DISCOURSES OF SOBRIETY
ADDICTION, CONSUMPTION AND RECOVERY TELEVISION

A Dissertation in
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ABSTRACT

The debut of the documentary-style reality television program *Intervention* (Benz et al.) in 2005 marked the emergence of a subgenre of reality programs that focuses specifically on addiction and recovery. Previous depictions of addiction on television were largely restricted to individual news items and documentaries, made-for-television movies, “very special episodes”, or, at most, as a recurring aspect of a fictional character’s backstory; this subgenre, hereafter referred to as “recovery television”, represents the first time that multiple ongoing programs work to construct cultural understandings of addiction for television viewers. As a result, *Intervention* and its genred imitators, including VH1’s *Celebrity Rehab with Dr. Drew* (Buchta et al., 2008) and TLC’s *My Strange Addiction* (Bolicki, Cutlip, Galligani, Tarpinian, & Theeranuntawat, 2011), mark a distinctive shift in the history of the depiction of addiction and alcoholism in the media. For critical/cultural scholars, television is seen as a medium with potentially profound ideological and normative influence. Arguably, television is one of the ways in which we learn about the world, and this pedagogical function must be interrogated when it extends to issues of mental or corporeal health—especially when the issue in question, addiction, is itself contested terrain for contemporary medical science. The recovery television subgenre represents a potentially influential discursive formation which requires further examination. This dissertation is an examination of how the phenomenon of addiction becomes a televusual discursive formation, the subgenre of reality television called “recovery television”, and is thus re-constructed by the interactions between text, audience and industry.

The precursors to the recovery television subgenre activated the audience’s voyeuristic instincts by spectacularizing addiction in *The Osbournes* (Brooks, Ewing, & Osbourne, 2002), *The Anna Nicole Show* (Ewing et al., 2002), *Being Bobby Brown* (Baker-Simmons, Nyanning, Shasid-Deen, Shelley, Tricarico, 2005), and *Hey Paula!* (Murphy, Sternberg & Whittaker, 2007).
When these programs found “evidence” of addiction, this evidence was foregrounded. When the subjects deny their addiction, the programs redirect our attention to the excessive material consumption of the subjects. We also see the “othering” inherent in classed, racialized, and gendered portraits of addiction.

Consequently, the industry responded to the success of these early programs by delivering the lived experience of “real” celebrity addiction via the imagery of madness in *Breaking Bonaduce* (Foy et al., 2005) and *Shooting Sizemore* (Demyanenko et al., 2007). In these programs, the distorted visuals and erratic behavior of these addicts engage with the ongoing cultural fascination with madness (Foucault, 1965) and also work to “other” their addicted subjects.

The production and industrial discourse surrounding *Intervention* (Benz et al., 2005) positioned the program as “discourse of sobriety,” a text with direct relation to reality and a desire to enact social change. Yet, the industry requires standardization, and therefore coercive power is exercised on these subjects to meet these standards. In turn, the standardized logic works as Foucauldian biopower (Foucault, 1978); it teaches the viewer how to live as self-sufficient individuals in neoliberal society.

In VH1’s *Celebrity Rehab with Dr. Drew* (Buchta et al., 2008), Dr. Drew Pinsky, star, co-creator and co-producer of the *Celebrity Rehab* franchise exercises the power of the “tele-clinical gaze” over his patients. Pinsky’s gaze, a hybrid of Foucault’s clinical gaze (Foucault, 1973) and the gaze of the television producer, diagnoses his patients utilizing his expert medical knowledge with an eye to transforming this medical treatment into televisual spectacle. Ultimately, the need to transform treatment into a spectacle for consumption compromises the patient’s treatment.

Finally, the derivative texts of recovery television demonstrate that the reification of addiction into televisual commodity is complete. Addiction is reduced to an easily replicable formula. In this reduction, the concept of addiction becomes almost unrecognizable. Ultimately,
the transformation into spectacle has detached the sign from the signified; the image of addiction
is now undistinguishable from the other commodities in the society of the spectacle.

In a society where consumption is equated with success and happiness, and where vast
resources are mobilized to stimulate consumptive appetites, the phenomenon of pathological
consumption becomes a source of cultural anxiety. Recovery television programs tap into the
collective cultural anxiety about addiction and the thin line between normal and deviant
consumption: “The face of madness [that] has haunted the imagination of Western man”
(Foucault, 1965, p. 15). Just as madness haunted enlightenment society, now addiction—coded as
deviant consumption—haunts contemporary consumer culture.
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Chapter 1

Discourses of Sobriety: Addiction, Consumption and Recovery Television

The graphics that introduce each episode of Intervention (Benz et al., 2005) inform the audience: “This program contains subject matter and language that might be unsuitable for some viewers. Parental discretion is advised.” The introduction is as much a promise as it is a warning. It tells us that each episode will deliver a voyeuristic look into the world of the active addict, a look that will expose the clandestine behavior of the desperate addict for our consumption.

In a 2006 episode, Intervention introduced us to Cristy, a young methamphetamine addict who supports her habit with a job as a stripper, and lives in a small apartment in her grandmother’s guesthouse. Cristy clearly enjoys the attention of the camera and spends a good portion of the first act of the episode in the nude—her breasts and genitals were blurred modestly in post-production. Her behavior during this sequence is simian. She crawls and jumps through the wreckage of her apartment which is littered with vodka bottles and other detritus. She throws her uneaten food at the walls. Midway through the episode, she has the following exchange with a member of the program’s production crew:

Cristy: Buy me some __ vodka, buy me some __, buy me something that I __ want. Why wouldn’t you ___ want to add fuel to the fire?
Unseen crewmember: Because I don’t think that’s ethical. (S2, E18)

Even in her meth-induced mania Cristy recognizes the value of her performance of addiction. The crewmember undoubtedly recognizes this value too. As one New York Times reviewer writes, “Nothing on television matches [Intervention’s] freaky calculus of exploitation and good will” (Bellafante, 2008). The experience of watching this program also engages with this “freaky calculus”; this is an entertainment text after all, and while we may wish the best for the addict, we also expect to be entertained by her. As a result, the cases of addiction depicted by Intervention
are extreme. In many ways, the addicts on the program are not representative of the experience of the average American addict whose addiction is not so easily diagnosed. The line between addiction and “normal” consumption is often much more difficult to discern than it is for Intervention’s addicts. Furthermore, the program’s featured method of treatment, the private treatment center, is financially prohibitive for most addicts (Kosovski & Smith, 2011).

Intervention and its generic descendants purport to show audiences “the truth” about addiction. This dissertation serves as an intervention into the truth claims and inevitable distortions about addiction in the group of entertainment texts that this analysis calls “recovery television.”

The exploration of addiction in media has a long history and this history has often been intertwined with the biographies of “real” addicts as well as with discourses of mental illness. For instance, one of the first high profile Hollywood drug casualties, silent-era writer, director, actor and screen idol Wallace Reid, was memorialized in Human Wreckage (1923) a film produced by his widow to warn viewers of the dangers of morphine addiction. Also, fictional depictions of addiction have traditionally been big business for Hollywood, and these films often provided the fringe benefit of demonstrating the film industry’s interest in tackling a serious social issue. The addiction narrative sustained three versions of A Star is Born (Wellman, 1937, Cukor, 1954; Pierson, 1976;) and Billy Wilder’s The Lost Weekend (Wilder, 1945) swept the top categories at the 1946 Academy awards. The film industry also has a tradition critiquing medical practices or at least exploiting these practices in order to frighten audiences. The sinister asylum director was a villain in Robert Wiene’s The Cabinet of Dr. Caligari (1920) and in the Boris Karloff vehicle Bedlam (1946), and Miloš Forman’s One Flew Over the Cuckoo’s Nest (1975) explores some of the more oppressive tactics employed in treating the mentally ill. Yet, depictions of addiction on television were largely restricted to individual news items and documentaries, made-for-television movies, “very special episodes”, or, at most, as a recurring aspect of a fictional character’s backstory, and the depiction of clinical treatment is rarely anything but celebratory.
The debut of the documentary style reality television program *Intervention* in 2005 marked the emergence of a subgenre of reality programs that focus specifically on addiction and recovery. The post-2005 subgenre, hereafter referred to as “recovery television”, represents the first time that multiple ongoing programs work to construct cultural understandings of addiction for television viewers. As a result, *Intervention* and its generic imitators, including VH1’s *Celebrity Rehab with Dr. Drew* (Buchta et al., 2008) and TLC’s *My Strange Addiction* (Bolicki, Cutlip, Galligani, Tarpinian, & Theeranuntawat, 2011), mark a distinctive shift in the history of the depiction of addiction and addiction treatment in the media. For critical/cultural scholars, television is seen as a medium with potentially profound ideological and normative influence. Arguably, television is one of the ways in which we learn about the world, and this pedagogical function must be interrogated when it extends to issues of mental or corporeal health—especially when the issue in question, addiction, is itself contested terrain for contemporary medical science. The recovery television subgenre represents a potentially influential discursive formation which requires further examination. This dissertation is an examination of how the phenomena of addiction and addiction treatment become a televisual discursive formation, the subgenre of reality television called “recovery television”, and are thus re-constructed by the interactions between text, audience and industry.

The continuing success of these programs and their adaptability to the recombinant nature of generic television practices (Gitlin, 1994) suggest that this mode of production has become a stable practice in the contemporary television landscape. Concerns of the death and reemergence of scripted television notwithstanding, reality television maintains a significant presence on cable and broadcasting networks alike. Consequently, the debut of *Lindsay* (2014), Oprah Winfrey’s documentary series about notorious celebrity addict Lindsay Lohan, suggests that the recovery television genre remains a profitable enterprise for the industry and a viable source of entertainment for its audience. The current analysis suggests that the continuing production and
ritual consumption of recovery television have several implications for our culture including the
ethical concerns surrounding the production practices of these texts, their ongoing ideological
influence in our discursively created reality, and their overarching themes of power and social
control. Significantly, recovery television programs foreground a pedagogical approach where the
goal is not only to entertain, but also to inform. As, Sam Mettler, the creator and executive
producer of Intervention, explains,

    This show is educational, artful, dramatic and real at the same time. We get
responses from treatment centers and viewers throughout our show's run stating
that someone checked into treatment after watching a particular episode. It is
humbling. It is too powerful to describe.

In other words, Intervention and many of the other recovery television programs claim to be
designed to teach its audience about addiction; the discourse surrounding the production of these
programs deliberately evokes this pedagogical intent. As these programs attempt to influence the
audience’s understanding of a destructive condition with physical, psychological and social
implications, the stakes associated with recovery television are significant.

Methodology

This dissertation is a discursive analysis of recovery television, an emerging subgenre of
reality television programs whose primary subject matter is the phenomena of addiction and
addiction recovery. Utilizing Mittell’s (2004) Foucauldian approach to genre, which proposes
genre as a cultural category—an interaction between “texts, audiences, industries, and cultural
contexts” (p. 27)—the dissertation applies both a genealogical approach to recovery television
emphasizing its historical and cultural context as well as a textual analysis emphasizing the
practices within these texts that distinguish them as a subgenre within the larger generic category
of reality television. According to Mittell, the adaptation of Foucault’s genealogy requires an
analysis which expands beyond the text to examine genre in its cultural context, a method that opens the analysis to larger questions of cultural politics including issues of class, race, and gender (p. 26-27). Thus, a genealogy allows for an analysis of the genre through several interpretive frames, and the analysis will utilize literature from cultural studies, film/television studies, political economy, cultural industries/cultural work, and social theory.

The analysis of the recovery genre in this dissertation is the culmination of well over 200 hours of viewing and reviewing the programs in question. For example, the second chapter examines the entire first and second season of The Osbournes (Brooks, Ewing, & Osbourne, 2002) and the first season of The Anna Nicole Show (Ewing et al., 2002), as well as the complete run of Being Bobby Brown (Baker-Simmons, Nyanning, Shasid-Deen, Shelley, Tricarico, 2005) and Hey Paula! (Murphy, Sternberg & Whittaker, 2007)—both of which both lasted only one season. While The Osbournes, The Anna Nicole Show and Hey Paula are or were once available on DVD or via digital download, Being Bobby Brown was shelved by Bravo shortly after its original airing. However, fans of the program posted the complete run of the program to YouTube; while the quality of these videos varies, the original content of the episodes do seem to be intact and unedited. The analysis in the third chapter includes all of the episodes of both seasons of Breaking Bondaduce (Foy et al., 2005) and the single season of Shooting Sizemore (Demyanenko et al., 2007). While the fourth chapter cites more than 25 episodes of Intervention (Benz et al., 2005), these citations reflect only a fraction of the programs watched for this dissertation. Most episodes of Intervention were viewed and many were re-viewed for this project. Similarly, the analysis in the fifth chapter includes every episode of Dr. Drew's addiction programs, including Celebrity Rehab with Dr. Drew (Buchta et al., 2008), Celebrity Rehab Presents Sober House (Breitenbach et al., 2009), and Sex Rehab with Dr. Drew (Holmes et al., 2009). The number of programs discussed in the final data chapter made a comprehensive viewing of all of these programs difficult. However, every effort was made to watch a sample of
these programs, and the analysis includes the entire first season of both *Addicted* and *My Strange Addiction* (Bolicki, Cutlip, Galligani, Tarpinian, & Theeranuntawat, 2011) and at least three episodes each of *My Crazy Obsession* (Reidpath & Zupon, 2012), *Hoarders* (Berg, Chan, Flynn, & Severin, 2009), *Hoarding: Buried Alive* (Hammersley, Kane, Masland, Orstein, & Sestero, 2010), *My Shopping Addiction* (Chan, Flynn, Kuntz & Orecchio, 2012), and *Collection Intervention* (Berger, Grizzle, & Healey, 2012).

Drawing on research tracing the depictions of addiction in previous oral, literary and cinematic addiction narratives, the dissertation examines the extent to which recovery television borrows and recombines tropes found in a variety of older cultural texts. Conversely, a review of the literature surrounding reality television helps the scholar to determine which conventions, assumptions, and expectations derive specifically from recovery television’s status as a subgenre of reality television. Subsequently, a comparative textual analysis traces the evolution of the genre and examines the issues of cultural power within them. Specific attention will be paid to the formal structure of the programs and the strategies of identification employed by these texts. One particular concern is how reality television in general, and recovery television in particular, adopts and adapts the formal system and style of “documentary” to construct narrative.

Murray (2004) argues that the meanings associated with the documentary format have been mobilized to ascribe prestige and cultural worth to programming that might otherwise be dismissed as “reality TV”. She notes that the distinction between labeling a program “documentary” or “reality TV” is contingent on how the industry would like the text and the exhibitor to be perceived. For example, Murray discusses the difference in the positioning of the program *American High* (2000) in relation to the brand identity of the two networks that aired the program, PBS and Fox. Fox's identity as a privately owned home for edgy, youth-oriented programming meant that the network had little use for cultivating the perception of cultural worth when it first aired *American High*. However, when PBS picked up the show for a second season
after the cancellation by Fox, PBS’s reputation and its identity as a publicly funded home of quality programming required it to position the program as a culturally significant documentary, in line with the publicly funded network’s mission of programming for the public good. So, reality producers strategically employ the category of documentary to create an aura of distinction around their programs.

Accordingly, reality television’s adoption of documentary form and practices is often characterized as a dilution of documentary form due to the genre’s mixture of authenticity and artifice (Corner, 2002). In fact, some dismiss the relevance of documentary form in reality television entirely (Couldry, 2004). However, recovery television, as a subgenre, adopts both contemporary and obsolete documentary conventions as well as the “documentary” label to distinguish itself from other reality programming. In part, this functions as a way to justify the program’s depiction of serious subject matter in a genre associated with shock value and sensationalism. Therefore, this dissertation adapts Nichols’ construction of the documentary as a “discourse of sobriety” as an analytical tool by which to evaluate programs that purport to reject the artifice of reality television in order to educate the public and enact social change. According to Nichols (1991):

> Documentary film has a kinship with those other nonfictional systems that together make up what we may call the discourses of sobriety. Science, economics, foreign policy, education, religion, welfare—these systems assume they have instrumental power; they can and should change the world… (p. 3)

Nichols suggests the power of documentary to represent “the real” potentially aligns the format with these other nonfictional systems. At the same time, he notes that documentary has never truly achieved a status in the sociology of knowledge similar to that of science or economics. These discourses characteristically deal with their subjects in a way that “regard their relation to the real as direct, immediate, transparent” (p. 4). So, in this analysis, the term “discourse of sobriety” is utilized to denote a lack of artifice and an aspiration to documentary status; that these
programs are also often about “sobriety,” the term often used to describe one’s recovery from addiction, is a fortunate confluence. The objective gaze of the discourse of sobriety is something that documentary film aspires to, but Nichols argues that this aspiration is challenged by documentary film's association with popular cinema. Correspondingly, the attempt to position a recovery television program as a documentary film rather than a reality television program highlights similar cultural associations with popular entertainment that may ultimately compromise any aspiration to the status of a discourse of sobriety. The crucial difference in adapting Nichols’ “discourse of sobriety” to an analysis of recovery television is that as a subgenre of reality television, recovery television is already associated with a format often characterized by a compromise in documentary form and ethics (Corner, 2002). In other words, we already expect that reality television is a mixture of artifice and authenticity. So, the use of “discourse of sobriety” in this analysis represents an aspiration, but also assumes that the barriers to this aspiration are significant, and perhaps insurmountable. These barriers include the recovery television subgenre's status as advertiser-supported entertainment within a genre, reality television, associated with sensationalism and manipulation, on a medium, television, often criticized for being shallow and superficial.

Of course, even Nichols’ construction of documentary film is idealized. Few, if any, documentaries are considered a discourse of sobriety on par with political, medical or scientific discourse. Therefore, the utilization of this construction in reference to reality television represents both an aspiration by producers as well as a public relations strategy to create an air of distinction around a program. As the reality television trend shows no signs of abating, programs will continue to strategically position themselves as discourses of sobriety—both more “real” and more socially relevant than other reality programming.

In the interest of locating the genre within a specific historical context, the programs were viewed with the original advertisements when possible. Additional political economic analysis
will primarily be concerned with the genre of recovery television in its industrial context. Accordingly, the analysis will determine the relationships between the industrial entities that produce, distribute and exhibit these texts and the ways in which these programs are classified by the television industry for potential sponsors and audiences. Finally, an examination of pertinent discourse surrounding the recovery television genre including popular press items, reviews, discussion boards and Internet memes derived from the programs will contribute to an understanding of how this subgenre (and perhaps television in general) functions in the contemporary digital environment. While this is not an audience study,Andrejevic (2004) cites a 2001 American Demographics study that found that more than a quarter of reality television viewers either read or post messages to Internet discussion boards about these programs (p. 14). Reality programming has a particularly active fanbase, and every effort was made to insure that the comments referred to in the analysis are representative of the range of opinions expressed in these forums.

The dual nature of these programs as both texts about consumption and as products to be consumed is an overarching theme of the analysis that follows. Specifically, Debord’s (1967) “society of the spectacle” provides a productive lens through which to view recovery television as a means by which notions of mental and corporeal health, cultural difference, and affective behavior can be appropriated and commodified as a product for consumption. Debord’s notion of “spectacularization” is particularly pertinent to a discussion of reality television. For Debord (1967), the society of the spectacle represents the triumph of commodity fetishism where all aspects of modern life in a consumer society are commodified by capitalism and turned into spectacle for our consumption: “Every single product represents the hope for a dazzling shortcut to the promised land of total consumption and is ceremoniously presented as the decisive entity” (p. 69). This results in a commodified culture—an essentially artificial environment. The
phenomenon of reality television might be seen as the culmination of the society of the spectacle where the illusion of reality itself is commodified and sold back to us as entertainment.

Finally, drawing from a Foucauldian mode of analysis, this study of recovery television investigates the ways in which these programs engage with ideas of normality and abnormality. Addiction researcher and practitioner William L. White notes the trend towards social control in the increasingly privatized addiction treatment industry. White argues that the introduction of both mandatory drug-testing in the workplace and of various intervention techniques—including the Johnsonian intervention featured on Intervention—during the 1970s and 1980s “reflected a shift from treatment as a voluntary enterprise focused on personal recovery to treatment as a coerced experience whose primary goal was social control and institutional profit” (p. 277). White’s assessment conforms both to recovery television’s exercise of control on its subjects as well as the ethic of privatization that Ouellette and Hay (2008) and others argue is reinforced by many reality programs.

Few modern institutions have the influence that modern media have for generating biopolitical discourses in everyday life, and recovery television presents normative understandings of complex medical/psychological/physical pathology as filtered through the apparatus of commercial television production. Using a Foucauldian approach to looking at the media as a disciplinary institution, the current analysis explores the hegemonic and pedagogical potential of reality television’s depictions of addiction and recovery. Expanding on the work of Hardt and Negri (2005), Ouellette & Hay (2008), Rose (2007), and others, this dissertation examines recovery television as a manifestation of biopower. For Foucault (Foucault & Burchell, 2010; Foucault, 1978), biopower is the exercise of power on a populace in order to guarantee its health and productivity. The increasingly liberal approaches to governmentality, the institutionalization of biopolitical discourse, require power to be exercised indirectly through social institutions rather than directly from sovereign power. Foucault argues that the ultimate
goal of disciplinarity is for the individual to internalize society’s norms in order to discipline her/himself (Foucault, 1977), a process that Foucault calls “governmentality”. This is social power at its most efficient, as we learn to police ourselves by conforming to norms that are defined by social institutions such as the media. Recovery television finds televisual media working as a social institution to reinforce neoliberal ethics of individuality and self-sufficiency through its spectacularization of addiction and addiction treatment.

Individually, some of these texts may employ a more progressive, instructive, educational approach to addiction. However as a group of interrelated discourses, the overall effect of the recovery television subgenre is to impose a category of abnormality, emphasize difference, and reinforce the stigma associated with addiction, thereby constructing notions of normality and abnormality for the audience. If media depictions of alcohol and drug use can be seen as a normalizing discourse, then recovery television can be considered a corrective discourse, a biopolitical spectacle representing abuse deployed to curb overindulgence.

Of utmost concern is the social construction of addiction as a phenomenon created by these programs for their audience, and how that construction relates to larger issues of cultural politics. The genealogy of the recovery television subgenre will show that the discourse surrounding addiction diminishes significantly as the subgenre moves through the television cycle of innovation, imitation and saturation (Mittell, 2004). As the genre proliferates, the pedagogic mode of texts such as Intervention and Celebrity Rehab and the conceit of treating addiction are subordinated to the exploitation of the more spectacular aspects of addiction. While previous scholars have investigated reality television through a Foucauldian lens, and while notions of biopower and governmentality are evident throughout the genre, recovery television poses several unique parallels to work throughout Foucault’s oeuvre. For instance, the cultural fascination with madness described by Foucault in Madness and Civilization (1965) provides a potential explanation for the ongoing appeal of the addiction narrative in popular media texts. Similarly,
Foucault’s concern with the clinical gaze (1973), institutional surveillance (1977), confession (1978) and the disciplinary and normalizing forces of biopower and governmentality (1978) will all figure prominently in the analysis of recovery television as a cultural text. Specifically, these programs establish normative understandings of the correct way to live in contemporary society by spectacularizing both the abnormal subject and the exercise of power necessary to discipline the subject into a productive existence that conforms to cultural norms.

Foucault’s (1973) clinical gaze is an effective means of evaluating the relationship between doctor and patient on the micro level, and the medical profession and society on the macro level. However, as the medium of television increasingly positions itself as a health care provider/health educator as well as purveyor of health-related entertainment, the clinical gaze only describes one element of this phenomenon. Therefore, this analysis utilizes a hybrid form of the gaze, the tele-clinical gaze, to suggest the reconciling of two distinct discursive fields into one productive gaze. Thus, the tele-clinical gaze is interested in diagnosing and treating its patients, but only insofar as the treatment is televisual. The tele-clinical gaze represents the accumulation of medical knowledge—including its problematic assumption of incontrovertible truth—as well as the media expertise needed to extract value from televisual medical treatment. This construction applies not only to reality television, but also to the many talk shows and other formats that feature medical experts treating patients for a television audience.

While the programs discussed in this dissertation have been grouped with “do-good” television (Ouellette & Hay, 2008) and the broader designation of the makeover program (Sender, 2012), these analyses do not account for the cultural significance of the phenomenon of addiction. Clearly, the stakes regarding a potentially life-threatening condition are higher than those associated with charity or fashion. The analysis of the recovery genre attempts to distinguish these programs from other reality programming and investigate the way this subgenre operates in our culture.
The analysis argues that the following programs—while not explicitly addressing the issue of addiction—owe much of their appeal to the substance use of their subjects: *The Osbournes* (Brooks, Ewing, & Osbourne, 2002), *The Anna Nicole Show* (Ewing et al., 2002), *Being Bobby Brown* (Baker-Simmons, Nyanning, Shasid-Deen, Shelley, Tricarico, 2005), and *Hey Paula!* (Murphy, Sternberg & Whittaker, 2007). These programs capitalize on the appeal of the reputed addiction problems of their celebrity stars, as Chapter 2 explores. Next, *Breaking Bonaduce* (Foy et al., 2005) and *Shooting Sizemore* (Demyanenko et al., 2007) are examined as the first manifestation of the subgenre; specifically, they are programs focused on the addiction of their subjects and their subsequent attempt to recover. Chapter 3 thus argues that while *Breaking Bonaduce* and *Shooting Sizemore* lasted only 2 and 1 seasons respectively, they do establish a precedent for the marketability of reality texts that explore their subject’s addiction problems in depth. Subsequently, Chapters 4 and 5 explore the most distinctive programs of the recovery TV subgenre in that they represent the intervention into the lives of their subjects in order to arrest their addiction: *Intervention*, *Celebrity Rehab with Dr. Drew*, *Rehab with Dr. Drew*, *Celebrity Rehab Presents Sober House* (Breitenbach et al., 2009), and *Sex Rehab with Dr. Drew* (Holmes et al., 2009). Finally, the following programs are representative of what Gitlin (1994) calls television’s recombinant culture, which produces variations of proven hits in the hopes of minimizing the risk of television production: *Addicted* (Koch, Michaels, & Piper, 2010), *My Strange Addiction* (Bolicki, Cutlip, Galligani, Tarpinian, & Theeranuntawat, 2011), *Relapse* (Benz, Branton, Hochman, & Partland, 2011), *My Crazy Obsession* (Reidpath & Zupon, 2012), *Hoarders* (Berg, Chan, Flynn, & Severin, 2009), *Hoarding: Buried Alive* (Hammersley, Kane, Masland, Orstein, & Sestero, 2010), *My Shopping Addiction* (Chan, Flynn, Kuntz & Orecchio, 2012), *Collection Intervention* (Berger, Grizzle, & Healey, 2012). In Chapter 6, these derivative programs are analyzed as exemplifying the move from repetition to saturation in the genre cycle.
What is Addiction?

Phenomenologically and ontologically, the Diagnostic and Statistical Manual of Mental Disorders (DSM), the American Psychiatric Association’s classification scheme has moved away from diseases as a thing (addiction) to an emphasis on behaviors (substance dependence).

Subsequently, the term “addiction” appeared as a classification in the third edition of the DSM, but clinicians rejected the use of the word “addiction” during the update to the DSM in 1994 arguing that the term “addiction” was pejorative. While some practitioners attributed this change to concerns of political correctness during this era (Ling, 2011), the most recent edition, the DSM-V (2013), uses “addictive” as a descriptive term, but not as a diagnostic term—again citing concern that the word carried a pejorative designation. The previous version, the DSM-IV, contained separate entries for “substance abuse” and “substance dependence”; each was classified as “a maladaptive pattern of substance use leading to clinically significant impairment or distress” and the distinguishing criteria for these classifications were largely based on the level of “impairment or distress” of the individual addict (American Psychiatric Association, 1994, pp. 181-183). Due to the confusion that resulted from the separate terms for a similar phenomenon, the DSM V now classifies this behavior as “substance related and addictive disorders” (American Psychiatric Association, 2013). Significantly, several behavioral addictions were proposed for inclusion in the latest update including addictions to sex, shopping, and the Internet. However, only “gambling disorder” was added because there was an inadequate amount of peer-reviewed research to establish these addictions as mental disorders. The debate that led to the revision underlines the uncertain ontological status of addiction in medical diagnosis and treatment. Of course, the classification scheme of the DSM is not arbitrary; its revisions are overseen by “more than 160 of the top researchers and clinicians from around the world” (APA, n.d.). Yet the major difference between the compulsive behavior of gambling addiction and Internet addiction is
economic; both are compulsive behaviors that lead to “significant impairment or distress.” In all likelihood, gambling addiction receives more attention from these researchers because of this economic aspect. In other words, the criteria for diagnosing a new illness reflect the discourse of the culture in which it is situated. Considering the influence the DSM has on government policy, medical treatment, insurance coverage, and juridical procedures, this cultural bias is significant.

In contrast to the physiological and psychological constructions of addiction, several scholars have explored the cultural dimensions of addiction (Cross, 2000; Ewen, 1976; Giddens, 1990; Sedgwick, 1993, Valverde, 1998). In particular, Alexander (2010) argues that addiction is an adaptation to dislocation, which “denotes psychological and social separation from one's society” (p. 59). Critically, this dislocation affects both those who are geographically dislocated as well as those who experience dislocation within their own culture. Alexander contends that the current “epidemic” levels of addiction can be traced to the dislocation caused by the global spread of unfettered free market economics:

Today’s rising tide of addiction to drug use and a thousand other habits is the consequence of people, rich and poor alike, being torn from the close ties to family, culture, and traditional spirituality that constituted the normal fabric of life in pre-modern times... Free-market society subjects people to unrelenting pressures towards individualism, competition, and rapid change, dislocating them from social life. People adapt to this dislocation by concocting the best substitutes that they can for a sustaining social, cultural and spiritual wholeness, and addiction provides this substitute for more and more of us. (p. 3)

Alexander argues that unrestricted free-market trade has transformed culture; where community, tradition and spirituality once provided a sense of purpose and meaning, the emphasis on individuality, competition and self-sufficiency effectively mass-produces dislocation and therefore addiction. Also, while dislocation is often accompanied by poverty, poverty is not the only source of dislocation. For the rich, dislocation might be caused by the failure to live up to the unrelenting pressures of individual competition and expectations of self-sufficiency of the free market. Alexander also notes that dislocation does not occur only in free-market societies.
Dislocation can occur in any society that creates oppressive, alienating conditions. In other words, while leftist critics might take the connection to free-market ideology to argue for Marxist revolution, the widespread alcoholism under the Soviet regime suggests that dislocation can occur in societies that are at least nominally anti-capitalist. Alexander is quick to mention that he does not identify as a Marxist, nor is he religious, yet he emphasizes the need for stricter regulation of the market as well as the historical importance of spirituality in establishing rituals and traditions that provide a personal sense of meaning and belongingness.

From the Gin Epidemic in the UK, to the Opium problem in China, to alcoholism issues in of the Native American population, Alexander’s thoroughly researched project shows how a rise in the levels of addiction in a culture coincides with the introduction of free-market principles. He also argues that the “cure” for addiction is psychosocial integration—a sense of stable identity and a connection to one's family, community, culture and spiritual traditions—and cites examples of cultures where once-rampant addiction problems virtually disappeared once the society became more psychosocially integrated. In a compelling example, Alexander connects the free-market ideology imposed by the colonization of native North Americans by European settlers to high levels of addiction in the native population that continue to this day. While several native tribes in the Southwest produced their own intoxicating substances before the arrival of European settlers, it was not until the forced introduction of capitalist economics, the destruction of long-established livelihoods, and the suppression of native language and traditions that addiction became a problem for native tribes. Consequently, when native North American tribes incorporated a return to traditional customs, rituals, and community activities in their effort to lessen substance abuse and other problems caused by dislocation, their efforts showed drastically more encouraging results compared to efforts that emphasized assimilation into the dominant society.
While Alexander’s dislocation theory is by no means the definitive statement on the etiology of addiction, his theory is as valuable as any other in a society where millions continue to struggle with addiction. Furthermore, Alexander’s theory is consistent with many of the other cultural theories of addiction including those that note a possible connection between high levels of addiction and the emergence of consumer culture (Cross, 2000; Ewen, 1976), or the continuing phenomenon of globalization (Giddens, 1990). If nothing else, Alexander’s model prevents a compelling case that addiction cannot be wholly conceived as a physiological and/or psychological problem; culture surely plays a role in how addiction is understood and treated.

Arguably, addiction occupies a liminal status in our culture. A simultaneously mental and physical affliction, the obsessive consumption of various substances or repetition of behaviors originates in the mind, but the phenomena of craving and withdrawal manifest physically in the body. Furthermore, the patterns of repetition are relative; there is no definitive amount of substance consumption that determines one’s status as an addict. Treatment approaches are similarly indefinite; there is no single medical, pharmaceutical, or therapeutic treatment—or combination thereof—that guarantees recovery from addiction. While multiple scientific models have been proposed to explain and/or treat addiction, only a minority of addicts ever achieve sustained sobriety (Alexander, 2010, p. 342). The tendency of medical practitioners to recommend supplementing medical treatment with participation in 12-step programs—mutual help organizations that emphasize a spiritual approach to addiction recovery—underlines the extent to which a definitive medical treatment for addiction remains elusive to medical science.

Yet, there is no shortage for subjects for medical research. A 2012 study by the Substance Abuse and Mental Health Services Administration (SAMSHA) estimated that there were more than 22 million Americans with substance abuse problems (SAMSHA, 2012). Globally, the World Health Organization (WHO, n.d.) reports that alcohol use causes 2.5 million deaths every year. Additionally, the WHO estimated 15.3 million people who use drugs intravenously contribute to
the HIV epidemic in some of the world’s poorest countries. Yet, in spite of addiction’s long-
accepted status as a disease and/or mental disorder, addiction continues to carry a stigma for the 
addict in most cultures.

Of course, addiction to intoxicants challenges the productivity of the addict, and therefore 
conflicts with some of our society’s foundational beliefs. Norman Denzin (1993) observes that 
alcohol use is considered a normal part of being American, yet alcohol abuse is frowned upon in 
American culture (p. 2). On one hand, alcohol is considered essential to social activity. On the 
other, addiction to alcohol is often framed as a weakness of character. Like insanity (Foucault, 
1965), alcoholism/addiction suffers from a cultural conflation of disease and immorality. This 
perception arises in part from the ideological conflict between the phenomenon addiction and the 
dominant tropes of American culture, “Alcoholism, being a disease or an illness, is not the 
responsibility of the drinker. Yet, the ethos of self-responsibility and self-control that permeates 
American culture makes alcoholism the personal responsibility of the drinker who abuses 
alcohol” (Denzin, 1993, pp. 2-3). The addiction conflicts with American society’s neoliberal 
ideology of self-sufficiency, and as with the diagnosis of mental disorders, we see that the 
perception of addiction is culturally based. In American culture, self-indulgent consumption must 
be balanced with responsibility. The ambivalence associated with addiction also manifests itself 
in our attitudes towards addicts who also happen to be cultural heroes.

Some of our more celebrated literary voices including Edgar Allan Poe, Dorothy Parker, 
Ernest Hemingway, Carson McCullers, Jack Kerouac, and Raymond Carver struggled with 
addiction to alcohol throughout their lives, an association that contributes to the myth that links 
creativity with addiction (Denzin, 1991). Similarly, during the cultural upheaval of the 1960s, 
drug-taking was a countercultural symbol of non-conformity and resistance to the dominant 
culture (Fleming & Manvell, 1985; Manning, 2007). So, the drug and alcohol-related deaths of 
musicians such as Jimi Hendrix, Janis Joplin, and Jim Morrison are framed in the context of non-
conformity and rebellion. Others, such as John Bonham of Led Zeppelin, Bon Scott of AC/DC, and Amy Winehouse are associated with bacchanalian appetites of rock stars who embodied the romanticized “live fast, die young” ethos. Furthermore, the suicide of cultural icon and heroine addict Kurt Cobain of Nirvana embodies the outwardly strong, yet inwardly vulnerable archetype of the tragically misunderstood artist in an oppressive society (Fleming & Manvell, 1985, pp. 141–142). Finally, artists such as Keith Richards of the Rolling Stones or Ozzy Osbourne are celebrated for their seeming indestructibility despite years of substance abuse (Oksanen, 2012, 2013a). These associations and others elucidate the tension between hedonism and asceticism in our society (Paterson, 2006). Of course, many of these deaths carry multiple associations. Regardless, one can find lovingly crafted paeans to these notorious addiction casualties in official hagiographic biographies and fan-created websites alike.

The increased mobilization of the trope of addiction to describe any number of activities exemplifies the unstable nature of the concept of addiction in cultural discourse. Sedgwick (1993) notes the phenomenon of “slippage” wherein the trope of addiction, once associated only with the over-consumption of intoxicants, has increasingly been extended to describe almost any form of excessive human behavior (gambling, sex, exercise, etc.). In a society where everything is addictive, and addiction is pathology, then any behavior can become a sickness. More importantly, the language of addiction is often used to describe personal idiosyncrasies and guilty pleasures, and advertisers use a product’s “addictive” properties to distinguish it from the competition (Alexander, 2010). Finally, addiction acts as a public relations strategy; scandalous behavior can be transformed into pathology and subsequently rehabilitated with medical treatment. For example, the philandering of golfer Tiger Woods was reformulated as sex addiction in the wake of Woods’ potentially image-tarnishing divorce, thereby reconstructing Woods as “sick” rather than merely lecherous. Our culture has fostered a fascination with addiction and this fascination is increasingly evident in our public and private discourse. The
subgenre of recovery TV represents the media’s attempt to capitalize on this fascination.

Of course, for most of our society addiction still carries a significant stigma, and policy decisions regarding intoxicants reflect a desire to keep American appetites in check. For example, the Nixon administration first declared ‘The War on Drugs’ in the early 1970s (Conrad & Mackie, 2011) and subsequent administrations renewed the commitment to this unending, and mostly ineffective, conflict. For many, illegal drugs are “one of the very basic evils of society” (Bjerg, p. 16), and this characterization allows for striking levels of coercion and control (Netherland, 2012). Similar fears regarding alcohol drove the temperance movement which was “arguably the most influential grassroots political movement of the 19th century” (Coomber, p. 215). While Alexander (2010) notes that the phenomenon of addiction was documented by Plato during the fall of the Athenian empire (p. 65), addiction as it was understood during the temperance movement and as we understand it today only emerged within the past 150 years.

According to Levine (citing Rorabaugh, 1976), the drinking of colonial Americans throughout the day was an accepted part of daily life; drunkenness only became a problem when it began to affect the productivity of the middle class worker (Denzin, 1991). Consequently, the concept of addiction first emerges in a familiar form with Benjamin Rush’s work on alcoholism in the late 18th century. Rush was the first to conceive of addiction as a progressive disease the treatment of which required total abstinence on the part of the addict (Levine, 1985). Up to that point—and, to some extent, even at present—addiction to intoxicants had been associated with vice and immorality (Denzin, 1993). Levine (1985) argues that the response to the disease model reflected the anxieties of a culture grappling with a rapidly changing society:

The idea of addiction “made sense” not only to drunkards, who came to understand themselves as individuals with overwhelming desires they could not control, but also to great numbers of middle-class people who were struggling to keep their desires in check - desires which at times seemed “irresistible.” (1985, p. 53)

The Temperance Movement took up Rush’s conception of alcoholism as a disease which was
caused by alcohol; the disease model provided an explanation for irrational behavior in a society which valued self-control (Room, 2003). As concern over addiction became more prominent, media depictions of addiction also proliferated; ultimately these representations fueled the temperance movement and prohibition legislation in the US in the late 19th and the early 20th centuries.

Significantly, recovery television is not the first genre to emerge from the public’s fascination with addiction. The earliest modern appearance of the addiction/recovery narrative as an American entertainment genre was likely the speeches of the orators of the Washingtonian movement, a 19th century temperance society (Crowley, 1999). The Washingtonians were among the most popular speakers on the oratory circuit, reaching a level of fame that sometimes resulted in a public scandal when the addict relapsed. Crowley describes the fall from grace of John Gough, one of the temperance movement’s more popular orators. Known as “the poet of the d.t.’s” and the “Demosthenes of total abstinence” (p. 13), Gough’s relapse was reported in the temperance press when he was “discovered in a New York City brothel, recovering from a binge (with tender female assistance)” (p. 15). Alcoholics Anonymous’ adoption of the principle of “anonymity at the level of press, radio, and films” (Anonymous, 2002, p. 562) was implemented in part to avoid similarly public relapses.

Subsequently, the alcoholic narrative became popular in the literature of the day; confessional autobiographies chronicled the often-tawdry details of a descent into addiction followed by a redemptive recovery. The sheer volume of temperance literary offerings testifies to the popularity of the genre. Crowley (1999) cites a multitude of confessional autobiographies, including James Gale’s *A Long Voyage on a Leaky Ship; or A Forty Years’ Cruise on the Sea of Intemperance* (1842); *Narrative of Charles T. Woodman, A Reformed Inebriate* (1843), *The Life and Experience of A.V. Green*, and *The Celebrated Ohio Temperance Sledge Hammer* (1848). Crowley notes, “Other temperance narratives that purported to be autobiographies were really
novels cast in the form of anonymous alcoholic confessions” (p. 13); these early chronicles blurred the line between fiction and non-fiction with hired authors constructing fictional “autobiographies” in the style of the typical addiction narrative. In fact, poet Walt Whitman’s only novel was a work-for-hire addiction narrative in this vein—a work he later disavowed as “damned rot” (p. 26). Additionally, Osborn (2014) notes that the medicalization of the phenomenon of delirium tremens and its phantasmagoric hallucinations became a fascination for doctors and medical researchers during this period. As a result, graphic descriptions of these hallucinations became common in both medical journals and medical texts written for wider audiences. These early discursive formations contributed to the definition of the concepts of alcoholism and addiction in their context within American culture during this era.

Scholars have compared the appeal of these narratives to the appeal of gothic literature, tales that engage a fascination with the degrading and morbid aspects of the slide into addiction (Crowley, 1999; Reynolds, 1989). Inevitably, these are tales of downward mobility the horrors of which are sometimes offset by a redemptive conclusion. Crowley (1999) suggests that the audience for this material “was divided between those attracted to uplifting didacticism and those allured by gothic titillation” (p. 13). Similarly, Reynolds (1989) argues that the “spicy offerings” which became standard devices of the temperance narrative included “shattered homes; the dark ‘mysteries’ of cities; hellish barrooms and theaters; crushing poverty that leads to crime; the hypocrisy and secret depravity of the rich; delirium tremens with its nightmare visions, the haunted minds of criminals; [and] infanticide” (p. 106). For example, Alexander (2010) quotes the following from 1847 temperance literature:

A father took a little child by his legs and dashed his head against the house, and then, with a bootjack, beat out his brains. Once that man was a respectable merchant, in good standing, but he drank alcohol. (p. 173)

Obviously, the temperance literature employed graphic imagery to make its point about the dangers of alcohol, and that tradition is followed through in future depictions of addiction. These
early texts can be read as the flipside of the American ideology of individual achievement, responsibility, ingenuity, puritanism and self-control. Those who overcome their addiction reassert their claim to this ideology in typical Horatio Alger “bootstraps” fashion.

Cultural Foundations of Recovery TV

Historically, the fear of exotic “others” (Said, 1979)—lower classes as well as immigrants and ethnic groups—has influenced policy decisions regarding alcohol and drug prohibition and regulation from the 18th amendment to the mandatory minimum sentences for drug possession (Blake, 2007; Coomber, Hunt, & Milhet, 2011; Courtwright & Hickman, 2011; Kaye, 2012; Manning, 2007; Netherland, 2012). At the same time, much of the discourse surrounding issues of cultural identity and addiction reflects the belief that addiction is an ‘equal opportunity disease’ (Granfield, 2004); it affects members of all classes and social groups. Yet, the moral panics associated with alcoholism during the temperance era, the gin epidemic in London and the crack epidemic in the 1980s drew on xenophobic fears of immigrant populations, racial and ethnic minorities and the underclass (Coomber et al., 2011; Courtwright & Hickman, 2011; Manning, 2007). Indeed, Adorno and Horkheimer argue that narcotics are a coping mechanism for the oppressed subordinate class (Adorno & Horkheimer, 2002, p. 49). In spite of the equal opportunity nature of addiction, by and large, it is associated with “otherness.”

At the same time, popular media normalize alcohol as a way to socialize, celebrate, manage emotion, and bolster courage. In what would seem to be an innocuous fashion, we are deluged with advertising for alcohol that promises a good time as long as we drink responsibly. Similarly, the pharmaceutical industry promotes its products as panaceas for every conceivable condition (Alexander, 2010). Of course, drugs and alcohol have been and continue to be important commodities. And while some substances, including alcohol and tobacco, remain legal
and freely available, even currently prohibited substances, such as morphine and cocaine, were at one time available on the marketplace for recreational and/or medical use (Room, 2011). We can look at the addiction to intoxicating substances first and foremost as a dependence on a specific form of commodity.

Room (2011) classifies consumer commodity forms under two types—habit-forming and non-habit forming. Early industrialists valued the habit-forming commodity for obvious reasons; consumption of these commodities creates an appetite for more consumption, thus creating their own demand in the marketplace. Whereas some commodities are consumed rarely over the course of a consumer’s life (cars, major appliances, etc.), a commodity that stimulates desire for more consumption and may require weekly, daily, or hourly consumption has obvious financial benefits for the stakeholders associated with the commodity. Arguably, addiction is the ultimate “false need” wherein an individual becomes dependent upon a foreign substance (or behavior, in some cases) for survival (Marcuse, 2002). In both cases, one could argue that the false needs of a society based on consumption find a perfect analogy in the phenomenon of addiction.

Of course, addiction is pathological consumption, and several scholars (Cross, 2000; Ewen, 1976; Giddens, 1990; Sedgwick, 1993) observe the concurrent emergence of the concept of addiction with the shift from a society based on production to a society based on consumption. It seems logical that the constant stimulation of our consumptive appetites by the advertising industry would result in instances of pathological consumption. On the other hand, Room (2003), Rotskoff (2002) and others note the challenge that addiction poses to a culture that defines itself by the neoliberal values self-control and self-sufficiency. Addiction contradicts the premise that the consumption of approved commodities is the basis for happiness and the key to a good life in a consumer society (Bjerg, 2008). Prohibitionist drug policies and juridical intervention into the lives of addicts may represent neoliberal culture responding to this challenge. Arguably, there is nothing more threatening to the free market than those who refuse to participate or find a way to
subvert it. Addiction researcher Bruce Alexander (2010) convincingly argues that these neoliberal values may foster the conditions which allow addiction to thrive. Of course, addiction has also become a popular and profitable topic in entertainment media with recurring tropes that derive from historical and cultural discourses.

Room (2003) notes that contemporary cultural texts display similar themes to the cautionary tales of the temperance movement, specifically in their emphasis on degradation (2003). Both Room and Manning (2007) parallel the addiction narrative to the horror story; Robert Louis Stevenson’s *The Strange Tale of Dr. Jekyll and Mr. Hyde* is the archetype for the addiction/horror narrative: the addict is transformed by the ingestion of a substance, causing him to behave in ways that he normally would not.

Overall, Room notes the utility of addiction as a device in storytelling, identifying three distinct functions addiction can serve in a narrative: “Addiction as an explanation of behavior at once naturalistic and mysterious; addiction as a cause of degradation and battleground for redemption; addiction as a cause of alienation from social bonds and recovery as a reintegration” (p. 231). In other words, addiction provides several ready-made narrative structures for our cultural products, and these structures have been used repeatedly in filmic depictions of addiction and alcoholism.

Arguably, the same combination of uplifting didacticism and titillation identified as characteristics of the temperance narrative drives the continuing popularity of the addiction narrative in popular cinema. From the infancy of film, there have been depictions of addiction. Some, like *Reefer Madness* (Gasnier, 1936), were propagandistic morality tales that utilize drug imagery to warn the viewer of the dangers of addiction. For Manning (2007), explicit drug imagery “can be regarded itself to function critically” (p. 131), a suggestion that is borne out by the use of this imagery in films and television. However, in addition to critiquing the act of drug consumption itself, addiction and drug use have been utilized as a metaphor to critique capitalism
and the culture of consumption (Manning, 2007) in films such as *Goodfellas* (Scorsese, 1990), *Requiem for a Dream* (Aronofsky, 2000), and *Trainspotting* (Boyle, 1996). For Manderson (1995), this imagery gets its power from the symbolic transgression of boundaries; hypodermic imagery in particular brings associations with medicine, sex, and death, and most drug imagery conveys an uncomfortable sense of observing an alien ritual. Thus, the imagery of addiction can be employed in at least two distinct ways: (1) it can be mobilized as a critique of capitalist consumption, and (2) it can be used to evoke feelings of boundary violations and fear/fascination with the “other” (Manderson, 1995; Manning, 2007).

