

Therapeutic Solutions, Disciplinary Ethics and Medical Truth on Self-Help TV

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Abstract

This article will consider the use of therapy television – specifically the self-help television program *The Dr. Phil Show* – as a locus of government. Specifically, I will examine the ways in which ethics are addressed as biopolitical problems of the self through the often disciplinary instruction of the therapist. In this respect *The Dr. Phil Show* is representative of a shift in the talk show genre away from the tabloid model to a pedagogical model. Self-help talk shows are increasingly concerned with the cultivation of the soul, the production of truth and the discipline of the body. I demonstrate this by analyzing a series of *Dr. Phil Show* episodes centered on the confession and obesity, respectively. I emphasize the connection between TV expertise – here embodied in the discourse of the expert/therapist Dr. Phil McGraw – and neo-liberal goals requiring subjects to both care, and take responsibility, for themselves.

Keywords: Biopower, biopolitics, Dr. Phil, discipline, truth, self

Introduction

In the fall of 1999 Oprah Winfrey launched “Tuesdays with Dr. Phil” as a regular, self-help segment on her long-running TV chat show *Oprah*.¹ During these appearances, the then little-known Dr. Phil McGraw offered blunt and often critical advice to guests and viewers struggling with a variety of personal problems: marital discord, obesity and addiction, to name a few. Regardless of the issue, however, Dr. Phil adopted a confrontational, no-nonsense style. Reporting on one early episode in which Dr. Phil scolded a husband for calling his wife “the C-word,” Mark Donald of the *Dallas Observer* offered his summation of what was then an emerging persona in popular self-help culture: “Forget Freud, Jung, years on the analyst’s couch. McGraw delivers his down-home insight with the precision of a surgeon’s cut. He is the master of the therapeutic sound bite, the analytical flash delivered right before the commercial break” (Donald 2000). While many (Dembling & Gutierrez 2003; Cottle 2004) were, like Donald, quick to criticize Dr. Phil or his seeming lack of compassion, his quick temper, and his on-camera theatrics, viewers were enamored. Fans enjoyed Dr. Phil’s “tell-it-like-it-is” approach to self-help so much that in the fall of 2002, Dr. Phil was able to launch his own television talk show, called *The Dr. Phil Show*. Drawing on *The Oprah Winfrey Show*’s audience and style, *The Dr. Phil Show* uses an instructive mode in order to help viewers help themselves. Also like Oprah, the goal of *The Dr. Phil Show* is one of social uplift. By following Dr. Phil’s advice, guests and viewers learn how to manage their lives and plan their futures.

But *Dr. Phil* diverges from the *Oprah* model in one significant way: the mode of therapy dispensed on the show is clearly disciplinary; the authority behind it stemming from its association with the discourse of psychology and mental health. Unlike Oprah, when Dr. Phil speaks, he speaks with the knowledge (and power) of the “expert;” his judgment, advice and discourse in turn become the tools with which guests and viewers can govern themselves.

Government

I borrow the terms ‘government’ and ‘governance’ here from Foucault’s later writings. Beginning with the lecture “Society Must be Defended” Foucault outlined the various ways in which, beginning in the eighteenth century, the instruments of power had begun to shift from a top-down model of sovereignty to a disciplinary system of consent in which the population is governed at a distance. Through procedures of constant surveillance and a “closely meshed grid of material coercions” (Foucault 2003: 36) exercised in the school, the hospital and the military barracks, for example, certain kinds of subjects were produced. Government thus presupposed the principle “that there had to be an increase both in the

subjugated forces and in the force and efficacy of that which subjugated them... This non-sovereign power... is disciplinary power” (ibid.: 36).

In other works, Foucault lays out the various forms of this new system of power. For instance, in the first volume of *The History of Sexuality* (Foucault 1976/1994a) he describes a system of power preoccupied with the anatomo-politics of the individual body on the one hand and the bio-politics of the population as whole on the other. Government, in this respect, assumed an organic quality. Its aim, according to Foucault, was the production of a docile subject. According to Milchman and Rosenberg (2005: 338) in their gloss of Foucault’s genealogy of government, this model of power:

centered on the body as machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls. A biopolitics of population, by contrast, focused on the species body, the body imbued with the mechanics of life and serving as the basis of the biological processes; propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary.

Focusing on one pole of this dynamic - the individual body and the production of the docile subject - Foucault demonstrates the ways in which this model of power would eventually be subsumed into the disciplinary mechanisms of the liberal state. Involving techniques of domination and technologies of the self, coercion and freedom, the state- authorized disciplines – medicine, criminology, psychology, among others – took on an increasingly important role in the government of the population by ensuring that, for example, school children would be taught the history, rules and responsibilities of citizenship; the bodies of workers would be arranged and regimented to enhance their productivity; the souls of prisoners would be cultivated through systems of surveillance and control. Individuals, in turn, would take on the norms and rules of the disciplines in constructing themselves as citizens, consumers, normal, healthy or sick. In the processes, they also potentially resist and transform those techniques.

With this said, if we are to understand how subjects are produced in these ways under contemporary conditions of government, we must orient ourselves to the ways in which they are governed. What are the discourses and techniques used to construct subjects of liberal government? And on what basis are these discourses/techniques authorized as instruments of governance? Here, I would like to examine the ways in which self-help TV functions as one such instrument.

