



The Personal is Professional on TV

ER, Professionals, and the Work-Family Disaster

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Jeanie Boulet has finally made it. She has gone from working as a physical therapist and home nurse to a job as a well-paid physician's assistant at Chicago's biggest teaching hospital. And she has fled her dead-end marriage to a philandering, neglectful creep. But, as it turns out, her ex-husband has left her a cross to bear. He has given her HIV, and he is seeking treatment for AIDS at the hospital where she works. Although Jeanie tries to hide her HIV status from colleagues—out of a legitimate fear that she might be laid off or given menial tasks to perform—her ex-husband's condition arouses their suspicion. Mark Greene, the ER attending physician, sneaks into Jeanie's medical records and discovers the truth. The hospital administration, with few guidelines for their actions, must decide on a policy for staff with HIV.

Rumors fly at the ER unit where Jeanie works, as people try to figure out who might be the HIV-positive member of their group. Finally, in an impromptu meeting, Jeanie quietly admits that she has HIV. The majority of her colleagues overcome their fear, and some openly admire her honesty and gutsiness; shortly thereafter, Mark Greene and chief resident Kerry Weaver decide that hospital policy will simply require HIV-positive staffers to employ standard safety measures (gloves, etc.) and avoid extreme trauma cases. Jeanie's job is safe. As the episode ends, she visits her bed-ridden ex-husband, who gives her the silver Christmas tree-top ornament from their first tree together. When Jeanie returns to the ER waiting room, she decides to put the ornament on top of the ER unit's Christmas tree. "It's an heirloom," one of the interns says, "You should put it on

your family tree.” “I just did,” Jeanie replies. She is declaring her allegiance to a group which offers her both economic status and personal support.

Yet, as subsequent episodes fill out the denouement that follows Jeanie’s most sensational contribution to *ER*’s plotline, we discover that Jeanie’s allegiance means nothing in the face of financial hardship. When cutbacks at the hospital force administrators to downsize and lay off nursing staff, her former ally Kerry Weaver eliminates Jeanie’s job. But Jeanie’s personal life—represented by her HIV status—becomes a spanner in the works. Claiming discrimination, Jeanie and her lawyer threaten Kerry and Mark with a lawsuit if Jeanie isn’t offered her old job back. When she returns to the ER, however, all memories of her dirty dealings evaporate when she becomes the personal caregiver to a young cancer patient who tells his father (a surgeon at the hospital) that Jeanie helps him more than anyone else because she “gets him” implicitly since she is dying too. Thus Jeanie is rewarded with continuing membership in the ER family for being both a workplace Machiavelli and the literal embodiment of a nurturing martyr.

Jeanie and the entire staff on NBC’s prime-time drama *ER* are part of what cultural critic Ella Taylor has called a “work-family,” or “a workplace utopia whose most fulfilling attributes are vested not in work activity but in close emotional ties between co-workers” (Taylor, 111). Taylor traces the work-family tradition in television back to 1970s MTM sitcoms, especially *The Mary Tyler Moore Show*, which featured a working woman (Moore) whose “family” consisted of the wacky-but-loving staff of a small television news station, and some neighbors in her apartment building. Other MTM sitcoms of this genre were *The Bob Newhart Show*, and *WKRP in Cincinnati*; each could rightly be described as having a “utopian” work-family whose closeness serves as an antidote to the anonymous cruelty of distracted managers and administrators, as well as a replacement for absent or distant blood relations.

During the 1980s, the work-family continued to function as a haven in a world of corporate greed and personal disappointments. *Cheers*, one of the biggest hits of the 1980s, depicted a loving work-family of sorts in its group of regulars at a local bar, and *Cagney and Lacey* converted *The Mary Tyler Moore Show*’s apologetic, gee-whiz feminism into socially relevant workplace drama.

