* films can be seen in a few ways. The first expression of this can be seen in films’ use of dramatic twists. The dramatic twists in the first three *Saw* films depend on the presence of a body that is not what it seems. In the first film, the apparently dead body lying on the bathroom floor throughout the entire film rises in the final scene to be revealed as Jigsaw himself, the manipulator behind all of the events of the narrative. In *Saw II*, the final scene reveals that Amanda is not one of the victims in the game, as she seems, but an accomplice to Jigsaw. In *Saw III*, the final scene reveals that the doctor kidnapped by Jigsaw is also Jeff’s wife (Jeff is the primary subject of Jigsaw’s game and is the individual who will be led back to Jigsaw’s location to finish the game), and her relationship with Jeff makes her an integral part of the test for Amanda. These reveals are made to the characters and the audience simultaneously, so that the viewer is placed in the same epistemological position as the other characters. These reveals suggest a kind of transparent occultism that is similar to that of *House M.D.*

Next are the films’ representations of the body in dissolution, the character of Jigsaw, and the surveilled/public anatomy theater through which Jigsaw, and the *Saw* films, operate. The body, in this case the body in pain, is read through the process of its dissolution. As I have noted above, the body in *Saw* films is both sign and mask, and it is through pain and bodily mutilation that the truth of the self is revealed. The transformation of self is held out only for those who are able to undergo bodily mutilation. And although not all of the victims in the films survive their torture, the truth of each one is revealed. Thus, destruction and dissolution of the body in the *Saw* films is a double movement of exteriority, in its self-dissection and opening, and in the display
and interpretation of its truth by Jigsaw and the film audience (the process of dissection as a process of interpretation). Through the mutilation and destruction of the body—the opaque container of its truth—the authentic self is revealed.

It is Jigsaw who is behind the action of these elaborate anatomy theaters, which he observes from a distance using closed circuit television. Moving beyond the similarities to reality TV, I would like to return to the image of the public anatomy theater. The Saw films and the character of Jigsaw, as I discussed above, can be analogized to Renaissance anatomy theaters and the figure of the anatomist; I would like to consider how this articulates the Saw franchise to a kind of transparent occultism. First, as may be obvious, is the figure of the anatomist as a skilled producer of knowledge. The anatomist, as owner of special gaze, skillfully reads the body (in this case through its dissection) in order to produce a new body of knowledge. Both anatomists (Jigsaw and the Renaissance anatomist) oversee a process of bodily destruction and through this process reveal knowledge of what otherwise would have remained hidden.

The skill of the anatomist, as is hinted in the Saw films, verges on the magical. Jigsaw’s ability to understand, predict, and guide the actions of every subject in his games is required for their success, something that is not overlooked by the films’ critics. Jigsaw’s near supernatural insight into his subjects allows him to create devices of torture perfectly suited to each subject and to position his subjects using elaborate schemes. The magical skill of the Renaissance anatomist, as noted above, is linked to the divine. Sawday writes that, “the anatomists argued . . . when properly understood, it [the public anatomy] was a sanctified process which was akin to theological reasoning which opened the scriptures to human interpretation” (1995, p. 106). This analogizing goes so far in the
sixteenth and seventeenth centuries that God is seen as the divine anatomist and those on earth as clergy “following in his footsteps” to reveal his workings (Sawday 1995, p. 109).

Analogously, Jigsaw’s skill is such that he knows his subjects better than they know themselves. The body, and the body in pain, then, is both the sign and mask of the self, and in the representation of both iterations of the public anatomy theater (Renaissance and contemporary Saw films) it is the anatomist who, through special skill, produces knowledge alongside, but absented from, the simultaneous self-dissecting subject. In order to bring together these two strands, the body as sign and mask and the expert reader/anatomist, I would like to consider two separate, though sometimes overlapping, strands of contemporary scholarship; one on the public secret, and the other on contemporary notions of the body.

Jack Bratich (2007) has noted recently that public secrecy operates today, not just as a mode of propaganda of the Bush era, but throughout popular culture. Bratich is concerned to recuperate the strategies of secrecy for dissidents of several stripes, but for the moment I want to focus on his characterization of popular and political culture as manifesting public seccrcies. He points to the success of Dan Brown’s books, which have popularized a world of secret societies and messages hidden in plain sight (in architecture, astronomical maps, etc) to illustrate. Bratich makes note of several popular culture representations of the occult or supernatural, all of which are about secrecy in some way, for instance secret agents, secret societies, and secret services. Bratich references, in a footnote, the pervasiveness of secrecy across popular culture sites, and I suggest that the work I have reviewed sits alongside these other cultural expressions of the occult. But I want to suggest that the transparent occultism I have noted in the Saw
franchise (and *House M.D.*) is of a slightly different order than those cultural manifestations of the occult that Bratich notes. As I pointed to in the last chapter, shows like *The Mentalist* and *Lie to Me*, as well as *Medium* and *Ghost Whisperer*, all share a kind of transparent occultism with shows like *House M.D.* and films like *Saw*.

That is they all demonstrate, explicitly or implicitly, a kind of magical thinking, elements of which can be traced from shamanism through to sentimentalist physiognomy and the spiritualist movement of the eighteenth and nineteenth centuries. How might contemporary cultural expressions of transparent occultism be related to these historical expressions of magical thinking?

Contemporary expressions of magical thinking in *Saw*, it seems, is linked through the anatomy theater. Jigsaw is figured as an almost supernatural anatomist—his knowledge is nearly perfect. Not only does Jigsaw have nearly perfect knowledge of his subjects, but his technologized gaze of the game is omnipotent. Jigsaw is both absent and omnipresent through his modes of surveillance, his accomplices, and his elaborate traps.

In order to explore this, I would like to turn to the work of Michael Taussig, whom Bratich also draws on for his discussion of “occultism” in popular culture. Taussig, in his discussion of shamanism, discusses a kind of magical thinking that I argue also appears in the *Saw* films. The relation of magic to revelation and concealment is important in Taussig’s discussion of trickery and deception in the work of shamans (2003). Taussig writes that magic is effective not in spite of the revelation of trickery, but in part because of trickery’s revelation. The final ‘reveal’ of the *Saw* films do not diminish the magical power of Jigsaw for the audience but enhance his magical power. The revelation of the trick is part of the game of magic, as Taussig writes, magic is “the
skilled revelation of skilled concealment” (2003, p. 301). The skilled use of “revelation 
and concealment” is a technique of power as it enhances the power of the magician who 
masters it. Taussig notes “evidence suggests [that] unmasking adds to, rather than 
eliminates, the *mysterium tremendum* of magic’s magic (2003, p. 301). The revelation of 
the trick then adds to the power of the authority.

This logic of revelation and concealment noted by Taussig, that I have argued 
operates in audience reaction to the *Saw* films, also underlies Andrejevic’s notion of the 
logic of contemporary capitalism and viewers’ savvy stance. The commentaries on an 
authentic encounter offered by extremely violent films like *Saw* which express a lingering 
belief in the body as a site of truth can be linked to Andrejevic’s notion of uncanny 
capitalism. Even though the ideological workings of the superstructure have been 
exposed, people see capitalism as inevitable, and it keeps rolling along—unmasked but 
retaining as much ‘power’ as it had previously; possibly receiving even more legitimacy 
than it had previously as all alternatives have been deconstructed. Relatedly, it seems that 
even though what Alan Feldman calls the “fetish of the subject” has also been unmasked; 
the body as true self is the uncanny remainder, as any self or subjectivity beyond the 
body has been deconstructed. But the knowledge of the body then becomes a source of 
magic. As Melissa Percival (2005) has noted, despite the rationality of our age, we often 
act as if the surface of the body shows the character of the person, even though we do not 
believe this. Taussig notes how this plays out in shamanistic practice: it is the body’s 
interior that hides the witchcraft object and it is from within the body’s insides that the 
*shaman* pulls witchcraft object. In contemporary mediations of the open body, the body’s
interior retains a magic. We have seen that Jigsaw’s knowledge of his body’s
disintegration and his encounter with death brought him his magic.

*Saw*, I have argued, articulates a religiously inflected discourse of self-
transformation through bodily mutilation. In this, *Saw* focuses on the body as a means to
wisdom and self knowledge, a rhetoric that also reflected in Renaissance anatomy texts.
Horror also may be one of the few places in which something of the symbolism of the
grotesque/open body still operates. But this symbolism, I would argue, is different from
Renaissance symbolism of the open body. Pinedo, quoting Boss (1986), writes,
“postmodern horror film draws a universe out of control where extreme violence is
endemic. . . Violence is random, yet specifically aimed against the body to produce an
‘intimate apocalypse’ (Boss, 1986, p. 17). The genre rehearses the fear of injury…and
death in a world where safety in every sense of the term is a fiction” (1997, p. 65). The
term ‘intimate apocalypse’ is suggestive as it seems an extreme and violent representation
of what Bakhtin (1984) calls the Romantic grotesque, where all of the comedy and
collectivity of the grotesque is lost and it becomes a private, individual experience. Does
*Saw* literalize the Romantic grotesque? There is an element of self-transformation in the
rhetoric of self-dissection, thoroughly secularized in *Saw*, and this is consistent with
Nikolas Rose’s argument of the somatic self, transposed to the sphere of horror.

The exteriorization of the interior of the body—which is another way of oneself
transparent-- is thematized in the visuality of opening oneself in Jigsaw’s games and in
the films’ rhetoric of self-examination/dissection. The term carnography, though I have
some resistance to this, is useful in the sense that it suggests a kind of movement of
making everything visible—seeking the hidden (self, truth) in the body’s exteriorization.
I will suggest this magic of body’s interior is reflected in our lingering belief of interiority as a place of truth and the individual who controls knowledge of it, the anatomist, Jigsaw, is viewed as seeing and knowing us better than we see/know ourselves.

In a similar way to Jigsaw, Dr. House partakes in magic because he has power to see into and properly interpret the body’s interior through medical imaging, observations of reactions to pain and his medical expertise. On the television program *Bones*, which I will discuss next, the forensic anthropologist Dr. Brennan also has nearly magical powers to see and read the body’s insides; in this case dead and decayed bodies. She is an expert at reading bones.
Chapter Five: The Forensic Imagination in Bones

The recent explosion of forensic science on television began after CBS premiered *CSI: Crime Scene Investigation* on October 6, 2000. The show focuses on a team of crime scene investigators in Las Vegas, Nevada as they work to determine the cause of death and circumstances surrounding the deaths they investigate. The show's popularity has resulted in two television spin offs, *CSI: Miami* and *CSI: New York*, as well as several video games and books.

The *CSI* shows are consistently ranked in the top twenty most widely viewed programs according to Nielsen ratings (TV by the Numbers, 2007). Other programs with strong elements of forensic science soon followed the debut of *CSI*. Reality programs, which mostly run on cable networks, include *The New Detectives* (Discovery Channel), *Forensic Files* (TLC), and *The First 48* (A&E). Fictional forensic science-oriented police procedurals have aired primarily on the broadcast networks, drawing both more publicity and higher ratings than their reality equivalents. These include *Crossing Jordan* (NBC), *NCIS* (CBS), *NCIS:Los Angeles* (CBS) and *Dexter* (Showtime).

One especially notable example is Fox's *Bones*, a television program influenced by real-life forensic scientist and popular crime novelist Kathy Reichs, and called by television critic Ken Tucker (at the end of its fourth season) "an increasingly popular laboratory to show what happens when you combine brains, brawn, beauty, and biology" (2009, p. 54). The popularity of programs like *CSI* and *Bones* suggests that American television can be aptly characterized as preoccupied by what some have termed the phrase forensic imagination.
"Forensic imagination" has been used by Patrik Sjöberg (2009), Matthew Kirschenbaum (2008) and Ralph Rugoff (1997) to describe contemporary cultural visualizations of and fascination for forensics, a trend that includes but also expands beyond television representation, involving many realms of cultural production. The forensic gaze or forensic imagination has been elaborated differently by those mentioned above, but broadly conceived, it suggests a way of looking or perceiving the world that is concerned with reconstructing a hidden or obscured world from its traces in the visible.

Rugoff, writing on a 1997 art installation titled Scene of the Crime, discusses the aesthetic shifts in the art world and draws attention to how this particular installation reflects such shifts as well as broader social changes in ways of looking. He writes of the 1997 installation:

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...this approach to art embraces a forensic aesthetic: not a definable visual style but a type of approach they demand from their audience. Taken as a whole this art puts us in a position akin to that of the forensic anthropologist or scientist, forcing us to speculatively piece together histories that remain largely invisible to the eye. (1997, p. 62)
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Rugoff notes that since the early 60’s the influence of this aesthetic has been widespread in all modes of art and that this way of approaching art can also tell us something about “the emergence of a certain social gaze, a way of looking that is embodied in these works” (1997, p. 62).