Following what Ouellette & Hay (2008) show in their analysis of reality TV as a technology of government, what I term self-help television considers the way the self is instrumentalized as an object of therapeutic intervention as part of a wider culture focused on health and personal responsibility. In this context, television governs not through repression of people’s wills, nor by the dominance of an all-powerful state, but rather through the power and authority of the television expert. By “dispersing ideas and automat[ing] perception and cognition [and ena-

bling] on a massive scale and at a suitably removed distance, the shaping of conduct and attitudes” (McCarthy 2010: 251) governance by television in this sense proceeds through a process of individual liberty and personal choice on the one hand, and the disciplinary discourse of expertise on the other.

Here, then, I argue that by drawing on the truth-power of the disciplines – namely, psychology and medicine – self-help TV operates as a contemporary instrument of government aiming to transform viewers into active, responsible subjects of health. However, before I do so, I would first like to frame self-help TV within the context of its talk-show predecessors in order to demonstrate self-help TV’s didactic goals. In the following section, I demonstrate the shift away from the tabloid model toward self-help TV’s instructive model. I also document the popular and political controversy surrounding tabloid programs in order to contextualize the self-conscious generic shift toward the self-help model of talk show television ushered in by *The Dr. Phil Show*.

Background and Context

Since the 1980s, we have seen both a popular and a political resurgence in the concern with the conduct of conduct in the US. The proliferation of various new cable and satellite television channels beginning in the 1980s and into the 1990s spawned an explosion of new television formats and genres as technologies of, and problems for, government. The 1990s tabloid talk show and the movement towards reality TV, which began with cable channel MTV’s *Real World* in 1990, and the late 1990s’ and early 2000s’ “digital revolution” which interconnected audiences to these shows and to each other through online media, changed the relationship between television and viewers from a “top-down” mass cultural formation to a customized, interactive experience involving the co-option of viewers – their stories, their problems and their labor – in the production of TV itself, allowing for the proliferation of all sorts of performances on and uses of television unseen before (see Andrejevic 2003; Ouellette & Hay 2008). Through write-in programming, surveillance and the use of the internet to recycle and expand television content, reality television came to seem an unstable technology for governing because anyone could take to the stage and talk about anything they liked, including such topics as incest, teen sexuality and gender-bending.

Jason Mittell’s study (2003) of popular attitudes about the talk show genre shows the link between tabloid talk shows, their audiences and the concept of taste emerging at this time. Mittell’s study provides the kind of viewer-response analysis necessary for understanding the shift in the content and format of talk shows from the tabloid model, represented by *Jerry Springer* in the 1990s, to what I call self-help talk, represented today by American programs like *The Dr. Phil Show*, *The Dr. Oz Show* and *The Doctors*. Mittell studies the talk show genre in order to explore the connection between the concept of taste and that of audience

identity, and demonstrates the ways in which the “low brow” tabloid genre coincides with a conception of talk show subjects and audiences as “low class,” “abnormal” and/or “deviant.” Mittell’s study looks at the genre broadly and includes all of the shows categorized under the generic rubric of talk show, from daytime-issue oriented programs such as *Oprah* to late night celebrity interview shows, such as *Late Night with David Letterman*; from public affairs programs, such as *Larry King Live*, to morning chat shows, such as *Live with Regis and Kathie Lee*. Since I am only interested in the generic shifts in daytime talk, my discussion will be limited to responses about *Jerry Springer* and *Oprah*.

Participants in Mittell’s study ranked the value of the various types of talk show – from *Jerry Springer* on the “low brow,” “trash” end of the spectrum to *Oprah* on the socially valuable and spiritually uplifting end – by the shows’ inclusion of guests who were unlike “normal” Americans and, thus, had a strong sense of their own identity (Mittell 2003: 38). Nearly all respondents felt that *Springer* was the epitome of the genre or “exactly what I think of as a talk show” while others described it as “trash,” a “fighting show,” “junk,” “white-trash extravaganza,” “a carnival show for weirdos,” “a circus of idiots,” “the Christians and the lions,” and even “comedy” (Mittell 2003: 42).

The evaluative terms participants used to distinguish “the normal” from the “abnormal” included class, education and, most notably, questions regarding the sanity and sexuality of the particular show’s guests and studio audience. Detractors claimed that shows like *Springer* “encouraged violence, poor morality, exploitation and low cultural standards, and explicitly labeled them as “bad for society” (Mittell 2003: 42). Almost all respondents expressed similarly extreme opinions about the show, even if they watched it – calling it “abominable,” “awful,” “despicable,” “repugnant,” “terrible,” “revolting,” “perverted,” “crap,” “tasteless,” “absolutely hate it,” “an insulting waste of time,” “an embarrassment,” “downright destructive,” “crude and irresponsible,” and “the biggest piece of trash in the history of television” (Mittell 2003: 42). A few critics also reiterated the common assumption that tabloid programs caused social ills. As one wrote, “they actually decrease society’s existing morals” (Mittell 2003: 39). In contrast, *Oprah* was called “informative,” “classy,” “truly inspiring,” and “aimed at improving people’s lives.” Even those who disliked the show still noted that it had a “positive” message (Mittell 2003: 43).