Other work-family dramas such as *Hill Street Blues*, *L.A. Law*, *Moonlighting*, and *Miami Vice* dealt with cutting-edge social issues, but also included witty/ironic dialogue or campy melodrama, which had the possibly unintended effect of reminding viewers about the work-family’s sitcom origins. The definition of family itself was also changing on television, where viewers could watch the self-proclaimed “white trash” Conner family from *Roseanne*, and the black professional middle-class Huxtables of *The Cosby Show*. Social issues of class, gender, and race were foregrounded in family shows, while shows about work often featured emotional and personal issues typically associated with families.

In the 1990s, the traditional work-family continues to be showcased on zany sitcoms like *News Radio* and *Just Shoot Me*, but in dramas like *ER* it has begun

to show signs of a transformation in terms of how it represents both “work” and “family,” as well as how they come together in the world of professional labor. Unlike work-families of the 1970s and 1980s, the work-family on *ER* does not always behave like a family unit—there is often a chilly, professional distance between colleagues, and the business of working (rather than personal bonding) is stressed far more than in work-family sitcoms of the past. Characters in *ER* are just as likely to be emotionally involved in their performance as surgeons or nurses as they are to be involved intimately with each other.

Bewilderingly flexible gender and racial roles make it difficult to break the *ER* group down into “mother,” “father,” and “siblings.” A black woman might be the patriarchal figure who advises the whole staff in one episode; in another, a white female pediatric surgery specialist pulls rank on a black male *ER* surgeon, while at the same time conducting a secret affair with the *ER* surgeon’s white male student. Neither traditional familial roles, nor traditional work roles, can truly be said to apply to these relationships. Rather than powerful parent figures, the self-destructing 1990s economy itself looms large in the imagination of this show, bringing an element of barely repressed hysteria to the idea of work in general. When the city of Chicago might close the hospital any day, or lay off dozens of staff due to cutbacks, economic issues take on an intensely personal edge for the characters. The financial future of the hospital is also *their* future as employees. *ER* offers us a work-family which is deeply disturbed by its work conditions, and also repelled by the idea of familial closeness. Yet in spite of its bleak perspective, *ER* attracts, on average, 30.8 million viewers per week.¹ Another measure of its success is that *ER* is the only program ranked among the top-ten-watched television shows in both black and white households. Created by mega-best-selling author Michael Crichton, and in 1998 finishing its fourth successful season, *ER* is a bona fide TV blockbuster.

Why is this show, out of all the dramas on television, especially seductive for an American audience in the mid-1990s? As an answer, I will be charting two themes *ER* returns to repeatedly—the hideousness or impossibility of family relationships and the decaying work environment—to explore how *ER* taps into contemporary social anxieties about dysfunctional families and what Kevin Phillips has called the “decline of the professional middle-class.” *ER* does not ever resolve these anxieties. In fact, I want to argue that the pleasure *ER* offers its audience comes from its ability to synthesize family and work anxieties in a perpetual narrative return to the main characters’ unhappiness. The key term here is *synthesis*, for what is perhaps most compelling about *ER* is its effort to portray, realistically, what it means to discover that the boundary between work and family has all but disappeared, and has been replaced by a social space which is frighteningly ambiguous and often destructive of human relationships.

This is not to say, however, that *ER*’s success represents the triumph of public sadism, in which we all revel in the bad fortunes of other people. *ER* offers a vision of the work-family which is occasionally optimistic, where colleagues take care of each other like idealized family members do. The idea that work and family can

be brought together beneficially is crucial to *ER*'s premise, and informs the kind of plotline I described earlier about Jeanie Boulet. Indeed, when I began thinking about writing on *ER* during the second season, I was convinced that there was a deeply utopian aspect to its focus on the work-family. The idea that we could imagine bringing together public and private life, and that doing so might involve high social esteem and care-taking, is certainly the hook that has made me a loyal viewer of this show since I watched the pilot in 1994. Yet *ER* demonstrates repeatedly that simply creating a realm without familiar boundaries is not necessarily a good idea. In fact, the work-family we see in *ER* is often a synthesis of the most disturbing aspects of work and family.

