To Be Continued: Serial Narration, Chronic Disease, and Disability

Anita Wohlmann and Madaline Harrison

In April 2015, Michael J. Fox told David Letterman on The Late Show about being diagnosed with Parkinson’s in 1991, at the age of 30. “[T]he doctor said 'You have Parkinson's disease. The good news is that you have 10 years of work left.'”¹ Nine years after his diagnosis, in 2000, Fox retired from Spin City, the popular series he had been with since 1996. In 2004, Fox started appearing as a guest in series such as Scrubs and Boston Legal, despite his doctor’s prediction. He has been a recurring member of the cast of CBS’s The Good Wife since 2010, having appeared in twenty-six episodes over seven seasons. In 2013, NBC launched a new TV series, The Michael J. Fox Show (here: The MJF Show), with twenty-two episodes and Fox in the lead role. Thus, while Fox’s doctor offered the expected narrative of decline with a foreseeable end to Fox’s career, productivity, and self-fulfillment, Fox’s life story did not follow this narrative trajectory. Instead of coming to an end, Fox’s career has continued, and his illness became part of a new narrative. As Fox quipped on The Late Show with David Letterman in January 2013: “As long as I play a guy who has Parkinson's, I can do anything.”²

As researchers in medical humanities have argued, medical narratives often do not match the “reality” of a disease’s progression or the patient’s experience of disability. This incongruence has been productively investigated, for example, by research on the power of illness narratives written (or told) by patients, also called autopathographies,³ and by research on the impact of different forms of narrativization (e.g., blogging vs. writing a book) on the experience and meaning-making involved in illness, disability, pain and grief.⁴ Chronic illness and disability—which we use here alongside one another, acknowledging however that they are distinct experiences and concepts—present a particular challenge to storytelling, as they undermine classical narrative structures and expectations, such as resolution (i.e., when the “problem” is solved) or closure (i.e., when the illness is overcome). Serial television narration, which is defined by “continuing story lines that run from one episode to another” and by “recurring characters and situations,” may offer intriguing ways to rethink the function and meaning of narratives in health contexts.⁵

The intersections of seriality and illness have been discussed in health humanities before. Historians Volker Hess and J. Andrew Mendelsohn argue in “Case and Series” that the construction of series has been “a basic operation of medical knowing” since the late seventeenth century.⁶ Hess and Mendelsohn relate seriality to the ways in which doctors drew
on “amassed individual histories” to produce generalization, homogeneity, and uniformity. In this sense, seriality was “an empirical activity” and not a “function of experience.” In contrast, Arthur Frank emphasizes the experience of illness and speaks about “a series of dramas” which “enhances the capacity of the ill to find meaning in their plight and—for some—even to learn to enjoy it. Because these dramas are the dramas of all of our lives, all the time, they bring everyone to life, by allowing us to see ourselves in the lives of others whose troubles take them a little closer to the edge than the rest of us are, at least today.” Fox’s example relates to Frank’s understanding of the “series of dramas” in so far as it also draws on the notion of joy, which is fundamental to the entertainment industry, and the everydayness that television stages, as for example in the family sitcom. In this paper, we want to focus on Fox’s neurodegenerative disorder and explore a potentially productive tension between common narratives of chronic illness and the episodic narrative structure of TV series that may afford insights into the structure of medical encounters. More specifically, we want to examine to what extent serial narration, with its focus on continuity and repetition, might help reimagine the typical narrative of decline, which is implicit in the terminology of neurodegeneration, as well as the narrative of (premature) closure or finitude, which often accompanies a diagnosis such as Parkinson’s disease.

In our analysis, which is informed by the dual perspective of a film and literature researcher and a medical practitioner specializing in neurology, specifically Parkinson’s disease, we want to bring serial narration into conversation with, first, the representation of illness and disability and, second, actual doctor-patient encounters in the clinic. We are thus interested in exploring the notion of seriality on two levels: On the one hand, we will analyze two TV series—a serial drama, The Good Wife (2009–2016) and a sitcom, The Michael J. Fox Show (2013–2014), in which Fox plays two different characters with neurological disorders—in order to explore how the representation of illness and disability in serial formats might offer new ways of understanding how illness and disability experiences can be framed. The aim of this analysis is to tease out how serial narratives may counter other, sometimes limiting narrative forms, in which illness and disability are often embedded. On the other hand, we will explore how the concept of serial narration applies to clinical practice and how it may offer new ways of understanding narratives that relate to doctor-patient encounters.

**Approaching Seriality**

Our suggestions are informed by theories from television studies and cultural studies, where seriality is considered a cultural practice with a narrative structure that is, to a great degree,
determined by industrial production standards. In contrast to a closed narrative structure, such as in books or films, which is characterized by beginning, middle, and end and which moves towards closure and resolution, serial narratives are informed by different principles. From a philosophical perspective, seriality is defined by repetition and difference. In literature and cultural studies, serial narrative has been investigated as a concept that emphasizes process and “becoming,” thus emphasizing relations that are not grounded in either identity or difference. As Pamela Gravagne argues in relation to Gilles Deleuze’s concept of the time-image film, cinema (and, as we propose here, serial narrative) can highlight processes of becoming, as opposed to being, and thus foreground open-endedness and unpredictability. One extreme form on the spectrum of serial narrative are soap operas (or continuous serials), which are open-ended and thus lack closure. Soap operas, such as General Hospital (1963–2015), can have thousands of episodes and tell the stories of their characters over several decades. Therefore, soap operas are characterized by what the media scholar John Fiske calls “an infinitely extended middle” (180), emphasizing process and change (187). With their continuous “refusal” to end, soap operas offer “process without progression” and are based on “provisional denouements” instead of final and unalterable conclusions. Moreover, the viewing experience of a soap opera is different from watching a finite movie. Dennis Porter argues that soap operas have a “life-imitating diachronic capaciousness” with an “implicit claim to portray a parallel life.” Viewers usually follow the stories for years or even decades, evolving through time just as the characters and actors do.