In evaluating the guests who appeared on day time talk shows, many of Mittell’s respondents showed a particular preoccupation with their bodies and behavior. Where *Oprah* was assessed on the basis of her predominantly female, middle-class and educated guests and panels, respondents discussed *Springer* in terms of guests who appeared abnormal or unusual and acted in risky or unhealthy ways. Respondents referred to *Springer* guests as “white trash,” “trailer trash,” “overweight women,” “lower class,” “mental cases,” and more broadly “other types of people – strippers, gays, lesbians and others most people don’t come in contact

with everyday” (Mittell 2003: 38). When questioned about the various shows’ wider home audiences, respondents also characterized typical viewers in bodily and behavioral terms.

While participants noted that *Oprah* appealed to a much broader demographic than most programs, offering a qualitative assessment such as “what some might call decent people,” or, as one respondent calling himself a “male housewife” wrote, “anyone who wants to see the beauty that is still in this world,” *Springer*’s audience was perceived as “bored,” “lonely,” “passive and lazy” and – overall – “underemployed, overweight, lazy, unimaginative, low energy, narrow minded, low income,” “living questionable lifestyles” and/or “suffering from a mental disability they do not want to admit to” (Mittell 2003: 38). For detractors of *Springer*, its pleasures were highly questionable. Respondents suggested that those who “really” enjoyed the show did so because they were like the guests who appeared on it, saying that such shows are “only good if you want the uneducated, perverted and interbred part of society revealed” (Mittell 2003: 39). Many respondents explicitly contrasted *Springer* to *Oprah* on the basis of the imagined class and behavior of their respective audiences, juxtaposing Oprah’s “decent folk” to the “morons who watch Springer” (Mittell 2003: 44).

Despite the critical attitudes toward shows like *Jerry Springer*, in the mid-to-late 1990s tabloid programs were at the height of their popularity. In 1998 *Jerry Springer* had a wider audience than even *Oprah* and numbered nearly seven million viewers in the US alone (Nagel 2002: 14). At the same time, *Ricki Lake*, *Maury Povitch*, *Jenny Jones*, *Montel Williams*, *Yolanda*, *Geraldo*, *Sally Jesse Raphael*, *Howard Stern* and *Morton Downey Jr.* were all talking about sex, sexuality, sex-identity, teen sex, sexually transmitted diseases, extramarital affairs, domestic violence, incest, cross-dressing, race warfare, children who hate their parents, parents who hate their children, siblings in love, amongst a host of other topics – all at the same time every day of the week.

The general format of these types of shows revolved around the confession, which was sometimes coerced through the appearance of surprise guests, polygraph tests and behind-the-scenes video surveillance footage. Each episode focused on a panel of guests with some form of the same problem. The discursive rhythm of each segment was set by the host who introduced guests by name and “problem” – such as “this is Jessica and she is here to tell her husband that she is in love with another woman.” The host mediates the discussion by asking questions, interjecting an opinion when appropriate and thus maintaining the overall flow and dramatic tension of the discourse. The audience participates by reacting visibly and audibly to the guests’ revelations, asking questions and even sharing their own stories. On *Ricki* the audience of mostly black and Latino urban youth became known for chanting “Whoop there it is!” when guests made unexpected or humiliating disclosures (see Gamson 1998) The shows usually end with a question and answer session between the guests, the host and the studio audience.

Most of these tabloid talk shows were viewer-participation shows. They solicited stories from home viewers in exchange for travel fare and lodging (Gamson 1998). They tended to focus on stories and topics that were considered to fall outside of social norms, such as “I slept with my cousin,” or “My boyfriend cheated on me... with my mother.” As the competition for ratings intensified throughout the 1990s, the show discussions and guest performances became even more sensational. *Jerry Springer* regularly featured partners admitting adultery to each other, women or men admitting to their partners that they were post-op transsexuals, Ku Klux Klan families and other hate groups (Gamson 1998). The number of scandals generated by the content of these programs reached a climax in the late 1990s as the number of daytime tabloid shows topped twenty.

At the height of these shows’ popularity, many public officials were concerned about the links between social problems and television (Gamson 1998). In the late 1990s, a number of prominent politicians in office publicly voiced their concerns about the number of talk shows that were “blurring the lines between the normal and the abnormal,” a statement made by Democratic Senator Joseph Lieberman in 1995 (cited in Glynn 2000: 186). In the same vein, Massachusetts Senator Daniel Patrick Moynihan made the more dramatic statement that the popularity and ubiquity of tabloid shows demonstrated that “Americans [themselves] are getting used to a lot of deviancy, taking it for granted” (cited in Glynn 2000: 186). William Bennett, who had served as Ronald Reagan’s Secretary of Education and was the first head of National Drug Control Policy under George H. W. Bush, was one of the most vocal critics of talk shows in the 1990s. Bennett argued that shows like *Jerry Springer* and *Jenny Jones* reflected not simply the “low brow” or “lowest common denominator” within American culture, but that they also predicted the demise of traditional American culture altogether (Mittell 2003: 42), and called them “moral rot” and “cultural pollution” (cited in Glynn 2000: 184).