In episode after episode of *ER* we see a set of colleagues bound together by guilt, repressed sexuality, aggression, and sheer infantile needfulness. We see a workplace structured around unfair hiring practices, underfunded facilities, a badly treated staff, greed among the high-ups, and a decaying social welfare system which denies proper health care to the people who need it. Put these things together, and you get a typical episode, in which sexually repressed Peter Benton overworks his staff; or in which David Morgenstern's emotional instability causes him to flub an operation. Another long-running plotline involves heartthrob Doug Ross' sexual promiscuity and alcoholism, and how he's nearly fired after getting into a number of fist fights with patients and other doctors. In many ways, *ER* shows us what happens when you put two problems together—work and family—rather than solving them.

The new problem of coping with a work-family is what many people in the 1990s are facing when they perform labor that demands not only an investment of their time during work hours, but also an emotional or characterological investment in their "mission" or "corporate culture." Douglas LaBier describes contemporary work environments in the United States as "psychostructures" which encourage specific attitudes "in order to achieve a congruent fit between the requirements of the work and the character of those who do the work" (LaBier, 49). To encourage loyalty, and to boost productivity, businesses want workers to conform to a particular psychological standard, and one of the easiest ways to do this is to make work into a version of family life. Although this results in a number of problems, it also means employees are whipped into a productive frenzy because they are promised emotional rewards as well as economic ones.

Even the language of business and management has changed to reflect work-family corporate environments where emotional connectedness is emphasized as much as the so-called "work ethic" of competition and advancement. Silicon Valley entrepreneur Jerry Kaplan writes that "forming a new company is like starting a romantic relationship" (Kaplan, 18). Kaplan offers a textbook definition of the work-family when he explains that his now-defunct GO Corporation served, in part, "to rekindle a sense of purpose, a sense of empowerment in a Big Brother world" (Kaplan, 41). Likewise, management guru Tom Peters advises in *Liberation Management* that we need find a new metaphor for companies which are no longer run as rigid "pyramids" or brutal, militaristic hierarchies. He

suggests the metaphor of “carnival” for corporate culture in the 1990s, emphasizing the carnival’s chaotic structure, with workers carrying out multiple, equally important tasks which generate a feeling of “energy, surprise, buzz, fun” in customers (Peters 15-17).

Here, we see the idea of a small group trying to create good feelings while they work at producing a tangible product. It is precisely this focus on the company “romance,” and its ability to manufacture “buzz, fun,” which has led to the creation of business consultants like Diane Fassel, whose specialty is “dysfunctional organizations.” Fassel offers companies what amounts to group therapy when their romance and buzz turns to bitterness and regret. In *The Addictive Organization*, which Fassel co-wrote with self-help author Anne Wilson Schaeff, we find companies behaving exactly like disturbed families where children have become alienated from their parents, or siblings are engaged in angry rivalry (Schaeff and Fassel). A blurb on the back of *The Addictive Organization* reads: “It is possible to make work-life healing and exciting and still maintain a good profit margin.”

With workplace culture and its management lingo undergoing rapid transformations, it has become almost impossible to represent work accurately using the narrative forms traditionally popular with the mass audience *ER* plays to every week. What *ER* offers us, in response to these changes, is a familiar TV genre combined with a new social topography of family and work. The vast majority of the show’s action takes place right where work and family meet, and this is where I think *ER* is entering into relatively uncharted territory.

The social topography of a more typical work-family show such as *Murphy Brown* imagines work as a community which behaves almost entirely like family. It features what David Marc and Robert J. Thompson call “extended-workplace-family bliss” (Marc and Thompson, 96), with Murphy playing practical jokes on her “family” at work, and turning her single motherhood and breast cancer into what seem like professional occupations. Work on *Murphy Brown*, such as it is, is represented by off-camera investigative reporting and clowning with the *FYI* staff at the office. Murphy’s professional activities fall by the wayside as she explores intimate relationships and the ironies of office politics. On *ER*, however, we are constantly exposed to every form of hospital work, from answering the phones and working in ambulances to treating bruises and performing rare, experimental surgeries. One of the most common gathering places in *ER* is, not surprisingly, the ER, where hospital work (surgery, setting broken limbs, etc.) is the star of the show. When staff do gather outside work, at a local diner or someone’s house, it’s usually in small groups. Very rarely does the entire cast meet outside work, and when they do it’s inevitably for a work-related function like the annual staff banquet.

