

ADDICTION AND CELEBRITIZATION:
REALITY TELEVISION PORTRAYALS OF DRUG ABUSE TREATMENT

by

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(Under the Direction of Horace Newcomb)

ABSTRACT

This thesis examines the ways in which reality television portrays the treatment of drug and alcohol abuse through analysis of two television series, *Intervention* and *Celebrity Rehab With Dr. Drew*. The only two reality series that directly address addiction, one serves as a traditional life intervention program, while the other exists within the new milieu of Celebreality. The thesis explores the way in which the structural elements of the two series, and the processes of celebritization, influence the portrayal of addicts on screen, while the reality television participants use sophisticated methods of performance to define themselves. This thesis contends that, while both programs purport to operate as public service, that goal is undermined by a number of structural and theoretical factors.

INDEX WORDS: Reality television, celebrity, drug addiction, alcoholism, *Intervention*, *Celebrity Rehab With Dr. Drew*, Celebreality, demotic turn, performance

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DEDICATION

For my parents, friends, and family who have been so supportive in my academic career. But especially for Laura, my love, without whom I wouldn't be here at all. You talked me out of the five o'clock world and I'll be forever grateful.

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CHAPTER 1

INTRODUCTION

The burgeoning format of reality television is versatile and adept at portraying a vast array of subject matters, and does so using the conventions of numerous pre-existing televisual forms, from game shows, to public service programs, to soap operas. As reality television programs have increased in number, the subjects addressed have also increased. In 2005, A&E premiered a series called *Intervention*, the first reality program to confront the treatment of drug and alcohol abuse, and other addictions. The program has proved popular and aired its sixth season in 2009.

Reality television is predicated on its portrayal of the “ordinary” individual, a symptom of a democratization of celebrity that has been defined as the “demotic turn” (Turner, 2006). As such, reality television is necessarily bundled with the changing notion of what defines celebrity, and how celebrity is manufactured. In recent years, a new phenomenon called “Celebrealty,” wherein established celebrities participate in reality television, has been developed, further complicating the understanding of the phenomenon of celebrity. In early 2008, cable network VH1 added a new program to its established stable of Celebrealty programs: a show about celebrities wrestling with drug and alcohol addiction entitled *Celebrity Rehab With Dr. Drew*.

To this point, *Intervention* and *Celebrity Rehab* are the only American reality television series that confront drug abuse and its treatment, issues that have broad implications across the culture. Countless individuals struggle with addiction, and these two programs portray that

struggle within the landscape of reality television, a landscape that derives its popularity from its claim to “the real,” and the notion that it provides a truthful representation of events.

While Celebreality is part of a broader development (together with things like tabloid journalism and paparazzi photography) that works at demystifying celebrity, the typical reality program engages “ordinary” individuals in a process of celebritization, elevating them to fame from humble beginnings. It is notable that within each of these paradigms lie programs that focus on addiction. This thesis examines how reality television represents the treatment of drug and alcohol abuse, and how that representation varies when dealing with elite figures (established celebrities) as opposed to ordinary individuals.

Reality television comprises a rich and complex landscape of many different types of factually-oriented programming, whose visual language attests to its authenticity, all the while reproducing narrative structures that have deep roots within the established modes of presentation of both documentary and narrative drama. Thus, reality television exists in a border territory between cinema verite and scripted entertainment. This form of “popular factual programming” (Hill, 2005, p. 42) markets itself based on its claim to authenticity, and its appeal to a viewing culture that is perceived as increasingly voyeuristic.

As the form itself has expanded in both size and scope over its last two decades, its claim to “the real,” already dubious (Hill, 2005), has proved more so. Audiences have proven to be savvy in their consumption of reality television, understanding that careful processes of casting, performance, and editing play a role in manipulating authenticity. Paradoxically, while audiences perceive reality programs with less editing and fewer intricately crafted structural devices as more authentic, viewers tend to find more entertainment value in programs that are carefully constructed, and in which participants have a greater tendency toward overt performance, or

“acting out” (Hill, 2005). Since the premieres of both *Survivor* and *Big Brother* in the late 1990s, reality television has exploded in both availability and popularity. Reality programs have become so embedded in the television landscape that even though viewers understand the deception of the false truth claim, they still consume the programming in huge numbers.

Reality television does not in fact present real life. But the situations it displays *do* indeed exist in reality, and the camera provides a simulation of those events (King, 2006). The very naming of the form as “reality” is a falsehood, and the terminology, coupled with the incorporation of pre-existing narrative structures, serves to confuse the definitions of that which is real and that which is simulated. Perhaps this confusion is what defines the appeal: even if we know something is manufactured, can we trick ourselves into believing it is reality just because its creator names it so?

As the sheer number of reality television programs has increased, perpetuated not only due to its popularity, but due to the expanding number of programming hours that come with the modern multichannel landscape, the range of subject matters that reality television confronts has also broadened. The earliest prototypes for reality television (*Cops*, for example) provided a first person view of events as they happened. Shows like *The Real World* moved beyond this, portraying a simulation of everyday life with a thematic interest that was non-specific. While construction of a physical space formed a foundation for the action, and editing techniques were used to mold it, the on-screen events were determined to a large degree by the actions of the participants. Subject-specific programming is a newer phenomenon. While a show like *The Real World* is devoted to the process of observing subjects in a televisual Petri dish, a program like *The Bachelor* can be defined as being *about* dating, just as *Survivor* can be defined as *about* wilderness survival.

In the contemporary landscape, there are reality television programs about nearly every topic under the sun, from medicine (*Trauma: Life in the ER*), to fashion design (*Project Runway*), to childcare (*Nanny 911*). These examples occupy each of the various mini-genres of reality television, like competition programs, docu-soaps, or life interventions. Despite the format, contemporary reality shows are often organized around a single subject that serves as its guiding principle. The two programs discussed in this thesis are the only two reality series that confront the subject of addiction and its treatment.

This thesis additionally examines the operation of the celebritization process within the confines of these two programs, and looks at the factors that are elemental to their construction, like casting, narrative structure, editing, and participant performance. While both shows approach the subject in vastly different ways, with different structures, different types of participants, and a narrative focus on different parts of the treatment process, they are bound together by their subject matter. They provide two templates with which to broach the subject of drug addiction within the established conventions of reality television. As they both make some claim to providing a public service, this thesis will also evaluate the degree to which they exist as public service programs as opposed to pure entertainment.

Textual analyses of the first season of *Celebrity Rehab* and selected episodes of *Intervention* culled from across the program's first five seasons are presented, informed by literature on reality television, celebrity, performance, and the specific methodologies of drug abuse treatment that are utilized on each series.

The presentation of addiction within the reality television milieu is complicated by a number of factors, both practical matters and theoretical ones, from tone and structure, to casting practices, to the rationality (or irrationality) of the participants, to the specific performance

techniques that participants use to define their personae. This thesis attempts to unpack that baggage to examine the viability of addressing drug abuse treatment inside the confines of the reality television form.

CHAPTER 2

REVIEW OF LITERATURE: REALITY TELEVISION AND CELEBRITIZATION

An overview of reality television

Reality television has, in the past several years, spawned a rich body of literature, dealing with wide swath of theoretical constructs. Reality television has commonly been understood as “popular factual programming,” though the degree to which events portrayed on screen are factual is often hard to discern. In its infancy, the reality style was something of an extension of news programming, focusing on real-life footage of law enforcement or rescue services (Hill, 2005). As such, reality television was, perhaps indirectly, borne of the cinema verite movement in documentary filmmaking, presenting a “fly-on-the-wall” perspective into events as they occur (Brenton & Cohen, 2003). This perspective translated to television via programs such as *Candid Camera*, which debuted on radio as *Candid Microphone* as early as 1948 (Clissold, 2004).

Piper (2004) argues that since the formative years of modern reality television, when rescue and law and order programs ruled the day, reality as entertainment has undergone a persistent shift away from the real. The most popular reality entertainments in the contemporary period focus on the banalities of everyday life, and often seem more like improvised, but partially scripted, dramas than true observational documentaries. Whereas programs that feature raw video and an over the shoulder look at emergency management officials verify their authenticity with audio and visual clues as to the continuity of the situation (Fetveit, 2002), more recent reality fare is quite obviously edited, leaving the authenticity of the image in considerable doubt.

Whether reality television has ever really had a claim to the real is an argument of some debate, despite the fact that such a claim is essential to the marketing of the programming (Hill, 2005). Reality television presents what can be called a dramaturgical simulation of the kinds of events that would take place in everyday life, and the programming is presented to the audience as real whether the on-screen situations are authentic or not (King, 2006). While reality programs may contain unscripted or improvised situations, the careful structuring (consisting of methodically selected participants, the specific arrangement of physical production elements, and other formatting particulars) “implies that the shows are *based on* reality without suggesting they *are* reality” (Dubrofsky, 2007; emphasis mine).

Despite all this, the term “reality” is used liberally to define a broad range of factually oriented programming about myriad subject matters, a “catch-all category...located in border territories, between information and entertainment, documentary and drama” (Hill, 2005, p. 2). Contemporary reality television comprises everything from gritty, realist projects like *Cops*, to manufactured dating competitions like *The Bachelor*, to elaborate surveillance exercises like *Big Brother*, and everything in between. As such, reality television is an umbrella term, under which a seemingly endless series of mini-genres fall, often borrowing narrative conventions from the parallel universe of fictional television.

Two of these genres are significant for the purposes of this thesis: the “docu-soap”, and the therapeutic, “life intervention” program. The docu-soap, true to its name, is a hybrid of verite-style filmmaking with narrative conventions that resemble a common soap opera. In a docu-soap (like MTV’s *The Real World*, perhaps the forefather of the format), the audience feels like it is receiving a “slice of life” portrait of real people, albeit with the more dramatic and attention-grabbing situations moved to the forefront of the action (Kilborn, 2003). Elements of

typical scripted drama are borrowed to make for more readily understandable entertainment. Hours of footage are heavily edited, stories are serialized and tension and conflict are built using the same methods as scripted television, with storylines exposed and built over periods of time. The documentary format is enhanced and tailored to fit the structure of the soap opera (Kilborn, 2003).

While the docu-soap is structured according to the conventions of a comfortable, pre-existing narrative format, the “life intervention” program blends the factual entertainment model with the tenets of public service, operating under the auspices of the self-help, self-preservation, or therapy of the reality participants. This genre provides individuals with some lifestyle “problem” the opportunity to rectify it. This type of programming puts the audience at a distance, by making the participants seem inferior, “less knowledgeable and less personally motivated than the imagined TV audience,” while simultaneously inviting the audience to engage in the self-help practice (Ouellette & Hay, 2008, p. 65-66). The life intervention format presupposes that there is one socially acceptable way of behaving, and that a participating individual has consented to go under the observation and direction of trained professionals in order to conform to the accepted standard (Ouellette & Hay, 2008).

Life intervention programs have been organized around a broad spectrum of different lifestyle issues, such as juvenile delinquency (*Brat Camp*), drug and alcohol addiction (*Intervention*), even sloppiness (the BBC’s *Mission: Organization*; Ouellette & Hay, 2008). Typical of these programs, and *Intervention* and *Celebrity Rehab* particularly, is a reliance on the participant’s confession of a personal problem and his engagement with it within the surveillance atmosphere of reality television. Dubrofsky (2007) suggests the confession and the management of the persona while under observation can act as therapy in its own right, independent of the

treatment practiced on screen. Surveillance under these conditions is simply a high-tech method for the practice of confession, which, in Foucault's terms: "unburdens [the individual] of his wrongs, liberates him, and promises him salvation" (qtd. in Dubrofsky, 2007, p. 272).

Just as the genres of reality television mirror the pre-existing forms of fictional television, so does the process of choosing the individuals who will appear on reality shows. A large team of producers and casting directors, often the same ones employed in the production of fictional television and Hollywood film, take the first step in finding cast members for reality programs, and the process has developed a degree of homogeneity resulting in the reproduction of certain character types, described in the press with such colorful names as "The Gold Digger," "The Power Hungry Bitch," and the "Insecure Attention Whore" (Flocken, 2008). The same large casting services created for filling roles in Hollywood movies are turning more and more of their resources to finding new reality stars, in response to the industrial shift toward more reality programming. There is even a school in New York City that offers both one-night and five-week courses that train prospective reality participants in the tools of the trade (Hampp, 2008). There are multiple web sites that routinely publish open casting calls for participants, creating a self-fulfilling industry of prospective talent.

Casting agents acknowledge their role in structuring the narrative, often professing to search for the most "interesting" individuals to put on television. Bonnie Gillespie, casting director for *Paradise Hotel*, who no longer works in reality television, claimed that her casting process consisted of "finding people with low social boundaries, extreme narcissism, and a willingness to do just about anything to be on TV" (Lowenstein, 2008).