Richard Dyer (1979) examines the stereotype of the alcoholic in film and argues that the alcoholic stereotype evokes several narrative expectations for the film audience. Norman Denzin (1991) explores these stereotypes and traces the evolution of alcoholism-related films in *Hollywood: Shot by Shot* through multiple versions of *A Star is Born* (Cukor, 1954; Pierson, 1976; Wellman, 1937) as well as *The Lost Weekend* (Wilder, 1945) *Days of Wine and Roses* (Edwards, 1962), and others. Denzin observes that the plots of alcohol films typically correspond to “the classic morality tale in Western Civilization: seduction, the fall from grace, and then redemption” (1991, pp. 18–19). Additionally, Denzin cites Billy Wilder's *The Lost Weekend* as the canonical alcoholism film, celebrated by critics and audiences alike for its “realistic” portrayal of alcohol addiction. Yet, Denzin notes that the only major criticism leveled repeatedly at the film was its failure to elaborate on the cause of the addiction of its main character, writer Don Birnham. Finally, *The Lost Weekend* emerged from the social realism trend in Hollywood during this period and exemplified Hollywood's move toward producing films with a pro-social agenda; these films were intended to both entertain and educate. One could argue that the recovery TV programs conform to already existing tropes to structure the drama of their narrative; typically, there is a pattern of seduction, a fall from grace and a final redemption. Also, *Intervention*'s emphasis on the causes of addiction works to pre-empt the recurring critical preoccupation with
the seemingly inexplicable motivations of a character whose behavior defies rationality. Finally, just as *Lost Weekend* was created in the then-prevalent tradition of social realist films with a pro-social agenda, the recovery programs can be read as a for-profit manifestations of television programming created to serve the public good.

**Television, the Public Good, and Advertising**

The Communications Act of 1934 called for broadcasting to serve the public interest, and the emergence of television renewed the promise that communications media might contribute to democracy (Kellner, 1990). However, due the adoption of a system of advertising-supported programming and ongoing policies of deregulation, television has been and remains a largely for-profit entertainment concern. As Meehan (2005) argues, the primary product of television is not the programming it delivers to audiences, but rather the audience it delivers to advertisers. In turn, Magder contends that advertisers expect contemporary audiences to be delivered in a “buying mood” (Magder, 2009, p. 148); the content of programs should not get in the way of the promotion of consumption. As Douglas Kellner (2003) argues, “Media culture also provides models for everyday life that replicate high-consumption ideals and personalities and sell consumers commodity pleasures, solutions to their problems, new technologies, and novel forms of identity” (p. vii). In other words, media advertising and content provide the means by which we learn to become avid consumers in a consumption-driven society.

Several cultural theorists, including Raymond Williams (1980), Gary Cross (2000), and Stuart Ewen (1976), argue that advertising actively attempts to manipulate our needs, desires and self-esteem in order to influence consumer behavior. While early marketing and advertising strategies sought to distinguish marginally different products in a crowded marketplace, the crucial turning point in advertising and promotional culture is the moment at which these
practices were mobilized to stimulate the desire for unnecessary commodities (Williams, 2009), and the creation of “false needs” (Marcuse, 2002) to stimulate, cultivate and regulate consumption.

Additionally, both Cross (2000) and Ewen (1976) argue for a connection between the creation and nurturing of consumptive appetites and the phenomenon of widespread addiction in contemporary culture—as well as the implementation of prohibition movements and drug laws to curb these cultivated appetites. Ultimately, consumption is the basis for the American economy and television is one of the primary means of stimulating appetites for consumption in our culture.

**Reality TV**

First and foremost, reality television is a product of the deregulatory climate of the 1990s, the decline of the three-network system, and the increased competition from cable (Raphael, 2004). The format flourished in part due to affordable production costs compared to traditional scripted programming. Reality TV programs often eschew expensive sets, props, and studio time for the more modest expenses of location shooting. Additionally, the adaptability of reality TV formats to multiple markets has proven extremely valuable in the global media marketplace, as producers view these proven formats as a reduced risk compared to more original productions (Magder, 2009). Consequently, reality television has become a popular and culturally influential format.

The most obvious precursor to the reality format is the film and television documentary. However, where the conceit of the documentary film is to capture some pre-existing reality, reality programs often start from a premise concocted by the producers. This crucial distinction affects the production of reality TV at all levels including casting, editing, and cost of production.
The conventions of reality television, such as artificial living situations, contests and competitions, heighten the reality that the producers capture (Holmes & Jermyn, 2004; Huff, 2006). John Corner (2002) contends that television production has moved into a “post-documentary” age (p. 257), where the documentary format has been diluted in the process of being appropriated by the reality television genre. Reality television has extensively borrowed the conventions of the documentary format while simultaneously combining it with conventions traditionally associated with fiction genres.

Whereas documentary film is traditionally interested in the behavior of “real” individuals in naturalistic environments, Corner (2002) argues that reality TV programs operate within “a fully managed artificiality, in which almost everything that might be deemed to be true about what people do and say is necessarily and obviously predicated on the larger contrivance of them being there in front of the camera in the first place” (p. 256). According to Corner, this obvious artifice has changed the viewer’s experience of the documentary format from one that expects natural behavior only somewhat affected by the presence of a production crew to one that expects self-conscious performance in a “living space that is also a performance space” (p. 257).

Similarly, Couldry’s (2004) analysis of the competition subgenre of the reality “gamedoc” investigates what the author calls the “underlying myth” of reality television: “[the assumption] that there is plausibility in reading human reality into what transpires in a space made and monitored for television” (p. 64). Despite what would seem to be a dismissal of the authenticity of the genre by many scholars, Deery (2012) argues that reality programs are distinct from other programming in that they share a “common ontological base” (p. 2). In short, we understand and expect manipulation in reality television, but we still respond to the hybridity of this “staged actuality” in its representation of both “real” and manipulated events (p. 2). As a result, this dissertation argues that the “realness” of recovery television programs is an important frame
through which viewers experience this programming, and producers employ this authenticity as a strategy to distinguish these programs from other reality shows.

Another important precursor to the current reality television format is the daytime talk show of the 1990s. Grindstaff’s (2002) ethnographic account of her experience as an intern at several daytime talk shows appropriates a term from pornography, the “money shot”, to draw a comparison to the process of eliciting authenticity from the subjects in an artificial medium. In pornography, Grindstaff asserts, the moment of male orgasm, referred to in the pornography industry as the “money shot” is a biological phenomenon and therefore cannot be simulated (vs. emotion, pleasure, arousal). The money shot is the climactic moment of emotional confrontation; this is where the premise of the program pays off. This is the moment when a skeptical father responds to the results a paternity test on Maury (1991), or where an angry guest must be subdued on The Jerry Springer Show (1991). On reality television, the money shot occurs when a prospective paramour is dismissed on The Bachelor (2002) or when a brawl breaks out on Bad Girls Club (2006). Grindstaff argues that the search for some version the money shot determines all aspects of television production.

One of the most significant contributors to reality TV scholarship is Laurie Ouellette (Murray & Ouellette, 2009; Ouellette & Hay, 2008; Ouellette, 2008) whose work demonstrates the connection between the reality television format, neoliberalism and the Foucauldian concept of governmentality. Specifically, the author contends that by intervening in the lives of its subjects this programming demonstrates disciplinary techniques of the self that may in turn be taken up by viewers in the interest of self-governance and improvement. Ouellette argues that the media’s role in disseminating ideas of governmentality is not entirely new, as it is evident historically in self-help books, DIY programming, commercial magazines, etc. In the contemporary society where notions of public welfare have been replaced by the neoliberal ethic of privatization, television is one of the institutions through which we learn to govern ourselves.
Holmes and Jermyn (2004) identify the challenges facing scholars when discussing reality television. The genre itself is difficult to define as the term “reality TV” has been used to describe a wide variety of programming. They examine the popular critical stance that reality television is devoid of cultural value, as well as the criticism of an audience that is seemingly enthralled with the genre. Consequently, several authors have suggested that some of the pleasure audiences associate with reality TV is derived from seeing cast members in embarrassing situations (Corner, 2002; Hall, 2006; Mendible, 2004). According to Kompare (2004), “Participants on these programs are regularly shown in various states of ignominy: exhausted, enraged, depressed, careless, undressed, asleep, inebriated, and sick” (p. 106). For obvious reasons, the perception of these programs as both culturally valueless and as a guilty pleasure is relevant to a subgenre that purports to be more serious than typical reality programming.

Huff (2006) provides an overview of many of the conventions and social issues associated with reality television, and notes the ethical issues surrounding some reality shows when confronted with potentially dangerous situations. For example, executives at VH-1 demonstrated concern that Danny Bonaduce, a former child star with a long history of substance abuse and mental illness, might be the first reality star to die in his own show, Breaking Bonaduce. Other authors have raised ethical concerns about the production of reality television. In general, Andrejevic (2011), citing Jost (2011), suggests that the reality television production environment is “potentially psychologically damaging or exploitative of cast members” (p. 19). Annette Hill (2005) argues that as health and lifestyle issues are becoming more common topics for reality television, scholars have a responsibility to evaluate these programs in terms of ethics. Among the issues that Hill identifies as worthy of investigation are “rights to privacy, rights to fair treatment, good and bad moral conduct, and taste and decency” (p. 133) and “the representation of suffering” (p. 134). Clearly, recovery television’s depiction of the suffering of
addicts and especially *Intervention*’s practice of deceiving its addicts to participate in the programming skirt the edges of ethicality.

**Reality TV and Addiction**

From law and order programs to dating shows, alcohol/drug use and abuse is prominent in many reality programs. Yet, despite the proliferation of research on the reality television format over the past ten years, little has been written about the depiction of addiction in this programming. However, the academic literature that explores the production and consumption of celebrity, and the surveillance of both ordinary and celebrity subjects is essential to the current analysis of the recovery television subgenre.

If we look at recovery TV as a subgenre of reality television, the early descendants are likely those shows which spectacularize the process of consumption for audiences. As chapter 3 will discuss, VH-1’s *Behind the Music* and E!’s *True Hollywood Story* were influential in the production of both *The Osbournes* and *The Anna Nicole Show* (Kompare, 2004; Romano, 2002). The Fox network’s early reality program *Cops* (1989) has been the focus of many scholarly analyses (see Cavender & Fishman, 1998; Doyle, 1998; Kooistra, Mahoney, & Westervelt, 1998) and the long-running surveillance program not only spectacularizes intoxicated law-breakers, but also spectacularizes one prevalent cultural response to problematic consumption—arrest and confinement.

As in real, non-mediated life, alcohol is frequently utilized as a social lubricant on reality programs, and, again as in real life, its overconsumption provides moments of humor, drama, and conflict. Drug use, on the other hand, remains largely clandestine. Perhaps the prototypical American reality program, MTV’s *The Real World*, was among the first to prominently feature the intoxicated behavior of its participants. However, it also depicted one of the first recovering
alcoholics in reality television, Chris Beckman of *The Real World: Chicago* (2002). During the (famously staged) episode where the cast learns about the events of 9/11, Beckman asks his roommates to join him for an impromptu unofficial A.A. meeting. In later seasons, the addictive consumption practices of castmembers would be dealt with more explicitly; Season 8’s Ruthie Alcaide and season 20’s Joey Kovar both left the program midseason to enter treatment for alcoholism. However, it was not until the recovery TV subgenre that addiction became a weekly concern of reality TV. As with most reality subgenres, there is a celebrity variation of recovery television, and this variation engages specifically with the cultural fascination with celebrity addiction.

Celebrities have become the public face of addiction in American culture by default in part due to the public’s fascination with their everyday life. Presumably, for some people, initial exposure to addiction is through media coverage of celebrities. The legacies of many entertainers have been tainted by deaths associated with substance abuse, and the early demise of cultural icons as Judy Garland, Jimi Hendrix, and Kurt Cobain has become part of the mythology of our culture. The continuing fascination with celebrity addiction is evident in recent media coverage of Charlie Sheen, Lindsay Lohan, and Britney Spears, and the addiction-related deaths of Heath Ledger, Amy Winehouse, and Phillip Seymour Hoffman.

Denzin (1991) notes the multiple biopics of celebrity addicts Hollywood has produced over the years including films about Lillian Roth, Buster Keaton, John Belushi, and F. Scott Fitzgerald. Citing Room (1985) Denzin claims, “By reflexively focusing on its own social structure, as a site of excessive drinking, Hollywood capitalized on its cultural meanings as a place of “sin”, wealth, dazzling dreams, wild parties, and excitement” (p. 43). We can see this association with “sin” in many of the celebrity reality programs as well, especially those identified as precursors of recovery TV.
The production, negotiation and exploitation of celebrity are key elements of reality television. In *Understanding Celebrity*, Graeme Turner (2004) describes celebrity in our culture as “a genre of representation and a discursive effect; it is a commodity traded by the promotions, publicity, and media industries that produce these representations and their effects” (p. 9). Essentially, celebrity serves several culture functions, and these functions must be understood to extend also to participants in reality programs who are not also professional entertainers.

Part of the appeal of casting non-actors on reality programs is the sense of unpredictability this introduces to the genre (Murray & Ouellette, 2009). Laura Grindstaff (2011) applies an ethnographic approach to reality television in order to explore the concept of “ordinary celebrity” and the performance of self on MTV’s reality program *Sorority Life* (2002). Grindstaff argues that a participant is depicted as performing a natural “self” on a reality program, but this performance of selfhood is subject to the manipulation of the fictitious elements introduced by the producers. In other words, the performance of selfhood is filtered through genre conventions, which inevitably result in a “sameness of a character prebuilt by the format” (Jost, 2011, p. 32). Typically, reality program cast members end up performing versions of themselves that conform to representations seen in previous reality programming including stereotypical representations of gender, race, and sexuality (Grindstaff, 2011).

The reality television genre has been theorized as a site where the production of celebrity has been democratized (Andrejevic, 2004; Collins, 2008; Grindstaff, 2011). However, for the addicts depicted on reality television, this same democratization process can become oppressive in its ability to reinforce the stigma of their appearance on the program. While the stigma associated with addiction has decreased somewhat, an appearance on reality television clearly makes the addict vulnerable to scrutiny in ways that the average addict rarely experiences. In Goffman's (1963) terms, the addict who participates in one of these programs changes his status from “discreditable”, where the stigma is hidden but the threat of revelation looms, to
“discredited”, where the stigma is revealed. In contrast to the “ordinary” subject on a conventional reality program, the Intervention subject does not become an “ordinary celebrity” (Grindstaff, 2011), but rather becomes notorious; the ordinary addict must effectively do the same emotional work as the scandalized celebrity—without compensation (Nunn & Biressi, 2010). Additionally, the ordinary addict is subject to the same consequences of their appearance on the program: “They must remain open to constant observation for signs of setbacks, recidivism, subterfuge or deceit” (p. 53). By participating in these programs, the “ordinary” subjects may inadvertently limit future opportunities for themselves.

Due to the volatile nature of the personalities involved, as well as an expectation that they will perform heightened versions of themselves, the cast members of recovery television programs are likely considerably more unruly than the average “ordinary” celebrity. For instance, the addicts in Intervention have at times walked out of the production process when they realize they are about to undergo an intervention. Often pursued by both their loved ones and the camera crew, the subjects must be begged, persuaded, and at times, coerced into returning to the intervention. Similarly, the production crew is occasionally put into dangerous and/or awkward positions. Producers have stopped intoxicated alcoholics from driving drunk. On more than one occasion, an addict has asked the production crew for money to buy liquor or drugs, and one producer even needed to pay off an addict’s debt to placate a potentially violent drug dealer. If the appeal of these programs is the depraved behavior of low-bottom addicts, any exaggeration of this behavior is problematic both in the sense of the potential danger to the performing subject and in the construction of addiction to which this performance contributes.

Andrejevic (2004) has written extensively on reality television and labor; he argues that “the work of being watched” acts to normalize surveillance in a culture where are consumer habits are increasingly monitored in the digital environment. On the other hand, Nunn and Biressi (2010) and Hesmondhalgh and Baker (2008) apply Hochschild’s work on emotional labor (see
To media. While Hesmondhalgh and Baker concentrate on emotional labor behind-the-scenes, Nunn and Biressi are more concerned with the emotional work of celebrities in front of the camera. Specifically, they note the increasing demand for the production of intimacy with the celebrity in cultural texts. Formats such as the tell-all interview, behind-the-scenes documentaries and reality programs require celebrities to work through trauma for the benefit of the audience. The authors utilize the example of British reality star Jade Goody to describe how the spectacle of suffering is becoming more prevalent in our media. Goody starred in a marriage special for British television after a long struggle with cancer left her frail and near death. Similarly, American actress Farrah Fawcett co-produced a made-for-television documentary that followed her battle with cancer and aired a month before her death.

Recovery television’s serious subject matter demands much from its participants. The featured addicts perform addiction both emotionally and physically for the cameras. Often, the performance of the actual addictive behavior is documented (e.g., drug-taking, self-harm, etc.). At other times, the physical performance of addiction in the form of seizures and other phenomena is involuntary; the “performance” of the physical expression of addiction derives from the labor of being a televised patient. While theories of emotional labor (Hesmondhalgh & Baker, 2008; Nunn & Biressi, 2010 after Hochschild, 1979) are clearly relevant, the involuntary performance of addiction suggests a more intensely embodied form of labor that also incorporates emotional work. This dissertation proposes the construction of “recovery labor” to describe the labor of being a television patient. As recovery TV continues to proliferate as a subgenre, “recovery labor” encapsulates the unique demands the subgenre puts upon its subjects.

One of the most obvious features of recovery TV is the intrusion of the camera into lives of the subjects that it represents. Andrejevic (2004) and Clark (2012) both note the increasingly common claim that the process of submitting to the surveillance of reality television has therapeutic value. Specifically, Andrejevic observes the value attached to both the participation in
and the viewing of a reality program; participants argue that the process of surveillance became therapeutic for them, and others argue that the surveillance serves an anthropological value for the viewer. In turn, these programs become spaces where self-disclosure becomes a commodity (p.86). Furthermore, Andrejevic connects this therapeutic value to Lears’ (2000) “therapeutic ethos” wherein advertising and the culture industry attempt to provide the richness of experience that was lost when traditional culture gave way to modernity (p. 143). For Lears, the loss of traditional values after the industrialization of society manifests itself in a longing for “intense experience” that was once provided by religion, community, and tradition. Lears argues that the relatively new practice of psychotherapy as well as the nascent advertising industry contributed to the development of the “therapeutic ethos” where we turn to cultural products for their therapeutic value. As a result, advertising attaches exaggerated and irrational promises of personal fulfillment to consumer products that they cannot possibly deliver. Lears’ theory of the therapeutic ethos also provides one possible explanation for the success of recovery television, as we increasingly look to our cultural products for therapeutic value.

Organizational Flow of this Dissertation

Since it is conceived genealogically, this dissertation is divided into 7 chapters, which are roughly chronologically ordered in relation to the time when the programs originally appeared. For instance, chapter 2 investigates several early celebrity reality texts that are not about addiction, per se, but their construction belies an interest in the rumored addiction problems of their respective stars. These programs, The Osbournes (Brooks, Ewing, & Osbourne, 2002), The Anna Nicole Show (Ewing et al., 2002), Being Bobby Brown (Baker-Simmons, Nyanning, Shasid-Deen, Shelley, Tricarico, 2005), and Hey Paula! (Murphy, Sternberg & Whittaker, 2007) promise behind-the-scenes access to the celebrity. Since these subjects have reputations for addiction,
much of the appeal of these programs is based upon an interest in uncovering hidden patterns of drug and alcohol use in their lives. However, as collaborations between the stars and the producers, the programs fail to deliver on the implicit promise to reveal more about the consumption habits of their stars. As a result, addiction is as much of an absence as a presence in these programs. Only Ozzy Osbourne admits to his addiction on camera; the other celebrities use the program as a forum to deny, minimize or excuse behavior that might otherwise suggest substance abuse. Ultimately, the chapter argues that these early texts act as an “incitement to discourse” (Foucault, 1978); they establish the interest of both the television industry and the audience in celebrity addiction, and their success contributes to an ongoing multiplication of the discourse surrounding addiction in the reality television format.

Chapter 3 analyzes VH1’s *Breaking Bonaduce* (Foy et al., 2005) and *Shooting Sizemore* (Demyanenko et al., 2007) as early manifestations of celebrity recovery television. These programs introduce the traditional addiction narrative to the reality television format; the celebrities have a substance problem, and are redeemed by their heroic conquering of their addiction (Denzin, 1991). Both programs employ the graphic drug imagery that has been a distinguishing characteristic of previous media depictions of addiction, but they also utilize formal expressionism to depict the interior state of these stars for the audience. In doing so, the resulting distorted visual style of the programs work to construct an archaic depiction of addiction as madness. More than anything, these programs are stories of deviance; they “other” the addict in order to create a compelling television. As a result, the construction of addiction bears little resemblance to the more realistic—if still constructed—depictions of addiction in the subsequent texts of the recovery TV subgenre. At the same time, VH1 attempts to position these texts as discourses of sobriety to distinguish them from the other programs of the celebreality genre, a strategy that will be employed by most of the recovery television programs to follow.
Chapter 4 discusses A&E’s *Intervention* as the first ongoing television program to feature the struggles of non-celebrity addicts. Drawing on previous work on biopower and governmentality by Ouellette and others (S. Murray & Ouellette, 2009; Ouellette & Hay, 2008; Ouellette, 2008), the chapter argues that *Intervention*’s construction of knowledge about addiction represents a distinctly neoliberal worldview. The program constructs an institutional portrait of addiction by means of its didactic discourse and powerful imagery and this portrait reflects a distinctly classed view of addiction. Additionally, *Intervention* situates the discourse of both the program and the addict’s family above that of the addict herself—effectively denying the addict the agency of the construction of her own biography, which is often seen as a critical step in the recovery from addiction (Hanninen & Koski-Jannes, 1999). At the same time, of all the recovery TV programs, *Intervention* comes closest to being a discourse of sobriety; with the exception of their deception of the addict at the outset of the program—a major exception to be sure—the program adheres more closely to the ethics and practices of traditional documentary filmmaking. As a result, press and audience discourse often frame the program as an important cultural text that has affected positive change both in the lives of its featured addicts and in the lives of its audience.

In chapter 5, the dissertation examines the *Celebrity Rehab* franchise via its star, co-creator and co-producer, Dr. Drew Pinsky. The analysis finds Pinsky to be a relatively unique construction of two discursive fields, the medical profession and the cultural industry. While Pinsky is not the first medical doctor to channel his expertise into a second career in media, he may be unique in the way that these two careers developed concurrently. For Pinsky, these two fields inform each other; where others find the medical treatment of addicted celebrities exploitative, Pinsky sees an opportunity to help addicts while furthering his own media career. This duality manifests itself in the tele-clinical gaze, where medical treatment and televisuality work to diagnose and treat addiction with an eye to spectacularizing it in televisual form.
The final data chapter, chapter 6, assesses the evolution of the recovery TV subgenre from the perspective of Guy Debord’s *Society of the Spectacle*. Debord argues that the current society reflects the triumph of capitalism and commodity fetishism where lived reality is superseded entirely by the economic logic of capitalism and the transformation of all aspects of life into images to be consumed. In this society, the logic of television production requires the imitation of previously successful programs in a cycle of repetition that eventually results in a loss of meaning. As these derivative programs reduce the recovery genre to an easily reproducible formula, the original subject of recovery TV, the suffering addict, is forgotten. While Debord argues that the only way to challenge the society of the spectacle, the commodification of everyday life, is to mount a revolution that breaks entirely from the current society through the destruction of all art and language currently subsumed within it, the chapter’s conclusion offers some tools for resistance within this culture. The final chapter presents an overview of this genre analysis and some concluding thoughts.

**Conclusion**

Though many studies suggest that addiction is a response to cultural and social alienation or triggers, recovery television does not engage in social criticism or explore the influence of culture on addiction; the knowledge that recovery TV creates tells us that addiction is a cause of problems in society, rather than a symptom of a sick society. As this dissertation analyzes the programs of this subgenre, it looks at addiction as a sociocultural issue. One of the most common responses to addiction—both by the addict and society—is to deny addiction altogether. The following chapter examines the precursors of recovery television which feature several alleged addicts who deny or minimize their addiction even while the programs hint and allude to the addiction problems in their lives.
Chapter 2

The Precursors: Constructing the “Real” Celebrity Addict

Since the beginning of Hollywood’s star system, the extra-textual exploits of celebrities have been fodder for gossip columns and tabloid journalism. American culture’s ongoing fascination with celebrity is evident in the sheer amount of media devoted to celebrity culture including magazines (e.g., *People* and *Entertainment Weekly*), entertainment “news” programs (e.g., *Access Hollywood* and *Entertainment Tonight*) and, most recently, celebrity gossip blogs (e.g., *TMZ* and *Perez Hilton*). Addiction in particular is one of celebrity culture’s more valuable commodities. While “Judy Garland’s drunken breakdowns” (Dyer and MacDonald, 1988, p. 61), promised a source of privileged access to celebrity during Hollywood’s golden age, contemporary expectations demand increasingly intimate access to the private lives of celebrities (Dyer and MacDonald, 1988; Nunn & Biressi, 2010) including their struggles with substance abuse. In fact, recent years have seen the proliferation of accounts of the addiction problems of celebrities in the digital media environment. The legal and professional consequences associated with the addiction problems of singer Amy Winehouse, actress Lindsay Lohan and actor Charlie Sheen have been covered by tabloids and Internet gossip sites as well as some mainstream media outlets. Additionally, digital photography technology facilitates the increasingly common spectacle of celebrities consuming illicit drugs, thereby exposing a once clandestine activity for public consumption. Therefore, it is perhaps unsurprising that celebrity addiction would eventually become a subject of reality television.

The programs discussed in this chapter do not resemble the programs in the subsequent chapters. None are about addiction per se, and very little of what occurs in these programs will translate into the “rules” of the recovery television subgenre. However, these early ‘celebreality’
programs helped establish the voyeuristic display of everyday celebrity behavior, but, most importantly, they also chose to feature celebrities whose addiction problems were well-known by the audience. The following chapter argues that *The Osbournes* (Brooks, Ewing, & Osbourne, 2002), *The Anna Nicole Show* (Ewing et al., 2002), *Being Bobby Brown* (Baker-Simmons, Nyanning, Shasid-Deen, Shelley, Tricarico, 2005), and *Hey Paula!* (Murphy, Sternberg & Whittaker, 2007) operate as “back-door” depictions of addiction that cast reputed addicts and stimulate the audience’s voyeuristic interest by frequently alluding to the substance abuse of these celebrities without ever engaging meaningfully with the subject of addiction.

Furthermore, the identities of the subjects featured in these programs are consistent with historical cultural biases that view addiction as a problem of “otherness” of ethnic minorities and the underclass. Significantly, none of the celebrities in these programs meet the criteria of normative middle-class American whiteness. While Ozzy Osbourne and Anna Nicole Smith are clearly Caucasian, they are also distinctly “classed”. Both Whitney Houston and Bobby Brown are African American and Abdul identifies as “Syrian-Brazilian-Canadian-American” (Norment, 1990, p. 120). In each program there is a tension between a constructed ordinariness, the extraordinariness of the social status and wealth, and the otherness of their class and ethnic identities.

For many viewers who watched the programs during their original run, a reading of these texts was likely informed by previous discourses that included allegations of substance abuse in entertainment news, television documentaries, tabloid publications or Internet gossip sites. Specifically, Ozzy Osbourne's history of substance abuse was depicted in VH1's documentary series *Behind the Music* in 1998, and Anna Nicole's Smith's struggle with addiction was documented in an *E! True Hollywood Story* in 2001. Speculation about the addiction problems of Bobby Brown, Whitney Houston, and Paula Abdul were fueled, respectively, by arrests, rehabs and public meltdowns throughout their careers. Arguably, the need to fulfill audience
expectations drives much of the representation of these particular celebrities in these programs; the producers know that audiences expect a look behind the carefully managed public image, and addiction is one of the many things they expect to see. However, addiction is as much of an absence as a presence in these programs. Of the celebrities discussed above, only Osbourne admits to substance addiction on camera; Smith, Brown, Houston, and Abdul utilize their respective programs as a means to deny any addiction problem. From an industrial standpoint, what becomes important in these programs is that addiction is alluded to in order to satisfy audience expectations.

In casting these stars in programs that promise a privileged glimpse into their private lives, there was also an implicit promise to the viewer that these programs would engage with their reputed addiction; both the production of these programs and the expectations of the audience could not avoid being influenced by the prominent cultural discourses that associated these celebrities with substance abuse. Programs such as The Osbournes, The Anna Nicole Show, Being Bobby Brown and Hey Paula! represent a discursive shift in the genre of reality television in which the depiction of addiction—even in a tangential way—established itself as an extremely marketable trope of televisual representation. This, in turn, led to a proliferation of programs about addiction. This discursive shift, the “invention” of the reality television celebrity addict, serves as an “incitement to discourse” (Foucault, 1978) in the discursive field of reality television. These programs established addiction as a legitimate, relevant and profitable subject for reality television, and this establishment of addiction as a market-tested commodity allowed these discourses to proliferate.

For the celebrity, these programs offer an opportunity to maximize the value of their persona by offering “behind-the-scenes” access to their daily lives. The celebrity reality program could be viewed as a way of bypassing the tabloids that make this private self a commodity, thereby allowing the celebrity to reclaim and reshape that self and to add various elements to the
particular celebrity brand. So, the celebrity also recognizes the value of alluding to addiction as a part of an existing discourse, part of this private self already commodified by previous tabloid media discourses;

**Incitement to Discourse**

This analysis assumes that the multiplication of the current discourses about addiction in our culture is not unlike the multiplication of discourses on sex beginning in the 18th century (Foucault, 1978). Borrowing a method from Sedgwick (1993), if the word “sex” is replaced with the word “addiction” in the following quote from Foucault’s *History of Sexuality* (1978), one can see the parallels between the proliferation of these discourses:

> And these discourses on [addiction] did not multiply apart from or against power, but in the very space as the means of its exercise. Incitements to speak were orchestrated from all quarters, apparatuses everywhere for listening and recording, procedures for observing, questioning, and formulating. [Addiction] was driven out of hiding and constrained to lead a discursive existence. (pp. 32-33)

While celebrity addiction led a discursive existence in tabloid media and in celebrity biographies, the discovery that real addiction was a profitable reality TV commodity led to a multiplication of this discourse in the reality format. In turn, this format’s association with surveillance (Andrejevic, 2004) represents the mobilization of “apparatuses everywhere” to capture this behavior and circulate it in the subgenre of recovery television. Of course, these discourses are situated within television, a powerful means of shaping knowledge and attitudes about cultural issues. The introduction of the addiction program also allows television to construct a new truth about addiction for us. In creating the category of the celebrity addiction show, these programs serve as an “incitement to discourse” regarding the topic of addiction in the discursive field of reality television.
Textual Autopsy? A Note on Methodology

Mittell (2001, 2004), following Altman (1999), argues that genre is not wholly derived from the contents and characteristics of texts but rather that genre is created through intertextual relations between texts, audiences, and the television industry. He advocates a discursive approach to genre wherein genre categories are at once fluid and static; a genre designation operates as stable at a given time for a specific audience, but these categories are always in flux—they are historically contingent and transitory. As a result, “genre history should be viewed as a fluid and active process, not a teleological tale of textual rise and fall” (Mittell, 2004, p. 16). Mittell argues that genre analysis must look both inside and outside the text to discover how the processes of definition, interpretation, and evaluation serve to construct these categories for a historically situated audience.

In looking outside the text to see how these programs were defined, interpreted and evaluated, some challenges arise. While industry and press discourses are referenced to situate the programs within a given historical period, as programs that have been off the air for several years, there are few resources for analyzing audience or fan practices in relation to these texts. While each program likely had a robust web presence at the time it aired, official sites and discussion boards are no longer in existence. As a result the fan blog/discussion site Television without Pity offers some understanding as to how these programs were understood by fans and audiences. This is an imperfect resource at best; TWoP bloggers and fans employ a significant level of sarcasm in their reviews and posts. However, this delivery may also provide some insight into the more critical discourses in play regarding these programs.

Most importantly, by designating these texts as precursors, I realize that I am also creating a categorization that likely did not exist for audiences at the time of the programs’ initial airing; the analysis effectively changes the object being analyzed. Since this is in part a historical
look at a subgenre, labeling these programs might suggest that they were initially grouped and interpreted through this frame by their audience (Mittell, 2001; 2004). Also, the designation of these programs as “precursors” would seem to suggest a definitive point of origin for recovery television, but that is not my intention. Rather, I suggest that these programs provided and established some of many discourses that contributed to the emergence of the recovery television subgenre. These successful shows make recovery television possible in the sense that they establish the real addictions of celebrities as a viable and profitable enterprise for reality television.

In addition to the retrospective designation of these programs as genre precursors, my awareness, and indeed, my seeking out of the subsequent biographies of the subjects of these programs unifies these texts in a way that may not have occurred to audiences at the time. For instance, my approach to The Anna Nicole Show is informed by my knowledge of Smith’s eventual drug-related demise in 2007. Thus, a contemporary analysis of this text involves a heightened sensitivity to any evidence, suggestion, or hint of substance abuse; the analysis threatens to become a textual autopsy. This analysis was undertaken with an effort to point out what was already in the text, not to bring a contemporary interpretation to a historical text.

So, as we look at these texts as programs that established categories of understanding for the audience, we will see how things that worked were repeated and amplified. As a small group of many ‘celebreality’ programs that appeared during this time period, these programs are significant due to their association with known or suspected addicts. Their existence suggests that the television industry recognized that the addiction of these stars might make “good TV “, not by exploring addiction meaningfully, but by capitalizing on the controversy generated by the celebrity addict.
Situating the (Alleged) Celebreality Addict

Beyond addiction, the phenomenon of celebrity carries its own associations with material consumption (Cashmore, 2006; Debord, 1967; Dyer, 1998). Debord discusses the phenomenon of the “consumption celebrity” in the *Society of the Spectacle*: “The consumption celebrity superficially represents different types of personality and shows each of these types having equal access to the totality of consumption and finding similar happiness there” (Debord, 1967, p. 60). Consequently, the emphasis on the material consumption of wealthy celebrities in these programs suggests that the programs consciously tapped into this fantasy of total consumption. Also, Richard Dyer argues that the phenomenon of celebrity is itself a symbol of capitalism (Dyer, 2013), and Cashmore (2006) echoes this observation and elaborates, “For all the fantasy and escapist tendencies it radiates, celebrity culture’s most basic imperative is material: it encourages consumption at every level of society” (p. 269). Debord and Cashmore both emphasize the celebrity’s universal appeal; the culture of consumption makes no distinction between “types”, rather we are all called upon to consume.

The appeal of these programs—which seem to both celebrate and poke fun at their subjects—is perhaps best summed up by Turner (2004) who discusses the ambivalent relationship that our popular culture seems to have with celebrities:

The discourses in play within the media representation of celebrity are highly contradictory and ambivalent: celebrities are extraordinary or they are ‘just like us’; they deserve their success or they ‘just got lucky’; they are objects of desire and emulation or they are provocations for derision and contempt; they are genuine down-to-earth people or they are complete phonies. (p. 8)

We assume that most celebrities inspire either desire or derision, but we must also acknowledge that they may also attract desire and derision simultaneously (p. 55); these tensions between desire/derision and genuine/phony are evident throughout the programs analyzed in this chapter. Specifically, the programs were designed to elicit judgments from the viewer regarding the
addictive behavior of their stars by ostensibly providing a glimpse behind the carefully
constructed celebrity persona. This ambivalence figures prominently in the celebrity reality genre,
and especially in these texts that are identified as precursors to the recovery television subgenre.

Consequently, both popular press and scholarly discourse argue that at least part of the
audience appeal of reality programs is sensationalism, schadenfreude and voyeurism (Andrejevic,
2004; Corner, 2002; Deery, 2012; Hall, 2006). To this end, Kompare (2004) notes that
“participants on these programs are regularly shown in various states of ignominy: exhausted,
enraged, depressed, careless, undressed, asleep, inebriated, and sick” (p. 106). Also, Sender’s
(2012) audience study of makeover reality programs notes that viewers are more likely to cite
schadenfreude as an appeal for those programs with celebrity casts as opposed to those that
feature non-celebrities, so the programs here are perhaps more likely to be received as such.
Furthermore, this mode of appealing to the audience is sometimes cultivated by the television
industry. For instance, the tagline in the advertisements for Anna Nicole Smith’s show was “It’s
not supposed to be funny… it just is” (Imdb.com, n.d.). The tagline flatters the audience by
assuring us that we are smarter than Smith, who is ostensibly not intelligent enough, or sober
enough, to be in on the joke. Also, the tagline emphasizes the unscripted nature of the program,
and, therefore, the program purports to show Smith as she is in her private life.

One prominent thread of scholarship looks at the instability of the concept of celebrity in
the reality TV era (Bratich, 2006; Gamson, 2011; Turner, 2004). As Gamson notes, “Celebrity
culture is increasingly populated by unexceptional people who have become famous and by stars
who have been made ordinary” (p. 1062), but Gamson also argues that the performance of
ordinariness has been a strategy of celebrity culture since at least the days of the Hollywood
studio star system; images of the everyday life of the celebrity were mobilized to counter
suspicions that the celebrity image was a fabrication of the studios. This performance of
ordinariness is evident throughout the programs discussed in this chapter. Similarly, Nunn and
Biressi (2010) apply Hochschild’s (1979) construction of emotional labor to examine the increasing expectation of a production of intimacy between the celebrity and the audience. The authors argue that reality television is among the venues that have become a “quasi-therapeutic space” (p. 3) where personal narratives of dysfunction are worked out in public. Nunn and Biressi (citing Illouz 2007) argue that the imperative of intimacy is reinforced by the fact that “the celebrity trope always contains within it the potential to become undone; to unravel spectacularly in the midst of its own success” (p. 53). For the stars of the programs discussed in this chapter, the requirement to engage with allegations of addiction can be read as responding to this imperative of intimacy. Importantly, this emotional labor also becomes a way for celebrities to rehabilitate tarnished reputations and therefore maximize the commodity potential of their public personae.

Programs such as the aforementioned Behind the Music and E! True Hollywood Story exemplify early manifestations of this shift towards intimacy. The “warts and all” television biographies of prominent celebrities have eclipsed programs wholly concerned with the extraordinary lifestyle of the celebrity (i.e., Lifestyles of the Rich and Famous or MTV’s Cribs). In particular, Behind the Music regularly featured revelatory narratives of addiction where a successful musician struggled with substance abuse, and her recovery becomes a story of redemption and a promise of renewed success. Additionally Fleming and Manvell (1985) suggest that the rock n’ roll/addiction casualty has come to be associated with “figures who, though outwardly strong and larger life, were inwardly fragile and easily hurt” (p. 141). As a result, the talented but tragically flawed artist/celebrity has become a part of our cultural mythology.

Similarly, Oksanan (2012; 2013) discusses the extent to which the celebrity addiction narrative and “rehab” has become a media trope in the autobiographies of rock musicians and tabloid journalism. Finally, Hearn (2008) argues that “rehab” has even served as a form of branding for scandal-plagued celebrities to minimize damage to their reputations—a development that does
little to dispel public notions of addiction treatment centers as “as drying-out havens for the irresponsible—particularly the irresponsible rich” (White, 1998, p. 339). The cycle of scandal, rehab, and expiation is now a cliché of celebrity culture.

Of course, addiction and drug use have meanings which are contingent on their historical context. For instance, drug use in the 1960s and 1970s was associated with the resistance to the hegemonic ideas of previous generations (Manderson, 1995), and cocaine use was the province of the achiever in the 1980s (Manning, 2007). However, the crack scare of the late 1980s and early 1990s was associated with racial fears and the “othering” of the African American population (Manning, 2007). Similarly, both Denzin (1991; 1993) and Rotskoff (2002) observe that the stigma of alcoholism/addiction is greater for women than it is men. These cultural meanings will be examined at the end of the chapter.

Debord’s (1967) notion of the “society of the spectacle”, a mid-twentieth century reimagining of Marx’s historical materialism, provides an apt metaphor for the contemporary television landscape and has special relevance to the phenomenon of recovery television. Crucial to Debord’s formulation is the concept of “spectacle” as something that is a misrecognition of reality and is subsequently consumed as a commodity. The emergence of the society of the spectacle marks the moment at which all aspects of our everyday reality can be commodified and offered back to us for our consumption, and the emergence of reality television marks the moment at which the concept of reality itself (or at least the promise of an aesthetic of realism) is commodified. Consequently, as a subgenre of reality television, the recovery television programs offer a heretofore-untouched area of this reality—the spectacle of “real” addiction and the accompanying affect/suffering of the addict’s world—as a spectacle for our consumption. And while other scholarship has examined the spectacularization of cultural difference (Watts & Orbe, 2002; Watts, 1997) the recovery television subgenre effectively spectacularizes and commodifies a mental and physical pathology. This pathology’s association with the process of consumption
itself—both in these programs and in contemporary society—will be a major theme of the analysis.

The Osbournes

The Osbournes debuted on MTV in 2002 as a genre-bending documentary series that incorporated aspects of the family sitcom as it documented the activities of the family of heavy metal music icon, Ozzy Osbourne. The Osbournes has been extensively analyzed as a hybrid text, and was promoted specifically as a “reality sitcom” by MTV (Kompare, 2004; Morreale, 2003). The program mixed an observational documentary style with obviously contrived situations that mimicked the conventions and clichés of the American family sitcom and fictional affectations including audio and visual “stingers” that comment on the action (Kompare, 2004). The Osbournes was a breakout hit for the youth-oriented channel, and its most successful program to date; this success, and the tropes of celebrity representation that it established, translated into highly profitable international distribution as well as a line of licensed merchandise (Morreale, 2003, 3-15).

The opening credits sequence of a television program typically introduces the show’s characters, sets the mood of the text, and provides a key to understanding the preferred meaning of the program (Gray, 2009; Hall, 2001). To this end, The Osbournes’ opening sequence combines photorealistic images of the cast—Ozzy, his wife Sharon and two of their children, Jack and Kelly—with animation-style backgrounds to suggest a “play between artifice and authenticity” (Morreale, p. 11). Additionally, The Osbourne’s theme song, a lounge version of Osbourne’s “Crazy Train” sets a playful tone and identifies the text as comedy. This version of “Crazy Train,” is as incongruous with the dark bluster of heavy metal as the foul-mouthed Osbourne family is with the predominantly banal and saccharine world of the family sitcom. Just
as *The Osbournes* makes the observational documentary form palatable to a large audience by combining it with elements from fictional comedy (Morreale, 2003; Kompare, 2004), the ironically light treatment of Ozzy Osbourne’s dark lyrics effectively sanitizes the song for a popular consumption and sets an ironic tone for the rest of the program.

As a member of the pioneering heavy metal band Black Sabbath, Osbourne helped to establish this music genre’s dark iconography and reputation for excess, and his unpredictable behavior—including biting off the head of a dove in front of stunned record label executives—made his episode of *Behind the Music* particularly memorable. However, his representation on *The Osbournes* worked against this persona to show a more down-to-earth and vulnerable man. Ozzy’s addled behavior and a persistent tremor in his arms and hands seem to testify to the damage done from a life of substance abuse. Kompare (2004) notes that Osbourne’s past excess is inscribed on the singer’s body, and his appearance on the program contrasts sharply with his indestructible madman image. Furthermore, Richard Dyer’s (2013) argument that the body is a “touchstone of genuineness” (p. 12) not only supports the idea that the Osbourne’s perform ordinariness at the level of the body, but also that Ozzy’s body—and therefore, the embodied effect of his substance use—becomes the truth of the singer for the viewer. For many, Osbourne’s history of addiction is well known, and this knowledge informs the reception of the text.

**Ozzy’s Appetites**

The primary conceit of most celebrity reality programs is to show their subjects as “ordinary” – to lift up the veil of public image and to show their authentic self in spite of their enhanced cultural status (Bratich, 2006; Andrejevic, 2004; Driessens, 2012; Gamson, 2011; Grindstaff, 2011). As Grindstaff (2002) points out in reference to the daytime talk show, televisual ordinariness is a mix of construction and performance. In *The Osbournes*, the genuine
affection displayed between family members establishes a common ground between the celebrity and the viewing audience; in spite of the family’s fame and eccentricities, the text constructs them as “just like us” (Kompare, 2004; Morreale, 2003). Additionally, Kompare argues that the Osbourne’s perform ordinariness by means of their “conspicuous, unrepentant physicality” (p. 111). At times, ordinariness is reduced to the realm of bodily functions on the program, “The Osbournes—and their many pets—hug, kiss, wrestle, eat, drink, scratch, fart, burp, piss, and shit” (p. 111). And while this physical performance of ordinariness may be effective in establishing the Osbournes as ordinary at the level of the body, the spectacularization of the family’s extravagant lifestyle compromises any claim to “ordinariness.”

Like all of the programs analyzed here, The Osbournes consistently foregrounds the family’s consumption habits, and the audience is invited to judge this behavior. From the frequent establishing shots of the Osbournes $8,000,000 Beverly Hills mansion to the extensive documentation of the shopping habits of Sharon and Kelly Osbourne, the program displays a preoccupation with the material consumption of the Osbourne clan. The family is depicted as both ordinary and extraordinary. They are working-class Manchester Brits, only with the income associated with rock stardom. Drawing on typical sitcom discourse that pits husband against wife in a continual negotiation of consumption practices, Sharon's shopping is portrayed as a source of tension between Ozzy and his wife, “My wife’s a shopaholic, she's a spendaholic” (S1, E5), and Ozzy’s framing of his wife’s consumption habits as addiction connects these habits to his own history of addiction. As if to confirm this assertion, the program documents a hotel busman loading Sharon’s Christmas purchases—large bags from Gucci, Prada, and Burberry—into the family tour bus, thereby inviting the audience to judge her behavior as excessive. Additionally, the Osbournes have a staff that includes security guards, a personal fitness instructor for their home gym, a nanny for their teenaged children and a trainer to deal with their menagerie of thoroughbred incontinent pets. Also, the family outfits their home with the luxury items
associated with wealth including a billiard table, a slot machine, and any number of high-end electronic gadgets. Thus, all of the action takes place within this atmosphere of material consumption and this atmosphere confirms our assumptions about the indulgent lifestyle of the celebrity.

Along with the consumption of material commodities comes the consumption of things typically associated with celebrity excess: the consumption of intoxicating substances by the Osbourne family. As such, the issue of addiction, of repeated and harmful over-consumption, is presented within this larger context of material consumption. Their father’s notoriety and wealth allows the Osbourne’s privileged teenage children access to Hollywood nightclubs, and we often see them drinking at home. The parent’s permissive parenting style results in an ambivalent stance towards their children’s substance consumption; Jack’s marijuana stash concerns his parents in one episode, yet Ozzy sympathetically brings Kelly a bottled water as she nurses a hangover next to the toilet.

The program also displays an ambivalent stance towards Ozzy’s substance use. During the clip show that compiles highlights from The Osbournes’ first season, we see a montage of shots of Ozzy stammering, stumbling, and falling off of a chair; the overall effect of these clips is to suggest this behavior is related to Osbourne’s substance consumption. Importantly, these scenes—and Ozzy’s confused behavior throughout the series—are “played for laughs” (Kompare, p. 26). In the same episode, we see Ozzy indulging in a multi-course meal prepared by a staff of white-clad chefs as he narrates, “I shouldn't be drinking alcohol, period” (S1, E10), and the next shot depicts Ozzy grinning maniacally (Figure 2-1) as he pours himself a glass of wine—a juxtaposition that suggests Osbourne’s addiction problems are not in the past. Additionally, the maniacal grin seen here engages with the duality of the addict; a feature of what Denzin has described as split subjectivity (Denzin, 1991; 1993) that in this instance recalls Stevenson’s Jekyll and Hyde. At the same time, the grin is likely familiar to an Ozzy Osbourne fan as the same
expression that adorns Ozzy’s *Diary of a Madman* album, and viewers of *The Osbournes* also see Osbourne recreate the grin at the request of a photographer. Thus, the juxtaposition also serves to attribute his substance consumption/addiction to Ozzy’s status as the “Prince of Darkness,” a decadent heavy metal madman. Regardless, the text is clearly intent on showing evidence of Osbourne’s substance consumption, and the montage serves to connect this consumption with Osbourne’s heavy metal persona.

Figure 2-1: Ozzy’s Maniacal Grin.

The program’s frequent references to addiction demonstrates a further ambivalence to the issue of substance use and addiction (Blair, Yue, Singh, & Bernhardt, 2005). In the first episode of the program, the Osbourne parents call a family meeting to address the late-night lifestyles of their children, including 17 year-old Kelly’s fake ID and 16 year-old Jack’s marijuana use (S1, E1). Addressing his son’s marijuana usage, Osbourne warns, “It’s not gonna lead to anything but bad places, look at me.” Sharon acts as the voice of reason here, and as a parent figure not only to the children but also to the often-childlike Ozzy. Frustrated by his children, Ozzy attempts to leave the meeting three times (“This ___ meeting sucks. I’m leaving”), then obediently complies when Sharon gently but firmly tells him to sit. Throughout the program, Sharon explains and sometimes excuses Ozzy’s erratic behavior.
Ozzy refers to himself as a “drug addict and alcoholic” several times during the first two seasons, therefore indicating that addiction has been a problem in the past. However, it is only when Sharon is diagnosed with cancer that Ozzy’s increased alcohol intake becomes a problem in the present. For example, Sharon explains, “Ozzy was self-medicating because of everything that was going on with me,” as the program cuts to a shot of Ozzy drinking wine (S2, E2).