Popular televisual forensic science dramas also highlight forensic science as a distinct way of looking. This is manifest in the tropes of visuality even in early television portrayals of forensic science. These portrayals of forensic science, often focused on the
heightening of the visual (literally in the case of the magnifying glass but with other
techniques like the microscope and fingerprints), were also metaphors for the
introduction of modernity. One show from the 1970s, *Hec Ramsey*, about a western
detective who uses modern methods, also highlights the techniques of advanced
visualization. Ramsey, a former gunslinger spent years learning criminological science
and came to rely on several devices that included fingerprinting equipment, magnifying
glasses, and scales (Brooks and March 1999, p. 436). The Old West -- often thematized
as premodern in popular portrayals -- was waning in *Hec Ramsey* and the protagonist’s
new way of looking at crime seemed to mark the introduction of modernity to that space.

As it is used in contemporary televisual culture the forensic is closer to its Latin
root term for forum, which means “pertaining to, connected with, or used in courts of
law; suitable or analogous to pleadings in court” also used to describe the application of
scientific knowledge to the law, as in forensic medicine (*The Oxford English Dictionary*,
2005). The application of medical and scientific knowledge in police work is the primary
depiction of forensics in popular culture where the forensic science of doctors and police
investigators is the focus of the drama. In the televisual forensics dramas, teams of
scientists and investigators attempt to reconstruct a past crime through its traces at a
crime scene. Making evidence visible is the focus of these dramas.

The process of making evidence visible will form a thematic thread throughout
this chapter. First, I will briefly review some of the literature on the relationship of
photography and policing to highlight the co-emergence of visual inscription
technologies and modern police techniques. Second, I will turn my attention to
contemporary forensics dramas, with particular attention to the Fox network drama
Bones. Next I will discuss representations of the corpse in contemporary forensic drama to suggest that Bones requires a different kind of theorization than has been generated for the forensics drama CSI and its spin offs. This different theorization generally moves from psychoanalytic accounts through which most body genres are theorized, to a socio-historical account that draws heavily on the work of Norbert Elias (1978) and Mikhail Bakhtin (1984). I further suggest that this socio-historical approach can also help elucidate the contemporary forensic imagination more broadly. Finally, I will suggest that these dramas articulate a profound desire for transparency, which incorporates elements from popular nineteenth century physiognomic and sentimental discourses and their implications for policing.

Photography and Modern Police Techniques

Several of the theorists mentioned above draw attention to the importance of visual media in the forensic endeavor and the historical emergence of forensics and other media. Kirschenbaum (2008) notes that “as a legal and scientific enterprise forensic investigation has its origins in the same nineteenth-century era that produced the great inscribing engines of modernity—the gramophone, film, and the typewriter…” (p. 250). That forensic investigation arose at the same time as film and other ‘inscribing’ media suggests their co-constitution of the policing activities of modernity. As noted in chapter two, many scholars have written on the emergence of photography and its rapid deployment in policing the poor classes of the rapidly expanding urban spaces of Europe and America (Sekula, 1989; Tagg, 1988; Bolton, 1989).

Alan Sekula (1989) has examined the advent of photography in nineteenth
century France and traces the relationship of photography with practices of physiognomy and the emerging science of criminology. Sekula discusses photography as a silence that silences, that is, he points to the way in which photographs were used to silence the criminal and the pauper “as they would come to be viewed and used as ‘mute testimony…” that unmasks the duplicity of the poor (p. 345). Sekula writes that the 1800s is the setting for a battle “between the presumed denotative univocality of the legal image and the multiplicity and presumed duplicity of the criminal voice” (p.345). During the course of this battle, Sekula argues, the criminal body was defined as a new object and along with it the social body is invented.

This, Sekula notes, occurred alongside a more positive effect which demonstrates the second aspect of what he calls the “double system of photographic representation,” that is the democratizing of portraiture, previously the provenance of the bourgeois (p. 346). The double system refers to both the honorific and repressive functions of photographic representation, which also links the functions of photography in broad social and moral hierarchies (1989). Specifically, the photograph helped to disperse a panoptic principle into daily life and thus melded its honorific and repressive functions (1989). Sekula is careful not to overstate the case for the repressive functions of photographic realism, but he does state that "the semantic refinement and rationalization of precisely this sort of realism was central to the process of defining and regulating the criminal" (p. 346). These practices and discourses were prevalent in the U.S., especially the coincident proliferation of photography with discourses of phrenology. Sekula observes that these discourses informed the use of photography in surveilling the criminal and provided the "logic" through which police photographs were arranged into archives.
of criminal "types" (p. xvii). He writes, "photography came to establish and delimit the terrain of the other, to define both the generalized look---the typology---and the contingent instance of deviance and social pathology" (p. 345).

John Tagg also discusses the history of photography, its use in policing, and its relationship to working class bodily practice. Tagg highlights the nearly simultaneous emergence of similar poses in police photography and lower-class portraiture and speculates about the direction of influence: was the frontal posture a means of humiliation by the police or was it some adaptation of the police photography posture by the lower classes? The similarity of posture suggests that the policing function of the state manifested itself in bodily comportment specifically adopted for a medium of visual documentation.

Additionally, Martha Rossler (1989) has written on photography and the documentary mode of visuality and equates documentary with horror movies as it "puts a face on fear transforming threat into fantasy," an image that can be "left behind" (p. 306). Rossler argues that documentary images of the poor allow middle-class individuals to view with pleasure what otherwise might challenge their assumptions about their rightful place in the social hierarchy. These images, she suggests, have a ritualistic character and “begin in glossy magazines and books, sometimes in newspapers and other mass print media and become more expensive as they move into art galleries” (p. 306). The ritualistic character of these images becomes their primary function once they move into art galleries and the “veneer of social concern” drops away. Once the implication of social concern drops away from the images they become vehicles for reassuring viewers about their relative wealth and social position (p. 306). Rossler’s argument prefigures
similar arguments made about mass media images of suffering, war atrocities, and impoverished Others; in such cases they do nothing to change the conditions that produce such suffering and viewing the images becomes a substitute for social and political action (Zelizer, 2001; Tester, 2001). Although Rossler’s work on the documentary mode may not seem relevant to fictional television at first, I would like to note that fictional science programs like that of *Bones* and *CSI* share with documentary an attempt to produce a realistic visual image within a narrative space that frames these images' evidentiary utility in the representation of social violence.

In such fictional depictions, we see a conflation of filmic effects, the body, and the construction of the real. Stephen Prince (2006) discusses the realism of visual images of the infliction of bodily violence in terms of psychological realism. These are images that are not historically or even physically accurate, but they represent the effects of violence on the body in such a way as to produce a psychological sense of realism in the viewer. Psychological realism, then, is produced through artificial means, in camera technique and in makeup and digital effects trickery. This sense of realism of course is a product of visual techniques and thus may not (and often does not) accurately reflect the practices shown. Fictional forensic televisual texts like *Bones* share aspects of both documentary and horror: an attempt at visual realism (but within a spectacular vision of science) and the transformation of social violence into something that can be left behind.

Richard Bolton (1989) also critiques documentary photography for the same reasons. Bolton describes the work of Richard Avedon as an exercise in bad faith wherein the photographer constructs a fiction of the working class in America that elides the social and political contexts in which labor and personal alienation occurs. It is worth
noting here that Bolton links the work of Avedon with police photography and the communicative power of form: the form itself communicates guilt. The formal properties of this kind of photography, it must also be noted, relies on a belief in photographic truth and “faith in the physiognomic truths the camera has been said to record” (p. 265). The articulation of photographic truth and physiognomic discourse is a topic to which I will return below.

These scholars demonstrate the historical connection of visual media forms and the production of knowledge and control of bodies. This connection has been noted by a number of scholars working in communications and in other fields of inquiry (Foucault, 1978; Black, 2002; Williams, 1989). This connection will form a thread in this chapter which focuses on the representation of the science of policing in contemporary teleforensics texts. Through the Fox network series *Bones*, the forensic television drama is examined to trace the contemporary articulation of visuality with the policing of urban space (*Bones* takes place in Washington D.C.), the place of the body within forensic dramas, and how these dramas indicate a particular type of social gaze like that suggested by Rugoff (1997). Finally, I want to suggest that although Martha Gever (2005) has argued that contemporary forensic dramas indicates a new kind of looking, I will argue that they rearticulate a way of looking that has ancient roots.

**Bones and Teleforensics Texts**

*Bones* premiered on the Fox Network on September 13, 2005 and began its fifth season on Fox in the fall of 2009. It premiered in a television landscape already saturated by forensic science shows; all three of the *CSI* series were in full swing -- the latest spin
off CSI: New York having premiered one year prior -- and several reality-based forensics shows were running on cable. The popularity of the CSI franchise suggests the tremendous appeal of forensics-based televizual drama, and it is credited with creating a surge in applications to criminalistics programs (Gever, 2005). Amidst the saturation of broadcast television with forensics-based television it might seem surprising that there could be another successful forensics series. Yet the public’s appetite for forensics apparently had not been satisfied as the Bones series premiere attracted an average audience of 10.8 million viewers, with each of the first four seasons of Bones climbing higher in the Nielsen television viewership rankings (TVbytheNumbers, 2009). At the beginning of 2009, the Fox network moved Bones to Thursday night, traditionally one of the most important and competitive nights in television, and this move gave Fox rare ratings wins in Bones’ timeslot (de Moreales, 2009). Adding to the show's value to Fox, unlike many forensic science programs, Bones not only draws large audiences, but also is popular among younger audiences, especially those 18-49, an important demographic for advertisers (de Moreales, 2009). In addition to first-run episodes on Fox, Bones also airs in syndication on the cable network TNT, and as of summer 2009, the first three seasons have been released on DVD, with the fourth season's release scheduled for October 2009.

The show’s protagonist, Dr. Temperance “Bones” Brennan (Emily Deschanel), is a forensic anthropologist and author of forensic crime thrillers who works with the FBI on cases involving human remains that are so badly damaged or decomposed that the bones must be examined to determine cause of death. Bones is a variation on the police procedural where each episode focuses on an FBI case involving human remains brought to Dr. Brennan’s team by FBI agent Seeley Booth (David Boreanaz). Dr. Brennan, her
team of scientists, and agent Booth work together each episode to solve the mystery (usually a crime) behind the human remains.

**Imaging the Corpse on Forensic Television**

As in *CSI*, the *Bones* series focuses several segments of the drama on the display and examination of the corpse. Sue Tait (2006), drawing on Elizabeth Bronfen (1992) who has written a history of cultural representations of death and femininity, writes, “how the dead, or simulations of the dead, are depicted expresses the aesthetic, epistemological and political preoccupations of a particular cultural moment” (p. 49).

What might contemporary forensic television say about the aesthetic, epistemological, and political preoccupations of the current cultural moment?

One answer to this question has been given by those (Tait, 2006; Weissmann & Boyle, 2007) who have discussed *CSI*’s visual display of the corpse in relation to pornography. Because this way of theorizing the representation of corpses is so prevalent in the literature and the more sophisticated versions add something to our understanding I would like to review it here. The argument from these writers is that the language of science recuperates for the audience what otherwise would be a shamefully pornographic gaze: “the *CSI*’s discussion of evidence while examining corpses constitutes scientific authority and purports to engage the viewer’s mind, displacing the effect of the carnographic upon the body “ (Tait, p. 51). Tait, noting that many of the victims on *CSI* are murdered in eroticized ways, argues that the linking of sex and death in *CSI* promotes a necrophilic gaze.
The corpses in *CSI* are recent victims of murder, and as such, the bodies of the dead sometimes don’t ‘look’ dead. Indeed, on *CSI*, the corpses are portrayed by actors, at least until the autopsy begins. Writing about an episode of *CSI* in which the victim is a young woman apparently murdered during sex, Tait argues:

A misrecognition of death informs the way in which the victim’s body is initially displayed to the viewer. Because the woman’s flesh remains so lifelike (after all, the corpse is played by a living actor) and because she is the site of carnal acts (biting and sex) in death the body is still produced as an erotic object. (p. 52-3)

There are a couple things to note here. First, as Sawday (1995) and those writing on *CSI* have indicated, the medicalized gaze of the corpse contains an element of eroticized desire. Second, and following from the first point, as Linda Williams (1989) suggests, the erotic gaze is also invested with the desire for knowledge of the body. As noted in chapter two, Williams (1989) suggests that knowledge of, thus control over, bodies is not simply produced but is made pleasurable through visual media. These pleasurable effects of visualizing bodies—alive and dead—remain evident in contemporary televisual culture. For instance, Sue Tait’s notion of a necrophilic imaginary points to this sense of both scientific and erotic gazes of the corpse and the particular way in which the display of the corpse on the *CSI* series contributes to a broader public investment in a ‘necrophilic imaginary’ (2006).