While *Intervention* is perhaps the quintessential example of the contemporary life intervention program, *Celebrity Rehab* attempts to use the processes of the life intervention

within the genre confines of the docu-soap. Both series are beholden to the same kinds of structural dynamics, like casting and editing, that all reality series must rely on, and both series attempt to confront the treatment of addiction using the conventions of reality television, though in quite different ways. In examining either program, it is essential also to look at the complex relationship that exists between participation in reality programs and contemporary notions of celebrity.

Reality television and celebrity

In *The Frenzy of Renown: Fame and Its History*, Leo Braudy (1997) quite extensively traces the lineage of celebrity over thousands of years of human experience, from the time of Jesus through the contemporary period, where, to some extent, fame has been “democratized.” Braudy argues that fame is a concept that can be traced back to the earliest human periods, and the quest for celebrity was initially bundled with the desire for personal honor, and further entwined with the concepts of nationalism and religion (Braudy, 1997).

Over time, communication methods have evolved, and with it, so have audiences. Whereas once fame was the domain of individuals of great political, religious or cultural power, and thus tied to the glory of the institutions that those individuals represented, in the modern period fame and celebrity are more recognizable as personal properties. Further, celebrity entities are more diverse, and the audiences that support fame are more expansive. As celebrity individuals become focal points in their own right, communities of fans are created, replacing more institutionalized audiences. Celebrity becomes specialized, allowing room for expanding numbers of famous people within the public discourse (Braudy, 1997).

To follow the evolutionary process that Braudy has outlined leads quite naturally to the present situation (in the age of mediated presences like reality television and the internet), where

fame truly is democratized, perhaps even beyond what he had envisioned. Writing over twenty years ago now, Braudy arrives at a form of conclusion:

In the last hundred years, the nature of fame changed more decisively and more quickly than it had for the previous two thousand. Visual media became the standard-bearers of international recognition, giving art, religion, and politics shapes they never had before.... But the reproducibility of the image (and the fame) both widened its appeal and undermined its uniqueness (Braudy, 1997, p. 584).

Braudy's argument was written before the proliferation of reality television and the internet, two contemporary media forms that have expanded the "reproducibility of the image" and have gone a long way towards advancing the loss of uniqueness that he describes here.

Turner (2006) helps to bridge the gap between the time of Braudy's writing and today, describing the contemporary landscape as existing within the "demotic turn," where there is an endless stream of opportunities for ordinary people to ply their wares in the public spotlight, reality television not least among them. The nature of celebrity has shifted from "the elite to the ordinary" (Turner, 2006, p. 154). While the history of celebrity is littered with stories about ordinary individuals, leading ordinary, banal existences, who have been elevated to celebrity status (indeed, very rare is the case where an individual is "born" into fame), the discourse on celebrity has undergone a fundamental shift in recent years, thanks in part to "reality TV, DIY websites, talk radio and the like" (Turner, 2006, p. 153). That is, the new avenues for fame provide for an expansive and diverse group of recognizable individuals, whose fame is bundled up with their very sense of being normal, ordinary citizens. Their "ordinariness" is fundamental to their appeal, making the new process of celebritization altogether unlike the "overnight sensations" of yesteryear (Turner, 2006).

The “demotic turn” has also increased the speed of celebritization (or “celebrification,” as Turner calls it), along with the speed of disposability. While the demand for celebrities has reached a head, the supply is unceasing. However, the reality television celebrity has a short life span, so to speak, as the next crop of faces will soon be produced and consumed, and the cycle of “celetoids” will begin anew. In order to present their participants as “ordinary,” reality television producers must continually find new individuals; otherwise their claims to reality can fall flat (Turner, 2006).

Even given that the nature of this new form of celebrity is fleeting, its desirability is increased as those who comprise media audiences sense the new potential for fame within avenues like reality television, and often attempt to seize these newfound opportunities. Thus, reality television creates a blurring of the relationship between celebrities and audiences, as the ordinary nature of new celebrities creates an aspirational foundation for new opportunities for those individuals who seek some sort of validation through recognition (Redmond & Holmes, 2007).

In *Fame: Stripping Celebrity Bare*, David Gritten (2002) enumerates a number of “rules” that govern our understanding of celebrity, one of which is “In future, anyone will appear on television if they want it badly enough” (Gritten, 2002, p. 71). Gritten laments the fact that, in the age of reality television, the concept of celebrity has reached a nadir. Where once fame was the domain of political heroes, further evolving through the age of film stars and music artists, celebrity now belongs to those without a discernable skill set. Beginning with *Big Brother* and *Survivor*, individuals who sought fame were highly calculating audience members, the type who were fans of the burgeoning crop of reality television programs, and those who auditioned for their television opportunities “had calculated beforehand that such prolonged, intense exposure

on television might help viewers love them almost as much as they loved themselves...[and] might prove a short cut to long-term, if unspecified fame” (Gritten, 2002, p. 73). But the public adoration is at best fleeting, and the long-term fame is seldom realized. Gritten argues that if there is something positive to be gained from this new celebrity market, it is the development of an audience that is sophisticated enough to discern that celebrity worship is rooted not in the personalities or talents of celebrity, but in the voyeuristic nature of a tabloid culture and a love of intrigue and gossip (Gritten, 2002).

The changing nature of celebrity plays a role in all reality television, including *Intervention* and *Celebrity Rehab*, the programs that are examined herein. *Celebrity Rehab* is one of a number of contemporary reality programs that inserts famous or semi-famous individuals into the reality presentation process. But the typical reality show format, at least from the 1990s onward, has involved a process of celebritization of the “ordinary” individual. That is, a situation exists wherein the stars of a given program are grounded and presented as ordinary citizens, but become celebrities by sheer virtue of their exposure (Holmes, 2004). The so-called “Celebrealty” programs, like *Celebrity Rehab*, lie at a unique place in the reality television game, as individuals who are celebrities independently of reality television are increasingly displayed within the same paradigm as the ordinary reality participant. As such, Schaefer (2007) suggests, this new genre continues an ongoing process of demystifying celebrity culture, a process that includes the hypermediation of the personal lives of famous people. Typically the domain of “has-beens” who have been “abandoned by the glamour machine,” in Celebrealty, participants must negotiate the reality television landscape, typically the domain of the ordinary individual, to recapture some degree of their former renown (Schaefer, 2007, p. 2). These

celebrity participants view reality television as a speedy way to reconcile their present state of obscurity with their glory days.

While the audience market for reality television typically springs from an aspiration for potential fame given credence by the ordinary nature of the participants (Gritten, 2002), Celebrealty programs are successful for an altogether different reason. Celebrities, being “the embodied American dream,” are inherently interesting figures whose personal lives are frequently put on display and demystified in a variety of media, such as the tabloid press (Schaefer, 2007, p. 7). Celebrealty provides a new avenue for voyeuristic observation of the famous, placed in the context of the established outlet of reality television, and in particular the docu-soap.

The Surreal Life, first aired on the UPN network, and in later seasons by VH1, who used it as a platform to create the “Celebrealty” brand, was the first such program, a docu-soap that provided a group of low level celebrities with “the opportunity of large-scale broadcast television exposure, despite the fact that the contemporary state of their career does not merit such airtime” (Schaefer, 2007, p. 14). The Celebrealty model that followed, Schaefer argues, is a further symptom of the disintegration of the cultural process that creates celebrities (Schaefer, 2007; both Braudy and Gritten had previously suggested that such a decay was in process, though in less certain terms than Schaefer presents here). *Celebrity Rehab* presents a twist on the Celebrealty format, borrowing its conventions, while acknowledging that some degree of renown can be gained solely from negative press, and the attention gained from stigmatized behaviors like drug and alcohol abuse.

Reality television and performance

Reality television, whether the Celeb reality version or otherwise, relies to some degree on the participant's presentation of himself within the context of the television program. In the hypermediated age, it is difficult not to read Erving Goffman's groundbreaking text *The Presentation of Self in Everyday Life* (Goffman, 1973) with reality television in mind. Without necessarily taking the step to assume reality television participants are *performing*, we can still look at the end product of a reality show and see that it is a *performance*, in its most general sense, for public entertainment. More precisely, we can discuss the particulars of what performance is, and its relevance to the simulated environments of reality television.

Fundamentally, Goffman (1973) saw the individual as an actor who performs under different guises depending on particular situations. Sometimes the performer is conscious of his act ("taken in" by it), and sometimes the actor is unconscious of the fact that he is performing. Each individual operates on a particular stage, or "front," and each front has its own rules for interaction. The front includes both the physical setting of the interaction as well as external factors that inform behavior. Each personal interaction is shaped by the front on which it takes place. Goffman provides the example of an individual of wealthy means who presents himself as apologetic and humble when interacting with those of lower social status, but behaves in a self-aggrandizing manner when confronted with someone who is even better off than he (Goffman, 1973).

The performance of an individual is highly socialized and molded for the particular society with which the individual is interacting. As is evident in the example of the wealthy man, above, the performance "tend[s] to incorporate and exemplify the officially accredited values of the society" (Goffman, 1973, p. 35). A reality television program is itself a kind of "society," where interactions take place in various scenes, or "fronts" (the physical set, the time and place

where interactions occur). The interactions on each front are structured according to the rules and values of the particular reality show. But while the show is a “society,” it is also part of a series of increasingly larger societies: reality television programming, television in general, and the broader society (what we would call “real life”) that the reality program claims to represent.

Goffman’s work supposes that performance is a major component in everyday interaction. It is possible, then, to discuss performance as significant in the simulation of these interactions. Annette Hill (2005), working primarily in the field of audience studies of factual television, contends that performance in reality television is a device used to frame the action of a given scene for its audience. While reality television makes a claim to the real, it is ultimately up to the audience to decide to believe (or disbelieve) the presentation of reality, and one of the audience’s chief analytical tools is performance. Audiences expect a certain amount of “acting out” from reality participants, to provide a greater entertainment value. Of course, audience analysis of performance is not entirely reliable, as audiences are keen to judge the level of performance according to how “natural” the interaction feels. The more “natural” the interaction looks, the less the audience believes the participants are outwardly performing, which may well not be the case (Hill, 2005). The audience believes that the individuals on screen are real, but the situation is manufactured. If the individuals feel “true to life,” that may be enough for the audience to accept the producers claims to truth (Hill, 2007).

Hill also discusses authenticity as a concept that competes with performance for audience perception of reality. Audiences tend to judge the structure of reality shows according to perceived authenticity. For example, a show that places its characters in overtly contrived situations (such as forcing them into competitions, etc.) is typically perceived as less authentic than a program that simply places its characters in a surveillance atmosphere and allows them to

interact (Hill, 2005). For example, an audience is more likely to assess a high degree of authenticity to a program like *The Real World*, which purports to show the everyday lives of average individuals as opposed to *Survivor*, which thrusts participants into a highly constructed competitive environment. Moreover, the focus on authenticity underscores the importance placed upon reality television's claim to the real, as the audience is active in negotiating the veracity of that claim (Rose & Wood, 2005).

In an attempt to reconcile the competing concepts of audience understanding, Hill defines reality television as living in a landscape of "performative factuality" (Hill, 2007). Using Goffman, we could perhaps also refer to everyday interaction as "performative factuality." In light of Hill's discussion of performance and authenticity, and the potential of audiences to inaccurately measure each, it is useful to point out one further Goffman point about performance: that the performance conceals its own errors. According to Goffman, before an individual takes to a stage or "front," any errors and mistakes in the creation of the persona designed for that front have been corrected, and the performer only displays the end product of his persona, not its development (Goffman, 1973). This may serve as an explanation for the performances of reality participants, and the constructed nature of the productions as well, where the self and the program are molded to perfection before being presented to an audience.

In the case of celebrity participants, the persona created on a reality television show must lie somewhere along a continuum between the private and the public self, within a struggle to find the authentic, "real" self within the mediated property that is the public celebrity persona. The celebrity, in his professional life, may have lost track of the authentic, and must carefully manage his persona so that the finer points of his "real life" shine through (Tolson, 2001). In creating the persona, other media serve as a template for which features to emphasize. Those life

features that are perceived positively within other discourses are the ones to be reproduced. In reality television, the self is the commodity, and a balance must be struck between a positive presentation and a personal authenticity (Hearn, 2006; Tolson, 2001).