Subsequently, we see Ozzy meeting with two young addicts during what is ostensibly a 12-step meeting. When one young woman equates her sobriety with spirituality—“I didn't want to drink or be in the position I was, so that's when I found Jesus”—Ozzy abruptly walks away from the meeting as the strains of Handel’s Messiah (“Hallelujah! Hallelujah!”) comment satirically on the religious reference. Again Sharon demonstrates her insight into Ozzy’s addiction: “Robert [an Osbourne staffer] tried, but a 12-step program somehow doesn't work for Ozzy. He's never got past step three” (S2, E2). Osbourne’s failure to embrace 12-step recovery is depicted as a personal discordance with the religious ideology embedded within the 12-steps. Whether or not this is related to Osbourne’s image as the “prince of darkness” is left for the audience to decide.

In a sense, this acknowledgement of Osbourne’s addiction is required of the text as it delivers on the promise of taking us behind-the-scenes, and addresses the undeniable physical effect of Osbourne’s addiction upon his body; the sheer amount of footage dedicated to depictions and discussions of substance use suggest a strategic decision to foreground this aspect of the Osbournes’ lives (Cook & Lewington, 1979).

However, while there is some suggestion that Osbourne’s substance use is a coping strategy to deal with emotional pain, the program most often equates Ozzy’s drinking/using with an insatiable appetite for decadent consumption. Ozzy Osbourne struggles with addiction, but he does not suffer from it. The Osbournes deals with addiction on a surface level; like a typical sitcom plot device, one episode features Ozzy’s addiction as a problem, but the next features his drinking—or the effects of his drinking—as a comic device. While the program foregrounds the
substance use of the family throughout the program’s run, one could argue that a sustained
discussion of addiction is precluded by its generic identity. The Osbournes’ only substantive
depiction of addiction is resolved in traditional sitcom fashion as a problem that seems to
disappear at the end of the episode. Ultimately, The Osbournes engages with addiction just
enough to acknowledge its existence. Its format promises “behind the music” access, but in the
end it only confirms what we already suspect about the excessive appetites of spoiled celebrities.
We see a similar appetite for excess in The Anna Nicole Show.

The Anna Nicole Show

E! executives cited the success of The Osbournes as well as the popularity of the E! True
Hollywood Story featuring Anna Nicole Smith as important influences on the production of The
Anna Nicole Show. According to Mark Sonnenberg, E! executive vice president of entertainment:

We've been trying to figure out what we can do with [Anna Nicole Smith]
because we know there's this fascination that people have with her… When 'The
Osbournes' came out, it was a no-brainer to us. Let's put the cameras on her and
let's do a show. (Romano, 2002)

Following the generic features established by the success of The Osbournes, The Anna Nicole
Show was also promoted as a “reality sitcom.” As is typical of the recombinant medium of
television, one innovation leads to several imitators (Gitlin, 1994); executives suspected Smith’s
program would have a similar appeal to The Osbournes, one that celebrated its star’s decadent
lifestyle while simultaneously depicting her as ridiculous.

In a promotional interview, Smith discussed her hopes for the program, “People will see
that maybe I have a little talent and will start to take me seriously as an actress” (Romano, 2002).
However, the program’s official tagline, “It’s not supposed to be funny, it just is” seems to be at
cross-purposes with Smith’s ambitions, and there is little in the show to support Smith’s
contention that she has “a little talent.” Yet, E!’s promotional strategy is consistent with the cable channel’s reputation for embarrassing depictions of major and minor stars—a reputation that led to a boycott of the channel by celebrities including George Clooney, Will Smith and Halle Berry (Hofmeister, 2004). The program’s debut scored ratings of over 4 million viewers, a record high for E! at the time, but lower ratings resulted in the program's cancellation after its second season (Johnson, 2002).

Anna’s Appetites

Like Ozzy Osbourne, excess is inscribed on Anna Nicole Smith’s body. Once celebrated as a curvy counterpoint to the waif-like fashion models predominant in the 1990s, by the time The Anna Nicole Show premiered in 2002, Smith had gained a considerable amount of weight. In the first episode, Smith addresses the camera: “There’s three things people seem to think about me. They think I’m rich. I’m not rich; I’m gonna be rich. They think I’m a gold-digger, and they think that I’m fat. Well, maybe I’m a little big-boned” (S1, E1). In the first moments of the program Smith addresses her public image with a knowing wink, and the implicit promise of this acknowledgement is that the program will deliver the “truth” behind this public image.

The Anna Nicole Show’s opening sequence eschews photorealistic imagery entirely and depicts Smith as a cartoon character, summarizing her rise from trailer-dwelling fried chicken waitress and exotic dancer, to Playboy centerfold and heiress to the fortune of her octogenarian billionaire husband. Like the Osbournes, Smith’s is a fish out of water and her otherness derives from her trailer park origins. The depiction of Smith as a cartoon character is relatively consistent with her childlike behavior throughout the series; Smith's persona seems to be a mix between affected naïveté, genuine ignorance, hyper-sexuality, and perpetual intoxication. Additionally, Smith’s public persona is consistent with the stereotype adopted by her idol, Marilyn Monroe—
also a reported substance abuser—suggesting this problematic persona is an established position to take within the field of cultural production (Bourdieu & Johnson, 1993). The opening sequence introduces us to Smith as a classed, sexualized cartoon whose rise to fame derives directly from her sexuality.

Like *The Osbournes, The Anna Nicole Show* devotes much of its narrative to the documentation of its celebrity subject’s material consumptive practices. For example, Smith travels by limousine for a weekend in Vegas, hires a personal decorator to furnish her rented home, and is shown shopping at upscale boutiques. As if to confirm the function of this consumption for the viewer, Smith notes, “Shopping always makes me feel better” (S1, E10). Smith’s appetite for hedonistic consumption, an expected marker of her celebrity status, is further manifested in an eating contest at an Italian restaurant, and the scene also serves to reference public speculation about her weight, thus delivering on the implicit promise of the program to show viewers the “true” story.

![Figure 2-2: “Anna, that’s not your bed.”](image)

One critic described Smith as a “woman/child” (Johnson, 2002) and this assessment is borne out by the almost parental attention Smith’s perpetually confused state requires of her staff.
Like Sharon Osbourne, Smith’s friends/staff—including her lawyer, Howard, and her personal assistant, Kim—serve as a voice of reason to qualify, explain, and sometimes make excuses for Smith’s behavior. For instance, when Smith impulsively curls up on a bed in a home she is considering renting (Figure 2-2), Howard reminds her, “Anna that’s not your bed” (S1, E1). Whether Smith is intoxicated or merely playing dumb for the cameras is unclear, as both interpretations are consistent with her Monroe-esque dumb blond persona. Kim’s description of Smith smiling “almost like a little kid” (S1, E6) after a Chippendale’s male stripper revue in Las Vegas further contributes to Smith’s infantilized/sexualized/inebriated woman/child persona. What would seem to be intoxicated behavior is reframed as childlike naiveté, and this image conforms to Smith’s media persona while perhaps obscuring darker appetites.

Smith’s struggle with addiction was depicted in the aforementioned E! documentary, but the behind-the-scenes reality program seemed to reveal that Smith’s recovery was questionable. A Los Angeles Times account of Smith’s promotional tour for the show notes, “She's been sober since 1995, Smith said, although she's still a social drinker” (Brownfield, 2002). At the same time, her seemingly intoxicated state throughout the program—indicated by a perpetual state of confusion, slurred speech and pronounced lethargy—was remarked upon in the discourse surrounding the show. A Chicago Tribune review noted that Smith “isn’t always a live wire” and is seen “sluggishly wandering through her daily activities” (Zap2It, 2003), and a review in Electronic Media claimed Smith “often looks disoriented” and was prone to “bizarre ramblings” (Smillie, 2003). Television critics perceived Smith’s lethargic state as intoxication, and the program’s subtle references to substance abuse support this perception.

The Anna Nicole Show does not present itself as a text about addiction. However, the apparatus of the program strategically evokes substance use; it is an (almost) unspoken subtext. This strategic ferreting out of Smith’s supposedly clandestine substance intake is particularly evident during an episode featuring Smith’s cousin Shelly from her hometown of Mexia, Texas.
During dinner with Smith, Shelly asks her cousin with a whisper, “You don’t have a pain pill do you? I’ve got a migraine...and my back is killing me” (S1, E8). At this moment, the ambient noise increases, suggesting the amplification of the audio track by producers in order to capture this hushed exchange. In turn, this volume increase cues the audience that something important is being revealed. We see Anna looking for her purse, and then the scene cuts away. Crucially, due to the edit we never find out whether Smith is reaching in her purse for an aspirin or a stronger substance, and this omission connotes that something is being hidden. The somewhat disingenuous implication is that text itself is trying to reveal the truth behind the constructed public image. On the contrary, it is the absence of evidence that truly stimulates a voyeuristic impulse; by featuring this ostensibly clandestine exchange, the text encourages the viewer to scrutinize Smith’s actions for evidence of addiction, and, as a result, judge her behavior as that of a spoiled addicted celebrity.

Aside from a trip to Vegas of which Smith says, “I don’t remember much”, Smith’s discourse during the program does not engage directly with her substance use. However, a DJ at Los Angeles radio station KROQ confronts Smith about this issue during an on-air appearance (with lawyer/friend/handler Howard in tow):

KROQ DJ: Are you on some type of drug? Right now, for instance, as we talk to you, if we didn’t know you, we’d say this sounds like a woman who was heavily sedated.
ANS: You think I’m sedated right now.
KROQ DJ: I’m sayin’—yeah, you sound that way.
HOWARD: You have to be kidding. I mean come on, whatever.
ANS: You’re calling me a ____ druggie...
KROQ DJ: No, I’m asking you if you’re on painkillers. We don’t know.
ANS: I said no, drop it, why are we still talking about it? (S1, E8)

The inclusion of the scene serves at least three functions: 1) it engages with the perception of Smith as a drug addict, a perception that may have informed the strategic decision to feature Smith in her own program: 2) it provides Smith an opportunity to deny this perception; and 3) it reinforces the frame in which the audience is invited to judge Smith’s behavior. As a result, there
is a tension here between the biographical and autobiographical function of the text, as the text exploits the spectacularization of the addicted celebrity even as its subject denies addiction. This disavowal only serves to construct Smith as “in denial.” In other words, the more she denies her addiction, the less we believe her denial. Interestingly, this scene neither fits with the comedic tone of the program, nor does it serve to advance the narrative of the episode in question. Like The Osbournes, the program seems to seek out opportunities to tantalize the audience with references to the subject’s rumored addiction problem. The text hints at consumptive habits that may or may not be present; it engages the audience’s suspicion and voyeuristic interest, but stops short of confirming clandestine drug use. To paraphrase the show’s tagline, it’s not supposed to be about addiction, it just is. So, The Anna Nicole Show builds on the interest in the addiction problems of celebrity reality stars established by The Osbournes; the program exploits Smith’s addictive behavior in order to invite the judgment of the audience. There is a similar textual strategy in Being Bobby Brown, which featured two stars, Bobby Brown and Whitney Houston, whose rumored addiction problems appeared to have derailed their music careers.

**Being Bobby Brown**

While cable channel Bravo was once known for its high-art programming, its shift into reality programming—following the industry trend—was inaugurated with the debut of the makeover program Queer Eye for the Straight Guy in 2003. For Bravo, as with most exhibitors, reality television provided a relatively inexpensive form of programming in an era of increased competition and fragmented audiences (Murray & Ouellette, 2009; Raphael, 2004). Not coincidentally, this shift occurred only months after NBC acquired Bravo in November of 2002. As a result, the debut of Being Bobby Brown in June 2005 reflects the ongoing rebranding and “repurposing” (Larson, 2002, p. 8) of Bravo following its acquisition by NBC in 2003.
(Mermigas, 2003). Accordingly, media trade publications identified two distinct strategic functions the program served for the cable channel. First, a *Broadcasting & Cable* article notes that the program was an important part of Bravo’s implementation of a strategy to attract “a select group of smart, affluent viewers, with an aggressive marketing strategy positioning the once buttoned-down network as fabulously hip and positively off the charts with buzz” (Becker, 2006). Second, *Marketing Business Weekly* indicates that the program was part of an increase in spending on advertising targeting African-American consumers (2008). The program can be read as a part of the major shift in the television industry towards reality programming following the success of programs such as ABC’s *Survivor*, and Bravo’s ongoing move from high art programming towards more sensational fare.

For Brown, the program was an opportunity to repair his tarnished image in anticipation of a career comeback (Shatkin, 2005). Brown’s legal troubles—including an arrest for striking his wife, Whitney Houston—and allegations of drug use had plagued the couple for years. *Mad TV* targeted these allegations in a recurrent sketch that made direct references to the couple’s rumored drug use. Accordingly, one can see a distinct strategy to allude to the couple’s reputation for substance abuse by constantly foregrounding the couple’s—especially Brown’s—substance intake. Like *The Osbournes* and *The Anna Nicole Show* the program activates the audience’s voyeuristic impulse by insistently alluding to more clandestine substance abuse, but stops short of confirming this behavior on camera. Again we see the pattern of casting celebrity addicts and inviting the audience to judge them through the interpretive frame of addiction.

The opening credits of *Being Bobby Brown* bear more than a passing similarity to those of *The Osbournes*, showing the extent to which this “reality” show was already genre-driven. There is a similar mix of photorealistic shots of the program’s cast with artificial backgrounds that are used to code the program as a reality sitcom. Again, the program’s formal style draws from the traditions of the observational documentary and combines this style with more obviously scripted
situations and contrivances. All were indexed in the opening credits to build the audience’s sense of expectation for a certain kind of viewing pleasure that exposed and exploited celebrity excess, and the program’s “reality” implied a peek behind the curtain at the couple’s alleged drug problems.

**Bobby and Whitney’s Appetites**

Following the pattern established in *The Osbournes*, *Being Bobby Brown* reified the genre rules by constructing its subjects as “ordinary,” highlighting family relationships and emphasizing the physicality of the Brown/Houston family when out of the spotlight. This physicality is also manifested mainly in the program’s often-scatological humor. As did *The Osbournes*, this framing establishes a disconnect between the media persona of the principle and the star’s behind-the-scenes “authentic” self, in this case Whitney Houston whose previously pristine pop idol image had been solidified by a decade of videos and movie appearances. For instance, when Brown reveals to the cameras that he once used his fingers to dislodge a “doodie bubble” from wife Whitney Houston’s backside, Whitney explains, “That’s love... black love” (S2, E1). Also like *The Osbournes* and *The Anna Nicole Show*, the “behind-the-scenes” mode of the program focused on the “conspicuous, unrepentant physicality” (Morreale, p. 111) that was dramatically at odds with Houston’s persona. Like its predecessors, the program is preoccupied with the Brown family’s material consumption habits. Most of the eight episodes consist of contrived situations that highlight the family’s leisure activities: Brown and Houston’s 13-year-old daughter Bobbi Kristina is shown shopping with a handful of hundreds, Brown orders multiple dinners in one sitting for himself, and Houston and Brown are attended to by the owner of Harrod’s in London. Some critics noted this emphasis on consumption: “The couple only seem happy when enjoying the privileges of their fame and finances, luxuriating at a spa or being fawned over in a restaurant
in Atlanta" (Smith, 2005). The critical discourse surrounding the program suggests that the overall impression of Houston and Smith is that of the spoiled and hedonistic celebrity, and one could argue this perception derives in part from rumors of the couple’s drug use.

*Being Bobby Brown* is particularly significant in that, even more than *The Osbournes* or *The Anna Nicole Show*, the production consistently foregrounds the couple's reputation for substance abuse. Throughout, there is the sense of the program attempting to root out evidence of the couple’s addiction. There are shots of Brown drinking in every episode, and the editing of the program emphasizes the alcohol use. We see Houston drinking only briefly, but this may be downplayed due to her then-recent treatment for addiction or because it was stipulated in the program’s contract. Often Brown playfully draws attention to his drinking, such as when a family member hands Bobby a cup of tea: “Is there liquor in it? [putting on a voice] You know better than that, don't bring me something without liquor,” or when he remarks to the camera, “My disease tells me I need a drink” (S1, E7). Brown’s playful attitude teases the audience who are also looking for evidence of addiction. The depiction of drinking behavior is presented as a part of Brown’s social milieu/daily routine; however, the cinematography and editing of the program—the choice of shots and their juxtaposition—suggests that the production crew is as preoccupied with Brown’s drinking as the singer is. During a trip to England, a particularly revealing montage (Figure 2-3) compiles shots of Brown taking deep sips from a bottle of beer 5 times in 20 seconds (S1, E3).
The montage is clearly constructed to suggest that Brown’s drinking is excessive, a suggestion that draws both on Brown’s reputation as an alcoholic/drug addict as well as the display of excess associated with lifestyle programming. Thus, the audience’s voyeuristic interest in behind-the-scenes access to the typically hidden aspect of celebrity consumption is activated. Ultimately, the sequence reveals nothing; there is no way to determine how much time elapses in this montage. The program tantalizes us by hinting at pathological consumption without substantively engaging with the issue of addiction in the program’s narrative.

During the course of the series, Brown’s drinking is only addressed as problematic once, when Houston and Brown have a brief exchange after a night out:

Bobby: Baby I’m drunk
Whitney: I know... you in denial... acting like you don't have kids.
Bobby: [Shouting] What you talking bout my kids for? Now I ain’t drunk... [He menacingly follows her to the room. She shuts the door.] Yeah, you better close the ____ the door. (S1, E3).

In light of Brown’s arrest for striking Houston—the trial for which opens the first episode—the confrontation is disturbing. While it might be tempting to view this in the tradition of a family sitcom battle of the sexes a la *The Honeymooners*, this is not Ralph Kramden’s half-hearted (but still problematic) threat to send Alice “to the moon.” Brown’s drunkenness and previous history of abuse results in an uneasy incongruent with the program’s otherwise comedic tone. Suffice to say, Brown and Houston’s consumption habits are also framed as decadent, and the racial...
implications this depiction will be addressed in the final section. Overall, the program builds on the strategies of *The Osbournes* and *The Anna Nicole Program* by presenting suggestions of addiction, yet never confirming addiction outright; the audience is encouraged to draw this conclusion for themselves.

**Hey Paula!**

In 2007, the Bravo network debuted *Hey Paula!*, a behind-the-scenes docu-soap featuring then-*American Idol* judge and 1980’s pop singer, Paula Abdul. Abdul’s sometimes baffling behavior on *Idol* had fueled public speculation that she was struggling with substance abuse (Huff, 2007), and this speculation only increased during a satellite interview that is documented in the series. Unlike the previous programs, *Hey Paula!* is not explicitly coded as comedy. Rather, the opening of the series works to construct Abdul as a music industry veteran, businesswoman and an idol to her fans, while simultaneously asserting her “ordinariness” in spite of her accomplishments and fame:

I'm Paula Abdul. I've been entertaining people for 20 years, and, boy, has it been a journey. Everywhere I go, people recognize me. My fans are my life. At first they see me as “Paula the celebrity”, but they quickly realize, I'm just an everyday girl. (S1, E1)

Clearly, the opening credits frame Abdul as both a glamorous celebrity and down-to-earth “everyday” girl, establish a promise of behind-the-scenes access to her glamorous world, and a provide a point of identification for the audience. The opening sequence continues,

But the most important things in life are my friends. This is my best friend, and stylist, Daniel. He not only makes me look good, but he makes me laugh. Jeff is my publicist. Although we don't always agree on everything [Abdul speaking into mobile phone, “But you can't put this all on me Jeff”], in the end, he protects me like a brother [Jeff carries Abdul up a flight of stairs].

The tension between Abdul’s “ordinariness” and her celebrity is evident even in this brief
opening sequence. Her “friends” are comprised of her employees, and her life is clearly privileged. The ordinariness that the program attempts to construct relies largely on a depiction of Abdul as mischievous and silly as she clowns for the camera, and also by the importance of her “friendships”, her down-to-earth interactions with fans, and her affection for her pets. This attempt to assert ordinariness comes across as particularly disingenuous in Abdul’s case, as it contrasts with her consumptive lifestyle. She seems to travel almost exclusively by limousine, arrives late for her public appearances, and alternately praises and berates her staff/friends. The program’s failure to construct Abdul as “ordinary” is perhaps best summed up by Abdul’s oft-quoted tearful lament, “I’m tired of people not treating me like the gift that I am” (S1, E2). Abdul’s egocentric comment suggests a privilege that incongruent with her claim to be a “regular girl.”

Abdul’s Alleged Appetites

The show documents the satellite interview tour Abdul undertook to promote an upcoming season of American Idol—a series of interviews where Abdul’s erratic behavior led to publicity alleging that Abdul was intoxicated. During the interview, Abdul appeared confused; her answers to questions were alternately rambling and nonsensical, and she slurred as she spoke (Figure 2-4). The program addresses the allegations of substance abuse directly as we see one of the original interviewers from the satellite press tour ask, “Straight up, tell me, were you drunk when you were talking to me?” (S1, E2). Whereas previous texts gloss over charges of substance abuse, Hey Paula! addresses the allegations directly. As the incident plays out on Hey Paula!, Abdul’s interviews are intercut with her publicist Jeff explaining her behavior, “She has the flu, she’s not feeling well, she hasn’t slept” (S1, E9). Like previous “voices of reason” in the programs discussed above, there is the sense that Abdul’s behavior needs to be explained and qualified by a
more rational (read: sober) and reliable member of Paula’s entourage. At the same time, this disavowal again only serves to confirm that Abdul is protesting too much; her erratic behavior is directly correlated to her celebrity lifestyle.

Episodes 2 and 3 of the series find Abdul and her staff in public relations crisis management mode. Abdul narrates, “This accusation of me being drunk and drugged-up on television has made me seriously mad and saddened, so I’ve gathered my team together” (S1, E3). Again, Abdul and her staff offer various explanations for her erratic behavior: she was exhausted from her demanding schedule, she suffers from insomnia, she had the flu, and there were technical difficulties with the audio feed. The response to the incident is ultimately unconvincing, as Abdul appears to be intoxicated much of the time throughout the course of the series’ only season, and her emotions seem almost comically exaggerated: she is given to tantrums and laughing fits, slurred speech and half-closed eyes. While exhaustion can certainly approximate intoxicated behavior, it is also a common public relations trope to obfuscate an addict’s behavior and this is evident throughout the series.

Figure 2-4: “She has the flu, she’s not feeling well, she hasn’t slept.”

In fact, the program seems torn between focusing on Abdul’s unbecoming behavior and
providing excuses for it. Abdul’s demanding schedule and resulting exhaustion are mentioned insistently. Twice, Abdul affirms that she does not do “recreational drugs”. The efforts of Abdul’s public relations machine are evident in the official title for the episode where the press tour takes place—“Sleepless in New York”—as well as in the iTunes plot summary of episode 3, “Calling an emergency meeting with her staff, Paula discusses the press coming after her, the lies being printed and how she needs help” (Retrieved July 12, 2013). Like its predecessors, the program relies on this erratic behavior and the drama it creates even as Abdul and her staff offer explanations for it.

**Classing the Celebreality Addict**

As we have seen in relation to all of these shows discussed in this chapter, the representation of class is highly ambivalent. First, the access to material consumption related to celebrity wealth gives these celebrities the outward trappings of the upper class, but behind the curtain, their class *habitus*, their values and behaviors, are shown to be in contrast with this outward appearance. For instance, in her discussion of the generic relationships perceived by television critics, Morreale (2003) notes that many compared *The Osbournes* to *The Beverly Hillbillies*, a comparison that draws on obvious discourses of class identity. Similarly, Albert Jivani, editor of London's *Time Out*, noted, “‘For Americans, The Osbournes must be the new Beverly Hillbillies. They got rich and don't know how to deal with it’ (qtd. in Sutcliffe 6:1)” (Morreale, p 9). Arguably, Smith’s program has a similar fish out of water/*Beverly Hillbillies* appeal. While the non-normative family depicted in *The Osbournes* might be read as a parody of the sitcom genre (Kompare, 2004; Morreale, 2003), its emphasis on the consumption practices of its television family—and the corresponding perception that they are somehow out of their league consumption-wise—may challenge any claims the text might have to counter-hegemonic critique.
There is an argument to be made that discourses of celebrity and addiction are intertwined with class. The ascension to celebrity status is generally marked by an increase in wealth and status. However, as Nunn and Biressi (citing Illouz, 2007) argue, “the celebrity trope always contains within it the potential to become undone; to unravel spectacularly in the midst of its own success” (p. 53). In other words, celebrity status is tenuous and contingent upon the maintenance of image and the whims of the fickle media audience. Addiction is only one of the ways that celebrity can become “undone”, but its financial consequences are clearly more devastating for the middle or lower class addict than they are for the celebrity.

**Gendering the Celebreality Addict**

Unlike *The Osbournes*, critics were uniformly harsh in their assessment of *The Anna Nicole Show*, *Being Bobby Brown*, and *Hey Paula!*, and many reviews devolved into *ad hominem* attacks on the featured female celebrities. Notably, the male celebrities in these programs engage directly with their reputations for substance abuse without any need for prompting; Osbourne readily admits his struggle with addiction, and Brown seems to enjoy joking about his alcohol use. On the other hand, Houston never addresses the issue of addiction during the course of the program, and Smith and Abdul both use their programs as a forum to deny long-standing rumors of substance abuse. This gender difference corresponds to Denzin’s sociological study of alcoholism, where he argues that the female alcoholic must contend with a double stigma in society: “The tolerance for drunkenness in women is low in our culture” (Denzin, 1993, p. 155). This double stigma presents an explanation for the need of the female celebrity addict to be more protective of her association with substance abuse—the stakes surrounding the potential damage to her image are considerably raised. Conversely, while the reputations of these addicts may suffer from this stigma, the ratings for their respective programs benefit from their reputation for
addiction.

Unlike the depiction of male alcoholics, women alcoholics in our cultural texts are defined by their sexuality and the connection between overdrinking and “looseness” (Denzin, 1991). This double stigma—and Smith’s overt sexuality and history as a sex worker—may explain some of the more vitriolic reviews of the program. Commentators targeted Smith’s intelligence, sexuality, class background, and weight, as well as her seemingly intoxicated behavior: she was called a “bizarre star” (Romano, 2002) and one critic wondered if a drop in the program’s ratings was due to viewers realizing that “she was a genuinely pathetic person too dumb or anesthetized to realize she was being mocked” (Johnson, 2002). The mean-spirited nature of the reviews indicates a differential treatment of the female addict. They also may indicate a fundamental ambivalence that correlates to the mixture of interest and aversion that audiences have with this emerging genre.

The discourse surrounding Houston is similarly vitriolic and shows further evidence of the “double stigma” of the female addict. Houston is a “terrifying she-beast…so focused on having her every whim catered to that she lashes out against her husband, her pre-teen daughter, pretty much every person she encounters, with alarming frequency and unpredictability” (Slezak quoted in Alex, 2005). This critic’s comment suggests that—as a “she-beast”—Houston’s transgressions derive not only from her privileged status, but also from her gender. She is verbally abusive towards her family because she is a privileged woman, and therefore she is also an unfit wife and mother. This gendered characterization seems more informed by the disparity between Houston’s public image and her depiction on Being Bobby Brown than the actual events of the show.

Like the reviews of The Anna Nicole Show and Being Bobby Brown, critical response to Hey Paula! was largely negative and often personal. A British review first took Abdul to task for her consumption habits—“And the outrageous hubris on Abdul's part, to think that her pampered lifestyle is of vital interest to the plebs at home!”—then for the program’s obviously constructed
attempt to depict her as ordinary: “In a typically unconvincing piece of reality show contrivance, she later left the ceremony to pick up some fast food. Abdul is a bit kooky, you see, and refreshingly down-to-earth” (Whitelaw, 2008, p. 42). Few seemed to take the program or Abdul seriously (McNamara, 2007; Murray, 2009). Importantly, none of the female addicts deliver on the implicit promise to reveal more about their substance consumption, but it is unlikely that any revelation would have resulted in a more positive reaction from critics or viewers. In addition to the stigma associated with female addicts, there are often racial implications regarding addiction and substance use in our cultural discourse (Daniels, 2012; Hansen & Roberts, 2012; Manderson, 1995; Murakawa, 2011; White, 1998).

**Racializing the Celebrity Addict**

Traditionally, drug scares have been associated with the “otherness” (Cohen, 2002; Manning, 2007; Oksanen, 2013; Sedgwick, 1993; White, 1998), and usually these others are racial and ethnic groups who are seen as a threat to middle-class, white-dominated society. However, the more recent moral panic surrounding crystal meth is associated with poor, rural whites (Murakawa, 2011). While much of the scholarship regarding race explores the representation of cultures traditionally thought of as minorities, the scholarship on the representation of whiteness as the taken for granted norm has expanded considerably (Dyer, 1997; Nakayama & Krizek, 1995), as well as examinations of the category of white rural poor (alternately “white trash”, “trailer trash”, “rednecks”) as an ethnic group (Hartigan, 1997; Heavner, 2007). Of course, it should be noted that the “white trash” label is problematic for a variety of reasons, not the least of which is the fact that the need to qualify “trash” as “white” suggests “trash” is generally associated with other races. Regardless, Brown (2005) documents the changing perception of Anna Nicole Smith from “an ideal beauty to a white trash stereotype”
Brown contends this change has much to do with the public reaction to Smith’s marriage to an octogenarian billionaire and the subsequent legal battle for his estate with his adult son. Smith’s humble roots as a fried chicken waitress and high-school dropout became more of a target when her erratic behavior, weight gain, and the perception of her as a gold-digger came to be seen as unbecoming for the white beauty ideal. As a result, Smith was increasingly seen as regressing to her lower class roots. The Anna Nicole Show clearly draws from this stereotype in its portrait of Smith, and Smith’s rise from “trailer trash” to international model to gold-digging heiress finds its spectacular flipside in Smith’s cousin Shelly. Shelly’s appearance—chain-smoking and toothless—is consistent with the stereotype of the poor, rural addict, and, as Murakawa (2011) argues, the dental decay of the rural poor is the vehicle for middle-class anxieties about a descent into “white trash” status. Shelly serves to remind the audience of Smith’s humble roots as well as her inability—and her unworthiness—to transcend these roots. A similar race/class issue is evident in the depiction of former R&B superstars Bobby Brown and Whitney Houston.

Being Bobby Brown is a particularly problematic text as the discourse surrounding the program is disproportionately venomous, which likely has much to do with the class and race of the program’s stars and Houston and Brown’s failure to live up to their potential. Houston’s previously pristine image and upper-middle class upbringing contrasts sharply with Brown’s image as an R&B “bad boy” from the projects of Boston. Following Houston's death, Brown responded to the frequently voiced suspicion that he was responsible for introducing Houston to drugs. These suspicions are likely the result of these contrasting public images: Brown's street-cred urbanity vs. Houston's pop princess image. Regardless, in both the text and in critical discourse these two successful African American performers are depicted as out of their league, over consumptive, and neglecting their talent. This talent is evident in moments where the couple spontaneously performs snippets of music together, but these are juxtaposed with bathroom
humor, sloppy drunkenness, and other undignified behavior.

Bravo’s official site for *Being Bobby Brown* is no longer available, but the announcement of the program elicited several comments on a *Television Without Pity* (TWoP) discussion board. It should be noted that TWoP bloggers are known for employing a sarcastic delivery in their reviews of popular programs—a tone that suggests an ironic appreciation of these television texts. The following comments should therefore be read with the understanding that the posters are often performing their own version of this delivery for the TWoP community. At the same time, the comments reveal an awareness of the couple’s reputation for substance abuse and provide an indication of how that awareness might affect the interpretation of the text for some viewers:

“Between this show and the Britney & Kevin show, this is going to be the summer to watch train-wreck celebrity couples on reality TV.” (Cherry Delight, 2005). Again we see the comparison of troubled celebrities to a “train-wreck”, a comparison that recurs throughout the discourse about recovery television, and reality television in general. Another poster’s characterization of the program as “schadenfreudelicious” (AlmondEyes, 2005) suggests that the text will be consumed as a guilty pleasure (but consumed nonetheless); some members of the audience are taking pleasure in Brown and Houston’s failure, a phenomenon that social scientists have described as “downward social comparison” (Wills, 1981). Yet another poster responds more harshly: “Finally. 8 episodes of Bobby getting angry at people and cheating on his crazy wife and of Whitney wandering around high, and being Just Whitney.” (Rejoice, 2005). This statement shows definitively that some TWoP members classified Brown and Houston as addicts, and this classification likely derives from previous tabloid-style discourses.

One final post responding to the program’s debut is disturbingly indicative of the association of the couple with racialized discourses of addiction: “Maybe a better title would be “I Married a Crack Whore” (Albanyguy, 2005). Albanyguy’s particularly acidic post engages with misogyny and racism as it equates one of the most successful female African-American
entertainers of the 20th century with a reductive racial stereotype. Significantly, crack is routinely called upon to suggest the “otherness” of black ghettos and connotes the bottom of the barrel for recreational drug use (Hansen & Roberts, 2012; Manderson, 1995; White & Miller, 2007). This racial and class divide is evident in an example from The Osbournes; following the family discussion about drug use, Jack sarcastically deflects his parents concerns about his evening plans, “I’m going to go do crack too in a dark alleyway” (S1, E1). Jack’s comment draws on the racial and class stigma associated with the drug to emphasize the ridiculousness of his wealthy parents’ concerns. Houston famously denied rumors of crack use in an interview with Diane Sawyer in 2002: “I make too much money to ever smoke crack... Crack is whack” (ABC News, 2012). Clearly eager to deny any association with the drug, Houston calls upon the same class strategy as Jack Osbourne to short-circuit Sawyer’s line of questioning.

While the TWoP comments must be understood within their context on a site that celebrates a certain jadedness in relation to reality television texts, there are similar sentiments evident in the discourse from television critics about Being Bobby Brown. For instance, an article in Rolling Stone argues that Houston and Brown “dabbled” in music before the “fulltime fucked-up-tacle racket beckoned” (Sheffield, 2005). Brown and Houston’s stalled careers had contributed to the addiction rumors, and this music magazine review targets the couple’s lack of productivity. Some critics attacked the couple personally, or lamented Houston’s fall from grace. At other times, the reviewers’ comments were explicitly racialized. For instance, the Houston Press argued that “Whitney and Bobby have officially morphed into the hilarious ghetto caricatures Aries Spears and Debra Wilson used to do of them on Mad TV” (Lindsay, 2005). The author seems to imply that the parodies were more truthful than the public personae Houston and Brown presented in their pre-celebreality careers. Like the reviewer who noted the extratextual effect of the addiction problems of Jack and Kelley Osbourne on the potential audience reception of The Osbournes, an Entertainment Weekly critic suggested that Houston’s rehab just before Being
Bobby Brown “lends the Bravo series, shot last year, an unintentionally wistful overtone” (Flynn, 2005). Just as the fan discourse that accompanied the program’s announcement engaged with the couple’s reputation for addiction, the couple’s reputed substance use informed the popular press’ reactions to Being Bobby Brown.

**Laughing at the Celebreality Addict**

In Hollywood Shot by Shot (1991), Denzin describes the film stereotype of the “comic drunk” and argues that the humor of films such as Harvey (Koster, 1950) or Arthur (Gordon, 1981) derives from a view of substance abuse as form of weakness of character, a moral failing that invites derision. Many of the programs discussed above engage with this stereotype by casting celebrity addicts in “reality sitcoms”, reality programs that combine the observational mode of documentary with the conventions of the television situation comedy. The stigma associated with addiction has diminished considerably with the medicalization of the diagnosis and treatment of addiction and the rise of twelve-step recovery groups. However, the association of addictive behavior with a genre largely dedicated to a derisive approach to its celebrity participants—a genre that encourages us to laugh at the intoxicated behavior of its stars—has the potential to reify a damaging social stigma. By embedding addiction within the larger context of celebrity consumption, addictive consumption is coded as excess rather than illness, a moral rather than medical problem. In other words, by not presenting addiction as an illness or sociocultural issue, the producers are free to code their depiction of these (allegedly) addicted celebrities as comedy.

For the most part, the consumption patterns of these celebrities are played for laughs. At times, the celebrities are in on the joke. At other times, the construction of the text hints at something that we already suspect, that there is more to the consumption than what we are shown.
The preoccupation with Brown's drinking, and, especially the emphasis on the seemingly intoxicated behavior of Osbourne, Smith and Abdul suggests a tantalizing peek behind the performance—though a constructed peek, to be sure—at a loss of control and consumptive appetites that threaten to overwhelm the consumer.

Conclusion

*The Osbournes, Being Bobby Brown, The Anna Nicole Show and Hey Paula!* were part of an early move to looking behind the curtain at the real lives of celebrities whose lives were hardly under control. Yet they established a genre of television that might be characterized as texts about addicts in denial. Though the interpretive frame for viewing the erratic behavior is certainly hinting at addiction, it is often downplayed, minimized, or treated as a thing of the past (e.g., Ozzy Osbourne, Anna Nicole Smith), it is ignored or dismissed with humor (e.g., Bobby Brown, Whitney Houston) or it is adamantly denied (e.g., Paula Abdul). At the same time the supporting characters who serve as the voice of reason in their respective programs demonstrate that the celebrity addict—or at least the intoxicated celebrity—is unreliable and impulsive; their statements constantly need qualification and explanation. And while the texts provide audiences with the ability to search for evidence of addiction and problematic consumption, their status as entertainment texts make any meaningful engagement with the issue of addiction—beyond denial—highly unlikely. The celebrities are secure in their ability to perform a version of self that capitalizes on their reputation for excess, but keeps more illicit consumption (i.e. drug use) hidden; the stars submit to the logic of television production by allowing the programs to engage with their reputations for problematic consumption. At the same time, this hidden-ness is foregrounded; officially the celebrity disavows addiction, but this disavowal/denial only serves to justify the audience’s interest in the celebrity’s addictive appetite. For the celebrity, the texts
promise televisual exposure and agency to rehabilitate damaged public images or control the narrative: Smith hopes her show will help others to take her seriously as an actress, Brown hopes that the program will help his comeback, Abdul uses the format as a form of public relations to deny addiction, and all of the programs promise financial rewards for their featured stars. Yet, at times the production process of these programs would seem to betray this agency, as the cameras look for evidence of what is hidden.

Celebrity addiction—the kind reported on in supermarket tabloids (Gamson, 1994, 2001; Turner, 2004)—is associated with decadence and immorality. By placing addiction within the larger context of celebrity consumptive practices, addiction appears to be a natural outcome of consumptive appetites associated with the celebrity lifestyle. The industry recognized the power of the “car-crash/train-wreck”, and the consumption practices of the subjects engage with what Debord (1967) called “the fantasy of total consumption” for audience members already embedded in a consumptive culture. Their organization around the principle of “ordinariness” feeds the American fantasy of equal opportunity for wealth and status. Their depiction as lower-classed subjects who have risen through the ranks of class—some by talent, some by chance—argues for the universality of the American Dream (Dyer, 1998, 2013; Marshall, 1997; Turner, 2004), the idea that we only need to be discovered and delivered to a lifestyle that will allow us to satiate our desire for consumption. Yet, the programs also demonstrate the consequences of overstepping one's bounds in a classed society; as Anna Nicole Smith states, “You can take the girl out of Mexia, but you can't take Mexia out of the girl” (S2, E13). They argue for the American fantasy of equal opportunity, but suggest that the classed, raced, and gendered subjects of these programs are unable to control their consumptive appetites. The programs reify class boundaries by exploiting the exceptions.

As the first manifestation of reality programs that star addicts/alcoholics, all of these programs “other” their stars and this other-ing is part of the appeal of the programs; the
Osbournes, Smith, Houston, Brown and Abdul are all depicted as out of their depth and their material consumption seems to contrast their humble origins. The often-ostentatious displays of conspicuous consumption are at odds with the humble class origins of the featured celebrities. None of these stars are traditionally or normatively “white”, but each spends and consumes in ways traditionally reserved for middle class and above white families.

As we look at these programs for evidence of addiction, the consumption habits on display seem to hint at the illicit consumption habits below the glossy surface. The appetites that threaten to consume the consumer are just below the official media persona. In spite of their current social status and notoriety, they are vulnerable to and eligible for the ignominious fate that sometimes befalls the celebrity addict (i.e., a ruined career and/or death by overdose). The addiction that is hinted at reminds us of the precarity of our own consumption habits and the struggle to maintain the balance between the desire for the good life and the appetite that threatens to consume the consumer.

This chapter identified four programs, *The Osbournes, The Anna Nicole Show, Being Bobby Brown*, and *Hey Paula!*, as precursors to the subgenre of reality television called “recovery television.” While these programs do not attempt to treat their subject’s addiction, or even engage with the subject in any substantive way, the chapter argues that much of the appeal of these programs derives from the supposed behind-the-scenes look at a group of celebrities reputed to have problems with substance abuse. The next chapter introduces the first examples of reality programs that foregrounded the addictions of its stars and made the struggle for recovery from addiction the narrative focus of the programs. Finally, just as the fears surrounding the Gin Craze and the Temperance movement originated with concerns about the appetites of the lower classes and ethnic immigrants, the recovery television subgenre explores the ethnicized and classed celebrity addict before moving on to the white male protagonists in *Breaking Bonaduce* and *Shooting Sizemore*. 
Chapter 3

The Strange Case of Mr. Bonaduce and Mr. Sizemore

In the previous chapter, we saw the emergence of reiterated and standardized genre-driven forms of televisual representations of celebrities whose reality programs centered on their over-consumptive and implicitly addictive life-styles. Yet the depiction of addiction in the reality program does not represent the first commodification of the addiction/recovery narrative as much as it represents a particular historicized iteration of this spectacularized commodity in our cultural texts. Similarly, the phenomenon of the celebrity reality program, “celebreality”, can be read as a post-millennial manifestation of the increasing demand for intimate and often confessional celebrity texts (Biressi & Nunn, 2002, 2010, 2013; Redmond, 2008, 2013). Whereas The Osbournes, The Anna Nicole Show, Being Bobby Brown, and Hey Paula! were all implicitly about celebrities struggling with addiction, this chapter examines the next phase of celebreality addiction programs that dealt explicitly with celebrities who struggled with addiction. At the conjuncture of these two prominent discourses, Breaking Bonaduce (Foy et al., 2005) and Shooting Sizemore (Demyanenko et al., 2007) drew from both to solidify the genre of the celebrity recovery television program.

Breaking Bonaduce (Foy et al., 2005) and Shooting Sizemore (Demyanenko et al., 2007) also represent the genre normalizing the spectacle of the white male addict for future iterations of recovery television texts. At the same time, the genre retained its approach to addiction as “otherness” by implementing a unique approach to the celebrity confessional. The programs utilizing the formal aspects of television to construct an expressionistic representation of their subjects’ mental and emotional state; the otherness of ethnicity and class becomes the otherness of madness. These shows took advantage of visual media’s unique potential to represent the
subjective experience of psychological deterioration for the audience (Fleming & Manvell, 1985).

As a result, *Breaking Bonaduce* and *Shooting Sizemore* constructed their depictions of madness by heightening already sensational imagery with expressionistic cinematography, editing, sound design and post-production manipulation. In addition, both addicts are subject to typical reality program editing which privileges one discourse over another via juxtaposition and temporal order (Andrejevic, 2004; Biressi & Nunn, 2013; Carpentier, 2011; Holmes & Jermyn, 2004). Bonaduce and Sizemore find their own accounts of their lives subject to qualifying and contradictory discourse of their “normal” friends and family.

The representations of addiction in these reality programs drew from both fictional media and reality television conventions to construct their “real” depiction of addiction. In appropriating the imagery of madness to express the psychological experience of addiction, and reinforcing this perception through editing and the discourse of their “normal” characters, *Breaking Bonaduce* and *Shooting Sizemore* constructed the celebrity addict as abnormal, as “the other”, thereby reifying damaging stereotypes that inform cultural understandings of this complex social issue. In turn, these popular conceptions of addiction can potentially impact policy decisions in our governmental, judicial, and medical institutions.

Whereas the precursors were preoccupied with the surface appearance of celebrity addiction—in the form of hints, suggestions, and allusions to addictive behavior—in *Breaking Bonaduce* and *Shooting Sizemore* the addiction, now confirmed by the subject, became the organizing principle that determined the construction of the text, informing its selection of subjects, its production, its formal strategy, and ultimately, its reception. With this switch to the confirmed/admitted celebrity addict, there were corresponding shifts in the formal construction, tone and the industrial positioning of the texts.

First, the programs represent addiction more explicitly with voyeuristic imagery that exposed the abnormal practices of pathological consumption: hypodermic needles,
methamphetamine pipes, alcoholic binges, and irrational behavior. Second, because the programs depicted addiction as madness, there was a shift to an interest in the interiority of the subject. The programs depicted this interiority using expressionistic imagery that attempts to visually represent the addict’s subjectivity. Third, the tone of these programs shifted from the comedy of the “docusitcom” to the melodrama of the “docusoap” (Holmes & Jermyn, 2004). In these programs, the madness of addiction threatens the addict and those around them. There was also a change in how the programs frame the material well-being and, therefore, the material consumption of their subjects. Whereas the stars of The Osbournes, The Anna Nicole Show, Being Bobby Brown, and Hey Paula are financially secure in ways that allow them to consume both substances and material comforts with abandon, Danny Bonaduce and Tom Sizemore are clearly lower on the celebrity hierarchy and their financial well-being is commensurately precarious; their addictions threaten both their lives and their livelihood. Finally, there was a shift in the industrial strategies surrounding the categorization of these programs, as promotional material attempted to distinguish these programs as documentaries rather than as reality shows (Murray, 2004).

Documentary scholar Bill Nichols (1991) argues that documentaries aspire to be “discourses of sobriety”, texts with a direct relation to the real that have the potential to inform, educate, and even contribute to social change. Both Breaking Bonaduce and Shooting Sizemore were framed as serious texts with the implicit promise of a more real “reality” and a pedagogic potential not found in other less “real” reality programs.

This promise of authenticity and cultural value would become a hallmark of the recovery TV subgenre. Mittell (2001; 2004), drawing from Bourdie, notes, “Genres are activated in systems of cultural value, with nearly every genre located on the highbrow/lowlbrow axis” (p. 15). As a genre, the discourse surrounding reality television—especially the celebrity version of reality television—tends to place the genre on the lowbrow axis. Therefore, as the celebrity reality program begins to explore the issue of addiction more explicitly, the attempt to frame
these programs as somehow distinct from other reality programs serves two purposes. First, in a format already vulnerable to charges of exploitation, positioning these programs as “discourses of sobriety” by indexing the visual style of the documentary allows the cable channel that aired both programs, VH1, the appearance of propriety. Rather than being seen as exploiting the addiction problems for entertainment purposes, or worse, glamourizing drug use and addiction, positioning these programs as “documentary” draws on the documentary form’s reputation for informational, pedagogical, and progressive texts with social value (Nichols, 1991). Second, the distinction between “celebreality” and “documentary” serves to prime the viewing audience for the very different viewing experiences offered by *Breaking Bonaduce* and *Shooting Sizemore* in a programming block associated with celebrity dating programs and other lighter fare. At the same time, these programs retain the promise of behind-the-scenes access to celebrity and voyeuristic appeal of VH1’s celebreality programming. Despite the attempt to frame these programs as documentaries rather than reality shows, their presence in a schedule dominated by VH1 programming such as *The Surreal Life* (2004-2006), *Hogan Knows Best* (2005-2007) and *Flavor of Love* (2006-2008) likely activates the celebreality frame for the audience (Newcomb & Hirsch, 1983).

**Mad about Addiction**

*Breaking Bonaduce* and *Shooting Sizemore* utilize the manipulation of imagery, the juxtaposition of the addict characters to the non-addict or normal characters via the programs’ editing scheme, and the privileging of the discourse of these normal characters to construct their depictions of these addicts as “mad.” In doing so, these programs create an exaggerated portrait of addiction as madness and a commensurate reassuring distance between abnormality and normality for the audience. In their discussion of the filmic portrayal of madness, Fleming and
Manvell (1985) argue:

We all have a need to believe that the world is a reasonable place which functions according to predictable, even immutable, rules of order. We therefore feel threatened by occurrences that contradict this notion. At the same time, we are fascinated by the irrational. When faced with people whose behavior fails to conform to our prescriptions for what is real and reasonable, we are forced to come up with some explanation that will ease our anxiety or doubt. Our most immediate response is to call the aberrant manifestation “madness,” implying that it has no place in our worldview. (p. 17).

Breaking Bonaduce and Shooting Sizemore address the threat addiction poses to the predictable rules of order by constructing its subjects as mad, in the sense that Foucault describes madness as a category of deviance. In fact, the fascination and the need to explain madness described by Fleming and Manvell is not unlike the process identified by Foucault wherein pathologizing the mentally ill eliminates “the disconcerting effect of the proximity of extremes” (Foucault, 1973, p. xvi). In other words, the process of classification demarcates the line between normal and abnormal behavior, and reassures us that our normal behavior is easily distinguished from the abnormal behavior of madness. Alcoholism and addiction resist easy classification and the distance between addiction and normal consumption often seems arbitrary; what may be normal consumption for some can be pathological consumption for others. Thus we see the nearness and distance of addictive behavior, a threat from within in which our desires control us; it is a precarious line evident only when it is crossed. In a society where consumption is equated with success and happiness, and where vast resources are mobilized to stimulate consumptive appetites, the phenomenon of pathological consumption becomes a source of cultural anxiety. Recovery television programs tap into the collective cultural anxiety about addiction and the thin line between normal and deviant consumption: “The face of madness [that] has haunted the imagination of Western man” (Foucault, 1965, p. 15). Just as madness haunted enlightenment society, now addiction—coded as deviant consumption—haunts contemporary consumer culture.