ER maps out three fairly distinct social realms which exist on a kind of continuum: these are what I’ll call “pure work” and “pure family,” as well as a “hybrid work-family” region, in which it is impossible to say whether the rules of work or family are dominating a particular scene.

A typical “pure work” moment comes in an episode about nurse Carole Hathaway, whose suicide attempt was the subject of *ER*’s pilot episode. Having inaugurated the show’s work-family atmosphere by bringing her suicidal depression into the ER, Hathaway becomes the hospital’s unhappy conscience in several plotlines about the injustice of a medical system ruled by money. In one particular episode, Hathaway is appalled when a construction worker with what appears to be lung cancer refuses a biopsy or treatment because his job offers no medical insurance. A few hours later, a little girl with a broken ankle must be driven across town to another hospital for treatment—at great risk due to the nature of her injury—because her insurance only covers her there. Hathaway, hearing about this from Greene, explodes in a fury, pointing out to him that she has witnessed two separate patients endangered that day as a result of money concerns. When Greene points out that they have little choice, Hathaway screams, “I quit!” and storms out of the building. Here the economic aspect of hospital work is depicted as a force driving people apart, creating shouting matches between colleagues and keeping patients away from help they desperately need. Since Hathaway is the show’s moral barometer, the suggestion is that any decent person in this job would simply quit, as the stated goal of their work (to help the sick) is so obviously antithetical to what actually happens.

Hathaway, of course, returns to work in the next episode, implicitly because life without work would be “pure family,” and therefore both financially unrewarding and emotionally brutal. It’s difficult to pinpoint a particular scene on *ER* in which we have a glimpse of “pure family,” but each time we venture into a character’s private life the results are worse than disastrous. Families require greater moral compromises, and generate more suffering, than any day in the ER. Nearly all the families we see are “broken”: Benton’s mother almost dies falling down some stairs when he neglects her; Greene’s wife falls in love with another man and moves to Wisconsin with their daughter; Ross tries to patch things up with his distant father and ends up sleeping with his father’s girlfriend; Lewis attempts—and fails—to seize custody of the baby abandoned by her psychotic sister; Benton has a casual affair only to discover that he’s gotten his girlfriend pregnant and she’s keeping the baby against his wishes; and Carter tries to help his heroin-addicted brother kick the habit only to find he’s overdosed and suffered permanent brain damage. Scenes involving blood relations, or family gatherings, are usually recounted as tales of humiliation. In fact, the one character who insists that she “wants a life” outside of work—Susan Lewis—recently left the hospital (and the show) in order to live with her sister and niece in Arizona. Seeking a rewarding “pure family” life on *ER* is so impossible that to do so requires an exit from the narrative.

It’s very easy, based on Hathaway’s complaints about work and everyone’s vexed relationship with family life, to conclude that interpersonal relationships and family are the true source of the show’s angst. A slightly different take on the problem that Hathaway has with “pure work” would reveal that her reaction is in

part based on private issues—we know that Hathaway has a problem becoming morbidly depressed over things she cannot control (hence her suicide attempt), and we also know that the hospital could not help the man with a tumor because he was a very uncooperative person and had no insurance. We could also say that the dysfunctional aspects of the work-family are nothing more than family problems brought to work. Lewis' family problem with giving up her sister's baby is duplicated all the time at the hospital, where doctors have to give wounded children back to parents they have good reason to suspect are abusing them; and even when children *can* be rescued from their families often the alternatives for them are non-existent or repulsive. One is tempted to conclude that if we replaced the realm of family with professional labor, all our problems would go away. In other words, one could claim that the hybrid work-family does not function because the family, the private sphere, is brought into the professional one.