The political action at the time when these shows were most popular was equally vociferous. In 1993 Bennett founded Empower America, a conservative think tank devoted to mobilizing public opinion in favor of “government actions [aimed toward] foster[ing] growth, economic well-being, freedom and individual responsibility” (Web.archive.org: 2013). This is reflected in Empower America’s mission statement regarding the cultural foundations of America’s unique status in the world as the place of “opportunity, competition, ownership and freedom,” (Web.archive.org: 2013) terms that implicitly reference America’s Puritan roots as the basis of a predominantly white, liberal society. Among the concerns listed on Empower America’s social agenda was the proliferation of socially irresponsible behavior considered against what Mittell refers to as a “conservative straight white male habitus and measured by the portrayal of “deviancy” on television (Mittell 2003: 36) . In discussing matters related to sexuality, class and race (among other controversial topics) tabloid programs opened up a series of dichotomies between normal and abnormal conduct, nature and nurture, and reality and

fiction that political and cultural critics sought to hold in place. Cleaning up the airways was thus part of a larger political effort to reform the state along a neo-liberal model emphasizing self-help, enterprise and traditional morality.

However, beginning in 1998 when Oprah shifted the direction of her show away from the tabloid model, we began to see a move on the part of television itself toward advancing such neo-liberal goals. *In Better Living Through Reality TV*, Laurie Ouellette and James Hay argue that the emergence of reality television in the late 1990s and early 2000s marked a shift in the purpose and goals of television (Ouellette & Hay 2006). According to the authors, programs emphasizing personal responsibility and self-improvement over structural issues fill the vacuum created by cutbacks in traditional welfare programs. The neo-liberal reinvention of the state begun under Reagan and accelerated throughout the Bush-Clinton decade with welfare reform and public-private partnering of health care set the foundation for a new popular discourse of personal responsibility and individual enterprise. In this context, even the vicissitudes of the body became the grounds for enacting the responsibilities of citizenship. Popular medicine and TV experts offered the kind of social authority necessary for ensuring the creation of said citizens. We see this most dramatically with the first TV expert of this kind: Dr. Phil McGraw.

The Pedagogy of Dr. Phil

A preliminary glance at show topics for the first season of *The Dr. Phil Show* demonstrates its pedagogical goals. Episodes like “Should You Have A Baby?” “When Sexual Styles Don’t Match,” “Discipline Debate,” “Sex Talk,” “Feuding Families,” “Should We Get Married?” and the recurring “Ask Dr. Phil” address questions about the psychology of sex and marriage, when to have children and how to raise them, as well as how to recognize the signs of potential illness or pathology, respectively. Titles such as “Controlling People” and “Selfish People” focus on guests who are known by their friends and family to exhibit socially unacceptable or irresponsible behavior. Viewers learn how to deal with similar personality types within their own lives.

Other *Dr. Phil* episodes about eating disorders, addiction, and phobias take a more explicitly disciplinary tack. This takes the form of presenting individual problems of adjustment or trauma in a discourse of mental and physical disease that one is, nonetheless, responsible for. This is perhaps most evident on episodes dealing with addiction.

In a long-running series on *Dr. Phil* called “The Dr. Phil Family,” we learn about the warning signs of substance abuse, the mental and physical effects of drugs on the body and the toll that addiction takes on family members. We watch as Alexandra, the drug addict and focal point of the “Dr. Phil Family” series, scores prescription drugs from a local clinic, neglects her children and takes up

with various men whom she believes can help her get more drugs. We also watch as her parents, Erin and Marty, argue over Alexandra's condition and as their marriage, further tested by infidelity, financial hardship and, it seems, the family's recurring role as America's "problem family" on the *Dr. Phil Show*, begins to fall apart.

Dr. Phil first introduced "The Dr. Phil Family" in 2004 as an "all-American family on the outside" who were disintegrating from the inside – "struggling with problems that threatened to tear them apart."² Among the family's problems, according to Dr. Phil, were young Alexandra's (then fifteen) pregnancy, her younger sister Katherine's (then thirteen) equally precocious sexuality, Marty's several extra-marital affairs, Erin's infidelity and the family's ongoing financial difficulties. In spite of their problems (or perhaps because of them) the Dr. Phil Family was continually presented as the embodiment of the hopes and struggles of ordinary Americans. Yet the Dr. Phil Family's very clear state of crisis made them exemplary candidates for the *The Dr. Phil Show* because, as the series unfolds, we learn that many of their problems stem from their failure or inability to "get real" with one another, to speak the truth and to properly care for themselves.

For Dr. Phil, taking care of the self is equivalent to "getting real" and speaking truth. This is the logic Dr. Phil utilizes in his unique brand of self-help and one that unfolds in virtually every episode of *The Dr. Phil Show* dealing with troubled guests. We can trace the significance of speaking truth throughout "The Dr. Phil Family" series as it is used as the therapeutic model to address all of the family's diverse problems.

This power of truth was demonstrated on an August 2004 episode of the series called "A Family Divided: Marty's Secret Confession." While prior episodes starring the family focused largely on Alexandra's sexuality and subsequent pregnancy, this episode was devoted exclusively to the parents, Marty and Erin. It also dealt with the topic of sex.

The central point of contention of this episode turned on the question of truth, namely, the truth about Marty's sexual history. Erin claimed that she no longer trusted Marty to be honest with her about anything because of his previous sexual infidelities. Yet Marty vehemently protested Erin's accusations of infidelity by suggesting that their marital problems stemmed not from him, but from Erin, who, according to Marty, insisted on "know[ing] every little thing" (*A Family Divided* 2004). The problem between Erin and Marty thus seemed to involve a breakdown in trust. The question the show sought to answer was whether or not this breakdown was the result of Erin's insistent demand "to know" or of Marty's refusal to speak.