As noted in the previous chapter, the association of addiction with “the other”—the
unknown who threatens the normative social order (Cohen, 2002; Coomber, Hunt, & Milhet, 2011; Manning, 2007; Oksanen, 2013; Sedgwick, 1993; White, 1998; White & Miller, 2007)—has been part of our culture at least since the concept of addiction emerged in the mid-19th century (Levine, 1985; Manderson, 1995; Manning, 2007). This association was not without its contradictions; while society accepted the use of opium-derived patent medicines for middle-class women at the turn of the century, the smoking of opium was associated with orientalist stereotypes of narcotized immigrants (Manning, 2007). Furthermore, the other-ness of drug use and addiction significantly affects policy decisions; specifically, scholars contend that the disproportionate mandatory minimum sentences for crack cocaine users during the 1980s and 1990s originated from the drug’s perceived affiliation with inner city African Americans (Manning, 2007). Additionally, the fear associated with drug addiction has fueled the funding of the destructive and often racially motivated “War on Drugs” from Nixon’s presidency to the present day (Hansen & Roberts, 2012). In short, the policy decisions surrounding drug and alcohol regulation have always been driven by fear of the other—not only those who are different culturally, but also those who do not conform to the normative social order. The process of reintegrating into society is a primary concern in cultural texts about addiction.

Denzin (1991) argues that the addiction/alcoholism narrative resembles “the classic morality tale in Western seduction, the fall from grace, and then redemption”, and both of the programs analyzed in this chapter conform to this narrative. On the other hand, Manning (2007), citing Wood (1979), connects the addiction narrative—especially in films such as Requiem for a Dream (Aronofsky, 2000)—to the horror genre, a convention one could argue derives from texts such as Robert Louis Stevenson’s novel The Strange Case of Dr. Jekyll and Mr. Hyde (Stevenson, 1895) where the consumption of a forbidden substance transforms the consumer, resulting in a new, sinister subjectivity; it turns him from a moral and respectable individual to an immoral monster.
The “horror” elicited by graphic drug imagery is explored by Manderson (1995) who connects the visceral reaction prompted by this imagery to the symbolic destruction of important boundaries, both in the sense of a foreign substance polluting the body and the intrusion of an “alien ritual” (p. 803) into our normative understanding of the world. Thus the power of this imagery is connected to anxieties associated with a sense of invasion and otherness. Similarly, both Manning (2007) and Denzin argue that drug use and addiction in our cultural products are consistently depicted in opposition to the family; this opposition plays on the same anxieties of “otherness,” but here the concern is the invasion of otherness into the private, domestic sphere.

In *Hollywood: Shot by Shot* (1991), Denzin traces the depictions of alcoholism throughout U.S. film history. Denzin’s analysis of the imagery in the alcoholism film notes a recurrent scene in which the alcoholic’s dual subjectivity and the viewer’s dual experience is represented literally by depicting the alcoholic gazing into the mirror:

> A doubling of character (the impression of multiple selves) occurs through this use of the mirror to reveal the inner subjectivity, or “mindscreen” of the alcoholic... What is witnessed is a life of failure, degradation, and shame. Guilt, self-disgust, and paranoia are felt. (p. 244-245)

This duality of the addict manifests itself in *Breaking Bonaduce* and *Shooting Sizemore*, though these programs eschew the literal device of the mirror. Instead, the shows create duality by juxtaposing the abnormality of the addict's behavior with images of normalcy. In *Breaking Bonaduce*, this is done by juxtaposing Danny Bonaduce's troubling behavior with the normalcy of his family life. In *Shooting Sizemore*, the duality is created by the constant juxtaposition of Sizemore's current, tenuous sobriety with disturbing footage shot while he was in active addiction. For both addicts, the programs promise a healing journey from depravity to redemption.

Reality television and its apparatus of surveillance is often constructed as a therapeutic experience for its participants (Andrejevic, 2004; Clark, 2012; Grindstaff, 2002; Nunn & Biressi,
Where Andrejevic describes the labor model of reality TV as “the work of being watched”, for Nunn and Biressi the celebreality program is an example of emotional labor (see also Hochschild 1979, Overell 2005, Sternberg 1998, Hesmondhalgh & Baker, 2008), a product of the increasing “ideology of intimacy” (p. 49) and the performance of the ‘hard labour of the persona’ (p. 50) in celebrity texts. The authors argue that the quasi-therapeutic spaces of television “prompt celebrity performances which identify the complication or ‘dysfunction’ immanent in the celebrity life story” (p. 50). Celebrities are encouraged to work through intimate personal issues not only for their own benefit, but also to satisfy the voyeuristic expectations of the audience. Consequently, these quasi-therapeutic spaces become outlets for confessional revelations and opportunities for scandal-plagued celebrities to rehabilitate damaged representations, thus contributing to the “increasingly commonplace display of private suffering for audiences’ consumption, pleasure and identification” (p 51). In turn, these ambivalent and multi-functional texts have become valuable commodities in the media marketplace.

In *Breaking Bonaduce* and *Shooting Sizemore* we can recognize a similar construction of intimacy and expectation of confession. Furthermore, *Breaking Bonaduce* represents a shift from the quasi-therapeutic space to the “authentic” therapeutic space; much of the program takes place in the office of Danny and Gretchen Bonaduce’s marriage therapist. *Shooting Sizemore* represents a similar interest in the interiority of its subject, although Sizemore’s tale is also constructed as a quixotic journey to reclaim the self. Arguably, these programs seem “more real” due to their spectacularization of abject suffering—the embodied experience of the addict—as well as their positioning by the industry as discourses of sobriety. Of course, the audience is promised behind-the-scenes access to both of these intimate explorations of celebrity interiority.
Situating Bonaduce and Sizemore

We are informed early in the course of *Breaking Bonaduce* that Bonaduce is a recovering addict and alcoholic, and his temptations and relapses are a major narrative focus of the program. Similarly, *Shooting Sizemore* opens with the release of actor Tom Sizemore from a 100-day stay in an addiction treatment program. During the course of the program, the actor attempts to resuscitate his career after a long addiction to methamphetamine and subsequent legal problems damaged his reputation in Hollywood. Both programs allow for the suspense of serial programming; each week the audience is invited back to find out if the next episode will be a comeback story or another exercise in depravity—or both. *Breaking Bonaduce* and *Shooting Sizemore* rely on pre-program recaps and teasers and post-program previews to prime the audience for their serial docu-drama approach. Finally, these programs are also in the tradition of the temperance narrative or the alcoholic/addiction film; there is a dual emphasis on the imagery associated with addiction, and a redemptive quest to overcome addiction.

Categorizing Bonaduce and Sizemore

For Denzin (1991), the alcoholic film “configure[s] the alcoholic as a “diseased,” sick, often insane, violent person who violates the normal standards of everyday life” (p. xiii). Like the fictional alcoholic film, the madness exhibited in *Breaking Bonaduce* and *Shooting Sizemore* is the madness of fiction, drawn in broad strokes with visual guidelines for the viewer. Just as Bonaduce's contemporary appearance—muscle-bound, chain-smoking, and overtly sexual—contrasts with the saccharine image of his Danny Partridge character on the family sitcom *The Partridge Family*, Bonaduce’s out-of-control behavior contrasts sharply with the footage of him interacting with his family. Similarly, Sizemore's frequent emotional displays suggest a
vulnerability that contrasts with his “tough guy” image in films such as *Natural Born Killers* (Stone, 1994), *Black Hawk Down* (Scott, 2002), and *Saving Private Ryan* (Spielberg, 1998).

In her ethnographic account of the daytime talk show, Grindstaff (2002) notes the emphasis on the emotional, often pathological interiority of the participants as well as the mobilization of lay experts to explore this interiority. In *Breaking Bonaduce* and *Shooting Sizemore* this interiority is explored and represented both in the formal look of the programs as well as in the behavior of the subjects. In *Breaking Bonaduce*, marriage therapist Dr. Garry Corgiat (“Dr. Garry”) is employed as a device to explore the interiority of Danny and Gretchen; he becomes the first expert mobilized in the recovery television subgenre to define and treat addiction, a trope that will be evident in programs such as *Intervention* (Benz et al., 2005) and *Celebrity Rehab with Dr. Drew* (Buchta et al., 2008). Like the interventionists or Dr. Drew, Corgiat plays the moral voice of authority; he tells his client—and therefore the audience—how to think about and respond to the addict’s behavior. However, Corgiat also serves as an “incitement to discourse” (Foucault, 1978), there is a sense that the program utilizes him as a catalyst to explore Bonaduce’s abnormality, a process Bonaduce himself refers to as the “poking and prodding” into his life (S1, E1).

Like *The Osbournes* (Brooks, Ewing, & Osbourne, 2002), *The Anna Nicole Show* (Ewing et al., 2002), and *Hey Paula!* (Murphy, Sternberg & Whittaker, 2007), both of these programs have characters who function to explain, qualify and contradict the discourse of the addict. In *Breaking Bonaduce*, Danny’s wife Gretchen serves as a voice of reason in contrast to his irrational behavior. In *Shooting Sizemore*, Tom’s personal assistant Luree serves a similar function. These characters construct the celebrity addict as sympathetic, yet troubled. As with the precursors, the addicts’ discourse needs to be mediated by a third party; due to their compromised mental state, we cannot quite trust the addict’s account of their own experiences. At the same
time, both programs are positioned by VH1 as serious documentary programs which are therefore distinct from most reality programming (Murray, 2004).

**Positioning Bonaduce**

VH1, formerly known for its nostalgic music programming for the post-MTV generation, successfully attracted a younger demographic by concentrating its original programming efforts on the celebrity reality genre (Becker, 2008). Capitalizing on the success of programs such as *The Osbournes* at sister channel MTV, VH1 dubbed this new block of programming “celebreality”. In 2005, the channel acquired the Real World-inspired *Surreal Life* from the WB network and began airing the ensemble celebrity weight loss program *Celebrity Fit Club*, and *Hogan Knows Best* which featured former professional wrestler Hulk Hogan. *Breaking Bonaduce* also debuted in 2005 and should be read within this re-branding strategy.

According to VH1 executives, Bonaduce’s subsequent behavior during production resulted in a significantly darker program compared to the rest of the channel’s lineup. VH1’s attempt to distinguish *Breaking Bonaduce* from the rest of its programming is evident in the press release announcing the program’s debut:

> Meeting and marrying seven hours into their first date, the Bonaduces, who have been together for fifteen years, have faced addiction, infidelity and Danny’s “death wish” antics, but can they continue to survive as a couple? VH1 endeavored to tape a show about their unique marriage and family life but as production ensued the series took on a life of its own. “Breaking Bonaduce” premiering Sunday, September 11 at 10:30 PM is a dramatic, honest, and compelling look into the complex relationship between Danny Bonaduce, his wife Gretchen and their two children Isabella (10-years old) and Dante (4-years old). “Breaking Bonaduce” quickly changed from a reality show into a serious documentary of a man and his family in crisis. (VH1, 2005)

The description of the program as “dramatic” yet “honest” and “complex”, presents the program as distinct from other programming in its authenticity and serious approach to its subjects. The
release indicates that a “serious documentary” emerged from a reality that intruded during the production process of a presumably less serious “reality show”. The program's director and director of photography, Mark Jacobs, makes a similar assertion in an article about the production of the program: “For... Mark Jacobs, the term “reality TV” doesn't explain what he's doing with the show. “It's not reality,” he says, “it's a documentary, cut into 11 half-hour shows.”” (Ross, 2006). Jacob's assertion, and the attempt to “explain what he's doing with the show” suggest a claim to authorship to the program in a format rarely associated with creativity—a further mark of distinction for the show. The association of Breaking Bonaduce with the documentary format attempts to frame the program as a culturally valuable text, rather than a rehash of tabloid headlines associated with Bonaduce’s past behavior.

**Breaking Bonaduce**

Danny Bonaduce, former star of 1970s sitcom *The Partridge Family* (1970), became associated with the discourse of “troubled child star” prominent in 1990's popular culture. Like *Diff'rent Strokes* (1978) stars Dana Plato and Todd Bridges, Bonaduce's notoriety for drug use and erratic behavior eclipsed his early fame, culminating in an arrest for assaulting a transvestite prostitute in 1991. In a *TelevisionWeek* article, Bonaduce maintains that *Breaking Bonaduce* was conceived as “very cute, happy-go-lucky show” (Finn, 2005). Yet, Bonaduce’s history as a troubled ex-child star suggests that producers recognized the potential for sensationalism in a program about Bonaduce. As the program shows us, the former child actor was able to channel his notoriety in a successful career as a radio “shock jock,” a position which emphasizes Bonaduce’s propensity for controversy. In selecting Bonaduce to star in his own reality program, the producers found the perfect subject, one who was not only aware of both the nature and the value of his existing media persona, but who also had the professional experience to adapt this
persona to a new format. Bonaduce’s subsequent behavior—and the program’s ratings—demonstrated conclusively the value of a reality television version of the celebrity addiction narrative. It became a proven form that could be easily adapted to the recombinant world of celebreality.

**Shooting Bonaduce**

An article in a digital videography trade publication provides insight into the chaotic nature of the production of *Breaking Bonaduce*, but also emphasizes the way in which the formal elements of the program were manipulated to parallel Bonaduce’s deteriorating mental state. The “intense colors and gritty texture” (Ross, 2006) of the program were strategic decisions involving the equipment used and post-production manipulation to visually represent Bonaduce’s psychological state for the audience:

[Director Mark Jacobs] design[ed] a subliminal coloring and contrast look that matched Danny's downward spiral... The ultra-fisheye lens was used a lot in episodes when Danny's life starts going out of control. They were able to suction-cup the camera with the ultra-fisheye to the outside of Danny's car to look up at the downtown L.A. skyscrapers. [Jacobs] used this technique to help viewers see things from Danny's viewpoint, and as things start speeding up and slipping out of control, the warped images from the ultra-fisheye reflect that dizziness. The OTF (on-the-fly) car interviews were handheld at the start of the series, and by the time Danny became more stable, so did the interviews... He took a known DV camera and reversed commonly used settings and balance to achieve a look in color-correction that's fast, gritty, and intense-a mirror image of Danny Bonaduce. Once you've seen a snippet of the show, you stay to watch the car crash. (Ross, 2006)

Again we see the metaphor of the car crash employed to describe a reality program’s appeal, and the director confirms that the program was constructed to reflect Bonaduce’s mental state and to appeal to the voyeuristic tendencies of the reality show audience. By employing expressionistic imagery, the production techniques invite the viewer to experience the subjectivity of the addict (Figure 3-1). The marked distortion of this representation of Bonaduce’s mental state recalls
hyperbolic depictions of madness in fictional texts, and as Bonaduce’s primary struggle is with substance abuse, addiction becomes a force in Bonaduce’s life that distorts his worldview. Whereas the precursors to recovery television take a lighter approach to their subjects *Breaking Bonaduce* depicts the addiction of its subject as a serious, life-threatening condition, and, crucially, a condition that can also be exploited to generate televisual imagery.

Figure 3-1: Bonaduce’s distorted world.

**Analyzing Bonaduce**

*Breaking Bonaduce* represents a shift in the tone of the celebrity reality program, from the consumption of the imagery of the celebrity addict in denial, to the commodification of the struggle of the admitted addict. The imagery becomes darker, and the consequences higher, at least within the text. Where the previous representations of celebrity consumption in programs such as *The Osbournes, The Anna Nicole Show, Being Bobby Brown, and Hey Paula!* range from unproblematic consumption, to the defense of problematic consumption and the denial of the addict, *Breaking Bonaduce* represents the shift into the display of the addict as “abnormal”, and a corresponding shift to the addict's struggle with himself as a fractured subject attempting to get
sober (Denzin, 1993). The behavior on display becomes more clearly pathological: Bonaduce relapses on alcohol, is subject to fits of rage, reveals himself to be “severely bipolar”, injects steroids, partakes in alcohol binges, abuses his prescription to Vicodin, attempts suicide by slashing his wrist (off-camera), and is admitted to a treatment center for his alcoholism and substance use—all in the first season of the program. The extreme behavior associated with Danny Bonaduce’s drug and alcohol use and his frequent confrontations with marriage therapist Garry Corgiat (“Dr. Garry”), Gretchen and the production crew are the moments that are emphasized in the promotional material for the program and are replayed often in teasers, previews and recaps during each episode.

Where the previous programs encouraged the audience to laugh at the behavior of the addict (i.e., the funny drunk), *Breaking Bonaduce* exploits Bonaduce's troubling behavior for drama, and is the first instance of the recovery television’s interest in the interiority of the subject. *Breaking Bonaduce* brings us into the therapist’s office, offering a weekly voyeuristic and ostensibly intimate look at its subjects. Corgiat becomes the first expert mobilized in the recovery television subgenre, and subsequently becomes a catalyst for the action in the program. Bonaduce's relationship with the therapist is contentious from the first episode, and Corgiat's office becomes a site where the most intimate details of the couple’s relationship are exposed to satiate prurient interest of the audience.

**Opening Bonaduce**

Gray (2009) notes that the opening sequences of television texts serve to introduce the viewer to the characters, to establish the emotional tone of the program, and suggest the programs “preferred meaning” (Hall, 2001). The formal properties of the opening sequence of the first season of *Breaking Bonaduce* are constructed to suggest a fractious mental state and a
deteriorating subjectivity. The footage of the sequence is in black and white, and the soundtrack alternates audio fragments of Dr. Garry Corgiat and Bonaduce. These fragments come in quick succession and overlap slightly as if the two men are in a struggle to define Bonaduce’s identity. Corgiat’s matter-of-fact tone contrasts with Bonaduce’s more emotional delivery:

Corgiat: Danny Bonaduce, former child star...
Bonaduce: If I weren't the guy from the Partridge family, I'm just a lunatic.
Corgiat: Danny Bonaduce, husband...
Bonaduce: Without Gretchen, I'm just a thirty-second soundbite: “Danny Bonaduce ex-child star found dead”.
Onscreen text: Danny married Gretchen the night they met.
Corgiat: Danny Bonaduce, obsessive personality...
Bonaduce: I take enough pills to get full.
Corgiat: Who is Danny Bonaduce?
Bonaduce: I'm not real clear on who Danny Bonaduce is.
[There is a rapid disjunctive montage consisting of black and white close ups of Bonaduce’s face (Figure 3-2)]
Bonaduce [fragmented audio, almost overlapping]: Mentally unsound; broken; screwed up; happy; open wound; I'm lost; fairly famous; I get bent; I don't love me; have you met me?
Onscreen text: The Therapist
Bonaduce: If he hadn't asked the question, “Have you ever been unfaithful to your wife?” then my whole life would not have imploded.
Corgiat: Who is Danny Bonaduce?
Bonaduce: I'm a car crash man, and you have every right to slow down and watch the car crash.
Onscreen text: Breaking Bonaduce (S1, E1)

Figure 3-2: “Mentally unsound; broken; screwed up…”
The opening sequence sets the tone of the program; Bonaduce literally invites us to watch the spectacle of his psychological deterioration, and the program’s distorted visuals and disjunctive editing suggests a dual subjectivity; we are simultaneously watching Bonaduce unravel and experiencing the action through him. Bonaduce’s instability is the primary frame through which the audience experiences the program. From the beginning of each episode, Bonaduce encourages us to take guilty pleasure in his abnormality as he literally invites us to watch the “car crash.” In the introduction to the second season of the program, Bonaduce attributes his behavior not only to his “chemical composition”, but also to the “prodding and poking” of Corgiat during the program's on-camera therapy sessions (S2, E1). Bonaduce remarked, “I explained to him in no uncertain terms that I didn't like that. It got ugly and it stayed ugly” (Finn, 2005). In other words, the expert who attempts to treat the pathological behavior of the subject is also depicted as somehow accelerating it. According to Bonaduce, Corgiat’s poking and prodding stokes the drama of the series rather than providing any therapeutic benefit. Corgiat functions as a voice of rationality that contrasts with Danny’s irrationality—at least until his frustration with Bonaduce’s behavior boils over. Yet, he also purports to have unique insight into Bonaduce’s persona, and Corgiat argues that Danny’s motivation to separate from Gretchen towards the end of the second season derives from a desire to provide a climactic season cliffhanger; he sees through Danny’s performance of self for the cameras.

**Performing Bonaduce**

The performative function of celebrity has been theorized by several scholars (Dyer, 1998; Gabler, 2001; Gamson, 1994). Gabler (2001) argues that the celebrity—especially one whose fame does not derive from any perceivable talent—functions as “human entertainment,” they provide us with entertainment simply by living their lives. Obviously, the reality television format
has only made it easier for these figures to maximize the value of living their lives for our entertainment. As an entertainment industry veteran, Bonaduce plays to the camera; he is keenly aware of the value of his performance of self in a genre that requires sensational behavior and displays of emotion. Popular press profiles often mention his professionalism in spite of his reputation for self-destructive behavior (Heldenfels, 2006, Piccalo, 2006). As Bonaduce himself notes, “I'm usually employed to be some version of me: 'Be wild Danny.' 'Be recovered Danny.' 'Be scared Danny.' 'Be sympathetic Danny.' 'Be Danny’“ (Piccalo, 2006). An interview following the filming of the first season affirms Bonaduce’s understanding of the entertainment value of his downward spiral; Bonaduce describes his reaction when his wife arrives to collect him sans production crew following a stay in a locked psychiatric ward precipitated by a suicide attempt:

I said, 'Where's the crew? Of course I want the cameras here!'“ …VH1 threatened to stop production as Mr. Bonaduce's behavior became increasingly self-destructive, but he insisted the show go on. “I was literally spinning out of control,” he said, “and it was a bad call [by VH1]...Any network worth their salt would want to be there.” (Finn, 2005)

Even when VH1 demonstrates concern for Bonaduce’s privacy, the star construes this propriety as a poor business decision. Bonaduce’s entrepreneurial approach to his notoriety seems to have no limits, and the presence of the camera crew eggs him on to ever-intensifying displays of extreme behavior. As a result, even Bonaduce’s suicide attempt is suspect; the stereotypical cry for help becomes a cry for ratings. Bonaduce is not only willing to exploit the most intimate moments of his life for the camera, but he also sold t-shirts bearing his likeness after the success of the program (Heldenfels, 2006). He recognizes the value of performing a version of himself that conforms to the discourse of “troubled child star” that defines him for the television audience.
Consuming Bonaduce

Bonaduce’s drug and alcohol use, its accompanying imagery and its consequences in his life are the program’s “money shots” (Grindstaff, 2002); these moments are prominently featured in the teasers, previews, and recaps of Breaking Bonaduce. Manderson (1995) contends that the imagery of hypodermic needles provokes a visceral reaction from the viewer in part because of the symbolic violation of the viewer’s boundaries; the needle invades the private space of the body and, in this case, it also represents the “otherness” of an unfamiliar ritual in the family home. The first scene in which Bonaduce injects himself with steroids is especially significant in the way it juxtaposes Bonaduce’s illicit substance use with his family environment:

We see Danny preparing needle from a low angle shot of his hands and forearms as he fills the syringe from a bottle. Discordant buzzing music contributes to the scene’s foreboding atmosphere. Next, the scene is cross-cut with footage of his wife and children interacting playfully in the other room, suggesting these events are occurring simultaneously. We see Danny hesitate as he holds the needle above his shoulder muscle. The scene cuts back to Gretchen and the Bonaduce children laughing and shouting as they chase each other around the family pool table. Then, back to a head and shoulders shot of Danny, and he grimaces as he plunges the needle into his skin. Again, we see the family playing, and an exotic hairless dog barking at them. Danny grunts as he plunges, “Oh God damn.” Bonaduce delivers a sound that is somewhere between a laugh and an exclamation, the music stops, and the scene cuts to a shot of the front door of the Bonaduce home as if the intrusion into the private space is now over. (S1, E2)

This pattern of juxtaposing the irrational behavior of addiction with the normalcy of family life becomes a powerful device throughout the series. Here, the juxtaposition with Bonaduce’s family is a visual manifestation of the invasion of the “otherness” of intravenous drug use into the family home; the cross-cutting invites the audience to compare the normality of the banal family scene with the disturbing extreme behavior of intravenous drug use. The sequence dramatizes the uneasy coexistence of abnormality and normality in the one place that is supposed to be a source of stability in an unstable world.
For the viewer, both Danny’s wife Gretchen and therapist Dr. Corgiat serve as the rational counterpoints to Danny’s irrational addict. Sometimes, the program creates this contrast by crosscutting:

Gretchen: I really think therapy is so great because even if it’s a difficult subject it just feels good to talk about it.
[cut]
Danny: I hate therapy. (S1, E1)

Here, we see Gretchen as the rational spouse willing to work out her marital problems with the help of a professional. However, whereas previous manifestations of the “voice of reason” in the precursors (e.g., Sharon Osbourne, Anna Nicole’s lawyer Howard Stern) provide this function with compassion, Gretchen and Corgiat are often significantly more judgmental. For Gretchen, this change in tone reflects her frustration with her husband, “He has no self control whatsoever” (S1, E1). Here Gretchen seems to be diagnosing Danny’s behavior rather than merely complaining. Later, we see a similar clinical approach to her husband as she remarks, “He’s dangerously unbalanced” (S1, E2); as Bonaduce’s behavior becomes more erratic, Gretchen’s responses to this behavior construct Danny as irrational or even dangerous. Corgiat, on the other hand, seems judgmental from the start. Following Danny’s angry departure from a therapy session, Corgiat exclaims, “That’s insane behavior! That’s absolutely not okay!” (S1, E1). While we might expect Corgiat to react to Bonaduce as a detached clinician, he instead characterizes the behavior with hyperbole and in a colloquial argot that seems professionally inappropriate.

Regardless, both characters aid in the construction of Danny for the audience as an irrational and possibly dangerous addict.

The program’s most remarked-upon scene demonstrates Bonaduce’s instability, but also his willingness to put himself in danger for the benefit of the cameras:

A visibly angry Bonaduce skateboards to a liquor store. We hear car horns beeping and pounding, guitar-heavy music as he skates directly into traffic. Next, he exits the store, sits on the curb, dumps a small amount out of a large bottle of cranberry juice, and then fills the bottle with vodka. Finally, he tips the bottle
back and gulps almost the entire contents of the bottle in a single thirty-second shot (S1, E2).

The scene, which recalls the epic binging of *Leaving Las Vegas* (Figgis, 1995), graphically defines Bonaduce’s consumptive appetites as irrational and out-of-control. More importantly, it demonstrates the program’s ability to capitalize on this imagery for the audience’s consumption and Bonaduce’s willingness to provide the raw material for controversy when the cameras are rolling. Furthermore, as an admitted alcoholic, this performance provides the requisite relapse in the dramatic arc of the addiction narrative.

**Revisiting Bonaduce: Season 2**

The program’s second season was significantly less controversial than the first, although Danny does his best to recreate the drama that made the first season a ratings success. Importantly, the opening sequence of the second season again promises the spectacular instability of Bonaduce. While the first season’s opening sequence is an expressionistic mimicry of Bonaduce’s subjectivity, the opening sequence of the second season at first seems more straightforward:

> A low angle black and white shot tilts upward showing Bonaduce against a white background, the perspective then changes (no longer tilting, now the camera itself is moving up) to show Bonaduce against a city skyline. A panoramic shot shows the city below. We see Danny looking out over the city, a large bottle in one hand, and a cigarette in the other. Next, there are several rapid jump cuts of Danny on the roof looking contemplative and dragging on his cigarette. Then, Bonaduce is balancing precariously on the building’s ledge; a vertiginous point-of-view shot shows the ground below. There is a final moving shot of Danny with the city behind him, and the sequence ends with the title card, “Breaking Bonaduce”, in a white sans-serif font on a stark black background. (S2, E2)

For viewers familiar with the program, the title sequence suggests that once again Danny has relapsed and is out of control—literally on the edge. Therefore, each week we are invited to watch Bonaduce precariously balancing between sanity and insanity. The liquor bottle promises
yet another relapse with all of the attendant drama that followed in the first season, and therefore emphasizes the exploitation of addiction—and the essential relapse—as a function of genre.

However, later in the same episode, we find out that the sequence was shot as a promotional spot for the Latin American market:

The director explains his plan for the sequence to Danny: “We are just going to do like a surreal, dramatic, tense image. With you at the edge of the city. Do you understand? We’re going to first be shooting you from behind; you’ll just be holding a bottle of juice—for tequila. Probably just give it a little sip.” Next, we see the sequence constructed, including Danny atop the safety platform to frame him against the city, and we view the shot through the camera monitors. The director calls the shot, “Okay, perfect. We’re done.” Then, Bonaduce, surveying the ground below, says “That’s ___ high man.” He smiles and laughs mischievously and we see him step from the safety platform onto the ledge of the building. The director pleads, “No-no-no-no-no, I beg you please”. After taking a few steps, Danny steps down from the ledge to the relief of the production crew. He takes a swig from the tequila bottle filled with juice and walks out of the frame. (S2, E2)

The sequence nods almost artfully at the constructedness of the program by first showing us the set-up for the shoot; we see the crane move up, and we hear the director explain the effect he wants to create to Danny. At this point, the viewer might be forgiven for interpreting the opening sequence as a cheat; the bottle of juice, the instructions from the director, and the safety platform at first destroy the illusion that the opening sequence creates—the illusion that Bonaduce is once again out of control, drinking alcohol and in danger. However, as the shoot progresses Danny’s improvised ledge-walk attempts to convince us that within this construction there is real danger, and we are left with the job of discerning authenticity from contrivance. The opening sequence acknowledges the constructedness of the program and the artifice behind it, but also demonstrates that as a subject Bonaduce may be more than the producers bargained for, that his willingness to be “broken” for the cameras is a mix of performance and authentic self-destructiveness.

The second season also employs expressionistic imagery to create a sense of experiencing the world through Bonaduce’s eyes. Specifically, one sequence uses montage and sound effects to construct the psychological phenomenon of craving. As he watches his wife perform with a band
at the Hard Rock Cafe in Los Angeles, a montage sequence alternates shots of a visibly agitated Bonaduce with inserts of the other club patrons drinking:

- **Shot 1**: Danny sits glaring at the stage as Gretchen performs, the sound of the performance drops out and is replaced by a clicking sound track.
- **Shot 2**: Woman pushing around the ice in her margarita with her straw
- **Shot 3**: Hand held shot and rack zoom onto Danny as he surveys the crowd
- **Shot 4**: Man takes sip of beer bottle
- **Shot 5**: Extreme close up of Danny's eyes
- **Shot 6**: Close up of a man’s hand holding a drink
- **Shot 7**: Danny gets up from his seat
- **Shot 8**: Close up of line of liquor bottles behind the bar.
- **Shot 9**: Danny to Bartender: “I’ve got to cover my microphone”. He orders cranberry juice and asks her to “make it sing” (S2, E7)

In this sequence, Bonaduce’s madness—in the form of alcoholic craving—is juxtaposed with normality, his relationship to his wife. The obvious constructedness of the scene—the inserts of others drinking, the shot of the liquor bottle behind the bar, and the foreboding music—demonstrates the program’s strategy of manipulating the formal aspects of production to create a visual representation of Bonaduce’s “divided self” (Denzin, 1993, p. xxviii). Also, Danny once again provides the program with the de rigeur relapse associated with the addiction narrative.

Bonaduce’s second season is in part framed as a spiritual quest, and ends on a predictably redemptive note. During a brief speech to family and friends Danny promises that this will be “the last time I have to say I’m sorry,” and suddenly a gospel choir appears out of the ether to sing, “Lay My Burdens Down.” A Christian preacher baptizes Danny in a large outdoor pool as loved ones—and Dr. Garry—look on (S2, E8).

**Positioning Sizemore**

Like *Breaking Bonaduce*, *Shooting Sizemore* relies on expressionistic imagery to construct its star as abnormal, as well as the adaptation of the traditional addiction narrative—the seduction/fall from grace, the relapse, and redemption—to the celebreality docusoap format. VH1
mobilized a similar strategic positioning of *Shooting Sizemore* as an important cultural text that delivers both controversy and intimate access to its troubled star. A press release from VH1 introduced *Shooting Sizemore* before its debut:

The documentary series “Shooting Sizemore,” … chronicles the harrowing, intimate journey of a talented actor as he attempts to redeem himself and get both his life and career back on track while fighting the demons of his past. Filming from the moment he walks out of rehab and with unlimited access... Interspersed in the documentary are pointed flashbacks of Tom's own never-before-seen personal footage spanning the last few years—filming himself on drugs, succumbing to bouts of terrifying paranoia and rage. This black-and-white, grainy handheld footage is a searing and honest look into Tom Sizemore's innermost thoughts and fears... He is a man on a mission to be accepted by his peers while he attempts to climb back to the upper echelon of his craft and most importantly to remain a committed father to his twin children. (VH1.com, n.d.)

The release attempts to distinguish *Shooting Sizemore* from its typical “celebreality” fare, by aligning it with the documentary film rather than the reality show. At the same time, the release promises a voyeuristic experience stressing its intimacy and “unlimited access”, and “never-before-seen” footage of addictive behavior; a sensationalistic approach more in line with its “celebreality” programming. Sizemore is depicted as artistic, serious, vulnerable, paternal, but ultimately haunted by “his demons”. Consequently, in a promotional interview with the star, we also see the an attempt to position the program as educational: “I thought if anything good can come out of this, it can serve as a cautionary tale for young people — or any people — who suffer a crisis in their life with narcotics” (Welkos, 2007). Sizemore’s justification for maximizing the value of his troubled persona is that it might help the kids.

*Shooting Sizemore*

The six-episode series, *Shooting Sizemore* (VH1, 2007), follows actor Tom Sizemore following his release from 100 days in rehab. Sizemore himself pitched the program to the production company, but he was not pleased with the results. According to his memoir, rather
than rely on the footage he shot to structure the narrative, the producers used only the more gruesome imagery to contrast with the new footage shot expressly for the program (Sizemore & David, 2013). Importantly, the series debuted on Jan 7, 2007—two years after the premiere of Intervention and Breaking Bonaduce. Accordingly, the program displays a deeper engagement with addiction that may be attributed to the influence and profitability of these two earlier programs. If, as one reviewer suggests, Breaking Bonaduce is a “spiritual predecessor” (Critic, 2007) of Sizemore’s program, then Shooting Sizemore also capitalizes on the success of A&E’s program.

The focus is entirely on Sizemore’s attempt to stay sober, resuscitate his career and deal with lingering legal problems after years of addiction to crystal meth. The titles of the program’s episodes—“Clean and Sobering”, “Holy Quit”, “Manic Panic”, “One Small Step”, “Stumbling”, and “The End of the Beginning”—evoke the familiar addiction narrative; from these titles we can surmise that Sizemore will struggle to remain sober, slip, and ultimately triumph. The first episode’s preview of the coming season further suggests this familiar narrative, and the shot of Sizemore falling drunkenly out of parked pickup truck is teased incessantly during the program’s single season.

Throughout the program Sizemore’s frequent tearful emotional breakdowns testify to this vulnerability. However, these shots are juxtaposed with Sizemore’s self-shot home video footage where the actor is shown in various stages of lucidity. He is, at turns, manic, paranoid, spiteful, accusatory, angry, remorseful, and despondent as he blows methamphetamine smoke into the camera and delivers bizarre diatribes. Shooting Sizemore relies on the frequent juxtaposition of the before-and-after footage of the actor to invite two viewing strategies: we consume images of Sizemore's degradation and experience whatever reactions that might provoke and yet we are encouraged to sympathize with him as he struggles with his “demons.” This audience ambivalence, as we have seen, is a recurring feature of the emergent genre related to the tropic
portrayal of the Janus-faced addict. Again, we see the dual subjectivity that Denzin (1991) attributed to the alcoholism film; the “doubling of character” is more literal as we see Sizemore in both irrational and rational states juxtaposed in rapid succession. We witness “a life of failure, degradation, and shame” and experience the addict's “guilt, self-disgust, and paranoia” (p. 244-245). Through the visual expression of the addict’s madness, the viewer is invited repeatedly to judge the addict’s behavior through the lens of moral success or failure instead of seeing the split subject as a feature of illness.

Opening Sizemore

Like Breaking Bonaduce, the “preferred meaning” of Shooting Sizemore is suggested in the elongated opening sequence of its first episode, which frames all subsequent interpretation. Employing highly exaggerated handheld cinematography, framing that fragments the image of Sizemore's figure, and a rapid cut, disjunctive editing style, the opening sequence depicts the actor’s instability. Studio shots of a chiaroscuro-lit Sizemore narrating the introduction are intercut with stills and footage from Sizemore's career, and frequent jump cuts fragment the studio footage, destabilizing Sizemore’s image in the frame (Figure 3-3). At times, his image will shift places in the frame suddenly—sometimes in mid-sentence—and an alternation between synchronous and asynchronous sound enhances the disorienting effect:

By the time I was 30, I had a film career. Before turning 40, I had it all. I was working with the most talented people in motion pictures... I met Heidi Fleiss in January 2001. I had been drug free for years. That evening we did crystal methamphetamine together, and that night sparked a downward spiral that nearly destroyed me… And in my warped state, I decided to document my downfall. Then in 2003 when Miss Fleiss claimed I'd beaten her, [photo of Fleiss holding up her hair to expose bruises on her face and neck] I lost my mind [We see a black and white shot of Sizemore holding a video camera, then a cut to Sizemore staring directly in the camera as he heats the meth pipe with a lighter; the sound of Tom inhaling continues through a rapid montage of Sizemore smoking, ending with a shot of him exhaling smoke directly into camera] …I was just sued today
for $5 million by Miss Heidi Fleiss... I loved her. [cut] Sometimes I wish I had killed her. [Cut to Tom, his eyebrows shaved off, growling menacingly at the camera, “I'm gonna kill everybody!” Cut to a shot of Sizemore sobbing]. In the end, I had a choice, go to rehab or die, I chose rehab. But getting sober is only a start. I'm broke, I'm homeless, and my reputation has been severely tarnished. In short, I have to start my whole life all over again. I have to dig out of this hole I've created for myself. And that's exactly what I'm going to do. (S1, E1)

Figure 3-3: Fragmenting Sizemore.

The opening sequence's frantic juxtaposition of Sizemore's narration, clips of his career highlights, fragmented studio shots, and his home video footage (Figure 3-4) evokes a sense of pathological instability and deep internal conflict. According to Sizemore’s narrative frame, Fleiss, formerly the “Hollywood Madam” who ran an infamous prostitution ring, is a seductress luring Sizemore into drug use, and she provides a convenient excuse for his slide into addiction. Fleiss also conforms to the tradition of linking women and intoxicant use to sexuality (Denzin, 1993; Room 1988); she is the sexually loose and morally corrupt opposite of the normative feminine ideal (e.g., the housewife, the mother). Sizemore was eventually acquitted of assault charges against Fleiss; but his response to her in this sequence is simultaneously melancholy and murderous. Thus, like the opening sequence of Breaking Bonaduce, Shooting Sizemore utilizes film language associated with a fictional construction of madness to present a visual interpretation of the subjective experience of addiction. In turn, this footage is juxtaposed with the footage of the down-on-his-luck but resolute Sizemore to create some empathy for this the talented artist and dedicated father who is determined to stay on the road to redemption.
Shooting Sizemore represents a deeper exploration of addiction in the subgenre of recovery television, but the program’s “excessive style” (Caldwell, 1995) clearly clashes with the formal austerity of the traditional documentary. Just as the opening sequence alternates between madness and sanity, the narrative alternates between Sizemore’s self-shot graphic imagery of active addiction and his quest to restore his career. Yet, Shooting Sizemore's alternation between these two modes of the addiction narrative is jarring. Throughout the program’s six episodes the handheld camerawork is almost ludicrously unstable; every shot seems to shake and there are frequent (and frequently unnecessary) disorienting rackzooms. Like Breaking Bonaduce, there is a psychological element to the text as Sizemore's instability—even during his “normal” post-rehab life—is evoked in the camera work and editing. Unlike Breaking Bonaduce, there is no professional expert or guiding value of moral authority. However, Sizemore’s personal assistant provides a rational contrast to Sizemore’s often-irrational behavior.

Consuming Sizemore

In what seems to be a common trope in the recovery TV subgenre, Sizemore's personal assistant, Luree, serves as the voice of reason. At times she functions to humanize him, “Once you get to know Tom, you definitely care about him... He's not the tough guy that he plays in all his movies. He's really not. He's a softie” (S1, E1). Here, the program depicts Luree as having
insight into the “real” Tom behind his gruff exterior. At other times, she explains the motivations behind his behavior. When Sizemore refuses to return to the set of his first post-treatment film, Luree asserts, “What he wants to do is he wants to go back to a comfort zone…It’s gonna happen over and over again. He needs to deal with reality” (S1, E2). Luree can see through Tom’s protestations and justifications and into his fragile interiority. Her approach is more compassionate than Gretchen Bonaduce’s, but she still contributes to a construction of the addict for audiences as out of touch with reality. As an addict with a distorted worldview, Sizemore’s discourse—and his self-shot confessions—must always be looked at with suspicion.

The series ends on a triumphant note. Sizemore negotiates a film role for himself that promises to restore him to some level of his previous status (including “before-the-title” billing) and provide enough money to eliminate his debt. The sixth episode features Sizemore’s first post-rehab red carpet appearance, and in the final moments Sizemore summarizes his story: “I'm just a regular guy who screwed up, who's trying to get back on his feet and find some balance in my life, my mind and work, that's all there is” (S1, E6). Despite this seemingly redemptive ending, Sizemore slipped back into active addiction; he would join the cast of Celebrity Rehab in 2010 and its spinoff Celebrity Rehab Presents Sober House; Heidi Fleiss was also a cast member in both programs.

**Determining Bonaduce and Sizemore**

The titles of both programs, Breaking Bonaduce and Shooting Sizemore, suggest violence being done to the subjects for the audience’s gratification. Bonaduce is “broken” and Sizemore is “shot” for our entertainment, and the violent titles recall the train-wreck/car crash metaphor often attributed to the celebrity reality program in critical and audience discourse. Additionally, both addicts invite the viewer into the spectacle of their lives. In the opening credits of Breaking
Bonaduce, Danny Bonaduce asserts, “I'm a car crash man, and you have every right to slow down and watch the car crash.” Similarly, Tom Sizemore promises, “I'm going to give you guys unlimited access to me” in the opening moments of Shooting Sizemore. These invitations acknowledge that in spite of attempts to distinguish these programs from typical reality texts, the pleasure of the text remains voyeuristic. Finally, there is also the determining context of VH1 as the industrial entity that produces, distributes and exhibits both programs. While the promotional material and creative personnel attempt to categorize these programs as “documentary”, it is only their more serious tone that distinguishes them from the other offerings in the “celebreality” block of programming.

**Addiction and Hard Labor**

As Nunn and Biressi (2010) note, one result of the increasing demand for celebrity intimacy is the depiction of suffering in these texts. The authors use the example of the once-loathed UK reality star Jade Goody, whose cancer-ravaged body was spectacularized in a televised wedding special. Similarly, Farrah Fawcett’s battle with cancer was adapted into a 2-hour documentary aired on NBC in 2009. Goody and Fawcett are perhaps at the extreme end of a continuum where celebrities are increasingly called upon to perform pathology for the camera. And while this certainly includes emotional labor, this concept does not take into account the requirement to display the physical effects of pathology on the body.

Both Bonaduce and Sizemore clearly perform a significant amount of what Nunn and Biressi call “the hard work of the persona”; both are depicted in extreme emotional states and situations throughout. In particular, Sizemore seems to break down in tears at least once per episode, and Bonaduce’s reaction to an emotional confrontation to his wife is to attempt suicide.
Clearly more work is needed in the ethics of depicting the unraveling of a person’s life in an entertainment text. For instance, Huff (2006) notes that executives at VH-1 were concerned that Bonaduce, a former child star with a long history of substance abuse and mental illness, might be the first reality star to die while filming his own reality show. However, the real concern might be the way in which Bonaduce performs an exaggerated version of himself for the cameras (Grindstaff, 2011). In particular, the “performance” of relapse, which is good for the narrative tension of the reality show, puts the addict in danger, and, in turn, it is this danger that generates the controversy that both attracts and maintains audiences. Each season, Bonaduce provides the requisite relapse and displays self-destructive behavior for the benefit of the program. Thus, we see a form of labor that is not only emotional but also corporeal in its use of the pathological body to generate capital.

Consuming Overconsumption

The depiction of madness in Breaking Bonaduce and Shooting Sizemore serves a particular function for the television industry. As the precursors proved conclusively that programs about celebrities associated with addiction were economically viable, industry logic dictates that commodifying the pathologically consumptive behavior of admitted celebrity addicts would be the next logical step. Yet, consumption is television’s raison d’etre, and, as such its programming cannot contradict its mandate to glorify and stimulate consumption. Arguably, celebrity addiction is already more associated with decadent consumption practices than the addiction of the “non-celebrity”; as the previous chapter argued, celebrity addiction is often coded as excess rather than pathology. However, by depicting the behavior of these addicted celebrities as being punctuated by periodic bouts of madness that are more extreme than “normal” celebrity addiction, these programs draw a firm line between normal and abnormal consumption practices, eliciting viewer
judgment without seeming to condemn the practice of consumption altogether. Normal consumption is validated by the extreme nature of the pathological consumption on display in these programs. It is individual madness rather than the more nebulous social problem of “addiction” that these celebrities truly suffer from.

In *Breaking Bonaduce*, it is the abuse of the commodity that is problematic. Alcohol, Vicodin, and steroids serve socially and medically approved functions in our society; it is Bonaduce's irrational appetite that is immoral and pathological. In *Shooting Sizemore*, it is the illicit nature of the substances (heroin, crystal methamphetamine) that is problematic, and Sizemore's appetite for these substances make him an outsider. Subsequently, the consequences for the consumption of these substances are more severe; Sizemore has supposedly lost his home, his fortune, and his career.

This distinction is also derived from the place of Bonaduce and Sizemore in the hierarchy of celebrity. Higher-level celebrities have earned and can enjoy unlimited consumption—the “promised land of total consumption” (Debord, 1967, p. 69) that is the implicit reward of success in a free-market society. For the lower celebrity, commodifying his/her own addiction merely reflects the structuring logic of the society of the spectacle. The celebrity, already a symbol of consumption, uses addiction as a mark of distinction in a crowded marketplace. In the field of cultural production that is the reality show format, the addict with a desire to redeem himself embodies tremendous cultural capital.

**Conclusion**

In a society fascinated by the precarious line between normal consumption and addiction, these programs reassure us that it is not consumption itself that is the problem. In the context of *Breaking Bonaduce* and *Shooting Sizemore*, pathological consumption is the province of a
reassuringly obvious madness and an individual problem of celebrity appetites for hedonism, rather than an indicator of a society where consumptive appetites threaten to overwhelm the “normal” consumer. These are decadent, irrational “C-list” celebrities—different from us—and their madness is individual rather than epidemic. In turn, by explicitly linking addiction with madness, *Breaking Bonaduce* and *Shooting Sizemore* potentially reify the stigma of addiction, and perhaps madness itself, as a moral failing rather than a social, medical, or psychological condition.

In her ethnographic account of the program *Sorority Life*, Grindstaff asserts that “to speak of reality programming as ‘re-presenting the real,’ or *mis*-representing the real...is misleading. A reality show...does not represent anything other than the outcome of its own production process” (Grindstaff, 2011, p. 49). However, the texts of recovery television are positioned by the television industry as something more than reality television, and perhaps, like the documentary form which they are derived, they aspire to be one of the “discourses of sobriety” (Nichols, 1991) with all the associated prosocial and pedagogical intentions this form of discourse promises. As a result, the potential for misinforming the viewer may be heightened as well.

However, the most troubling aspect of these programs is that they utilize the formal aspects of production to create a fictionalized representation of mental illness, a distorted and archaic version of madness that constructs the subject as wholly irrational and unpredictable. The level of manipulation in these programs—in their expressionistic use cinematography, sound design, and editing—owes more to fictionalized versions of madness than a documentary approach to a serious psychological, medical, and cultural issue. In spite of the attempt to position these programs as something more than reality, they display the same blurring of fiction and non-fiction as the other programs in the reality genre. However, the next chapter explores A&E’s *Intervention*, a program that adhered more closely to documentary practices and ethics and constructs an extremely different experience for the viewer.
Chapter 4

“Most Need Help to Stop”: Intervention, Biopower and the “Ordinary” Addict

Whereas the previous chapters explored programs which depicted celebrity addiction, recovery television’s most influential text, Intervention (Benz et al., 2005), depicted the struggles of “ordinary addicts.” With this move to ordinary addicts, we see another shift in the genre where the programs become more obviously instructive. They attempt to teach us how to deal with addiction in our own lives. The following chapter examines Intervention’s depiction of addicts and addiction for its audience, and the implications of a television text that takes on the task of educating its audience about matters of personal well-being.