The surveillance dimension created by omnipresent camera and sound equipment is an additional factor to consider. In reality television atmosphere, including in shows like *Intervention* and *Celebrity Rehab*, countless hours of footage are recorded and boiled down into palatable bits for airing. The physical atmosphere (like the situational arrangement of the set) is carefully curated by the production team. Depending on the format of the individual show, the participants may be confined to the set, free to leave the set with cameras following, or able to escape surveillance altogether, either within a part of the set or outside of it. The goal of a production staff is to make the audience believe that the surveillance is continuous, though it is difficult to discern when or if that is the case. In a show like *Big Brother*, surveillance is continuous, with an intricate and omnipotent video and audio system (Thornborrow & Morris, 2004). In other programs, it is difficult to tell when surveillance has been breached. Regardless of the continuity of the surveillance, it is evident that a certain degree of overt performance can be expected from reality show participants (Hill, 2005).

Surveillance can be considered in tandem with performance as central concepts related to the creation of self within the reality television production mill. King (2006) refers to a process whereby reality television's on-screen participants use complex performance techniques to define themselves within the surveillance atmosphere. Through the act of knowingly simulating everyday activities, reality participants engage in a process of self-definition because they are fully aware that their performances are being watched (King, 2006). This self-definition process is not altogether unlike Goffman's concept of creating a persona to engage with a certain front.

And though King does not explicitly say this, we can infer that the process of performance in front of a camera can act as a form of therapy for the participant.

Andrejevic (2003) more explicitly suggests that the surveillance atmosphere of reality television is beneficial, provided the participant recognizes the voluntary nature of the exhibitionism. The individual owns the choice of participation, voluntarily offering up his performance (Andrejevic, 2003). We can suggest, then, that the surveillance atmosphere itself offers incentives for participants to perform according to the particular front provided by a reality program.

Audience research has shown that the higher the degree of “true” surveillance-type elements (hidden cameras, etc.) present within a given reality show, the more likely the audience will perceive the events on screen as factual (Hill, 2005). This of course does not answer the question of the degree to which the individual is likely to perform his everyday behavior. It does suggest that perceptions of reality are beholden not just to the individual management of the persona, but also to external factors outside the participant’s control. In practice, the individual must learn to operate within the rules of his television program in order to create an acceptable self (Holmes & Jermyn, 2004). In the case of a celebrity participant, the creation of the self is even more important, as it must both reaffirm, redefine and transcend the public celebrity image.

In both *Intervention* and *Celebrity Rehab*, processes of performance and celebritization are at play, shaping the narrative and working to dictate the ways in which the two programs are likely to be received by audiences. Each program has its own specific structural elements and each approaches the concepts of celebrity and drug abuse in its own way. Individual analyses of *Celebrity Rehab* and *Intervention* are useful as a starting point for exploring the way reality television approaches drug addiction, and are contained in the chapters that follow.

CHAPTER 3

VH1'S *CELEBRITY REHAB WITH DR. DREW*: DRUG ABUSE TREATMENT AND "CELEBREALITY"

Structuring Celebrity Rehab

Celebrity Rehab With Dr. Drew (Bertulis et al., 2008) began its run on cable network VH1 on Thursday nights beginning January 10, 2008. The final first season episode, a "reunion" of most of the cast, aired on March 13, 2008 (TV.com)¹. On the program, nine celebrities suffering varying degrees of drug and alcohol addiction seek treatment at a Pasadena, California rehabilitation facility. Over a period of three weeks (a particularly short treatment cycle), the newly admitted patients participate in group and individual therapy sessions conducted by Dr. Drew Pinsky and a small group of treatment counselors, all (aside from Pinsky) recovering addicts themselves. Activities in the compound are filmed using a mixture of styles: observation of therapy sessions and common-area activities by video and sound crews, "talking head" style interviews with the counselors and patients, and surveillance style cameras in the patient bedrooms.

The celebrities themselves have a stature that is quite typical of Celebreality participants. That is, they all could be described as "has been" or "D list" celebrities, though they all have accrued various degrees of fame and success in a number of different entertainment fields, and at

¹ While this analysis deals primarily with the first season of *Celebrity Rehab*, a second season of eight episodes aired on VH1 in late 2008. A spinoff show, *Dr. Drew Presents Sober House*, premiered in the same time slot the following week.

least a few should be household names. The following nine persons were patients at the Pasadena Recovery Center for some or all of the filming of *Celebrity Rehab*:

- Daniel Baldwin, lesser-known brother in the Baldwin family of actors. Baldwin had starred in the television series *Homicide: Life on the Street*.
- Seth “Shifty” Binzer, lead singer of rock band Crazy Town, famous for their 2001 single “Butterfly.”
- Mary Carey, an adult film actress who, as a publicity stunt, had run for Governor of California in the recall election in which Arnold Schwarzenegger won the office.
- Jeff Conaway, co-star of the film *Grease* and the television series *Taxi*.
- Jaimee Foxworth, former teenage actress famous for her role on the television series *Family Matters* in the 1990s. In later years, Foxworth starred in a number of adult videos.
- Joanie “Chyna” Laurer, who, as “Chyna” or “Chyna Doll,” gained fame in the late 1990s as a WWF/WWE professional wrestling star.
- Brigitte Nielsen, co-star of a number of films in the 1980s, including *Red Sonja* and *Rocky IV*. Nielsen has more recently starred in two other VH1 reality series, *The Surreal Life* and *Strange Love*.
- Ricco Rodriguez, former mixed martial arts/ultimate fighting champion.
- Jessica Sierra, former *American Idol* finalist.

These celebrity patients were under the care of Pinsky, colloquially known as “Dr. Drew,” who is famous in his own right as medical consultant for the syndicated radio program *Loveline*. On *Loveline*, Dr. Drew has played co-host to a number of different comedic personalities, playing the strait answer man to listeners who ask questions about topics concerned with sex, sexuality, romance and, frequently, addiction. *Loveline* also had a brief run as a television series on MTV. In addition to his media work, Pinsky is currently the Medical Director of the Department of Chemical Dependency Services at Las Encinas Hospital (Jesella, 2008). In addition to performing in several film and television projects, Pinsky has also co-authored a 2006 academic study on the narcissistic tendencies of celebrities, in which he used his

position as co-host of the *Loveline* program to study the behavioral tendencies of his celebrity guests (Young & Pinsky, 2006)². Pinsky occupies a rare position in the entertainment industry, as both a friend and critic of the rich and famous, both a scholar on a number of issues and a celebrity in his own right. Pinsky is quick to deflect any negative criticism of *Celebrity Rehab*. He explains, “People call it exploitative; I’m confused by that”; the participants “know exactly what they’re getting into and have allowed (sic) to resolve the problem, to help others” (Jesella, 2008, p. ST2).

Pinsky is assisted at the Pasadena facility by clinicians Shelley Sprague and William Smith, who reveal during the course of the program that they are recovering addicts themselves. The same is true of Bob Forrest, a therapist and recovering drug addict who works as a group meeting facilitator with Pinsky.

To approach a text like *Celebrity Rehab*, it is first necessary to confront its position in a prime time television mosaic like VH1’s, which is comprised principally of a number of celebrity-based docu-soaps, branded with the buzzword of “Celebreality.” VH1 has built a cottage industry on the backs of former child stars and one hit wonders. Its Celebreality programs, like *The Surreal Life*, *Flavor of Love* and *My Fair Brady*, each take a popular reality show format and add to the formula the extra cachet of real life celebrities. Most often, the genre is docu-soap, though *Flavor of Love* and its successor *Rock of Love* ostensibly occupy the genre of reality competition programs. In general, these shows stretch the already complicated boundary of celebrity, as more often than not the famous people willing to put their lives on screen are far removed from their days of glitz and glamour. In some cases, the celebrity is

² Pinsky and his colleague S. Mark Young have recently co-authored a book based on the results of the study, entitled *The Mirror Effect: How Celebrity Narcissism is Seducing America*, released on March 17, 2009.

simply an obscure singer or reality show star clinging to his or her Warholian fifteen minutes. In the case of each of these programs, the viewer is aware of the stars' diminishing fame, and of their desire for money and exposure. Still, the celebrity infatuation and voyeuristic tendency has proven strong, and audiences have been very receptive to Celebrealty programming.

VH1 and the producers of *Celebrity Rehab* view this program as different and more important than the typical Celebrealty program. They view the series as a groundbreaking look at fame and addiction. But, even if that explanation holds water, can they realistically expect the public to view it this way? Can a highbrow look at a serious public health issue live comfortably within a landscape that includes *Rock of Love* and *Scott Baio is 45...And Single*?

Celebrealty as a whole seems to occupy somewhat of an uncomfortable position within the framework of reality television, until we consider that Celebrealty shows are often the last chance at success for fallen stars. We can reconcile Celebrealty with the rest of reality fare if we consider the whole genre as a middle ground between true fame and anonymity. Some participants are on the way up, others on the way down, but all rest for a time in the same arena. Celebrealty can be as exploitative as its other reality counterparts, and when considering the audience's prior knowledge of the participants, it is typically more voyeuristic. *Celebrity Rehab* provides a televisual venue for the public fascination with celebrities who perform "bad behavior," like drug and alcohol abuse.

For the producers, this position within the Celebrealty landscape is taken reluctantly, as VH1 has stressed the seriousness of the show in the press, and Pinsky himself has spoken frequently of the program's importance. Critics have suggested that the existence of a show like this is the network's way of atoning for the exploitative and disposable nature of Celebrealty itself (Stanley, 2008).

Celebrity Rehab's approach to drug abuse treatment

The term “drug abuse treatment,” as the preferred term for dealing with addicts in recovery, is an interesting semantic choice. The term implies that the treatment itself is not a cure, but an ongoing struggle against “a chronic and relapsing disorder” (Hartel & Glantz, 1999, p. 243). The methodological treatment of drug abuse on *Celebrity Rehab* is not unlike a common twelve-step program, though that point is not emphasized in the narrative. A group therapy approach is the dominant means of treatment, where participants meet as a unit, discuss their individual problem, and invite feedback from the rest of the group, all while being moderated by a treatment professional. Group therapy “provides an empathetic milieu that promotes recovery by example,” where the support of other group members is paramount to the success of the individual’s recovery (Hartel & Glantz, 1999). In *Celebrity Rehab*, the group therapy is supplemented by one-on-one therapy sessions.

In a popular culture where news of individual celebrities’ troubles with drugs, alcohol and the law is commonplace, the issue of drug treatment among the celebrity population is a particularly prescient one. Checking into rehab is seen as almost a career defining moment among celebrities, a way to make amends for past sins, get away from the fast paced Hollywood life, or just get some much-needed publicity, even if the end result is only a superficial quick fix (Adler et al., 2007; Chun, 2007). A television show like *Celebrity Rehab* can exist only within a culture like this. As a representation of a larger societal issue, *Celebrity Rehab* has garnered some praise in the press, but has received censure from a number of different sources. The *Washington Post*, for one, referred to the program as a “compelling and thoughtful” look at the personal struggles of celebrities (Maynard, 2008, p. C01). However, the *New York Times* review chided the program as “celebratory,” and accused the producers of watering down the issue of drug abuse with exhibitionist pap (Stanley, 2008).

Celebrity Rehab has received additional criticism from the National Association of Addiction Treatment Providers (NAATP), whose president, Ronald J. Hunsicker, said the program “takes advantage of and uses people in deep distress because of their addiction as a way to draw in viewers” (“Cable Show,” 2008, p. 4). The organization further suggested that the treatment facility represented on screen was unnecessarily glamorous, and provided an unrealistic view as to what a typical facility is like (“Cable Show,” 2008).

That particular point of criticism is not entirely surprising. As the phenomenon of celebrities entering drug rehabilitation has reached a head, more attention has fallen on glitzy, spa-like residential treatment facilities like the Promises Residential Center, where countless celebrities have checked in over the past decade (Adler et al., 2007). Facilities like Promises, the most famous of these glamorous treatment centers, situated on the beach in Malibu, California, are employed frequently by the rich and famous, but questions persist as to their effectiveness. As many as 80 percent of all addicts relapse after undergoing residential treatment, and to look for reliable data on the success of posh resort-style facilities is an exercise in futility (Waxman, 2007). But it is certainly true that the vast majority of drug addicts who can afford inpatient treatment at all more likely to find themselves at a facility that is far more spare and clinical than what they see in the celebrity press (“Cable Show,” 2008).

The NAATP has further criticized the public service announcements that run during the show’s commercial breaks. A series of public service announcements for the Partnership for a Drug-Free America (PDFA) appear frequently during breaks, and occupy a tenuous position around promos for *Rock of Love* and the like. The rhetoric of the PSAs is strong, but potentially helpful, as the audience is implored to encourage loved ones with drug and alcohol problems to seek treatment, and provided with contact information for organizations can offer assistance. The

PSAs, which feature an appearance by Pinsky himself, are VH1's way of acknowledging the elephant in the room: that the problem shown on screen exists in real life, and these nine celebrities are not living in a vacuum. The PSAs are also context-builders; they go a long way toward establishing the program as the serious documentation of drug treatment that the producers aspire for it to be. They can also be seen as a way to temper some of the criticism a program of this nature is bound to receive. Either way, the use of the PSAs is key to VH1 making its case for *Celebrity Rehab*. The PSAs have been mostly accepted in the press as an important context builder, with the notable exception of the NAATP, which objects to the use of the Partnership for a Drug-Free America, contending that it would have been more appropriate to air PSAs for a drug recovery organization, rather than the prevention oriented PDFA ("Cable Show," 2008).