Sitcoms (or episodic series), on the other end of the spectrum of serial narration, emphasize repetition and cyclicality. With storylines that are always brought to closure at the end of each episode, sitcoms such as Scrubs (2001–2010) suggest a “cyclical nature of the normalcy of the premise undergoing stress or threat of change and becoming restored.” There is little or no narrative development across the episodes and seasons of sitcoms, which entails that repetition reproduces the routines of everyday life, suggesting to the viewers a sense of safety and security, the familiar and the domestic. Even though each episode is self-contained and even though repetition and cyclical nature are central to sitcoms, to Fiske, the repetitive nature of sitcoms suggests open-endedness on a different level: “The syntagmatic chain of events may reach closure, but the paradigmatic oppositions of character and situation never can. It is a requirement of television’s routine repetition that its stories can never be finally resolved and closed off.” As a consequence, sitcoms thrive on “joy in repetition.” Running gags, for example, as a hallmark of the situation comedy, harbor a great potential for dependability and familiarity on the one hand and irony, parody, and mimicry on the other hand. Therefore, even though viewers may miss one or several episodes and still keep pace with a sitcom because the basic premise will not change dramatically, this allegedly monotonous sameness also contains (and even demands) change and innovation.
In between these two poles of serial narration—the soap opera or continuous serial on the one hand and the sitcom or episodic series on the other hand—a number of other narrative forms exist, such as mini-series, flexi-narratives or episodic serials. The episodic serial, such as *Grey’s Anatomy* (2005–today), is a hybrid form that has a main plot, which usually features the doctors’ private lives and professional challenges and which continuously evolves across several episodes and seasons. (*Grey’s Anatomy* is currently in its twelfth season and, to our knowledge, there is no end in sight.) On the level of the subplot, episodic serials, like *Grey’s Anatomy*, feature medical cases and patient stories, which are usually self-contained and are resolved by the end of an episode so that each new episode introduces a new medical case. Episodic serials are therefore both potentially infinite and provide “the dramatically satisfying finitude of the episodic series.”

These notions of serial narration have been applied to the representation and experience of old age and aging: Countering the typical representations of old age with connotations of finitude, closure, standstill, or decline, serial narration on television offers new approaches to what it means to live in time. In soap operas, for example, the genre’s characteristics of constant evolution, open-endedness and unpredictability imply that marriage is often not an end-point and that some characters marry multiple times across their life courses and continue to believe in new beginnings as they age. Soap operas also leave more narrative space for the representation of older women, who are usually shown with an active sexuality and with economic power. Sitcoms such as *Golden Girls* (1985–1992), can use the ambivalence of the humor expressed in running gags as well as theatrical exaggeration to subvert hierarchical categorizations and stereotypical notions of age and aging. Hearing impairment or stubbornness, for instance, which are often associated with old age, can turn into a source of surprise and humor when stereotypical expectations are undermined by the vital and energetic “golden girls.” At the same time, the sitcom’s recurring characters offer “familiarity and security . . . a delight in repetition and a feeling of being safe and sound.” Since each episode restores the harmony among the *Golden Girls* after an initial conflict, the sitcom’s narration is cyclical and thus, even though each episode comes to an end, the sitcom itself can potentially go on forever. In short, when viewers decide to watch *Golden Girls*, they know what they will get.

To our knowledge, these specific qualities of serial narration have not yet been brought together with (chronic) illness and disability. There is a heated debate by activists and rich controversial scholarship regarding the representation of and narratives about characters with illnesses or disabilities. And, of course, there are prominent cases of disability representations in films and the media. Geri Jewell, for example, is
known as the first actress with a disability (cerebral palsy) to have a recurring role in a prime
time television show (The Facts of Life, 1979–1988). IMDb lists twelve episodes (from 1980 to
1984) in which Jewell appeared as Blair’s cousin Geri Tyler (“Geri Jewell”), giving to the
protagonist Blair—as Jewell explains in an interview (“Geri Jewell Interview”)—more depth
and a more humane side. As a stand-up comedian and trained method actress, Jewell was a
perfect fit for the role. She even used jokes from her comedy show in The Facts of Life, thus
merging, to some degree, her off-screen persona as a comedian and her fictional on-screen
character. The light sitcom tone of The Facts of Life is interwoven with an educational purpose,
which gives both gravitas and a taste of moralism and didacticism to the show. (In her first
appearance, Geri Tyler says, for example, “Questions don’t hurt, ignorance does.”)

Other famous actors or public personae, such as Christopher Reeve and Stephen
Hawking, have appeared in serial television. Reeve, for example, had a role in the serial drama
Smallville (a show about Clark Kent’s life before he became Superman) as Dr. Virgil Swann
two episodes were aired in 2003 and 2004), and appeared in one episode in The Practice
(2003). Stephen Hawking has had guest appearances in Star Trek: The Next Generation (one
episode in 1993), The Big Bang Theory (six episodes, 2012–2016), The Simpsons, and
Futurama. As in the case of Jewell, Reeve’s and Hawking’s personal lives and illnesses overlap
with the fictional characters, with the difference that in Reeve’s and Hawking’s case, the on-
screen roles are similar to “cameos”: Reeve appears in a remake of the original Superman films,
thus creating, by his sheer presence, a link to and acknowledgment of Smallville’s ties to the
original. Hawking’s cameos are of a slightly different kind since he usually plays himself (and
not a fictional character as in Reeve’s case) so that the on-screen and off-screen persona are
practically identical. This also implies that, true to a cameo appearance, we are dealing with
character sketches that fulfill a different function, such as raising publicity or attracting viewers.
In these cameo roles, TV characters with a disability are not meant to be fully fleshed out
characters who develop over the course of a series, which is an important dimension that adds to
the distinctiveness of Michael J. Fox’s roles in prime time television series.

The cases of Jewell, Reeve, and Hawking and their appearances in serial narrations raise
important questions, especially because their off-screen, public life stories intersect with their
on-screen personae: How intentional are these intersections?30 How relevant is it to define the
boundaries between off-screen reality and on-screen performance? What role does humor play
when private story and fictional narrative overlap? How does self-deprecating humor, irony, or
sarcasm negotiate or challenge clichéd representations and ableist notions? Who benefits from
or is harmed by such humorous representations? After all, a number of stakeholders are
involved in television series, all of them having different aims and reservations—the producers
of a show (who aim for publicity, higher ratings, financial benefits), the actors (who are
interested in employment opportunities, acknowledgement, and a public voice, but who may
end up feeling exploited or pitied), disability organizations (who benefit from the publicity and visibility that long-running, successful, prime time TV series entail and who are invested in changing the public image of disability). The audience, too, is an important factor in this discussion, especially in the era of Web 2.0 which allows viewers an even greater public voice in responding directly to on-screen representations. Assuming that viewers engage with a television series over a much longer time period (compared with watching a film in a movie theater, for example), one might argue that this ongoing investment in a fictional narrative might influence the viewers’ responses. Whether or not this is actually the case cannot be determined here. However, we find viewers’ online comments to be a productive resource for understanding the social responses serialized representations of disability and illness can yield. Reeve’s television roles in *Smallville* and *The Practice*, for example, reveal that viewers are conflicted about Reeve’s appearance, as the following comments illustrate: While fan “Zach Kucala” is enthusiastic and feels inspired by Reeve’s appearance (“Nothing is Impossible. He is an inspiration to my life”), “jwoven” is indignant, wondering “why oh why do we need to resort to pushing onto screen Chris Reeve.”31 Not only does “jwoven” doubt Reeve’s acting skills, he also raises ethical questions about care as well as personal value judgments about what he or she wishes to see on screen.