In 2004, the cable channel A&E, once known for its fine arts programming, began its foray into reality television. Programs such as Dog the Bounty Hunter (2004), Gene Simmon’s Family Jewels (2006) and Criss Angel Mindfreak (2005) were part of a larger move away from A&E’s formerly highbrow schedule that once included Breakfast with the Arts (1991-2007). In 2005, A&E announced the debut of Intervention, a program that would depict the struggles of subjects suffering from various addictions. Largely due to its potentially exploitative subject matter, A&E attempted to cultivate an aura of distinction around the program by positioning Intervention as a documentary rather than a reality program (Murray, 2004). For documentary scholar Bill Nichols (1991), documentary film aspires to be one of the “discourses of sobriety”, prosocial “nonfictional systems” which include science, economics, and politics:

These systems assume they have instrumental power; they can and should alter the world itself…they regard their relation to the real as direct, immediate, transparent…They are vehicles of domination and conscience, power and knowledge, desire and will.” (Nichols, 1991, pp. 2-3)

Nichols laments that the documentary has not been able to reach the same status of these other
discourses, largely due to the cinema’s association with a popular culture entertainment medium. So, A&E’s attempt to position Intervention as a discourse of sobriety represents an aspiration for the program to transcend its association with “lower” forms of entertainment (i.e., reality television) and to serve as an exemplar of quality, public interest programming and to exercise social power—even as the program traded on many of the same textual conventions associated with the reality format.

At the same time, in documenting the stories of “real” addicts, the program needed to intervene in reality itself to guarantee that each episode was sufficiently dramatic and easily replicated (Bratich, 2006). As a result, the program departed from the ethics and practices of the traditional documentary in its adoption of the practice of what is known as “the Johnsonian intervention”; the addicts were informed that they were taking part in a documentary about addiction, only to find themselves facing a group of their family and friends who hope to convince the addicts to seek help for their addiction. In this form of surprise confrontational therapy the professional interventionist enlists family members to set a “bottom line”—a series of consequences that include withdrawal of financial support, ostracism, and sometimes legal action—that will be enacted if the addict refuses treatment (Clark, 2012; White & Miller, 2007). The Johnsonian intervention facilitated the distillation of the familiar addiction/recovery narrative into a reality TV-friendly formula by manufacturing an easily reproducible climactic moment for the program’s narrative.

The appropriation of this confrontational and coercive therapeutic practice and A&E’s attempt to position the program as a “discourse of sobriety” aligns Intervention with the form of power that Foucault called biopower (Foucault & Burchell, 2010; Foucault, 1978). Foucault argued that the increasingly liberal approaches to governance in the 20th century led to power being distributed across several disciplinary institutions. In particular, where the sovereign once exercised power with the threat of death, the pastoral form of power called biopower exercises
power over its subjects by regulating their well-being, both individually and collectively. The following analysis argues that not only does Intervention exemplify the working of biopower but the program also works to resolve middle-class anxieties about deviance specifically related to addiction—anxieties that derive directly from the guiding principles of individuality, self-sufficiency, and privatization of the neoliberal era. As will be shown, the knowledge about addiction presented by the program, the footage of the addict’s substance use/problem behavior, and the competing biographies of the addict by the addict's family and friends work to construct the addict as abnormal, unreliable and therefore in need of intervention.

**Intervention and Biopower**

Biopower exerts itself by articulating concern about the health of its subjects in order to cultivate a productive populace for labor and a docile citizenry. Because the power over life requires constant regulation, biopower’s influence is spread through multiple social institutions including the military, the police, medicine, social services, and—most important to the present analysis—the media and the family. Biopower acts upon our actions as a disciplinary and normalizing force. At the level of the body, it is interested in “the harnessing, intensification, and distribution of forces, the adjustment and economy of energies” (Foucault, 1978, p. 145). At the level of population it is interested in regulation and reproduction: “propagation, births and mortality, the level of heath, life expectancy and longevity, with all the conditions that cause these to vary” (p. 139). For obvious reasons, the phenomenon of widespread addiction in our culture presents a direct challenge to the health and productivity of the contemporary populace. We can look at the current phenomenon of recovery television as a manifestation of this biopower working through the institutions of both the media and the family.

Several scholars have argued that the media constitute a space in which biopolitical
discourses are active in contemporary society (Hardt & Negri, 2005; Nadesan, 2008; N. S. Rose, 2007). For Intervention, each episode of the program stages a biopolitical intervention at the level of the individual, and the weekly repetition of the program—with its consistent, formulaic structure—intervenes at the level of society. Throughout the program the addict is acted upon by normalizing discourses: from the program’s initial deception, to the competing biographical discourses that are privileged over the addict’s own autobiographical discourse, to the moment of actual intervention. Alternatively, the larger intervention at the level of the society works not only in the way that it draws upon its audience for its subjects, but also in its normalization of the submission to the coercive power of the intervention by its subsequent ritual consumption by the audience (Andrejevic, 2004). Also, the program demonstrates the benefits of this submission—sobriety—as well as the consequences of refusing to submit including ostracism, juridical intervention, and sometimes death. Intervention shows us how biopower operates throughout the text by making subjects of both the addict and the family. Moreover, we see how biopower works in the context of neoliberalism in the way that the text represents the privatization of formerly public services in the post-welfare state.

Confinement in a locked asylum ward was once a reality for many addicts. However, in the contemporary era, institutionalization becomes institutionalization into private clinics. Whereas families used to go to court to have their loved one’s put under control of the state, now under the de-institutionalization discourse fomented by these early media texts, families are discursively constructed as neoliberal, and they pay to give them over to private clinics for care and the state withdraws.

Intervention has undeniably raised awareness of the problem of addiction for many of its viewers. However, Intervention illustrates the problematic nature of a cultural text that claims to present “the truth” about an issue of mental and corporeal health while translating that truth into spectacular televisual form. This is not to say that the program presents entirely inaccurate
information about addiction, but rather that the information about addiction that it does offer is subject to the limitations of the interaction between text, industry, and audience that defines the genred television program (Mittell, 2004).

**The Evolution of Recovery TV**

Like the precursors named in the preceding chapters, *Intervention* draws on existing conventions that can be traced back to temperance literature, but also to more recent conventions associated with documentary film, reality television, and the daytime talk show. The program’s narrative structure follows the pattern of seduction, fall from grace, and redemption that Denzin (1991) showed was characteristic of filmic representations of alcoholism. Accordingly, the sequences of drug/alcohol use in *Intervention* are clear descendants of the depictions of alcoholism in the speeches and literature of the temperance-era genre of alcoholism narratives. According to Crowley (1999), this popular genre relied on a mix of “gothic titillation” (Crowley, 1999, p. 13) and redemptive themes—the same dual appeal that *Intervention* relies upon. Additionally, *Intervention*’s imagery often resembles the fictionalized portrayal of graphic substance use in more recent media. For instance, one sees rapid quick-cut montages of substance use that are very similar in look and feel to similar montages in Aronofsky’s 2000 film, *Requiem for a Dream* (2000). However, while the sequences from *Requiem* serve not only to emphasize the repetitive nature of addiction, but also to parallel the consumption of drugs with legal substances such as coffee and tobacco, *Intervention*’s footage is mobilized to reflect only the former. By doing so, the program insures that its depiction of addiction is in no way critical of other practices of consumption upon which our current neoliberal society is based.

*Intervention* has occasionally been characterized as following certain conventions that are characteristic of the reality makeover program, albeit with considerably more at stake than
programs about fashion or home décor. Indeed, according to a New York Times article about the program, *Intervention* originated as a pitch to MTV “in which people were forced to deal with not only drugs and alcohol but also bad hair,” a format that *Intervention*’s creator, Sam Mettler described as “Fun mixed with serious” (Salamon & Julie, 2004). Thus, *Intervention* evolved from its initial conception as a traditional makeover program into a more serious treatment of addiction during the process of development. In spite of the suggestions by Mettler and others that *Intervention* was a culturally valuable text that transcended its generic limitations, *Intervention*’s roots lie firmly in genre-driven television.

Furthermore, not only does the show follow genre rules, but is also overdetermined by the neoliberal logic of privatization and its relentless focus on individuality and consumer autonomy. This feature can be seen in *Intervention*’s valorization of the for-profit addiction treatment center over publicly funded treatment, and this valorization is in turn connected to the industrial demands of genre. For instance, reality television appeals to television producers because it is cheaper to produce than traditional scripted programming (Magder, 2004; Raphael, 2004). Most importantly, reality television’s format is conducive to rampant product placement (Jenkins, 2008; Magder, 2004). For the most part, *Intervention* did not endorse consumer products. However, the treatment centers featured on *Intervention* donated their services to the addicts in exchange for the publicity generated by being featured prominently in the program’s final act. The donation of services served three purposes: (1) it kept the production costs of the program down; (2) it created a series of strategic and mutually beneficial partnerships between the program and the for-profit addiction treatment institutions (Ouellette & Hay, 2008); and (3), as an advertiser-supported text, it conformed to the ideology of consumption by locating the “cure” for addiction in still-more consumption. Finally, like ABC’s *Extreme Home Makeover*, the program became a form of public relations for the network by exemplifying what Ouellette and Hay call a “do-good” television text, a program that entertains while providing a form of public service.
(Ouellette & Hay, 2008). However, whereas public service programming was once a non-profit endeavor, *Intervention* represents the increasing privatization of educational programming regarding health in the neoliberal era.

**Positioning Intervention: Documentary and the Public Good**

Historically, one of the requirements to attain a broadcasting license in the US is a commitment to produce programs that serve as a public service for the viewing audience. Ouellette and Hay (2008) note that while many assumed that the ongoing deregulation of the television industry would spell the end of public service television, reality television programs which practice philanthropy and life interventions enact a form programming for the public good that corresponds Foucault’s concept of governmentality. In contemporary society, where notions of public welfare have been replaced by the neoliberal ethic of privatization, television is one of the institutions through which the power of “governing at a distance” (p. 28) is exercised in order for us to learn to govern ourselves. Ouellette and Hay argue that these programs also “hinge on a paradox, in that they often resort to authoritarian governing techniques…in an effort to produce self-sufficient citizens” (p. 86). However, the authors argue that the point of these sometimes-authoritarian techniques is “to enact the idea that people who are floundering must be taught (by any means possible) to maximize their capacities for normalcy, happiness, material stability, and success” (p. 40). The coercion of the intervention is mobilized for the self-destructive addict who is unable or unwilling to help himself. In turn, the viewer is able to maintain a distance from this addict by virtue of this obvious deviance, while at the same time “mastering the practical lessons on offer” (p. 86). As a result, this programming is at once entertainment, philanthropy, discipline and pedagogy, and this approach is evident in the way in which A&E’s *Intervention* was positioned by the industry.
A&E emphasized the prosocial aspects of *Intervention* in its publicity for the program, a strategy likely mobilized to ease the fears of “squeamish” (Fitzgerald, 2003) advertisers who might worry that the program’s graphic imagery would be off-putting to potential audiences. Significantly, *Intervention* was announced alongside the network’s acquisition of the syndication rights to HBO’s *The Sopranos*, a critically acclaimed program which was the current “gold standard image” (Lafayette, 2005) for quality television. A&E likely hoped that *Intervention* would benefit from *The Sopranos* highly publicized move from subscription channel HBO to regular cable television. An official press release announced the cable channel's intentions behind the production of the program

*Intervention* is a documentary TV series. Each show spends several days profiling someone struggling with addiction and culminates in a professional intervention, led by an experienced interventionist. The family and friends of the person battling the addiction are intimately involved in the intervention. At the end of the intervention, if the person with the addiction chooses to go to treatment, they will enter a top-notch treatment facility free of charge. Our goal is to get help for people who are suffering while informing and educating our audience about the day to day realities of living with addiction. (“Reality TV,” n.d.)

Notably, the release introduces *Intervention* as a “documentary TV series” rather than a reality program, and portrays *Intervention* as a responsible prosocial text due to the involvement of credentialed professionals. Additionally, the release downplays the graphic addiction imagery that would come to define the program, and instead emphasizes the intimacy of the program's depiction of addiction.

In 2004, A&E’s Executive Vice President and General Manager Robert DeBitetto promoted *Intervention* with the following description, “It will be controversial with dark elements, but it does lead to a redemptive path...What we have consciously tried to avoid are the

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overly contrived environments—the contest shows and lowest common denominator fare,” (Umstead, 2005, p. 62). A&E's cultivation of a sense of Intervention's cultural worth in spite of its “dark elements” emerged as an early strategy to distinguish the program from “lowest common denominator fare”, and the producer's comments also serve as an acknowledgement of the program's dual appeal of sensational imagery and pronounced affect. DeBitetto continued,

Those shows can work very well, but A&E has always been something of a premium destination. We were looking for a way to capitalize on the history [of A&E] and to offer genres that would fit comfortably within the broad parameters of A&E, but that place a much greater premium on the entertainment aspect that would captivate younger audiences. (Umstead, 2005, p. 62)

In other words, Intervention needed to be framed in accordance with A&E’s brand identity as a premium destination in the wasteland of lowest common denominator programming, and as Gray (2009) and Johnson (2007) have established, network branding can affect the television audience reception to programs. Following the announcement of Intervention’s debut, one viewer comment on a reality television discussion forum illustrates the extent to which the branding of A&E as a home for quality television still resonated for some audience members:

…This show might wake some addicts up and help them come to terms with their reality. ...These are probably too lofty of ideals for a reality show, but it's A&E so I'll give them the benefit of the doubt. For now. (rennysgirl, 2005)

Despite reservations associated with the appropriateness of addiction as a subject for a reality program, which shows a tacit awareness of the reality genre’s tendencies toward exploitive and base modes of representation, the viewer draws on A&E’s reputation to suggest that the program could potentially rise above the limitations of the genre. A&E’s brand carries a certain amount of cachet that influences the audience’s preconceptions about and reception of its programming.

According to the producer, interventionists, and others involved in the production of Intervention, the program avoided the obvious manipulation often seen in the reality genre; they described the program as adhering more closely to documentary traditions and ethics than the typical reality show. In a retrospective oral history on the Internet magazine Vulture, director of
photography Brian Donnell claims, “This is one of the few shows I've been involved with where they really didn't want us to fake anything or add anything” (Watkins, 2013). O'Donnell’s claim first serves as an acknowledgement that—in his experience—reality programs routinely manufacture footage, and while this is hardly a major revelation, he also distinguishes Intervention as one of the “few shows” that does not; therefore, Intervention is constructed as more authentic than most reality TV. Similarly, Intervention's creator Sam Mettler asserts, “I mean, we didn't need to construct drama. An addict's life is inherently dramatic on a day-to-day basis. The stakes are literally life and death. We didn't need to put them on an island” (Watkins, 2013). For Mettler, the addiction narrative not only provides a ready-made template for the reality television format, but it also reduces the need for the program's producers to manipulate the action.

Significantly, A&E’s strategic embrace of nonfiction programming paid off; while the programming shift resulted in a slight decline in the channel’s overall viewing numbers, it also marked important gain in the coveted younger demographic (Hibberd, 2006). And while a case could be made that A&E’s new reality programming alienated viewers who enjoyed the network’s previous programming, the aura of cultural worth cultivated around Intervention allowed the cable channel to explore the lucrative reality format—and attract its younger viewers—while maintaining the channel's reputation as a purveyor of quality programming.

**Intervention’s First Act and the “Money Shot”**

Grindstaff (2002) argues that the principle of the “money shot”—a term borrowed from the production of pornography—determines the production of most of our for-profit cultural texts. Like the male orgasm in a pornographic film, the money shot is the climactic moment of
authenticity in a genre and a medium associated with artifice. While the multiple sequences depicting the voyueristic imagery of addiction in Intervention are not climactic moments, they might be considered secondary “money shots” par excellence; they feature the involuntary and therefore authentic moments of both physical and emotional suffering. In Intervention we see graphic depictions of drug and alcohol use as well as the effects of prolonged addiction on the body including abscesses from infected needles, vomiting and the spectacle of the emaciated body of the anorexic. Also, we see the heightened affect as addicts recount stories of childhood drama, as well as the emotional suffering of family members, and, finally, the powerful final confrontation between the addicts and their families. As A&E executive Robert DeBitetto notes, “It gets to the feeling of, 'I've been invited to a world that's real and one that I probably shouldn't be seeing, but nevertheless here I am,” (Umstead, 2005). DeBitetto describes the program in seemingly contradictory terms of invitation and transgression, which essentially justifies the audience’s voyueristic peek into the private lives of the addicts and their families. Intervention’s focus on this imagery in its first act constructs the addict as deviant and in need of intervention.

The voyueristic appeal of the program derives from the imagery of the embodied experience of the addict: the consumption of substances, the repetition of harmful behaviors, and the involuntary expression of emotional and physical pain. There is a further parallel to pornography here, as this is behavior usually kept behind closed doors; its clandestine nature stems partly from its departure from social norms and—in the case of drug use—legality. Also, like previous recovery programs, much of the power of Intervention’s imagery derives from the irrationality of the addict; despite the harmful effects of addiction on the addict’s health, relationships, and livelihood, the addict is unable to control their irrational craving and compulsion to consume the object of their addiction. Intervention emphasizes the exposure of previously hidden behavior as well as the irrationality of the addict.

Andrejevic argues that the voyueristic appeal of reality TV lends this format a “distinct
erotic charge” (Andrejevic, 2004, p. 87) and Manderson (1995) argues that drug imagery has a similar erotic charge. For Manderson, the visceral reaction provoked by graphic drug imagery—our experience of “revulsion and horror” (p. 806)—can be attributed to the violation of symbolic boundaries and the experience of “otherness”. Noting the frequency with which addicts describe the experience of intravenous drug use with sexual metaphors, Manderson argues that the meaning of hypodermic drug use is bound up in “clashing symbols.” There is the sexual element of penetration, but the needle also represents the violation of our body and a submission to power; it is at once medicine, disease, death and sex. Like sex, it is an intense experience that simultaneously “reminds us of our status as animals, our corporeality, and hence our mortality” (p. 805). Most significantly, Manderson compares our experience of illicit drug imagery to “a certain unpleasantness occasioned by being present at an alien ritual” (p. 803), an experience of otherness not unlike a non-Catholic at mass “shifting self-consciously in his pew” (p. 803). The aesthetic imagery is also an experience of “otherness”, a figure that challenges our normative social order (Bjerg, 2008; Cohen, 2002; Coomber, Hunt, & Milhet, 2011; Manning, 2007; Oksanen, 2013; Sedgwick, 1993; White, 1998). This sense of otherness and of being present at an alien ritual is emphasized throughout the program’s first act as we witness the abnormality and irrationality of repeated substance consumption in spite of the damage done to the addict’s life. The association of addiction with otherness has deep roots (Manderson, 1995; Manning, 2007; White & Miller, 2007; White, 1998), from the xenophobic fear of immigrant consumption practices that helped fuel the U.S. prohibition movement, to the association of marginalized populations with certain drugs (i.e., the African American crack scare of the 1980s and 90s), to the fear of the exotic origins of various intoxicants (i.e., opium from the Middle East, cocaine from South America, etc.).

Importantly, Manderson (1995, citing Nietzsche, 1967) explains that our reaction to this imagery has much to do with being torn between a desire for pleasure and the need to control our
appetite. She notes Nietzsche’s argument that “humanity struggles to accommodate both Apollo, god of order, rationality, discipline, and Dionysus, representing the irrational and the ecstatic” (p. 808)—we are constantly struggling to reconcile these contradictory impulses. So, the imagery of addiction also engages with the tension between hedonism and restraint in a culture of consumption (Paterson, 2006). We experience this imagery as simultaneously revolting and compelling; the pleasure of looking is complicated by sentiments of guilt, shame, and perhaps even envy:

It could be then, that revulsion is the experience of being caught looking—of finding in certain conduct something intriguing, and then finding yourself finding it intriguing. Of seeing in the object of your revulsion aspects of your own character or shared humanness which you would rather deny. (Manderson, 1995, p. 808)

We must admit there is some element of the imagery that is attractive. At times, this may simply be relating to “shared humanness” as Manderson argues. However, there is the possibility that we envy the way the addict is able to reject social norms and abandon the responsibilities and pressures of modernity to pursue what at times looks like chemical bliss. We see an addict in the “promised land of total consumption” (Debord, 1967, p. 69), but this is not promised land of culturally approved consumption. Rather, as Bjerg (2008) argues, it is the addict rejecting the demands of normal culturally approved consumption by finding a shortcut directly to the brain’s pleasure center. And while we know that the addict also suffers, we also see that her life is simple as it is reduced to the daily procurement of the “fix.” Perhaps we recognize something appealing in this simplicity. The addict taps into a fantasy of “dropping out” of leaving the responsibilities and pressures of the modern world behind for an existence based on subsistence alone. In much the same way that reality television is described in the violent metaphors of train wrecks and car crashes, our experience of addiction imagery is immediate, visceral and conflicted.
Like the temperance narratives of the 19th century which used “social realism” to expose the ills of the day, *Intervention* revels in its ability to expose previously clandestine behavior. Addicts smoke, inject, snort, binge, vomit and self-mutilate, all behaviors that invite the audience to partake in the abject realism of the program’s voyeuristic imagery (Figure 4-1): Tamela slices the flesh above her pubic area with razors (S1, E2), Rachel injects heroin into her neck (S9, E1) and Rocky smokes crack through a jagged glass pipe (S7, E13). We see glass pipes, bongs, razors, aluminum foil, and mirrors. We see the rituals associated with addictive consumption including the crushing of pills, the preparing of needles, and the arranging of powder into easily snorted lines. Critics often cite footage of bulimic Salina’s collection of plastic bags of vomit hidden from in the back of the closet as an example of *Intervention’s* extreme imagery (S2, E1). Additionally, the diegetic audio during these sequences can be as compelling and unsettling as the imagery; the repeated sound of Penny-Lee (S10, E6) opening a can of beer becomes an almost sinister motif, as does the constant sickening hiss of Allison inhaling computer duster (S4, E18; Figure 4-2). There is no glamorization of drug use, nor any cultural critique in *Intervention’s* emphasis on the sights and sounds of the addict’s consumption; this is not the rush of exhilaration

Figure 4-1: Suburban teenager Tiffany shooting up in the family bathroom.
sometimes depicted in the fictional film or a critique of capitalism, but rather a depiction of the distorted experience and degrading surroundings of the pathological individual. This individualization of addiction and especially the construction of the addict’s worldview as distorted are evident throughout the program.

Figure 4-2: Allison huffing computer cleaner.

**Constructing the Addict: Normal vs. Abnormal**

*Intervention* depicts the addict’s distorted worldview through a series of juxtapositions which contrasts the addict’s abnormality with the normality of her surroundings and her social circle. Although the addict is one of the storytellers in *Intervention*, she is constructed as an unreliable narrator via the program’s formal construction, especially the privileging of the competing discourses of her family members and the use of intertitles to qualify and contradict the addict’s discourse (Kosovski & Smith, 2011).

*Intervention’s* intertitles—with their white text on a stark black background—function as an omniscient narrator by providing exposition, adding gravitas to the narrative, and, most
importantly, disseminating factual information about addiction (Figure 4-3). While textual graphics are not uncommon on television, *Intervention’s* use of this device is distinctive as it completely interrupts the action of the program. As a formal device, the use of intertitles has an association with didacticism that goes back to its use in the expository documentaries of the silent era. Of course, as the language of cinema evolved, intertitles were increasingly seen as an unwelcome interruption in the film's action (Elliott, 2003). While *Intervention's* appropriation of this archaic device does indeed interrupt the flow of the program's narrative, it does so in way that lends gravity and authority to the information being conveyed. As documentary scholar Nichols notes, “Direct address, either through an off-screen commentator or on-screen voice of authority, endorses the tradition of disembodied, universalized knowledge” (p. 89). In these moments, it is clear that the text is talking to us, and *Intervention* presents itself as a reliable source of information in the form of this disembodied knowledge. The stark visual appearance of the titles—white sans serif text on a black background—is assertive, direct and persuasive. The momentary intrusion of the program's intertitles signals to the viewer that the information being conveyed is important, objective and reliable.
Typically, the decidedly unglamorous footage of the addict indulging is introduced by the addict's valorization of the drug or behavior. Often the description of the substance is compared to sex. For instance, Tiffany, a former Pentecostal youth minister who recently began stripping to pay for her habit, describes her experience with heroin: “It's like the best orgasm you've ever had times twenty.” (S13, E7). On their own, these sexualized descriptions might leave the program vulnerable to charges of glamorizing drug use. However, on Intervention, this valorization of the drug is always qualified and/or contradicted by an intertitle that disseminates institutional information about the dangers of the drug. Hence, the addict becomes the unreliable narrator of his own story. For instance, Ryan describes the sensation of drinking the first beer of the day:

Ryan: Getting that cold can, opening it, having it warm your belly and immediately afterwards. Mmm. That’s pretty awesome.
Intertitle: “Excessive alcohol consumption can cause esophageal bleeding, liver cancer and death. American Liver Foundation. (S12, E9)

Clearly, Ryan’s romantic description of alcoholism is definitively contradicted, leaving no doubt
that the addict's own account of his behavior is distorted and unreliable. The intertitles represent
the authority of the voice of the text over its subjects as the program separates the true from the
false by dismissing certain discursive accounts and privileging others. These dry, verifiable facts
about addiction are drawn directly from established cultural institutions including medical
associations, law enforcement, and government research organizations. Significantly, statistics
about 12-step groups—often difficult to come by due to the groups' principle of anonymity—are
not offered. Thus, in spite of the prevalence of 12-step programs in the treatment of addiction and
the incorporation of 12-step approaches to addiction into most institutional treatment programs,
information about 12-step recovery is conspicuously absent from Intervention's most didactic
pedagogical strategy. Instead, the program disseminates only knowledge associated with
established scientific and governmental institutions; this omission suggests that Alcoholic’s
Anonymous (A.A.) and other 12-step programs with their emphasis on spirituality, their non-
hierarchical structure and their resistance to commodification, do not fit in with the culture
industry-approved construction addiction. As Alexander notes, in the uncertain field of addiction
treatment, A.A. “provides the closest approximation to a success story” (Alexander, 2010, p.
294). Furthermore, as most treatment centers lean heavily on 12-step ideology, this omission is
doubly conspicuous. Arguably, the treatment offered by mutual-help groups conflicts with the
private for-profit treatment centers that not only provided treatment for Intervention’s addicts, but
also advertised during the program. Finally, and perhaps most importantly, the institutional
character of the knowledge presented by Intervention’s intertitles devalues the experiential
knowledge of the addict.

The testimony of the family and friends of the addict often directly contradicts the addict's
own testimony. The editing of the program tends to privilege the accounts of those who surround
the addict in order to present the addict's worldview as distorted by the irrationality that
accompanies addiction (Kosovski & Smith, 2011):
Martina (Miriam’s sister): It's horrible. She's not a good mom at all.  
Miriam: I feel dumbfounded that anybody would think I'm a crappy mother. It hurts...I do nothing but do things for everybody else but myself. It's time for me now.  
Kara-Leigh (Miriam’s Daughter): She's a very selfish person. (S12, E8) 

Here, an addict who assures the viewer that she is a good mother is proven to be irresponsible or even dangerously neglectful. The presentation of one truth claim followed by a contradictory claim privileges the final speaker. Here, we see the addict framed by two competing discourses that contradict her own account of her world. As a result, the sequence of the shots in the program's montage supports some of the claims by its subjects and dismisses others. While the addict has the opportunity to contribute a personal narrative about herself and her addiction, it is the accounts of the family and friends that come across as more reliable and believable. 

Again, as viewers, we assume that the addict has a split-subjectivity (Denzin, 1991; 1993); she is simultaneously craving the drug/behavior and wishing she could stop, and the addiction makes the addict do things she normally would not do. In turn, the addict’s family reinforces the unreliability of the addict as caused by this split by discussing her in terms of duality caused by a narrative fall; the addict is an essentially good person transformed by her addiction: “Brooke (Cher’s daughter): You could get someone totally fun and happy...then she has another persona that's violent and really mean” (S12, E2). This sense of being transformed by drink, drug, or other behavior is extremely common on the program, and at times is characterized with the familiar Dr. Jekyll and Mr. Hyde comparison (S11, E6; S12, E9; S13, E8). Combined with the footage of the addict's behavior, the family testimonies help to construct a portrait of the addict as a person who is no longer in her right mind, a danger to herself and others, and who must be saved from herself, whatever the cost. The program teaches the audience how to respond to the addict and the addict’s social circle becomes a biopolitical disciplinary institution to nurture the addict back to health. By extension, the knowledge created by the program disciplines a way of looking at the addict and addiction for the audience. There is no uncertainty, only denial; the program provides
evidence that the addict's worldview is out of sync with those around her.

This distorted worldview is also constructed through the juxtaposition of abnormality with normality via the program’s montage. For example, we see Elena, a 65-year-old grandmother, snort methamphetamine through a red straw from a mirror (S12, E2). As if the sight of this elderly woman inhaling lines of crystal meth was not shocking enough, the program then crosscuts footage of Elena's grandson waiting for her to arrive with his grandmother weighing marijuana to sell to support her addiction. Elena clearly does not fit the profile of the stereotypical trailer-dwelling tweaker, and the juxtaposition of the drug imagery with a small child excitedly anticipating the arrival of his grandmother is clearly transgressive and meant to elicit a moral comparison and judgment. Similarly, the footage of Gabe V., a heroin addict, shooting up in a church bathroom is juxtaposed with footage of his parents in the church hall swaying devoutly with their hands in the air (S6, E1). Here we see the alien ritual invading the more familiar sacred ritual (Manderson, 1995). Just as Manderson describes a non-Catholic shifting uncomfortable in the pew during mass, we are not only exposed to a ritual typically seen only by other addicts, but we also see two rituals—one sacred, one profane—coexisting in the sacred space of the church. The effect of this juxtaposition is a sense of horror at the addict's behavior; we are simultaneously fascinated and repulsed by what we see and hear, and we marvel at the irrationality of active addict. At the same time, Intervention also works to create empathetic portrait of its addicts; this is no mean feat in light of the graphic nature of the imagery.

**Building a Sympathetic Addict**

All cultural texts strategize an affective relationship with their audience (Gray, 2008), but Intervention's raw emotion invites an intimacy that distinguishes it from most of the other programs associated with the reality television genre. Yet, the explicit imagery of the
Intervention's addicts as well as their often-disturbing behavior presents a significant challenge in creating a sympathetic subject for the audience. Of course, Intervention must cultivate a sympathetic relationship between its viewers and the addict and/or the addict's family in order for the suspense of the program's final act to matter; we need to care about the result. Thus, the program mobilizes two of its more effective rhetorical devices, its trademark intertitles, and its slideshow sequence of family photos, to help construct an empathetic portrait of the addict.

One of the most affecting and effective devices of the program is its method of presenting the addict's backstory by placing the narration of the addict, family and friends over a slideshow of childhood photographs and, occasionally, home movies. It is also one of the program's more significant departures from the practices of the observational documentary, although it recalls a similar device used in Ken Burns’ PBS documentaries. Like the program's intertitles, this sequence represents the assertive voice of the text; the deliberate juxtaposition of the narration and imagery is mobilized to evoke an emotional response from the audience. Over the years, the program's imagery during this segment changed only slightly; in later seasons, these images were presented as if they were in a family photo album, with the camera zooming and focusing on the individual images as various memories of the childhood of the addict are evoked.

First, the photo sequence establishes the normalcy of the addict. Most often, one or more of the addict's parents talk about the birth of their child, as we see images of the addict as an infant: “Mother: I was just in love with him the first minute I saw him. He was just so pink and so blond. [Giggles] Ryan! He's just always been special” (S12, E9). Here, the program engages with the near-universal feelings associated with becoming a new parent. Sometimes, the family discusses the addict in terms of her potential for future success or as being exceptional in some way (e.g., highly intelligent, especially talented, etc.). For instance, oxycodone addict Zeinah is described as “exceptionally pretty” and “reading at a college level in 5th grade” (S11, E7). For Zeinah’s family, part of the tragedy of her addiction is her failure to reach her full potential. At other times,
the praise is more banal. As methadone addict Jimmy’s mother claims, “He would do anything for anybody. Jimmy would give his last nickel to anybody that needed it.” (S9, E5). There is a comfortable familiarity to these descriptions; even if we cannot relate to the addict we can relate to the family’s expectations and hopes for them. Furthermore, the depiction of the promise of the addict in childhood upholds the neoliberal promise that everyone has an equal opportunity to achieve and be happy in our society as a biopolitical ideal; addiction is the deviance which threatens this norm. The comfortable familiarity of the depiction of the addict in childhood reinforces the universality of the American ideology of equal opportunity.

Most importantly, these descriptions—whether exceptional or banal—contrast sharply with the trauma experienced by the addict. These traumas include horrifying stories of neglect and physical and sexual abuse. The effect of the juxtaposition of these incidents with the childhood photographs of the young addict smiling beatifically for the camera in school photos, family portraits, and home movies can be chilling. For instance, Miriam recounts the physical abuse at the hands of her father: “His watch, I remember, would hit me, you know? He wore a big watch. And I remember the force of him hitting me so hard across my face it took some of the skin off my face.” (S12, E8). As she describes the abuse, the scene alternates between a talking head shot of Miriam and an image of Miriam as a child with a seventies-style perm smiling at the camera (Figure 4-4). Intervention’s photo sequence humanizes the addict, and serves as a reminder of the “ease with which the normal can become abnormal” (Manderson, p. 802). In these pictures we recognize our brothers, sisters, mothers, fathers, and ourselves.
Finally, Intervention’s photo sequences serve to convince us that there is a direct cause-and-effect relationship between addiction and trauma. As Kosovski and Smith (2011) note, the attribution of the cause of addiction to a trauma endured by the addict is one of Intervention's most stable tropes. Often the trauma is related to directly to one or more of the addict's parents: sexual abuse, physical abuse, abandonment, divorce, overly permissive parenting, overly strict parenting, etc. Other causes have included car accidents, fires, and, ironically, in one episode, the trauma is an embarrassing childhood appearance on a reality program (S11, E8). The text’s use of this device is assertive and didactic; it posits a direct cause/effect relationship between trauma and addiction. While this cause/effect relationship may explain some addictions, and perhaps especially the low-bottom addictions featured on Intervention, trauma is not a prerequisite for addiction as Intervention would seem to assert.

In his work on the depiction of alcoholism in the Hollywood film, Norman Denzin argues that the search for an explanatory frame for alcoholism is a staple of Hollywood film and critical responses to it: “Hollywood (and the critics) will not give up in their search for a cause of
alcoholism” (p. 65). Denzin's analysis suggests that the dissatisfaction of critics with the explanation—or lack thereof—in the alcoholism film parallels the wider anxiety that results from the failure of medical science to adequately operationalize and effectively treat addiction (Alexander, 2010). In contrast, Intervention presents a causal frame for addiction, thereby resolving the anxiety associated with the “ease with which the normal can become abnormal.” By intervening into the addict’s lives, the depiction promises that the non-addicted family member is not powerless in the face of the addiction of a loved one. By extension, as the audience we learn the ways in which we can respond to addiction in our own lives. For Intervention, the causal frame also serves a narrative function; it explains the otherwise inexplicable behavior of the addict and allows for the construction of the addict as a sympathetic subject (Room, 2003) even as the program warns us not to trust the addict’s discourse.

The Addict as Object

In both self-narratives in the tradition of Alcoholics Anonymous (A.A.)—including addiction memoirs—and fictional depictions of addiction recovery, the alcoholic/addict typically has the “moment of clarity” (Denzin, 1993) spoken of in 12-step recovery or the “vital scene of recognition” Denzin (1991) attributes to the alcoholic hero:

[This scene is] where the alternative between continued self-destruction and recovery is dramatically clarified. In a moment of insight and bravery the alcoholic hero confronts the truth about himself. This turning point experience and the struggles that surround and follow it mark his heroism. (p. 42).

The addict’s agency in his own recovery is essential to both the A.A. narrative and the fictional recovery narrative: both correspond to what, in narrative terms, might be described as an epiphany. For the A.A. member, this moment is, somewhat contradictorily, the moment where the addict surrenders to his powerlessness; in this surrender, the addict literally takes the “first step”
towards sobriety. For the fictional alcoholic, this moment of clarity signals the transition from tragic to heroic figure. Importantly, the final victory of the heroic alcoholic/addict in fictional media is often signaled by the adoption of the tradition of the self-narrative in 12-step recovery; most often we see the addict in a group setting reciting the now familiar introduction, “My name is ___, and I’m an alcoholic.” In this introduction we see the addict begin the process of recovery by creating a self-narrative that acknowledges the addict identity, but also embraces a new, sober identity.

Crowley (1999) finds that this tradition of identity acquisition through storytelling can be traced back to the oral traditions of the early temperance society, the Washingtonians. Furthermore, Hanninen & Koski-Jannes (1999) note the ongoing importance of the tradition of the self-narrative in several approaches to addiction recovery. Similarly, Cain (1991) emphasizes the importance of the personal stories of recovering alcoholics/addicts in the construction a new sober identity, especially in Alcoholics Anonymous. The ubiquity of the self-narrative in A.A. literature and during “speaker meetings” provides both a forum and a feedback mechanism for addicts. For Cain, the self-narratives are a “cultural transmission” fulfilling three distinct functions:

[First] they encode many of the beliefs, propositions, and interpretations that new or potential A.A. members learn through listening. Second they encode a model of what alcoholism is and what it means to be an alcoholic…Third, the A.A. story is a cognitive tool, a mediating device (Holland and Valsiner, 1988) for self-understanding… The personal story is a cultural vehicle for identity acquisition. (Cain, p. 125)

In 12-step programs, members learn about addiction from their peers’ autobiographical accounts of their recovery. In turn, by constructing their own recovery narrative, the addicts come to understand themselves by seeing themselves in and through the narrative. Finally, for the alcoholic/addict, the addiction narrative is constitutive of a new, empowering identity.

However, unlike the heroic depiction of the recovered addict in the alcoholism/addiction
film, *Intervention*’s primary conceit of the surprise confrontation denies the addict the agency of the moment of clarity. The addict is forced to submit rather than having a “moment of insight and bravery”. On *Intervention*, agency belongs to the family and the producer/filmmaker. Consequently, this transfer of agency works to resolve the anxiety associated with the proximity of abnormality and normality in the family environment. While the ultimate decision to go/not go into treatment belongs to the addict, the coercive nature of the intervention in front of a camera is designed to give the addict only one viable option by mobilizing the power of the institution of the family. Crucially, this moment is framed as a choice for the addict. Biopower is pastoral and nurturing rather than overtly punitive—although the intervention clearly straddles the line between punishment and discipline. Additionally, the intervention itself contrasts the view of addiction held by 12-step programs such as Al-Anon which counsels the friends and families of addicts to “detach with love” (Orford, 1994) rather than to attempt to force a loved one to get sober; this is not to say Al-Anon’s method represents the truth of addiction, but rather to acknowledge the very different discourse represented by *Intervention*’s methods. Regardless, on *Intervention*, we see the micro-techniques of disciplinary biopower working through the family and through the surveillance imposed by the camera. Warhol (2002) notes a similar strategy of representation in Victorian-era accounts of problem drinking. In these novels, the problem drinker is rarely given subjectivity in the text, rather he becomes an object whose struggle and ultimate fate is transmitted through the discourse of other characters.

Just as the agency of the addict in *Intervention* lacks the heroism of the alcoholic hero in film, the audiences' identification with the addict is limited by the narrative strategy of the program that privileges other accounts over the addict's account own of his life. We may root for the addict, and certainly, the program employs strategies to make sure that we do. However, until the final narration from the addict at end of the program, we understand that the addict is not narrating from a place of sobriety, as he/she might be in a 12-step meeting. Rather, we are on the
family's side and we want to see the addict returned to health for the sake of the suffering family. The audience’s alliance with the family justifies the coercion of the intervention. However, as required by neoliberalism’s false moralism of “choice,” this coercion is presented as a decision the addict must make to conform to the norms of society. Alternately, the addict can face the consequences of her “choice” to continue her deviant lifestyle. So, the program informs us that the pre-intervention addict is narrating from a place of denial or at least resignation; of being completely caught up in the addictive lifestyle and unwilling or unable to see the true circumstances of her current condition. So, any identification with the addict is measured against the knowledge that the addict is narrating from a place of sickness rather than recovery. In order to begin this recovery, the addict must first submit to the biopolitical spectacle of the confession (Foucault, 1978).

The Confession

The trope of the “confessional” is ubiquitous in reality television texts. However, there is a qualitative difference in how the trope is used in conventional reality TV and how the confessional is implemented in recovery television. In the reality format, the confessional is generally a convention for the subject to deliver an uninterrupted monologue to the cameras away from the other subjects, usually reflecting on a scene that just happened or, in game-docs such as Survivor, sharing a strategy. On Intervention, there is the sense that the subjects are truly confessing when they describe the effects that addiction has on their health. They are submitting to a communicative act that is analogous to what Foucault called the medicalization of the confession (Foucault, 1978, p. 67); to become healthy one must confess one’s sins and reveal all of one’s secrets. Only now these confessions are not in the private setting of the patient/doctor or confessor/priest, but rather are spectacularized for public consumption; here, the confessions
mark the moment where medicalization meets spectacularization. These secrets become the means by which the power exercised on the addict in the program becomes both justified and necessary. For example, Nick describes the severe infection contracted from injecting heroin: “My blood was infected, and it was so bad, and so much rotten flesh and so many infected parts. They said I nearly lost my left arm from the elbow down” (S13, E3). Nick acknowledges the effect that addiction has had on his life—as all of Intervention’s addicts do at some point—but he is more revelatory than contrite; his description is for the audience and serves to remind us of the serious, life-threatening nature of his addiction, and he provides us with the evidence of abnormality that justifies the coercive power of the upcoming intervention.

Foucault was particularly interested in how sexuality becomes a node for the transfer of power by incorporating issues of fertility, health and social norms. Accordingly, Intervention works on all these levels, often displaying a salacious interest in the sexual behavior of its addicts, especially those female addicts whose severe addictions often drive them into sex work or exploitative sexual arrangements with financially secure men. However, it is not always the addict herself who reveals these details. For instance, Martina reveals that Susie relies on “sugar daddies” to sustain her habit: “She has one older man that pays for her rent. She parties with other men so she can get drugs. All she has to do is some kind of sexual favor” (S12, E8). At other times the intertitles will convey similar information: “Susie receives up to $3000 a month from her male friends” (S12, E8). This “telling” rather than allowing the addict to confess is a further denial of the agency of the addict in the text. Consequently, the addict is also denied the transformative power of confession; the addict becomes an object of the text rather than a subject within it (Warhol, 2002). Additionally, the interest in female sexuality recalls the archetype in the alcoholism film that Denzin called “the fallen woman” whose addiction results in non-normative sex behavior: “Her fall is directly related to the violent sexual troubles her alcoholism creates. This connection between sexuality and heroism does not occur for the male alcoholic” (Denzin, p.
71). This is not to suggest that Intervention posits a connection between sexuality and addiction that is derived from fiction, but rather that the program's interest in the sexual behavior of its female addicts adheres to hegemonic gender characterizations that define women by their sexuality. Regardless, during Intervention’s confessions the addict contributes to a body of knowledge about herself that can be implemented in the service of liberating her from addiction and allowing her to reclaim her previous social status. However, Intervention must reckon with the pathological family first.

**Enter the Interventionist: Diagnosing the Family**

For Intervention, addiction is a family disease, both in the sense that the action of the program takes place in a family context, and that the family environment is often depicted as the source of addiction or the environment that allows addiction to thrive. The work on the family is done during the “pre-intervention” midway through the episode. This is the moment at which the interventionist arrives. It is the crisis point at which the addict—and the family—will either be saved or will continue to languish in addiction. During the pre-intervention, the interventionist must prep the family for the singular goal of persuading the addict to accept the gift of treatment. Like Foucault’s clinician, the interventionist possesses the authoritative knowledge necessary to help the family and the addict. Unlike the clinician, the interventionist is almost always an addict herself, and she has come by her knowledge through experience more than through formal training. She has unique insight into the behavior of both the addict and the family, and the interventionist situates the viewer in relation to the subjects featured on Intervention—she tells us who is healthy and who is sick. However, the consequence of the involvement of the interventionist for the family is that she also diagnoses other family members as pathological.

One of the more consistent tropes on the program—established in the formal elements of
Intervention and later addressed by the interventionist—is to cast family members or other loved ones in two particular roles: the enabler and the tough lover. Typically, enablers provide the addict with the means to continue active addiction, often by providing money, shelter, food or other support. Enablers are genuinely concerned about the addict, and cannot bear to abandon her. Enablers fear the consequences of leaving the addict to her own devices, and often believe their care is the only thing keeping the addict from homelessness, isolation or death. In clinical terms, enablers are codependent; they are as dependent on the addiction as the addict. The interventionist, in this case Candy Finnegan, informs the enabler that “turning a blind eye” (S5, E1) to the addict's behavior allows the addiction to continue: “You are loving her to death.” Most often, the interventionist must convince the enablers to temper their love for the addict with consequences for not accepting treatment, and it is presented as essential that the enablers (and the other family members) stick to this “bottom line”. On the other hand, tough lovers have distanced themselves from the addict emotionally and sometimes physically—often cutting off all contact with the addict. Tough lovers have some understanding of addiction as a disease, but still view the addict as weak-willed and morally corrupt. Tough lovers may cut off contact with the addict, or express disappointment and disgust with constant criticism and verbal abuse. It is not uncommon for the tough lover to declare that the addict is “dead to me” (S5, E1). The addict may have more than one loved one cast in either of these roles, which are both constructed as unhealthy and requiring intervention similar to that required by the situation of the addict. Most importantly, the construction of the tough lover and the enabler are a means of managing viewer responses to the addict by making a limited set of viewing positions available. The depiction of the enabler addresses the moral issues surrounding addictive behavior, while the construction of the tough lover validates the disease model.

White (1998) observes that the concept of codependency “turns social pathology into psychopathology, directing personal energy toward inner healing rather than toward social and
political change” (p. 296). Therefore, the characterization of the individual family members as codependent or overly harsh makes addiction a family pathology rather than a sociocultural one. In turn, this diagnosis of the family indicates the individualizing tactics of biopower. Each family member is dealt with in turn and the interventionist’s diagnosis of their deviance accounts for the conditions in which addiction was able to thrive. These conditions are familial rather than sociocultural. The interventionist introduces us to a sick family rather than a sick society. Furthermore, Intervention’s prescription and provision of professional treatment for the family of the addict privatizes a service available at no cost in the form of non-profit support groups. Since treatment of codependency is not covered by insurance plans—by virtue of the fact that codependency effectively pathologizes everyone in the addict’s social circle—and since the program rarely mentions Al-Anon or the other non-profit mutual help groups, Intervention’s privatized model of family treatment is likely out of reach for the average family, as is the hiring of a private intervention expert to guide the family’s intervention (Kosovski & Smith, 2011).

**Toughening the Soft and Softening the Tough**

Rose (1996) argues that liberal approaches to governance rely partly on experts and expertise to simultaneously control the population and minimize actual government interference. Rather than the juridical control of past eras, neoliberalism utilizes the incentives of freedom and choice to create its docile bodies (Foucault, 1977). On Intervention, rather than appealing to the courts or other public resources, the family of the addict appeals to the private interventionist to solve the problem of addiction. In turn, the interventionist marshals the collective power of the family to strategize how best to break down the addict’s resolve. While several interventionists came and went during the program’s eight-year run, Candy Finnegan and Jeff Van Vonderen were a consistent presence throughout Intervention’s 13 seasons. As the program’s “cast”
changes weekly, the interventionist—as a character type if not the same person—provides a familiar context and authoritative discourse for viewers from week to week. The interventionist provides the knowledge and the expertise necessary to “save” both the addict and the family, and establishes control in an environment depicted as out of control. On the level of the narrative arc, the interventionist becomes the weekly Deus Ex Machina mobilized to resolve the conflict of the program by imposing an authoritative biopolitical discourse in the name of moral and physical health.

More than being health professionals, the interventionists also gain authority from experience. As addicts themselves, the interventionists are experts on the behavior of the addict; they are versed in the addicts’ language, and privy to the addict’s patterns of thought. As a result, they are uniquely qualified to intervene and persuade.

Of course, Intervention’s climactic moment occurs when the addict reveals whether or not she will accept “the gift of treatment”. All those taking part in the intervention are told they must present a united front where all stick to their bottom lines, the consequences the addict will face if she refuses treatment. These consequences include cutting off contact with the addict, cutting off financial and emotional support, and refusing to shelter the addict in their homes. All other concerns detract from the manufacturing of this moment and deviation from the script is depicted as dangerous. When the addict arrives, family members read from letters prepared for the occasion: “Your addiction has affected me in the following ways…” The interventionist tells the addict to allow the family to speak first—the addict will have her opportunity to speak at the end. The family tells the addict the pain she has caused in her family, and how she has failed to live up to her potential.

The intervention can be almost excruciatingly emotional; arguably, reality television was created for this kind of scene: these are the “money shots.” Addicts sometimes storm out after the confrontation followed closely by tearful family member. There is anger, tears, apologies and
accusations. Here the angry facade of the tough lover cracks as he weeps for the addict; often it is a male character, one who has barely shown emotion throughout the other segments of the episode. It is common that the addict remarks that she hasn't seen the tough lover show emotion like this before: “I’ve only seen my dad cry two times in my entire life” (S13, E1). We see the enabler hold steady to her bottom line, presenting a united front with the family. Finally, after all have had their say, either because she is moved by the family’s appeals and/or feels the subtle coercion of the ever-present surveilling camera, the addict typically accepts the offer of treatment even if only to avoid homelessness, ostracization, or jail.