But *ER* is not about problems with the family invading work, or work invading the family. It is truly centered on a hybrid space, where work issues affect characters as forcefully as family issues do. We know that Hathaway is correct to criticize the hospital, that indeed it *is* an economic problem which is disturbing her. She may have gotten more riled up about it than need be, but her complaints about the shoddy hospital work environment are not rare, nor are they treated by the show as trivial or personal. Many of the doctors complain about the limitations imposed on them by insurance and eroded social welfare programs, and several episodes have focused on how difficult it is to care for low income patients. We also know that the hospital administrators are nakedly motivated by money, and that researchers who bring in big grants are treated far better than ER doctors, who are paid about \$30,000 a year and work long hours. Work provides characters with as many problems as do families, and Ross' relationship with his father is no more horrible than the moment when Benton discovers that one of the hospital's most prestigious doctors has been tinkering with reports of the results of his experiments so that he can justify renewing his grant money. Ultimately, the family and work are *equally* disastrous on *ER*.

The hybrid work-family space, while it does represent an intensification of the problems involved in pure work and pure family, also offers a compelling demonstration of how both are transformed by their union. One significant dimension of the work-family is the way it reimagines professional labor as a combination of mental skills and what was once called women's "housework." Robert Reich has characterized professional work in the 1990s as "symbolic analysis," meaning the kind of work we associate with highly educated ideamakers like doctors, software engineers, and university professors (Reich, 177). The most lucrative jobs of the future, he predicts, will continue to be "symbolic analytic," that is dependent upon education and mental labor; as a result, these jobs are increasingly available to anyone who has been able to buy a decent education and can exhibit the proper amount of "brilliance" or "intuition." These are jobs with titles like "Senior Vice President-Director of Mind & Mood," and

“Director of Annual Giving.”² Doing a professional job right means having hard skills, but it can also require the proper “mood,” or networking abilities which will inspire others to “give.”

During the 1980s, “the work force overall became slightly more educated, older, and more female” (Reich, 201). This is a salient point because many feminists rightly include abilities like networking and what amounts to “mood enhancement” when they define women’s unpaid labor in the home. Christine Delphy and Diana Leonard point out that women’s domestic work might involve anything from the maintenance of a family’s status through parties and social visits (i.e., networking), to nurturing children and providing emotional support (Delphy and Leonard, 76-100). On *ER*, we see that what was once just “woman’s work” is expected of everyone: not simply because there are women in the workplace, but because the nature of professional work has subsumed formerly unpaid “women’s work.” Indeed, men as well as women are rewarded for their capacity as nurturers on *ER*, where the newly-graduated John Carter catches the eye of a famous pediatric surgeon because of his gentle, kindly bedside manner. And women are rewarded for being tough go-getters like chief resident Weaver. Work roles once divvied up along gender lines have merged in the professional workplace of the hospital, into one hybrid role of caregiver / educated authority. One result of the work-family alloy, then, is a new definition of what counts as paid work.

Perhaps the most common place we find this public-domestic form of work is in *ER*’s operation scenes, where many different kinds of hospital employees (doctors, nurses, interns, etc.) come together and must function as a team. Nearly every episode of *ER* features operations, and perpetually returns to them. We might even understand the operation as the “primal scene” of the *ER* work-family: visually, it’s the most violent and traumatic thing we watch, while at the same time it’s also generative of every other kind of relationship that goes on in the hospital.³ Operations reinforce hierarchies between workers, bring care-taking and scientific labor together, and allow for emotional relationships to form between characters. Watching operations, an audience is taught that life in the ER is both professional *and* personal: characters gain a sense of community and private satisfaction from the team atmosphere, and they get a decent salary for what they do. There is even a hybrid economic-emotional reward for members of the work-family. They get paid for bonding over saving people’s lives, which is perhaps the ultimate economic fantasy spawned by *ER*’s primal scene.