In the following two sections, we use the interaction between chronic illness and disability on the one hand and serial narration on the other hand as a stimulus to start a conversation about the influences of serial narration on the representation of health and illness. We will focus on two forms of serial narration, the serial drama (or episodic serial) *The Good Wife* and the sitcom *The MJF Show*, in which Fox plays two very different dramatic characters, each of whom has a neurological illness. We are not interested in determining which form of serial narration represents chronic illnesses “better” or more accurately. Instead, we will consider how each narrative structure challenges existing illness narratives and may offer new views on the representation of chronic disabling disorders.

**Serial Narration and Chronic Illness: *The Good Wife***

In *The Good Wife*, Alicia Florrick is an in-demand Chicago lawyer trying to advance her career while navigating a complex private life as the wife of a cheating politician. It is a serial drama, in which each episode’s legal case is closed within each episode while other plotlines expand over several episodes or even seasons and thus remain open-ended. In addition to the central cast of the show, which remains largely the same, and a steady stream of new client-characters, a number of secondary characters appear repeatedly though sporadically. Louis Canning (played
by Fox) is one of these secondary characters. He is introduced as the opposing lawyer in the second season of *The Good Wife*, where he represents a drug company in a class action suit of plaintiffs who have lost a family member due to a drug manufactured by a company that is represented by Florrick and her law firm Lockhart/Gardner. Ironically, Louis Canning has a neurological disorder (identified as tardive dyskinesia), which he openly declares in his voir dire towards the jury, where he also explains that drugs help with his symptoms. The irony of this representation is increased by the fact that tardive dyskinesia is actually a disorder *caused* by exposure to the medication, and has thus been the subject of lawsuits itself. Repeatedly, Canning (who is never addressed by his given name) uses his illness to manipulate the judge and the jurors: he bangs his chair against the table or slowly and with shaking hands pours water into a glass, thus distracting everyone in the courtroom. Clearly, he uses his disability to his own advantage, and the TV series highlights the irony of having Canning as a patient with a drug-induced condition himself defend a pharmaceutical company—an irony that is also reflected in the title of the episode, “Poisoned Pill.”

In this and future episodes, Louis Canning is set up as an intriguingly complex trickster figure: He moves across boundaries of truth and falsehood, health and illness, and defies conventional notions, such as the sick role. Moreover, Canning’s negotiation of his condition does not seem to fit the common narratives of illness or disability, such as inspiration or decline narratives. The premise of the inspiration narrative, for example, is that disability is an affliction to be feared and that people with disabilities are to be pitied. When they manage to overcome their disability (or their suffering from the disability), they are turned into heroes or heroines and considered an inspiration to the non-disabled. To G. Thomas Couser, such “triumph over adversity” narratives represent the “tritest script of disability” because they ignore the social context and cultural practices in which disability is embedded. These inspirational stories present the disabled as role models with a positive attitude who have overcome suffering due to perseverance or hard work. Problematically, this notion of heroic overcoming objectifies and sensationalizes disabled people. Moreover, it is said to make “non-disabled viewers feel good about themselves” because it reduces their anxiety about becoming disabled or sick themselves: If disabled people can still achieve extraordinary things (such as winning the Paralympics), non-disabled viewers feel comforted and inspired about what is possible in life. In Canning’s case, viewers will not condescendingly pat this character on the back or use his performance as a reassurance about what is possible in life. Canning is not a pitiable victim of his condition; he owns his illness and exploits it. He is also not a hero who victoriously overcomes obstacles because of his good attitude, hard work, and good spirits. On the contrary, he is manipulative, cunning, and ruthless, and he uses his condition to his advantage.

The decline narrative is more fully explored (and questioned) in season 6 when Canning’s health is foregrounded again. Canning suggests several times that he is dying and
that his time is running out as he waits for a kidney transplant. True to his character, Canning uses this information to push for a speedy trial, which suits his case. It is never clarified how severely Canning is actually affected. This uncertainty and potential unreliability is further supported by Canning’s medical symptoms (he claims to suffer from renal failure), which are incongruent with his stated diagnosis of tardive dyskinesia and are not accompanied by the expected disability: When he appears in a wheelchair in court and on oxygen, he exploits these circumstances for dramatic effect within the episode. From a medical perspective, they seem unrelated to his clinical picture.

The ambiguity of Canning’s condition reaches a dramatic climax when Canning is hospitalized in episode 16 of season 6 (“Open Source”). Alicia visits him at his bedside, and Canning tells her that he had a kidney transplant and that he wants to donate money to the family of the donor. This episode alludes to the common notion that, on their deathbed, vicious characters realize that they were mistaken and try to make up for their earlier wrongdoing. This conversion narrative suggests that an illness is similar to a religious conversion experience: It is a dramatic turning point in a person’s life, involving “a kind of death of the ‘old self’ and rebirth to a new and very different self.” Canning thus appears as a converted patient who transitions “from darkness to light” and is saved by medical intervention. However, later in the episode, Canning’s statement comes to appear as a cunning fraud when he recovers and does not remember having asked Alicia to transfer money.

On a meta-level and true to the show’s status as a serial drama, Canning’s story is potentially open-ended and subject to unpredictable turns and surprising events. Even though each season ends with a final episode, the narrative is not “closed or resolved” and has, potentially, “an indefinite run.” At the very end of season 6, for example, Canning invites Alicia to open a law firm with him. This cliffhanger clearly points to the ongoing involvement of Canning in the next season. Therefore, despite the series’ allusions to a foreseeable decline of health and potential finitude of Canning’s life, The Good Wife undermines any certainty or predictability about the course of his health, cautioning us not to write Canning off prematurely. Part of this unpredictability is attributable to Canning’s unreliability as a trickster figure. Yet, this uncertainty and open-endedness, the constant element of surprise and openness for continuity and change, is also amplified by the serial nature of the narration.

It is this combination of an unreliable character and serial narration that challenges narratives of inspiration, conversion, and decline and contributes to the ambiguity of Canning’s health status. This narrative complexity is highlighted by Fox’s off-stage narrative and the intermittent use of features of his own illness, further challenging conventional expectations and pointing to the erosion of distinct boundaries.
between fact and fiction, material reality and social construction, which shape people’s experiences of illness and disability in their everyday lives and in fictional worlds. *The Good Wife* thus engages with conventional expectations by repeatedly inviting viewers to be entertained by Canning and to question the narrative expectations his character triggers. As a serial drama, the narrative structure of potentially endless continuity also sheds a different light on Canning’s story of disability and illness, inviting viewers to acknowledge the potential of process and *becoming* and enjoy the show’s focus on constant change and innovation.