It seems unlikely, though, that *CSI* and *Bones* share and promote the same ‘necrophilic’ gaze. The corpses, or rather the remains, on *Bones* are not often bodies of recently murdered individuals. Dr. Brennan is a forensic anthropologist and as described
on the Fox official *Bones* website, law enforcement calls Dr. Brennan in “when the remains are so badly decomposed, burned or destroyed that CSI gives up” because of her “uncanny ability to read clues left behind in the victim's bones” (Fox Broadcasting, n.d.). As such, the remains on *Bones* seem less likely to be the object of an erotic gaze. Because of this I suggest that the pleasure of viewing the bodies on *Bones* is different from the pleasure of viewing the comparatively lifelike, young, attractive (male and female) corpses of *CSI*.\textsuperscript{xiii}

![Figure 17: Dr. Brennan examines a body that has been cooked for hours. Source: The Official *Bones* Wiki. http://boneswiki.fox.com/](image_url)
The Chaotic Body on Bones

While CSI distances the viewer from the subject status of the body by distancing the camera from the face (Gever, 2005), the Bones series visually highlights the body’s object status not by distancing the camera from the face but by allowing the camera to capture the nearly always unrecognizable destroyed face of the victim. One episode from season four illustrates this trend. In “The Beaver in the Otter” the team on Bones investigates the death of a college fraternity member whose body has been destroyed by being shot with debris fired from a cannon and then burned beyond recognition. The episode begins with a pre-credits ‘cold open’ jumping directly into the plot and is set outside of the Jeffersonian Institution, where Dr. Brennan and her team work. The sequence culminates in the discovery of human remains, ending with a close-up of the
face and chest of a charred, burning body. The next scene opens with a shot of the body lying prone at the scene of death. Dr. Brennan kneels beside the charred body. She is shown in the same frame with the body in a medium shot, which then cuts to a medium close up of the face of the victim from the point of view of Dr. Brennan kneeling beside the body. Much of the soft tissue has been burnt away and the only identifiable features are the victim's teeth which we see through a gaping hole. The burning away of the soft tissue has produced the gruesome appearance of a death scream. The camera cuts away to the medium shot of Dr. Brennan over the body while she examines it but cuts back to the charred face again in another medium close up shot. During these two opening scenes the victim’s destroyed face is displayed in close up four times.

The show highlights the ruined chaotic body in other ways as well. Other episodes focus on visually grotesque bodies or body parts such as skulls, severed arms, bones with human teeth marks, dissolved and boneless bodies, and mumified corpses. In addition, the grammatical pattern/repetition used for episode titles (noun and prepositional phrase) often refers to chaotic bodies, in this case "bodies out of place" -- in spaces where bodies should not be found – “The Man in the Bear” (where they find a human arm in a bear's stomach), “The Man in the Wall,” “The Girl in the Fridge,” “The Killer in Concrete,” “Intern in the Incinerator,” and “The Critic in the Cabernet.” Publicity for the series highlights the grotesque elements as well: The season three DVD set is branded as the "Totally Decomposed Edition" and the cover art on the DVD box shows Bones and Booth playing poker with a skeleton.

Although early in the series the writers and producers attempted to balance the gruesome state of victims’ bodies and retain some subjectivity for victims through a
visual and narrative device nicknamed the Angelator (after its programmer, Angela, a member of Dr. Brennan’s team), through which the team reconstructed a holographic image of the victim prior to his death and bodily decay. However, this use of the televisual device was scrapped fairly early on and the Angelator became the primary means of representing the cause of death (usually murder). Thus, in the latter episodes of the series especially there are rarely instances where viewers are shown what the victim looked like prior to his death and decomposition. A viewer does not often have any image of the victim other than his decomposed or destroyed remains.

The Angelator thus serves a similar narrative purpose as the flashbacks in *CSI*. And like the *CSI* flashbacks, the visual device does not reconstitute the individual as a whole being. The Angelator does not present the victim as a subject but merely as a nearly transparent body (often fragmented as opposed to whole) in order to demonstrate the effects of violence on the skeletal system. Neither the victim nor the perpetrator is given subject status visually by this device. The Angelator sometimes shows a disembodied arm with a weapon enacting the violence that caused the death of the victim. Thus, the visual techniques used in *Bones* do little to retain the subjectivity of the victims, though there is sometimes some narrative attempt to do so. But neither the victim nor the perpetrator are the focus of the show.
The ruined state of the body in *Bones* is highlighted in such a way that suggests there is something operating in *Bones* that is not fully captured by the eroticized display of the corpse that may characterize its representation on *CSI*. What kind of pleasure is there to be had with such ruined bodies or might our spectator position be different in respect to *Bones*? And what do the ruined bodies of *Bones* suggest about contemporary imaginings of the self, the body, and science?

The corpses on *Bones*, in contrast to the corpses on *CSI*, might be more aptly compared with the representation of the body in horror. The extent of bodily ruination that is evident on *Bones* may produce a bodily response, but it is more likely to be disgust. Indeed, some bodies are so destroyed as to retain almost no visual reminders of the human.
Figure 20: “Cinderella in the Cardboard” Only the suggestion of lower legs hints at the humanness of the remains. Source: Official Bones Wiki. http://boneswiki.fox.com/.

Film scholars writing on horror have speculated about the appeal of filmic
depictions of body horror. However, images of body horror are often theorized through
psychoanalytic theories and analogized to pornography (Pinedo, 1997; Clover, 1992,
Gehr, 1990). These theorizations are similar to that of Tait’s in her discussion of the
necrophilic gaze, but theorizations of horror argue that both porn and horror are primarily
about the transgression of the body. Body horror, film scholars suggest, privileges the
spectacularization of the ruined body (Pinedo, 1997).

These disreputable genres violate taboos by privileging the act of showing the
body, by figuring what Clover calls “the opened body” (1992, 32). They expose
what is normally concealed or encased to reveal the hidden recesses of the body,
porn through carnal knowledge and horror through carnage. Porn and horror are
obsessed with the transgression of bodily boundaries. (p. 61).

Pinedo (1997) makes another slightly different kind of link between porn and
horror which others (Gehr, 1990; Clover, 1992) have noted as well. She notes that porn
and horror not only focus on making the inside of the body visible, but they also visually
fragment the body. She notes that both genres show the body in pieces: “pornography
does so largely through the use of extreme close-ups, whereas gore utilizes both close-ups
(of wounds, weapons) and the literal spectacle of the body in bits and pieces
(dismembered limbs, exposed viscera)” (p. 62). Along with Williams’ linking of the
emergence of cinema with the desire to see and control the human body in a new way,
Pinedo’s work also notes again how visual technology makes possible a particular way of
seeing the body. That is, the formal fragmentation achieved through techniques of image
making, especially highlighted in pornography, is then literalized in body horror (Pinedo,
1997). How might we think about this aspect of the body in pieces that incorporates
Pinedo’s insights while not remaining in explanations that rely on claims of erotic
investment? I will return to this question below, but for the moment I would like to
present another way of theorizing the appeal of ruined bodies.

Barbara Creed (1993) accounts for the pleasure of viewing images of horror by
the notion of “pleasure in perversity” and through the rejection or looking away from
these images when they threaten bodily integrity. Creed draws on Kristeva’s (1982)
notion of the abject to argue that part of the pleasure of horror viewing lies in its ability to
provide for the viewers’ desire to expel the monstrous Other which threatens the
symbolic order and one’s sense of self. Creed focuses on the monstrous feminine as a
particularly iconic representation of the abject Other, but the corpse itself, Kristeva
argues, is another powerful figure of the abject. The abject, according to Kristeva is all
that is radically excluded from the ego in order to create meaning. Kristeva writes:

[i]n the presence of signified death—a flat encephalograph, for instance I would
understand, react, or accept. No, as in true theater, without makeup or masks,
refuse and corpses show me what I permanently thrust aside in order to live.
. . . My body extricates itself, as being alive, from that border [between life and
death and subject and object]” (1982, p. 3)

Kristeva argues that all those things that remind us of our inevitable object status or
collapse the border between self and other are abject. Creed views the horror film as a
ritual through which the viewer undergoes a “confrontation with the abject (the corpse,
bodily wastes, the monstrous-feminine) in order finally to eject the abject and redraw the boundaries between the human and non-human” (1993, p 14). The non-human here is a fuzzy border, and anything that is luminal—inhabiting the border between subject and object or self and other (the corpse, bodily wastes, etc.)—inhabits this border reminding us forcefully of our inescapable objectness: that we are bodies that die and decay.

The ritual confrontation with the abject seems to be one aspect of the appeal of viewing mutilated bodies, but as suggested in previous chapters, it may be worthwhile considering other notions of what these images might suggest about contemporary culture. Though this may bear some relation to Creed’s argument that horror allows the viewer to confront and reject the abject, some of the pleasure of Bones seems to lie in its presentation of science as an ordering force and as a means of decreasing the excess and entropy the ruined body signifies. So in this way, it may be a recuperation rather than a rejection of the abject. This recuperation, however, as we will see in Bones, is also a process of nearly total annihilation of the ruined/chaotic body. The process of annihilation of the excessive body both recuperates the chaotic body while producing waste of two different kinds. In Bones both the body and speech are made waste in the process of recuperation through interpretation. I will discuss both of these processes.

Recuperating the Chaotic Body: The Meaning of Bones’ Bones

As I have indicated, the recuperation of the ruined body is also its annihilation. The annihilation of the body in Bones is a literalization of what Gever (2005) calls the ‘disappearing subject’ staged in CSI. Though the writers have suggested that preserving the subjectivity of the victims was a concern, the visuality and fundamental focus of the
series restages a paradigmatic self that is completely transparent. In its representation of the process of scientific forensics, the body/remains in *Bones* are stripped clean. During the course of nearly every episode the messy chaotic body is stripped, cleansed, and ordered. Once any evidence remaining in the soft tissue of the body is gathered, the soft tissue is removed and the skeletal system is examined for evidence through visual sanitation and anatomical (and therefore recognizable/familiar) arrangement (See Figure 22 below). Even in cases where the body has been pulverized the few bones that are found are also cleaned and ordered.

![Figure 22: Each body is “cleaned” and the bones are then laid out in anatomical order. Source: Official *Bones* Wiki. http://boneswiki.fox.com/](image_url)

On *Bones* then, the process of gathering evidence from the ruined body further destroys it. This is similar to the work of autopsy on *CSI*, but the *Bones* series takes a step further in representing the body’s destruction as the process of reading it properly. Even though an autopsy violates the body, after the autopsy is finished on *CSI* the body is reassembled so to speak, presumably prepared for funeral display, and thus approximates
a whole corpse. After the investigation by Dr. Brennan’s team there is no ‘body’ left to re-assemble. The body’s bones are all that remain after examination. The examination of the victims’ bones is the crux of most episodes. The bones of the body are often the most useful in terms of generating information that is then used to solve the murder. The flesh is less important in terms of what it reveals for the forensics team.\textsuperscript{xv} Presumably the soft tissue of the victim’s body becomes waste once the evidence is extracted from it.

So the most chaotic element of the bodies -- the disrupted flesh -- are removed, and what science needs and leaves behind is the much more comforting image of bleached bones. It's difficult to imagine Bones and Booth playing poker with a figure of burned flesh or missing eyes, but the bleached-white skeleton is acceptable, and in fact even humorous (and ultimately comforting, or at the very least a safe way to portray the macabre).
Figure 23: In *Bones* the bones of the dead and the keen observational skills of Dr. Brennan are what often crack the case. Source: Official *Bones* Wiki. http://boneswiki.fox.com/.

There is little effort to portray what happens to the victims’ bones once the crime has been solved. Sometimes we see an individual’s bones buried by family or friends but little is shown otherwise. What is sometimes suggested is that the bones of those who have no known family or whose bones are not claimed are placed in a specimen bin and held in the Jeffersonian Institute archives in which Dr. Brennan works. Indeed, in an early episode we see Dr. Brennan respectfully placing one solved case's bones into a bin in the Jeffersonian space that holds numerous bins like the one she fills. These specimen bins line the walls in several of the rooms in which Dr. Brennan’s team works and are backlit to highlight their contents. The display of bins of bleached bones seems appropriate given their comforting function as the sanitized and neatly ordered remains of once entropic bodies (See figure 24 below).
In addition to highlighting the chaotic nature of the bodies on *Bones*, the naming conventions of each episode also underscore the literalization of the disappearing subject. As I discussed earlier in noting how the episode names highlight chaotic bodies, each *Bones* episode does not name an event, an individual’s name, or a mood; rather each episode identifies a body (often by sex) and a location (often where the body is found). Some episode names include “The Woman in the Garden,” “The Boy in the Bush,” “The Man in the Bear,” and so on. There are no indications of personhood beyond age, sexual characteristics ("boy," "woman," "man"), and the location where the body was discovered. The victim is little more than a set of coordinates, geographic and biological, that present a puzzle rather than a personal tragedy.

**The Entropic Body, Interpretation, and Hermeneutic Anxiety**

The body, then, disappears throughout the course of the show, but this disappearance also produces knowledge of the circumstances of the victim’s death. This production of knowledge is related to another important movement that occurs as the episodes unfold. In each episode not only is the chaotic excess of the destroyed or mutilated body cleaned and made orderly, but the excess meaning of the body and the crime scene is controlled and fixed. As Ralph Rugoff writes, crime scenes present us with both a surplus and death of meaning. They are full of the resonances of inexplicable dread and destruction. At the same time they can appear stupidly banal and vacuous. As we enter the terrain of the crime scene, we
enter a world in which meaning seems overwhelming in its presence yet strangely insubstantial. . . . In our minds such a space seems a kind of anti-space, a space of negativity which is extraneous to the ordered space of everyday life (p. 25).