The problem of assigning blame involved an interplay between the couple around the question of whether or not there was, in fact, anything to tell. Truth, in this instance, was inscribed through the ritual of confession: Marty's silence suggested there was a hidden truth to be told, while Erin's insistence on Marty's

speech had the effect of bestowing meaning on Marty's silence. And indeed, during the second segment of this episode, Dr. Phil clearly defined the parameters of Marty and Erin's problem in this way: Theirs is a problem of truth.

According to Dr. Phil, there are two ways to lie. "One is by making an active, overt, misrepresentation," which is when you say something that isn't true. "The other way is when you lie by omission. You just fail to tell somebody something that you know damn well would be material to them" (*A Family Divided* 2004). Dr. Phil's articulation of Marty and Erin's problem in terms of lies, omissions and truth established the framework for the rest of the show: the insistence on truth, the confrontation of the confession and, subsequently, the work of emotional healing that speaking truth allows.

While the dialogue between Marty and Erin revealed the significance of confession in mending the couples' relationship, Dr. Phil's authoritative judgment legitimized the process as "real." Indeed, this was made immediately evident when Erin began to use Dr. Phil's language as an entry point for showing that, in fact, Marty was a liar: Erin stated that most of Marty's lies were lies by omission and that his habitual reticence about his whereabouts led her to suspect that even when he was telling her the truth, he was actually lying.

Erin gave as an example a recent incident involving a business check Marty cashed without telling her. "It wasn't the money," Erin explained, but rather the fact that Marty did not tell her. For Erin, the distress produced by this incident had less to do with the event itself and more to do with prior events, past lies and omissions that it repeated. This "lie-by-omission" conjured prior lies, infidelities and moral failings. Erin's true concern, it seemed, had less to do with what Marty said or did and more to do with what Marty's sayings and doings revealed about his nature.

The framing of the show – "Marty's Secret Confession" – set up the dialogue between Marty, Erin and Dr. Phil in terms of communication, trust and one's "true" nature. Yet the show also problematized the question of truth by distributing the "blame" between Marty and Erin. Each is required to take account of their contribution to the problems in the marriage and correct themselves. Erin, for example, recognized that she says "very mean things to [Marty]" and acknowledges that she's "got to change that about [her]self" (*A Family Divided* 2004). However, according to Erin, the "blame" for her and Marty's failing marriage should not be assigned equally. Rather, from Erin's perspective, her faults paled in comparison to Marty's because "[Marty] doesn't even really acknowledge that he's making...mistakes" (*A Family Divided* 2004). This is the crucial point. The worrying element for Erin was that Marty was not aware of his mistakes either because he could not or would not recognize them for what they are: essential, deep-seated flaws in Marty's character. For Erin, then, Marty's repeated denials registered a concern about the truth of his self. Where Erin was willing to forgive Marty's trespasses, she could not brook his denial.

Indeed, what Erin wanted and what she insisted on was what Dr. Phil often suggests is the first and most important step toward life changes: accountability. Once again, Dr. Phil's introduction endowed Erin with the language with which to describe hers and Marty's problems: "There's no accountability there. He can't say, 'You know, I made a mistake here and I shouldn't have done that'" (*A Family Divided* 2004). What Erin wanted here was not simply an accounting or, we should say, an admission of past and present wrongs, but, more importantly, she wanted an admission of guilt, a recognition on Marty's part of the truth of his nature. Telling everything, even, in Marty's words, all the "little things," will purify his soul and heal Erin's wounds.

In order to understand this need for self-accounting, we can perhaps contrast it with the cultivation of the self Foucault discusses in the third volume of the *The History of Sexuality* (Foucault 1984/1994b). In the ancient practice of self care, truth was not activated to determine culpability or to assign blame, but rather, "in order to strengthen, on the basis of the recapitulated and reconsidered verification of a failure, the rational equipment that ensures a wise behavior" (Foucault 1984/1994b: 62). With Marty and Erin, however, we can see that the two elements of truth separated in the Roman arts of existence – truth and culpability on one hand and truth for the sake of self-improvement on the other – are reunited in an effort not only to assign blame, but also to make the guilty party responsible for amending the problem. Erin's concern about Marty's truthfulness registers both principles at once. Marty's past infidelities haunt her present preoccupation with Marty's honesty not simply because, as Dr. Phil argues, "past behavior is the best predictor of future behavior," but also because, by omitting even the most trifling details about his whereabouts, Marty's "lie by omission" suggests to Erin that Marty is not being honest with *himself*. From Erin's perspective, this is a presentiment that Marty is not only being dishonest with her about more important matters – is there another affair or other secrets as yet unimagined? – but also leads her to suspect that Marty has not reformed himself, has not fully examined himself, and thus has not yet determined the causes and rationales for his past misdeeds. In other words, he has not yet accepted responsibility for his actions as a way to changing himself.