**Serial Narration and Chronic Illness: *The Michael J. Fox Show***

*The MJF Show* is a sitcom loosely based on Fox’s own story, in contrast to *The Good Wife* in which that narrative is only implied. The sitcom focuses on Mike Henry, a beloved news anchor on NBC in New York City, who was diagnosed with Parkinson’s and retired from work. After having poured all his energy into his family, he decides in the first episode to go back to work, a decision which is applauded by his family and fans. Over the course of the program, we observe how Henry struggles to balance his career, his marriage, friendships, and the “crises” of a typical middle-to-upper-class family. In part due to its structure as a sitcom, *The MJF Show* functions differently from *The Good Wife*: Humor and running gags are fundamental. Moreover, the dynamics in the family play a central role. Similar to a serial drama, the show is marked by recurring characters and settings, but there are fewer external characters and the repetitive quality of everyday life is stressed in regular conversations in the kitchen, quarrels at the dinner table, or banter with colleagues at work. In addition, each episode brings a solution to the problems or conflicts presented in the beginning. Harmony is thus usually restored at the end of each episode, a lesson has been learned, and the next episode can begin with no major changes in the general set-up of the series.

Similar to *The Good Wife*, *The MJF Show* challenges common illness and disability narratives, both in relation to Henry’s professional and private life. Henry is skeptical about the way his return to work will be handled by the TV station: The producers at Henry’s job frame his past experiences and future plans within the common inspiration narrative of “overcoming personal obstacles” and dramatize his professional aspirations with slow motion and “lame uplifting music,” as Henry complains. Thus, *The MJF Show* exposes the way in which stories like Henry’s are exploited by the media, namely as a condescending marketing strategy that announces him as “Mike the poor son-of-a-bitch” not “Mike the newsmen,” as Henry argues with frustration. Similar to Fox’s own statements, his character Mike Henry refuses to be solely defined by his illness or to endow it with undue significance. (The fact that *The MJF Show*, which is broadcast by NBC, exposes and condemns the mechanisms of the fictional NBC of Mike Henry’s universe, adds yet another layer to the humor and irony of the show.) In a similar
way, the inspiration narrative is subverted when Mike Henry meets his new assistant and segment producer Kay at the TV station. She introduces herself as a great admirer of his tenacity: “Because to be a part of this [. . .] a part of you [. . .] to call it inspirational is [. . .].” Kay cannot finish her sentence as her eyes well up with tears. Henry mocks her and asks sarcastically “Are you crying? [to his boss] Is she crying?”

This critique is negotiated in the setting of family life. Conforming to the focus of the sitcom genre on the familiar, the domestic, and the communal, Henry’s life is predominantly defined by his role as a family man. In contrast to other representations of characters with disabilities, which predominantly define the characters through their disabilities and present them in relative isolation from other roles and characteristics, The MJF Show makes a point in suggesting that Henry is involved in a lively, dynamic family, which he tries to tame as any other father might do. Of course, the sitcom does not actually mirror normal, everyday lives, but it presents an idealized version of what is supposed to be a typical American family and thus contributes to normalization. Moreover, Henry is repeatedly shown with his wife in bed and—toned down to the standards of the family sitcom—we observe their banter, flirting and kissing, that hint at an active sex life. Again, the fact that The MJF Show does not desexualize Henry or declare his erotic desires as deviant, suggests that the show refuses to associate disability with asexuality or abnormality.

The inspiration theme is also addressed in the family setting, when Henry’s teenage daughter tries to exploit Henry’s inspirational appeal and profit from her father’s condition. For a school project, Eve makes a movie about her family, in which her father appears as a struggling hero who overcomes grave obstacles on a daily basis. Eve’s voiceover explains: “Although my Dad has experienced enormous tragedy in his life—just putting his pants on every morning is a gift—he bravely soldiers on, and that makes him a hero.” To increase the effect of the video, Eve covers Enrique Iglesia’s song “Hero,” singing “You can be my hero, Daddy” (instead of “I can be your hero, baby”), thus exaggerating the melodrama of the song to such a degree that it becomes ridiculous. Eve’s teacher fails Eve, claiming that her video was manipulative and that she delivered a “puff piece,” underscoring the inauthenticity or over-simplification of the inspirational or heroic narrative of illness.

Eve’s narrative of her father alludes to the common conception of illness as warfare, which frames diseases as hostile invasions and patients as soldiers who heroically put up a fight. Moreover, Eve’s film draws on the tragedy narrative, which suggests that a diagnosis of an illness is a disruptive experience that “shatters lives” and tears apart a person’s coherent identity into a ‘before’ and ‘after.’ By magnifying her father’s story into a tragedy, Eve frames Henry’s condition as one that is supposed to
arouse “pity and fear,” leading to a “catharsis of the emotions” for the viewers. Crucially though, the viewers of *The MJF Show* are invited to laugh both at Eve’s exaggeration and at the ridiculousness of the tragedy narrative in relation to Henry’s condition. Thus, *The MJF Show* both dismantles and ridicules the inspiration and tragedy narratives.

This role of the inspiration theme is continued in episode 7 (“Golf”), when Henry and his wife are invited to a charity golf event. Henry plans the trip as a romantic retreat with his wife, but when he meets Chaz, another guest at the event who is legally blind and ruthless when it comes to using his disability for his advantage, Henry starts to compete with Chaz about who is more inspirational and thus deserves more public attention and praise for his achievements. In this episode, Chaz’s unscrupulous manipulation of ableist stereotypes resembles Louis Canning in *The Good Wife*, and it adds another layer to Henry’s derisive critique of the inspiration narrative in earlier episodes. The “Golf” episode reveals that Henry is not an infallible hero in shining armor; he has gotten used to the benefits and status that come with the inspiration narrative and he now enjoys them too much to share them. At the end of the episode, Henry confesses to his wife: “I just want to be the inspirational guy. I guess this has become a bigger part of my identity than I realized.” In contrast to *The Good Wife*, where Louis Canning’s manipulative and exploitative strategies are aligned with similarly ruthless strategies used in the arena of competitive, able-bodied lawyers, the sitcom’s serial formula of *The MJF Show* has its hero Henry return to his good senses at the end of the episode. After his spin into morally dubious domains, Henry’s insight about his own weakness towards the benefits of the inspiration theme only increases the show’s overall critique of ableist stereotypes and problematic disability narratives.