Celebrities in treatment

While the series is quick to emphasize the gravity of the situation its participants have found themselves in, a rhetorical choice seemingly made in an attempt to dissuade any association with other Celeb reality programming, the overall tone of the program is quite mixed. Therapy sessions are often presented in a very straightforward manner, while much of the celebrities' leisure time is treated lightly, very similarly to what one would expect from a typical docu-soap. Minor storylines are developed and edited, often for comedic effect. While the treatment angle (the life intervention element) is the primary focus within the overall narrative, the participants' relationships with one another are given a great deal of weight. This is symptomatic of the hybrid genre the series occupies, balancing the elements of the docu-soap within the life intervention structure. One might further presume that VH1 could see its audience being turned off if the grave tone of drug treatment was not tempered to some degree.

On many occasions, the tone can be quite serious, beginning in the first episode (January 10, 2008)³, in which the participants are shown (via pre-recorded videotape) in their lives as drug users. One such clip is shown of Seth “Shifty” Binzer displaying for the camera the way to properly light a crack pipe. Binzer inhales and exhales into the camera, displaying a tangible moment in his struggle with addiction for the world to see. The clip lasts all of ten seconds, but in the context of the narrative’s exposition, it is one of the most powerful moments of *Celebrity Rehab*’s entire run. The first episode also presents the celebrities arriving individually at the Pasadena treatment facility. Mary Carey arrives admittedly drunk, stumbling around under the supervision of Pinsky and his crew. One could question the authenticity of either of these scenarios; after all, who wants to be shown smoking crack on camera, or arriving inebriated to rehab? However, there is no immediate evidence that the producers had a hand in staging any of these events, and these situations are symptomatic of the lives that these people have led. As narrative devices, they go a long way toward setting a stage.

The premiere episode concludes with one of the series’ most pivotal moments. Jeff Conaway, who is presented as being deepest into the throes of addiction, has a seizure during his detoxification process and is admitted to the hospital. The event is treated with severity: there is little of the type of swelling, dramatic music that typically accompanies the more sober situations in other reality shows, and the camera is kept at a safe distance while Conaway is wheeled into an ambulance. The moment is *Celebrity Rehab*’s first chance to display tact and restraint, and it does so admirably. The audience is presented immediately with a real and dangerous physical consequence of drug addiction, and that consequence is treated with a befitting sense of gravity. In the following episode (January 17, 2008), Conaway has recovered from his immediate illness

³ In this chapter and the next, individual episodes are described by air date.

and is re-assimilated into the group. He appears frail and travels in a wheelchair, as he has a history of debilitating back problems.

Throughout the series, Conaway is presented to the audience and the other participants as both an elder statesman and a cautionary tale. While his problem is perhaps the most serious, it is frequently suggested that his sobriety, if he can manage it, will be an inspiration to the rest of the group. He has battled trouble with alcohol, cocaine, and prescription drugs for years, and has been in and out of rehab several times previously. Conaway looks like a shell of the man he was in his 1970s heyday, but is still recognizable to the audience. He is weak, and the pitch of his voice has risen significantly over the years. He shakes and stumbles frequently.

Conaway presents a paradox to the audience. Of the celebrities, he is clearly the most beaten down by drug use. However, he is the most eloquent speaker of the group, and the most insightful. In group therapy sessions, he takes a leadership position among his counterparts. In many ways, his appearance on the show seems effortless. He appears to be unfazed by the cameras, and seems to be the least concerned with managing an image. Conaway makes the most shocking revelation of the series in episode four (January 31, 2008): that he had been sexually abused in his youth. However, Conaway's demeanor and frail state runs the risk of providing a target for unintentional comedy to an audience. For example, in a memorable scene in episode two (January 17, 2008), Conaway requires assistance rubbing a pain relief ointment onto his back and buttocks. Daniel Baldwin applies the pain reliever to Conaway, in full view of a mounted surveillance-style camera. In the same episode, Conaway requires assistance using the restroom, prompting Pinsky's to say, "Jeff, I need you to pee standing up." For the producers, Conaway seems to be the best of both worlds: the most revelatory and dynamic character in the treatment narrative, and a source of both comedy and drama within the docu-soap story.

Daniel Baldwin is one of several characters mostly absent from the treatment narrative, whose interpersonal exploits are more highly emphasized. Claiming to be nine months sober upon checking into the facility, Baldwin asserts that he was inspired to undergo treatment to manage his own sobriety and to assist the younger participants. Baldwin makes a number of excuses to try to leave the facility, ultimately deciding during episode four (January 31, 2008) to leave for good.

Baldwin's personal recovery is de-emphasized in favor of his contribution to the relationship storyline: the revelation that he had solicited nude cell phone photo messages from Carey, a fact that Carey shares after Baldwin has left the compound. The ensuing discussion of the situation serves to infantilize the adult actress Carey, making the 27-year old seem to be the unwitting young victim of an older sexual predator. The rhetoric surrounding the incident enforces a number of negative female stereotypes, and provides a good example of reality television conventions undermining the message that is ostensibly VH1's goal.

Like Baldwin, Jaimee Foxworth is present primarily in the relationship narrative. Foxworth, admitted to the Center for an addiction to marijuana, reveals very little in group therapy, but is displayed often as verbally aggressive to the staff and her housemates. Foxworth fulfills a ready-made archetype as an abrasive African American female, providing a character role that an audience can easily digest and dismiss.

Joanie "Chyna" Laurer, often refuses to open up to treatment, and did not verbally recognize her addiction until the ninth episode, during the program's "graduation ceremony" (March 6, 2008). Laurer reveals a few traumatic experiences from her childhood, hinting at possible causes of her substance abuse, but is resistant to engaging them. Laurer is also resistant to Pinsky's suspicions of her use of performance-enhancing drugs, given her background in

professional wrestling. Within the interpersonal narrative, however, Laurer appears much more comfortable, serving as emotional support for the younger female participants. Laurer has a career history (having been a professional wrestler, and having been the subject of an amateur pornographic video) that may make it difficult for the audience to take her situation seriously. She is displayed on *Celebrity Rehab* as the most managed and self-aware persona of all, and as the least willing to engage the treatment process, refusing to admit her problem for fear of losing face.

Seth Binzer and Ricco Rodriguez both operate as young, aggressive male archetypes. Rodriguez, who did not arrive in treatment until episode three, reveals that he had been in a serious car accident while driving drunk. Upon seeing his girlfriend (who had been in the passenger seat) unconscious, Rodriguez, believing her dead, dragged her body into the driver's seat before the police arrived. Rodriguez reveals this story in his first group therapy session. He appears repentant about the situation, but his tone and body language suggest a certain bravado in his recounting of the tale. Throughout the series, Rodriguez is shown occasionally as aloof, and occasionally is willing to accept the process. During a trip with the housemates to Catalina Island (February 21, 2008), Rodriguez jumps from a ferry into the harbor, an incident for which, were it not for the intervention of Pinsky and the production staff, he would have been arrested. As a man who makes his living as a fighter, Rodriguez is displayed as an intensely performative personality, who perhaps feels that *Celebrity Rehab* is a shot at fame in its own right. Rodriguez's management of his persona is built on a lifetime of absorption of machismo stereotypes, and he perpetuates the same with his own behavior.

Binzer, who had been shown smoking crack in episode one, displays a macho exterior but also opens up to the treatment, and seems willing to get help. He is displayed as a family man,

who needs to save himself for the sake of his wife and young son.⁴ Like Rodriguez, however, Binzer also has a performative side, starting a food fight in episode eight (February 28, 2008). The incident is heavily emphasized within the docu-soap narrative, comprising parts of two episodes.

Brigitte Nielsen's appearance on *Celebrity Rehab* is a reaction to the booze-swilling persona she displayed on previous VH1 series *The Surreal Life* and *Strange Love*. Like Conaway, Nielsen is presented as a parental figure, and willingly steps into that role. Nielsen is stoic in response to treatment, unabashed in front of the cameras, and, like Binzer, is represented as making a life change for the sake of her family. Nielsen, perhaps as a consequence of her previous reality television experience, appears comfortable with the surveillance and seems to present an authentic persona.

Jessica Sierra, the youngest of the participants, provides an interesting case. A second-generation addict, Sierra's mother had died of a drug overdose years before. The thematic narrative around Sierra involves her youth, her upbringing, and her ability to beat her addiction while she still has her whole life ahead of her. Sierra engages therapy with anger and sadness, and it is frequently unclear if she is making the same kind of strides as some of her counterparts. In terms of her relationship building, most of her interaction displayed is with Carey and Foxworth, the other young females in the group, who form a bond and are often presented as a unit.

The representations of the celebrities on *Celebrity Rehab* are frequently archetypal, and their personal narratives usually skew toward either a narrative of treatment, as in a life intervention show, or an interpersonal narrative, as in a docu-soap. Often, stereotypes of gender,

⁴ Binzer is still struggling with his addiction in front of the cameras, appearing on the second season of *Celebrity Rehab* and on its spinoff series, *Sober House*.

age and race are perpetuated. In many cases the participants are very much aware of undertaking certain roles, and are more than willing to accept them. For example, Conaway and Nielsen are inviting of their mentoring roles even as they struggle with their own problems.

In understanding *Celebrity Rehab*, it is useful to look also at Pinsky's role as treatment professional and as ringleader. Pinsky has more screen time than any of the individuals who are undergoing treatment. He is present during most treatment sessions and to a small degree during social interactions. More significantly, Pinsky speaks directly to the camera and addresses the situations that are unfolding in the house, providing a clinical perspective directly to the audience. Critics have suggested that Pinsky is "camera dependen[t]" (Stanley, 2008, p. E1), as Pinsky's on-camera soliloquies do appear to be highly scripted and tailored, and he does command a great deal of the spotlight. However, Pinsky provides a necessary framing device, and his presence adds a certain amount of gravitas to the proceedings. He highlights key issues and displays technical knowledge about the celebrities' addictions and their therapy. Without Pinsky, the whole operation threatens to fall under the weight of Celebreality's tabloid conventions.

Those conventions do rear their heads to some extent. Surveillance cameras are present and frequently used, providing a voyeuristic thrill for the audience. Sensational events are played up heavily, like the food fight, Rodriguez's near arrest, and a night swimming session involving underwear-clad female participants (January 31, 2008). These events are representative of the traditional docu-soap elements that are present on the series.

Additionally, as in many popular reality programs, there is a frequent use of previews and reviews to make sure the audience has not missed any relevant action. Typically, these segments focus on the most sensational pieces of the story, and sensational "sound bytes." For example, a

short clip of a confrontation between Baldwin and Conaway is repeated ad nauseam as a commercial buffer in episode four (January 31, 2008), not so subtly hinting to the audience that a conflict would be afoot in the near future. The conflict itself (in which Baldwin accuses Conaway of smuggling alcohol into the facility) was dissolved quickly, and consisted of little more than what was shown in the original sound byte. This type of sensationalism undermines the program's attempt to distance itself from the average Celeb reality show. The most salacious clips from throughout the series are even repeated several additional times on the show's "reunion" episode (March 13, 2008).

However, an audience expecting a typical Celeb reality series will notice that many elements common to that variety of program are lacking, like the use of popular music underscoring the action on screen. In fact, in *Celebrity Rehab*, very little music is used at all, and that which is played is low in the volume mix and is not intrusive to the action. Close-up shots are used, but not to excess, giving the impression of removing the audience slightly from the action, casting it as an objective observer of the proceedings. While it is impossible to tell what has been edited out of the hundreds of hours of raw footage, it appears to an observer that the result is, for the most part, an honest representation of events, tweaked and edited to make palatable entertainment.

As to whether the on-screen treatment was a success for the individual participants, that much is left in considerable doubt. Pinsky notes repeatedly during the series that inpatient treatment is not an immediate fix to the problem of drug addiction. Indeed, for a number of the participants, this rehab session was just one of many. As of the reunion episode (March 13, 2008), many of the participants had admitted to some degree of relapse, though emphasis is given to the positive strides the celebrities had made. Sierra, however, is absent from the reunion,

serving one year of court ordered rehab after being arrested in Tampa, Florida battery and cocaine possession. Pinsky had testified at court hearings on her behalf (Krause, 2008). Sierra had been one of three participants who had opted for “sober living” following the inpatient treatment, along with Carey and Binzer. Sober living, an outpatient facility for recovering addicts, where they would gradually reenter society while still being under observation, was recommended to all of the participants.⁵ VH1 was willing to pay for three months of sober living for all of the participants, but most made excuses not to undergo any further rehabilitation. The sober living program, like the type of inpatient rehab portrayed on the show, is financially unrealistic for the average addict, providing additional fuel for the critique levied against the program by NAATP.