In cleaning and ordering the chaotic body, the team of scientists on *Bones* also recuperate meaning and order. Their expert reading is a mastery of the chaotic body which forestalls the double threat of both excess meaning and insubstantiality that the site of the crime scene and sight of the body suggests. That is, the crime scene signifies an entropic view of the world, it is a negative space or anti-space in Rugoff’s terms, and the destroyed, mutilated, or decomposing body signifies entropy itself. To consider the symbolism of the body in this space and state in a way that is different from psychoanalytic accounts, I would like to briefly turn to the work of Elias and Bakhtin.

As I have noted earlier, Norbert Elias (1978) and Mikhail Bakhtin (1984) have discussed changes in the symbolism of the body, individual behavior, and ways of looking as part of broader shifts in European socio-political organization. These scholars have produced important complementary accounts of the shifts in Western views of the body, bodily practices, and the meaning of these shifts historically. Elias has argued that the ideal body of the modern West since the seventeenth century is a closed and concealed body; he traces this shifts in views of the body from a more open body and the concomitant shift in European standards for behavior and speech, including violence, sexual behavior, bodily functions, table manners, and forms of speech, which were gradually transformed by increasing thresholds of shame and repugnance. This “civilizing process,” as he called it, brought the body under more constraints, which Elias
links to social and political changes that occurred as a result of the historical emergence of centralized states (1978).

Elias argues that several things occurred as a result of these broad shifts in social organization. First, Elias argues that emotion was ‘psychologized’ during this period of time. That is, emotion is moved from the public aspects of social interaction to an inner plane hidden from view (1978). Elias links this to the emergence of a heightened observation of others where people try to decipher the feelings of others which are increasingly hidden beneath a mask of politeness (Elias 1978, p. 80). As Burkitt notes, “instead of remaining part of the responsive aspects of peoples’ interactions, they become something to be felt but not always to be shown” (p. 51). That is, as it became less acceptable to express anger, aggression, and other strong emotions, they moved ‘inside’ the individual, seemingly a part of an interior hidden landscape. The stricter constraints regarding the offense of others heightened this sense by requiring one to be vigilant in observing themselves and others for any signs of offense. Elias argues that the result of these shifts is the emergence of the body of the other as a closed signifying surface that both expresses and conceals.

We might also consider the relationship between the privatization of the body and space. This has already been noted in the section above, but I would like to also point to the privatization of emotional display in another way. It is seemingly moved to an inner bodily plane, but it is also moved to special private space in which more intense emotional displays are allowed. Emotion is resituated ‘inside’ the now private body and inside the home. The effects of this privatization remain, not only in the most obvious
instantiations (e.g., bodily functions and sex) but also in others, (e.g., emotional display) which have not always been private.

Bakhtin complements Elias’ work in his study of shifts in European views of the body. Bakhtin traces a similar privatizing of the body as well as another shift that is relevant here. He argues that the open ‘grotesque’ body celebrated in Renaissance carnival festivals was displaced by a rationalized Cartesian body. Along with the displacement of the grotesque body there was also a decrease in the cultural acceptance of ambiguity: rather than the open and transgressive body, aesthetic stress was placed on its closed and finished nature (Bakhtin 1984, p. 319-320). This shift is one in which “attention shifts from the body's openings, orifices and protuberances, to its closures—its skin, smooth surfaces, musculature and, in particular, to the face and the eyes. Those parts and aspects of the body which were publicly celebrated in carnival culture became privatized and experienced as sources of shame” (Burkitt, p. 48). There are a few things to note here. First is the privatization of bodily actions and space, with such actions now excluded from the public sphere and civilized society. Second, is the move in attention to the face and the eyes in particular. This seems to be a reflection of the shifts Elias highlights; one would expect increasing attention to facial display in oneself and others as the body becomes a surface to be read.

Elias’ description of the increased social importance of reading the body of others appropriately (to retain or gain social status) also suggests one possible explanation for the decreased tolerance of ambiguity in cultural representations of the body. Bakhtin (1984) writes: “in the new official culture there prevails a tendency toward the stability and the completion of being, toward one single meaning, one single tone of seriousness.
The ambivalence of the grotesque can no longer be admitted” (p. 101). Bakhtin argues that certain forms of folk festivites and literature began to reflect these shifts by focusing on one pole of the ambiguity. Bakhtin, it seems, traces early manifestations of this attitude toward ambivalence in folk practice, literature, and philosophy that sociologist Zygmunt Bauman (1991) explores in depth in the political realm. Bauman notes that the modern project has been to order the world—to purge ambivalence. Bauman’s analysis looks at the modern obsession with ridding ambivalence from the world, and he argues that ambivalent bodies (bodies that are strangers—neither friend nor enemy) are the most terrifying—far more threatening than an enemy body. Greatly simplifying his argument, Bauman explores the darkest possibilities of this intolerance of ambivalence of the socio-political sphere and argues that it is the threat posed by the undecidable bodies that result in violence such as genocide. xvi

Through the work of Elias and Bakhtin, I will suggest that Bones recuperates the entropic implications of the ruined body. The shifts Elias and Bakhtin describe are ordering processes that increase the control of the body. Forensic dramas re-order and re-civilize the chaotic body in the sense that they highlight the production of information from the chaotic body that is assimilable by the legal and justice systems, those realms that are fundamental to the ordered social world. What the forensic scientists on Bones also accomplish through this process is to re-establish a singular fixed meaning (in the form of cause of death and if murder -- which is virtually always the case -- usually the identification of the perpetrator) of the human remains that threatened both excessive meaning and the loss/evaporation of meaning. Both poles of the threat are avoided by fixing a singular reading of the body, which points to the importance of expert
interpretation in the process of fixing meaning. With so much at stake in this process, how it is produced and how it is conducted would seem to suggest a lot about contemporary epistemological and political preoccupations; we might ask who has the final word, who is given authority to produce meaning, who is allowed to participate, who is excluded, and is there a hierarchy of producers or acts of interpretation?

As I have noted in chapter two, several long-term cultural changes have altered the symbolism of the grotesque/open body. I am suggesting here that the need to recuperate the excessive body is a result of the dominant contemporary ideal of the closed ordered (Cartesian) body, and the displacement of cyclical time by linear time, which also stripped the symbolic possibilities of the excessive body. With these shifts the grotesque body lost its regenerative symbolism, thus has become primarily a symbol of decay and disorder. This impoverished symbolism is evident in most film theory that seeks to explain horror and, in particular, body horror like the slasher genre. As I noted in chapter four in the discussion of the Saw films, film scholars theorize body horror through psychoanalytical lenses, which takes as a given the symbolism of the grotesque body or the traumatized body as one of disorder, decay, and fragmentation. None of the positive elements of the excessive body are retained in this thought. So these bodies have become threatening and must be recuperated or redeemed in some way (in the Saw franchise the excessive body, or more precisely, the self-ruining body is the vehicle for self-making).

The act of interpretation, through forensic science, is important in this recuperation, but unlike CSI, Bones sometimes highlights the act of interpretation in forensic science. Gever (2005) notes of CSI that it elides human interpretation and
highlights the machinery of science. *CSI* presents a vision of forensics in which computers not only augment the power of the police, but that many scenes “imply a hierarchical human-machine dyad, with machines taking command. . . .on *CSI* the machines do all the work and the matching process [of fingerprints] is represented as definitive” (Gever, p. 453). *Bones* presents computers as essential tools in examining the body but it does not entirely remove the process of interpretation that must occur in the translation of data into evidence. And what is often highlighted in the interpretive process is the scientific expertise of Dr. Brennan.

As in *House M.D.*, *Bones* stages interpretive disagreement or otherwise draws attention to this process from time to time. In one instance (season one's "The Man on Death Row"), FBI Agent Booth asks Dr. Brennan to re-examine a young woman’s body that has been buried for seven years after a friend who is a lawyer for a death row inmate contacts him for help. When Dr. Brennan finds some anomalies in her examination of the body she informs Booth, who, because he believes the inmate is guilty, is upset about the anomalies Dr. Brennan has found. In the exchange Dr. Brennan asks Booth: “We’ve found some anomalies already. Do you want us to stop now before these anomalies become meaningful?” Here the show highlights, subtly, the process of interpretation and the creation of meaning from information.xvii

Other episodes suggest this process by showing interpretive disagreement among the scientists or where team members negotiate the appropriate reading of the body’s remains. From the season one episode titled “The Woman in the Garden,” three members of the team are examining remains:

Zack: (looking at a screen showing an image of the skeleton) This is interesting.
Angela: Interesting or horrible? Because sometimes, it's the same thing with you.

Zack: This hole in the sternum, it's definitely not a gunshot wound.

Brennan: It's a sternal foramen.

Zack: I found the same exact thing on the female victim's sternum. It seemed like a meaningless anomaly.

Brennan: It's a hereditary condition. The two victims were related.

It is important to note here that while interpretive processes are displayed more prominently than in *CSI*, in the end, Dr. Brennan’s scientific expertise raises her observations from interpretation to fact. Her declarative statements, with no qualifications, seem to end the interpretative process, moving it to the realm of truth. So although the process of interpretation is displayed, it ultimately comes down to true ones versus false ones, the latter either because of less training, smarts or emotional involvement. The interpretive struggle and the possibility of false or inappropriate interpretations are explicitly thematized in the series.

In another season-one episode titled “The Superhero in the Alley” the team is called in to determine the cause of death of a young man who was a comic book illustrator. In the process the team discovers the cause of death was from a stab wound, which is interpreted as a homicide. This particular episode is representative of several themes in *Bones* so I will focus on it briefly.

The episode uses the realm of comic books to thematize interpretation itself. After a scene in which Brennan and Agent Booth interview three young people about the death of their friend, the forensics team and Agent Booth discuss those in the comic book subculture and whether they are capable of murder. In trying to discern the murdered
boy’s state of mind and the possibility that he believed he was his own comic-book protagonist, some members of the team begin to consider his comics as a source of evidence. A discussion ensues on the ability to glean information about an author from his work:

[Cut to the Jeffersonian, Angela's office. She's looking at the computer screen where Warren's comic book is still displayed]

Angela: Oh, I managed to get some of the text back from this panel. Cheerful little tyke.

Goodman: Writer was in pain. And I don't think it was purely the adolescent angst of the outsider. In fact, I'd go so far as to say it wasn't mere psychological pain. He's afraid of actual physical death.

[Brennan and Booth enter]

Angela: Can you really pull all that information from a comic book?

Goodman: Absolutely. All writers reveal more of themselves than they intend on every page.

Booth: You know, I gotta tell you, I never bought all that English 101 stuff. Sometimes a river is just a river.

Brennan: All due respect, but my writing, for example, is pure fiction.

Goodman: Dr. Brennan, I fear you reveal much more of your worldview in your writing than you realize.

Goodman then postulates some of Dr. Brennan's views based on her books, before Dr. Brennan self-consciously changes the subject, which implies that Goodman's interpretations have some legitimacy. This episode also includes an ongoing conversation...
between two team members on the appropriate reading of comics, one arguing that they are modern retellings of Greek myth, the other claiming that they are nothing more than what they appear, just stories.

These negotiations over a proper hermeneutical stance are reflected in other episodes in various ways. Two ways this is reflected are particularly relevant for this study. First, is the marginalization of a hermeneutic stance that is political in nature. For example, in the episode “Woman in the Garden” a politician is being investigated for murder (it turns out he did not commit the crime) and it is quickly shown that his political views/behaviors have no merit in the investigation. But more significantly, the marginalization of a political hermeneutical stance is also accomplished through its articulation with one of the team members who has a weakness—and I use that term purposefully given how the program frames this—for conspiracy theory. This team member is sometimes shown making politically tinged interpretations that are rejected by the other team members. And, importantly, these conspiracy-tainted interpretations of data are fairly quickly shown to be incorrect. The episode “The Intern in the Incinerator” is worth considering as it focuses explicitly on the team’s preoccupation with conspiracy theory in solving the case of a Jeffersonian Institute intern’s death. The team begins to think that a member of a secret society called the Gormogon is responsible for the death of the intern.

Cam: Booth, everyone’s coming around to the opinion that Kristen Reardon’s death had something to do with the Gormogon vault.

Booth: Oh, no, no, no, no, no. See we-we gotta squelch that one ‘cause that will totally shift the focus of this investigation.
Cam: You might’ve noticed but these people are tough to squelch.

Booth: You know what, they’re always telling us not to jump to conclusions.

Cam: When they do it, it’s called a “quantum leap.”

In a later scene, the team member characterized as having a fondness for conspiracy theory, has a breakthrough after he dismisses the possibility of a secret society and conspiratorial explanation for the murder.

Cam: Angela accused you of being Gormogon?

Hodgins: It started me thinking that you and Booth could be right. (Cam looks at Hodgins intensely) I am NOT Gormogon.

Cam: Booth and I could be right about what?

Hodgins: I put the serial killer in the vault out of my mind and started considering Kristen’s murder as it’s own . . . singular . . . occurrence . . . What?

Cam: From the outside you are a pretty good candidate to be Gormogon.