This episode is a paradigmatic of the *Dr. Phil* therapeutic model. It involves moments of truth, the designation of responsibility and a commitment to self-change. It is, in this respect, quintessentially disciplinary. And as a hallmark of the contemporary moment, we also see the ways in which the show aims to connect its lessons to the lives of its audience: it involves ordinary people dealing with extraordinary problems, for many of which they are themselves considered to be largely responsible. For Dr. Phil, Erin and Marty's problems can be reduced to one thing: lack of discipline. If they are to correct their problems and reform their lives, they must learn to be accountable and take responsibility for themselves.

The “Fat-Debate”

Individual responsibility also has a role to play in the cause of health. As a constant and intimate fact of everyday life, self-help TV forms an integral part of this system of bodily government. For Dr. Phil, as we saw in the previous examples, only those who are honest with themselves can take stock of the state of their minds and bodies. This is perhaps most true among guests who are considered overweight or obese. Though Dr. Phil is careful not to explicitly invoke the kind of moral discourse we saw in the previous example dealing with marital infidelity, it is nevertheless clear on the program that obesity is a problem of poor self-government, the consequence of bad eating habits and poor lifestyle choices. Implicit in this discourse is an equation of “fatness” with weakness, where weakness reflects on the nature of one’s “soul.” Dr. Phil’s self-help paradigm – getting real, speaking truth and taking responsibility – thus applies to the problem of obesity just as it does to that of marital discord and drug abuse. Presumed in this model is the notion of the responsible citizen who will be able to moderate her pleasures through self-discipline and self-control and assign a proper regimen for herself and her family.

As we saw in the previous example, Dr. Phil offers his life-strategies to viewers primarily through counter-examples. By showcasing guests who are not, or are only improperly, taking care of themselves, Dr. Phil can teach viewers how they can improve their own lives and health through his examples. This was illustrated in an April 2010 episode called “The Fat Debate,” on which a panel of “experts” appeared on the show to talk about the treatment of fat people. This panel included *The Biggest Loser* trainer and former add-on co-host of *The Doctors*, Jillian Michaels; MeMe Roth, president of the anti-fat organization National Action Against Obesity; Michael Karolchyk, owner of the military-style “tough love” Anti-Gym; Peggy Howell from the National Association to Advance Fat Acceptance; Marianne Kirby, joint author (with Kate Harding) of self-help publication *Lessons from the Fat-O-Sphere*; Erica Watson, comedian and star of the one-woman show *Fat Bitch* and reality TV star Kelly Osbourne, a new *Dr. Phil Show* contributor.³

This “fat debate” turned on several issues – such as: Are fat people entitled to the same or greater rights than those who are slim? Are fat people discriminated against and/or mistreated in American society? Are the rising numbers of overweight and obese Americans the cause of our spiraling health care costs? – all of which ultimately boiled down to the show’s bottom-line message: self-discipline and individual responsibility.

During the first segment of this episode, Dr. Phil and his panel of experts explored the social and cultural treatment of those whom the show called “fat.” On one side of the debate were MeMe Roth, Jillian Michaels and Michael Karolchyk who maintained that the US is facing an obesity epidemic unlike any other in its

history but that, regardless of the “soaring” numbers of obese adults and children, obese Americans are not discriminated against. “Americans have gotten so fat,” Roth explained, “at this point the self-reported number is two-thirds of us are overweight or obese. That is how bad it has gotten” (*The Fat Debate* 2010). Similarly, fitness celebrity Jillian Michaels invoked the language of crisis to talk about the scope of this problem, saying “This is a crisis in our country, especially with our children, and adults need to set an example” (*The Fat Debate* 2010). Finally, boldest of all, Michael Karolchyk, who wore a T-shirt on the show that read “No Chubbies,” took the argument the furthest by suggesting that America’s obesity epidemic is at the heart of our health care and energy “crises,” saying that “Nobody wants to address why these people keep getting larger and larger, costing us more money for health insurance, costing us more money in fuel costs, causing so many problems in our country. If nobody wants to address it, we’re going to be talking about three airline seats in a couple of decades” (*The Fat Debate* 2010).

The obvious paradox of these claims was revealed by what these contributors didn’t say, or, perhaps, tried to contest: that in making these statements, Roth, Karolchyk and Michaels were clearly not taking into account their *own* participation in the denigration of those with large bodies, as their often disparaging language and derogatory tone conveyed the very disgust and intolerance those on the “pro-fat” panel complained of. For instance, when the discussion turned to the then recent incident involving director Kevin Smith getting kicked off of an airplane for taking up two seats, Karolchyk asked, “Whatever happened to the skinny people who were offended when the person came over their seat? ... Fat bias? No. I believe skinny bias” (*The Fat Debate* 2010) Yet, in spite of these gaffes, the “anti-fat” panel took their cue from public health and medical officials who have argued that obesity is a growing public health problem that urgently needs to be addressed. In this vein, Karolchyk and Roth, though seething with disgust for their “pro-fat” opponents, attempted to present the issue in black-and-white terms of health and illness, drawing on public health statistics and medical data to support their claims that obesity is akin to disease while thinness is equal to health.