On the reunion show, Binzer admits having a serious relapse and reentering treatment, for which he is praised by Pinsky and applauded by the live studio audience. Laurer casually admits she has returned to drinking wine (but not to excess). Conaway has returned to using a number of prescription drugs for health reasons, but insists he would quit all the substances after he received an additional surgery on his ailing back.⁶ Despite these setbacks, the reunion show acts mostly as a celebratory exercise, a hasty point of closure to a situation that is unlikely to resolve itself in the near future.

Because of its dual narrative structure, *Celebrity Rehab* presents a complex text. On the one hand, it operates as a Celeb reality spectacle, and on the other, it attempts to present an honest portrayal of the treatment of drug abuse. To some extent, one method sabotages the other.

Intervention, as explained in the next chapter, uses an altogether different model for approaching

⁵ The “sober living” program is the subject of the spinoff series *Sober House*.

⁶ Like Binzer, Conaway is a repeat *Celebrity Rehab* participant, returning to the Pasadena facility for the second season.

the treatment of drug abuse, one that presents a different stage in the treatment process, and works exclusively within the confines of the life intervention template in an attempt to attest to its authenticity. However, its model, too, is not without its complications.

CHAPTER 4

A&E'S *INTERVENTION*: CONFRONTING ADDICTS ON CAMERA

Reality television meets the Johnson Intervention Method

Intervention (Mettler, 2005), in the words of its television network, A&E, “is a powerful and gripping television series in which people confront their darkest demons and seek a route to redemption” (A&E Television, 2009). At the time of the series’ premiere in March 2005, critics were quick to disagree with the network’s assessment. The most scathing indictment of the show’s practices came from the *Boston Globe*’s Matthew Gilbert, who took issue with the series and its “faux reality philanthropy”:

On the surface, it's a benevolent effort to reveal the power and beauty of interventions, which find loved ones confronting an addict about his problem and instantly removing him to rehab. But underneath the charitable veneer, the show...is about watching broken addicts destroy themselves. It makes prime-time sport of vulnerable, desperate people and their spiral to the bottom (Gilbert, 2005).

Other critics have taken a more magnanimous view, conceding the argument made by the likes of Gilbert, that the program is simultaneously deceptive and exploitative, while still granting its producers some degree of critical amnesty, claiming that the ends could justify the means, for “in this time of excess and overindulgence and the deification of partying celebrities, this show has the potential to scare the hell out of millions of viewers. And that doesn't seem so bad, since as far as I can tell, our culture is crying out for an intervention” (Havrilesky, 2005). The show has also been praised for providing a reality television alternative to “mean-spirited, elimination-based competitions” (Becker, 2005, p. 20).

Such a debate comes naturally to a show like *Intervention*, one that makes no bones about its goal (to expose the realities of addiction and to leave no stone unturned in eradicating them), and makes little apology for the potentially dubious methods it undergoes to achieve it. And likely for A&E, the fact that the show has been successful enough to last into a sixth season makes it essentially critic-proof; whether the “route to redemption” leads anywhere matters not, as long as people keep watching.

Each hour-long episode of *Intervention* deals with the personal stories of one or two addicts, who have agreed to appear in a documentary about their addiction. In most cases, the individuals struggle with drug or alcohol abuse, though there have been a number of episodes centered around gambling addiction, compulsive shopping, eating disorders, and more. The individual story is divided roughly into two parts, with the first half dedicated to portraying the addict’s life in the throes of his addiction. The opening segments typically contain a number of sequences where the individual uses drugs (or participates in whatever addictive behavior that is the subject of his story), and a number of other sequences that establish relationships with friends and family members that are relevant to the narrative. The early part of a storyline also contains a brief background on the individual, told through interviews with the addict, family and friends, and the presentation of photographs and, where available, home video of the individuals from before their addiction. This part of a typical episode comprises some form of the documentary about addiction to which the participant has consented.

In the second half of a storyline, the focus shifts away from the addict’s everyday life, and involves the organization of an intervention, wherein friends and family of the addict consult with a facilitator provided by the production staff, who will assist them in carrying out the process. Once the stage is set for the intervention, the addict is lured to a hotel suite or some

other neutral site under a false pretense, where family and friends (and the interventionist) await him, and attempt to convince him to enter treatment for his addiction. The family and friends are encouraged to offer some sort of ultimatum to convince the addict to leave immediately for a rehabilitation facility. If the addict agrees to go to treatment, the camera crew accompanies him to the facility and observes the check-in process. Some form of update follows and concludes the episode, often a series of intertitles describing the addict's current condition. Occasionally a video follow-up interview with the addict or family members is included.

In the treatment community, there are several accepted methods for confronting addicts in an effort to convince them into rehabilitation. These include Community Reinforcement Training (CRT), Pressures to Change (PTC), A Relational Intervention Sequence for Engagement (ARISE), and the Johnson Intervention Method, all of which share the common trait of a social network-based engagement with an addict, but each has its own nuances (Fernandez et al., 2006). The on-screen confrontations on *Intervention* bear the hallmarks of the Johnson Method, founded in the 1960s by a group of recovering addicts at a Minneapolis church. Proprietors of the Johnson Intervention believe that a combination of coercion and support from an established peer group can operate as strong motivation for an addict to seek treatment (Fernandez et al., 2006).

In a Johnson Intervention, peer group of friends, family and coworkers meets with an experienced professional who organizes a series of rehearsal sessions, and typically encourages the social group to prepare letters or statements that will let the addict know the effect that their addictive behavior has on his loved ones, presenting the addict with “the reality of his or her substance abuse” (Fernandez et al., 2006, p. 208). A time and place are set and the addict is lured to the location unaware that his social group will be present. The loved ones' letters are read

aloud, during which time the addict is encouraged to listen, but is not allowed to speak. After the statements are read, the addict is presented with his treatment options and is encouraged to undergo treatment as soon as possible, and in many cases, immediately. If the addict does not opt for treatment, he is told that he is subject to consequences that have been determined ahead of time by the friends and family (Fernandez et al., 2006). While the Johnson Method relies on direct confrontation, its managed “tone of care and concern” make it a preferred alternative to more hostile coercive methods (Loneck, et al., 1996, p. 234).

While the Johnson Intervention has become the dominant methodology for confronting addicts, its results are debatable. It is claimed that addicts who undergo intervention opt for inpatient treatment as much as 90 per cent of the time (Loneck et al., 1996), while other studies have been less optimistic. One study indicated that only 23 per cent of intervention subjects engaged treatment, and even studies that cite high engagement percentages concede that far less of those individuals actually concluded treatment. Further, it has also been shown that addicts who have gone into treatment as a result of a Johnson Intervention are more likely to relapse than are addicts who arrived in treatment through other means (Fernandez et al., 2006).

It is also suggested that the Johnson Method is applied far too frequently for its own good, for “a much wider range of people and situations than [is] appropriate,” and that more targeted methods for different types and levels of addicts may be necessary (Fernandez et al., 2006, p. 212). This is a particularly prescient claim when considering A&E’s program, which uses an almost identical method whether the subject is a heroin addict or a “shopaholic.”

The participants of Intervention

Each of the addicts appearing on *Intervention* has a harrowing story to tell. Whether the participant is addicted to alcohol, crack, heroin, or gambling, each story is quite unique, and the

reason for each individual's casting selection is evident. While the amount of individuals suffering addiction throughout America and the world is difficult to quantify, there is little doubt that the addicts of *Intervention* represent an infinitesimal percentage of that broader population. Why, then, have these few been chosen to tell their stories on national television?

In some cases, the addiction itself is simply so severe as to provide a high degree of shock value. In a season four episode (July 14, 2008)⁷, a middle-aged woman named Marie is presented, who has been suffering from alcoholism for years, since the death of her third husband. The entire hour is dedicated to Marie's story, and in an early scene, we see the evidence of her addiction in the form of countless vodka bottles, often brought to her by her enabling daughter. Marie is intoxicated during her entire screen time, slurring her speech and masking her liquor in brightly colored plastic cups. Her back story is far less resonant than the sheer degree to which her substance abuse has taken hold.

In other episodes, participants appear to have been chosen based on the details of their history, often a certain trauma that has led to their addiction. Corrine, a diabetic 19-year old heroin and speed addict, is profiled in an episode from season two (January 6, 2006). Corrine lives with her boyfriend in his father's basement, and the couple often steal money from the house to get their hands on whatever drugs they can, even going so far as to use Corrine's insulin needles to inject them. Within the episode's narrative, Corrine's addiction is pinned quite pointedly to her having been sexually molested by a babysitter as an adolescent. In the segment describing her history, pictures are shown of Corrine in her young teen years, a jovial child who performed well in school, as her family describes their disbelief that she could have descended so far into the drug culture. The same sequence includes Corrine's own telling of the story of her

⁷ Airdates taken from tv.com.

sexual abuse, and is immediately followed by a sequence displaying her use of hard drugs with her boyfriend. The narrative structure allows the audience to conclude that the trauma played a role in Corrine's transition.

Some participants appear to be chosen based on the heights from which they have fallen because of their addiction. Lawrence, for example, an alcoholic presented in season four (March 17, 2008), is a self-made millionaire who owns a chain of Las Vegas tanning salons. His alcoholism threatens to destroy his business prospects, as bills often go unpaid and finances are mismanaged while he runs the business from his home. Lawrence is shown in better times, looking healthy (as opposed to having the lean, bruised frame his current condition has reduced him to) and happy. At the time of filming, he is shown as weak, barely able to get out of bed and unable to perform simple tasks like cutting his own food. His body is covered in grotesque bruises, likely (as intertitles describe) an early symptom of cirrhosis. Further, Lawrence had undergone surgery to remove a cancerous testicle, and had refused to undergo any additional treatment.

Like Lawrence, Alyson, a young woman profiled on the series' premiere episode (March 6, 2005), has undergone a significant fall from grace. Alyson was an honor student and former White House intern before being introduced to crack cocaine by a boyfriend. A few short years after holding a competitive and prestigious government position, Alyson is addicted to crack, and frequently steals money and painkillers from her father, a terminal cancer patient.

It is also often the case that the participants have had some degree of renown earlier in life. In a season one profile, we meet Vanessa (March 13, 2005), who had played a nurse on the prime time drama *ER*. Vanessa describes herself as suffering from a number of psychological problems, including depression, obsessive compulsive disorder, and bipolar disorder. She is still

involved in acting, but has had little success since her *ER* stint ended. She has developed a shopping addiction, accruing credit card debt beyond her means. While Vanessa's case is not as extreme as some others, her recognizability, however slight, would appear to have drawn the interest of the production team.

Travis, the lead singer and guitarist for rock band Days of the New, is profiled as a crystal meth addict in season one (April 17, 2005). Travis had accrued fame and hit records by the age of 18, and had spent all of his money (much of it on drugs) by the time he was 22. His story is presented as a consequence of celebrity excess, and he was no doubt cast based on his notoriety. Similarly, a former professional basketball player named Antwahn is profiled in season two (March 12, 2006). Since his glory days with the Los Angeles Clippers and numerous international professional teams, Antwahn has taken to using crack, and being homeless off and on, sometimes living on Los Angeles's Skid Row. He is presented as being depressed and unable to cope after having lost his lucrative career.

Still other addicts appear to be cast based on the pure uniqueness of their situation. Nicole (December 22, 2008) is a young mother of two who suffers from a peculiar eating disorder known as dysphasia, which involves a crippling fear of swallowing. Like Corrine, Nicole was sexually abused in her teen years, and she has not swallowed food or liquids for over a decade. She traces the fear to her molestation, when she was forced to perform oral sex. She survives by self-injecting food through a feeding tube, and chews food but spits it out into disposable cups and other receptacles. Nicole has sought treatment for her disorder on a number of occasions, but gives up quickly. Her disorder has also spawned an addiction to illegally procured painkillers, which cause her to sleep excessively and neglect her two young daughters. The episode shows repeated scenes of Nicole's off-putting chewing routine, and her feeding injections.

Of course, no two stories of addiction can ever be completely identical, and A&E provides an avenue to apply for an appearance on the series through their website, which solicits basic information from loved ones about the person they believe needs to undergo treatment. The online form provides some instruction, including a warning to “remember that the person suffering from an addiction cannot know about the possible intervention or offer of treatment in order to insure the best chances for success” (A&E Television, 2009). The casting process is initiated by family and friends and consented to by the addict. But the *Intervention* production staff makes the final casting decision, and appears most likely to select the most extreme and unique cases, or cases involving a recognizable personality.