This quote is striking because it is an explicit acknowledgment of the need to isolate violence from its social and political context, a thematization of the processes discussed by Land (2008) and Bratich (2003). The solution to this case was achieved not in spite of the team’s preoccupation with conspiracy theory, but as a result of its dismissal by one of the team members. That the conspiracy theory was dismissed by the team member I referred to earlier who was characterized earlier in the episode as ‘paranoid about conspiracy theories’ is significant. In these ways Bones indicates that political
explanations for violence are inappropriate explanations. As such, Bones rearticulates historical discourses that marginalize or reject any potential political purpose for violence, and I will return to this in the conclusion of the chapter.

Another particularly relevant way in which the series reflects the importance of and threats to the process of fixing meaning to the ruined body is the way in which the series addresses the negotiation of the boundary between meaning and meaninglessness in generating an interpretation. As the quotes and notes on the show above indicate, the series explicitly acknowledges the potentiality of meaninglessness in generating evidence from data. This is often represented through some piece of seemingly meaningless data suddenly shedding new (and sometimes conclusive) light on the investigation at hand.

"The Superhero in the Alley" episode also comments on a theme I have noted in the previous two case studies, and that is the notion of the magical power of authority. This is done in a lighthearted and humorous way, through the discussion of superpowers. There are several references to the forensic scientists as superheroes, because of their command of science and their work at solving crime. In one scene this idea is coupled with a negotiation over interpretation:

[Cut to the bones room at the Jeffersonian Institute; Brennan is prepping the bone fragment]

[Brennan exhales]

[Booth enters the room, whistling]

Booth: What are you doing?

Brennan: Breathing on the sample dissipates static electricity and makes it easier to cut.
Booth: You seem nervous.

Brennan: If I get this right I'll be able to tell you the age, sex and race of Warren Granger's killer. . . . You said before that Warren reminded you of me. You think I'm just like him, that he hid from life by immersing himself in a fantasy world where he fought crime. And I do the same thing, only I don't have superpowers. I... I have science.

Booth: No, Bones. You do fight crime. It's not a fantasy. As far as any normal person is concerned, you do have superpowers. . . .

Booth: Look. This piece of bone you're analyzing- How did he get lodged in Warren Granger's neck?

Brennan: It was deposited by the same weapon that severed his spinal cord.

Booth: Doesn't make it the killer's bone.

Brennan: Are you thinking a- a separate murder victim?

Booth: Opalescence [a character in the victim's graphic novel, based on someone he knew]. Uh, the woman he loved.

Brennan: I don't think she's dead.

Booth: Why?

Brennan: This is an arm bone. Has anyone we've seen on this case been favoring her arm?

Booth: Not that I've noticed.

Brennan: That's because you're not an anthropologist... with superpowers.

Booth: Ha. That's good. [Chuckles]
In this case, Dr. Brennan's background, training and intelligence -- summarized in her official position as forensic anthropologist -- give her interpretations special truth. This power of authority to interpret is also coupled with visualization techniques. There are numerous visualization devices in *Bones*, but those highlighted are the lab’s digital imaging technologies and other imaging devices that ‘open’ the body to view. The historical trajectory of visual media and policing functions is evident here. But one visualization device is used to demonstrate the authority of the scientific team and finalize meaning. This device is the holographic imaging system (the Angelator) I mentioned previously. It is the device through which the crime is visually reconstructed. It shows how the victim died, but not who was responsible for the victim’s death. In most episodes the holographic device does not present more than one possible scenario. When the holographic device is introduced it almost always displays the definitive cause of death, unlike *CSI* which uses flashbacks to reconstruct various possible scenarios. But this difference is meaningful in that *CSI* links the flashback scenarios most often to verbal accounts of suspects, thus highlighting the unreliability and deception of subjectivity. The visualization of the cause of death in *Bones* is always linked to the narrative of the team of scientists, which is based on evidence gathered through the body.

**The Struggle for Interpretive Mastery: Sciences of the Body and the Mind**

*Bones* explicitly thematizes the contest of psychological knowledge and forensic science for hermeneutic mastery in interpreting and policing behavior and the social body. While *Bones* draws on more traditional conventions of the police procedural, it problematizes psychological knowledge and the search for motive. This is portrayed in
Dr. Brennan’s attitude toward psychological explanations of behavior, other characters attitudes toward this, and Dr. Brennan’s inability/unwillingness to speculate about motive (both are suggested). Early in the series Dr. Brennan’s dismissal of psychological explanation is established and this attitude is reinforced throughout. In the first season, she states that she “doesn’t put much stock in psychology” and otherwise does not allow other members of her team to engage in speculation that involves psychological knowledge. In an early episode, when her graduate assistant begins to speculate on a murder scenario she suggests that he “pretend he’s an actual scientist and refrain from speculation.” Other forensics scientists on Dr. Brennan’s team or visiting the Jeffersonian Institute express similar attitudes to psychology as “a realm of unverifiable speculation” something in which the scientist has no interest.

The dismissal of psychological knowledge (made more complex by the introduction of a psychologist in season three) is also portrayed in Dr. Brennan’s refusal of therapeutic discourse. In the episode titled “The Woman in the Garden,” she describes to her team member and friend Angela how she was kidnapped and held for three days in solitary confinement in El Salvador while investigating the remains of villagers killed by death squads. Angela tells Dr. Brennan that she needs therapy; Brennan rejects this idea outright.

As psychology is a confessional mode of knowledge that produces inwardness, which I will discuss below, its removal from these dramas is a removal of the metaphors of inwardness of self. Instead, interiority is exteriorized through visual technologies; the inner depths of the self are displaced on to the surfaces of the body. And as in other forensics dramas, in Bones, transparency of self is achieved via the exteriorized surfaces
of body’s organs. In the forensic science of Dr. Brennan’s team, the bones of the body or other scientific "relics" are the organs of revelation. The body and technologies of observation are privileged as the most important means of acquiring knowledge of others.

Within her discussion of the *CSI* series’ reliance on “scientific inscriptions,” Gever notes the series’ disregard of psychological knowledge (2005, p. 454). Gever points to the lack of attention to understanding the motives of those who commit crimes and suggests that in *CSI*, there is “remarkably little concern with why people kill but a great deal with how people die,” something also evident in *Bones* (p. 454). She notes how there is no effort to depict the crime lab scientists as having well-rounded personalities, but she also calls attention to something I would like to discuss a little more thoroughly than Gever does. In her article on *CSI*, Gever makes note of the absence of any confessional scene in which the perpetrator finally reveals her crime and the motivation behind her crime, which distinguishes *CSI* from most crime dramas. *Bones* shares this lack of concern for motive, and as in *CSI*, there are rarely confessional moments that truly reveal. Any confessions that occur merely confirm what is already known from the evidence of the body. These confessions are not important. It is not the discovery of the perpetrator that is the true focus of the show. It is the process of discovering the body and witnessing the work of Dr. Brennan’s team in stripping the body and uncovering its secrets.

Gever argues that the lack of attention to confession in *CSI* is part of its machine-centric depiction of forensics and justice. She writes:
Laboratory science supersedes self revelation and eliminates worries about human fallibility. . . the impediments to transparency posed by human distortions, which will always plague confession, are overcome deftly by inanimate machinery capable of processing and analyzing information. (p. 455)

Gever draws on Peter Brooks (2000) who takes a Foucauldian approach in his study of the work of confession in law and other realms of experience. Confession, Foucault (1978) noted, was a means of producing truth and constituting a kind of subject. Foucault writes that the work of confession is “an immense labor to which the West has submitted generations in order to produce . . . men’s subjection: their constitution as subjects in both senses of the word” (p. 60). Brooks draws on Foucault to argue that, the practice of confession creates the metaphors of innerness that it claims to explore: without the requirement of confession—one may overstate the issue—there might be nothing inward to examine. In other words, the very notion of inwardness is consubstantial with the requirement to explore and examine it (p. 111).

As I’ve mentioned, Gever focuses on the lack of confession in CSI to highlight the move away from psychological depth in the series. She sees this as reflective of a cultural movement toward reading bodies rather than minds and as a substitution of machine intelligence for human intelligence.

Gever notes the cultural turn to reading bodies instead of minds very briefly then moves on, but this bears some examination. Considering the Foucauldian point that
relations of power are inherent in confessional practices, and as I noted in chapter three
where I discussed the anti-therapeutic stance articulated by scholars like Alan Feldman,
the exhaustion of confessional practices seems a welcome occurrence. But, as Gever
implies, the obviation of confession in forensic drama articulates a desire for a
mechanized justice system of perfect certainty where justice is ‘meted out’ without due
process (p. 456). The desire for such a justice system of perfect certainty is a positivist
dream, the impossibility of which is elided by the visuality of the series. Gever points to
this when she writes of the series’ lack of attention to the interpretation of data in the
production of evidence: “what allows CSI to skip the step of interpretation . . .is a kind of
magical property of photography: a visualization technology associated with the idea of
unmediated truth, ‘not “copies of nature” but ‘portions of nature herself’” (p. 456). The
truth effects of the photographic form suggest the possibility of a scientific justice
system--one that removes the messiness of human interpretation.

What Bones and the CSI series seem to reflect most profoundly is a desire for
transparency (as do the other visual texts I’ve examined). But the desire for transparency,
even though it has been championed as something fundamental to democracies, is neither
inherently progressive nor conservative/reactionary. As Brooks (2000) has indicated, the
desire for transparency can lead to a demand for transparency. Brooks writes of post-
Revolutionary France: “in the Revolutionary Festivals, the darker side of transparency
here becomes forcing the idea of a republic in which there is nothing to hide. . . .It
prescribes purgation of those who resist total transparency. . .” (p. 162). Such total
transparency is a totalitarian ideal. Brooks points to the Inquisition, the Reign of Terror,
and the Stalinist show trials to suggest how the demand for total transparency (a la
Rousseau) in the political sphere though seemingly a “beneficent ideal” can become tyrannical, that which “takes the imperative to confess to a chilling logical conclusion: the abolition of all zones of privacy around the individual, the claim that the individual’s conscience must be legible to all, that there can be no zones of obscurity” (p. 163).

The Rousseauist call for total transparency was a result of a desire to eliminate the opacities of social life to create a society in which individuals were open to one another (Brooks, 2000). Rousseau’s demand was a prominent element of sentimental culture which valued and sought a society of perfect openness and communication where one’s ability to respond to others marked one’s moral refinement. And sentimental literature, in providing a model for proper readings of the body, incorporated the discourse of physiognomy.

Although it might seem odd to link forensic dramas to sentimentalism, the desire for transparency of persons underlies both and both privilege the body as the source of truth of the other. Furthermore, they both make great imaginative investments in the ability to accurately read the body. Sentimentalism and physiognomy, writes Barbara Benedict (1995), share “a value for responsiveness, a disregard for social categories, and a faith in the sign, the unity of signifier and signified, God and man, appearance and reality” (p. 427). What sentimentalist literature and contemporary forensic televisual culture share is a faith in these unities and a physiognomic ideal.
Physiognomic Discourse and Political Violence

The rearticulation of the physiognomic ideal in contemporary forensic drama follows a historical trajectory of such uses of photography and physiognomy in policing (Sekula, 1989; Tagg, 1993; Land, 2008). In addition to the work of Sekula and Tagg on the history of photography, Isaac Land (2008) writing on the history of terrorism, highlights the importance of physiognomy during this period of time called the ère des attantats, in the late eighteenth and nineteenth centuries during which anarchists and political protesters made a number of assassination attempts on members of the ruling class. Land notes that these attentats “coincided with a period of unusually acute anxiety about collective violence and urban meltdown” and that physiognomic discourse helped to fulfill the “craving for certainty” shared by elites and others “amidst Europe’s internal migrations, social dislocations, and political upheavals” (2008, pp. 118; 123).

It was the writings of Swiss-German clergyman J. C. Lavater that popularized physiognomy and Lavater became one of the most famous men in Europe even before he finished publishing his prolific work on physiognomy (Land, 2008). Lavater’s work remained popular even after it was ridiculed. Elite readers could be reassured that some were indeed born for mastery and some for slavery, and that this was readily discernable in one’s facial features. xviii

Lavater’s work was not only helpful in reassuring elites about commoners demands for democracy, but it also provided guidance on how to cope with strangers in Europe’s growing cities. This was particularly useful to merchants who received advice on how to discern cheats and whether or not to extend credit (Land, 2008). But most relevant to the current chapter is how physiognomy was later institutionalized in policing.
Physiognomy, through its descendants anthropometry and phrenology, was used in policing and cataloguing the criminal class. Both Bertillon’s system of anthropometry and Cesare Lombroso’s study of criminal faces incorporated some of Lavater’s ideas. The effect of these ‘sciences’ of the body was “to elevate the police force above politics” and to lower political revolutionaries to a status beneath politics; to a “collection of physiognomic traits and distasteful body parts. . .” (Land, 2008). This, Land rightly notes, removes all purpose from the acts of revolutionary violence and turns it into senseless violence conducted by “the criminally insane” who have no other motive than destruction and violence for its own sake” (p. 131).