The Coda

The final moments of the program show us the addict entering treatment, and, most often, an update on the addict’s progress. Ouellette and Hay (2008) argue that reality TV programs—especially the philanthropic or “do-good” programs (e.g., Extreme Home Makeover)—mobilize strategic partnerships with corporate sponsors in their neoliberal interventions into the lives of their subjects. Similarly, Intervention’s embrace of neoliberal approaches to addiction treatment is evident both in the final reveal of the program and in what is left out of the text’s final moments. During the program’s final act, we see the addict depart for the treatment center. Most often there is a shot of the addict seated on a plane, looking contemplatively out the window. Next, we see the treatment center’s logo and see staff welcome the addict. Then, an administrator/counselor addresses the camera to discuss the challenges that the addict will face in their journey towards recovery. As “savvy viewers” (Andrejevic, 2004, citing Gitlin, 1988) we recognize that this is a form of product placement; we understand that a transaction of some sort has taken place between the producers and the treatment facility, and this transactional process reifies recovery as a commodity to be sold or, in this case, traded for screen time. We also
recognize that this is not the cold, sterile institution of the public hospital, but rather the warm, welcoming, and transformative private treatment center.

Crucially, the treatment process itself is treated with an ellipsis; this element of recovery is left out of the text. Thus, a process that sometimes takes months for the addict elapses for the viewer with a single cut. Finally, we see the utopic space of the treatment center, often an “idyllic seaside resort-like treatment setting […]” (Kosovski & Smith, 2011, p. 854), replete with meditation gardens, palm trees, and other natural surroundings. We see the addict transformed, looking healthy, often reunited with family, effusive about the treatment process and, importantly, grateful for the intervention. For instance, as Megan W. enters treatment, she is unevenly lit with shadows across her face, and she is tired and emotional, “I want my cell phone, I want my freedom, and I want to get the ___ out of here” (S10, E3). An intertitle informs us that it is “Two months later.” Next, there is a cut to a shot of tranquil mountain scenery, then a cut to the exterior of the treatment center surrounded by palm trees under a clear blue sky. Then, we see Megan—evenly lit—smiling and looking healthy, “I feel good, I feel really good.” As Megan tells us about her experiences in treatment we see her practicing yoga one on one with an instructor. Once again, a representative of the treatment center updates us on the addict’s progress and continuing challenges. While we are assured that recovery has not been easy, the omission of the treatment process reinforces the sense that addiction recovery is a privatized transaction; addiction treatment is a consumer good that offers the not-quite-instant gratification of a financial transaction.

Alternately, for those who refuse to accept the “gift”, we find out the consequences of this refusal: “Intertitle: Two months after declining treatment, Larry was arrested for drunken driving and assault. He spent one month in jail and is awaiting trial” (S10, E3). While the consequences of declining treatment are not always so dramatic, there is always the sense that the addict has lost a valuable opportunity to stop the downward trajectory of his life.
Lower Companions: The Addiction Narrative and Class

The addiction narrative reflects middle-class anxieties regarding the precarity of socioeconomic status. Specifically, the active addict shows us the reverse of the promise of American neoliberal ideology. Just as we all supposedly have an equal opportunity to flourish if we conform to the ideology of competition and self-sufficiency, we also have equal opportunity to languish in poverty if we reject this ideology. Several cultural scholars have observed that there is a distinct middle-class bias in American television programming (Fiske, 2011; Gitlin, 2000; Gray, 2006), and others (Denzin, 1993; Levine, 1985; Rotskoff, 2001) argue that the medicalization of addiction arose from middle-class concerns. Intervention’s televisual construction of addiction derives from a distinctly middle-class view of the world that reflects the anxieties that made the medicalization of addiction possible.

According to Levine’s (1985) study of the social construction of addiction, the habitual “drunkard” was once a taken for granted part of early American society; the “pre-addiction” view of chronic drunkenness saw this behavior as either a product of hedonism or as an evil derived directly from the substance itself (i.e., “demon rum”). Levine cites the unique middle-class identity of American culture as a major contributing factor in the medicalization of chronic drunkenness as a disease, a phenomenon attributed to the “inner experiences” of the afflicted (p. 52). Specifically, the characterization of addiction as a disease whose major symptom was a loss of control explained the otherwise baffling behavior of the drunkard in a society invested in an ethic of individual responsibility:

In the 19th century, the concept of addiction was interpreted by people in light of their struggles with their own desires. The idea of addiction “made sense” not only to drunkards, who came to understand themselves as individuals with overwhelming desires they could not control, but also to great numbers of middle-class people who were struggling to keep their desires in check—desires which at times seemed “irresistible.” (p. 53).
In other words, addiction was an affliction of the body rather than a failure of individual willpower. As a discursive construct, addiction explained the inability of the drunkard to control his desires and provide for his family in a culture that revolved around individuality, entrepreneurship, productivity and self-sufficiency.

Clark (2012) argues that *Intervention* relies on “the redemptive myth of the nuclear family” (p. 233), which fits perfectly within the boundaries of television’s valorization of the middle-class, but is out of place in current approaches to addiction treatment. *Intervention*’s depiction of addiction is distinctly middle class, and through this viewpoint the program engages with the anxiety associated with the downward mobility of the addict. Of course, this downward mobility is antithetical to the American ideology of individuality and self-sufficiency. While there are certainly exceptions, most of *Intervention*’s addicts are from middle-class families, and it is from the family and the program’s intertitles that class-based narratives of addiction—and recovery—are asserted. At times, this is conveyed simply by the characterizations of the company the addict keeps, a phenomenon that recovering addicts often call having “lower companions.” For instance, Sarah P.’s family refers to her current social group as “scuzzy” and “druggy, gross people” (S13, E6). By associating with those the family views as lower on the sociocultural hierarchy, the addict reminds the family of the precarity of financial security in contemporary society. The family member’s response to the addict’s current social group reflects a disdain that is clearly class-based.

Again, the intertitles often perform a similar function. For instance, when an intertitle informs us that suburban white teenager Tiffany drives 90 miles to “run-down” sections of inner-city Baltimore to score heroin, it also warns us ominously, “In 2012, Baltimore was rated one of the 10 most dangerous cities in the United States. Federal Bureau of Investigation” (S13, E7). Tiffany, a former youth minister from a devout family, is clearly out of place in the urban decay of a city coded in the narrative as poor and black.
Not only is proper class affiliation seen as a salutary influence on the addict and the move toward poverty shown as a symptom of addiction, but the moralizing narrative about the burden of the addict giving up his/her proper role as a contributing economic member of society is constant feature of the show. Many of Intervention's subjects are depicted as drains on the system who exploit “entitlement” services such as disability, welfare, and social security. For example, Sarah is a young unwed mother, who “trades food stamps and welfare for drugs” (S13, E6). Sarah embodies the conservative argument against the welfare state (Ouellette & Hay, 2008). Other addicts are drains on their parents rather than the system: “Intertitle: Jimmy’s mother Joanie pays for his rent, utilities, living expenses and prescription drugs” (S9, E5) Here, Intervention’s intertitles engage with deep-seated parental fears of dependency and failure, middle-class anxieties that are an ever-present feature of neoliberal culture. The addict has failed to live up to the parent’s ambitions or even the assumption that their child would be self-sufficient in adulthood. These behaviors are always depicted as a part of the addict’s disease, caused by the circumstances of their addiction rather than their social milieu. Class is an evident divider between the addict and the rest of society, but the issue of class is rarely—if ever—addressed on the program explicitly. Yet, the obvious result of low-bottom addiction on the program is downward mobility.

It seems obvious that making the addict’s class affiliation correspond to the target demographic of these shows increases the audience capacity to identify with the anxieties and the pathos that permeate each episode. One fan of the program argues that it was Intervention’s focus on the middle-class addict that made the program more universally appealing:

I think this show did a really good job at portraying the other side of drugs, not just the stereotypical crackhead in the inner city, but the suburban, middle-to-upper class segment of the population that has a serious problem with drugs as well. (gaPeach, 2013)

This viewer credits the program for avoiding the stereotype of the “inner city” (read: black)
crackhead even as she engages with the same stereotype to make her point. The focus on the middle-class addict serves as a point of identification for a middle-class audience and, likely, a more valuable demographic than that associated with “crackheads.”

In his analysis of Intervention’s depiction of race, Daniels (2012) argues that the program under-represents minority addicts, and its subsequent construction of addiction and addiction treatment reflects an overwhelmingly white point of view. However, on the rare occasion when the program features working-class African Americans, the addict’s circumstances sometimes hint at the social conditions that foster addiction in the working poor. For example, African American addict Latisha (S10, E4) comes from a home where addiction, poverty and crime were the norm; her parents were both heroin addicts and her mother spent four years in prison for robbing a bank. Just as Latisha grew up with her grandmother, her own child was sent to live with relatives due to her own addiction. Latisha’s circumstances—a cycle of poverty and addiction that she has been unable to extricate herself from—are in stark contrast to those of the white middle-class addicts featured in most episodes of Intervention, and are also in contrast to the depictions of addiction which de-emphasize the socio-cultural causes of addiction.

Finally, the episode descriptions from Intervention’s official website reveal the extent that these middle class concerns are embedded in Intervention’s addiction narrative: “Tammi, 45, is an alcoholic despite being raised in an upper middle-class family that provided her with a good education and even golf and tennis lessons” (S2, E11). Here, Tammi’s socioeconomic origin is stated directly, thereby emphasizing that addiction is an equal opportunity affliction. At other times, the class status of the addict is not explicitly identified, but can be easily gleaned from the description, “Leslie is a Sunday school teacher, PTA member, soccer mom of three and a raging alcoholic” (S3, E13). Again we see the discomfort of the proximity of extremes, with normality and abnormality existing side-by-side.

Intervention clearly plays on middle class anxieties about downward mobility. The
narrative is always constructed in terms of what the addict has lost: status, employment, money, family, etc. As such, it reinforces these things as important norms of neoliberal subjectivity. From the subject position of the middle-class American ideology of individuality, Intervention provides ample opportunities for downward social comparison (Wills, 1981). Significantly, the program acknowledges the prevalence of addiction in society, but it never suggests that addiction is a social problem. Through its visual field and discursive strategies, it tacitly, if not explicitly, confirms the neoliberal assertion that “society does not exist.”

**Biopower, Intervention and Productivity**

Whereas power is often theorized as necessarily repressive, Foucault argued that power was productive. In particular, biopower is interested in the maximization of the health of the populace. The exhibition of the addict is productive to society, and disciplines subject into a kind of productive sociality in which all parties work to get the subject exposed for the good of self and society. Of course, the lived experience of the addicts who recovered due to the intervention in their lives testifies to the program’s productivity and value at the individual level. Furthermore, at the level of the audience and the larger society, Intervention’s depiction of addiction, however constrained by its commercial context, was influential and personally meaningful for many of its viewers. As we will see, some viewers learned about addiction from the program, and others found inspiration in the program that was relevant to their own struggle with addiction.

As one might expect, A&E’s cancellation of Intervention prompted emotional responses from fans on the program’s official discussion board. In fact, the discussion was often related to the perception of the program’s social value; fans mourned the loss of a program that was not only personally meaningful, but also socially important. For instance, one poster interpreted the program as at once pedagogical and philanthropic, “I think it has helped a lot of people, not just
the people featured on the show but people watching the show” (margevnv@yahoo.com, 2013). In addition to confirming the perception of the program as a culturally important text, this viewer’s comment is largely consistent with the way the program was promoted. Likewise, several posters related the cancellation of addiction to A&E’s current slate of reality programming; some targeted A&E’s recent breakout hit Duck Dynasty (2012) as an example of the cable channel’s move away from socially important programming. One fan complains, “I don’t see how A&E can cancel one of it's [sic] greatest contributions to society over promoting the Duck Dynasty group” (4thjet, 2013). Again, we see the program valorized as an important cultural form, or, in this case, a contribution to society.

Similarly, there is some evidence that Intervention’s depiction of addiction called into question some of the prevailing stereotypes of addiction. One police officer admitted that the initial attraction of the program was voyeuristic, but her post explains how the program eventually helped her to view addicts that she encountered on the job with more empathy:

Watching intervention taught me that people are rarely “born bad”. I started making more of an effort when I encountered drug addicts to learn what in their lives had led them to the place they were now with me. (Demanda, 2012)

Just as some credit Wilder’s The Lost Weekend with creating a the first relatable and sympathetic film alcoholic (Manning, 2007), Intervention’s depiction of multiple forms of addiction served the same purpose for some of its viewers

Finally, many posters claimed that the program was instrumental in their own recovery from addiction, thereby positing a therapeutic effect from watching the program. For example, DustinSmith reveals, “I too am an addict in recovery and in my opinion this show played a part in my realizing I had a problem” (2013). Fiske (1986) notes that polysemy “allows the various subcultures to generate meanings from it that meet the needs of their own subcultural identities” (p. 392), and the addict/alcoholic subculture must contend with normative ideas of substance consumption as an essential part of social life; fictional characters and reality program
castmembers are regularly shown using alcohol as a social lubricant, a reward for good behavior, a way to ease the tension after a difficult day and a means of managing emotions. While *Intervention* did not include any information about Alcoholics Anonymous or any other 12-step groups, its recovering addicts often spoke in the parlance of mutual-help recovery groups. For the addict in recovery, the program offered an important point of identification as one of the few texts where its characters do not celebrate substance use.

**Conclusion**

At the level of how addiction is articulated within the genre of reality television, in addiction treatment, and in the way the family is represented, we see the workings of biopower: coercive strategies force the addict into treatment and disciplinary strategies derived from surveillance “help” the addict maintain sobriety. These strategies are a product of the adaptation of the recovery narrative to the structural, industrial and textual constraints of the genre of reality television. In turn, this depiction serves to foreclose any possible social critique in the text by presenting addiction as a disease of the individual and the family rather than the society. The “facts” presented in this program, the “reality” foregrounded by its visual and discursive strategies, emphasize the effects on the addict, the family and also the effects of addiction on society. But as is often the case with television, where the discourse on complex issues is limited by the availability of time and determined by the rules of the genre, *Intervention* often, as Bourdieu (1999) might say, “hides by not showing.” It omits the structural conditions that potentially allow addiction to thrive in our society (Alexander, 2010): there is no discussion of issues surrounding healthcare, policy, or law enforcement. The cause of addiction is never poverty and the program does not address the association of certain drugs with marginalized cultural identity or lower socioeconomic status. The relationship of addiction to society is clinical—medicalized and decontextualized. We get the spectacularized neoliberal explanation
for addiction as a problem of the individual and family, but are denied any frame through which to understand the structural or cultural causes.

Due to the success of the program, Intervention's spectacularization of the coercive technique of the Johnsonian intervention has likely become an influential normative model of addiction treatment for millions of viewers (Kosovski & Smith, 2011). Expensive intervention was established and reified as the biopolitical norm. The value of an intervention in specific cases is not being disputed with this analysis. In local and contingent circumstances, the intervention can be an invaluable tool to save lives. However, it is the weekly example of the intervention as the solution to addiction that is problematic. The exercise of power inherent to this technique can clearly be repressive in its ability to be applied to any behavior perceived as deviant.

Additionally, the program's framing of the for-profit treatment center as the preferred method for treating addiction highlights the disparity in the treatment options available to the wealthy addict and those available to the working and middle class addict. Correspondingly, alternative models of addiction treatment—especially non-profit mutual help groups—are marginalized by the weekly reinforcement of institutional and neoliberal models of treatment. While Intervention’s addicts and experts made occasional references to 12-step programs, they are exceedingly rare considering the importance of 12-step ideology to most rehabilitation centers, treatment facilities and hospitals.

While Intervention influenced the perception of addiction for its viewers, and contributed to the recovery of some viewers, the knowledge it dispenses is necessarily incomplete and reductive due to the text’s need to present a strategic representation of addiction. The construction of the addict as abnormal—deluded, unreliable, and hopelessly irrational—serves to justify the coercive power exercised by the program’s titular manipulative device, and this device itself derives from the need of the program to conform to genre expectations. As with other shows, the need for narrative closure of a process that is always open ended and determined by multiple
contingencies ends up creating the illusion that addiction, like the resolution of any televisual conflict, is an easy problem to solve. Most importantly, it stands to reason that a text positioned as educational and more authentic than the typical reality program might be more influential in shaping cultural understandings of the complex issue of addiction than the typical entertainment text, and Intervention fails to engage with the epistemological “messiness” of addiction. While our cultural institutions continue to debate the status of addiction as a disease and the most effective treatment methods, Intervention provides a distorted but reassuring view of addiction as an easily understood and easily treatable affliction. In turn, the industrial as a pro-social, pedagogical text serves to position the consumption of the text itself as beneficial to both the audience and society at large, yet another example of biopower acting upon our actions through this cultural text (Foucault, 1978).

The chapter has shown the biopolitical function of a television program about ordinary addicts. We have seen that Intervention exemplifies the “governing at a distance” ethic of biopolitics in the era of neoliberalism, where power is exercised by a society’s social institutions in order to nurture the health of contemporary American society. The next chapter follows the recovery television genre’s return to celebrity addiction. However, with the Celebrity Rehab franchise, we see the spectacularization of the treatment of addicted celebrities in a clinical environment under the watchful eye of doctor/media personality, Dr. Drew Pinsky.
Chapter 5

The Birth of the Televisual Clinic

Following the success of Intervention (Benz et al., 2005), “real” addiction was a proven market-tested reality television commodity. However, while Intervention depicted the process of persuading the addict to accept treatment for her addiction, it did not depict the process of treatment itself. The Celebrity Rehab franchise essentially picks up where Intervention left off by providing unprecedented access to the treatment of “real” celebrity addicts. However, as will be shown, this depiction shows the extent to which the program is driven by concerns of genre and industry, rather than concern for the patients.

VH1’s Celebrity Rehab with Dr. Drew (Buchta et al., 2008) initially debuted in 2008 as a part the “celebreality” genre: a block of programming reserved for offerings including Rock of Love with Bret Michaels (2007), I Love Money (2008), and I Want to Work for Diddy (2008). For VH1, the program built on the appeal of the addiction-related reality program, an approach that the cable network previously explored in Behind the Music, Breaking Bonaduce and Shooting Sizemore. The program follows several celebrity addicts as they enter a treatment program for various substance abuse problems under the watchful eye of Viacom’s resident empathetic-yet-stern medical expert, co-producer Dr. Drew Pinsky. The success of Celebrity Rehab led to a recovery television franchise that included the spinoffs Celebrity Rehab Presents Sober House (Breitenbach et al., 2009), which followed the post-treatment progress of the participants of Celebrity Rehab, Sex Rehab with Dr. Drew (Holmes et al., 2009), which features celebrities with sexual compulsions, and, perhaps finally, Rehab with Dr. Drew in 2012, a non-celebrity version of Celebrity Rehab. Celebrity Rehab with Dr. Drew represents the next logical step in the emerging recovery television subgenre. Pinsky’s entrepreneurial approach to addiction treatment
results in a shift where the media depiction of the commodity called “addiction” becomes a branded, franchised product that can be serialized across several seasons of original programming. Additionally, Pinsky’s Celebrity Rehab acts as an advertisement for his brand of treatment; he is simultaneously a provider of treatment services, pharmaceutical rep, media producer and television star.

In On Television (1999), Bourdieu argues that being a television “expert” requires an unconscious self-censoring based on the available positions one can take in the field of cultural production associated with the television medium. As a result, standards of professionalism and intellectual discourse are lowered in order to gain the notoriety and prestige associated with appearing on television. Thus, while a professional may enjoy the benefits of being a television expert, his or her actual professional practices are often compromised as a result of the constraints of the medium; these constraints subordinate ethics, practices, and productive discourse to the creation of compelling television. In other words, Bourdieu argues that the level of discourse on television, given the limited positions available within the field of cultural production, is generally incompatible with the discussion of issues of importance. As a medical expert, Pinsky’s participation in the Celebrity Rehab franchise clearly manifests Bourdieu’s concerns. It would seem that Pinsky unconsciously compromises his ethical practice of medicine to cash in on the notoriety and financial reward associated with the career as the television expert. At the same time, it is crucial to note the concurrence of Dr. Drew’s medical career and his career in medicine.

Hesmondhalgh and Baker (2011) remind us not to dismiss the positive accounts of creators working in the cultural industry, but rather to acknowledge that they might be unaware of the extent to which the structure of industry influences their work (p. 15). In other words, this chapter does not argue that Pinsky does not care about his patients or that he intentionally provides substandard treatment, but rather that the discursive formations that determine clinical and media practices are necessarily conflated for him. As a result we see biopower and neoliberalism at the
nexus of cultural production and medical practice; the Celebrity Rehab franchise is interested in the health of its subjects, but equally interested in the accumulation of capital via the mobilization of the expertise of the free-market professional. This is the birth of the televisual clinic.

**Constructing the Television Doctor**

For Foucault, we are all products of discourse, subject to the “game of truth” that shapes the discursive fields in which we are situated. These games of truth “authorize what can be judged as true or untrue” (Danaher, Schirato, & Webb, 2000) in a given field, and while we are all products of multiple discourses, it is safe to say that some of these games are more predominant. In applying this concept to Dr. Drew Pinsky one might suspect that Pinsky is primarily a product of the discursive field of medicine. Pinsky is a licensed professional, an MD with a certificate in “addictionology” and is therefore subject to the game of truth associated with the medical field. However, Pinsky began co-hosting the sex advice radio call-in show *Loveline* while he was a fourth year medical student (“About the Show,” n.d.), adopting the diminutive “Dr. Drew” as his professional media handle to create a boundary between his medical and entertainment careers (Applegate, 2008). On *Loveline*, Pinsky’s co-hosts deliver the entertainment; shock-jock style radio personalities (e.g., “Spacin” Scott Mason and Psycho Mike) or stand up comedians such as his MTV co-host, Adam Carolla, later on *The Man Show*, act as comic foils to Pinsky’s concerned professional persona. Typically, Pinsky’s Loveline co-hosts deliver the raunchy one-liners that spice up the doctor’s sober advice. On the other hand, in media ventures such as Celebrity Rehab, Pinsky’s role as solo master of ceremonies requires attention to both the medical and entertainment aspects of the program. Significantly, Pinsky is literally the product of medicine and entertainment, his father Morton Pinsky, was a doctor, and his mother, Helene Stanton, was an actress/singer who appeared in several Hollywood films (“Drew Pinsky,”
n.d.). Thus, both literally and metaphorically, Dr. Drew Pinsky is the dialectical outcome between the field of medicine and the field of media entertainment. When he practices medicine, he is also a media personality. When he appears on television, he does so as a medical practitioner. Dr. Drew Pinsky is governed by at least two often-conflicting games of truth, and the conflation of these two discursive fields is evident throughout the Celebrity Rehab franchise.

Not unlike the addict who thinks that his addiction does not impact his ability to function at his job, Pinsky seems convinced that he is able to keep these two fields separate; he does not see his entertainment career and his medical career as having conflicting interests. For him, the apparatus of the program is an extension of his clinical gaze. Pinsky’s medical background promises “the glance has simply to exercise its right of origin over truth” (Foucault, 1973, p. 4), that this apparatus has its own history and must answer to the requirements of cultural production is beside the point.

Pinsky must reconcile two distinct occupational imperatives. On the one hand, he must treat his patients to the best of his ability within the boundaries of an agreed-upon set of medical ethics and practices. On the other hand, Pinsky is an institutionally situated cultural producer (Johnson, 2013), whose intellectual property is based on his persona, and who must produce a text that will attract both viewers and advertisers. When asked what it was like to combine “the glare of TV with the privacy of a rehab ward” (Applegate, 2008), Pinsky responds:

You could make the case that to make this ethical, we should have had an internal research board to review and make recommendations and treat the show like an experiment, like research. The practical reality is: impossible! Television owns this. We all signed a contract. We’re actually employees of a TV company. Talk about serving multiple gods—I mean, it’s crazy-making. (Applegate, 2008)

While Pinsky expresses frustration with the process of bringing these two fields together, his response also suggests that television has emerged as the dominant field in this arrangement. He nods to his ethical responsibility as a physician but argues that he is ultimately more bound by his contractual obligations to deliver a television program than to provide ethical care for his patients.
Pinsky’s many media projects suggests that he is uniquely aware of his brand and his value as a figure that represents the nexus of medical and television production fields; where others see exploitation, Pinsky sees opportunity.

**Spectacularizing Treatment**

It is tempting to look at Pinsky’s *Rehab* franchise as the commodification of the spectacle of addiction treatment. However, Foucault (1973) argues that it was actually the spectacle of illness that made the privatization of the clinic possible. He describes the process by which the illness of lower-class citizens become a spectacle because rich patrons pay for their treatment—to refuse would be read as a lack of gratitude (p. 84). In turn, this spectacularization benefits others as it serves as a pedagogical tool—a way to create new knowledge. Granfield (2004) applies a similar observation to the field of addiction treatment, observing that “addiction as a concept was and is produced by the entrepreneurial forces within a free-market, In other words, the concept of addiction is itself a “product” that has been packaged, commodified and sold to the public” (p. 34). In a sense the commodification of illness is not a new phenomenon, nor is the power relation by which the spectacularization is produced.

We can see this power relationship throughout the recovery subgenre, both in the idea that those displayed are displayed for the benefit of the audience, and in the power relation between the programs and the addicts. For example, following several alcohol related-arrests, former NBA player Dennis Rodman was given the choice to either check himself into an addiction treatment program or face a jail sentence. By agreeing to appear on the third season of *Celebrity Rehab*, Rodman not only avoided jail time, but also was able to profit from the spectacularization of his treatment. While this particular instance is motivated by juridical coercion, the mere existence of the program offers celebrities the opportunity to convert addiction
recovery into labor. For the addicted celebrity with few labor prospects and a reputation in need of repair, *Celebrity Rehab* becomes an appealing option, especially for an exhibitionist celebrity such as Rodman, but also for any celebrity who might be able to spectacularize and monetize a previously private aspect of his life. We can read this as one of the micro-techniques of biopower in the neoliberal era where we are ruled by our freedom rather than sovereign power, or, as Rose (1996) states, “by means of persuasion, education and seduction rather than coercion” (p. 50).

There is a persuasive appeal to the desperation of the subject and the addicted celebrity, faced with the need and the opportunity to recover—and get paid for it—has little choice but to accept. *Celebrity Rehab* represents the ongoing construction of the recovery TV subgenre wherein the generic shifts which are driven by structural imperatives demonstrate a confluence of biopolitics, discipline, and the neoliberal ethic of governing at a distance.

**Evolution of Recovery TV**

Mittell (2004), citing Altman's (1999) influential work on film genre, notes, “The film industry promotes multiple genres around any single movie to maximize audience appeals” (p. 16). This is also true of reality television and *Celebrity Rehab with Dr. Drew* is clearly a hybrid reality program incorporating several proven formats and appropriating genre conventions from several sources, each with their own set of cultural expectations. Among the formats recalled by the series are the special living arrangement show (*The Real World, Big Brother*) where the cast is assigned “arranged tasks and responsibilities” (Orbe, 2008, p. 348), the makeover or self-improvement show (*The Biggest Loser, What Not to Wear*), the elimination “gamedoc” (*Survivor, Amazing Race*), and the celebrity reality program (*The Surreal Life, Celebrity Fit Club*) (Holmes & Jermyn, 2004; Huff, 2006). These multiple genres come together to construct the foundation of televisual clinic.
Celebrity Rehab is most remarkable in the way it can be read as appropriating the strengths of previous recovery programs and responding to their limitations by centralizing all aspects of the control of the program including casting, setting and production. For example, like Intervention, the program relies on the physical and emotional displays of its addicted subjects. However, unlike Intervention’s format where a new addict was introduced every week, Celebrity Rehab casts several addicts at once and develops the narrative of these familiar characters over the course of a season. In turn, this makes the program much more properly serial in its design and story line. This approach conformed to viewer expectations for the weekly “docusoap” associated with VH1’s celebreality format, and also allows Pinsky to manage his patients/cast more effectively. Also, like any media depiction of addiction, the treatment process comes with its share of success (redemption) and failure (tragedy), and the ensemble cast guarantees that reunion shows and follow-ups will have their share of each. Also, these representations provide examples by which to model our own behavior. Similarly, while Breaking Bonaduce was a hit for VH1, Bonaduce’s self-destructive behavior—including a drunk driving incident and a suicide attempt—almost resulted in the shut down of production before the program could air. Celebrity Rehab’s format provided a stable structure of control by centralizing production in Dr. Drew’s Pasadena Recovery Center, a single location (notwithstanding the occasional group outing) that provided a safe, controlled environment for the potentially erratic behavior of its patients/stars. The ensemble cast also insures that the program will continue if one of the stars drops out, becomes ill, or passes away. This same structure allowed for—and perhaps required—the 24-hour surveillance of its subjects.

Significantly, this program of treatment represents a confluence between the clinical treatment of addiction and many of the formats and conventions of reality television. For instance, Celebrity Rehab recognized that the one-on-one therapy sessions with Pinsky correspond both to the reality “confessional” wherein individual cast members speak candidly
while separated from fellow cast members, as well as the larger trend towards confessional intimacy in celebrity culture (Biressi & Nunn, 2013). The daily process group meeting—a standard of treatment centers—provided a forum in which the egos of celebrity patients were virtually guaranteed to clash and provide dramatic interpersonal conflicts that drive nearly every program of the reality format. Finally, the institutional surveillance of the clinic (including night vision cameras installed in patient bedrooms) clearly corresponds to similar surveillance tactics employed in many reality programs, not to mention the increasing surveillance of the general public as both citizens and consumers (Andrejevic, 2004).

Additionally, the potentially disruptive behavior of the addict provides the possibility of “eliminating” the patients—one of the ubiquitous features of the competition reality show format. In the first season, Dr. Drew addresses his patients, “A lot of you are not going to be here when this thing ends. Either because I kick you out, or because you decide to leave” (S1, E1). Pinsky’s speech recalls not only the drama inherent in the ejections of roommates on season after season of The Real World and similar shows, but also the elimination device of gamedocs such as Big Brother or Survivor; there is a sense that any member of the cast may be “voted off the island”. Patients are frequently threatened with discharge, although they are just as frequently pressured to stay.

This premise offers advantages for cultural production. Drew’s insistence that his patients enter sober living also benefits his casting process for the program’s spin-off, Sober House, and there is also evidence of the casting certain celebrities for the conflict they might bring to the program. For example, defrocked beauty queen Kari Ann Peniche was cast in all three programs in spite of (or because of) multiple interpersonal squabbles with both cast members and the treatment staff; her repeated “elimination” reflects an inability to submit to discipline even when she is unable to discipline herself. This repeated casting shows the extent to which the acting out of celebrities is beneficial to the ratings of the program. Furthermore, Peniche’s casting is a
distraction for the patients that affects the quality of their treatment; this compromise suggests that when Pinsky’s two fields of expertise are in conflict, the televisual field wins out. Similarly, both Celebrity Rehab and Sober House cast Tom Sizemore and Heidi Fleiss together despite the couple’s allegedly abusive relationship. Clearly, a responsible treatment center would not allow patients with a history of abuse to receive treatment in the same facility, yet Pinsky signs off on this arrangement to help generate the interpersonal conflict that drives reality program ratings. Ultimately, Celebrity Rehab finds the conventions of reality television ideally suited to its stated purpose of documenting the addiction treatment process.

**Positioning Pinsky**

The press release announcing the program draws on Pinsky’s credentials as a medical professional as well as the promise of access to the “inner world” of addiction treatment:

In a television first, the highly respected Dr. Drew, a practicing MD and assistant clinical professor at Keck USC School of Medicine, will give viewers an unflinching look at exactly how the rehab process works and what it feels like for participants. Dr. Drew hopes to use his celebrity patients to humanize the process and show viewers that treatment is a viable way to break the cycle of addiction (VH1, 2007).

The initial promotion for Celebrity Rehab positions the program as a controversial yet prosocial and pedagogical text. Like Intervention, Celebrity Rehab also presents itself as a “discourse of sobriety” (Nichols, 2012). The press release promises a direct relation to reality—the program shows “exactly how the rehab process works,” and performs the important public service in its promise to “humanize the process” as it educates viewers. Pinsky, like the producers of Intervention before him, purports to tell the “truth” of addiction and to actively educate the audience.
Furthermore, Pinsky argues that *Celebrity Rehab* is unique in its depiction of addiction from the perspective of the clinician: “All the stories about addiction that are out there are distorted because they’re from the patient’s perspective. This is the medical team’s perspective. That’s a more accurate representation.” (Applegate, 2008). For Pinsky, the “truth” of addiction can only be told from the clinical perspective, and the experience of addiction is devalued as “distorted”. While other treatments of addiction privilege or even require an experiential account (Cain, 1991; Crowley, 1999; Hanninen & Koski-Jannes, 1999; McIntosh & McKeganey, 2000), for Pinsky it is only the clinician who can create a true discourse of sobriety about addiction.

**Critical and Audience Response**

As the previous chapter noted, much of the discourse surrounding *Intervention* argues that its value as a commodity is secondary to its value as a helping text. On the other hand, the critical response to *Celebrity Rehab* was overwhelmingly negative. For example, advocacy groups The National Association of Addiction Treatment Providers (NAATP) and Faces & Voices of Recovery sent letters of protest to VH1 and organized letter-writing and call-in campaigns (Jesella, 2008). Concerns included the stigmatization of addiction, which contributes to the continuing problem of acquiring funding from health insurance companies for addiction treatment (Taylor, 2008). In a January 25 letter to Tom Calderone, president of VH1, Ronald J. Hunsicker, president and CEO of NAATP, charged the show with “exploitative” treatment of addiction that threatened to “trivialize the treatment process…I can’t think of another illness for which we would dramatize the struggles of individuals in such a graphic fashion” (ADAW, p.4, 2008). As these reactions demonstrate, the program was controversial in ways that *Intervention* was not, and much of this reaction can be read as a response to the program’s failure to
effectively distinguish itself from the triviality associated with both the reality genre and celebrity culture.

If Intervention’s representation of addiction is ultimately determined by the constraints of generic television, then an argument could be made that Celebrity Rehab’s representation of addiction is overdetermined by its context within VH1’s “celebreality” programming, a celebrity variation of reality television that revitalized the floundering network (Becker, 2008). Following the debut of Celebrity Rehab, two separate accounts of the program in the New York Times characterized VH1 as “A channel known for turning bad behavior into hit programs” (Jesella, 2008, p. 22) and, more harshly, as “the nation's No.1 enabler, a cable channel that specializes in exposing and exploiting celebrities and whose drug of choice is impaired behavior” (Stanley, 2008, p. 8). Even if the producers had made a stronger effort to create a serious documentary-style depiction of addiction, its association with the network’s less cerebral offerings would likely have colored public perception of the show.

The discussion of the program on the Internet discussion board Television Without Pity seems evenly divided between those who find the program objectionable, and those who find the program objectionable but plan to watch it anyway, “It's sickening. Will I watch? Of course!” (Tinanu, 2007). Tinanu’s post demonstrates the familiar car-crash/train-wreck appeal associated with much of reality television programming. At the same time, Pinsky’s own media identity serves as a powerful paratext that significantly affects the meaning of the program for some viewers, sometimes in conflicting ways (Gray, 2009). On the one hand, some see Pinsky as a primarily ethical and concerned medical practitioner who happens to work occasionally in the television medium: “Dr. Drew does take all this very seriously and if anyone can help them, he can” (Circus Poodle, 2007). Circus Poodle demonstrates a faith in Dr. Drew that reflects his cultivated media persona. Others see Pinsky as an opportunist media huckster:
Dr. Drew is apparently so in love with the cameras that he is willing to partner with the very tasteful VH1 to put some very sick people up to national disgust, ridicule, hatred and loathing for a little more money and fame for himself. (Vetasimmons, 2008)

First, this viewer clearly finds the concept of the program offensive, and her sarcastic description of VH1 as “very tasteful” suggests that the cable channel’s original programming carries a stigma that Pinsky should have the sense to avoid. At the same time, her attack on Pinsky as “in love with the cameras” indicates a perception that Pinsky’s allows his ambition to compromise his ethics. Finally, others seem conflicted as to how to respond to the program: “[Dr. Drew] may be misguided and he may have crossed an ethical line, but his heart - based on the first ep - is definitely in the right place” (Cometgirl, 2008). Cometgirl’s description of Pinsky as “misguided” demonstrates a belief that Pinsky was either somehow led astray or simply made a mistake in participating in the program. The positive assessments of Pinsky construct him primarily as someone who is passionate and sympathetic, and these traits are consistent with the carefully constructed “Dr. Drew” brand.

**Branding Dr. Drew**

Pinsky’s media career exemplifies an extreme example of a larger trend towards brand consciousness in the medical profession. According to Kosovski and Smith (2011), columns in professional psychology associations increasingly advise building a distinctive brand through media appearances and the use of social media, an observation that points towards the ongoing privatization in the health care industry. Hearn’s (2008) discussion of the “branded self” argues, “Work on the production of a branded ‘self ’ involves creating a detachable, saleable image or narrative, which effectively circulates cultural meanings” (p. 198). Arguably, Pinsky’s brand revolves around a persona that is at once paternal and empathetic in his on-camera interactions.
We can see this in his voiceover narration throughout the *Rehab* franchise: “Eric’s family is a classic story of addiction and it’s heartbreaking” (Ep. 607). Pinsky presents himself as a caring and knowledgeable professional on the subject of addiction, and this mix of expertise and empathy is evident throughout his media career.

Pinsky’s entertainment career history is extensive and indicates a strategic understanding of the value of his brand identity. In addition to his ongoing radio program *Loveline*, Pinsky hosts a current affairs program *Dr. Drew on Call* (2011) which promises a focus “on the human—and human behavior—at the center of the story” (“Dr. Drew On Call,” n.d.), a description that draws on Pinsky’s reputation for empathy and promises expert insight into the psychology behind various media-friendly murder cases. Pinsky has proven himself to be what Bourdieu (1999) called a “fast-thinker,” a television personality that is adept at the “throw-away thinking” (p. 35) that plays well on television. Importantly, *Celebrity Rehab* was not Pinsky’s first work in the reality format. He was a consultant and commentator on the American version of *Big Brother* (2000), and since *Loveline’s* (1996) television debut in 1996, Pinsky has been MTV’s resident medical expert, contributing to shows such as *16 and Pregnant* (2009) and the unfortunately titled *Sex... with Mom & Dad* (2008). Significantly, these programs can also be categorized as exemplifying a biopolitical approach. On the other hand, Pinsky also played himself as a regular cast member on the MTV comedy *Warren the Ape* (2010), and as has made several guest appearances as a voice actor—usually playing a doctor—in programs such as *Robot Chicken* (2005), *Family Guy* (1999) and *My Gym Partner’s a Monkey* (2005). Finally, he has authored several books including *The Dr. Drew and Adam Book: A Survival Guide to Life and Love* (Pinsky, Carolla, & Fine, 1998), and Pinsky’s critique of celebrity influence, *The Mirror Effect: How Celebrity Narcissism is Seducing America* (Pinsky & Young, 2009). Pinsky’s multimedia portfolio of entertainment work demonstrates the doctor’s media savvy approach to self-promotion and brand consciousness. One former E! employee claims that this strategic brand
positioning extends to an opportunistic approach to celebrity death. “The first call was always from Dr. Drew’s publicist, who’d be on the phone pitching the kindly doctor if there was even a remote possibility that the dearly departed had a drug or alcohol problem” (Farman, 2012). This blogger’s comment demonstrates Pinsky’s understanding of his image as empathetic television doctor, but also a certain cavalier attitude towards celebrity misfortune driven by a less empathetic self-interest.

When asked if his media career is more profitable than this medical career, Pinsky responds, “Medicine, pffft. I do not make money practicing medicine. I practice because I love it and it is the right thing to do and it gives me the opportunity to do everything else” (Applegate, 2008). Here, Pinsky presents himself as a dedicated clinician whose medical work is a form of altruism that complements his work in media. However, for Dr. Drew, medical knowledge has always been an entertainment commodity, and the television has always been his clinic.

The Doctor’s Intentions

Pinsky’s book, *The Mirror Effect*, details his intentions for *Celebrity Rehab*. In particular, he critiques many of the celebrity reality programs as offering a poor behavioral model for American teens. Pinsky reacts to programs such as *The Anna Nicole Show, The Osbournes, Britney and Kevin: Chaotic, Breaking Bonaduce,* and *Hey Paula* which he groups together as “the train-wreck series” and laments the way in which “unstable individuals’ lives and interpersonal chaos are served up as entertainment” (p. 65). He argues that the failure to contextualize the “unrestrained and incomprehensible behavior of addicts” (p. 66) is the reason why these programs were objectionable:

It’s appalling that their behavior was broadcast without acknowledging all the circumstances underlying their dysfunction. When *Celebrity Rehab* was created, I told VH1 producers that my goal was to do exactly the opposite of these shows:
to humanize the celebrities we would feature, and to use the show to explain what really was behind the participants’ outrageous and inconceivable behavior. (Pinsky & Young, 2009, p. 66)

Celebrity Rehab serves the same function of the clinic; it spectacularizes pathology in order to create knowledge. Again, we can see how Pinsky’s medical and entertainment careers are conflated, as he promises that contextualizing the behavior of these celebrity addicts via his expert commentary will serve as a counterpoint to other programs.

**The Doctor Knows All**

Documentary scholar Bill Nichols (1991) describes the use of voiceover narration as a power relation between the text and its subjects wherein the authority clearly lies with the narrator and therefore the text itself. Similarly, narratologist Bal notes the omniscient narrator is “that agent which utters the linguistic signs which constitute the text” (Bal, 2009, p. 19). Pinsky’s use of this technique throughout his *Rehab* franchise is a textual assertion of his knowledge, expertise, authority and power.

Dr. Drew is depicted as nearly omniscient; he seems to see all and know all that occurs in the treatment center. This effect is created through Pinsky’s authoritative voiceover, a powerful rhetorical device that reminds us that the paternal doctor's expertise is unquestionable—if only because we are constantly reminded by the doctor himself.

Like *Intervention*’s intertitles, the doctor's narration compromises the agency of those addicts depicted on the program. While the function of storytelling is often seen as one of therapeutic means by which the addict takes control of his/her own biography (Cain, 1991; Hanninen & Koski-Jannes, 1999), Pinsky's narrative textual authority subsumes all other voices within the text. The patients own accounts of their experiences are qualified, questioned and sometimes dismissed by Pinsky’s narration. At times, the device suggests privileged access to the
pathological working of the patient’s brain, as he does in a scene with actor Jeff Conaway: “Jeff’s obsession with his back pain and his preoccupation with surgery is a manifestation of his addiction” (502). Pinsky discounts Conaway’s experiential account of his own pain and sees his complaints as a symptom of an illness, even though Conaway cannot see this himself.

Finally, these voiceovers assure us that the many devices appropriated from other reality programs—the assignment of tasks, the artificial living environment, the ejection of problem cast members, the televisual therapy sessions, the probing for sensational content in therapy sessions, and, of course, the perpetual surveillance of the cast/patients—are all part and parcel of the treatment process and not a creation of television.

Rehab as Utopic Commercial Space

Much like the way in which the coda sequence in Intervention shot and represented the private clinic as a kind of oasis for the addict, the opening shots of the program are designed to imbue Celebrity Rehab with a pastoral tranquility that contrasts with the erratic behavior of the addict. The establishing shots that begin each segment depict the Pasadena Recovery Center (PRC) as a utopic environment by associating the treatment center with nature and opposing it to the precarious environment of the city: As the camera tracks down, we see palm trees. There is a dissolve to a shot of the sun glaring through palm frond, and then another dissolve to the exterior of the PRC (Ep. 305; Figure 5-1). This brief but significant montage combined with serene music creates the sense that the center is an oasis for the patients where they are free from the prying eyes of the public and the temptations of the city. It has the look of a TV commercial, because it effectively must serve as one for multiple reasons.
Moreover, the controlled safety of the clinic is constructed in direct opposition to the dangerous space of the city which is depicted as chaotic. This construction is most evident when the cameras follow relapsing patient/musician Seth Binzer on his last binge before returning to rehab: first, we see another exterior shot of the PRC, and the camera tracks slowly backwards. The next shot is of LA traffic, which then cuts to Binzer in a car smoking crack (his sponsor is driving). The music is frantic and foreboding. Again, there is a shot of LA traffic, and then an exterior shot of the PRC, the music becomes more sedate and tranquil, and the camera tracks towards the center. These shots construct the center as the antidote to the chaos of addiction, and perhaps confirm the audience’s suspicion that the treatment center is a refuge for the wealthy celebrity.

**Dr. Drew as TV Expert**

For Nikolas Rose (1996), expertise is “authority arising out of a claim to knowledge, to neutrality and to efficacy” (p. 37) and the mobilization of experts has become one of the many ways that liberal governance rules from a distance (Murray & Ouellette, 2009). The medical
expert has been a fixture on nonfiction television throughout the medium’s history, and there is currently a plethora of programs featuring doctors that provide us with ways to manage our physical, mental and emotional health: e.g. Dr. Phil (2005), The Dr. Oz Show (N/A) and The Doctors (2008). However, Celebrity Rehab represents the birth of the televisual clinic, a weekly program where the medical treatment of patients is spectacularized and serialized for our entertainment.

According to Foucault (1973), we are all our selves a product of knowledge that is in turn produced by discourse, yet the clinician believes that his relationship to the body is completely objective, that the clinical gaze exists “prior to all discourse” (p. xv). In other words, the physician’s belief that his knowledge exists “free of the burdens of language” (p. xv) is not unlike the cultural producer mentioned earlier who is unaware of the structural forces that shape his work. In Birth of the Clinic (1973), Foucault describes the way in which discourse constructs knowledge:

What counts in the things said by men is not so much what they may have thought or the extent to which these things represent their thoughts, as that which systematizes them from the outset, thus making them thereafter endlessly accessible to new discourses and open to the task of transforming them. (p. xix)

Therefore, Pinsky’s discourse is systematized by discourses that include both his medical training and his experience as a media personality. Foucault argues that it is not only the object of the gaze that is constructed, but also the one who gazes (O’Farrell, 2005, 2007), and while Pinsky clearly joins a considerable history of medical professionals who channeled their expertise into success as television personalities, he may be unique in the extent to which these careers are interconnected.

Pinsky, often depicted with his prop stethoscope draped conspicuously around his neck, invokes his expertise in his discussions with his patients, and sometimes couches this expertise in terms that make his knowledge seem beyond question. For example, when discussing the origins
of addiction during a group therapy session, Pinsky explains, “The ingredients for addiction are
genetics plus abuse equals addiction...That's sort of the recipe” (S2, E4). Speaking to his patients,
Pinsky uses a reference to genetics to show his mastery of the body, and a math metaphor to
ground his assertion in seemingly incontrovertible fact; he is able to place the cause of addiction
into a reassuringly empirical frame. Pinsky’s genetic argument is unverifiable, but it carries the
rhetorical weight of his institutional expertise. Like Intervention, Celebrity Rehab and Pinsky
himself are preoccupied with the cause of addiction. Most importantly, Pinsky’s equation
indicates addiction is not a sociocultural issue, but an individual and moral disease. He cannot see
the social origins of disease because his discipline requires him to look for the pathology on the
body onto which the illness is inscribed, from there, “the 'glance' has simply to exercise its right
of origin over truth” (Foucault, 1973, p. 4). For the clinician, the pathology begins and ends with
the body.

At other times Pinsky relies on both his empathic persona and his expertise to connect
with his cast/patients. When former Alice in Chains member Mike Starr tells Drew that he is a
“soothing” doctor to talk to, Drew replies, “As much as anything, I understand your disease, very,
very, very well” (S3, E7). Pinsky’s emphasis is revealing here; he is highly confident in his
knowledge, and he makes sure his patients are also aware of the extent of his knowledge.
Additionally, Pinsky occasionally uses superlatives to describe his expertise. Discussing Mike’s
withdrawal from methadone, Pinsky claims, “I’m the one that knows more than anyone what it
means to come off 130 milligrams of methadone” (S3, E9). Here, Pinsky promises that he is not
only an expert, but also the expert.

In fact the only times Dr. Drew seems truly angry is when he believes that his expertise is
being challenged. During an exchange with former reality star Jason Wahler, Pinsky loses his
temper when he is interrupted:
Drew: That’s called an enabler…
Jason (interrupting): No-no-no, an enabler is somebody who actually…
Drew (shouting): I know what an enabler is! An enabler is among other things somebody who does what an addict tells him to do rather than caring for an addict enough to say, ‘_____ you, that’s your disease talking to me’ (S4, E6)

Here, Pinsky definitively rejects Jason’s own experiential account of his social circle (i.e., whether a certain person is or is not an enabler), in order to assert his own analysis of the relationship. Finally, when necessary, Pinsky reminds his patients of the institutional nature of his expertise. When Leif Garret’s behavior results in a one-on-one meeting in Drew’s office, Pinsky uses his education as a rhetorical device:

Do you see those diplomas on the wall? Would you argue with me about how to treat colon cancer…heart disease? The thing I’m really trained in and really have expertise is your disease and you’re arguing with me about what someone with your condition at your stage in your condition can and can’t do to get better. (S4, E8)

Here with the visual evidence of his multiple degrees available as an example, Pinsky decisively proves his authority and expertise. Any challenge to Pinsky’s evaluation—to the power of his tele-clinical gaze—results in a loss of composure; during these moments we see a brief lapse in his stern but caring persona.