The performance of addiction

Perhaps because of the fact that the addicts that are the subject of *Intervention* have consented to their involvement, one might expect those participants to be “camera ready.” Certainly they are not camera shy. Each addict seems more than willing to appear on camera and to tell their story in their own words. In the opening sequence of every *Intervention* episode, several intertitles appear, interspersed between previews of the scenes to follow. While these are used to provide a brief outline of the individual story to be told, several are always constant (except for the pronouns): one says, “She has agreed to be in a documentary about addiction,” followed by “She does not know she will soon face an intervention.” The second title describes the deceptive act inherent in every episode of the series, but the first attests to the consent of the participant to be on camera. It is important to consider that the participant has full knowledge that his actions will appear on television in one form or another.

The addict participants reveal a great deal about their personal histories to the camera crew. While family and friends are shown in interviews, the addict himself gets the bulk of the

screen time, and has plentiful opportunities to talk to the cameras, and to show the intimate details of their situations. While much can be done with careful editing to make the addict's performance look natural and effortless, there are very few situations presented wherein the addict appears reluctant to reveal a piece of information or hold back from showing his behavior. Travis, the Days of the New singer, at one point does become confrontational with the production staff. Back at his home after his intervention, Travis begins to pack his belongings for rehab, but begins to have second thoughts, and shoos the camera away. Believing he is not being filmed, Travis argues with a producer, who subsequently enters the action, coaxing Travis into going through with his commitment to treatment.

Travis's behavior is an exception. The vast majority of the participants are more than willing to share, and some, like Matt (April 17, 2005), a young crack and cocaine addict, overtly enjoy the camera's presence. Matt even points to the cameras and gloats to his crack dealer about being on television, all while making his purchase.

While Matt's bravado also represents a bit of an extreme case, most participants are simply content to show their addictive behavior. Corrine snorts lines and vomits in front of the camera; Nicole shamelessly uses her feeding tube; Janet (December 15, 2008), an alcoholic and sex addict, swills booze and flashes her breasts at onlookers in full view of the camera; and Billy (March 12, 2006), a young heroin addict "addicted to the needle as much as the drug," injects himself frequently during his episode.

Intervention never hints at what these addicts' motivations may be for presenting their lives on television. In fact, for a group of people who "have agreed to appear in a documentary about addiction," many deny they have a problem at all. Such denial is typical of addicts, but peculiar in light of the consent that this group of addicts has given to be filmed. While some, like

Lawrence or Marie, both of whom downplay the amount of alcohol they drink even as they consume liquor in full view of the camera, deny an addiction, others do seem to acknowledge that they have a problem beyond their control. Corrine, for example, asserts “I hate drugs; I love being high,” a tacit admission of her dependency.

Determining the degree to which these individuals manufacture their performance is difficult, particularly when one considers the inhibition-lowering qualities of the drugs they use. While these individuals have likely become accustomed to performing their roles as addicts in their everyday lives, part of that performance almost always involves hiding their addictive behavior from their loved ones. On *Intervention*, they display that behavior for all to see on television, even their friends and family. Some of these participants are former celebrities, accustomed to managing themselves in front of the camera. The others may just have performative personalities, enhanced by their addictions.

The confrontation and aftermath

On a given episode of *Intervention*, the addict’s story is presented almost fully in the first half, detailing the personal struggle as well as the impact that the addict’s behavior has on the select few friends and family members who will perform the actual intervention. Each episode contains interviews with the loved ones in the first half, along with a sample of interactions between the members of the social network and the addict. These interactions fall into one of two distinct categories. Either the relationship is presented as a conflict, or one of the loved ones is revealed to be enabling the addict’s behavior.

Often direct clashes with friends or family are caught on camera. In a season one episode, Gabe (March 13, 2005), a former child prodigy who has developed a gambling addiction, has a violent confrontation with his mother, attempting to wrestle his way into her car when she

refuses to give him money, money that he would surely gamble away. His mother is able to free herself and drive away, but the whole incident is caught on camera.

Usually the conflicts are less direct, but speak to the broader impact that the addict has on his social network. Matt's mother worries all night that her son, who lives with her, is out using drugs, and is visibly frightened when he brings drug dealers into her home. Nicole's young daughters have to make their own breakfast because their mother, high on painkillers and malnourished from her eating disorder, does not have the energy to get out of bed. Marie becomes drunk and belligerent at her daughter's engagement party and must be escorted out.

The enabling situations are just as common. One of Lawrence's employees brings him alcohol and physically feeds him. One of Marie's daughters brings a large bottle of vodka during every visit. Alyson's father acts oblivious while he knows his daughter is stealing his medication. Gabe's parents give him money to support himself, fully knowing that he is likely to take that money to a casino.

When it comes time for the intervention, all of these issues are brought to the fore. The program employs a group of interventionists, who are assigned to facilitate the confrontation. There are three, Jeff VanVonderen, Candy Finnigan, and Ken Seeley, who are used most frequently. Each is certified to perform interventions by various accreditation boards, and Finnigan and Seeley are recovering addicts. *Intervention* has also very occasionally utilizes interventionists with more specialized expertise, should the situation warrant (A&E Television, 2009).

At the beginning of each episode's second half, the friends and family meet with the assigned interventionist to organize the confrontation. The interventionist explains the process, inviting the loved ones to write individual letters explaining how the addict's behavior has

affected them, and outlining the reasons why the addict needs to enter treatment immediately. The letters usually include an ultimatum or consequence that will be provided to the addict should he refuse to be treated. In most cases, the consequence includes ceasing of all contact or monetary support. The loved ones are encouraged by the interventionists to “give [the addict] reasons to say ‘yes,’ not reasons to say ‘no.’” They are told to not give details of treatment options (like the typical 90-day length) until after either the addict agrees to go to treatment, or he asks a specific question about it. The tone of the intervention is to follow the “caring” rhetoric inherent in the Johnson Intervention Method.

When the time comes for the intervention to take place, the family and friends (along with the interventionist) gather in a hotel room to await the addict’s arrival. In most cases, the addict has been told that he needs to report to the hotel to conduct the documentary’s final interview. When he arrives, he sees the group and is encouraged to sit down. The process is then explained to him by the interventionist, and the loved ones begin to read their prepared statements, during which time the addict is instructed not to speak or ask any questions.

In nearly all cases, the addict does consent to go into treatment, though some take more convincing than others. Michael (July 3, 2005), a young drug addict and alcoholic, agrees to enter treatment immediately after VanVonderen explains what is going on, saying simply, “Whatever. I’ll do whatever you want me to do as long as somebody gives me a cigarette.” VanVonderen claims it to be the easiest intervention he’s ever conducted. Most of the other addicts require far more convincing.

Gabe lashes out violently at his family before finally agreeing to go to treatment. Vanessa cries as soon as she is confronted by her friends about her shopping addiction, but shortly after, she thanks them for their concern, and enters a treatment program. Antwahn is hesitant to enter

treatment until his young daughter reads her letter, which reduces him to tears. Billy walks out of the intervention as soon as he enters, but is convinced to return, and is subsequently convinced to fly to Arizona for treatment. Lawrence claims full sobriety at his intervention, and leaves when confronted on his denial. He re-enters the room to hear his mother's statement, which convinces him to go to treatment, all the while maintaining his denial that he has a problem. Travis also walks out of his intervention, only to be convinced to go to treatment after his family grants him one more day to get his affairs in order.

Regardless, each of these individuals at some point consent to enter rehabilitation, and the cameras follow them as they check in for their 90-day inpatient treatment. For a series that relies on a consistent format, the post-script segments of *Intervention's* narratives are the only inconsistent parts. While some episodes are produced well in advance of their air date, allowing time for a follow-up segment or interview with the addict, others are produced with far less lead time, with the participants still undergoing inpatient treatment at the time of airing. For example, the cameras capture Alyson on the occasion of her family's visit to celebrate her first full year of sobriety, whereas Janet is shown only two months after the intervention, while still living in her inpatient facility.

Regardless of the timing, each episode provides some form of coda. While frequently there is some kind of follow-up video, as in the cases of Alyson and Janet, sometimes the post-script is told exclusively in the form of title cards. In every case, the story is wrapped up while the show's upbeat and soothing theme music plays, even in cases unlike those positive ones. The same music plays while the audience learns that Antwahn has relapsed and is currently homeless, and that Corrine has left rehab and begun shooting heroin. We even hear the same tones when we

find out that Lawrence was dismissed from his rehab facility after three weeks of sobriety, and following his relapse, died at the age of 35 from esophageal bleeding related to his alcoholism.

It is in these end segments that *Intervention* overplays its hand. The show's work with addicts is often positive, and some episodes attest to the effectiveness of the methods it uses. However, the uniform tone of the waning moments is as deceptive as the act of intervention itself, duping the audience into believing in a happy ending, when often, it is anything but.

Like *Celebrity Rehab*, *Intervention* makes a visual claim to providing a public service in its display of the treatment of drug addiction. In the following pages, the methods of the two programs are compared, along with the impact that celebritization, program structure, and performance have on these public service claims. While each show has its own visual language, each exists within the same basic landscape of reality television. Contrasting the two series is useful in determining whether the reality television format presents inherent obstacles to public service.

CHAPTER 5

REALITY TELEVISION, DRUG ABUSE TREATMENT, AND CELEBRITY

Two models for approaching addiction

Considering the fact that drug abuse and alcoholism have been widely accepted as social vices for centuries, it is surprising that neither had been broached as subjects for a reality television series before *Intervention*'s debut in 2005. Certainly the same subjects have been portrayed ad nauseam in scores of narrative television shows and films, documentaries, and public service programs. Within the reality television landscape, however, the subject is relatively new.

Intervention emphasizes the importance of initiating treatment for the addict, both by representing the addict's daily life, and the impact the addiction has on those close to him. In each episode's second half, the program seeks to validate confrontational methods (specifically the Johnson Intervention) for coercing an addict into treatment. The Johnson Method considers the addict as a non-rational entity, who, as such, must be subjected to the conditions presented by friends and family in order to save himself (Fernandez et al., 2006). Like its method, *Intervention* sees the confrontation as an end unto itself, regardless of the later success of treatment. Even in cases (like Antwahn's, Corrine's, or, especially, the case of Lawrence, who subsequently died as a result of his addiction) where the end point of treatment is decidedly unsuccessful, *Intervention* still uses audio and video clues in its waning moments to portray the intervention itself as a success. The focus on the confrontation allows the program to conclude, more often than not,

with a “happy ending,” while more subtly (and, it appears, reluctantly) acknowledging that not all treatments work, and the cost of failure can often be significant.

Celebrity Rehab With Dr. Drew, conversely, glosses over the addict’s motivation for seeking treatment in order to focus of the practice of inpatient treatment itself⁸. While, like *Intervention*, *Celebrity Rehab* often emphasizes the positive ends of the treatment displayed on screen, in order to provide the same sense of a “happy ending,” the words of Pinsky, who to some degree emceeds the proceedings, attest to the difficulty of recovery. On *Celebrity Rehab*, the ultimate “happy ending” is a participant’s decision to enter a sober living program. The importance of sober living is emphasized heavily throughout the program’s serialized narrative structure, and if a participant opts for sober living, his inpatient treatment is treated as an unqualified success.

This does not, however, mean that those who choose to reenter their regular lives after leaving the Pasadena Recovery Center are deemed failures. The first season’s final regular episode (March 6, 2008) presents a graduation ceremony where participants take turns addressing one another, discussing the impact of their newfound sobriety. While those who choose to enter sober living (Carey, Binzer, and Sierra) are lauded for their decision, the participants who do not still get recognition for their sobriety, and their pledges to maintain it. The reunion episode (March 13, 2008) that follows is highly celebratory. Filmed in front of a live audience, the episode acknowledges some relapses and missteps (especially Sierra’s arrest, which prevented her appearance on the show), but like other reality show “reunions,” the emphasis is more on lighthearted moments, and “highlight packages” of memorable moments involving each of the participants. While the episode quite necessarily discusses topics

⁸ The “spinoff” program, *Dr. Drew Presents Sober House*, takes it one step farther, portraying addicts in the immediate aftermath of their inpatient rehabilitation.

associated with each participant's addiction, each individual is treated more as a television star than as an addict.