On the other side of the debate were Marianne Kirby, Peggy Howell and comedian Erica Watson. They also argued two (but also, ultimately, paradoxical) points. From their perspective, the obesity epidemic to which Roth, Michaels and Karolchyk referred was the product of media hype and a cultural obsession with thinness. Marianne Kirby, for example, argued that “the media has decided we’re in the middle of a fat apocalypse... We have this obsession with bodies, especially famous people’s bodies, and we examine them for any minute change” (*The Fat Debate* 2010). The group also argued that though the problem of obesity in America is overblown by the media, overweight Americans are systematically discriminated against. They are less likely to be hired or promoted, are more frequently denied loans, are more likely to receive substandard medical care and regularly experience what the Obesity Action Coalition calls relational victimization—

social exclusion, being ignored, avoided, or the target of rumours (Puhl 2011). In this regard, Peggy Howell specifically argued that “height and weight should be added to the anti-discrimination laws on a federal level,” (*The Fat Debate* 2010) a position that undercut Howell’s earlier denial of an obesity epidemic as an amendment to existing anti-discrimination laws would support the notion that in fact obesity is both pervasive and is a kind of illness condition akin to other forms of disability.

Putting the contradictions evident on both sides of the debate to one side, what seemed most apparent in the venom and emotion with which the panelists addressed one another was the sense in which fatness, however it is perceived, is not only a bodily condition, but also a moral one. Indeed, while Roth and Karolchyk took umbrage at the invocation of the word “discrimination” to talk about the treatment of overweight people, with Roth arguing that the term should not be applied to the overweight because “To believe that fat people are discriminated against, you have to believe that obesity is an innate state, like race, like sexual orientation,” the acrimony with which Roth and Karolchyk talked about obesity suggested that, though not an innate state in and of itself, obesity is reflective of an individual’s inner “nature” (*The Fat Debate* 2010). Rather than being manifest in sexual desire or, phenotypically, through skin color, the innate state of obesity is reflected through behavior: “It is not race or sexuality,” Karolchyk insisted, “It is behavior.... “We don’t hate fat people; we hate fat behavior. We don’t like laziness” (*The Fat Debate* 2010).

Catching on to the moral implications of the debate, Dr. Phil explicitly asked Karolchyk if he thought someone who had previously been overweight became a “better person” through weight loss. Stammering and hesitant, Karolchyk responded that though he did not think the person was necessarily better, he did imagine that they were happier, “happier and healthier,” he said. When Marianne Kirby wanted to know why the anti-fat panel thought that it was “morally imperative that [she] seek this magical solution to become thin?” (*The Fat Debate* 2010) Dr. Phil, in the show’s moment of truth, opined that while body weight “isn’t the sole indicator of health,” it is an indicator, saying further that this was a matter of fact: “No matter how bad you want it to not be, no matter how politically correct or otherwise it may be, there is a risk factor associated with obesity” (*The Fat Debate* 2010). But if the goal of the show was simply to offer viewers (and the misled “fat” panel) the statistics and health risks associated with obesity, what was there to debate on the show?

In fact, at the heart of this “fat-debate” lay the same, implicit indictment of individuals whom the show imagines as irresponsible and dishonest as we saw was the case with Marty and Erin. Buried beneath the public health statics, medical jargon and statements of “fact,” was another, subtler point about the morality and causation of obesity. This was made evident when Dr. Phil reframed the debate away from the way obese Americans are treated toward a discourse of choice,

pointing out that “There are two issues here. One is whether or not losing weight is going to precipitate a return to health and I don’t think there’s any question that losing weight, reducing your volume, is going to help that,” adding further that “when you choose the behavior, you choose the consequences, but at some point, you have to make a choice to be as healthy as you can possibly be” (*The Fat Debate* 2010).

Yet even without Dr. Phil’s saying so, the almost visceral fear and hatred demonstrated by the anti-fat position on the show pointed to the notion that obesity is the disease individuals choose. By failing to take care of themselves and/or exercise self-control and self-discipline, the obese represent a more dire threat to public health than drug addicts or alcoholics, for where drug and alcohol addiction are widely recognized for the blights that they are, obesity masquerades as an innocuous disease that, though it kills, kills slowly and unspectacularly, creating a drain on our wealth and resources, threatening our present and future productivity and, most alarming from this perspective, ruining the futures of our children. In his blog for this episode Dr. Phil makes this explicit, saying that he “worries about kids today for a lot of reasons”:

not the least of which is the fact that so darn many are getting overweight and out of shape. Today, one out of three children under the age of 12 is now considered medically overweight. And the tragedy is that we know that very few of those children ever lose that weight. Seventy percent of those children will become overweight and obese adults and endure all the problems both psychological and physical that come with it. Diabetes and heart disease are exploding among the overweight and obese – so much so that experts now say the lethal effects of obesity are literally greater than cigarette smoke. Are you hearing that? Today, obesity is our number one public health issue above all others (McGraw 2011).

Towards the end of the back-and-forth between the pro and anti-fat panelists on the show, MeMe Roth finally made explicit what had until then been implicit throughout. Referring to Marianne Howell’s “pro-fat” movement, Roth suggested that Howell and others were leading the country down a slippery slope towards higher rates of illness and early death, asking “where the pro-fat movement is going to be when people need kidney donations or livers are failing, they become immobile. Where are they going to be 20 and 30 years from now?” (*The Fat Debate* 2010) While this statement was offered as an attempt to justify the vituperation with which obesity was talked about on the show by suggesting the “obvious” health risks fat people presented both to themselves and others, it also gave voice to the implicit notion that “fatness” is the consequence of irresponsible “fat behavior” for which only fat people should pay the price.