Leisure time for the *ER* staff is extremely limited. They may have fun on the job sometimes, but having fun—or doing anything—off the job is virtually impossible for these overworked characters. In part, this situation is a realistic reflection of the way American professional jobs are so time consuming that people have less and less leisure time generally (Schor). Yet the lack of leisure time on *ER* reflects a preoccupation the show returns to continually, and that is how to continue working even in one’s off hours. Episodes devoted to Ross’ heroism saving a drowning boy during his night on the town, and Hathaway’s

heroism tending to the wounded in a convenience store robbery after she's been suspended from work, are both one way the show resolves this problem. The characters are simply always "on call," always about to perform their roles as doctors and nurses even in the middle of a dinner party.

Another *ER* episode along these lines touts the rewards of work-family life as better than non-work recreational time: in this episode, we see the hospital staff and doctors engaging in leisure by playing baseball at a July 4th picnic and watching fireworks together. One of the staff asks, "If we're all here, who is at work?" to which Greene replies, "I don't know," and Lewis says, "I don't care." They can't quite describe their current situation as "pure work" because they're doing something which might be called work-leisure—another hybrid term. They are with their colleagues, talking about work (even if they "don't care" about it right now), and yet they are also just goofing off. They're being rewarded with such a great time, I would argue, because they escape the guilt of neglecting work if they cement work bonds in their off-hours. Leisure time is all the more delicious—and yet somehow less leisurely—when it is shared with people who are fleeing from the same form of employment. "Leisure" was traditionally a way of talking about the pleasure one had earned after a hard day's work, but on *ER* it would appear that working hard leads simply to more work, or at least more work-family.

As the loss of leisure testifies, these characters' pleasure is predicated on their having sacrificed crucial parts of their social lives and personal identities by entering into the work-family space. Leisure on *ER* can only be experienced if it is somehow connected with work, which means characters experience little or no private time. When they do desire something private for themselves, such as a romantic relationship or a close friend who is not connected to the hospital, they are punished severely. For instance, the only character who has ever taken a vacation on the show is Lewis, and not surprisingly her character has been terminated. Many types of intimate human relationships are denied characters, and they are replaced by arguably less satisfying, inegalitarian ones. We see this demonstrated in another famous *ER* moment from the second season, much like the fireworks scene, when Hathaway has invited the entire hospital gang to her wedding. Once everyone arrives, she realizes she does not love her fiancé as much as he loves her, and he storms away after calling off the wedding. Everyone is waiting for them at the ceremony with food, a band, and decorations, so they decide to have a giant party anyway. The episode ends with everyone dancing and eating cake, even though we know Hathaway is devastated and everyone feels horrible about it. Their work family togetherness comes over the dead body of personal connection and domestic happiness. This loss of leisure time, and of private connections of sexuality and mutuality, leaves the work-family impoverished in a number of ways.

We can see "leisure" and "private relationships" as two aspects of the same problem on *ER*, in that both are taboo if they do not somehow involve the hospital.

When characters seek friendship, someone to confide in, they inevitably turn to other people at work. As a result, we find Greene and Ross confessing their loneliness to each other as they play on the basketball court in back of the hospital; and yet their friendship is constantly strained because Greene is Ross' supervisor and at one point nearly terminates his residency. Similarly, Greene's relationship with Lewis takes a dark turn as he is put in the position of informing her that her performance in the ER is not up to par. A friend from outside the world of the work-family is treated as other: in one episode, Weaver embraces a black man, clearly a very close friend, who has come to visit her from Africa. Everyone raises their eyebrows at the affectionate meeting between Weaver and this character, who is not only "other" to hospital work, but is also nationally and racially "other" too. Moreover, he never appears in any other episode, and his character has never been explained.