The conflation of public service and entertainment is a problematic effect of both *Celebrity Rehab* and *Intervention*. While each program focuses on a different part of the recovery timeline, they both ultimately see the success of their particular methodology as an endpoint unto itself. The rhetorical structure is akin to speaking out of both sides of the mouth: both shows claim to acknowledge recovery as a long and multi-faceted process, while their textual clues belie a belief that the end of *their* stage is supremely important. The entertainment imperative involved in commercial television may explain part of this. If an audience can perceive a positive resolution to the on screen conflict, it is more likely to tune in for subsequent episodes. In terms of these two programs, the only positive resolution is a continuing road to recovery. *Intervention* is deceptive in force feeding its audience a sense of "happy ending," as the last images of each addict display him as clean and sober, either during or after rehab. It is only in the waning frames, in on-screen text shown over pleasant music, that we learn about the true current fate of the addict, which is often far more dour than the images preceding it would have led us to believe. *Celebrity Rehab* is deceptive in its own way; while the goal of its treatment program is to encourage the participants to enter sober living, every decision is treated as positive, and success in the incredibly brief three-week inpatient rehabilitation is supposedly an end in itself. The need to entertain and remain commercially viable forces the program to pay only a bit of lip service to its negative outcomes, while celebrating even its mixed results as triumphs.

The practice of treatment within the televisual landscape also presents a problematic issue. *Intervention* practices an established method for coaxing addicts into treatment, though the

success rates of that method in terms of its long-term effects on sobriety are disputed (Loneck et al., 1996; Fernandez et al., 2006). However, the Johnson Intervention is a highly constructed, almost scripted, event; though the outcome is in doubt, the setup and execution follows a very distinct, prescribed format. *Intervention*, the television series, presents a staged, simulated version, of an event that, even in its real life practice, is already staged. In the intervention process as portrayed on screen, there is an additional level of representation that complicates matters.

Celebrity Rehab undermines its “fly on the wall” portrayal of inpatient treatment with its consistent use of docu-soap conventions, using a dual narrative that presents, on one hand, the process of recovery through group and individual therapy sessions, and, on the other, the dramatic relationships between the participants. While interaction between participants in a group setting is a necessary part of the rehabilitation process, *Celebrity Rehab* cannot help but sensationalize performative relational aspects, like the food fight or the night swimming session, that have little to do with the treatment narrative.

Further, its physical setting is a posh, resort-style rehabilitation facility with very comfortable amenities. For audiences with little knowledge of the treatment process, it provides an unrealistic expectation of what real life treatment practices are like. The typical inpatient rehabilitation center (and the kind that an average individual is able to afford) is far more clinical and spare, and far less glamorous than *Celebrity Rehab*'s Pasadena Recovery Center (Adler et al., 2007), causing a fundamental misrepresentation of the “reality” that drug addicts often experience. On *Intervention*, when an addict consents to entering a rehabilitation facility, he is followed along by the production staff. The brief glimpse the audience gets into each of these facilities attests to a reality that is far different from what is shown on *Celebrity Rehab*.

However, it is unclear whether the patient bears financial responsibility for this aspect of his treatment, or if the cost is subsidized by the producers as a condition for appearing on the program. If the latter is true, this attests to an additional gap between the representation of treatment on reality television and the realities of life for the average addict. Many addicts are financially excluded not only from the more glamorous treatment centers, but from any treatment at all.

In taking on the issue of addiction, which has serious life and death consequences, the claims to “the real” of both *Celebrity Rehab* and *Intervention* are considerably more important than in many other reality shows. But those truth claims are undermined just as much from without as within. Programs that have preceded these two have provided a template for audience understanding of reality television. VH1’s airing of *Celebrity Rehab*, in particular, must necessarily be understood in the context of the other “Celebrealty” programming that appears on that network, like *Rock of Love* and *I Love Money*. *Celebrity Rehab* exists within a landscape populated with fare that is celebrated for its frivolousness. It is difficult, then, for an audience to take the program seriously, having become comfortable with the conventions of other shows in the same time block that have considerably lower stakes. It does not help that *Celebrity Rehab* goes on to borrow some of the same docu-soap structuring that those other programs employ. Further, one of *Celebrity Rehab*’s methods for attesting to the severity of its subject matter, the oft-repeated, Pinsky narrated, public service announcements for the Partnership for a Drug-Free America, are aired around promos for other VH1 reality shows.

Intervention’s authenticity problem is less specific than *Celebrity Rehab*’s, though the show cannot deny its existence in a broader landscape. Audiences carry the language of reality television into their viewing experience, and interpret the on-screen events accordingly.

Deception and the claim to public service

As each episode of *Celebrity Rehab* opens, a Pinsky voiceover says, “Celebrities love to party, but most don’t know when to stop. It’s time to see what really happens when a group of addicted celebrities check into treatment and try to quit drugs and alcohol.” The introduction approaches the topic of addiction very pointedly as a vice, though the focus is more on the public perception of celebrities’ engagement with drugs, than on the fact that the problem itself is much broader. As he goes on, Pinsky emphasizes the word “really”: “what *really* happens” when celebrities enter treatment. Already, in its first two lines, *Celebrity Rehab* has aligned itself with “Celebreality,” the commoditization of the celebrity image, and the truth claim of the reality television world that will present it. The unspoken theme is that, somehow, the presentation of “what really happens” will have some benefit for the viewer beyond the voyeuristic entertainment value of watching celebrities interact.

Intervention uses a similar introductory tactic, using intertitles inside of upcoming scenes to explain its audience benefit: “Millions of Americans struggle with addiction. Most need help to stop.” *Intervention*’s claim to public service is more explicit; the implication is that the stories presented on screen are a small sample of the millions of such cases that exist. Most addicts need help, and *Intervention* is there to provide it, by example as much as by deed.

The very concept of these reality television programs leading by example is problematic. In addition to the providing of unrealistic expectations of treatment realities (as in the case of *Celebrity Rehab*) or the highly constructed process of staging a confrontation being further blurred by its televised simulation (*Intervention*), additional factors like the careful choosing of participants and the elaborate and purposeful editing techniques further serve to complicate matters.

Were either of these programs to truly represent the face of addiction, the pool of participating individuals would feature a more representative sample of addicts from across a number of different strata, from socioeconomic demographics, to level and nature of addictions, and so forth. On *Celebrity Rehab*, the participants are chosen based on their pre-existing celebrity status. There is simply no room for a wide sample of participants, at least by that measure. *Intervention*, conversely, on its face appears to survey addiction with a much broader lens. The series portrays individuals from different kinds of families, different parts of the country, different levels of income, and who exhibit different kinds of addictive behaviors. In fact, the program's methodology can be criticized for its use in addressing too wide a range of behavior (Fernandez et al., 2006). But this initial perception of diversity is misleading, as the narrative of each episode attests to very specific reasoning in the choice of participants.

In this sense, *Intervention's* portrayal of addiction is as myopic as *Celebrity Rehab's*. As in other reality shows, casting plays an important role, and casting directors have a defined sense of what types of personalities make for good television (Lowenstein, 2008). In some cases, *Intervention's* participants already have some degree of celebrity status, like Antwahn, the former basketball star, or Travis, the rock singer. More often than not, though, the participants are chosen due to the degree to which their addiction has caused a decline, due to a specific trauma experienced earlier in life, or due to the sheer uniqueness of their situation.

While both of these programs do provide some window into the experience of addiction, their lack of universality in some way deceives the audience, both by making the severity of the situation easily dismissable due to lack of identification with the participants, and by confusing the audience into believing the situations presented on screen *are* truly representative of the broader range of experience.

The further deceptive practice inherent to *Intervention* (gathering the participant's consent under false pretenses) also removes the audience from the action by making sport of the confrontation. Each episode's first half is dedicated to a blow by blow analysis of the life of the addict, which may be rationalized as public service in some way due to the "scare tactic" inherent in its narrative. For an audience member, the shocking nature of that representation of addiction may have an engrossing and evaluative effect. When the program "flips the script" on its participant by turning his consenting performance into an unwitting confrontation, the audience engagement can change; the narrative becomes less of a cautionary tale and more of a spectacle.

For its part, *Celebrity Rehab* also employs a certain degree of scare tactics, especially in its initial stages, when participants are portrayed taking the drugs to which they are addicted. One of the program's more harrowing moments comes in the first season premiere (January 10, 2008), when Binzer makes a first person explanation and display of his crack usage. After its initial sequences, however, the provocative tone ceases and different narratives emerge that have little to do with the consequences of drug addiction.

This is not to say, of course, that public service can only be achieved by shocking the audience. That is simply the method both programs choose to employ to acknowledge the gravity of their subject matter, and it is an effective one. Both series operate with lofty ambitions, and the scare tactic is a means to an end. But the lofty goals are undermined by countless factors, not least of which is a problem of inconsistent tone.

Presenting celebrities, presenting "ordinary people"

Braudy (1997), after charting the course of celebrity and its evolution throughout history, arrived at a point in the modern era where celebrity had become specialized, democratized, and

constantly expanding. Turner's (2006) outlining of the conditions for the "demotic turn," wherein the locus of celebrity has turned away from a small group of elites to a wider group of ordinary citizens, picked up roughly where Braudy had left off. Reality television is a very visible symptom of the "demotic turn," wherein a new group of average individuals gain the spotlight, and their appeal lies within the very definition of their ordinariness (Turner, 2006).

Celebrity Rehab and other programs in the Celebrealty paradigm steal back the spotlight from traditional reality television, while assimilating its conventions. The celebrities presented in Celebrealty are of some renown (though that renown is often fading), but are presented as ordinary citizens within the language of reality television. The elite is reduced to the stature of the ordinary individual, then built back up as a result of their newfound exposure.

While the relationship between a show like *Celebrity Rehab* and the very notion of celebrity is to some extent self-evident, that relationship is deeper and less distinct than it first appears. The presentation of these individuals within the reality television landscape can often usurp the previous fame that had been accrued. For example, Nielsen is an actress who had been moderately well known in her 1980s heyday. However, her appearance on *Celebrity Rehab* has more contemporary relevance due to her previous well recognized appearances on two previous reality series, *The Surreal Life*, where her exploits with Public Enemy rapper Flavor Flav seized a great deal of the narrative, and *Strange Love*, a docu-soap that presented the course of her romantic relationship with the rapper. The example of Sierra further blurs the line, as the singer had built her celebrity only through her appearance on a previous reality show, *American Idol*.

The participating celebrities who had not participated on a reality show before are similarly exorcised of the reasons for their existing fame as their narratives within *Celebrity Rehab* come to define them. A few (Binzer and Conaway) became so defined by their

appearances on *Celebrity Rehab*'s first season that they were comfortably welcomed to participate in the second.

As Celebrealty has become more of a factor in the reality television landscape, the same processes of celebritization that exist in reality shows purporting to show "ordinary people" are seen. The same fleeting and disposable nature of celebrity (Redmond & Holmes, 2007) is observed in Celebrealty. While many celebrities have turned to reality television in an effort to resurrect a lost career, most find that no such rejuvenation exists, unless the individual is deemed interesting enough to appear in subsequent reality shows.

On *Intervention*, despite the deceptive change in tone between a given story's first and second halves, the participants are consenting in their on-screen presentation. As such, they are acting within the process of celebritization that is endemic to all reality shows that present "ordinary" individuals. Of course, this is complicated by the fact that the participants are addicts, and, especially in the case of episodes that portray individuals who are addicted to drugs or alcohol, are not necessarily right-minded. It is important to consider the effects of drug use on their willingness to participate.

For the most part the individuals seem comfortable with appearing on camera, with some, like Matt (April 17, 2005), who brags about being on camera while making a crack deal, even show visible signs of excitement about being on television. It is hard to discern if that comfort in front of the camera is in spite of the addiction or because of it. Perhaps Matt is conscious of seeking some form of broader recognition, but it is just as likely that he is not behaving rationally, and is only so willing to perform *because* he is a drug addict. Either way, his presence on camera, coupled with the specific structuring of a narrative of his real life situation, serves to create the same kind of fleeting celebrity that a potential date on *The Bachelor*, or a contestant on

Project Runway, may find. An audience becomes aware of the individual's existence, and regardless of the purpose or the ultimate outcome, a form of (fleeting) fame is achieved.

On *Celebrity Rehab*, even though the participants are uniformly familiar with the public spotlight, the issues of their intentionality and rationality may also be raised. Each of *Celebrity Rehab*'s participants has undergone a struggle with addiction, though some are more severe than others. Though the decline of their celebrity stature may allow us to infer that they have agreed to participate in an effort to revitalize their careers, some have been out of the spotlight longer than others, and that motivating tool may be stronger for those who have gone the longest without working in their chosen professions. It is also certainly possible that the participants have opted to sign on since they see the on-screen treatment as their only option for recovery. Someone like Foxworth, a chronic marijuana smoker who has not worked in television for many years, may see the treatment of her relatively benign addiction as an outlet back into the industry, while Binzer, who is addicted to a harder substance like crack cocaine, but had only gone a short period since his last hit record, may see the real option of rehabilitation as his motivation. It is impossible to discern.