From a narratological perspective, one recurring feature is particularly remarkable in *The MJF Show*: In each episode, the characters do not only play their roles, they also comment on their actions. Thus they are both subjects within the episode’s plot and somewhat distanced narrators of their stories. This meta-discourse is a mode that has become quite established in TV series, and *The MJF Show* puts it to an interesting use. In the “Golf” episode, for example, Henry steps out of his role as a family father and inspiration-competitor and shares the lessons he has learned at the end of the episode. Speaking directly to the camera in a separate room, Henry maintains: “Sometimes you get used to playing certain roles. Maybe you are the ambitious one, or the smart one, the inspiring one. But you cannot let those roles define you. ‘Cause if you are too hung up on how other people see you, you might forget to stop and enjoy the view.” In adding this extra narrative layer to the show, *The MJF Show* suggests that the characters can create distance between themselves and the plot by becoming, to some extent, the tellers of their own stories. Whether or not this implies more narrative power and authority is questionable given that the characters remain their fictional selves and do not abandon their roles. But it adds an additional layer of self-reflection that potentially complicates the topics
discussed in the plot. However, rather than being subversive, Henry’s commentary in the “Golf” episode may also be understood as educational and moralistic and may thus continue a tradition of didacticism in the representation of disability that is also present in The Facts of Life.

Humor thus takes an ambivalent position in the representation of disability and chronic illness. In contrast to Louis Canning’s comical stunts in the serial drama The Good Wife, The MJF Show’s use of humor is part of the sitcom’s distinctive genre and thus crucial to the representation of chronic illness and disability. Humor, as scholars argue, can be both affirmative and subversive of a status quo, and it “may be used to cope with difficult situations, to expose social problems, to confront societal taboos, and to safely vent frustration.” When applied to the representation of characters with disabilities and their experiences, humor can help the characters create distance towards what is painful, or it can contribute to downplaying feelings of being rejected and dismissed. As a consequence, humor can be a sign of powerlessness or resignation (towards what cannot be changed or is too painful to address without ironic distance) or it can indicate a position of power and authority, in which the characters who make jokes about themselves use humor to unite disparate parts of the self and normalize alterity. In the latter sense, humor subverts the notion of disability as a tragedy narrative, suggesting instead that being disabled is not so fundamentally tragic that you cannot laugh about it.

In the case of Fox, who in the sitcom prefers the role of what pop culture wiki TV Tropes calls the “Disabled Snarker” over that of the “Inspirationally Disabled,” the role of humor is not only central to his performance in The MJF Show but also closely interwoven with his public image as an actor, who gained fame and an (inter)national profile through his involvement in sitcoms (e.g., Family Ties) and science-fiction comedy films (e.g., Back to the Future). The humorous quality of Fox’s fictional roles and his sustained public image as a comedy actor further overlap with his self-presentation in talk shows such as The Late Show with David Letterman, when the actor and private person quips about his employment opportunities and capacities. By inviting his fans to laugh with him when he jokes about himself, Fox suggests that he is in a position of authorial power, which paves the way for a humorous representation of his own condition, Parkinson’s disease, that can apply to other illnesses, in which the disease becomes familiarized and normalized and invites process and becoming (for example, in trying to understand and come to grips with the complexities involved in the inspiration narrative).

However, Fox’s position of authorial power and control is of course relative. His success in shaping the public narrative of his (dis)ability is dependent on the structures
of the industry he works for and on the public’s taste, over which he has little influence. Fox’s ambitious aim to reimagine a story of chronic disease within different narrative frames did not last long: *The MJF Show* was cancelled mid-season after only fifteen of the planned twenty-two episodes had been aired. This outcome is not unusual as series typically get cancelled quickly when the rating figures remain below expectations. Therefore, when the show failed, as Howard Moore argues, NBC “treated it just like every other show that fails. No special treatment. That’s all anyone expects.” From the perspective of serial narration, this unexpected cancellation adds another interesting twist to the potential of serial narration: It increased the open-ended character of the show, exactly because the series remained fragmentary and incomplete. According to some researchers, such a fragmentary state of TV series may even have a particularly activating effect on viewers, triggering lively discussions in online blogs or inspiring fans to create their own derivative works of fan fiction, in which the characters of the original work live on or are entirely reimagined.

In the context of serial narration, which emphasizes repetition and becoming, TV series offer a thought-provoking platform to reimagine common narratives of illness and disability. Continuous serials such as soap operas remain open-ended and refrain from providing closure while episodic series such as sitcoms and dramatic serials offer resolution in each episode against a background of ongoing conflict or evolving plots. Both imply an open-ended aesthetic of representation that offers an alternative to a closed narrative structure, which can be particularly productive when applied to representations of chronic illness or disability, as we have tried to show in the examples from *The Good Wife* and *The Michael J. Fox Show*. In the next section, we want to move beyond the representational dimension and test to what extent there might be a practical value to the features of serial narration that can provide insight into actual clinical settings.

**Seriality in Clinical Practice**

Comparing TV series to clinical practice may at first seem far-fetched given their many differences. After all, medical encounters aim at providing care, not entertainment or social commentary. Nonetheless, as Kathryn Montgomery has demonstrated, there are crucial narrative conventions at work in the clinical framework that can be productively examined. In what follows, we will outline some of the structural similarities between serial narration and clinical practice, highlighting how these intersections provide new perspectives toward health care or illness experiences on a theoretical and attitudinal level. We will then discuss how attention to the serial structure of health care may challenge existing doctor-patient narratives and yield opportunities to reimagine what it means to attend to patients with chronic diseases or disabilities.
Medical encounters have several structural parallels to serials on television, in part because they share some of the same constraints. They recur at specific intervals and the action takes place within a familiar setting or “set,” the doctor’s office. A doctor’s appointment follows a predictable narrative structure; it moves through the opening questions, to the examination and the diagnosis and plan. Similar to television serials, medical encounters are subject to external pressures, such as administrative requirements that share some features with television production standards. Likewise, the creation of a television series is schematized and shaped by industrial production principles, such as labor division and strict time windows of writing, filming, editing, and broadcasting. In keeping with this, the structure of television series and the processes in the clinic share a high degree of standardization and ritualization.