This, as I indicated above, occurs in *Bones*’ negating depiction of politically tinged explanations of social violence. In the above-described medicalization of revolutionary acts, the assumed irrationalism of conspiracy theory is used to marginalize political interpretations of violence. This links as well to *Bones* and other forensic dramas which are characterized by a general lack of interest in pursuing motives of those who commit acts of violence. The act itself and the means of its discovery are the primary foci of forensic drama. As Gever (2005) has argued violence then becomes a problem unconnected with the social and political realities in which it occurs. These acts in a sense become ‘senseless’ violence, paradoxically undermining the forensic dramas insistence on the recuperation of order. These shows then present a social world that is inherently entropic and it is only the authority of science (via Dr. Brennan) and the law (via Booth) that keep it from coming completely unraveled. And violence becomes a problem to be solved through application of scientific principles, either completely removed from
human intervention and handed over to machine intelligence or removed to the authoritative province of forensic scientists.

The elision of political and social explanations of violence is further reinforced by Bones’ articulation of neuroscientific ideas, what I suggest is the twenty-first century descendant of phrenology. Phrenology, the study of the structure of the skull to determine individual character, was a discourse like physiognomy that claims to generate knowledge of the self by studying one’s appearance, in this case the shape of one's skull.


Figure 26: Time magazine cover from January 2007. Source: http://www.time.com/time/covers/0,16641,20070129,00.html
Like phrenology, neuroscience attempts to discover knowledge of personality, behavior, and character by studying the structure of the brain.

Dr. Brennan is not interested in understanding the motives for violence, but she makes repeated references to neuroscientific and anthropological discourse to explain behavior and style of dress or body adornment. For instance, in an episode titled “The Glowing Bones in the Old Stone House,” she describes love as a combination of neurochemical and evolutionary processes. She also describes Agent Booth as a “good breeder” because of his physical characteristics.

[Brennan and Booth are in a wooded area outside of Washington DC. Now fully dressed in their radiation suits and rejoined by Major (also in a radiation suit) they approach the stone house.]

Booth: People fall in love and they get married. That’s what people do.
Brennan: I thought you didn’t want to talk about it.
Booth: Look, I’m just saying! You know, you believe in love, don’t you?
Brennan: I believe that dopamine and norepinephrine simulate euphoria because of certain biological triggers like scent, symmetrical features...
Booth: Symmetrical features?
Brennan: Yes, it’s an indication of a good breeder. You appear to be a very good breeder.

This brief extract is one example of numerous instances where Brennan describes someone’s body modification, dress, or behavior in evolutionary or neuroscientific terms.
The neuroscientific discourse articulated by Brennan has the same implications for views of violence as physiognomic discourses had in the nineteenth century. That is, they “elevate police work above politics” and reduce all who commit acts of violence to “something beneath politics, a collection of physiognomic traits and distasteful body parts” (Land, p. 131). Consider the following quote from J. Arturo Silva, M.D. in a recent editorial for the “Journal of American Academy of Psychiatry and the Law.” He writes:

Arguably, forensic neuropsychiatry will culminate in the development of more clearly articulated algorithms necessary to interconnect, both conceptually and practically, multiple levels of organization, such as the relation between functional brain anatomy and psychological function. The resultant paradigms will facilitate the practical integration of relevant neuropsychiatric knowledge and psychiatric-legal issues such as those involving the nature of criminal responsibility and other legally important phenomena, such as the nature of remorse. (2007, p. 6)

If Dr. Silva’s predictions come true, all acts of violence soon will be reduced to brain anatomy and neurochemistry.

Brain imaging as a method of lie detection is being used, and as of 2005, Brain Fingerprinting, a method wherein suspects’ guilty knowledge, that is, their “knowledge of a crime that only the perpetrator would know” can be distinguished from their general knowledge about a crime has been admitted as evidence in one court trial and is being promoted as a method of screening for terrorists (Farah 2005, p. 35). In addition, brainotyping “may be able to reveal mental health vulnerabilities and predilection for violent crime . . .[and a] “growing body of literature has investigated the neural correlates of personality using brain imaging, including extraversion and neuroticism, risk-aversion,
pessimism, persistence and empathy” (Farah, p. 35). Soon not only violence but all aspects of the self will be analyzed as a correlate of brain anatomy.

Dr. Silva above also argues for the incorporation of neuroscientific knowledge in making legal decisions including juries deliberating during a trial. Dr. Silva’s editorial also makes clear that there has been an explosion in the interest and study of the “neuroanatomical” basis of a range of behaviors and attitudes including morality and empathy, violent behavior, and remorse (p. 6). Few aspects of human behavior are left unexamined; there is also a newly emerging science of neuroeconomics (See for example, Camerer C, Lowenstein G, Prelec D., 2005). The rapid advances in this area of science has prompted the McArthur Foundation to award a three-year, ten million dollar grant to a nationwide consortium of legal scholars, scientists, and jurists to study the legal, ethical, and scientific aspects of these breakthroughs and their implications for the U.S. legal system (Stanford Program in Law, Science, & Technology, 2008).

It is also worth noting that Dr. Silva calls for more training and education in neuroimaging in the field of psychiatry. He writes that “a basic level of education and training in neuroimaging appears to be emerging as a potential necessity in psychiatry” (p. 8). This is an important reminder that this knowledge is heavily indebted to the practices of anatomical dissection and the visualizing technologies that make the active brain visible to researchers and that learning to properly generate and interpret images is part of learning how to be a good neuroscientist. Learning how to properly generate and interpret brain images is also learning to make evidence from data.xix

The resurgence of physiognomic discourses suggests to me that they may be serving some function in the public’s imagination. If physiognomy served to reassure
members of the middle and upper classes historically in a time of “social dislocations, internal migration, political upheavals,” maybe it is serving a similar purpose in a time of increased global migration, economic insecurities ongoing with economic globalization, and the terrorist attacks of 9/11, which seemed to catastrophically embody the dark side of these shifts.

In the ère des attantats, physiognomic discourse offered a means of reading others to determine both their creditworthiness and their potential for violence (Land, 2008). Does the profusion of physiognomic discourse in contemporary popular culture suggest it is serving a similar purpose? A look at some of the titles available may suggest a few things. From The Economist of August 2008 and March 2009: “People's creditworthiness, it seems, can be seen in their looks,” and “The shape of your face betrays how aggressive you are—if you are a man.” Other news articles profile face readers like Jean Haner, a professional face reader who has written a book called "The Wisdom of Your Face,” and Jo-Ellan Dimitrius, whose book “Reading People: How to understand people and predict their behavior—anytime, anyplace” was a New York Times bestseller.

Does the seeming popularity of physiognomy have any relationship to the insecurities of global interconnection such as a renewed sense of vulnerability to political violence and the loss of millions of manufacturing and other jobs to outsourcing and financial fraud? Whether or not this is the case, what does seem clear is that physiognomic discourse is being applied to the same areas of social life that it was applied to in the nineteenth century.
Speculation as to the particular historical conditions of the resurgence of physiognomic discourse aside, it is important to note that the visual and narrative elements of *Bones* displace social and political explanations for violence with scientific interpretations of the body (anthropology and neuroscience tempered by legal authority) hence behavior. *Bones* recuperates a spectacularly ruined body, which signifies the entropic social world, through its disappearance into technologies of the visible (scientific procedures that dissolve the body in the process of generating evidence and visual devices require the body’s dismemberment). One could say that through an accumulation of its strategies of reading social violence and the body, *Bones* implies a self that is both wholly responsible for its violent behavior and unable to do otherwise and a realm of truth about the self situated in scientifically enhanced criminal investigation. The implications of this view of selfhood for the justice system are unsettling to say the least.

In this chapter I hope to have shown the ways in which *Bones*’ depiction of the body operates in a broader cultural historical trajectory of the body’s symbolic properties and its shifting status in how we think about selfhood, violence, and the admissibility of certain styles of thought in explaining the world in which we live. *Bones* stages several of these themes through its depiction of the spectacularly ruined body and its recuperation into the world of order by fixing its meaning. And as I have argued, the recuperation of the chaotic body is in part due to the loss of its positive symbolic potential during the Enlightenment. The ruined body, then, signifies only entropy and its recuperation into the world of order becomes particularly important as a result of this loss. This, I suggest, points to the important function of ‘reintegrating’ the entropic body via the annihilation of its most chaotic elements (the flesh) and the cleaning and ordering of the elements that
can be used to generate evidence and fix a singular meaning. And the high stakes of interpretation are played out in the contest of meaning between psychology and science that is articulated with a shift from a self that narrates its own story to a self that is narrated by an expert’s interpretation. In this process of interpretation and recuperation into the world of order (science and the law), the show recuperates physiognomic discourse as a legitimate explanation for violent acts while it marginalizes political explanations for these acts by marking it as an irrational, unscientific style of thought.
Chapter Six: Conclusion: The Mediated Self or Becoming Real(ly) Transparent

What do the popular culture representations of the open body examined for this project suggest about contemporary political, social, and moral concerns and what do they suggest about the construction of otherness and subjectivity? This question, and the images of the open body to which it applies, must be placed in their socio-historical context. How has this body come to signify? As I have noted, my approach privileges socio-historical understandings of the body and provides an alternative to psychoanalytic accounts that posit a transhistorical universal psychic account of human thought and behavior. I have attempted to take a slightly different approach to theorizing the open transgressive body in media and film studies, which has been largely theorized through the lens of psychoanalysis. It is my contention that these accounts do not fully explain the conditions and potentialities of signification of open chaotic bodies. My hope is to offer an alternative or complementary approach to understanding the contemporary significations of the chaotic body.

I will conclude in this chapter by arguing that the use of open bodies in contemporary visual culture -- a characteristic of all three analyzed texts and others -- can be read through the notion of the grotesque body and will discuss the ways in which each
text’s treatment of the grotesque body reflects broader socio-cultural shifts. I will also consider some of the themes that emerged across these texts, that I will argue, are symptomatic of broader cultural concerns.

In each text the body is privileged as a means of knowing the other. I argue that the privileging of the body in popular cultural texts reflects an emerging recognition of the limits of confessional practices in popular in other realms from the juridical processes that are erected after human rights abuses to the therapeutic encounter. Noting Foucault’s (1978) examination of confessional practices for subject formation, I then consider the implications of this for our notions of subjectivity by placing the recognition of the limits of confession alongside the implications of another conceptual recuperation in these texts, that of the indexical property of the image. The implications, I suggest, can be seen in the representations of the thoroughly mediated--exteriorized body as a mode of being that seeks transparency--transparency in mediation which is also equated with transparency of self to self and of self to others. I link the ‘naive positivism’ represented in these texts to contemporary science and consider how both the popular culture texts examined in this dissertation as well as contemporary medico-legal sciences evidence a reemergent physiognomic ideal.

Finally, I will bring together the work of Mark Andrejevic, Nikolas Rose, and those writing on contemporary forms of visuality, to speculate on a becoming-transparent subject, a form of subjectivity enmeshed in a desire for complete transparency, which is accomplished through complete mediation and monitoring of the body via medical and neuro-psychological forms but also via more familiar forms of mediation like camcorders, YouTube, and other social networking sites. Bringing together two trends
documented by a number of scholars, I suggest that visual mediation of the body may soon become the dominant means of self-making in a visually saturated environment. I close by suggesting that each text seems to reflect and help co-constitute a profound cultural desire for transparency of self that is constructed through the complete mediation of the body.

**The contemporary symbolism of the open, chaotic body**

One theme that has emerged in the texts studied is a renewed attention to the open body, in fact the bodies in these texts can be considered as refugurations of the grotesque. Furthermore, these depictions of the body operate in a broader cultural historical trajectory of the shifts in the symbolic potential of bodily representation which corresponds to the body’s shifting status in how we think about subjectivity, otherness, and the limits of surveillance practices.

As I have suggested, the narrative focus on the recuperation of the chaotic body may be, in part, due to the loss of its positive symbolic potential in post-feudal Europe. The grotesque body was also a symbolic body that was connected to a view of cyclical time in which death and birth formed the points in the ongoing process of birth, death, and renewal. The grotesque body was always in the process of becoming, it was a transgressive body always outgrowing itself. The grotesque body was also ambivalent; it combined the positive and negative valences of life, death, and rebirth. As Burkitt explains, during the late Renaissance the perception of cyclical time shifted to a linear perception of time in which death and life were no longer linked but were opposed to one
another (Burkitt, 1999). Burkitt, drawing on Bakhtin and Elias, argues that the grotesque body was stripped of its symbolism partly as a result of these cultural shifts.

I would argue that the secularization of culture and the shift to a linear conception of time allowed the ruined body to take on a greater signification of entropy, as the ruined body moves closer to signifying only entropy its recuperation into the world of order becomes particularly important. As a result of the secularization of society, the secular institutions that order the social world -- nation-states in general and medical professions in particular -- gain much more power to exert control over the social world and the bodies of the populace (Turner, 1982). It may be that the institutions of medicine and the life sciences come to offer a kind of protection (psychological and physical) in a risky world that rivals and potentially supersedes that of the church. In this way the experts within these institutional realms may take on qualities of the sacred, but this is thoroughly secularized so I will discuss it in terms of a magical quality. Indeed, each text studied suggests that each protagonist has magical qualities. I will return below to the magical qualities of these experts.