Moreover, the addicted celebrities are likely, due to their substance abuse, in the same irrational space as their "ordinary" counterparts on *Intervention*. And due to their waning celebrity status, some likely do not have agents or representatives to consult with them on their career decisions.

Whether inside or outside the confines of the reality television landscape, fame is not only achieved through positive means, but, often, through negative ones. Part of the impetus for the creation of a show like *Celebrity Rehab* is the public discourse surrounding hard partying celebrities; this fact is noted as part of the show's introductory narration. It is not uncommon for

a star (like Lindsay Lohan or Mel Gibson, for example) to have their positive career accomplishments become eclipsed by their personal exploits, a great deal of which have to do with the consumption of drugs or alcohol. *Celebrity Rehab* owes its existence, and certainly its popularity, to the public fascination with these kinds of behaviors. We know these individuals' faces, and we tune in to see them ascribe to the same celebrity aesthetic that is represented in the tabloid press and the ever-expanding crop of internet sites dedicated to celebrity gossip.

To a lesser extent, the participants of *Intervention*, though their names and faces are unknown before they appear on television, are a byproduct of the same public fascination. These individuals, defined by their taboo behavior, are afforded an opportunity to perform on the medium of television. Their process of celebritization is akin to manufactured infamy. The audience that consumes *Intervention* has increasingly become accustomed to receiving portrayals of drug addicts within the tabloid press, and their perceptions of addict behavior are derived from that understanding. In this context, television's power is paramount. Whether the individual actively seeks celebrity is beside the point; the medium has an inherent ability to create instantly recognizable figures out of those individuals who offer themselves up for consumption.

It bears noting that there is a key difference in the structural orientation of these two series. While *Celebrity Rehab* operates with a serial narrative, with the same participants being present throughout an entire season, *Intervention* is episodic, presenting one or two individual stories over the course of an hour. With the exception of occasional "follow up" episodes, some airing as off-season specials, the individual is confined to one opportunity to appear on camera. Under an episodic structure, the celebritization process is necessarily weaker. The individual's character must be created in a series of snapshots, and *Intervention* accomplishes this through

talking head interviews and verite-style presentations of the addicts in their own element, establishing both the back story and the present situation of each character.

Celebrity Rehab has the benefit of following its participants longitudinally, fleshed out along the course of the entire season. Where *Intervention* mostly confines the character's history to a single section, *Celebrity Rehab* explores that aspect more fully, introducing the characters in the initial episode, but allowing them to let their own histories unfold through the portrayal of group therapy sessions and informal interactions between the participants.

The development of character is dictated in large part by the producers' editing choices. While it is impossible to determine the precise degree to which the narratives have been edited, the participants on both programs are submitted to a certain degree of surveillance, and the on screen content represents a miniscule percentage of the hours of film compiled during recording. The serialized narrative structure of *Celebrity Rehab* allows for a looser editing process, where storylines can be cut to fit into multiple episodes. On *Intervention*, the filming process may last as long (or longer) as it does on *Celebrity Rehab*, but the entire narrative must be condensed to fit into the brief time frame. With a large portion of a given episode being dedicated to the intervention itself, the process of structuring of the addict's character is confined into a very short amount of screen time (and in cases where two stories are told in a single episode, this is narrowed still more). Still, the use of expositional interviews, and the careful choosing of which of the captured situations make it to the screen, allows an audience to get a picture of the addict that is the fullest possible within these confines. While the camera can never really tell the full story of an individual, in the age of the "demotic turn," telling the story in snapshots and bullet points is perhaps appropriate. If the new celebrity is to be consumed and forgotten, only the most significant and interesting information is needed.

The on-camera performance of the participants

Goffman (1973) outlined a dramaturgical perspective on everyday behavior, wherein individuals take informational clues from their surroundings to determine how they perform the minutiae of everyday life. While reality television claims to present everyday life as it unfolds, in truth, it provides an improvised simulation of the kinds of actions that take place within the everyday. If daily life involves a complex set of performances, the simulation unfolds similarly. While reality television producers choose participants carefully, and make significant edits to their on-screen actions, at the heart of the representation lies a performance constructed by the individual. Regardless of the power of the reality television format to construct and celebritize, the participant is not an innocent bystander in his own presentation; it is in his on-camera performance where he has his say.

Discussing performance in these two particular reality shows once again raises the issue of the rationality of the participants. Certainly the impact of drugs and alcohol plays a role in the construction of a performance, though this is especially of concern on *Intervention*. On the A&E series, participants are under the direct influence of their chosen substances for most of the narrative. Those conditions comprise an additional “front” (scene of interaction), to use Goffman’s language, going deeper into the series of embedded fronts that already comprise the reality television form. Even on *Celebrity Rehab*, where participants are in active recovery during the duration of the series, their introductory pieces, like Binzer’s crack smoking display, or Carey’s binge drinking session the night before entering rehab, portray the addicts as most certainly under the influence, leaving in doubt their nature of their intention to appear on camera under those circumstances.

While the drug abuse issue complicates the performance, to use Goffman’s template, the performance still most certainly exists, as performances take place in every interaction in life

(Goffman, 1973). In the case of the addict, it is interesting to consider the ways in which performance is used to manage the on screen presentation. *Intervention*'s participants have all agreed to appear in a documentary that will display their addiction. Still, even understanding this, a large number of them persistently deny that they are addicted at all. While on one hand this denial seems to betray a real lack of self-awareness, it could also be argued that denying an addiction that will be presented in great detail to a television audience displays strong awareness of the importance of public perception. Whether the participant believes he is an addict or not, it is important that others not realize that he actually is. In the case of Lawrence (March 17, 2008), the addict is very insistent that he is not an alcoholic, and he further claims he needs no treatment for his cancer or his failing liver. Though he makes these assertions verbally, his actions tell a different story, as he allows the camera to photograph the bruises (symptomatic of cirrhosis) that riddle his upper body, and watch as he consistently drinks vodka throughout the filming session. Lawrence's example attests to the limits of performance within a surveillance atmosphere, but the attempt at performance is made nonetheless.

In the case of the celebrity participants on *Celebrity Rehab*, performance frequently entails management of an image that has been developed through other media. Further, the celebrities (perhaps not surprisingly) appear more camera-savvy than their *Intervention* counterparts, and often exhibit overt performative behaviors that they know (or should know) will likely result in more screen time. Rodriguez, reaffirming his macho position as a mixed martial artist, acts out by jumping off of a ferry boat, in a situation he understood could have serious consequences. Binzer performs a similar performative act by starting a food fight whose ramifications would dominate parts of two separate episodes (February 28, 2008; March 7, 2008). The celebrities engage the reality television front from a privileged position, using the

public's prior knowledge of them to their advantage, while simultaneously performing to a template that they have ascribed for themselves. While Binzer and Rodriguez play up their bad boy images, Baldwin, Nielsen, and Conaway envision themselves as elder statesmen who can provide guidance to their younger counterparts, and act accordingly. While the other two live up to their envisioning to some degree, Baldwin changes his attitude when he suddenly feels the need to escape the facility (his image was not helped by the subsequent revelations of his attempt at an improper relationship with Carey).

Celebrity Rehab's serialized format allows for these kinds of developments of performance, while *Intervention* requires the participant to manufacture his performance in brief. Since most of the participants of *Intervention* have no pre-existing public persona, their performance is focused on justifying, displaying, or downplaying their addiction. *Celebrity Rehab*'s participants have that goal in mind as well, though they have the added issue of managing an established persona; the format allows them myriad opportunities to do so.

Further, since the addicts on *Celebrity Rehab* are well known in advance of their appearance, it would be ill-advised not to consider the fact that they may be addicted not only to substances, but to their own celebrity. Pinsky's own study attests to the fact that highly narcissistic personalities tend to become driven to seek a celebrity lifestyle, though that topic is not addressed within the narrative of his television show (Young & Pinsky, 2006). The willingness to display even the unflattering aspects of an individual's personality, like his drug addiction, is symptomatic of what a reality television casting director has described as an attractive set of traits in a prospective participant: "low social boundaries, extreme narcissism, and a willingness to do just about anything to be on TV" (Lowenstein, 2008).

For his part, Pinsky, an established celebrity himself before participating on this program, has also been described as exhibiting symptoms of “camera dependence,” and there is little doubt that Pinsky’s performance as treatment provider is highly constructed as well (Stanley, 2008, p. E1). In fact, Pinsky’s words in his talking head interviews are the only parts of the series that are quite obviously scripted. On *Intervention*, VanVonderen, Finnigan, and Seeley occupy a similar space, and effortlessly perform their roles as treatment facilitators. Like Pinsky’s context building narration pieces, the words of the interventionists during on-screen rehearsal sessions are carefully scripted, and are repeated almost verbatim across episodes. Their words and behavior during the actual interventions are improvised, though each interventionist conforms easily to the role within the prescribed parameters of the Johnson Method.

For all of these treatment providers, their performances on reality television do serve to increase their own celebrity stature, even if many of their subjects fail to reap the same benefit. As the only constant figures on programs that have turnovers in personnel, they are certainly defined in the public perception by the authoritative roles they play. They are the figureheads for their respective series, and the ones most likely to benefit from their success. While a process of celebritization is ongoing for all those involved, Pinsky, Finnigan, VanVonderen, and Seeley, reap the lasting benefits of renown.

Conclusion

Intervention and *Celebrity Rehab* are the only reality television series that address the topic of drug and alcohol abuse, and while both claim to provide a public service in combating addiction, they are doomed to failure in that regard due to a number of practical and theoretical factors.

Addiction is certainly a topic worth engaging, and it is surprising that no reality series confronted the issue before 2005. The two programs that have are handicapped by their own commercial imperative to entertain, often sensationalizing issues and making broad attempts to shock the audience. Further, they gloss over failures in treatment practices in order to provide a positive narrative outcome. The assimilation of pre-established conventions of reality television provides an additional impediment to public service, as contemporary audiences have been exposed to enough reality television that they understand its claim to “the real” to be illegitimate.

As reality television is understood as a locus of the “demotic turn,” there is a celebritization process inherent in participating in a reality television program. In the case of both series, celebritization is complicated by the presence of drugs and alcohol, which thrust into doubt the intentionality and rationality of the participants. *Celebrity Rehab* further complicates the process by its presence in the Celebrealty milieu. Both programs utilize participants who have agreed to be filmed in conjunction with their addictive behavior, while *Intervention* uses a deceptive act to manipulate otherwise reluctant individuals into entering treatment, being less than forthcoming about the nature of the program on which they have agreed to appear.

The public service claim is also challenged by the overt performances of the on-screen addicts, whose knowledge of the camera (and whose desire to be filmed) induces performative behaviors that may be unlike those which would occur if the participants were not under surveillance.

While both *Celebrity Rehab* and *Intervention* fail to provide a public service, that is not to say that no reality television about addiction can do so; these are but two cases, even though they are so far the only two. Moreover, it is not entirely clear that public service is really the goal. It is the stated goal to be sure, but it is more than likely that that statement acts as a justification for

programming that can easily be (and has been) criticized as exploitative. If these programs exist solely to entertain, it is easy to argue that they have done so; their ratings can attest to that.

But regardless of the true motive, both series have a potentially damaging effect, both for participants and for audiences. The narrative structures of both shows take advantage of participants who may not be acting rationally due to their addictions. The docu-soap elements of *Celebrity Rehab* serve to trivialize the participants' real struggles, while the deceptive rationale of *Intervention* makes sport of the addict's plight by televising an emotionally charged confrontation that the participant could not have been prepared for.

Except for entertainment value, audiences receive no benefit from the proceedings (though it could be argued that entertainment is the only measure that audiences are concerned about). The producers of *Intervention* fail to provide the full scope of addiction, as the participants are chosen based on their wealth, celebrity, perverse behavior, or extreme level of addiction. The typical face of addiction is neglected in favor of selected outliers from the mean. *Celebrity Rehab* similarly paints an unrealistic portrait, in its case by glamorizing inpatient treatment in a facility designed for the rich, complete with posh furnishings, and its own swimming pool.

Both series do display the seriousness of addiction, and do explain its ramifications, but the positive aspects are overshadowed by the conventions associated with typical reality television programs, and the problems of representation present in these specific two. Both programs have undoubtedly succeeded in their entertainment motives, securing a place within the spectacle of the reality television form. They provide venues for manufacturing celebrity in its contemporary sense. What they fail to do, for all the reasons outlined above, is offer a realistic portrait of the drug abuse problem. Any program within the reality television milieu, whether or

not it follows the same kind of structure of these two examples, would be unlikely to do so. The forces at work within that landscape would still serve to complicate matters. To prescribe an ideal model for a public service success is futile. Perhaps some such model exists, but the producers of *Intervention* and *Celebrity Rehab* have certainly not found it.

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