The open-ended structure of continuous serials, which follow the lives of characters over decades and give rise to the idea of “process without progression,” allows characters opportunities for re-invention and new beginnings, with “provisional denouements” instead of final and unalterable conclusions. This parallels the experience of a chronic illness that unfolds over many years, in which decompensation can be followed by an intervention that, at least temporarily, arrests the progression of the illness and restores the status quo for a period within the overall course of the illness, thus constituting—in a medical analogy—a moment of “provisional denouements.” However, in chronic degenerative diseases, there is an end to the narrative so that ultimately possibilities are foreclosed. The narrative of decline cannot be postponed entirely and has a known conclusion, just like normal aging. What can be modified is how the participants (doctor and patient) understand and shape the narrative process over the course of the illness: Within the serial, episodic and ultimately fragmentary structure of the medical encounter, there is an opportunity to create new narratives that allow for “becoming,” the assumption of new roles and the occurrence of unexpected plot twists. Thus, we can question our expectations of closure and resolution. Serial narration involves an interesting paradox that also exists—to some extent—in doctor-patient encounters: Each episode (or medical encounter) comes to an end eventually, but the ending is provisional because the plot will resume in the next episode (or visit in the clinic). However, the doctor-patient plot does not necessarily pick up where it left off. This rupture in the “syntagmatic chain of events” emphasizes once more the provisional nature of closure and resolution, particularly in the encounter with chronic disease in which the larger narrative of the illness is open and continually changing and in which the paradigmatic oppositions of character and situation—health and illness—cannot be resolved.
The episodic, fragmentary structure of serial narration also has parallels in health care. Similar to a TV series, the doctor generally has no access to the patient’s life beyond the clinic, which can be compared to the off-screen gaps between episodes on television. The life of the patient unfolds in between the clinical episodes, and this influences the role of the doctor, who is unlikely to be the “main character” in the patient’s story. Awareness of this dimension of fragmentation challenges common linear trajectories. For example, narratives of decline reduce individuals to stereotypes, such as the inevitable decline of “the elderly” as they age, or those with a chronic disease who find their identities conflated with their illness—a characterization rejected both explicitly and implicitly by Fox’s narrative. The episodic structure of TV series, which involves the gaps between the broadcasting of each new episode, suggests a notion of temporality in which the common linear understanding of time is punctuated by gaps and holes, and where lives unfold off-screen for the characters, the actors, and the viewers alike. As the lives of both doctor and patient evolve in the time between their medical encounters, a heightened awareness of these different temporalities can promote the recognition of an expanded identity for the patient and a multiplicity of roles both with and apart from the illness. These “off-stage” events and their accompanying narratives also influence the encounter and require re-inventions and new beginnings as both doctor and patient take stock of the changes since the last encounter and revise their shared narrative accordingly.

The properties of repetition and cyclicality also operate in both serial narratives and the clinic. Repetition within a sitcom may function to create a sense of safety, security, and familiarity, which allows the exploration of charged material and social taboos under a veneer of everydayness, often using humor. In a medical encounter, the familiarity of the setting and structure of the encounter may, ideally, create a safe space to approach the reality of illness with an emphasis on dependability, familiarity and “homeliness”—crucial factors which are often disrupted in the experience of illness.65 In a sitcom, it is the homelike set which produces a safe, dependable space of sameness and repetition within which variation, improvisation and humor can unfold. Repetition bridges the gaps between episodes, establishing a sense of continuity and shared purpose. For similar reasons, doctors often use specific references to personal details they have learned from previous encounters with the patient to “frame” the next encounter and establish a common point of reference. Repetition—for example of shared jokes or references to some aspect of the doctor and patient’s history together—can create a space of safety and familiarity in which it is possible to approach difficult and frightening material when used within a predictable structure. It is important to note here that such a sustained relationship with a specific doctor over time often does not correspond to the reality of what, for example poor and uninsured, patients experience. These patients go through episodic encounters in a variety of medical settings with constantly changing providers, and this situation highlights the powerless and vulnerability of the patient seeking care. Repetition and cyclicality, instead of
providing pleasure or a sense of safety, reinforce the fragmentation of care. Joy in repetition becomes the repetition of despair.

Similar to serial narration, doctor-patient encounters follow a standardized, predictable format with its own structure and narrative rules. Within this format, doctors can benefit from awareness of the need for variation or improvisation in their encounters with patients, deviating from the usual procedures to maintain engagement in the service of a more authentic encounter. Academic research has recognized the significance and beneficial impact of humor in health care settings. Humor is one form of improvisation that can be used to defuse tension or establish rapport within the predictable, repetitive narrative of medical encounters, although the use of parody and irony in health care carries a risk of misinterpretation. Paul Wells argues in his analysis of comic forms: “Repetition constitutes an important structure device because it creates the conditions for a comic event with particular economy. Viewers know that certain events are going to take place and what they essentially await are the variations on the main theme.” Repetition thus may create space for creative innovation and improvisation, which help maintain engagement, attention, and curiosity despite (or because of) existing formulaic patterns, repetition, and standardization. Understanding repetition as a resource for innovation and improvisation in health care has the potential to enrich the experience of the encounter for physicians as well as those they care for, allowing both parties to experience a sense of personal connection and shared meaning.

To illustrate the power of repetition in a clinical setting, we want to draw on an oncology case that Cheryl Mattingly describes in *The Paradox of Hope* (2010), a study in which she analyzes the urban hospital as a border zone and describes African-American families with children who have a chronic medical condition. Mattingly is a medical anthropologist, who places the encounters she observes within ethnographic concepts of rituals, liminal spaces, and healing dramas. Interestingly, many of her observations also resonate with our concept of serial narration. For example, in her description of “a ‘routine’ clinical visit” between Andrena and her preschool daughter Belinda at Belinda’s oncologist, Dr. Branden, Mattingly distinguishes usefully between Andrena’s and Belinda’s perspective on the encounter (which is experienced as a continuing nuisance and “portentous” event, filled with fear, tears, and sorrow) and the doctor’s view, for whom the visit “may be routine” and—even though he greatly cares for Belinda—for whom it may be just one of many patient encounters during a busy day.

According to Mattingly, the fifteen-minute visit, in which Dr. Branden does a physical exam of Belinda and discusses the latest MRI results with Andrena, is “couched within a family-like time,” in which the doctor chit-chats with the mother and plays a “Yes I Can/No You Can’t” game. This game, Mattingly reports, is one that Dr.
Branden plays with Belinda whenever he notices that she has taken medical instruments from the wall in his office to play with them. Following Sabine Sielke, we might think of this scene as a moment of joyful repetition to both Belinda and Dr. Branden. Mattingly describes the following interaction: “‘Hey,’ Dr. Branden jokes, noticing the instruments still clutched in [Belinda’s] right hand. ‘you can’t have those! Give them back!’ He playfully moves to take them from Belinda. She snatches her hand away, grinning. ‘No! I can have them!’ she shouts. ‘No, you can’t!’ he says, raising his voice. ‘Yes I can!’ she repeats even more loudly, laughing now. ‘Okay,’ he sighs in mock defeat. ‘I guess I’ll just have to listen to your chest.’ Belinda hugs him and he puts his arm around her.”