The work-family replaces leisure, intimacy, and love by providing its members with social ties of hierarchy. People define their relationships to one another using the chain of command at the hospital, which is a complex myriad of professional rankings involving subordination and departmental fiefdoms. Interestingly, this is not truly a departure from family values. One might argue that we learn about social hierarchy in families, particularly dysfunctional ones, where the father is most powerful, the mother less so, and the children least powerful. In a less directly patriarchal household, there is still a hierarchy of parents over children, and generally older siblings over younger ones. The hospital retains these hierarchical family bonds, and couples them with professional ranking. Thus you find higher-status doctors infantilizing lower-status doctors by telling them what to do, lower-status doctors telling interns what to do, and everyone telling nurses and staff what to do. What often gets lost, in the work family, are the positive aspects of sexual and erotic bonds, or bonds of friendships forged in equality.

Even as the hospital workers enjoy themselves at the picnic I described earlier, there is still a strong sense of who is a doctor, who is a staff worker, and who is so low on the hospital totem pole that he was told by his supervisor to stay at work on July 4th. This person is the then-recently-graduated Carter, told by Benton to work all day and all night on his shift while Benton went to a family picnic and flirted with a cute friend of the family. Interestingly, Benton is one of the few characters permitted to have a romantic connection with a person outside the work-family: in an extended series of episodes, he dated a young woman entrepreneur. He is also, aside from Boulet (with whom he once had an affair) the most prominent black character on *ER*. While the white characters enjoy the work-leisure July 4th picnic, he goes to a "pure family" picnic, where nearly everyone is black. Clearly, black men are less seamlessly integrated into the professional work-family than women and whites are. This was recently made explicit as the fourth season drew to a close when Benton began having an interracial affair with Elizabeth Corday, a white visiting doctor from England.

After a lengthy flirtation, he admits to her that he has an undefined “problem” dating white women. On an even darker note, Greene’s violently racist behavior—following a beating he assumed came from a black man—has been a major preoccupation of both the third and fourth seasons. Like professional hierarchies, racial hierarchies on *ER* take the place of potentially egalitarian friendships and bonding.

Along with interpersonal connections, what we lose in *ER*’s work-family alloy is a sense of progress and collective purpose. While we normally think of work as an activity aimed at producing something, a useful commodity or a better set of ideas perhaps, work on *ER* doesn’t lead to improved goods or knowledge. Nor do the hospital staff seem to work together for a common goal; indeed, many are at cross-purposes with one another, and as administrators attempt to cut costs by laying off nurses, the nurses are trying to improve hospital conditions by working reasonable hours, setting up special needs clinics, and ordering the appropriate tests for patients. While the work-family is bound by emotional bonds and shared work, it is not devoted to any particular goal beyond simply maintaining the health of its clientele. The *ER* staff allows as many individuals as possible to survive, essentially maintaining the status quo. Without any goal beyond the status quo, work becomes an end in itself.

All the labor we see on *ER* is based on the idea of “work for work’s sake,” especially in the crucial operation scenes where the doctors and nurses use their technical expertise to reproduce human life. There is no sense of productivity at the hospital, save for the accumulation of this expertise. Interns and lower-ranked doctors are so hungry for more of this ephemeral “knowledge” that they routinely fight for the opportunity to scrub in on various operations so that they can generate a surplus of expert wisdom. Of course, such expertise is also supposed to make the hospital hierarchy “fair;” it is assumed that doctors are granted seniority because they are more “skilled,” more able to execute the kinds of procedures required in day-to-day medical emergencies. As a result, everyone at the hospital works to secure their own private cache of expertise. In fact, privately-owned expertise is perhaps the only form of “privacy” allowed on *ER*, and hence the private realm is associated almost entirely with Social Darwinist-style competition. We may be invited to view the ER workers as a “family,” but we are not permitted to view their labor as a form of collective production. The hospital forces its employees to engage in constant struggles with one another for mental and fiscal resources.