**Recuperating the excessive body in *Bones, House, and the Saw Films***

There are two narrative approaches to the excessive or grotesque body in the texts I studied; the first is the approach represented by *House M.D.* and *Bones*, which, as they represent institutions of medicine and law, unsurprisingly focus on the recuperation of the excessive body in some way thereby reducing its symbolic threat. The second approach is one taken by the film series *Saw*. The *Saw* narratives, in contrast to the recuperative approach on *House M.D.* and *Bones*, refigure some of the potential symbolic possibilities
of the excessive body. *Saw’s* narrative is about producing, rather then recuperating, a chaotic body. The production of an excessive disordered body is also the recreation of one’s subjectivity.

In addition to the entropic signification of the spectacularly ruined bodies on *Bones*, I have suggested, following Ralph Rugoff, that these bodies signify both excessive and insubstantial meaning. The ruined bodies of *Bones* occupy a position the farthest along the continuum of entropic signification in the texts I have studied. And as I have noted, the series and its promotional materials visually highlight the chaotic nature of these bodies.

The extremely chaotic state of the ruined body on *Bones* is paralleled by the equally extreme methods used to ‘return’ it to the world of order. The ruined body on *Bones* is returned symbolically by its near total annihilation from scientific investigation. The body’s most chaotic elements (the flesh) are destroyed in the production of evidence and the bones are bleached, ordered, and examined to fix its meaning ridding it of any excessive (literally and symbolically) elements. I will return to this below, but for now I will simply note that *Bones* recuperates the ruined body by generating evidence from it and fixing its meaning in a singular scientific interpretation. Each episode ends when the body has given up its data, when it has been ‘read’ appropriately by forensic scientist; when its meaning is fixed via a reading that further destroys it.

The shifts in the symbolic potential of the grotesque/chaotic body suggest something about the importance on *Bones* (and other forensic science dramas) of ‘reintegrating’ the grotesque/entropic body via the annihilation of its most chaotic
elements (the flesh) and the cleaning and ordering of the elements that can be used to generate evidence and fix a singular meaning.

As on Bones, House MD also stages a recuperation of chaotic bodies. As a medical drama the show’s narrative arc is formulated around the body’s recuperation. The progression of the body along the entropic spectrum is not as far as in Bones; the body is sick not dead/putrefying nor is the body annihilated in its recovery by the world of order. Regardless, the body is often further traumatized in House as means to a singular truth. The recuperation of the disordered body on House is similar to the process on Bones but different in one important aspect. House recuperates the body by dismissing the subject’s speech as the excessive and disorderly element. Patient speech is dismissed; and Dr. House spends as little time possible with patients because they can only create uncertainty and confusion in the diagnostic process. Patients simply cannot be believed; their speech is excessive and chaotic. Patient speech is excessive in that only confuses and adds to disorder because it is irrelevant at best and deceptive at worst. And it is the recuperation of the body that is the focus of the narrative (and the doctors); the subject is symbolically (and often socially) discarded in the doctors’ attempts to recuperate the body. The subject, as another element of disorder, is symbolically disposed of.

The Saw films take a different approach to the chaotic body. In Saw, unlike in Bones and House M.D. the narrative focus is on one’s willingness to disorder the body. The ability to make of oneself a body chaotic is the test of the truth of one’s subjectivity. The Saw narrative suggests that through an individual’s ability to produce a chaotic body that the individual reconstitutes his or her subjectivity. This seems a kind of refiguration of the more positive elements of grotesque symbolism.
There is also the chaotic body of Jigsaw himself. Jigsaw’s cancer, his illness and his experience trying end his life were what began his project of “testing” humanity. The chaotic body in Saw, then, represents the beginning of something new. Jigsaw’s uncontrollable body renewed his life and gave him a purpose and, as presented in the Saw narratives, such a process does the same for the survivors (few though they are), reconstituting their subjectivities, in other words offering a rebirth. In this way it fits the cyclical grotesque symbolism better than any of the other texts. A grotesque body in Saw represents rebirth (although in the first three Saw films we see only two survivors of the test, one of which has physically altered his body). Saw then may represent a horrific imagining of grotesque symbolism. In this reading of Saw I have not read the grotesque through a psychoanalytic lens. I suggest that this is an alternative to the psychoanalytic reading, a reading that, as I have noted, may not fully reflect the conditions of their production or their many meanings.

In each of these texts the excessive, chaotic body is recuperated in some way. In House M.D. and Bones this recuperation occurs in an institutional space through medical and other sciences of the body. In Saw the ‘recuperation’ of the excessive body is a symbolic recuperation in that it articulates a positive and highly ambivalent symbolism associated with the chaotic body. This symbolism remains profoundly ambivalent as it is staged as body horror.

**Reading the Body**

In addition to the symbolism specific to the grotesque or excessive body, the texts studied also evidenced particular similarities in their representation of social relations.
One theme in particular was very suggestive, as it was present across all of the texts studied, and it can be related to elements of post-structuralist thought on the construction of sociality and intersubjective understanding. In addition it is suggestive for considerations of the interrelation of media forms and the constitution of subjectivity in and out of popular media. This theme is the privileging of the body over speech as a way of knowing the other.

In each text, speech is either dismissed outright or is simply ignored as a means of communication and understanding. In each, in fact, what is suggested is that in order to really know someone you do not speak with them, but you observe, record, test, or even dissect them. As such, these texts represent a popular culture reevaluation of the so-called “depth model of interiority” (Black, 2002). It may be that as our dominant media forms shift from letters, diaries, and the novel to the visual media of cinema, television, and the Internet our notions of subjectivity shift as well.

However, I do not want to overstate the case for the interconnection of media forms and notions of the self. There are a number of other shifts that have occurred that have radically undermined the depth model of interiority, some of which have been mentioned already, and they are the secularization of culture and the rise of medicine and cognitive science as dominant modes of explaining the body and the mind. These have occurred alongside technological advances in our ability to make the body and its insides visible. But what this points to is the difficulty of parsing out the influence of any one element of this shift in thought about the subject. Suffice to say that visual media are part and parcel of this broader shift in thought and experience and it is beyond the scope of this dissertation to attempt any such parsing to determine the direction, strength, and
position of media in these influences. What we can say is that these phenomena are interrelated. What also can be said is that contemporary media appear to be contributing to a notion of the self as the product of the body’s display; something that is produced through the expertise of another and not something that is generated by the individual through speech or self-narration. We need external forces to show us how our own speech lies: the torturer of Saw; the doctor in House; the scientist in Bones and their expert reading of the body’s mediated artifact.

Thus it seems worth asking whether we are witnessing a challenge to our faith in dialogue in general and confession in particular in some genres of televisual and filmic culture. The privileging of the body as a means of knowledge along with the dismissal of speech as either irrelevant or deceptive, I suggest, is related to Joel Black’s (2002) sense that contemporary media has influenced a reevaluation of the depth model of interiority. In the narratives I have examined, the mystery of depth is replaced by a miraculous reading of the surface. The inside of the body becomes a play of surfaces in the visualization of its interior surfaces via visual technologies like radiography, magnetic resonance imaging, and a number of other digital devices.

As depth is replaced by a spectacularized reading of the surface, all is made exterior. And each narrative’s focus on visuality highlights the exteriorization of the body (more pronounced in House and Bones, but present as well in Saw). The exteriorization of the body obviates speech and confession as it allows one to be read completely. If, as Brooks has indicated, that “without the requirement of confession . . . there might be nothing inward to examine” (p. 111), then what do these new
visualizations of the body suggest about our imagination and experience of the self and the social world?

The individual imagined in each of these texts is not a self-narrated individual, but it is a self generated through the observation, interpretation, and narration by another who has a mastery of body knowledge. So one is read; one does not self-narrate. There is simply no need for any confessional act.

The suspicion toward speech and confession in these popular culture texts, which *House M.D.* thematizes most explicitly, appears in other areas of cultural and social thought as well. Peter Brooks (2005), whose work I have drawn on, is concerned with the politics and power inherent in acts of confession, while Allen Feldman (2004) has also questioned the reliance on victim testimony of atrocities in human rights trials and truth and justice commissions. The practice of confessional speech, these scholars argue, from gaining confessions of guilt to the confessional therapeutic encounter, is inextricably bound up with practices of power. Furthermore this critique applies as well even to the noblest confessional speech practices, the truth and reconciliation commissions that seek testimony in the aftermath of human rights violations. The very practice itself instantiates the relations of power this noblest application is an attempt to address. Whether or not the very structure of confession undermines its best intentions is a question that these scholars are asking. The questioning of confessional speech in both popular and other arenas of culture, I suggest, represents an emerging challenge to the practices of confession relied on in particular fields. The number of confessional shows on television may argue against this, but I contend that these rumblings in televisual fiction and political and social thought suggest that we as a culture may be recognizing the limits of
this mode of subjection/expression. It is also worth noting that judge shows like Judge Judy do not have as their climactic moment the big confession a la Perry Mason ("Yes, yes, I did it!"). Rather, in Judge Judy the key moment is her confronting people about their guilt. She yells, scolds and calls them liars. Once she establishes their guilt, those on the show are not allowed to elaborate. She in fact shuts them up when they attempt to deny their transgressions (Dr. Phil, as a TV therapist, is a similar, if slightly less emotive, dynamic).

The obviation of confession presents a significant shift in cultural representations of subjects and subject-constituting discourses/institutions. If no confessional act, wherein the subject is constituted, is necessary, then how do these non-confessional subjects constitute themselves? We might assume that excising confession excises domination, since Foucault (1978) and those mentioned above so aptly showed that confession is a prominent means by which Western subjects are constituted. Foucault argues that we are made subjects through confession by being subjected to the powers that draw confessions from us (i.e., the law, medicine, therapy) and by coming to see ourselves as thinking subjects through the practices of confession, that is, the subject of confession. Foucault (1978) here, I will note, also links writing and speech to the constitution of subjectivity, and as he includes examples like literature, autobiographies, and letters to make his point about confession he indirectly implicates media forms in this process. So, a shift in confessional practices might suggest something similar regarding our notions of selfhood. But would such a shift represent a liberation of the subject as we might assume given Foucault’s notion of confession?
Indeed, this is a simplification of Foucault, and it would be useful here to also recognize that in Foucault’s notion of subject formation there is a productive aspect; it is not simply domination. Indeed as Foucault suggests, individuals willingly engage in confessional practices, which Burkitt (1999) argues, is partly due to the loss of the symbolic resources of the body for self expression. Foucault’s notion of power is that of a network rather than a top-down model wherein the powerful in society impose their will on the less powerful (1978). So, a decline in confessional practices indicates a shift in the networks of power and that to understand the consequences of shifts in practices of power is to look at how the relations of power are altered with these shifts (what relations of power altered and how so?; are there new relations being constituted?; is any particular relation of power being weakened?; is any particular relation being strengthened?; etc.).

In accordance with this conception of power, and as my analyses in earlier chapters indicate, I suggest that a shift away from confessional practices might not necessarily represent a bright new day of liberation. But what do they represent? I have highlighted a few things in the previous chapters that point to some particular implications of these shifts, both as represented in popular visual culture and in institutional practices like policing, medicine, and the law. I will return to these below, but for now I will suggest that these shifts in popular culture and in academic discourse may represent an intensification of the somatic society, while also representing something of what Nikolas Rose (2001) discusses in his notion of the somatic self.

The anxiety expressed in notions like the risk society and disordered capitalism suggest that one element of contemporary attention to the body may be understood through this lens. In fact, Turner’s description of contemporary somatic society is a
society in which earlier concepts like the consumer society or postindustrial society “have been replaced by a more nervous paradigm of disorganization . . . [where] there is a new awareness of risk in social relations. . .” (1992, p. 12). And indeed, it seems as if this new awareness of risk is operating in these texts in several ways; including the extremely pessimistic view of social relations on House M.D., Jigsaw’s cancer-ridden and untreatable body in the Saw films, and the investment in the recuperation of social entropy in Bones.

The nervous paradigm of the contemporary social world is a paradigm under which physiognomic thought has reemerged. This, as I have noted, may suggest something about the physiognomic ideal also operating in the representation of the body in the texts studied in this project. One aspect of the physiognomic ideal that I have not focused on previously must be considered here, as it speaks specifically to the epistemological status of the image itself and the relation of visual media to notions of the self. That is, what these texts share is a recuperation of the indexical property of the image. I will review the physiognomic aspects of each text, the conditions of its popularity in the nineteenth century, and the recuperation of indexicality, focusing on the implications of this in contemporary neuroscience.