Importantly for our argument about seriality and the entailing concepts of repetition, variation, episodic temporality, process, and becoming, Mattingly’s example illustrates how the little game not only draws on serial characteristics of sameness and repetition but also establishes—as many sitcoms do—a moment of familiarity, safety and “homelikeness,” a fatherly bond of trust that allows Dr. Branden to “participate in an intimate family game” with Belinda and that indicates a “sense of partnership with Andrena.” This short moment of the ritual or repeated game produces a “time out of time,” a moment in which the linear sequence of medical events and procedures, prognostics, and treatments, is punctuated with a parallel time of play and momentary self-forgetfulness. “Thus,” Mattingly notes, “in the middle of the grimmest scene, comes the possibility of foolishness, of humor, a momentary forgetting of the terrible reasons that bring these three together.”

This brings up the question: How does the concept of serial narration offer an expansion of or alternative to Mattingly’s sensible and convincing analysis of the scene, which draws on the concepts of ritual and game? And, what problems arise from applying the notion of serial narration to clinical practice? Mattingly’s example demonstrates the idea that repetition reproduces the routines of everyday life which, as we argued earlier, may create a safe space for medical encounters to approach the reality of illness. However, this example also illustrates some potential limitations to applying the notion of serial narration, derived from the larger context of entertainment and popular culture, to clinical practice, in which so much is at stake. The game between Belinda and her doctor works well within this specific pediatric setting, but it raises the question if and to what extent humor in general, as well as games—such as verbal games or puns—can be applied to other age groups as well and how they may risk trivializing or infantilizing patients. Certainly, and Mattingly makes this clear in her discussion, the “Yes I Can/No You Can’t” game was so successful in Belinda’s case because it echoed a similar game between Belinda and her mother, which Dr. Branden seems to have picked up. Caution and sensitivity are required to forestall that a well-intended ritual, game, or address may end up achieving the opposite, namely the reiteration of condescending or reductionist narratives.

Another contradiction is raised by our application of serial narration to this case from clinical
practice: Serial narratives such as sitcoms, as we have argued above, are to some degree cyclical and can potentially continue forever. This temporal unfolding conflicts with the implicit goal of Mattingly’s and other medical encounters, in which all parties hope for a successful resolution that concludes the narrative of illness. Thus, the notion of “joy in repetition” and the goal of entertainment underlying narrative decisions in television serials are at odds with the reality of the clinical encounter. We recognize these critical distinctions and do not intend to imply that television series are analogous to clinical encounters. However, we do want to suggest a few potential benefits in recognizing their similarities.

The increasingly standardized and regulated routines in health care have been related to job dissatisfaction and burnout on the side of health care professionals. The concept of seriality, in the context of endless routines and administrative monotony, may offer a resource for an attitudinal shift because it reimagines the value of repetition. In other words, despite the dullness of endless routines and the alienating effect of standardization and other constraints, serial narration reminds us that repetition can also—to some extent—be enjoyed, and that a great deal of the entertaining quality of popular culture relies on some form of routine and sameness. A tedious repetition may thus harbor more nuances and surprises than we expect, inviting us to consider the subtleties of variation and the possibilities for improvisation. Could this, we wonder, be a resource to foster resilience and self-care?

In a larger context, the emphasis on serial narration highlights the concept of narrative that potentially expands the anthropological analysis. As Frank has argued, narratives have the power to constrain the possibilities for the characters in a given story. For those with an illness or disability, conventional narratives confine them to the possibilities available within those narratives. As we described earlier, in both *The Good Wife* and *The MJF Show*, the character played by Fox changes the narrative and challenges the notion that his identity is defined by his illness. In Mattingly’s example, the repetition of a game in this episode within the larger narrative of the illness allows Belinda to be a little girl, playing just like any other little girl, reclaiming her humanness in the face of the devastating narrative of a child with a life-threatening illness. We would argue that this also allows the doctor a moment’s respite in which he can experience her as a little girl as well, lifting the encounter out of the realm of “just one more patient” and bringing all parties a moment that makes their larger task easier to bear.

Mattingly’s example from clinical practice also raises the question to what extent serial narration may inspire a reimagination of stereotypical doctor narratives. Doctor narratives have been categorized into types or myths. Montgomery, for example,
identified the detective narrative in her clinical research: The sleuth narrative shapes medical reasoning and practice when the detective-diagnostician searches for clues that reveal the cause of a crime, finds evidence, makes assumptions, and ultimately resolves the crime. Mattingly speaks of three canonical genres within which medical narratives of healing are typically framed: the Science Detective Story, the Battle (in which the physician is the soldier or colonel who fights on the patient’s body as if it were a field of battle) and the Machine Repair (in which the heroic and dexterous surgeon repairs the broken body-machine). One might also add the hagiography as a typical doctor narrative, in which a God- or saint-like doctor saves patients and is untouchable and larger than life. These narratives share the premise that a quick solution can and will be achieved by an ingenious doctor, who against all odds manages to restore the patient’s health. If he or she should fail, the heroism is restored in another way (for example by finding the doctor not guilty). Popular television series, such as House, MD or Grey’s Anatomy, draw on the above-mentioned narrative types and represent admirable doctor-heroes—as questionable as their heroism may be—who manage to resolve their cases within the temporal constraints of a forty-five-minute episode. Needless to say, these narratives do not fully capture the realities of health care. Moreover, in their representation of temporality, they depict a mode of caring for patients that excludes a long-term mutual engagement with chronic diseases or disabilities. In these examples of doctor narratives, seriality works to reinforce problematic narratives surrounding illness and clinical practice. Such serial doctor narratives on television reflect fantasies about health care on one hand and shape how we understand clinical practice on the other. Moreover, they contribute to problematic narratives around chronic illness and disability and take a toll on doctors as well.

Increasing awareness of the narratives embedded in medical encounters offers not just patients but also their physicians the opportunity to reimagine themselves in narratives that reflect a wider range of possibilities. As we have outlined above, serial narration allows for different narrative framings: With its focus on long-term involvement and entanglement, where resolutions are only provisional and the story is theoretically endless, serial narration may offer narratives that represent physicians’ long-term, open-ended, and process-oriented relationship with their patients. A couple of recent TV series illustrate this promising potential. Importantly, these series—such as The Big C (2010–2013), Chasing Life (2014–2015) or Club der roten Bänder (2015–present)—focus not on doctors but on patients, and how they and their families deal with a cancer diagnosis and the subsequent treatment. In these series, doctors take on important roles: they are long-term companions instead of ingenious detectives and problem solvers; they are human beings whose lives unfold alongside their patients’ lives; and they are continually engaged with and take an interest in their patients across numerous episodes and seasons. Interestingly, the three series mentioned here focus on cancer, and the notion of death and final closure is very present in the serial narration. Simultaneously, the series have also
maintained a degree of open-endedness given that, after each season, the continuation of
the story depended on whether or not the producers and broadcasting companies would
commission another season.82 As these examples suggest, seriality provides a narrative
perspective on medical encounters which offers both patients and their physicians the
opportunity to reimagine themselves and envision a wider range of narrative
possibilities.