The Tele-clinical Gaze

Perhaps the most important commonality between Dr. Drew’s two sets of occupational practices, medicine and television, is their visual nature. In The Birth of the Clinic (1973), Foucault documents the importance of the visual in clinical treatment as well as the power relation inherent in this arrangement:

So many powers, from the slow illumination of obscurities, the ever-prudent reading of the essential, the calculation of times and risks, to the mastery of the heart and the majestic confiscation of paternal authority, are just so many forms in which the sovereignty of the gaze gradually establishes itself—the eye that knows and decides, the eye that governs. (pp. 88-89)
Thus, the sovereignty of the gaze is a power relation where the balance of power lies with the clinician, and the gaze itself represents the accumulation of knowledge and all of the processes which that entails. Of course, television is also about the primacy of the visual. However rather than a means to create knowledge, television has traditionally been a means to create or capture attention. So, the sovereignty of the gaze belongs to the subject who can attract the audience’s gaze—an inversion of the enlightenment subject. Like most for-profit enterprises, television is driven by competition and the need to produce quantifiable evidence of attention, a form of the production of knowledge about the population. At the nexus of these two we have the construction I am calling the “tele-clinical gaze”. As embodied by Dr. Drew and enacted in the Celebrity Rehab franchise, the tele-clinical gaze is at once interested in both the creation of spectacle and the medical process of diagnosis. The tele-clinical gaze also represents a lopsided power relation between the one who looks and the one who is looked at. As the spectacle of physical suffering and its corresponding treatment become more common, the tele-clinical gaze defines the power relations between the power of the clinician, the power of the culture industry, the voyeuristic gaze of the audience, and the object of the gaze.

While X-ray technology extended the medical gaze into the skeletal frame of the body via technology, modern digital imaging techniques expand the gaze into the workings of our internal organs and provide a means for diagnosing the patient from the inside out (Ostherr, 2013). Pinsky uses this method in an attempt to overcome Dennis Rodman’s continuing denial of his addiction. By showing Rodman a digital image of the damage alcohol has done to his brain, he hopes to provide convincing evidence of his addiction. However, in spite of what is presented to him as incontrovertible evidence of advanced alcoholism, Rodman responds, “Alcohol isn’t gonna kill me.” Next, Pinsky’s authoritative voiceover reminds the audience that Rodman is delusional: “The damage to his brain is undeniable. The dysfunction is dramatic. This is a testament to how strong denial is in addicts” (S3, E6). For Pinsky, the visual depiction of disease is essential to
both of the fields that govern his actions. First, as a medical professional, the manifestation of disease as visual data provides undeniable proof of its existence and character. As Foucault (1973) argues, medical knowledge “is a space where analogies define essences” (p. 6). Pinsky’s historical experience of visual diagnosis is brought to bear on his current patients, and the scan verifies Pinsky’s diagnostic skill. Importantly, Dr. Drew made his diagnosis of Rodman’s alcoholism long before the process of creating a digital image of his brain; the brain scan serves to make the disease—already visible to the doctor’s trained eye—visible to the patient as well as the audience. In turn, the visual depiction of addiction symbolizes the process in which pathology is turned into spectacle for the audience and therefore capital, but also the moment where the ambiguous character of addiction becomes a concrete, undeniable visual fact for the audience. In essence, we are to identify with the doctor here, to adopt his way of seeing addiction and the world. The tele-clinical gaze allows the spectator to assume a sense of sovereignty over the addict through a gaze that misrepresents the position of the doctor.

The power of Pinsky’s tele-clinical gaze also extends into the emotional state of the addict. In other words, the observation of external behavior provides access to the addict’s psychological truth.

Drew (voiceover): As Steven gets closer to leaving the safety of the unit, his confusion and fear of falling back into addiction are causing him to act out aggressively towards others. This kind of behavior is not uncommon as patients prepare to leave the safety and structure of the treatment center. (S2, E8)

Here, Drew constructs himself as having privileged access to Adler's inner thoughts and feelings. His diagnosis is partly historical; his experience of this “not uncommon” behavior in the past leads to a unique understanding of the patient’s he treats in the present. As a clinician, Drew is able to “generalize” based on his knowledge. This is not to say that Pinsky’s diagnosis is not correct, but rather, to acknowledge the unsettling omniscience depicted throughout, the framing
of behavior as typical, treatable, and easily classifiable for Dr. Drew, and, by extension, the viewer.

There is also evidence that the tele-clinical gaze is myopic (Granfield, 2004) as Pinsky seems unable to see his own contradictions. For example, when cast member/patient Rachel Uchitel is dropped from the cast of an upcoming season of *The Celebrity Apprentice* due to her appearance on *Celebrity Rehab*, Drew reacts with anger:

> The media seems [sic] now to intrude into every aspect of treatment when you are treating a celebrity. They somehow get access to information about these people and it just amplifies their sense of being stigmatized for being addicts, for getting treatment. (S4, E2)

Pinsky’s angry response demonstrates the extent to which he is unable to see his own conflicted interests. Presumably, for Drew, there is a distinction between “the media” and his own tele-clinical gaze. Where the media exploit the celebrity addict, the tele-clinical gaze treats patients and educates viewers. Pinsky is either unable or unwilling to see the irony of taking the media to task for “intruding into every aspect of treatment.” The televisual gaze is not an inward oriented gaze reflecting on the care of the self (Bernauer, 1994). Rather, it is an objectifying gaze that is bland to its own contradictions.

**He Sees You When You’re Sleeping: Surveillance as Therapy**

Andrejevic (2004) has noted the trend by both reality television producers and cast members of programs such as *Big Brother* or *Survivor* to describe the experience of being surveilled as therapeutic. Similarly, he cites those who argue that the social experiment nature of these programs has an anthropological and pedagogical value for the audience. *Celebrity Rehab* represents the logical evolution of this mode of thinking where the panoptic gaze of reality TV
surveillance becomes the tele-clinical gaze, a gaze interested in treating pathology, but also in using the spectacle of treatment to both teach and entertain.

Figure 5-2: Surveilling sleeping patients.

In *Celebrity Rehab*, the surveillance tapes of the patients as they sleep reinforce the sense of the good doctor as “Big Brother” (Figure 5-2). The surveillance cameras are actually a standard security precaution for treatment facilities, but their presence in the program suggests a hybrid of two forms of subjectivity discussed by Foucault. The first is the gaze of the panopticon, a means of controlling those it watches, here represented by the apparatus of television. The second is the medical gaze as discussed in *The Birth of the Clinic* (1973), the clinical gaze of the physician. Together, we can look at this hybrid gaze as a manifestation of biopower, a pastoral form of power that disciplines in the interest of the health of its subject. As former Guns n’ Roses drummer Steven Adler leaves a court appearance, a reporter asks if he has any advice for struggling addicts. Adler responds, “Have your loved ones videotape using and then watch it when you're sober and see how terrible you look and terrible you act and I'm pretty sure that will help you not want to use any more.” (S1, E8). Adler's statement suggests that the actual apparatus of the show has been therapeutic for him.
This mode of surveillance also translates into compelling television, although we, the viewers, are ostensibly interested in the health of the subjects as well. Of course, the cameras are for the patients’ safety, the infrared cameras in the patient’s bedrooms allow the doctor to diagnose the patients, but also to discipline them: they reveal when the patients are oversleeping or having a tantrum. However, the extent to which surveillance in *Celebrity Rehab* and other franchise texts is actually used for social control, to create a space where subjects can be monitored for their own good and for the good of society as a whole, comes much closer to the model of the panopticon that Foucault used as “the paradigm for disciplinary technology” (Rabinow, p. 13) than the surveillance employed on reality programs to capture lascivious conduct.

**Therapy as Confessional**

In the clinical space of *Celebrity Rehab*, Pinsky resembles the “Doctor Magistrate” imagined by Cabanis, “The guardian of morals and public health alike” (p. 41). Pinsky examines the patient’s bodies and their minds. During one-on-one sessions, Pinsky probes for the truth behind the illness, the trauma that will explain it. His role as clinician and entertainer inform each other here; Pinsky applies the tele-clinical gaze to extract the confession for the benefit of the patient (Foucault, 1978), and he extracts these same details to satisfy the voyeuristic gaze of the audience. Like *Intervention*, Pinsky often locates the cause of addiction in trauma experienced by the addict. However, *Celebrity Rehab’s* one-on-one therapy sessions offer the opportunity to explore these traumatic incidents in detail.

Most often these detailed confessions are related to sexuality; sexuality is equated with trauma and the addict’s sexual behavior becomes the “truth” behind the addiction (Foucault, 1978). These revelations are especially pronounced on *Celebrity Rehab’s* more lascivious spin-
off, *Sex Rehab*. For example, during a one-on-one therapy session with Dr. Drew, Jennie Ketcham (formerly known as Penny Flame, porn star) describes her teenage sexual history: “I'd had sex with at least 15, 20 kids by the time I was eighteen. I'm a monster. Because I took so many little kids virginities. What have I done to so many men?” (S1, E2). Drew's probing interview with Jennie is undoubtedly therapeutic in one context, but disturbing to watch on television. Pinsky has two reasons for drawing out Jennie’s sexual history, one therapeutic, the other commercial. For reality television, controversy and titillation equals ratings. This ambivalence is at the heart of the program informing Pinsky's behavior as he wears the dual hats of clinician and producer.

**Discipline and Biopower**

In addiction to the apparatus of surveillance employed in the *Rehab* franchise, Dr. Drew and his staff regularly enforce more explicit forms of institutional discipline. For instance, the prescription and dissemination of psychiatric medication is one of the many foci of the program; Pinsky regularly needs to adjust the meds of his patients, either to reduce their discomfort from withdrawal or to treat certain personality disorders. During season five, Bai Ling is prescribed anti-psychotic medication on her second day at the treatment center. Dr. Drew’s voiceover explains this decision: “I prescribed psychiatric medication for Bai Ling because she’s been exhibiting unusual thinking and extreme emotional behavior” (S5, E2). While the prescription of medication is clearly under the doctor’s purview, his diagnosis for this prescription—“unusual behavior” and “extreme emotional behavior”—is nebulous at best; these would seem to be symptoms that anyone might display during a stressful situation. After only two days of experience with this patient, Pinsky treats what he perceives to be Bai Ling’s abnormal behavior
with powerful psychopharmacological drugs (e.g., Abilify and Trazodone). Here we see a disciplinary use of drugs in the televisual clinic consonant with their historical use for “maintaining order, calm, and keeping patients quiet” (p. 235). Therefore, addiction and its related “unusual behavior” can be treated by chemistry, another commodity.

The patients in the *Sober House* are not as well surveilled as they are in the clinic. Unlike the Pasadena Recovery center, there are no cameras that monitor the patients while they sleep. As a result, when the apparatus of surveillance fails, Pinsky must employ other methods to discipline the patients in the televisual clinic. Responding to a crisis at the sober house, Pinsky explains, “I don't really know what I walked into here. The first order of business is to get everyone separated and attend to each person individually. Get this house under control” (S2, E5). Here, Pinsky’s actions draw on the micro-techniques of biopower, where control can be established through individualization. At other times the discipline of the sober house residents is delegated to other staff members, presumably under Pinsky’s watchful eye. For instance, when the residents of the sober house stay out past their curfew, rehab staffer Will brings the hammer down: “Okay here are their consequences. Everybody loses their cell phones right now…and tonight before you go to sleep you have to write 150 words saying why do I sabotage my recovery” (S2, E3). The resident’s punishment is almost comically patronizing, but each submits to Will’s demand. While the program depicts this punishment as for the resident’s own good, in fact, the punishment is a sham. As Ketcham’s (2012) memoir notes, the show’s producers had expressed discontent with the uneventful nature of the program’s shoot thus far. Consequently, the residents planned to break curfew—and warned the house staffers in advance—in order to create some much-needed drama for the program. So, the dominant logic here is televisual rather than clinical, yet the disciplinary implications of this spectacularization remain salient.

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2 Pinsky’s mention of the drugs by brand name seems significant in light of the 2012 case in which he was accused of taking money to promote GlaxoSmithKline’s products.
Dr. Drew carries out the most severe disciplinary action in consultation with another physician. In the final season, when a patient, Drewbee, refuses to commit to further treatment, Pinsky and fellow clinician, Dr. Sharp, decide that rather than let him sign himself out, they will pursue legal action to administer a “psychiatric hold”:

Dr. Drew (voiceover): The reason why Drewbee seems so blunted and disconnected is his brain is not working right. He is in severe withdrawal. He has profound addiction, and has incredible denial because of that. And I reviewed his record and it turns out he’s had several severe head injuries and that can further impair his judgment. And that could get better with time. But right now, to allow his brain to make the judgments about treatment, will in fact lead to his death. We think he meets the criteria for a psychiatric hold. (S6, E9)

Drew explains that while they are not allowed to hold addicts against his will, Drewbee’s refusal to continue treatment jeopardizes his life, or, as Pinsky confidently asserts “will in fact lead to his death.” This rather extreme exercise of power is justified by Pinsky’s near-clairvoyant prediction and his authoritative and unassailable diagnosis of his condition. Pinsky’s colleague Dr. Sharp supports and collaborates with him, thereby easing the transition to more harshly disciplinary tactics. This action is taken to protect Drewbee from himself because he has proven unable to sufficiently manage his own life without the help of the clinician.

**Televisuality as Therapy**

Pinsky knows that the therapeutic is televiusal, but he also believes that the televisual is therapeutic. However, this idea does not originate with Pinsky. We can see it in the daytime talk show where confrontations, reunions, and confessions are presented as therapeutic (Grindstaff, 2002), and also previous reality texts, behind-the-scenes documentaries, and the tell-all celebrity interview where the celebrity is encouraged to work through his/her dysfunction on camera (Andrejevic, 2004; Nunn & Biressi, 2010). However, the *Celebrity Rehab* franchise is unique in
its insistence that it is providing medical care and teaching its audience at the same time, and all elements of the production are mobilized in the interest of these goals.

For Dr. Drew, the medical and televisual aspects of addiction represent the confluence of his two fields of expertise, and they inform each other rather than conflict with each other. So, the depiction of the withdrawal process becomes a device to educate the audience about the horrors of addiction. When Mindy McCready has a seizure, falling to the ground shaking her head with spittle on her lips, she is fortunate to be both under the care of Dr. Drew and the program. Furthermore, her seizure translates into both compelling television and pedagogical spectacle. The obsessive repetition of this scene in previews, teasers and recaps is justified because it fulfills the expectations of both the medical and entertainment fields.

The various therapeutic treatments prescribed by Dr. Drew provide much-needed variety in the program’s visual representations; the patients are out of the clinic, but still under Pinsky’s care. That these treatment techniques are drawn from archaic confrontational therapies of the 1960s and 1970s is irrelevant as long as they produce televisual evidence of a breakthrough for the patient (White & Miller, 2007). These “attack therapies” (p. 6) include the spectacle of patients smashing old cars in a junkyard with golf clubs and sledgehammers in a cathartic rage, or screaming as they throw paint at the walls to create an artistic expression of their pain. Other techniques are more sedate but no less televisual; we see the patients drawing representations of their trauma during art therapy sessions, or bonding emotionally with horses and dogs during animal therapy. Finally, there are group outings that are both therapeutic for the patients and suitably picturesque for television. For instance, Pinsky arranges a trip to the beach for the patients which includes a Hawaiian luau replete with tiki torches and non-alcoholic drinks in hollowed out coconuts. All of these experiences presumably contribute to the patients’ recovery and enhance the audience’s viewing experience, thereby satisfying the dual imperatives of Dr. Drew’s medical and televisual careers.
The logic of TV production requires the big moments, and *Celebrity Rehab* provides this in the form of the end-of-season “recital” usually in the form of a musical performance by one of the residents. One could imagine that this would be a prerequisite for some of the participants in contract negotiations for their appearance on the show, but Pinsky’s narration presents the recital as a therapeutic breakthrough moment for the performer where she returns to her true calling/true self. For instance, during a therapy session former *American Idol* contestant Nikki McKibbins reveals that she has been unable to write or perform since her mother’s death, and, in fact, has never performed sober (S2, Ep 7). Dr. Drew’s voiceover informs us, “In order for Nikki to move forward after she leaves my care, overcoming her block with music could become quite important.” (S2, E7). Clearly, the audience is primed for the redemptive moment where Nikki performs sober for the first time. In the following season, Mindy McCready has a similar therapeutic breakthrough/performance which includes a slideshow featuring photos of each cast member as the cast is overcome with emotion. Of course, the music performances are consistent with VH1’s brand identity as a sometimes/erstwhile music channel.

**“These Cameras”: Pathologizing Resistance**

Several times during the first season cast members acknowledged the challenge of recovery process in front of the cameras. During a one-on-one therapy session, disgraced ultimate fighting champion Ricco tells Pinsky, “I’m not going to tell you that in front of the cameras” (S1, E2). One must question the efficacy of a therapy session dependent upon intimacy between the participants. Pinsky may well want to provide his patients with the best care possible, but even those in his care seem to doubt whether a reality program is the proper venue for treatment.

When a patient inevitably and justifiably objects to the constant presence of the cameras, the objection is reformulated as a lack of commitment. For instance, Daniel Baldwin’s problem
with the program’s surveillance methods (Figure 5-3) opens up a dialogue about the apparatus of the show interfering with the recovery process:

Daniel: I think that there should be five minutes without cameras on. Because, it’s a show, but when we are in the middle of a conversation we have to do this… [we see a crewmember adjusting a microphone rig].

Drew (voiceover): Even though these are extraordinary circumstances people are getting used to the fact that there are cameras around. And they are showing themselves to be incredibly courageous and honest. Everyone that is except Daniel who seems to come up with endless reasons to focus on anything but his recovery. (S1, E6)

Here, Daniel’s objection to surveillance is reframed as a lack of focus rather than a reasonable complaint. Through this incident Pinsky also manages the affect of his audience, by foreclosing a subject position which questions the authority of his tele-clinical gaze. Although Dr. Drew does call for a group meeting to discuss the patient’s comfort level with the cameras, Daniel is depicted as an addict who is not serious about his sobriety. Subsequently, Baldwin becomes something of a villain on the show. After he leaves treatment, allegations of flirtations with fellow patient Mary Carey surface, and the infrared bedroom cameras show Baldwin sending her texts. The implication is that Baldwin was an unhealthy presence in the center, and his absence will help the patients who continue treatment.

Figure 5-3: Daniel Baldwin and “these cameras.”
At times, pathology is a convenient alibi for Pinsky. In the final season, Pinsky uses Drewbee’s problem with the cameras as an opportunity to construct the ongoing objections to the surveillance of the camera as yet another symptom of the disease of addiction. Drew’s voiceover is combined with footage of addict’s from previous season reacting negatively to the camera:

Dr. Drew (voiceover): It seems like every year early on in treatment one of the patients takes issues with cameras. The patients say its about the cameras, but its really not. It’s about focusing their negativity which is a way to distract them and move away from their unpleasant feelings. (S5, E2)

We could look at this quote as a defensive maneuver on Drew's part, as he minimizes suggestions that the constant surveillance of the cameras is a negative influence on the patient’s recovery. More importantly, Pinsky demonstrates that any of the patient’s discourse can be attributed to their disease; the patient has become “the disease itself”; her identity is entirely defined by her pathology and everything the patient says derives from this pathology. Contrary to the DSM move from disease as phenomena, with a distinctive ontology, to disease as symptom clusters, Pinsky is acting as if the disease is a kind of parasitic host. The disease is the truth of the addict, and the “truth” is that the addict can never be trusted. In the neoliberal society, the addict as deviant is unable to thrive due to her refusal to conform to the culture’s norms.

**Dr. Drew vs. Production?**

In her memoir, *I am Jennie* (2012), former *Sex Rehab* and *Sober House* cast member Jennie Ketcham provides some insight into the tension between being a patient in treatment and the need to deliver appropriately televisual drama. Of the material about former patient/cast members reviewed for this project, Ketcham’s memoir is the most forthright about the level of manipulation involved in the production of the program. And while she credits Pinsky as instrumental in her recovery, she also admits that the program does not constitute “real” rehab.
Ketcham acknowledges that her appearance on *Sex Rehab* was initially a way to publicize her pornography career. However, she eventually embraced recovery, retired from porn, and quit drugs. She is forthright about the need to perform for the benefit of the program, but she argues that the production crew attempted to manipulate the action, rather than Pinsky himself. In fact, the memoir constructs an opposition between Pinsky and his clinic personnel and “Production” (always capitalized). Where Pinsky is portrayed as actively involved with his patients, but slightly removed from the production process, Production is depicted as applying pressure on the cast to provide the dramatic moments that make for interesting television. For instance, during an evening out with Rodman and Starr (and, of course, Production) a waitress offers the group free drinks, and fellow patient Rodman notes, “They’re gonna have to do way better than that to tempt me to drink…Look, it’s all Production buying the drinks” (p. 142). Ketcham and Rodman agree that Production is actively attempting to sabotage their recovery in order to create drama. However, her description of the incident casts no aspersions on Pinsky himself. Overall, the implication is that Dr. Drew is interested in the health and sobriety of his patients, while the production crew cares only about creating “good TV.” At the same time, as co-creator and co-producer of the program, Pinsky clearly has a financial interest in creating compelling television. While Ketcham’s account would seem to link the incident to a lapse in Pinsky’s usual omniscient surveillance of the cast and, perhaps, the crew, it stretches credulity that Pinsky is unaware of the manipulation by the production crew. A lapse in Pinsky’s omniscience is also implied in a second ethical issue that occurred during the program’s production.

Unbeknownst to the cast, the production crew assembled some of the cast’s belongings that were associated with their pre-rehab lives; their plan was to burn these reminders of their addiction in a purging bonfire. As Pinsky and another counselor look on, Ketcham realizes that

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3 Ketcham’s last appearance in pornography, *Celebrity Pornhab with Dr. Screw* (2009), was shot before her appearance on *Sex Rehab*. 
they plan to burn thousands of dollars worth of Ketcham’s possessions associated with her career in sex work. Unfortunately, Ketcham was planning to sell the items to get back on her feet after her tenure on the program ended; she feels betrayed by the program and confronts Pinsky. In his forward to Ketcham’s biography, Pinsky laments the incident as an example of “what could happen when I blinked and did not follow my instincts” and argues that Ketcham’s “uncompromising commitment to tell the truth about her journey required that I relive one of the lowest points of my work on television” (p. ix). Pinsky admits that a result of this incident, Ketcham’s treatment “was compromised for a moment, and she reacted with the full fire of someone who had experienced a violation of the honesty of her program” (p ix). While Pinsky admits that he learned a “wrenching lesson” from the incident, his language characterizes the incident in terms of a surveillance—a lapse in ethics is a diminished as “moment” where he “blinked.” Ultimately, Pinsky utilizes his foreword to reinforce his authority and attention to the details of the program. Pinsky’s choice of language suggests someone who is attempting to minimize the potential damage to his reputation, both as the creator of a text purporting to show the “harsh reality” of addiction, and a clinician dedicated to the ethical treatment of his patients.

‘It’s Just a Job:’ Recovery Labor

Even before the airing of Celebrity Rehab’s first season, the high profile relapse of one patient—former American Idol finalist Jessica Sierra—made celebrity gossip news. Pinsky testified on her behalf during court proceedings and Sierra was remanded to continuing addiction treatment, but the judge warned Pinsky, "I don't want this to be some sort of stepping stone for her to have some sort of a career as a recovering addict." (Jesella, 2008, p. 30). The judge’s admonishment to Dr. Drew underlines the fact that Celebrity Rehab marks the critical moment where addiction becomes a form of labor; the “patients” are paid for their participation in the
program. Also, for some of the celebrities the symbolic capital gained in terms of the market for celebrity is also important.

Unlike Intervention’s “ordinary” addicts, celebrities are used to being on camera and are aware of the need to deliver and perform. The casting of a group of addicted celebrities guarantees clashing egos and volatile behavior as they are aware of the need to perform the role of the celebrity addict. Nunn and Biressi (2010) discuss the ways in which reality television has become one of the spaces in which celebrities are expected to work out personal dysfunction on camera:

> Media spaces such as the broadcast interview, reality television and confessional journalism (sites that allow the public presentation and reshaping of the intimate self), are also places where specific ‘feeling rules’ operate. These quasi-therapeutic spaces often prompt celebrity performances which identify the complication or ‘dysfunction’ immanent in the celebrity life story; that which prevents the individual from being successful, fulfilled, happy or intimate despite all appearances of a triumphant life. (pp. 50–51)

The Celebrity Rehab franchise casts its patients based on their ability to experience the suffering associated with addiction treatment while performing a sufficiently televisually appealing version of that suffering. In turn, the social relations in the PRC must be fraught with interpersonal conflict to engage viewers; rather than create a safe clinical space for treatment and recovery, the patients are aware not only of the perpetual surveillance, but also the accompanying imperative of reality television for conflict—an awareness that determines the behavior/performance that occurs in the clinic. Just as Pinsky unconsciously compromises the ethical practice of his profession due to the symbolic domination involved in his career as a television personality, the cast also subordinates their recovery to the need to create compelling television. In addition to genuine responses to difficult physical and emotional problems associated with addiction, the cast member must also maximize his/her own potential as a brand by asserting their televisual value throughout the production. Thus, the personal and the professional become conflated. The celebrity patient benefits from the representation of her story as redemptive, and the display of
suffering contributes to the rehabilitation of his or her image. The performance of addiction demonstrates the personal obstacle that the individual must overcome in order rehabilitate both the body and the career.

In the case of the addict the representation transcends the emotional performance and becomes both involuntary and embodied. The “pseudo-therapeutic” (Andrejevic, 2004) space of reality television becomes authentically clinical. For instance, Mindy McCready’s seizure provides physical, verifiable evidence of her addiction and also marks the moment in which the ability to “perform” emotionally is taken away as the illness asserts itself physically. For the audience, this is physical evidence of authenticity. It is also the moment where the ambiguous illness of addiction becomes reassuringly physical. It is individualized and isolated in the body of the addict and convincingly removed from social, mental or emotional determinants. For the clinician, addiction is reduced to a symptom that can be diagnosed and treated with medical science. For the tele-clinician, both the symptom and the treatment are valuable spectacular commodities.

The professionalization of recovery addiction, when recovery becomes a job, becomes problematic when the addict relapses. It is here where the principle of anonymity of 12-step groups becomes salient. While Celebrity Rehab may indeed illustrate the seriousness of addiction for some viewers, the public relapses and deaths also illustrate the problem of any addict becoming a spokesperson or symbol of recovery. Their victories may provide a positive example of recovery, but any slip or relapse reflects poorly on whatever method the addict used to recover.

**Dr. Drew and Tele-clinical Ethics**

Journalistic discourse about Dr. Drew Pinsky highlights the extent to which his ethics as a clinician and media personality have been questioned. A 2012 *Forbes* article reveals that Pinsky
was named in a suit against GlaxoSmithKline; Pinsky allegedly accepted $275,000 from the pharmaceutical company to endorse the company’s anti-depressant Wellbutrin during media appearances (Herper, 2012). Pinsky confirms that he was hired by the company to participate “in a 2 year initiative discussing intimacy and depression which was funded by an educational grant” from the company, but asserts, “My comments were consistent with my clinical experience.” (Herper, 2012). Pinsky’s tendency to diagnose the behavior of other public figures in the media has also been cited as problematic. For instance, Pinsky apologized after Tom Cruise’s lawyer made a public statement about a Playboy article where he attributed Cruise’s attraction to Scientology to psychological trauma (Foxnews.com, 2008; Reynolds, 2008). Other statements about alleged substance use by celebrities including Lindsay Lohan, Charlie Sheen and Miley Cyrus have similarly skirted the lines of ethicality. A Time magazine profile criticized Pinsky for this practice and noted that these statements violated the “Goldwater rule” of the American Psychological Association (APA), “which was adopted after psychiatrists diagnosed the presidential candidate in a magazine article as “paranoid” and “narcissistic” and questioned his mental fitness for office — without ever examining him in person” (Szalavitz, 2011). Therefore, Pinsky’s ethics have been questioned by reputable journalistic sources (and FoxNews too), yet Pinsky sees no ethical conundrum; the media and the medical are complementary to Dr. Drew, never conflicting.

First, Do No Harm: Death and the Televisual Clinic

Pinsky’s success as a media clinician has been mixed. While the addiction-related deaths of former Celebrity Rehab cast members/patients Rodney King, Mike Starr, Jeff Conaway, and Joey Kovar were taken in stride by the media, the suicide of Mindy McReady resulted in a deluge of criticism. King, Starr, Conaway and Kovar had struggled with substance abuse for years, and
their deaths were largely seen as examples of the potentially terminal nature of advanced
drug addiction. Pinsky addressed each of these deaths on the program. During the intro to the final
season, he spoke about former Real World star Joey Kovar’s overdose:

Drew (addressing camera): The awful truth is that Joey will not being the last
patient we lose. If we were doing a reality show about cancer, and people died, I
don't think that people would be surprised. What they don't understand is that
severe addiction has a worse prognosis than the majority of cancers. (S6, E1)

Pinsky frames Kovar’s death as a tragedy, but an inevitable side effect of a program featuring
addiction. However, the death of country singer and former Celebrity Rehab cast member/patient
Mindy McCready marked a significant shift in the discourse regarding Celebrity Rehab and
Pinsky himself. Many sources weighed in on the issue, including pop singer Richard Marx who
compared Dr. Pinsky to Dr. Kevorkian (of assisted suicide fame) (Hilton, 2013). One tabloid
Internet site referred to the program as a “death trap” (Fernandez, 2012) and The Huffington Post
ran an account of the Celebrity Rehab “curse” (Talbot, 2013). Amidst growing criticism, Pinsky
defended the program from those who suggested that he contributed to their deaths, “I wish I
could be more responsible for them…I’ve received yesterday about 10 emails and texts from
those that are doing well that are so grateful and wanted to reassure me” (Ng, 2013). Pinsky
clearly distances himself from any responsibility, but also draws on his empathetic persona to
claim that he wishes he could have been more of a help to the deceased patients. Ultimately, he
points to those who support him as evidence of his effectiveness as a clinician.

Foucault (1973) documents the importance of reckoning with death for 19th century
clinicians, “Behind the doctors back, death remained the great dark threat in which his knowledge
and skill were abolished” (p. 146). However, where the 19th century doctors ‘discovery’ of death
was productive for the medical field, death spelled the end for the Celebrity Rehab franchise.
Pinsky declared that he was tired of “taking the blame” for those who “get sick and die because
they have a life-threatening disease” (Strecker, 2013) and announced that there would be no
further seasons due to the criticism. Perhaps coincidentally, on May 23, 2013, Intervention was cancelled.

Conclusion

Foucault (1973) reminds us that “the gaze that sees is the gaze that dominates”, but this gaze “also dominates its masters” (p. 39). Dr. Drew Pinsky’s hybrid televisual-clinical gaze, the tele-clinical gaze, not only dominates his patients, but also himself. The tele-clinical gaze insures that the treatment of his patients is at once therapeutic and spectacular. Importantly, Pinsky, having interpolated the logic of the televisual through years of symbolic domination, sees no conflict of interest in conforming to the rules of the media and medical fields; he is constituted by both discourses. Television has always been Dr. Drew’s clinic. The confluence of Pinsky’s medical and entertainment career represents the perfection of the problem discussed by Bourdieu, where the level of discourse surrounding a serious social issue is lowered by its adaptation into genre television. Subsequently, this discourse represents the subtle mechanisms of biopower working at the level of both the individual and the audience.

Since the program first aired, several of the cast members have had public and publicized relapses. However, while the program has never released any quantitative assessment of its success or failure, it is possible that Celebrity Rehab’s success and mortality rates are consistent with that of other treatment centers. Many of Pinsky’s patients have publicly credited Dr. Drew for his aid in helping them treat their addiction (Adler & Spagnola, 2011; Ketcham, 2012; Sizemore & David, 2013), and Pinsky claims that he has seen an influx of patients who were inspired by the example of the program to seek treatment.

At the same time, Pinsky’s contribution to the discursive formation we are calling recovery television constructs a “truth” of addiction that reflects the construction of ‘Dr. Drew’
by the medicine field and the culture industry. For Pinsky, the ethical practice of clinical medicine, and the creation of “good TV” are not mutually exclusive, and may in fact be indistinguishable from one another. By depicting the treatment of addiction in a clinical setting, addiction is both literally and symbolically removed from its social context. Just as the clinician treats only the symptom of the illness, *Celebrity Rehab* treats only the disease and does not address its sociocultural context. At best, the *Celebrity Rehab* franchise represents an uneasy mix of entertainment commodity and medical treatment, perhaps personified in Dr. Drew himself. Pinsky pushes both the consumer model of recovery and his own brand of medical entertainment; he is recovery television’s one-stop shop for detox, treatment and pharmaceuticals as well as drama, degradation and redemption.

This chapter explored Dr. Drew Pinsky’s dual career as clinician/entertainer and suggests that this duality ultimately compromises the care he provides his patients in the televisual clinic. The deaths of five former *Celebrity Rehab* patients highlight the serious nature of addiction and the stakes associated with its televisual representation. The *Celebrity Rehab* franchise also represents the further reification of addiction into a televisual commodity that can be branded, spun-off and franchised into multiple programs. The following chapter examines this multiplication of texts about addiction as a manifestation of what Debord called “the society of the spectacle” (Debord, 1967).
Chapter 6

Addiction and Meaning in the Society of the Spectacle

The emergence of recovery television and its spectacularization of the “real” physical and emotional pain of addiction would seem to suggest that there are few subjects left that are considered off-limits for the reality television format—and for the medium of television overall—to spectacularize for our entertainment. Yet, Debord (1967) reminds us that the commodification and spectacularization of previously untouched aspects of our daily existence is the raison d'être of capitalism. Debord argues that we live in the “society of the spectacle,” where commodity fetishism has become an inescapable aspect of our existence. In the society of the spectacle, nothing is off-limits for commodification and spectacularization. So, the unlikely transformation of addiction into multiple commercial television programs for our entertainment merely represents capitalism’s ongoing domination of every aspect of society. This chapter looks first at the derivative texts that resemble the recovery programs in format, tone and execution. Next, the chapter examines the texts that can be read as parodies of the recovery texts including the Internet memes remixed from Intervention (Benz et al., 2005), and, finally, it looks at those texts which borrow elements of the recovery subgenre to celebrate the consumption practices of its subjects. Overall, the analysis argues that the culture of consumption from which these texts emerge is itself an addiction for society that has become dislocated from the foundational values and traditions that once provided meaning for our lives.

The Spectacular Culture

Sociologists, historians and philosophers alike note the fundamental transformation of
social life since both the Enlightenment embrace of rationality over spirituality, and the related emergence of the Industrial Revolution and the culture of consumption. Whether one calls the current age modernity, late modernity, post-modernity, liquid modernity, or risk society it is characterized by a decisive break from community, tradition and spirituality and a corresponding sense of loss. This loss is alternately labeled as alienation, bureaucracy, anomie, precarity, insecurity, and disembeddedness (Bauman, 2000; Beck, 1992; Durkheim, 1973; Giddens, 1990; Marx, 2004; Weber, 2009).

The Enlightenment marked a transition from a dependence on religion and traditions to a society driven by rationality. Social theorists have consistently pointed out the decreasing ties to tradition as global societies transitioned to industrial modes of production, a transition that fundamentally transformed both the public and the private sphere. The new industrial society was able to produce goods and services at a rate that resulted in a surplus. In turn, this surplus allowed the middle and lower classes access to goods and services previously available only the wealthier members of society. As a result, there was also a need for the lower classes to be initiated into consumer culture (Ewen, 1976). The advertising industry was mobilized to stimulate the consumptive appetites of the working class.

Debord (1967) argues that the society of the spectacle is the result of the triumph of commodity fetishism. Whereas Marx predicted the inequalities of capitalism would eventually produce a paradigm-shifting revolution, Debord finds modern society completely under the spell of capitalism. Debord calls this version of modernity “the society of the spectacle,” he asserts, “In societies where modern conditions of production prevail, life is presented as an immense accumulation of spectacles. Everything that was directly lived is now merely represented in the distance” (p. 1). Debord’s construction is frequently used to describe our hyper-mediated environment, but at its heart, Debord’s work is meant to be a political call to revolution, a repudiation of a society in which economics increasingly governs all aspects of lived existence.
By mistaking the spectacular for the real we are denied the authenticity of tradition, community and spirituality that once provided meaning for our lives. Through our culture’s emphasis on finding meaning and fulfillment in the spectacular commodity, we become addicted to the spectacular. This chapter serves as an intervention; it looks at the transformation of our ideas about addiction when addiction itself becomes a commodity to be consumed, and asks if there is any place of refuge in the society of the spectacle.

**Addiction is a Social Problem**

Several theorists have connected the emergence of the concept of addiction with the development of consumer culture (Bjerg, 2008; Cross, 2000; Levine, 1985; Room, 2011; Sedgwick, 1993), but Alexander (2010) makes a direct connection to the global spread of free-market ideology in this modernist environment. Alexander defines addiction as “overwhelming involvement” with any object or behavior. He argues that the contemporary “epidemic” of addiction is an inevitable byproduct of the globalization of free-market ideology, the values of which, including “individualism, competition and rapid change” (p. 3), result in dislocation. Dislocation is the state of “psychological and social separation” (p. 59) caused by being “torn from the close ties to family, culture, and traditional spirituality that constituted the normal fabric of life in pre-modern society” (p. 3). Addiction is an adaptation to compensate for this fundamental shift in lived experience that creates the conditions under which addiction thrives. Alexander does acknowledge the advances made possible by free-market competition in a global society, yet he claims,

> A society structured by free-market economics generates enormous material wealth and technical innovation and, at the same time, breaks down every traditional form of social cohesion and belief, creating a kind of poverty of the spirit that draws people into addiction and other psychological problems. (p. 12)
Previously, these values provided “psychosocial integration” a sense of stable identity and of belonging to one's community characterized by connection to one's family, community, culture and spiritual tradition. Using examples such as the Industrial Revolution, the slave trade, and the colonial destruction of native populations, Alexander documents the widespread dislocation caused by the introduction of free-market principles to society, and the corresponding widespread addiction that followed. While Alexander’s theory is by no means the definitive statement on the etiology of addiction, his dislocation theory at the very least demonstrates a high correlation between the spread of free-market economics and the spread of the discourse that constructs addiction as a social problem.

**A Thing Called Recovery TV**

Previous chapters have noted that addiction is not only a socially constructed phenomenon, but also a deviant condition, the response to which can be commodified and monetized. The addiction treatment industry is a multi-million dollar concern, and celebrity addiction is covered endlessly in commercial media. Programs such as *Intervention, Celebrity Rehab with Dr. Drew* (Buchta et al., 2008), and *Breaking Bonaduce* traded on the public’s voyeuristic fascination with addiction by adapting the struggles of ‘real’ addicts to the reality television. At the same time, there are productive aspects to these early recovery TV programs; there are ways in which they contributed to more complex understanding of the issue of addiction. First, while undoubtedly exploitative, they provided treatment for their featured addicts, emphasized the seriousness of this condition in their depictions, and dispelled some common misperceptions about addiction. Additionally, for viewers who were also recovering addicts, these programs provided an important point of identification for a subculture rarely served by the media. Mittell (2004) notes the typical cycle of television genre is characterized by
innovation, imitation, and, finally, saturation and generic decline (p. 79). The following chapter looks at programs that clearly imitate the previous recovery television programs, and the transformation in meaning that occurs when this subgenre begins to reach its saturation point.

If these programs prove anything definitively, it is the voraciousness of the appetite of the spectacle and the medium of television in particular. Recovery television demonstrates the extent to which any phenomenon can be commodified, traded, and imitated in a culture based on consumption. For Debord (1967), the society of the spectacle commodifies all aspects of modern life by transforming them into spectacle for our consumption. In turn, “Every single product represents the hope for a dazzling shortcut to the promised land of total consumption and is ceremoniously presented as the decisive entity” (p. 69). The spectacle dazzles us with appearances to distract us from the oppression of capitalism and the culture of consumption.

Similar to this “dazzling”, T. Jackson Lears (2000) historical account of the culture of consumption argues that we seek “intense experience” (p. 6) and personal fulfillment in our cultural products, a dose of reality in a culture that seems unreal. Lears argues that various transformations in the late Victorian era, including the shift from agrarian to urban living, the decline religion and the rise of rationality, the national interconnection of markets, and a shift from a culture of production to a culture of consumption, led to a feeling of unreality. In turn, the modern subject found herself in a “flight from unreality” one that manifested itself in the emergence of the “therapeutic ethos,” in which the culture found itself “yearning for intense experience” (p. 6) and personal fulfillment as a way of coping with a sense of unreality caused by a society divorced from spirituality, tradition, and community. We began to seek intense experiences and fulfillment in our cultural products. The therapeutic ethos that characterized modern consumer culture especially manifested itself in the nascent field of advertising. Advertisers began to appeal to the same needs that the therapeutic ethos responded to, by
suggesting that the sought-after intense experience and self-realization could be found in cultural products.

Scholars (Andrejevic, 2004; Deery, 2012) have argued that the reality format emerged from a similar need for authentic experience; in spite of its obvious manipulation and manufactured situations, reality television does provide moments of authenticity and unpredictability in a medium we associate with artifice and tired clichés, Deery argues, “Its mixing of the staged and the spontaneous provides a form of dramatic tension that allows audience members to speculate about the authenticity of each format, whether it be the actions of participants or producers” (p. 6). Even though audience members consume mediated “reality” with the understanding that much of it is manipulated, notions of reality and authenticity are still highly relevant to reception practices. Arguably, the early programs of recovery TV provide “realer” reality than most, and these programs offered this “intense experience” in their graphic imagery, heightened affect and themes of redemption. This chapter looks at the programs that attempt to duplicate the intensity and the success of these programs.

If the original recovery TV texts represent the spectacularization of addiction, then the derivative texts are a second order spectacularization, the spectacularization of the spectacle, resulting in an image twice divorced from lived existence and barely resembling the original object. This is truly “where the commodity contemplates itself in a world it has created” (53). As is the nature of the television industry, modest success results in rampant imitation. These copies and copies of copies show the way meaning can be transformed by the genre-driven process of imitation. While the problematic transformation of addiction into spectacle has been discussed in previous chapters, the present analysis argues that imitative texts of the television genre cycle as well as the unofficial paratexts derived from the original texts transform the meaning of addiction through media discourse. While some of the first order imitations including Addicted (2010), Hoarders (2009), and My Shopping Addiction (2012) retain the biopolitical ambition of early
recovery TV programs, the second order programs invert the original meaning of the recovery television entirely and serve no purpose other than to further embed us into the spectacularized culture. If the original texts were distorted—yet occasionally productive—reflections of lived experience, then the derivative texts are the product of the seemingly inevitable project of the society of the spectacle. Accordingly, recovery television, once promising the intense experience in the form of raw emotion and graphic imagery becomes increasingly detached from the original spectacle – the suffering of the real addict. In these derivative texts we can recognize a movement away from the original meanings associated with recovery TV and a corresponding loss of concern for the original subject, the addict. Just as the concept of addiction has become diluted in language, the therapeutic origins recovery TV program has become diluted in the discursive process of genre. Importantly, Debord argues that resistance is impossible from within the society of the spectacle, and the end of this chapter will look at one alternative viewpoint that provides refuge, if not resistance, in a culture where seemingly nothing is off limits to spectacularization.

**Evolution of the Subgenre**

The industrial logic of contemporary television production responds to success by delivering imitations of proven hits. These derivative programs are representative of the bureaucratic rationality that Gitlin calls television’s “recombinant culture” (Gitlin, 1994), which produces spin-offs and imitations in order to minimize financial risk. As a genre evolves, it seeks the marginally new, yet still familiar. Minor innovations are subtle discursive shifts that move the subgenre further and further away from the original text and its foundational inspiration. Importantly, the original hook—the innovation that fuels the multiplication of texts—is retained. In the case of recovery television we see derivative texts that appropriate the subject matter (i.e., addiction, pathology), elements of the programs’ format (i.e., the intervention, intertitles) and/or
its actors (i.e., the interventionist, the medical expert, the addict). In a program such as *Hoarders*, for instance, we see the wholesale imitation of *Intervention’s* format: the introduction/establishment of a deviance or abnormality, the intervention into the subjects lives by the television expert, treatment, and finally redemption. This format becomes an equation in which we can deposit any behavior; hoarding, animal hoardings, sexual preferences, hobbies, etc.; or any behavior that can be categorized as abnormal for the purpose of treating it on television. In other words, the recovery program follows the larger trend where format has become more important than content. Worldwide demand for affordable programming has resulted in programs whose content is produced expressly for an ability to be adapted and customized for a local market (Magder, 2009), a trend best exemplified by the multiple “idol” programs (e.g., *American Idol*, *Indian Idol*, *Australian Idol*, etc.). While this is most often discussed in terms of the importing and exporting of formats internationally, here we see how the importance of format can be applied to imitative texts in the domestic market.

As the genre evolves, the programs also become more individualizing—a shift we can see in the titles (e.g., *My Strange Addiction*, *My Shopping Addiction*, *My Crazy Obsession*)—by focusing on individual quirks rather than on common afflictions. Subsequently, deviant behavior provides a seemingly inexhaustible source of subject matter. Just as advertisers increasingly use the concept of addiction as a positive distinguishing feature of a commodity (Alexander, 2010), recovery TV texts—sometimes easily recognizable, sometimes bearing only a passing resemblance—becomes more formula than format. The container is more valuable than its contents—representation has broken down, and the sign has become divorced from the signified. More precisely, Baudrillard argues, “The signs evolve, they concatenate and produce themselves, always one upon the other—so that there is absolutely no basic reference which can sustain them. Thus they do not refer to any sort of ‘reality’ or ‘referent’ or ‘signified’ whatsoever” (Gane, 2002,
Driven by the logic of spectacle, the texts lose meaning as they multiply and their reference point becomes the genre itself.

Originally these products/program promised the “intense experience” as well as the additional benefit of conforming actively to the therapeutic ethos by providing therapy for its subjects and a pedagogical spectacle for its viewers. However, as these programs multiply, they move further away from their original therapeutic aim of helping people through life interventions—with the attendant biopolitical implication of social control—and more towards the fetishization of addiction as a practice of consumption. In doing so, they also lose sight of the original subject, the addict who suffers physically and emotionally from an often debilitating condition. In turn, the productive aspects of these texts—the challenges to stereotypical and simplified depictions of addiction, and their meaning to the addict/viewer—are also lost.

These derivative texts further embed addiction into the economy of the culture industry, and the concept of “addiction” featured in some of these programs barely resembles its pre-culture industry construction.

**Television and Addiction**

Using addiction as an analogy for talking about the ideological functions of systems of social representation is hardly new. Marx famously described religion as the “opium of the people” (Marx, 1844) thereby implying that the discourse of religion not only had a narcotizing function that prevented the under-class from seeing the truth of their oppressions, but also that religious ritual was a habit, an addiction. Today, in the contemporary hyper-mediated and secular environment of our everyday life, it is media that is most often attributed a narcotizing function. Gray (2008) notes that several critics including Neil Postman (2006), and Mark Crispin Miller (1986) have characterized our relationship with television in terms of addiction. In fact, few
would dispute the cultural dependence on television, and many claim that our media consumption evolves into a dependence that distracts us from the oppression of the spectacle (Adorno, 2001; Debord, 1967; Marcuse, 2002; Postman, 2006).

Anthony Giddens (2007) notes that the phenomenon of addiction begins with pleasure, becomes a compulsion, and eventually leads to tolerance: “To regain the intensity of the initial high, they have to have a higher dose, or more frequently repeated doses”. While programs such as *Hoarders* or *Addicted* represent a “higher dose” by attempting to increase intensity of the experience of programs such as *Intervention* or *Celebrity Rehab*, other more derivative programs merely represent “more frequently repeated doses”, often futile attempts to repeat the experience of these texts by borrowing their formula. These more frequently repeated doses are ultimately unsatisfying because they fail to duplicate the original experience. We have developed a tolerance for this imagery, and the original fixes no longer satisfy.

In her essay “Epidemics of the Will” (1991), Eve Sedgwick notes the social constructedness of addiction and the increasing “slippage” of this concept in contemporary society. Specifically, the idea of addiction has evolved from being associated exclusively with mind-altering substances (opium, alcohol, etc.) to being applied not only to any material substance, but also to any human behavior (gambling, shopping, exercise, etc.). Accordingly, addiction is increasingly assigned a positive valence in cultural discourse. Sometimes we are even encouraged to consume our media addictively; a recent promotion by the Investigation Discovery channel (ID), invited viewers to prove their fandom by becoming an ID addict (Figure 6-1):

You crave it. You think about it all the time. You wake up to it, fall asleep to it. You forgo work, chores… physical hygiene to watch it. But what kind of addict are you? Take this quiz and find out. (ID, n.d.)