With the removal of a direct notion of collective progress from the *ER* workplace, we also evacuate certain types of morality and social responsibility. Economic production usually involves some question of whether the goods or ideas being produced are “good” for people, and even if the answer we come up with is stupid or incorrect, the question is there.⁴ With technical expertise on *ER*, we are never invited to ask, “Is it good to save this person’s life? Is it bad that Benton is an excellent surgeon?” These questions don’t even make sense, as

technical expertise can never have a moral charge in and of itself—it is always a matter of what you do with it. That, at least, is the position we see characters taking on *ER*. The more technical expertise one has, the better one is at saving lives, and life is always beneficial. Death is always a catastrophe. We are left with the idea that survival is good, no matter how survival is accomplished, and death is always bad, no matter what the circumstances. Moral distinctions become biological and technical issues. We lose, as I said earlier, the positive and moral aspects of productive work activity. I am not making the naive argument that production is always moral; it is hardly morally good to produce weapons, for example. What I am saying is that the lack of productive work in *ER* forecloses the possibility of our even *asking* the moral questions we might ask about the production of petroleum products, for instance, or assembly line work.

Indeed, the representation of technical expertise on *ER*, and in the media generally, is in part what causes striking nurses and other health care workers to have a particularly difficult time garnering sympathy for their efforts. Because hospital work is portrayed as maintaining life, rather than as productive, it is difficult for people to imagine what it would mean to stop working and go on strike. This problem is magnified when professionals are viewed as part of a *work-family*—for who can go on strike from their family?

With its melodramatic realism and ambivalent pleasure in work-family life, *ER* has become popular simply because there is something it portrays that contemporary audiences recognize, something we do not see portrayed as well in other places. The hybrid social space of the work-family is a region we are in the process of defining as a culture, and *ER* demonstrates how crucial it is for everyone, most especially the middle-classes, to begin thinking of themselves within the context of work-families. In the 1990s, with the economy and social welfare programs barely functional, part of what we recognize in *ER* is the way professional and personal realms are equally troubled by emotional repression and the present economic crisis in America. *ER*'s dark vision of the work-family is in part propelled by its attention to these issues. As a result, we are faced with a representation of work and family coming together dysfunctionally, under extremely harsh circumstances. Sadly, in its very attempt at realism, *ER* finally demonizes the hybrid social spaces to which many of us are currently adapting. *ER* always snatches us away from work-family fantasies about a more socially egalitarian, productive future, and returns us to the broken homes and economic disaster out of which the work-family has come.

NOTES

1. Numbers taken from the 1996-97 season.

2. These are titles of actual jobs. Ted Klauber is "Senior Vice President-Director of Mind & Mood" at advertising agency FCB/Leber Katz Partners, and Jennifer George is "Director of Annual Giving" at The Reason Foundation, a libertarian think-tank. My thanks to Jennifer George for allowing me to mention her job title. I think these titles are particularly good representations of the new work-family professional, as both refer to emotions or

intangible actions (mood, annual giving) and more traditional rankings (Senior Vice President, Director).

3. I'm using the term "primal scene" in the Freudian sense, with a twist. Freud posits a "primal scene" in the unconscious of all adults, which involves having seen their parents having sex when they were children. Watching this frightens the child (which is why she represses it), but it also subsequently teaches her (after the Oedipal Complex) that her father must be more powerful than her mother (Freud, 184-86). I am not claiming that we as viewers repress the "primal scene" of operations when we watch the *ER* staff at work, but we are invited to be shocked by the bodily intimacy and horror in these scenes; and certainly we learn who is "boss" and who is not when one doctor orders another around. Moreover, we see who is permitted to stick things into the bodies, and who is forced to stand at the sidelines monitoring the machines or handling the surgical instruments.

4. By "stupid or incorrect," I mean statements such as "I like corduroy pants, therefore it is good for the Gap to produce them with cheap labor in sweatshops so I can afford to buy cords in black, navy *and* dark brown," or "Teaching graduate classes is fun, therefore we should produce lots of students to enroll in graduate programs in the humanities." These are moral judgments, even if they sound ludicrous.

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