During the last segment of the show reality star Kelly Osbourne weighed in ostensibly to defend the “pro-fat” panel by directly comparing the problem of obesity to drug addiction, admitting that she “took more hell for being fat than for being a drug addict” (*The Fat Debate* 2011). At this point, the moral links between

drug addiction and obesity became clear. Osbourne further explained that her drug addiction was fueled by her poor self-image:

I was a complete and utter drug addict from the age of 15, and I used drugs because I was insecure about the way that I looked, and then it became a vicious cycle. You feel like your whole life is falling apart when you're fat, because you don't fit into the same clothes that other girls do. You open up a magazine, you get told that you're fat. But the truth is there is no quick fix. If you want to lose weight, if you want to be healthy, you have to have a life change, not a diet. You have to change everything about your life and the way that you do things, in order to become the person you want to become, but finding that motivation is the hardest thing in the world (*The Fat Debate* 2011).

Although it was evident throughout the episode that Osbourne was taking a defensive tack, often siding with the “pro-fat” panel and criticizing Roth and Karolchyk for their insensitive approach to the issue, the substance of her arguments, summarized above, largely supported the anti-fat position. Like Roth and Karolchyk, Osbourne too placed a premium on individual responsibility, self-discipline and self-control. The problem of obesity, like drug addiction, could be traced to a waning ethic of the self; that is, a failure to be well and to stay well. From Osbourne's point-of-view then, while the derogatory language used to talk about those who are overweight is reprehensible, the problem as described by Roth and Karolchyk – that is, not obesity *per se*, but rather what Karolchyk called “obese behavior” – does indeed exist. Using kinder discourse and creating better accommodations for the large-bodied would not, from this perspective, address the core of the problem, which stems from an ethics of self in which the fundamental faculty of choice has become applicable toward protecting oneself from disease.

Thus the lesson viewers learn from this “fat debate” is that those who are “fat” or unhealthy have only themselves to blame. This reading is augmented by the corrective offered on the show: the only “medicine” for the health problems people face lies within the self – not simply through a modification of behavior and lifestyle, but also, as Osbourne suggested, by thoroughly reforming the self, committing oneself “heart and soul” to the project of embodied self-improvement.

The Missing Pieces

Of course, there were several other missing pieces to this puzzle about America's “obesity epidemic,” the discourse of addiction and the problem of adultery – the most obvious of which was the absence of any clear biomedical definition of any of these terms. In fact, no attempt was made to parse out the medical, cultural and biosocial distinctions inherent in the concepts of addiction, obesity, health and/or illness. Rather these “problems of the self” took their meaning by being measured against the presumptive norms of the white European body (typically imagined as tall, slender and “hard”) of middle-class status, thoroughly in control of itself.

Aside from failing to distinguish the medical and cultural meanings of “health,” the show also avoided taking a broader socio-political analysis of illness as a potential *public* health issue stemming from social and economic inequalities rather than individual weakness. The show did not address what is perhaps the most glaring factor in the incidence of disease in the US today: the widening health and healthcare disparities between population groups. Indeed from a socio-political perspective, the “obesity epidemic,” like the problems of addiction, is a problem of the social inequalities that exist geographically, economically and racially in the US. These divisions are largely the consequences of the way our private health care system is delivered as well as of growing income inequality in the US.

Yet, today’s television experts rarely consider the economic and structural causes of illness. Rather than consider the fact that nearly fifty million Americans are without health insurance and those that do have medical coverage often have their medical claims denied, must go through laborious claim and appeal processes in order to get care and can be dropped by their insurers or have their premiums raised two-fold because they’ve gotten sick, they choose to focus on the individual, taking up a disciplinary ethic to teach guests and viewers how to help themselves. Even then, the distinction between health and wellness on one hand, and illness and disease on the other, rests largely on the ideals of a white, heteronormative middle class. The message we get from watching these shows is one of reform – not through social movement or political activism – but through the self.

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Notes

- ¹ The show’s host – Oprah Winfrey – credited McGraw with helping her defeat the lawsuit brought against her by Texas cattlemen in 1995. The lawsuit alleged that Oprah knowingly made a false statement about the threats posed by the presence of Bovine Spongiform Encephalitis [BSA] – known popularly as ‘mad cow disease’ – in the American beef supply. After having learned about the effects of the disease on those who contracted it by eating tainted meat, Oprah said that she was “stopped cold from eating another hamburger.” This statement precipitated what later came to be called the “Oprah crash” on beef futures and inspired a group of Texas cattlemen to sue Oprah, alleging that she had violated a Texas law forbidding

false public statements about agribusiness. Oprah won the case when it went to trial in Amarillo, Texas in 1998, on the basis of the First Amendment right to free speech. Dr. Phil McGraw had served as Oprah's court advisor throughout the trial, prepping her court testimony and serving as her personal life coach (see Dembling & Gutierrez 2003).

² All quotes from this episode are taken from the transcripts of the show posted on the *Dr. Phil* website. See *A Family Divided: Marty's Confession, 2004* online: <http://drphil.com/shows/show/333/> (accessed 04 August 2004).

³ All quotes from this episode are taken from the transcripts of the show posted on the *Dr. Phil* website. See *The Fat Debate 2010* online: <http://drphil.com/shows/show/1438> (accessed 06 February 2012).

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