Conclusion
In discussing the intersections of serial narration, the representation of chronic illness and
disability, and the echoes of seriality in clinical practice, we hope that we have outlined
productive areas that may offer serial narration as a heuristic tool to rethink conventional
narratives related to chronic illness, disability, and health care and open up new spaces of
framing experiences on both the patients’ and the practitioners’ side. Seeing clinical experiences
through the lens of serial narration offers a number of intriguing possibilities to re-evaluate
notions of repetition, standardization, unpredictability, or lack of closure. Serial narrative, we
have suggested, represents a productive model to rethink narrative frames of illness experiences
as well as doctor-patient encounters. Seriality provides additional narrative frames as
alternatives to the decline narrative, which better capture the complicated nature of
neurodegenerative illness and, more generally speaking, the complex discourses in health care.
Instead of foregrounding ideals of predictability and linear progression, the concept of seriality
may more aptly represent that doctors and patients are often confronted with an unpredictable,
sometimes even cyclical course of a disease. In foregrounding continuity over closure or
resolution, and repetition and episodic fragmentation over linearity, serial narratives emphasize
the everydayness of chronic illnesses instead of featuring them as exceptional tragedies or
implicitly demanding a heroic overcoming. Moreover, serial narratives may help define new
narratives that offer examples of living with and finding meaning in illness or disability as one
aspect of the lives we lead. Michael J. Fox’s example illustrates that even though he faces
challenges, his narrative both on-screen and off-screen continues with Parkinson’s disease and
not in spite of it.
NOTES

2. Danae, “Michael J Fox on David Letterman.”
5. Kroon, “Serial Television Program.” Serial narration is, of course, not confined to television. As Kelleter points out, popular seriality has a long history and can be observed, for instance, in the publication of serialized commercial novels in periodicals since the nineteenth century or comic books (“Populäre Serialität,” 18–19).
19. Sielke, “Joy in Repetition.” The relation between joy and an illness experience is also discussed by Frank in “Five Dramas of Illness,” where he draws on Anatole Broyard’s notion of the theater drama, which entices viewers both to suffer with the protagonists and to enjoy the spectacle. What is there to enjoy in illness? Following Frank, health care professionals play parts in the dramas of their patients and they need to play their parts well, which is something that can be enjoyed (“Five Dramas,” 380). Doubt, following Frank, can also be enjoyed when it is understood as a prerequisite of suspense: “without well-founded doubt, there would be no story worth telling, and by extension, no life worth living” (392).
21. Kelleter, “Populäre Serialität,” 22. Also see the collection of essays on a poetics of seriality by Elisabeth Bronfen and colleagues, which argues that repetition does not produce sameness but difference (Bronfen, Frey, and Martyn, eds., *Noch einmal anders*).
22. See Nelson, *TV Drama*; Dolan, “Peaks and Valleys.”
24. Oró-Piqueras and Wohlmann, eds., *Serializing Age*.
27. Küpper, “Blanche and the Younger Man.”
29. See, for example, chapter 3 on “Disability in the Media, or, Why Don’t Disabled Actors Play Disabled Roles?” in Davis’s *The End of Normal*, 31–42; Garland-Thomson’s blog entry “Hot Sex and Disability at the Movies”; and Shinn’s *Atlantic* essay “Disability is Not Just a Metaphor.”
30. Other actors with disabilities playing characters with disabilities in TV series include, for example: Marlee Matlin (deaf actress, who played in *The West Wing* and *The L Word*), R. J. Mitte (actor with cerebral palsy who played Walter White Jr. in *Breaking Bad*), Peter Dinklage (actor with achondroplasia/dwarfism who plays Tyrion Lannister in *Game of Thrones*). The list of actors/roles is much more extensive in relation to full-length movies, of course.
31. Kucala, “Comment”; jwoven, “Comment on ‘Burnout.’”
32. Frank, “From Sick Role.”
33. Chrisman, “Reflection on Inspiration.”
41. Casey et al., *Television Studies*, 224.
42. *Michael J. Fox Show*, episode 1, “Pilot.”
43. *Michael J. Fox Show*, episode 1, “Pilot.”
46. *Michael J. Fox Show*, episode 1, “Pilot.”
48. Pound et al., “Illness in the Context of Older Age.”
49. Greenhalgh, *What Seems to Be the Trouble?*
52. Piccentino, “Humorous Subversions.”
53. Shultz/Germeroth, “Should We Laugh or Should We Cry?”, 230.
57. For explanations of these roles, see “Series / The Michael J. Fox Show.”
58. Moore, “Michael J. Fox Show Is Cancelled.”
60. Montgomery Hunter, *Doctor's Stories*.
61. See Kellerer, “Populäre Serialität”; Mittel, *Genre and Television*.
64. Fiske, *Television Culture*, 145.
65. Svenaeus, “Illness as Unhome-like.”
70. Sielke, “Joy in Repetition.”
75. For example, see Hyman et al. “Risk of Burnout”; Edwards, Kornacki, and Silversin, “Unhappy Doctors.”
76. Frank, *Letting Stories Breathe*.
81. The BBC One TV series *Doctor Foster* (2015–today) interweaves patients’ stories with Dr. Gemma Foster’s life, but clearly it is her private life and her marital problems that are central to the narrative. Similarly, *The Cosby Show* (1984–1992) primarily focuses on Cliff Huxtable’s family life and not his work as an obstetrician.
82. For a discussion of *Chasing Life*, see Wohlmann “Chasing Life.” Another interesting TV series in this context is *Speechless* (2016–present), which follows the life of the DiMeo family and the eldest son J. J., who has cerebral palsy and who is played by an actor with cerebral palsy.
BIBLIOGRAPHY


Heideman, Elizabeth. “‘Inspiration Porn is not Okay’: Disability Activists Are Not Impressed with Feel-Good Super Bowl Ads.” *Salon.com*, February 3, 2015.


Kucala, Zach. “Comment.”


“Series / The Michael J. Fox Show.” TVTropes.
tvtropes.org/pmwiki/pmwiki.php/Series/TheMichaelJFoxShow.
Shultz, Kara and Darla Germeroth. “Should We Laugh or Should We Cry? John Callahan’s Humor as a Tool to Change Societal Attitudes Toward Disability.” Howard Journal of Communications 9, no. 3 (1998): 229–44.