Here, addiction is used in advertising as an enticement rather than a warning. Video game makers routinely market their products as addictive and “fashionably funny accounts of mild forms of addiction are more and more a topic of popular entertainment” (Alexander, 2010, p. 41). Of
course, trips to rehab are increasingly mobilized as a form of rehabilitation to a scandal-plagued celebrity’s image. As a result, the translation of addiction into a media commodity has the effect of devaluing the concept for some, while benefitting those who appropriate the concept to suit their own needs.

Arguably, all television programs are designed to encourage repeat viewing. However, the metaphor of the train wreck and car crash dominates the discourse surrounding reality television. These terms not only suggest violence has been done to the subject, but also evoke compulsion; one is compelled to look at the train wreck/car crash, often against one’s better judgment. Moreover, Andrejevic (2004) cites a network executive who compares the industry’s dependence on the reality format to the cheap quick high of crack (p. 18); even the industry recognizes its own dependency. One common criticism of the 12-step ideology charges that its addicts become addicted to recovery (Davis and Jansen, 1998, p176), and one could make the same claim about the recovery genre.

Figure 6-1: Fandom as addiction.
Addiction Fulfills a Need

If media distracts us from the unreality, how does the experience of watching authentic physical and emotional pain fulfill this need for distraction? The programs discussed previously in this project, including *Intervention*, *Celebrity Rehab*, and *Breaking Bonaduce* offer the “intense experience,” a dose of reality in an unreal world, even if that reality is someone else’s pain.

According to Alexander (2010), addiction is a means of adapting to the condition of dislocation.Granfield (2004) expands this claim: “Addictions are powerful precisely because they provide, at least for a time, effective avenues to personal meaning in societies in which the search for personal meaning has become increasingly relegated to an individual project” (p. 31). In other words, addiction always serves a larger purpose in the addict’s life, and often this purpose is related to the larger problem of the alienation felt in modern society. Similarly, Bjerg (2008) argues that addiction satisfies the “imperative of enjoyment constantly thrown at us by the contemporary ideology of consumption” (p. 1). Bjerg seems to echo Alexander’s comments on the unrelenting pressures of a free-market society that ultimately dislocated us from the tradition, community, and spirituality that provided stability and meaning in pre-modern society.

As noted above, several scholars connect the proliferation of the concept of addiction in the 20th century to the beginning of the culture of consumption (Alexander, 2010; Bjerg, 2008; Cross, 2000; Granfield, 2004, 2004; Room, 2011). Specifically, Sedgwick (1993) argues the early international trade in opium demonstrates how the demand for a product can be increasingly separated from the concept of need in a society based on consumption. Similarly, Alexander observes that habit-forming commodities such as tobacco, opium and rum were among the first commodities to be traded internationally (p. 105). These products fulfill no essential need for the subject; their consumption is based on their ability to provide pleasure. Moreover, Room (2004) notes that the ultimate commodity is one that creates its own demand, and most of the things we
become addicted to are commodities in one form or another; even behavioral attachments to
gambling, sex, the Internet, and video games have some form of exchange associated with them.
Finally, corporations have researched ways to cultivate their products to appeal to the “addictive
propensities” of consumers, a practice that is especially evident in the manipulation of nicotine
levels in tobacco products (Alexander, 2012, p. 4). Clearly, commercial television, with its
constant self-promotion, creates not only a demand for itself, but its advertisements constantly
stimulate the consumptive appetites of its audience.

One of the central contradictions of the recovery television subgenre is the problem of
delivering audiences in the mood to consume (Magder, 2009) during a program that is
presumably anti-consumptive. We can see this contradiction in the concept of flow; Raymond
Williams (2003) described the concept of flow as a planned sequence. The television industry
schedules programs to encourage viewers to watch them in an uninterrupted flow, and the
advertisements complement this flow; the commercials speak to the text, and the text speaks to
the commercials. While some of the advertising during these programs seems more related to
their host channel’s brand identity, the programs during Intervention often reflect the biopolitical
inclination of the text. Some of these ads sit uneasily beside the omnipresent ads for fast food
products, or, depending on their placement in the ad lineup, seem to be in conversation with them.
For instance, during an episode of Celebrity Rehab (S1, E6) an ad for Burger King’s double
cheeseburger is immediately followed by an ad for the Quick Trim diet regimen that addresses
the viewer, “Do you feel sexy? You can change the way you look.” Hence, an advertisement that
encourages viewers to consume a culturally approved commodity is often followed by an ad for a
product to help manage one’s over-consumptive appetite. In other words, the products
advertised sometimes reflect the anxieties activated by the pathological consumption of the
program. In addition to the requisite promotion of A&E’s other programming and ads for
Hollywood films, Intervention’s ads are dominated by insurance companies, “wellness”
promotions by pharmacies, store bought medications, and weight loss products; therefore, the ads demonstrate a biopolitical interest in its viewers. The ads are mostly gendered female and therefore reflect the subgenre’s demographic (Waldman, 2006): these ads for feminine itching, shampoos, beauty products, etc., typically feature women in various professional careers. On the other hand, the advertising during the program Hoarders is, perhaps predictably, dominated by commercials for cleaning products. Images of cluttered homes, animal feces, children being removed by social services is followed immediately—almost comically—by an ad for Swiffer Wet Clean or a diaper commercial featuring a baby sliding on its backside across a tiled floor. As noted above, advertising appeals to our insecurities and the advertising during these programs often reflects the same anxieties that the recovery television subgenre explores.

Of course, despite the promises of consumer culture, the commodities we consume rarely, if ever, provide the sense of self-realization we are looking for in contemporary society (Alexander, 2010; Lears, 2000; Rotskoff, 2002). As Bjerg observes, “the consumption society exploits the subject’s constitutive lack of being by staging various objects of consumption as being exactly the lacking piece that will complement the self“ (Bjerg, 2008, p. 9). Accordingly, we look to our cultural products as a way of defining ourselves in a society where our identities are increasingly indeterminate (Lears, 2000). The meanings attached to our consumer products by the advertising industry are actively manipulated to appeal to the insecurities and anxieties of contemporary society (Friedan, 2001; Strasser, 2003; Williams, 2009). Lears argues:

Advertising helped to create a culture in which there were few symbols rooted in specific customs (as in traditional cultures), nor even many signs with specific referents (as in Victorian print culture). There were only floating, detached images that (like the flickering faces in the movies) promised therapeutic feelings of emotional or sensuous excitement. But fulfillment seemed always just out of reach. (p. 14-15)

Lears' description here recalls Debord’s description of the spectacle, as well as Baudrillard’s description of meaning in postmodern society. All note the ultimate rootlessness of the signs that
circulate in a culture of consumption. Yet Lears also notes the therapeutic function of these products as they respond to the need for fulfillment in a society dominated by a feeling of unreality. Most importantly, in a culture shaped by advertising and commodity fetishism, tradition, community and spirituality fall by the wayside to make room for the neoliberal principles of rapid self-transformation, competition and self-sufficiency; all behaviors or characteristics of the dislocation that some theorists (Alexander, 2010; Osborn, 2014) have linked to addiction.

The Derivative Texts

Jameson’s (1991) noted treatise on postmodernism describes a creatively spent culture where pastiche, the endless borrowing and mimicry of previous work, has replaced individual style in our cultural texts. Jameson describes pastiche as “cannibalizing” previous works, and we can see evidence of this cannibalizing within the recovery genre. For example, the final season of Celebrity Rehab with Dr. Drew, retitled Rehab with Dr. Drew, featured “ordinary” addicts and borrowed liberally from Intervention’s formal style, including the use of intertitles for dramatic effect and a slideshow of family photos to flesh out the addict’s back stories. Additionally, A&E attempted to capitalize on Intervention’s success with a short-lived spinoff, Relapse (Benz, Branton, Hochman, & Partland, 2011), and effectively cannibalized its own programming with Hoarders, an obvious Intervention imitator. However, the most obvious imitators aired on TLC (née The Learning Channel).

First shown on TLC, then later on sister channel Discovery Health, Addicted borrowed the premise of Intervention wholesale, but upped the ante in its more voyeuristic approach. The program lingered on its graphic images of drug use, and used zoom lenses to capture more detailed shots of drug use. For example, in “Anne and Michael” (S2, E6) the camera moves in for
a closer look as Michael shoots heroine into his girlfriend’s track-marked neck. *Addicted* seems even more focused on the rituals of intoxicant consumption than *Intervention*, as well as more eager exploit addiction’s sensational imagery. In some ways, *Addicted*’s money shots are more intense, but they are also more blatantly manufactured and emotionally manipulative. This is especially evident in *Addicted*’s obviously manufactured trope of reuniting addicted parents with their estranged children. In “Amanda” (S1, E1), an addicted mother is shown a video message from her twelve year-old daughter. “I want you to get through this and have a good life,” says the daughter, just before it is revealed that the child has been in the next room all along. The reunions were an obvious contrivance, but the authentic emotion expressed by the subjects makes these scenes affectively moving. Also like *Intervention*, *Addicted* showcased the power of the lay expert, but in this case Kristina Wandzilak is the sole interventionist. As on *Intervention*, the episode begins with the addict introducing himself/herself and describing their addiction. However, on *Addicted*, the addict follows this confessional with a plea for help. As the clip ends, the camera pulls back to reveal that Kristina Wandzilak is watching along with us, presumably from her home, on a widescreen computer monitor. We have been watching from Wandzilak’s point of view, a perspective of informed concern. In a sense this contrivance resolves the paradox of the coercive intervention in other programs noted by Ouellette and Hay (2008) because these addicts ask for assistance. Overall, the program reveled in the extremity of its imagery and emotion, and its strategies of representation suggest that graphic imagery, heightened affect, and the intervention of the lay (i.e., non-medical professional) expert were seen as the key to *Intervention*’s success.

Whereas *Addicted* was largely a knock-off of *Intervention*, *Hoarders* revealed *Intervention*’s formula by substituting obsessive collecting practices for addiction. *Hoarders* ran for 6 seasons on A&E and the program’s success demonstrates that any abnormal repetitive behavior can be plugged into this formula. Like *Intervention*, *Hoarders* benefitted from A&E’s
legacy of for quality programming (Johnson, 2007), a diminishing reputation to be sure, but still active for many viewers. Also like Intervention, Hoarders introduced us to the pathological subject, who is then intervened upon by experts trained in treating these obsessive collectors. The program also hired a local cleanup crew to restore the home to normalcy. Hoarders showed us people living in filth; during the cleanup, animal feces and/or carcasses of missing pets were common spectacles among the debris. Consequentially, the program emphasized the potential for institutional intervention in the hoarders’ lives. The disturbing spectacle of governmental agencies taking children away to protect them from the unhealthy environment was among the program’s most common tropes. The official episode description from a 2009 episode, “Julie and Shannon” (S2, E5), emphasizes the prospect of these women losing custody of their children: “A series of tragedies triggers hoarding that causes a woman to lose custody of her son to her ex-husband; Child Protective Services arrives with police at a couple's squalid home to remove their four children.” This play on parental fear, a common trope in recovery TV, is also emphasized in the program. The teaser that opens the episode shows a montage of a crowded, dirty home; then we see the police arriving, and our hoarder, Julie, is surprised to find out that the home environment is considered unsafe. Finally, we see an adolescent girl tearfully promise, “If I go to foster care, I'm most likely to run away or do something stupid” (S2, E5). As in previous recovery programs, the program provides an intervention into the lives of its subjects in order to help them become self-sufficient. However, the threat of government interference here shows the drastic results of direct governance; once again, the program and the recovery genre exemplify the benefits of governing at a distance, a characteristic of biopower derived from increasing liberalization of government the transfer of sovereign power into other institutions (Foucault, 2010, Ouellette & Hay, 2008). The implicit message of the program is that governmental power is punitive, whereas the privatized expert of neoliberalism is the kinder, gentler form of help that the hoarder needs.
TLC’s *Hoarding: Buried Alive* (2010) debuted shortly after *Hoarders* as a typical TLC knock-off. The episode titles suffice to show the program’s similarity to its predecessor. There is an emphasis on voyeurism, “Family Secrets” (S1, E5); the threat of institutional intervention “You're Not Taking My Kids” (S4, E10); and the focus on the health effects of the hoarder’s unhygienic surroundings, “Owned by the Roaches” (S3, E12). Like *Addicted, Hoarding: Buried Alive* demonstrates TLC’s rather shameless penchant for imitating successful programs. However, the hoarding problems also emphasize the paradoxical nature of the recovery television program; they are anti-consumptive texts on a medium associated with the stimulation of consumption.

**The Paradox of Recovery TV?**

*Hoarders* and *Hoarding: Buried Alive* reveal the symbolic nature of addictive consumption. The value attached to various items is often evident only to the hoarder herself; the vast collections of refuse, including old newspapers, junk mail and—perhaps most importantly—empty containers lay bare the arbitrary nature of the value ascribed to the commodity. Similarly, Bjerg (2008) and Denzin (1993) both argue that the phenomenon of addiction itself reveals the central contradiction of consumer capitalism and commodity fetishism, a product’s exchange value is illusory.

However, while some of these programs might be said to offer an unintentional critique of the culture of consumption in which they are embedded, for the most part, they merely demonstrate the extent to which the concept of addiction has itself become embedded in the logic of consumption. Specifically, Debord (1967) argues “dissatisfaction itself became a commodity as soon as economic abundance could extend production to the processing of such raw materials” (p. 59). Thus, resistance is eventually coopted and interpolated into consumer culture (Cross, 2000; Hebdige, 1979). The recovery subgenre is another example of the enduring power of the
spectacle to commodify criticism and resistance, sell it back to those who would resist, and reaffirm its dominance over all areas of modern life.

Ultimately, the programs that would seem to offer critique offer another example of the biopolitical orientation of the reality format. While Intervention treated a handful of shopping addicts during its run, many of the newer recovery programs are specifically interested in the material consumption practices of its subjects. For example, on VH1’s You’re Cut Off (2010) parents sent their privileged daughters to a rehabilitation center to help them curb their lavish lifestyles. In fact, the derivative texts seem to make a distinction between good and bad consumption practices and mobilize the expert to help distinguish between these practices in order to instill self-sufficiency in its subjects. For instance, in My Shopping Addiction (2012), mostly female shopping addicts are shown to be irresponsibly consumptive, and a psychologist helps them to get these practices under control. Crucially, these addicts exist at both the upper and lower extremities of consumption capacities, sometimes in the same episode. For example the official description for the episode “Heather and Roshanda” informs us, “Heather's limitless spending has put her multi-million dollar fortune in jeopardy; Roshanda angers her friends and family by borrowing money to feed her addiction to dollar stores” (IMDB, n.d.). The implication is that regardless of socio-economic status, the contemporary neoliberal subject needs to spend within her means. At the same time, the program’s official website informs us that the addicts are in good company, as it provides an extra gallery featuring “10 celebs whose spending left them broke” including Mike Tyson, Randy Quaid, Michael Jackson and Lady Gaga. The list informs us that while the spectacle treats all citizens the same, we must practice responsible consumption for our own well-being and to reaffirm the overarching economic organization of our everyday existence. On the other hand, while My Shopping Addiction’s official website works to reinforce the message of the program, unofficial peripheral texts often challenge a program’s original meaning.
Remixing Addiction

The participatory nature of the digital convergence era allows for the appropriation and remixing of cultural texts into unofficial fan-created paratexts (Gray, 2010; Jenkins, 2008). For the most part, this aspect of digital culture is celebrated as the democratization of the production process, the arrival of the moment where the audience member can become both a producer and consumer, a “prosumer” (Jenkins, 2008; Ritzer & Jurgenson, 2010), of new media. The memes generated from *Intervention* fall into the category that Gray (2006) calls “critical intertextuality” where the paratext becomes a way of critiquing the original text by subverting its meaning (p. 37). However, as Samuels (2010) notes, where Jenkins and others celebrate the access to tools of production as a democratic breakthrough, “this rebellious and playful remixing of culture does very little to change the dominant social systems” (p. 41). In other words, while affordable production tools now allow viewers to create texts that challenge the top-down hierarchy of cultural production, few of these texts serve any political purpose.

In fact, for the addicts depicted on *Intervention*, the Internet memes generated by this process can become oppressive in their ability to serve as a constant reminder of their appearance on the program. Instead of critiquing the methods and the construction of knowledge of the programs themselves, they merely shift the meaning of a selected scene from tragedy to comedy.

Furthermore, these memes are consumed out of context; consumption of the original text is not required to understand and enjoy the content (Gray, 2006, p. 30). Stripped from their original dramatic context within the program, the memes construct the addict as an oddity that can be consumed as a diversion. So, the addict is abnormal rather than sick and the spectacle is open to scrutiny and ridicule by anyone with Internet access. For instance YouTube’s “Best Cry Ever” (*Best Cry Ever*, 2010) appropriates a scene from an *Intervention* episode featuring former boxing champion Rocky Lockridge. In the episode, following an emotional confrontation with an
abandoned son, Lockridge wails unnervingly. “Best Cry Ever” transforms this highly emotional moment into a 37 second soundbite. Taken out of context Lockridge’s cry is darkly hilarious; within the context of the program, the moment is touching—if still unnerving. At the time of this writing, the clip has been viewed 44,202,176 times. Similarly, another video playfully edits a scene featuring one of Intervention’s most notorious subjects, computer cleaner “huffer” Allison. Allison’s pathetic statement “I’m walking on Sunshine,” is edited into a mash-up of the Katrina and the Waves song of the same name. While the video certainly shows the creativity of the prosumer, it also demonstrates how Allison’s disturbing image can outlast the program from which it was adapted. The meme acknowledges its own schadenfreude-derived appeal with wild-eyed Allison’s pitiful lament that ends the clip, “I wish I had a father” (Allison walks on sunshine, 2009). There are several videos extracted from Allison’s episode on YouTube, and the total number of views is also in the millions. Finally, these memes also demonstrate how surveillance can work outside the text, and how discipline can be outsourced to the digital realm. For the addict, this surveillance provides extra incentive to stay on the straight and narrow—she never knows who might be looking. Consequently, the biopolitical function extends beyond the text, and even beyond the program’s official paratexts. Most importantly, these derivative texts show how the meaning of the text can be subverted entirely through parody to become an object of derision in the digital environment, a trend that is paralleled in a concurrent shift in the subgenre itself.

**Shift to Derision: The End of Biopower?**

As the genre moves into parody, the programs exhibit a tonal shift away from a sympathetic depiction of pathological behavior, and more towards a derisive depiction of its subjects. Althusser (2006) compared the process of interpellation to being hailed on the street by
a police officer; a particular subject position is created when we answer to this hailing. Rather than a police officer, TLC’s *My Strange Addiction* (Bolicki, Cutlip, Galligani, Tarpinian, & Theeranuntawat, 2011) hails us much like a carnival barker might direct our attention to a sideshow; it invites a subjectivity based on voyeurism and derision. *My Strange Addiction* arguably marks the transition from imitation into parody as the objects fetish objects become increasingly outrageous.

The use of “addiction” here is disingenuous, as much of the behavior is not at all pathological. Some of the supposed addictions merely represent alternate worldviews, some might be considered hobbies, and some are manifestations of sexual difference. By categorizing the behavior as addiction, it pathologizes difference in general, even as its function as parody reveals the constructedness of the category of addiction (Gray, 2008). In fact, *My Strange Addiction* demonstrates the arbitrary process of classification inherent in these texts. If all of these subjects can be considered addicts, then any behavior might be categorized as an addiction. So, of the recovery television programs, *My Strange Addiction* most clearly demonstrates the concept of slippage by misidentifying the behavior of many of its subjects as addiction. Though many of its “addicts” suffer from behavioral ailments, they are distinct from addiction—if they can be said to truly “suffer” at all. In a sense, the obvious constructedness of the “addictions” on display in the program creates less need for reflexivity on the part of the viewer. If everything one enjoys is an addiction, there is no need to be concerned with one’s appetites. Of course, this slippage also serves an industrial function as it allows the producers to choose their subjects at will. Indeed, anything that might attract viewers—whether it engages, touches, enrages, or amuses—can be classified as addiction for the purpose of the program.

The program’s esoteric “addictions” present a view of addiction as a personality flaw. Some of the featured behavior includes the eating of various household goods such as light bulbs, toilet paper and scouring cleaner. Other pathologized behavior might be better described as
lifestyle choices—the woman in her 40s who is “obsessed with death” and dresses in black is clearly a member of the Goth subculture. Additionally, the limited depiction possible in a half hour program demonstrates the limitations of the genre as a whole to create a full picture of addiction. As Ouellette and Hay (2008) note of the life intervention programs, “‘Excessive’ consumer behaviors and desires with many interpretations and social determinants are construed as horrible individual tics that - if caught in time - can be brought under control by professionals” (Ouellette & Hay, 2008). As a result, *My Strange Addiction* demonstrates the stopgap nature of television addiction treatment; a single trip to an expert provides an important new perspective for the addict to change his/her life. As Alexander (2010) has shown, addiction recovery rates are low and involve prolonged maintenance.

*My Strange Addiction* also recombines the generic feature of the intertitle established by *Intervention*. However, where *Intervention*’s narration comes across as an authoritative source for information about addiction, and even cites the institutional sources for this information, *My Strange Addiction*’s intertitles impart pseudo-scientific facts and figures that are ultimately unverifiable. Rather than connect the behavior to a larger body of scientific research, *My Strange Addiction* concentrates on relatively simple and idiosyncratic calculations regarding each individual’s behavior. For example, for Barbara who is “obsessed with death,” the intertitles inform us, “Barbara thinks about death at least 12 hours a day. That’s over 4,000 hours a year” (S1, Ep 11) (Figure 6-2). Although the program draws on this didactic device to reinforce its diagnosis of abnormality, the information it provides is largely inconsequential. Crucially, *My Strange Addiction* also adopts the dramatic pause from *Intervention*’s intertitles. The pause creates a cause and effect tension between two declarative statements; the first sentence states a fact related to the addiction, and the second statement contains a more shocking revelation. However, on *My Strange Addiction* the first statement and subsequent pause reads more like the set up for a punch line: “Adele has eaten over 200lbs of couch cushion in her lifetime. [Pause]
She’s eaten over seven couches and two chairs” (S1, E7). The program’s adoption of the representational strategies of Intervention reveals the constructed nature of the knowledge the program creates. At the same time, the program represents recovery TV moving farther away from its original tone, a development that comes full circle with the second order of derivative programs.

![Figure 6-2: Obsessed with death.](image)

### Celebrating Consumption

Increasingly, these programs are an excuse to celebrate the “addictions” of their subjects. For instance, while Oxygen’s My Shopping Addiction was discussed as a derivative text with a biopolitical function, it also demonstrates an ambivalence towards its subjects. While its subject expresses fears of spending beyond her means, much of the episodes involve the “addict” expressing her love of shopping and proudly showing her enthusiasm for their possessions. For example, when struggling model Alex refers to her “Fendi dress” or her “Versace shoes” (S1, E7), there is the suggestion that the brand brings joy rather than the emotional pain caused by most addictions. Her psychologist is more concerned by the fact that she buys “multiples” (i.e.,
the same clothes in different colors), than her enthusiasm for expensive brand names. Alex exemplifies the consumer stuck in the loop of desire that is commodity fetishism. Her purchase of “multiples” represents the futile attempt to find meaning in the sameness of the mass-produced commodity. The program does employ board-certified psychologists, but as in My Strange Addiction, the treatment and resolution of the subject’s addiction is suspiciously truncated.

TLC’s My Crazy Obsession (Reidpath & Zupon, 2012) is effectively a more sensational version of its own program, My Strange Addiction; it is similarly voyeuristic, but it dispenses with the conceit of treating the obsession entirely. The behaviors featured are not life-threatening; typically they focus on sexual kinks, such as the man in “Grownup-Up Baby” whose sexual fetish involves wearing diapers and behaving like an infant (S2, E5), subcultures, such as the rockabilly couple in “Flashback to the 50’s” (S1, E3), or fandom, such as the subject of “Greg Dreams of Jeannie” who confesses an obsession with 1960s popular culture (S2, E5). Finally, many of the subjects are hobbyists who collect usual objects; Barry of “Ketchup & Mustard” owns an extensive collection of condiment related items (S2, E6). While the program’s title strategically appropriates the structure of the title of its predecessor, this second order spectacularization is entirely focused on the display of difference. Arguably, “crazy” is less pejorative than “strange” and the subjects are not pathologized as they are in previous programs. Rather, the program straightforwardly celebrates the eccentricities of its “obsessed” subjects. They may be “crazy”, but they are essentially normal folks with an entertaining hobby, and this hobby, as a consumptive practice, is celebrated rather than treated.

Similarly, SyFy’s Collection Intervention (Berger, Grizzle, & Healey, 2012) features a former employee of Christie’s, the renowned auction house, who visits the homes of collectors of pop culture memorabilia. The program claims to help those whose collections have become “damaging obsessions” (“About | Collection Intervention | Syfy,” n.d.). However, the true focus of the show reflects the identity of its host channel by featuring vast collections of items such as
comic books, licensed toys, movie posters, etc. The program ultimately reads as a hybrid of *Intervention*, *Hoarders*, and *Antiques Roadshow*. In fact, the intervention itself is extraneous; if it were omitted, the change to the program would be minor. So, we see the recovery television genre come full circle from helping addicts recover from pathological consumption, to an unabashed celebration of the consumptive habits of its subjects.

**The Victory of the Spectacle**

Throughout this chapter we see the logic of the spectacle have its way with addiction. In a sense, these programs might have served a critical function in a society in which economic oppression creates the conditions under which addiction thrives. Instead, the rationality of the market appropriates this subject matter to serve its own ends. The spectacle of the suffering addict becomes just another image reduced to meaninglessness by the neoliberal principles of competition, individuality, and self-sufficiency. In doing so, the subgenre has lost sight of its original goal of helping those who are suffering from addiction, perhaps in the same way that the addict loses sight of himself in addiction (Denzin, 1993). As Alexander (2010) notes, the principles of free-market society promise that intense, unrelenting individual competition maximize[s] everybody's well-being in the long run, multiplying individual happiness and the 'wealth of nations.' The ideal that gradually emerged from this promise that free, competitive markets must dominate every possible aspect of human life and that the only really important functions of government are to maintain the efficiency of markets and to help them grow. (p. 60)

Just as Debord argues that the spectacle represents the triumph of commodity fetishism, Alexander argues that the economy ultimately dominates all conditions of life in a society of the unregulated free market. This society not only potentially creates the conditions which foster
widespread addiction, but also commodifies the suffering of the addict, ultimately transforming this suffering into a celebration of the principles from which the suffering emerged.

Is There a Solution?

Ultimately, recovery television is symptomatic of the unrelenting commercialization and commodification of all aspects of life in a free-market society. Explaining Debord’s thoughts on resistance in the society of the spectacle, Jappe (1999) asserts, “consequently, no change emanating from within the economic sphere would be sufficient [to challenge the society of the spectacle] so long as the economy itself was not subordinated to the conscious control of individuals” (p. 4). In other words, any agency must come from outside the spectacle. Debord suggests that the destruction of all art and language is the way to create a definitive break from the society of the spectacle. Yet, as his biographer writes, “while Debord’s public life was predicated upon his revolutionary intentions, in private he sought oblivion in infamy, exile and alcoholism” (Hussey, 2001). Debord’s revolution ended when he shot himself in the heart after years of addiction to alcohol; he was unable to find any refuge in the society of the spectacle.

In an age where all our cultural institutions—including medicine, government, and even religion—are subject to the logic of the free market there seems to be few places can we look for guidance on where to stop our dependence on the culture of consumption, a culture that only presents a tautology to solve our problems; in the society of the spectacle the problem of overconsumption is always solved by more consumption.
The Elephant in the Room: 12-step Ideology, Recovery TV, and Resistance.

In the discourse created through the recovery TV genre, one of the striking absences is the omission of any reference to the recovery model provided by Alcoholics Anonymous (A.A.), one of the most dominant discourses and methods for recovery. The following analysis is not to suggest that everybody in society should attend 12-step meetings or even to endorse A.A. as the proper way to treat alcoholism and addiction; many find their own ways to stop additive behavior without adopting 12-step ideology (Alexander, 2010; Bufe & Peele, 1998). However, A.A. is an anomaly in a neoliberal society in that its foundational principles reject the market capitalism and individualism that characterize American ideology (Rotskoff, 2002; Travis, 2009). Moreover, A.A.’s organizational structure exemplifies a resistance to the culture of consumption and offers the psychosocial integration that Alexander argues is the key to effectively treating addiction.

Of course, A.A. is not without its critics. Rotskoff (2002) notes that A.A. developed from the concerns of white, middle-class, middle-aged, male alcoholics” (p. 249), though its membership has diversified since its foundation. Also, Travis (2009) notes the skepticism towards A.A. evident in books such as Alcoholics Anonymous: Cult or Cure? (Bufe & Peele, 1998) and acknowledges that A.A.’s emphasis on spirituality can seem cult-like. Yet, Travis (citing Valverde, 1998) also argues that the otherness ascribed to A.A. may have as much to do with the concept of sobriety in a culture where consumption is the rule, “Abstaining from drink has, paradoxically, become a kind of deviance in most communities” (p. 61). While there is a stigma in our society regarding active addiction, there is also a stigma in the abstainer’s refusal to partake in the important social ritual of drinking. Finally, Alexander notes, “12-step programs do not address the social causes of addiction” (p. 299). While 12-step programs are likely effective in part because they help the individual to become socially integrated, and provide the collective
expertise of fellow sober addicts, they provide no prescription for dealing with addiction in the wider society (Alexander, 2010; Granfield, 2004; Rotkoff, 2002).

Contrary to the everyday practice provided by recovery TV, A.A.’s principles of anonymity, egalitarianism, and its anti-consumerist rhetoric provide a refuge for its members from the incessant competition, self-sufficiency, and consumerism of the contemporary neoliberal society (Borkman, 2006; Rotkoff, 2002; Travis, 2009; Trevino, 1992). In fact, A.A. succeeded where many others failed. Specifically, Travis (2009) compares the emergence of the A.A. group to the search of Lear’s (1981; 2000) Victorian-era white male for the “authentic experience” of spirituality and community associated with the pre-modern world. While Lear’s subject was unable to experience true spirituality and community due to the internalization of the rationality of modern society, Travis argues the early A.A. members were able to achieve a working balance through “their embrace of ascetic and mystical spiritual practices through which they consciously marked their distance from the rapacious market culture of possessive individualism, particularly its gendered embodiment of the self-made man” (p. 101). As a result, A.A. was progressive both in terms of its rejection of the dominant American ideology of consumption and the unregulated free-market, and, as a result, the early A.A. members—mostly white males—challenged gender norms that were seen to be embodied in that ideology.

A.A. founder Bill Wilson (1957) once referred to the program as a “benign anarchy”, “When we come into A.A. we find here… a greater personal freedom than any other society knows. We cannot be compelled to do anything. In that sense our society is a benign anarchy”(p. 224). Wilson’s claim to anarchy is clearly half-serious, but considering the negative connotations of the term in 1957, he is clearly positioning the program as antagonistic to the dominant ideology of the time. Travis (2009) argues that A.A. groups “posed their own critiques of the dominant culture within which they appeared” and that the group continues to offer “tools for cultural critique” (p. 63). A.A.’s emphasis on community and spiritual wellbeing over material
wealth are among the group’s most valuable principles, and we can see this in the group’s structure as well as its approach to addiction treatment.

As we have noted previously, resistance to capitalism and consumerism is eventually assimilated into the culture that it was originally critiquing. So, A.A. is unique in the way that the organization’s structure resists easy commodification. A.A.’s Twelve Traditions limit the group in terms of professionalism, economics, political involvement and promotion, “Lest problems of money, property, and prestige divert us from [their] primary purpose” (Anonymous, 1981, pp. 155–159). Or, as Borkman (2006) notes in her analysis, group members created a non-hierarchal structure “to avoid the temptations of power, money, and professionalization that would have resulted in a bureaucratic form of organization or oligarchic leadership” (p.145). A.A. and other 12-step programs are non-profit institutions, none of their positions are salaried, and all are rotated regularly. Thus, A.A.’s foundational beliefs included a rejection of the market culture essential to American ideology. The limitations that A.A. puts upon itself at the organizational level prevent the group from becoming a part of the free market society that surrounds it.

Norman Denzin’s (1993) ethnographic account of alcoholism, *The Alcoholic Society*, details the importance of rituals (the meeting preamble, literature readings, communal prayer, etc.) to the A.A. group,

Rituals provide a symbolic bridge between the person and the group, for by entering into the ritual the person is joined to the group through the ritual acts that are performed… These rituals are positive, joining rituals. They bring members into one another’s presence, providing a bridge between the loneliness of alcoholism and the community of A.A. recovery. (pp. 270-271)

In a culture where religion is often associated with conservative beliefs that support the dominant neoliberal ideology, A.A. provides uncommodified spirituality. Finally, A.A. is non-competitive; slogans such as “One Day at a Time” serve to remind the group that there is no seniority in Alcoholics Anonymous (Valverde & White-Mair, 1999). This lack of seniority is also reinforced in the groups meeting structure; the group adopts what O’Halloran (2005) calls “discursive
symmetry” (p. 535), where discursive power is shared equally throughout the group. Ultimately, A.A. provides community, tradition and spirituality in a noncompetitive environment, characteristics that are antithetical to the dominant neoliberal ideology of contemporary society (Alexander, 2010; Durkheim, 1973; Giddens, 1990; Lears, 1981; 2000).

Critically, A.A. does not offer a model for changing the world, the program remains resolutely apolitical (Travis, 2009). However, A.A. is unique in that a critique of unrestrained capitalism is embedded in its ideology. Regardless, for those seeking “intense experience” (Lears, 2000) rather than the “seemingly lived” (Debord, 1967) A.A. provides a refuge from, if not resistance to, the mechanics of a society that turns everything into a commodity.

A.A. and the Problem of Representation

Previous chapters attributed the lack of representation of Alcoholics Anonymous (A.A.) to the neoliberal conditions under which recovery TV programs were produced. Admittedly, this is only a half-truth. Recovery television occasionally refers to the 12-step group for the sake of verisimilitude, but its context within the advertiser supported television also requires it to be peripheral, something to be done after one participates in “real” treatment. This is not to valorize A.A., but rather to acknowledge the omission or at least recognize the subordinate nature of 12-step ideology as a distortion of these texts. Most treatment centers (both public and private) adopt 12 step principles (Alexander, 2010; Rotskoff, 2002), and 12-step meetings are almost universally prescribed as essential to sustained recovery. So the omission of the AA model is a striking absence that point to a problem with the spectacularized recovery represented in recovery TV.

One explanation for the lack of representation of 12 step approaches in recovery television is that visibility, so important for recovery TV, is antithetical to A.A.’s recovery model. A.A.’s policy of anonymity “at the level of press, radio, and film” (Anonymous, 2002, p. 562)—
in short, all media—is one of the program’s guiding principles. This policy serves several purposes. Not only does it protect both the addict and the organization from negative publicity that might occur when an A.A. member relapses, but it also prevents the program from any distraction from its “primary purpose” to help keep alcoholics/addicts sober (Anonymous, 2002). For all intents and purposes, the actual A.A. meeting is off-limits to cameras, microphones, etc. Of course, the A.A. meeting or the many derivations thereof has been appropriated as a feature of fictional representations of addiction. The addict/alcoholic’s familiar introduction, “My name is ____, and I am an alcoholic”, is a reliable trope that signals redemption for the protagonist. Yet, reality TV, despite its hunger to transform any area of lived experience into spectacle, is prevented from representing a real A.A. meeting by the program’s principle of anonymity. In one sense, reality television’s implicit promise to deliver the authentic is challenged by A.A.’s refusal to be depicted onscreen. At the same time, the genre benefits from this omission as it allows it to present the privatized treatment center as the preferred method to treat addiction.

In one sense, this is a clear advantage that fiction has over documentary in the representation of recovery; A.A. clearly cannot prevent a fictional depiction of an A.A. meeting, nor does it have any reason to do so; as long as the depiction is based in fiction, the anonymity of the group’s members is protected.

Yet, in a sense, A.A. is also limited by its refusal to participate in media because this refusal allows the organization to be fictionalized and therefore misrepresented. In the recovery TV genre, the group’s policy of anonymity allows for the fictionalization of the organization to suit any given program’s storyline. For example, Breaking Bonaduce and The Osbournes both present fictionalized versions of the A.A. meeting. In Breaking Bonaduce, Danny’s A.A. group badgers him into taking a drug test to prove that he is still sober. Similarly, we see Ozzy Osbourne meeting with two recovering addicts in his hotel room on tour; when one of the addicts talks about finding Jesus, Ozzy walks away from the meeting. Neither of these are official A.A.
practices, and both essential misrepresent A.A.; *Breaking Bondaduce* presents A.A. as coercive—A.A. guidelines would prevent a group from testing its members—and while all religious ideologies are welcome in A.A., *The Osbournes* presents the group as a strictly Christian affair. Even when prevented from commodifying the actual A.A. meeting, the spectacle can commodify its representation.

**Conclusion**

We can look at recovery TV as the promise of the spectacle of the real: real pain, real suffering- in a realm we associate with manipulation, if not deception. Also the self-reproducing nature of the spectacle is evident in the inevitable imitators that crop up when a show is successful. The rationality behind the creation of these programs shows us the reductive nature of the spectacle. Any ‘abnormal’ behavior can be fit into the equation. The change is incremental at first as the imperatives of genre—always there, always shaping what can and cannot be done—begin to overtake the subject matter. Form gradually replaces content until the signifier becomes detached from the signified. When addiction becomes a generic feature it becomes an empty space, a pre-shaped module into which any subject can be substituted. As a result, the original object of spectacularization, the suffering addict, is lost along with any potentially productive influence these programs might have had on their audience (i.e., the dispelling of misconceptions about addiction and the increased awareness of the potential seriousness of addiction). Yet, while the society of the spectacle may seem inescapable, there are resources we can look to for refuge, if not resistance.

This chapter offered a theoretical intervention into the cycle of consumption that drives our society. While the recovery television genre suggests that even our own physical and emotional pain can be spectacularized and sold back to us as entertainment, this chapter provided
one example of an organization that refuses spectacularization. If, as Alexander (2010) suggests, the unchecked spread of free-market ideology contributes to or even causes addiction, then it seems appropriate that one method of treating addiction also refuses to be integrated into the free-market system. The final chapter reviews the dissertation’s major arguments and offers some final thoughts.
Chapter 7

Conclusion

The primary purpose of cultural studies scholarship is to interrogate the workings of power in our cultural tests. Using Mittell’s (2004) Foucauldian approach to genre, this project analyzed the reality television subgenre of recovery TV, a group of texts that depict their subject’s struggle with addiction and, sometimes, their recovery. This final chapter summarizes this project’s conclusions regarding this subgenre and its place in our culture.

First, drawing on previous work on reality television (Ouellette & Hay, 2008; Ouellette, 2008) as well as the work of Michel Foucault (1978; Foucault & Burchell, 2010), the analysis finds the subgenre exemplifies the working of biopower through the cultural institution of television. Biopower is interested in nurturing the health of society to insure its productivity. In a neoliberal society that advocates for decreased government intervention—the direct exercise of power—biopower works through social institutions such as the family, social services, and the media. The programs of the recovery genre teach us how to regain self-sufficiency by submitting to the logic of privatized addiction treatment. Other approaches to treatment, specifically 12-step mutual help groups, are marginalized in a culture where all our solutions can be found in the free market.

This is not the work of conspiracy; there is no shadowy cabal that guides the production of our cultural texts. Rather, neoliberal discourse is the guiding logic through which all cultural production decisions are made. These texts are constructed to deliver audiences to advertisers in order to generate profit. Therefore, it is confluence rather than coincidence that finds the reality format suited to the depiction of addiction and recovery; the biopolitical function emerges from the logic that recognizes this confluence. In their depiction of addiction, these programs rely on
sensational imagery and pronounced affect to captivate audiences. Their redemptive themes are suited to the culture’s therapeutic ethos in which we look for intense experience and self-fulfillment in our cultural texts (Lears, 2000); the subgenre provides ‘realer’ reality in a world of artifice and cliché. In other words, addiction works as good TV because it responds to the same sense of unreality that we feel in our modern/late-modern/postmodern environment where many of us are divorced from the traditions, community, and spirituality that create a sense of belonging in society. Recovery TV appeals to our own sense of dislocation, the same dislocation that Alexander (2010) argues is responsible for the high levels of addiction in society.

Addiction is a problem of pathological consumption. Whether addiction is behavioral (e.g., gambling, sex, or food) or substance related (e.g., alcohol or drugs), there is an element of consumption at work. Most of our addictions involve a financial exchange of some sort, and the most severe addictions threaten our financial well-being in a culture where the accumulation of wealth and the corresponding consumption of services and goods are presented as the key to fulfillment, happiness and well-being.

Of course, advertising—television advertising in particular—is the primary means through which our desires and needs for commodities are shaped. In order to support the current neoliberal manifestation of capitalism, television must respond to our “real” needs by transforming them into spectacle. Thus, we see the “promised land of total consumption” (Debord, 1967, 69) as well as the management of those appetites for consumption in the subgenre of recovery television.

In chapter 2, we saw how the precursors to the recovery TV subgenre activated the audience’s voyeuristic instincts by spectacularizing addiction in The Osbournes (Brooks, Ewing, & Osbourne, 2002), The Anna Nicole Show (Ewing et al., 2002), Being Bobby Brown (Baker-Simmons, Nyanning, Shasid-Deen, Shelley, Tricarico, 2005), and Hey Paula! (Murphy, Sternberg & Whittaker, 2007). When these programs found “evidence” of addiction, this
evidence was foregrounded. When this strategy was successful, it was repeated. Out of what was undoubtedly hundreds of hours of footage shot for the programs, the programs chose to feature the absence of addiction, what was not there, instead of what was. They manage to say something about addiction, to exploit pathology so as to serve the voyeurism of the viewers, without saying anything at all. On the surface, addiction is something to be downplayed or denied entirely; yet in actuality, in the choice of situations included in the final spectacle, the addiction problem seems obvious. When the reputed addicts deny their addiction, the programs redirect our attention to the material consumption of the subjects. Again, this material consumption is total consumption, the delivery on the promise that wealth equals happiness, and our appetites are redirected into the sphere of approved consumption. We also see the “othering” inherent in classed, racialized, and gendered portraits—or non-portraits in this case—of addiction. Regardless, the overall effect of the absence of true evidence addiction is to create a desire to see more and to suggest to the culture industry that it will be profitable to show us more.

Consequently, in chapter 3, we saw the industry respond to the success of these pioneers by delivering the lived experience of “real” addiction via the imagery of madness and lack of control in *Breaking Bonaduce* (Foy et al., 2005) and *Shooting Sizemore* (Demyanenko et al., 2007). In these programs, the expressionistic visuals and irrational behavior activate our ongoing cultural fascination with madness (Foucault, 1965). However, the distorted visuals and erratic behavior also work to “other” their addicted subjects. The nightmarish visual style lets us momentarily see through the eyes of their irrational subjects. The addict is a grotesque character of fiction retrofitted to reality television, and his abnormality has a biopolitical function; it reminds us of the thin line between madness and sanity, and indulgence and addiction. These programs—the first to explicitly acknowledge the addiction problems of their celebrity subjects—conclusively demonstrated the commercial potential of programs depicting celebrity struggles with addiction.
Chapter 4 examined *Intervention* (Benz et al., 2005), which promised authenticity, social relevance and the documentary practice of the “discourse of sobriety,” a text that promises the direct relation to the real and a desire to enact social change. In this program, we see real addiction unadorned by the expressionistic visuals of *Breaking Bonaduce*. Instead, the imagery is raw, seemingly unmanipulated and compelling, and the level of emotion is similarly pronounced. In many ways, this program is the clearest depiction of addiction as spectacularized for our consumption. Yet, the conventions of the reality format require a level of drama that only the manipulation of its subjects can deliver consistently. The industry requires standardization, and therefore coercive power is exercised on these subjects. In turn, the standardized logic works as biopower; it teaches us how to live as self-sufficient individuals in neoliberal society.

In recovery TV, we see a construction of addiction that reflects the unique middle-class orientation of American society (Levine, 1985). The depiction of addiction plays on middle-class fears of downward mobility and, again, the “other.” In turn, the treatment received by the patients is gifted (“accept this gift”); it is privatized treatment, undoubtedly superior to underfunded state treatment, or the free treatment of 12-step programs available to those without financial means.

*Intervention*’s supporters rightly claim that the program helps individuals struggling with addiction, and that point is not disputed here. The interventionists are undoubtedly passionate about what they do, and they seem to truly care about their clients. However, the program’s emphasis on individuals and their immediate social circle decontextualizes addiction. The cause of addiction is always individual trauma rather than social or structural determinants. For the television industry, the programs offer the reduced production costs of reality programming, which in turn are subsidized by private sector partners (i.e., the treatment centers featured on the program).

In chapter 5, we once again see Foucauldian themes at work in recovery television in VH1’s *Celebrity Rehab with Dr. Drew* (Buchta et al., 2008). However, here, in addition to
biopower, we see Dr. Drew Pinsky, star, co-creator and co-producer of the *Celebrity Rehab* franchise exercising the power of the tele-clinical gaze over his patients. Pinsky’s gaze diagnoses his patients utilizing his accumulated and incontrovertible medical knowledge with an eye to transforming this medical treatment into televisual spectacle. Meanwhile, Pinsky’s patients perform recovery labor, they are compensated for the emotional and physical performance of addiction: craving, withdrawal and recovery. Ultimately, their treatment is compromised by the need to transform it into a spectacle for consumption. *Celebrity Rehab* also reassures us that the addiction is not a socioeconomic problem—it affects the privileged too, after all.

Finally, chapter 6 explores the derivative texts that inform us that the reification of addiction into televisual commodity is now complete. Addiction is reduced to an easily replicable formula. In this reduction, the concept of addiction becomes almost unrecognizable. The program creates iatrogenic maladies; they come into existence by their diagnosis and treatment. Ultimately, the transformation into spectacle has detached the sign from the signified; the image of addiction is now undistinguishable from the other commodities in the society of the spectacle.

We have seen how addiction remains tied to madness and immorality. We have seen how the depiction of addiction in reality television can be both productive and oppressive—often simultaneously. We have seen how the “truth” of addiction began, and remains, tied to larger regimes of truth in society. Finally, we have seen the logical result of the appropriation of addiction as genre to the modern television industry as it fragments and fractures and sometimes becomes unrecognizable or, at the very least, indistinguishable from the other discourses appropriated by the reality television phenomenon, where the pathology of consumption becomes one more thing to be consumed.
Addiction, Media, and Society

It would be a mistake to suggest that members of recovery TV’s viewing audience all watch the same programs for the same reasons, or that each viewer comes away with the same meanings. The subject positions and viewing strategies offered by these programs are multiple and polyvalent. Recovery TV accommodates attitudes of sympathy/empathy, paternalism, superiority, disdain, ambivalence, and indifference.

Also, it is important to emphasize that the stories of addiction are worth telling, and the subgenre represents a rare exploration of a serious issue in a cultural text. Millions of lives are lost to addiction every year, yet this condition remains somewhat mysterious. As noted above, these programs have likely created an increased awareness of the issues surrounding addiction, and hopefully dispelled some harmful misconceptions about this issue. Additionally, some Intervention viewers claim the program helped them begin to address addiction in their own lives, while others found a representation of addiction that reflected their own experience as recovered/recovering addicts. At the same time, recovery television is a commodity, and therefore it reflects the interests of the dominant culture.

It is perhaps a forgone conclusion to point out a neoliberal bias in a subgenre of American television programming. Cultural texts are rarely counter-hegemonic; most often they replicate the dominant ideology of the culture in which they are embedded. Yet these texts are presumably anti-consumptive, they purport to be help the audience understand addiction and create social change; their ideology is therefore more insidious. Recovery television spectacularizes a potentially life-threatening condition, and, in doing so, creates a form of knowledge about addiction for the viewer. The subgenre is a discursive formation that contributes to the ongoing social construction of the phenomenon of addiction for their respective audiences. However, the information about addiction conveyed by these programs is dry, clinical, and
individualized—much like the doctor who treats a part of the body rather than looking at the whole. Though many studies suggest that addiction is a response to cultural and social alienation, the genre does not engage in social criticism or explore the influence of culture on addiction; the knowledge that recovery TV creates tells us that addiction is a cause of problems in society, rather than a symptom of a sick society. In spite of the ongoing failure to find a universally effective treatment for addiction, these media depictions of treatment toe the free-market line rather than address the conditions in the society that may allow addiction to thrive.
REFERENCES

4thjet. (2013). Re: A&E Presents the Final Five Episodes of Intervention Beginning June 13 at 9PM ET/PT. Message posted to
http://community.aetv.com/service/displayDiscussionThreads.kickAction?as=119137&w=267410&d=917712&ac=new


http://community.aetv.com/service/displayDiscussionThreads.kickAction?as=119137&w=2674100&d=917712&ac=new


http://www.theguardian.com/commentisfree/2007/oct/16/comment.health


Harris, B. (2002, Aug 02). Spending some time with the real anna nicole smith; television* maybe the ads for her new E! show make fun of her, but the former stripper-model doesn't mind. she'll still let the cameras follow her. Los Angeles Times. Retrieved from http://search.proquest.com/docview/421929773?accountid=13158


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