**The Physiognomic Ideal, Social Anxiety, and the True Image**

These texts, I have argued, refigure physiognomic thought in contemporary language. Bones and House M.D. draw on this thought either explicitly or indirectly. House M.D. radicalizes this thought by suggesting that we are what others observe of us. The logic of the body in Saw, again, is slightly different. In Saw, speech matters very
little and observation of the other remains key to the process of the test (and recon-stitution of the subject). Bodily features, more specifically, some kind of bodily dismemberment is an indicator of one’s character; it shows that one survived Jigsaw’s test presumably indicating the essence of one’s character. The production of a specific type of bodily feature, disfigurement, is the outcome in the Saw narrative and it signifies one’s rebirth or new character.\textsuperscript{xxii}

As I have indicated in a previous chapter, physiognomy has historically been used for various ideological, political, and social purposes and it may be operating similarly here too. Historically physiognomic thought was popular in Europe during a period of acute anxiety about the social, economic, and political stability of the fairly newly formed state (Land, 2008). The rearticulation of the physiognomic ideal in contemporary forensic drama follows a historical trajectory of such uses of photography and physiognomy in policing the social body (Sekula, 1989; Tagg, 1993; Land, 2008) and served a number of functions including assuaging elites regarding their fears of urban meltdown and their place atop the social ladder, as well as reducing political activism to criminal insanity while elevating the police above politics (Land, 2008). The texts I have studied manifest a return to physiognomic discourse which is echoed in a number of other contemporary cultural spaces and applied to a number of areas such as economics, dating, and policing; in a most notable return to the applications of physiognomic thought in the nineteenth century, these methods, in their neuroscientific guise, have been promoted as a means of screening for terrorists (Farah, 2005). These areas of application of physiognomic thought are quite suggestively similar to the areas of social activity to which it was applied in the nineteenth century.
The burgeoning field of neuroscience is one indication of the contemporary resurgence and cultural legitimacy of the latest manifestation of physiognomic ideas. One particularly important similarity, from the point of view of media studies, between neuroscience and physiognomy is the faith in the unity of signifier and signified that underlies each. Brain maps may not be entirely equivalent to the phrenology maps of the skull, but the underlying logic is the same. The neuroscientist, like the master interpreters in these televisual texts, operates within the logic of the truth of the indexical properties of images. Even though the process of interpretation is highlighted in *House M.D.* and *Bones*, the finality of interpretation is based on a hermeneutic that relies on a faith in the fundamental unity of the sign and the signified. And though appearances can deceive, an expert always spots the truth hiding in plain sight. Whether it is through the medical imagery of the body that reveals the truth of the disease, the forensic imaging that reveals the truth of death and criminal behavior, or the surveillance cameras that reveal the truth of the Jigsaw’s test subjects, each of these texts in one way or another recuperates the magical indexical properties of images.

**The Magic of the Image in a Savvy World, or Becoming Real(ly) Transparent**

Popular culture recuperation of the indexical properties of the visual image suggests that these texts can be located in relation to Andrejevic’s work on surveillance practices in contemporary culture. Andrejevic discusses the increasing use of surveillance techniques by individuals in terms of two poles of thought. The first is a generalized skepticism that he calls the savvy stance, which is a result of the reflexive critique of discourse and the concomitant loss of efficacy of the symbolic order. The second is a
“naïve positivism” which manifests in the “tendency to default to a variant of experimental positivism: a faith in the ostensibly unmediated character of objectively given empirical evidence” (2005, p.480). The positivist pole of the formulation must be accompanied by a reinvestment in or recuperation of the indexical properties of visual images. Indeed, the techniques of making empirical evidence visible rely on a faith in this property of images.

Andrejevic (2005) characterizes this as a “turn to a directly observable materiality in an effort to bypass the slippery effects of mediation” but the techniques he discusses, while focused on the materiality of the body, are all mediated. This is not to suggest that his characterization is inaccurate, it is merely to point out how embedded the indexical property of visual media are in the stance of naive positivism, but also its operation in the savvy stance as well (as Andrejevic implies with the use of the term “ostensibly” to describe this turn to unmediated evidence). But it seems important to note that the savvy stance, though wise to possible deceptions in web identities and the contrived status of reality TV, does not seem to extend this skepticism to the very presence of bodies and its signs on the screen and monitoring/surveillance devices. Indeed, several of the techniques to which Andrejevic refers rely on this property, including the web and hidden cameras he discusses and the neuroscientific imaging practices with which he begins his article. This faith has long been extended to these images in medicine but the marketing applications of neuroscientific practice suggest that this faith has been extended to visualizations like heart rate monitors, retinal scanners, keystroke monitors, all biometric devices and digital imaging of the body outside of medicine.
Andrejevic is commenting on mutual monitoring and its relation to the generalized anxieties that Ulrich Beck (1992) refers to in his notion of the risk society. Andrejevic writes, “the dissemination of surveillance tools and practices has to be read alongside a climate of generalized, redoubled risk” (2005, p. 493). I have suggested something similar as well and further consider the historical precedents for the intensification of surveillance practices in periods where social or political instabilities are themselves visible. Today, anxieties are formulated in terms of risk (Andrejevic, 2005; Beck, 1992; Giddens, 1990). Andrejevic writes, “practices of mutual monitoring rely not just on a generalized skepticism and wariness, but upon conceptions of risk that instantiate the imperatives of productivity, hygiene, and security associated with the maximization of productive forces – imperatives that . . . transform . . . the goals of authorities’ into the ‘choices and commitments’ of individuals” (p. 246).

What I will also suggest is that there is not only an intensification of mutual surveillance practices, but I would like to consider the implications of some of the tendencies I (and others) have located in popular cultural and other practices for our self-monitoring and self-making. The continued faith in or recuperation of the indexical property of images and the recourse to the materiality of the body may be converging alongside the transformation of “the goals of authorities into the choices of individuals” (Andrejevic 2005, p. 494). If so, will we see individual commitments to biometric monitoring or neurological monitoring for our own good? This can be linked to the challenge to confession/speech as a mode of gathering knowledge of others and producing the self. If these discursive techniques for producing subjectivity are either dismissed outright by authority or are undermined by the general skepticism toward
discourse, what new modes of constructing both the social and oneself as a subject are available?

One possible, admittedly speculative, suggestion might be made by placing these considerations alongside the work of Joel Black (2002) and others who are writing on the relationship between visual media and the real (Williams, 1989; Seltzer, 1998). If visual media increasingly shape our conception of the real, and is the media form we increasingly rely on to acquire knowledge about ourselves and others, will we rush to be captured in media, not only in mass media forms (seemingly already occurring) but also in the medicalized forms where our complete transparency to mediation (and body experts) creates and affirms new identities and helps make us better people?

I will suggest that the dramas I have studied, as well as several other popular culture texts, articulate a profound desire for transparency (transparent bodies which allow the truth of the body and self to be told by the expert readers of the body’s artifacts). If as Peter Brooks (2000) writes: “the desire for transparency is linked to the ambition to confess entirely, to provide a seamless narrative of the inwardness as well as the exterior life story of a person” (p 161), what do these popular culture spectacular readings of the body suggest? If the desire to confess, if we recall Ian Burkitt’s argument, is only understandable in a situation in which other means of self expression have been stripped from individuals’ symbolic repertoire, then how might a challenge to confession alter our practices/performances of the self? And how might this alter our expectations for and approach to understanding others? The obviation of confession via spectacular readings of bodies in the texts studied for this project are interrelated elements of their
representations of transparency, and this, I think, suggests something about the questions I have just posed.

As I have noted in the previous chapter, the desire for transparency, so much a part of our liberal democratic ethos, is neither inherently progressive nor conservative/reactionary. As Brooks (2000) has indicated, the desire for transparency can lead to a demand for transparency. Brooks points to the Inquisition, the Reign of Terror, and the Stalinist show trials to suggest how the demand for total transparency (a la Rousseau) in the political sphere though seemingly a “beneficent ideal” can become tyrannical, that which “takes the imperative to confess to a chilling logical conclusion: the abolition of all zones of privacy around the individual, the claim that the individual’s conscience must be legible to all, that there can be no zones of obscurity” (p. 163).

It seems worth noting at this point that contemporary neuroscience is doing just that, making conscience legible. Making conscience legible, is not only a state prerogative but is being deployed in other areas of governance in the discourses of health and the high performing body and mind (Farah, 2005). We sign up to become transparent, dispersed in visual artifacts that presumably will allow us to manage our lives and stress, to figure out why we and others react a certain way and whether a chemical alteration will enhance our selves. Will we seek less and less to confess but to submit our bodies to MRI and brain imaging machines that tell us who we are and how to be better selves? Is the desire to be recorded on visual media (maybe even surveilled) operating like the desire to confess on talk shows? The number of people broadcasting their selves on social networking sites suggests that for many individuals today broadcasting the self is an increasingly important means of self-making/performance.
Andrejevic’s arguments about the participation in mutual surveillance might also apply to individual participation in other modes of bodily surveillance.

Just as truth, existential singularity, and the knowledge of the other emerges in the ordeals of Saw, the painful exams of House, and the ordering technologies of Bones, bringing together the work of Black (2002) with the work of Andrejevic (2005), we might even ask whether the participatory promises of the market and the logic of mass media suggest that we are only as we are mediated, and that it is only through visual surveillance and mediation that we can truly come to know one another.
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York: Oxford University Press.


Notes:

1 The earliest known work of physiognomy was during classical antiquity in the writings of pseudo-Aristotle’s *Physiognomonica*. Treatises on physiognomy continued to be published throughout the Middle Ages and the Renaissance (Percival and Tyler 2005, p.17).

2 In this chapter I will use the name House to refer to the show itself and to the character of Dr. Gregory House. I have indicated the different uses of this name by italicizing House when referring to the series.

3 The “patients as their own worst enemy” motif is fairly common in the medical genre, but I would suggest that House MD radicalizes this trope in its suggestion that all patients are lying to their doctors and to their loved ones and in generalizing this trope as a characterization of nearly all interpersonal relationships. Since “everybody lies” the body becomes the privileged site of truth, which combines the medical genre trop with CSI epistemology.

4 House’s entire medical team changes in season four.


6 Although it may not be considered torture porn, Quentin Tarantino’s new film *Inglorious Basterds* shares the themes I will discuss in this project. The ‘basterds’ carve swastikas into the foreheads of Nazis they let go (shown graphically of course), so that the world will forever know the truth about them, their true character, even after they take off their uniform. Brad Pitt's character says to one, "I'm gonna give you a little somethin' you can't take off."

7 The Korean film Old Boy, for example, was cited as a possible influence on the Virginia Tech shooter.

8 Also, historically, there is the Grand Guignol in Paris -- gore-oriented theater spectacle. I am focusing on the public anatomy because it had great influence not only on how we have come to view the body, but as Sawday’s work demonstrates, the practice of anatomy and the anatomy theater had an influence across numerous cultural activities of the Renaissance period.

9 The trial occurs over the course of five months total on the Saw fansite. This includes a three month interruption, when the prosecutor asks for a continuance while he goes offline for a hospital procedure. When the prosecution returns the trial resumes and runs to conclusion. How does this fan discourse relate to other discourses on torture? What are the legalities surrounding deaths under torture? How is legal responsibility for deaths of “detainees” handled?

10 In his work on the different modes of authority Max Weber (1958) noted that Jesus Christ was a leader who had charismatic authority.

xi Note, too, the special "knowledge" that mediated serial killers have of their victims or human psych -- Lecter, Dexter and the killer in Seven.

xii The increase in forensic drama has also increased the need for actors to play the dead. Actors must lie for hours and have extensive makeup applied to them. Actor James Glenn, interviewed on NPR says that for an extra, playing a dead person is a great role because you're closer to the principal actors and director - not to mention, and forensic shows, chances are, you're going to get your close-up.

xiii Weissman and Boyle (2007) note that the bodies in CSI are predominantly male, a fascination which pushes against the grain of the medical gaze, which has traditionally gendered its object feminine while constructing its subject as masculine. However, these authors note that CSI in the end preserves male subjectivity from the threat of abjection by privileging the male CSI’s and their rational methods in the autopsy scenes.

xiv I understand most theorize an element of revulsion in viewers’ attraction to these types of images; but I am arguing that something different or something in addition to this is occurring in *Bones*.

xv Bones here shares this privileging of the hard structures of the body with Lavater, who based his analyses of character on the bony parts of the face, particularly the forehead and nose.

xvi Bakhtin notes shifts in popular festive forms in which “the ambivalent improprieties related to the material bodily lower stratum, were turned into erotic frivolity” and remarks on the degeneration of grotesque realism in seventeenth century literature (pp101-108).

xvii Another element of this scene is that Bones is scolding Booth for letting Booth's subjectivity (emotion) get in the way of what the facts say. One dynamic of the show is that Booth is more of an intuitive,
emotional cop (not Holmesian), and religious, while Bones is more analytical, empirical and an atheist. This characterization goes against the grain of most portrayals of gender in popular culture in gendering the emotional intuitive cop male and the analytical scientist female.

xviii Land writes here that “Lavater’s followers whose own faces did not resemble a Greek statue’s profile could console themselves that God occasionally threw in a few “eccentrics” like Socrates, who reportedly resembled a leering satyr. Lavater compare these outliers to scattered typographical errors in a compendious volume; the book as a whole was, nonetheless, legible. (p. 122) The collective body as a text metaphor thus allows elites to bypass implications of their own potentially unmasterly features.

xx These brain images have been promoted as a means of catching terrorists.

xxi One of Deleuze and Guattari’s projects is to recuperate ‘becoming’ as a mode of being and the becoming self.

xxii Physician (Lisa Sanders) who is a technical consultant to House has a book about how a major problem in medical practice is that doctors do not listen to patient's stories enough -- a major paradox of her involvement with the show, given her belief.

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